Engaging staff and service users in Quality Improvement

qi.elft.nhs.uk  @ELFT_QI
Objectives for this session

1. Describe a framework for engaging people in quality improvement at all levels of a system

2. Identify locally relevant ideas and tactics to support engagement in quality improvement

... to support you in your efforts to improve outcomes for your service users, carers and community
Mental health services  
*Newham, Tower Hamlets, City & Hackney*

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*

Urgent care centre  
*Newham*

IAPT  
*Newham, Richmond and Luton*

Speech & Language  
*Barnet*
Challenges and opportunities

- Cultural diversity
- Social deprivation
- Geographical diversity
- Financial stability and strong assurance systems
- Commissioning arrangements
Engaging a whole organisation in QI

Kevin Cleary
Medical Director

Jonathan Warren
Director of Nursing
Building the case for change

Sentinel event
Visits to other organisations
Trust board bespoke learning sessions
Early small scale tests

Three patients die on psychiatric ward

Developing the strategy through engagement
Long-term business case approved
Identify strategic partner
Assess readiness for change
Use of data to guide decision-making

Executive WalkRounds

Change in Executive behaviours

Stop solving problems at the top

Give people time and space to solve complex problems

Paying personal attention

Manage the expectations

ROLE MODELLING
The culture we want to nurture

A listening and learning organisation

Empowering staff to drive improvement

Patients, carers and families at the heart of all we do

Increasing transparency and openness

Re-balancing quality control, assurance and improvement
Key principles in engaging and supporting staff in QI

Dr Amar Shah
Associate Medical Director for QI
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
We aspire to provide care of the highest quality in collaboration with those who use our services.

ELFT is an organisation that embraces continuous improvement and learning. Achieving this will mean we have to think differently, be innovative, and give everyone, at every level, the skills they need to lead change.

It will not be easy to build this culture, but focusing on what matters most to our service users and staff, and improving access to evidence-based care will make our services more effective, give more power to our staff and improve patient experience and outcomes.
LETTING GO
to move
FORWARD
Bottom Up

Top Down
WHAT MATTERS MOST
Continuous improvement

Assurance & performance management

Research & innovation
Our approach to quality improvement at ELFT
**AIM:** To provide the highest quality mental health and community care in England by 2020

### Build the will
1. Newsletters (paper and electronic)
2. Stories from QI projects - at Trust Board, newsletters
3. Annual conference
4. Celebrate successes – support submissions for awards
5. Share externally – social media, Open mornings, visits, microsite, engage key influencers and stakeholders

### Build improvement capability
1. Build and develop central QI team capability
2. Online learning options
3. Pocket QI for those interested in QI
4. Improvement Science in Action waves
5. Develop cohort and pipeline of QI coaches
6. Bespoke learning, including Board sessions & commissioners

### Alignment
1. Embed local directorate structures & processes to support QI
2. Align projects with directorate and Trust-wide priorities
3. Support staff to find time and space for QI work
4. Support deeper service user and carer involvement
5. Support team managers and leaders to champion QI
6. Align research, innovation, improvement and operations

### QI Projects
1. Reducing Harm by 30% every year
   1. Reduce harm from inpatient violence
   2. Reduce harm from pressure ulcers
   3. Other harm reduction projects (not priority areas)

2. Right care, right place, right time
   1. Improving access to services
   2. Improving physical health
   3. Other right care projects (not priority areas)
AIM: To provide the highest quality mental health and community care in England by 2020

Build the will
QI Stories at Trust Board

Electronic & paper newsletters

Reducing Violence across all Tower Hamlets Inpatient Wards

What has the project achieved?

Number of violent incidents every two weeks per 1000 admitted bed days - Tower Hamlets Adult Acute Wards

Reducing community acquired Pressure Ulcers

What have the teams tested?

QI Visibility Wall
Improving ward environments and developing skills for discharge with the implementation of self-catering on a low secure forensic unit.

Developing psychological services following facial trauma

Deba Choudhury-Peters, Vicky Dain
East London Foundation Trust, UK

Low stimulus environments: reducing noise levels in continuing care

Juliette Brown, Walied Fawzi, Amar Shah, Margaret Joyce, Genevieve Holt, Cathy McCarthy, Carmel Stevenson, Rosca Marage, Joy Shakes, Kwesi

Alison O'Seally
East London NHS Foundation Trust, UK
Improving physical health for people taking antipsychotic medication in the Community Learning Disabilities Service

Ian Hall, Amar Shah
East London NHS Foundation Trust

Using league tables to reduce healthcare of older people

Alan Cottney
East London NHS Foundation Trust

Safer Wards: reducing violence on older people's mental health wards

Juliette Brown, Waleed Fawzi, Cathy McCarthy, Carmel Stevenson, Solomon Kwesi, Maggie Joyce, Jenny Dusaoye, Yasin Mohamudbucus, Amar Shah
East London NHS Foundation Trust

Improving medication errors on mental healthcare services following facial trauma

Amal Shah
East London NHS Foundation Trust

Service Patients

Elvan Akyuz, amit jain, declan phelan, Susham Gupta
East London NHS Foundation Trust
12 projects published or submitted for publication.
We aspire to provide care of the highest quality, in collaboration with those who use our services. ELFT is an organisation that embraces continuous improvement and learning. Achieving this will mean we have to think differently, be innovative, and give everyone, at every level, the skills they need to lead change. It will not be easy to build this culture, but focusing on what matters most to our service users and staff, and improving access to evidence-based care will make our services more effective, give more power to our staff and improve patient experience and outcomes.
Visits to see QI at ELFT

ELFT experience day

Jason Leitch
Jeremy Taylor
Jocelyn Cornwall

Open days
Influencing national policy and thinking

Building the foundations for improvement
How five UK trusts built quality improvement capability at scale within their organisations
Bryan Jones and Tricia Woodhead

Learning report
February 2015
Influencing national policy and thinking
Influencing national policy and thinking
Influencing national policy and thinking
Awards

Shortlisted 12
Staff experience and engagement

Staff able to contribute towards improvements at work

Score (%)

Staff job satisfaction

Score

Overall Engagement Score

Score

Staff Motivation to Work

Score

ELFT Score

National Median

Score

3.5 3.6 3.7 3.8 3.9 4 4.1 4.2

2010 2011 2012 2013 2014 2015

3.5 3.6 3.7 3.8 3.9 4 4.1 4.2

2010 2011 2012 2013 2014 2015

3.5 3.6 3.7 3.8 3.9 4 4.1 4.2

2010 2011 2012 2013 2014 2015
Presents

“We’re Quality Improving”
AIM: To provide the highest quality mental health and community care in England by 2020

Build improvement capability
Pocket QI commenced in October 2015. Aim to reach 200 people by Dec 2016. All staff receive intro to QI at induction.

480 people have undertaken the ISIA so far. Wave 5 = Luton/Beds (Sept 2016 – Feb 2017).

29 QI coaches graduated in January 2016. To identify and train second cohort in mid-late 2016.

Currently have 4 improvement advisors, with 1.5 wte deployed to QI. To increase to 8 IA’s in 2016/17 (6 wte).

Most Executives will have undertaken the ISIA. Annual Board session with IHI & regular Board development discussions on QI.

Bespoke QI learning sessions for service users and carers. Over 40 attended in 2015. Build into recovery college syllabus, along with confidence-building, presentation skills etc.

Estimated number needed to train = 5000
Needs = introduction to quality improvement, identifying problems, change ideas, testing and measuring change

Estimated number needed to train = 1000
Needs = deeper understanding of improvement methodology, measurement and using data, leading teams in QI.

Estimated number needed to train = 40
Needs = deeper understanding of improvement methodology, understanding variation, coaching teams and individuals.

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

Needs = setting direction and big goals, executive leadership, oversight of improvement, being a champion, understanding variation to lead.

Estimated number needed to train = 40
Needs = introduction to quality improvement, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas, support structure for service user involvement.
The two learning sets will be focused on sharing the participants’ work on their projects and learning from each other. These sessions also will reinforce the content from the Webex calls and the ISIA workshop.
All 4 workshops are between 2-3 hours in a classroom format and rotate in location throughout the geography of the Trust.
Intro to QI - for service users & carers
So how are we doing so far?
So how are we doing so far?

Estimated number needed to train = 800

- 134 people trained in Pocket QI
- 467 people have undertaken the ISIA so far

75%
% of staff trained across the trust (excluding Luton and Bedfordshire)

- Band 3: 0.31%
- Band 4: 1.88%
- Band 5: 1.82%
- Band 6: 1.89%
- Band 7: 2.00%
- Band 8a: 0.95%
- Band 8b: 2.71%
- Band 8c: 2.04%
- Band 8d: 3.70%
- Band 9: 51.85%
- Doctor: 80.95%

- ISIA: 73.68%
- Pocket QI: 10.00%

- % of staff trained
- % of staff trained across the trust (excluding Luton and Bedfordshire)
So how are we doing so far?

- 134 people trained in Pocket QI
- 467 people have undertaken the ISIA so far
- 29 QI coaches graduated

Estimated number needed to train:
- All staff: 800
- Staff involved in or leading QI projects: 30

Achieved:
- 75%
- 97%
So how are we doing so far?

- 134 people trained in Pocket QI
- 467 people have undertaken the ISIA so far
- 29 QI coaches graduated
- Currently have 4 improvement advisors

**ACHIEVED**

- Estimated number needed to train = 800
- Estimated number needed to train = 30
- Estimated number needed to train = 7

- **75%**
- **97%**
- **57%**
So how are we doing so far?

- **All staff**
  - 134 people trained in Pocket QI
  - Estimated number needed to train = 800
  - 75% achieved

- **Staff involved in or leading QI projects**
  - 467 people have undertaken the ISIA so far
  - Estimated number needed to train = 30
  - 97% achieved

- **QI coaches**
  - 29 QI coaches graduated
  - Estimated number needed to train = 7
  - 57% achieved

- **Internal experts (QI team)**
  - Currently have 4 improvement advisors
  - Estimated number needed to train = 7

- **Board**
  - 5 Executives have undertaken the ISIA course.
  - Estimated number needed to train = 7
  - 71% achieved
So how are we doing so far?

---

Experts by experience

- All staff
- Staff involved in or leading QI projects
- QI coaches
- Internal experts (QI team)
- Board

Experts by experience

1. 5 Executives have undertaken the ISIA course.
   - Estimated number needed to train = 7
   - Achieved: 71%

2. 134 people trained in Pocket QI
   - Estimated number needed to train = 800
   - Achieved: 75%

3. 467 people have undertaken the ISIA so far
   - Estimated number needed to train = 30
   - Achieved: 97%

4. 29 QI coaches graduated
   - Estimated number needed to train = 7
   - Achieved: 57%

5. Currently have 4 improvement advisors
   - Estimated number needed to train = 7
   - Achieved: 71%

6. Annual Board session with IHI & regular Board development discussions on QI
   - Estimated number needed to train = 15
   - Achieved: 100%
AIM:
To provide the highest quality mental health and community care in England by 2020
Support around every team

- Project Sponsor
- QI Coach
- QI Team
- QI Forums
- Service User Input
- QI Resources
See and search for other QI work in the Trust

| QI Code | Project Title                                                                 | Project Aim                                                                                                                                                                                                 | Progress Score | Directorate               | Project Team                  | Project Lead(s)                          | Team Members                                                                 | QI Coach | QI Improvement Advisor | QI Sponsor(s) | Service User Involvement | Activity Status |
|---------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------|-------------------------------|------------------------------------------|--------------------------------------------------------------------------------|----------|------------------------|---------------|------------------------|-----------------|-------------------------|
| Q0001   | Pressure Ulcer Reduction in the Extended Primary Care Service                 | To reduce grade 2 and grades 2-4 pressure ulcers acquired in the EPCS by 15% by December 2016.                                                                                                              | 3.5            | Community Health Newham   | EPT                          | Timo Ogunjobi, Julia Collins          | Inf. VW, South and Central ECT           | Kelly Gale, Meredith Moore, Jonathan Warren, Navine Devra | None               | Active                 |                |
| Q0002   | Developing Management Performance in Extended Primary Care Team and Virtual Ward | Management supervision rates to increase to 70% or above by December 2014                                                                                                                                | 3              | Community Health Newham   | EPT & VW                     | Kemi Dounah, Leslie Tenney-Brown, Jon Taylor, Kate Corrill | Leith Steffen, James Innes, Erika Evans | None               | Active                 |                |
| Q0003   | Reducing Harm from Medicines – Improving the physical health monitoring of patients following administration of Psychotropic PRN/Rapid Tranquilisation | To improve the physical health monitoring of patients following administration of psychotropic PRN/Rapid Tranquilisation medication. This should lead to a reduction in the administration of higher dose medications. | 3              | City and Hackney Mental Health | Seven Ward                   | Tumil Bode, Tumil Ipes             |                | Tami Rawson, Shanmukh Mir           | None             | Complete               |                |
| Q0004   | Ensuring that clozapine has been considered (and tried or rejected) in all cases of treatment-resistant schizophrenia and benign ethnic neutrapenia (BEN). This should lead to a reduction in the administration of clozapine. | To ensure patients are appropriately diagnosed with treatment-resistant schizophrenia (TRS) & benign ethnic neutropenia (BEN). This should lead to a reduction in the administration of clozapine. | 4.5            | City and Hackney Mental Health | AOS                          | Hardeep Kaur, Jennifer Neville (lead pharmacist), Gini Rodgers (senior nurse practitioner), Dr Tony Bouskila (GP), Dr Simon Mait (PA), Permanent Vest-Oliver (Clozapine clinic senior nurse) | Jamie Stafford, Tami Rawson, David Smith | None               | Complete               |                |
| Q0005   | Improving physical health monitoring of AOS service users                      | We would like all of our service users to have an annual physical health check as a minimum. We would like all service users with identified physical health problems to have appropriate treatment from appropriate services. | 4.5            | City and Hackney Mental Health | AOS                          | Hardeep Kaur, Jennifer Neville (lead pharmacist), Gini Rodgers (senior nurse practitioner), Dr Tony Bouskila (GP), Dr Simon Mait (PA), Permanent Vest-Oliver (Clozapine clinic senior nurse) | Jamie Stafford, Tami Rawson, David Smith | None               | Complete               |                |
Taking data to the next level

Data at Trust, directorate or team level
Engaging service users, carers and families in QI

Paul Binfield
Senior people participation lead

Zaffran Jami
People participation lead
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
Engaging SU/ carers

• Why get service users and carers involved?
• How do you find service users / carers to get involved with your project?
• What roles do service users / carers play in the project?
## Service user involvement in providing governance and assurance

### Structures and processes

- Members of our QI Board and steering group
- Metrics on service user involvement in QI reported to the Board
- Service user steering group to oversee and support user & carer involvement
- People participation leads across every area of the organisation

### Supporting the service user voice

- Stories and experiences within key meetings (eg Board)
- Service user surveys (qualitative and quantitative)
- Service user auditors
Service user involvement in improvement

**Co-design and co-creation**

- Two service users within the central QI team
- Co-created service user involvement strategy
- Co-design the visibility wall and joint newsletters for staff & service users

**Genuine partnership**

- Service users involved in QI projects alongside staff members
- Service user led QI projects starting to emerge
QI Project Involvement

**Little i**

- Regularly consulted during lifetime of the project

  - Service user forum
  - Community meetings

**Big I**

- Act as a full member of the QI project team

  - Surveys
  - Focus groups
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
To achieve user/carer involvement in QI across ELFT

Communication (in and out)
- Advertising
- Access to information
- Support structure

Big I
- Service user/carer specific role in project team
- Structure/process outlining how service users/carers get involved
- Payment
- Service user/carer led or co-led projects
- Training
- Role descriptions and contracts
- Incorporate QI into recovery syllabus
- Buddying up
- Regular support sessions for service users/carers similar to coaches.
- Training – not focused on methodology – more focus communication skills and role plays.
- Service user/carer bespoke group – similar to support QI coaches receive.
- Induction to team and/or trust induction.

Little I
- Service user/carer feedback
- Partnership working between Quality team and QI Team
- A trust wide survey service users/carers can complete about quality of service and/or QI project on that ward/in that team – similar to friends and family test.

Overview of service user/carer involvement
- Monitoring & reporting
- Regular Reviews
- Regular steering group/oversight meeting.
- Monitoring informatics system that reviews service user/carer involvement at all different stages of the QI project.
- Dashboards
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
http://qi.elft.nhs.uk/engaging-service-users-and-carers/
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
Attend bespoke Learning Events
Over 50 service users have attended so far

Join QI training with staff
For our service user leads

Become a Champion within a directorate

Support and skills development for service users

IHI Open School made available to all

The Recovery College
Generic skills on confidence, participation, group work

Resources on the QI website to support involvement
What impact is it having?

James Innes
Head of QI
What impact is it having?
Our QI Projects

155 Active Projects

26 REDUCE HARM BY 30% EVERY YEAR

129 RIGHT CARE, RIGHT PLACE, RIGHT TIME
Our QI Projects

155 Active Projects

- 26 REDUCE HARM BY 30% EVERY YEAR
  - 9 VIOLENCE REDUCTION
  - 3 PRESSURE ULCERS

- 129 RIGHT CARE, RIGHT PLACE, RIGHT TIME
  - 19 PHYSICAL HEALTH
  - 18 ACCESS TO SERVICES
Our QI Projects

No. of active projects per month

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of new projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-14</td>
<td>60</td>
</tr>
<tr>
<td>Oct-14</td>
<td>70</td>
</tr>
<tr>
<td>Nov-14</td>
<td>80</td>
</tr>
<tr>
<td>Dec-14</td>
<td>90</td>
</tr>
<tr>
<td>Jan-15</td>
<td>100</td>
</tr>
<tr>
<td>Feb-15</td>
<td>110</td>
</tr>
<tr>
<td>Mar-15</td>
<td>120</td>
</tr>
<tr>
<td>Apr-15</td>
<td>130</td>
</tr>
<tr>
<td>May-15</td>
<td>140</td>
</tr>
<tr>
<td>Jun-15</td>
<td>150</td>
</tr>
<tr>
<td>Jul-15</td>
<td>160</td>
</tr>
<tr>
<td>Aug-15</td>
<td>170</td>
</tr>
<tr>
<td>Sep-15</td>
<td>180</td>
</tr>
<tr>
<td>Oct-15</td>
<td>190</td>
</tr>
<tr>
<td>Nov-15</td>
<td>200</td>
</tr>
<tr>
<td>Dec-15</td>
<td>210</td>
</tr>
<tr>
<td>Jan-16</td>
<td>220</td>
</tr>
<tr>
<td>Feb-16</td>
<td>230</td>
</tr>
</tbody>
</table>
VIOLENCE REDUCTION

Incidents resulting in physical violence (Trust-wide) - C Chart

25% reduction

No. of Incidents

Physical violence to patients (per 100,000 occupied bed days)

Physical violence to staff (per 100,000 occupied bed days)
Tower Hamlets Violence Reduction Collaborative

57% reduction

Incidents resulting in physical violence per 1000 occupied bed days (OBD) - U Chart

Cedar Ward, MHCOP

The risk of violence is very high. Proactive measures should be taken. In addition, plans should be developed to manage the potential situation.

Actions: Acted according to treatment plan.

Noise level in Cedar central area (MHCOP) - I Chart

14% reduction
Tower Hamlets Violence Reduction Collaborative

Clerkenwell Ward, Forensics

Cedar Ward, MHCOP

Incidents resulting in physical violence (Clerkenwell ward, Forensics) - C Chart
48% reduction

Incidents resulting in physical violence (Clerkenwell ward, Forensics) - C Chart

Noise level in Cedar central area (MHCOP) - I Chart
14% reduction
PRESSURE ULCERS

228 Pressure Ulcers healed in 2015!

Waterlow Completion Rate - P Chart

Grade 2 Pressure Ulcers - C Chart

61% increase

29% decrease
MSK Therapy Team, CHN

Number of DNAs on monthly basis - C chart

41% reduction

Testing on texting starts 1.12.15

New DNA Policy

18.6

31.5

31/08/15 07/09/15 14/09/15 21/09/15 28/09/15 05/10/15 12/10/15 19/10/15 26/10/15 02/11/15 09/11/15 16/11/15 23/11/15 30/11/15 07/12/15 14/12/15 21/12/15 28/12/15 04/01/16 11/01/16 18/01/16 25/01/16 01/02/16 08/02/16 15/02/16 22/02/16 29/02/16 07/03/16

Newham Borough-wide, Psychological Services

P Chart: Percentage DNAs of booked appointments (minus cancellations)

80% reduction

Limited assessment slot (1)

Limited assessment slots (2)

Limited assessment slots, patchy attendance.

Assessment full.

PDSA 1: Start of Data cleanup - Outcome measures

PDSA 2: Process measures for texting/text record

PDSA 3: Web APP for 100% coverage

2 DNA's were cancelled.

App. all staff indicators of attendance

App. all staff indicators of attendance.
MSK Therapy Team, CHN

Number of DNAs on monthly basis - C chart

41% reduction

Testing on texting starts 1.12.15

New DNA Policy

Newham CFCS, Children’s

19% reduction

Average waiting time from referral to 1st face to face appointment (NH CAMHS) - X-bar Chart

Newham Borough-wide, Psychological Services

P Chart: Percentage DNAs of booked appointments (minus cancellations)

80% reduction
PHYSICAL HEALTH

BP & BMI

Lifestyle factors

Results of CBH AOS Physical Health Monitoring - Mid-May 2015

- norm blood pressure 30%
- high blood pressure 30%
- diabetes 25%
- overweight 7%
- smoker 7%

Blood tests

more physical activity per day

Percentage of participants achieving

Time between events

T Chart - Staff involvement

All of the factors combined
AIM:
Reduce cardiovascular risk for all adults and children for whom we initiate or change psychotropic medication.

1. Equipment
   - Minimum standards & checks
   - Pods for community settings

2. Assessment & monitoring
   - Assessment
   - Monitoring
   - 3. Measuring and Reporting
     - Template development: define scope, data, spec
     - Reports & dashboards

3. Intervention
   - Smoking cessation
   - Prescribing
   - Health promotion (exercise, diet, education)
   - Communication between services

4. Service user & staff engagement
   - Leadership
   - Infrastructure
   - Information provision
   - Involvement in all QI areas

Improving physical health collaborative; Driver Diagram Overview
AIM:
Reduce cardiovascular risk for all adults and children for whom we initiate or change psychotropic medication

1. Equipment
   - Minimum standards & checks
   - Pods for community settings

2. Assessment & monitoring
   - Assessment
   - Monitoring

3. Measuring and Reporting
   - Template development: define scope, data, spec
   - Reports & dashboards
Our QI work on Health Promotion

- Smoking cessation
- Prescribing
- Communication/pathway between services
- Health promotion

- Physical activity
- Diet and nutrition
- Behavioural interventions, e.g. motivational interviewing
- Informal and formal support; professional and family/peer
- Education and information

East London
NHS Foundation Trust