Designing Your Organisation’s Approach to Quality Improvement

@ELFT_QI
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Introducing the ELFT Team

Marie
Navina
Steven
Auzewell

Paul
John
James
Amar
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

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
Objectives for today’s learning lab

1. Develop a strategy and theory of change for creating a culture of continuous improvement across your organization

2. Identify tactics for involving and engaging people across the organization, from senior leaders to clinicians to patients and family members in QI work

3. Develop an awareness of the key requirements in building an infrastructure and support system for QI at scale
Today’s Agenda

• Undertaking large scale change and using social movement thinking

• Organising for improvement at scale

• Leadership for improvement

• Involving patients, service users, carers and families in improvement

• Panel Discussion
Large Scale Change

with **Dr Amar Shah**
Consultant forensic psychiatrist
Associate Medical Director for Quality
First, let's define what we mean by...

Quality improvement
improving quality ≠ quality improvement
So, what’s our theory?
Legend for States of Goal: (Based on Annual Goal)
- Good (GREEN) 70%-100% (BLUE)
- Met (YELLOW) 0%-70% (RED)

FY 2009 Hospital System-Level Measures

<table>
<thead>
<tr>
<th>Goal:</th>
<th>FY 09 %</th>
<th>FY 2007</th>
<th>FY 2008</th>
<th>FY 2009 Q1</th>
<th>FY 2009 Q2</th>
<th>FY 2009 Q3</th>
<th>FY 2009 Q4</th>
<th>FY 2010 Q1</th>
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<tbody>
<tr>
<td>Patient Perspective</td>
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<tr>
<td>1. General Insurability Rating: Percent Who Would Recommend (Includes no appointment, outpatient, ED, and home health)</td>
<td>68%</td>
<td>80%</td>
<td>77.88%</td>
<td>98.58%</td>
<td>97.15%</td>
<td>87.89%</td>
<td>95.69%</td>
<td>91.49%</td>
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<tr>
<td>2. Wait for 3rd Best Available Appointment: Percent of Areas with appointment available in less than or equal to 7 business days (out)</td>
<td>68%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>81.2%</td>
<td>73.2%</td>
<td>61.3%</td>
<td>68.1%</td>
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<td>Patient Safety</td>
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<tr>
<td>3. Total Infections per 1000 Patient Days</td>
<td>2</td>
<td>0</td>
<td>3.27</td>
<td>4.23</td>
<td>4.26</td>
<td>2.26</td>
<td>2.69</td>
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<td>Clinical</td>
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<td>4. Percent Unplanned Reoperations</td>
<td>0.5%</td>
<td>1.5%</td>
<td>6.1%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.1%</td>
<td>2.4%</td>
<td>2.9%</td>
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<tr>
<td>5. Percent of All Patients Receiving Perfect Care: Reduced Risk of Harm</td>
<td>56%</td>
<td>100%</td>
<td>46%</td>
<td>74%</td>
<td>88.5%</td>
<td>91.2%</td>
<td>94.7%</td>
<td>97.1%</td>
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<tr>
<td>Employee Perspective</td>
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<td>6. Percent of All Patients Receiving Perfect Care: Reduced Risk of Harm</td>
<td>56%</td>
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<td>88.5%</td>
<td>91.2%</td>
<td>94.7%</td>
<td>97.1%</td>
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<tr>
<td>7. Employee Satisfaction: Average Rating Using 1-5 Scale (Lowest Possible)</td>
<td>4.00</td>
<td>4.05</td>
<td>4.90</td>
<td>3.05</td>
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<tr>
<td>8. Percent of Budget Allocated to Non-reimbursed Care</td>
<td>7.00%</td>
<td>7.50%</td>
<td>5.91%</td>
<td>7.50%</td>
<td>7.00%</td>
<td>7.00%</td>
<td>7.00%</td>
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<tr>
<td>9. Percent of Budget Spent on Community Health Promotion Programs</td>
<td>9.00%</td>
<td>9.00%</td>
<td>9.20%</td>
<td>9.00%</td>
<td>9.20%</td>
<td>9.00%</td>
<td>9.20%</td>
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<tr>
<td>10. Operating Margin Percent</td>
<td>1.2%</td>
<td>1.5%</td>
<td>-0.8%</td>
<td>0.7%</td>
<td>0.9%</td>
<td>0.8%</td>
<td>0.7%</td>
<td>0.7%</td>
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<tr>
<td>11. Monthly Revenue (Million)</td>
<td>26.0</td>
<td>20.6</td>
<td>17.4</td>
<td>16.9</td>
<td>17.4</td>
<td>18.2</td>
<td>18.2</td>
<td>19.2</td>
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Great care is discovered, not decided
Complex Systems

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

The three characteristics of systems thinking include:
1. A consistent and strong commitment to learning
2. A willingness to challenge your own mental model
3. 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
- 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
Social Movements for Good
A social movement can be defined as...

“a voluntary collective of individuals committed to promoting or resisting change through coordinated activity”

Seven common characteristics of social movements:

- Energy
- Mass
- Passion
- Commitment
- Pace and momentum
- Spread
- Longevity

Bate, Bevan & Robert, 2004
<table>
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<tr>
<th>Current prevailing beliefs about change</th>
<th>A movement perspective of change</th>
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<tbody>
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<td>• Change starts at the top</td>
<td>• Change builds from bottom-up action</td>
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<tr>
<td>• It takes a crisis to provoke a change</td>
<td>• Change can be driven by passion to improve</td>
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<tr>
<td>• Only a strong leader can change a large institution</td>
<td>• Change comes from the collective action of individuals</td>
</tr>
<tr>
<td>• To lead change you need a clear agenda</td>
<td>• You need to have a clear cause but can be uncertain about how you will achieve it</td>
</tr>
<tr>
<td>• Most people are against change</td>
<td>• People have an inner desire to make things better</td>
</tr>
<tr>
<td>• Change management is a disciplined process</td>
<td>• Change is opportunistic and spontaneous</td>
</tr>
</tbody>
</table>
Five key principles that can help a movement approach

1. Change as a personal mission
2. Frame to connect with hearts and minds
3. Energise and mobilise
4. Organise for impact
5. Keep forward momentum
Things to consider

Planning  *versus*  Prodding, Analysing and Reacting

Who should build the movement?

Pace & momentum

Existing structures  *versus*  under the radar

qi@elft.nhs.uk  https://qi.elft.nhs.uk  @ELFT_QI
Organising for improvement at scale

with **James Innes**  
(Associate Director of QI)

**Auzewell Chitewe**  
(Senior Improvement Advisor)
Quality Strategy 2016-2018

We care
We respect
We are inclusive
AIM
To provide the highest quality mental health and community care in England by 2020

Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community-based staff, Bedfordshire & Luton staff)
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Developing improvement skills

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3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners

Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
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Directorate-level priorities
- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

Trust-wide strategic priorities
1. Reducing inpatient physical violence
2. Improving access to community services
3. Enjoying work
4. Shaping recover in the community
5. Value for money
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- Engaging, encouraging & inspiring
- Annual conferences
- QI Microsite
- Awards
- Publishing Work
- Visibility Walls
Staff experience and engagement

- **Staff able to contribute towards improvements at work**
- **Staff Motivation to Work**
- **Staff job satisfaction**
- **Overall Engagement Score**

Scores over the years (2010-2016):

- Staff able to contribute: 3.5 - 2015, 3.8 - 2016
- Staff motivation: 3.5 - 2010, 4.1 - 2016
- Staff job satisfaction: 3.4 - 2016
- Overall engagement: 3.6 - 2010, 4.1 - 2016

National median comparison included.
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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

Board
- Estimated number needed to train = 10
  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
- 53 QI coaches trained so far, with 35 currently active. Third cohort of 20 to be trained in 2017
- 58 current sponsors. All completed ISIA. Leadership, scale-up & refresher QI training in 2017
- 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

Working upstream

- Bespoke QI learning sessions for service users and carers. Over 95 attended so far. Build into recovery college syllabus

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

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

Refresher training for ISIA grads.

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Changing the way ELFT looks at data

Embedding into daily work

Giving people access to data, real time

Making doing a QI project easier...
Support around every team

- Project Sponsor
- QI Coach
- QI Team
- QI Forums
- Service User Input
- QI Resources
Develop service models to meet the needs of the customer/population.

Identify the needs of the customer/population.

Put in place structures and processes to deliver high quality.

Take corrective action when appropriate.

Internal vigilance to hold gains made through improvement.

Identify clear measures of quality for the service, and monitor these over time.

Actions to address gaps identified.

Periodic checks to ensure the service is meeting the needs of the customer/population.

Identify what matters most.

Design project and bring together a diverse team.

Discover solutions through involving those closest to the work, test ideas, implement and then scale up.
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Bottom Up

Top Down
WHAT MATTERS MOST
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
Identification of quality issue
Understanding the problem
Developing a strategy & change ideas
Testing
Implementation & sustaining the gains
Improving

190

Reducing
The Bridge Club

Number of self-directed community engagement hours (football)

860%
Reducing Handcuff Usage

Incidents of handcuffing, every 10 days

79%
Reducing Time to Complete Neuropsychological Assessments in Memory Assessment Service

- Bedford: 40%
- Luton: 43%
- South Beds: 42%
- Mid Beds: 28%
Reducing the time it takes to complete the disciplinary process

Number of days taken to complete the disciplinary process

Notes:
11/02/2015 – 1st March 2015: Introduction of two hearing dates
22/05/2015 – 1st July 2015: New documentation and folders introduced
26/05/2016 – 1st June 2016: New Disciplinary Policy and agreed outcomes process introduced.
Improving Access to Services

Average waiting time from referral to 1st face to face appointment (10/13 teams) - X-bar Chart

No. of referrals received (10/13 teams) - I Chart

1st face to face appointments non-attendance (10/13 teams) - P Chart

Legend
- Testing begins
- 3 teams leave the collaborative
- 2 new teams join the collaborative
- New DNA operational definition
Leadership for Improvement

with  Marie Gabriel
(Chair of the Board)
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
- Review management performance
- Values and standards
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
Leadership for Improvement

with Dr Navina Evans
(Chief Executive Officer)
Leadership for Improvement

with Steven Course
(Chief Financial Officer & Deputy CEO)
Break Time
Involving patients, service users, carers and families in quality improvement

with **Paul Binfield**  
(Head of People Participation)

**John Kauzeni**  
(People Participation Lead)
Quality Improvement Projects
Introduction to QI training for service users and carers
Are you listening?

Michael McGhee (Sponsor), Eirlys Evans (QI Coach), Karamjeet Chana, John Louis Kauzeni, Sarah Grant, Amy Davies, Chris Kitchener, Claire McElwee, Charan Saduera (Project Lead).

Aim

To increase uptake of local resolution of complaints by 50% by June 2016

Why is this important to service users and carers?

We care
Makes the process more responsive

We respect
Resolving complaints becomes more meaningful and personable - service users/carers feel listened to

We are inclusive
Working jointly with service users/carers when things go wrong

Driver diagram

<table>
<thead>
<tr>
<th>Aims:</th>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
<th>Change ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local process</td>
<td>Local ownership of process</td>
<td>Introduction of the QM Quality Panel - drives from local informal investigations, allocates an investigator, quality check responses</td>
<td></td>
</tr>
<tr>
<td>Local governance</td>
<td>Local decision making</td>
<td>Patient and carer experience of new process</td>
<td>Complaints process satisfaction survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality assurance</td>
<td>Leaflet on Patient Satisfaction Survey Measures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feedback mechanisms</td>
<td>Focus group with NHS staff and service users/carers</td>
</tr>
<tr>
<td>Data</td>
<td>Local ownership of data</td>
<td>Increased use of reporting including Dash for informal complaints</td>
<td></td>
</tr>
</tbody>
</table>

We care
Makes the process more responsive

We respect
Resolving complaints becomes more meaningful and personable - service users/carers feel listened to

We are inclusive
Working jointly with service users/carers when things go wrong

Tests of Change

Complaints Quality Panel
Local Resolution Survey
Local Issues Log
Customer Care Training
Risk Matrix
New response letter style

Data

C Chart - Local Resolutions Jan-15 to Nov-16

Learning

Are you listening?
Feedback from the survey

Other people should do a survey

The staff listened

Happy with how the manager dealt with my issue

Before it didn’t feel meaningful to me

The letter addressed at the points I raised

The Community Manager who visited my letter was very helpful

I was happy with the time taken to get back to me after I complained

The letter mentioned all the points I raised

I was reassured when the team manager called me. I would not hesitate to use this process again

The service was very prompt with their reply to my complaint

The admin lady was fantastic and the nurse who called me back was superb. I would like to compliment them
QI project supporting informal carers

**Cycle 1:** Staff confidence survey on addressing carers needs carried out

**Cycle 2:** Carers needs checklist developed

**Cycle 3:** Engagement with other agencies i.e. local authority

**Cycle 4:** Development of carers handbook

**Cycle 5:** Setting up a Carers Support Group
Films
Newham Centre for Mental Health
PP awards 2017

L—R: John Louis Kauzeni (People Participation Lead), Graham Savage, Peter Bruton and Hugh MacLeod
ELFT CHAIR’S AWARD – PEOPLE PARTICIPATION PROJECT OF THE YEAR AWARD 2017
Barriers to Engagement

- Self Confidence
- Financial Barriers (Travel Costs)
- Isolation
- Being thrown in at the deep end

- Support for QI Projects
- Accessibility to use PC/Printer
- Conflict Carers' Responsibilities
- It feeling tokenistic

- Lack of Supported Guidance
- Human versus Email Interaction
- Communication Barriers
- Regular Attendance
PRIDE Research Project

Adrian Curwen, Jane Fernandes, Racheal Howison, Paul Binfield, Winnie Chow and Domenico Giacco

2017
PRIDE Qualitative Study
Research Findings

Why did participants join People Participation activities? (cont.)

Social aspect – meeting like-minded people (cont.)

“I needed to be involved in getting to know some other people.”

Having structure to their day and keeping occupied

“People Participation has turned my life around in the last 2 years I have been doing it. It gives me something to do. It involves me in aspects of other people’s illnesses, understanding other people’s illnesses.”

“I feel that I am happy...mental state as well because I feel more happier when doing participation.”

What were the benefits and experiences (positive or negative) for recovery by being involved in People Participation?

Sharing experiences with like minded people

“Be able to express my views, meet like-minded people who have gone through the same thing.”

“You get to connect with people and it’s so lovely when people come up to you and say “I love coming here because you are here as well” and, you know, that sort of thing. Just to be you.”
What were the benefits and experiences (positive or negative) for recovery by being involved in People Participation? (cont.)

Improvement in self-confidence and motivation

“I have learnt how to... be more assertive, be more confident, be more not confrontational...”

“My self-worth is probably the biggest improvement.”

“It helped me achieve a sense of well-being, it’s educated me, it’s made me more self-aware, it’s helped me just become a person that could, a normal person, normal as in the sense that like a person that can be in the community and have a mental health problem but still carry on and live a normal life...”

Better understanding of services

“How do I relate to services, it’s more of a positive thing...”

“When going inside the service that I did stay in it was kind of nice to see the day-to-day running so I guess that kind of give me another dimension to what I knew about that service...”

“It’s changed my views of services in ELFT and it’s changed my view that services are changing towards a more patient focussed and listening more to the service users. I think, I mean in the past with psychiatric services, there wasn’t such a focus on recovery. It was more a focus on containment”
PRIDE Qualitative Study
Research Findings

What were the benefits and experiences (positive or negative) for recovery by being involved in People Participation? (cont.)

Facing and overcoming fears, independence

“It is always good to learn about things that you actually fear.”

“One of my things is the fear of... being discharged and being left on your own. But now I don’t fear that because I know there’s always access to everything, you know, and if you are having problems, you talk.”

Sense of achievement, feeling valued

“You are important actually... You do learn if you’re given a question your answer is important.”

“So it opens doors. You meet people you normally wouldn’t have met. You know, when you give yourself to something, it is not about rising to this or being big at this or doing, earning x amount of money. For me it was, you know, just one step at a time and I enjoy it now.”

Giving back feels good

“I’ve always felt the value in everything I’ve done.”
PRIDE Qualitative Study
Research Findings

What were the benefits and experiences (positive or negative) for recovery by being involved in People Participation? (cont.)

Giving back feels good

“It’s helped with my recovery greatly. Sort of helping other people and feeling productive and putting a positive end to a negative set of experiences. It’s all, sort of, been great.”

Having a voice and improving services

“It made me more empowered because I was sitting on panels and I was having a say of who comes in and who doesn’t come in”

“Getting involved... taking part, having a say, being listed to, being educated...”

Better coping mechanisms

“I ain’t had drugs, drunk alcohol for 17 years, I haven’t smoked cigarettes for 12 years... it’s made me more self-aware of how you can end up back in hospital again or in trouble with the law if you don’t do things that are positive rather than negative.”
PRIDE Qualitative Study
Research Findings

What were the benefits and experiences (positive or negative) for recovery by being involved in People Participation? (cont.)

Better coping mechanisms

“It’s helped me because it’s made me think about what are the good things in life and what are the bad things in life and what’s going to keep me well and safe and keep me from going back to hospital again.”

What skills were refreshed or gained by taking part in PP activities?

Listening skills/interpersonal skills

“I’ve learnt so much from going to the meetings, you know, talking and listening to other people, so I’ve learnt a lot, and I’ve got sort of self-respect and my say back, which I didn’t have before”

General communication skills.

“It trains you to develop your skills set. That was very attractive to me.”
PRIDE Qualitative Study
Research Findings

What skills were refreshed or gained by taking part in People Participation activities?

Public speaking skills - giving training to staff

“I think being able to express yourself, especially when I do talks with new nurses or new social therapists, they really want to hear the service user’s view and see the other side. Not just the things they are trained in. Not just the things that are passed down, but the service user’s view is the reality. The fact that I was a patient made my views more important.”

“I’ve had quite a few staff remark to me that I’ve changed their attitude of service users and service user involvement in peer support and that sort of thing. So I think I’ve changed some attitude there.”

Creative skills (poetry)

Avoiding conflict/ dealing better with conflict
PRIDE Qualitative Study
Research Findings

What were the participants’ experience of the support provided?

Trust/Availability

“Yes, she has been really good. I’ve needed to lean on her quite a bit. Especially when writing any script or doing any talk, the fact that she’s there makes it much easier. I can get all the information that I need and she really supports me. She does a wonderful job. She has great qualities, you know. So I wouldn’t be able to do the stuff I’ve done without her.”

“Our People Participation Lead is probably the best one and I wouldn’t want anyone else. I can talk to her about anything. She is down to earth, human. She’s a lovely lady and I can go to her whenever I like.”

Being a companion

Facing fears - pushing personal boundaries

“I set myself boundaries because I guess we all live in our own safety nets when you have mental illness. She actually makes me go to the edge and sometimes over. And when I do that, I feel, you know, like, ‘wow, I’m so glad I did that. Can I do that? I can really do that’ you know.”

Keeping updated on training, events and opportunities

Support with personal issues
PRIDE Qualitative Study
Research Findings

What aspects of this initiative could be improved/suggestions for improvement? (cont.)

“Whoever is listening to this, just know one thing – People Participation has pulled me out of a very big hole which is now filled with cement and I don’t go back there now… I’m moving forward. I feel like a human being now, not an animal.”

“As far as this Trust is concerned, we seem to have pretty well nailed People Participation, I think. I don’t know where we stand nationally in terms of participation, but we are damn good at it and I think we could teach those other Trusts.”
Some time to reflect at your tables
Leadership for Improvement

1) How could your board and senior leaders support an organization wide QI approach?
2) How might you influence them?
3) What are the key drivers and barriers?

Creating the movement

1) How would you rate the will to undertake QI in your organization?
2) What improvement capability already exists in your organization?
3) How would you have to change to create alignment around QI?

Involving patients, carers and families

1) How would you rate involvement in your organization?
2) What steps could you take to increase involvement in your improvement work?