What does it mean to be improvement-focused?

And why choose this path?

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First, let’s define what we mean by...

Quality improvement
improving quality ≠ quality improvement
QI: in a (large) nutshell!

1. A different approach to improving things from the traditional way

2. Involves a systematic methodology and set of tools

3. Those closest to the problem (staff, patients, carers) are given permission to discover the solutions

4. Encourages testing ideas to see whether they help improve things...

5. ... and having a clear way of knowing if things are helping

6. Can really help to tackle the most complex problems in healthcare
WHY
BOTHER?
?
So, what’s our theory?
Great care is discovered, not decided.
Complex Systems

- Unpredictable
- Multiple and circular causality
- Self-organized Cooperative Synergistic
- Robust
- Modular
- Non-linear
- Open systems
- Adaptive
Arguably the most important competency for dealing with complexity is systems thinking.

The three characteristics of systems thinking include:

- A consistent and strong commitment to learning
- A willingness to challenge your own mental model
- Always including multiple perspectives when looking at a phenomenon

Senge, 2006
So, why do we need QI?

- Because we don’t know the answers to many of our complex problems
- The best solutions will be discovered by those closest to the problem (staff and service users)
- Allows testing, failing and learning
- Engaging people in change makes it more likely to succeed
- Brings strategic alignment within an organisation

↑ staff engagement
↑ efficiency
↑ outcomes
So, what does this mean for us…

... as individuals

... as leaders

... as organisations

... as a system
Change in leadership behaviours

Use of data to guide decision-making

“Go see” “Gemba” Executive WalkRounds

Stop solving problems at the top

Give people time and space to solve complex problems

Paying personal attention

Manage the expectations

Role Modelling
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

Our Staff
trust wide excluding Beds and Luton

Complaints June and July 2016.

Reasons given by staff leaving June to July 2016.
The Typical Approach...

Conference Room

DESIGN → DESIGN → DESIGN → DESIGN → APPROVE

Real World

IMPLEMENT
The Quality Improvement Approach

Conference Room

Real World

DESIGN

TEST & MODIFY

TEST & MODIFY

TEST & MODIFY

APPROVE IF NECESSARY

START TO IMPLEMENT
WHAT MATTERS MOST
Experts by experience

All staff

Estimated number needed to train = 4000
Needs = introduction to QI & systems thinking, identifying problems, how to get involved

Staff involved in or leading QI projects

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

QI coaches

Estimated number needed = 50
Needs = deep understanding of method & tools, understanding variation, coaching teams

Sponsors

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

Internal experts (QI leads)

Estimated number needed to train = 10
Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

Board

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

Experts by experience

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

Currently have 6 improvement advisors, with 3 further QI leads in training

Xx current sponsors. All completed ISIA. Leadership, scale-up & refresher QI training in 2017

54 QI coaches trained so far, with xx currently active. Third cohort of 20 to be trained in 2017

700 graduated from ISIA in 6 waves. Wave 7 in 2017-18. Refresher training for ISIA grads.

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

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

Bespoke QI learning sessions for service users and carers. Over xx 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
Support around every team

<table>
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<th>Project Sponsor</th>
<th>QI Coach</th>
<th>QI Team</th>
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- **Project Sponsor**
- **QI Coach**
- **QI Team**
- **QI Forums**
- **Service User Input**
- **QI Resources**

**QI Coach**

[Image of a group of people with a graphic of people holding hands]

**QI Team**

[Image of a collage of team members]

**QI Resources**

[Image of a folder with icons]

**QI Forums**

[Image of a graphic with speech bubbles]

**Service User Input**

[Image of a group of people including a graphic of people holding hands]
1. Create the right context for continuous quality improvement

2. Start building capability and capacity

3. Inspire and empower your workforce to lead improvement

4. Build an infrastructure to support improvement at scale

5. Align the organisation around improvement priorities
   – clear priorities, stop other stuff, redesign systems built for assurance

6. Constancy of purpose
   – relentless focus, shield the organisation from distractions
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
Research & innovation

Assurance, control & performance management

Quality improvement
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
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**

- **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)

- **Right care, right place, right time**
  1. Improving access to services
  2. Improving physical health
  3. Other right care projects (not priority areas)
60% reduction in violence across three older adult wards with highest level of violence

40% reduction across all six wards in Tower Hamlets

50% reduction in Forensic learning disability service

Impact across all 35 East London wards = 25% reduction

Over three years, physical violence has reduced compared to other mental health providers
Improving access to services

50% reduction in waiting time from referral to first appointment across City & Hackney community mental health teams

30% increase in referrals across 10 community services

20% reduction in non-attendance at first appointment across 10 community services