Engaging staff and building a movement for QI

(Building an infrastructure to support QI at scale)

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Objectives for today’s minicourse

1. Developing a framework for creating momentum for improvement at scale
2. Creating ideas and a strategy for engaging people in quality improvement
3. Understanding the key leadership behaviours needed to lead improvement at scale

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Today’s agenda

• Using complexity and social movement thinking to design your improvement approach
• Executive leadership for improvement
• Engaging teams and building an improvement infrastructure
• Involving patients, service users, carers and families in quality improvement
• Board leadership of improvement
Executive leadership

Table Discussion

1. How can you engage all executives in quality improvement?

2. What are the key drivers and barriers?
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

**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)
Building the Will

*Table Discussion*

1. How would you rate the *will* to undertake a QI programme in your organisation?

2. What are the barriers stopping you from undertaking this work?

3. In light of what you heard today, will you be doing anything differently in order to make a case for change?
Pocket QI commenced in October 2015. Aim to reach 200 people by Dec 2016. All staff receive intro to QI at induction.

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


Currently have 6 improvement advisors, with 4 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 50 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 = 45
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.

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.
Building Capability

Table Discussion

1. What improvement capability exists in your organisation?

2. How could you shuffle existing resources to create some capacity to start improvement work?

3. How would you build a business case and convince your leadership team about the need to invest in building capability and capacity for improvement?
Alignment

*Table Discussion*

1. What would you have to change to produce alignment in your organisation?

2. How do you look at data, and talk about improvement and safety at every level?

3. What can you change, stop or review to create space for improvement? What are the structures in place to support improvement?
Getting team structure right from the start...

- Team leadership
- Stakeholder involvement (patients, carers, staff)
- Team Diversity
- Subject matter expert

Successful QI team
Different Types of 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
To achieve service 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

Little I
- Service user/carer feedback

Overview of service user/carer involvement
- Partnership working between Quality team and QI Team
- Monitoring & reporting
- Regular Reviews

- Booklet outlining all information about involvement in QI
- Clear structure outlining different levels of support and outlining responsibilities
- Service user/carer involvement in QI forum
- Service user/carer lead in QI central team and each project team
- 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.
- 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.
- Regular steering group/oversight meeting.
- Monitoring informatics system that reviews service user/carer involvement at all different stages of the QI project.
- Dashboards
Board leadership of quality improvement

Marie Gabriel
Board Chair
Why Do Boards Exist?

Collective Responsibilities of the Board:
- Shareholders, customers, employees and other stakeholders
- Risk management and accountability controls
- Long-term direction and strategy
- Right resources to deliver
- Values and standards
- Review management performance
Ambition

• “Quality is never an accident: it is always the result of high intention, sincere effort, intelligent direction and skilful execution; it represents the wise choice of many alternatives”

• “Quality also marks the search for an ideal after necessity has been satisfied and mere usefulness achieved”

William A Foster
Moving from a Quality Assurance to a Quality Improvement Board
- The ELFT Experience
Tips on How to Engage Your Board

Understand
• Your Board
• The wider context within which it exists
• Timing

Evidence
• Alignment
• Successful impact
• Role for the Board

Create
• Board Champions
• Board Ownership
• Naysayer Response
• Next Steps

Be tenacious, maintain and grow the above
Questions you’d like to put to Marie & Navina...