

# Building QI Capability at Berkshire Healthcare

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11t Oct 2022



# What we will cover

- Our journey
- Our approach
- What has the impact been? Our patients and our people
- Learning

# Where we started

- QI programme commenced in 2017
- Prior to that internally the Trust delivered several developmental programmes aimed primarily at aspiring leaders and managers and service development
- Signposted people to external local courses
- Pockets of QI projects happening across the Trust with recognition for the good results that had been achieved

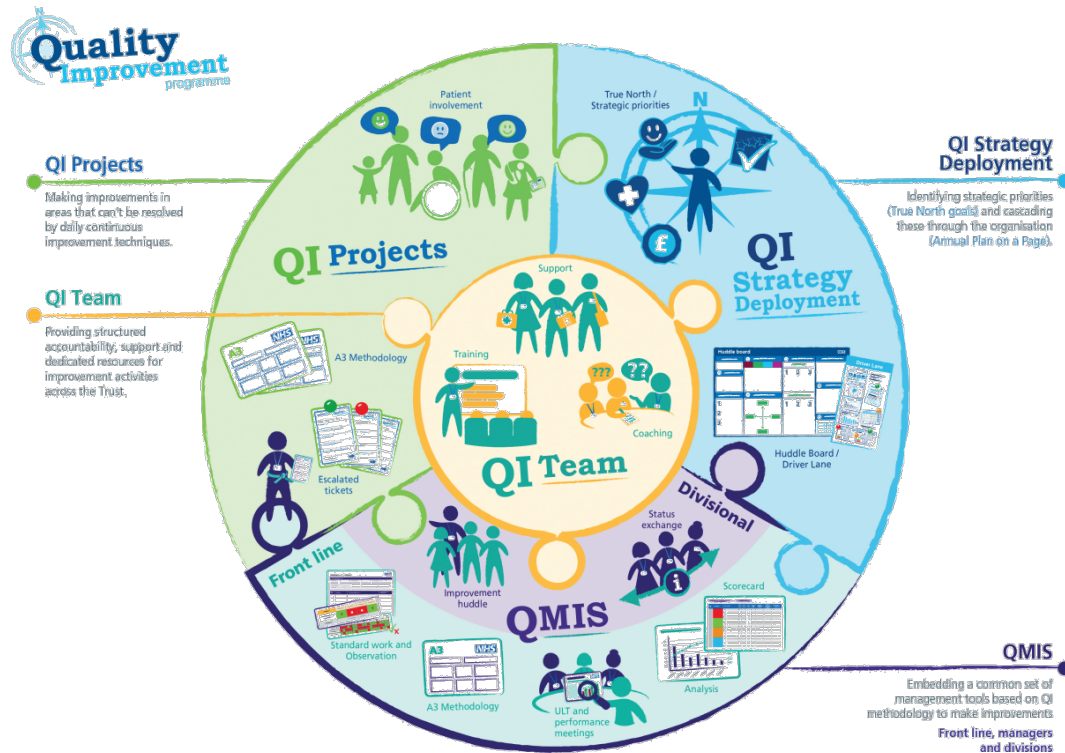
# QI Programme aims

- Enable leaders to understand and run the organisation using a management system based in QI tools.
- Create a culture that supports and enables continuous quality improvement and innovation.
- Develop internal experts to lead QI, to teach and coach others.
- Develop leaders who will personally champion and apply QI methods and tools.
- Deliver a mature, sustainable and visible quality improvement programme in the organisation.
- Support the application of QI tools and disciplines by teams to improve their day-to-day operations.
- Support the delivery of increased patient quality, patient experience, support for staff and lower costs.
- Deliver breakthrough performance improvement in a few key objectives.
- Support the transformation of services and processes to increase value to patients.

# Building QI Capability Approach

# QI Programme workstreams

The QI programme is made up of four complimentary workstreams:



# Capability building QMIS

QMIS is a **whole system** for changing the way we approach QI across the Trust.

Through the application of QMIS we aim to **maximise the problem solving power** of all our colleagues, as well as our patients and carers - giving them the opportunity to fix the issues they face in their everyday work.

QMIS provides a set of interlinking tools that we will learn to apply flexibly in order fit all teams within the Trust.

QMIS is also:

- A system for **breaking down communication barriers** and allow us to work 'shoulder to shoulder' to achieve our shared goals
- Aligned to 'True North', our Trust's guiding light that helps us to all 'pull together' and make a **real impact**
- A system to move us from reactive firefighting to having proactive planning time and a chance to see the issues before they arise
- A self-supporting system with a built in tools for **sustaining the gains we make together**



# Capability building



“Adopting Lean as a management system involves the **whole organisation working together** to enhance ‘value’ from the perspective of the patient, improve quality and safety of service delivery, and embed a sustainable culture of continuous improvement. Adopting Lean as a management system **involves everyone (from senior leaders, doctors, nurses and allied health professionals to front-line employees** and those working in vital support roles and functions) in the adoption of new routines, new practices and new behaviours”

**(Warwick Business School, 2022)**

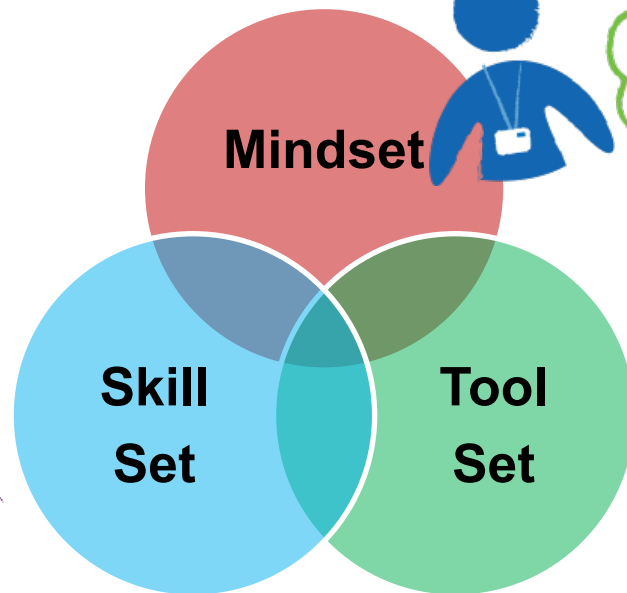
# Capability building QMIS



# Capability building leaders of QMIS

Modelling a new way of behaving and thinking, create an environment to encourage both team and autonomous problem solving. Leading the team to use QMIS to support creating sustainable improvements and influencing a shift in mindset

Supporting and leading team to develop their understanding and skills of the QMIS tools and integrating them into standard practice. Team taking responsibility for developing their gaps and being supported to do so.



The tools taught during QMIS






# Capability building QI Projects



Since 2019, we have been Lean Accredited Providers by Cardiff University's Lean Competency Scheme (LCS) - One of four NHS Trusts nationally.

All QI training is now delivered in-house by our own QI Team and we are able to issue LCS qualifications to Berkshire Healthcare colleagues.

 White belt	 Yellow belt	 Green belt
<ul style="list-style-type: none"><li>• 30 min e-learning package</li><li>• Locally developed based on LCS criteria</li><li>• Trust new starters are signposted</li><li>• Interactive downloadable workbook, supporting use of Lean tools such as 6S's and Plan, Do, Study, Act</li><li>• Optional follow up coaching</li></ul>	<ul style="list-style-type: none"><li>• Two day interactive training, face-to-face</li><li>• A3 problem solving tool</li><li>• Apply to an area for improvement (small project) in their area</li><li>• Designated coach from QI team</li><li>• Aim to do project and present within 12 months</li></ul>	<ul style="list-style-type: none"><li>• Six days focussed on advanced Lean tools, skills and behaviours</li><li>• Rapid Improvement Event</li><li>• Interface with QMIS</li><li>• Leadership behaviours</li><li>• Group coaching monthly</li><li>• 1:1 coaching support from QI team</li><li>• Buddy system</li></ul>

# Capability building tools

## Improvement Huddle

Improvement Huddle Board															
Huddle Time	3 New Improvement Ideas	2 Work In Progress	Implemented Tickets												
Type here	<table border="1"> <tr> <td>Harm Free Care</td> <td>Patient Experience</td> <td>Supporting our staff</td> <td>Money Matters</td> </tr> </table>	Harm Free Care	Patient Experience	Supporting our staff	Money Matters	Quick Wins									
Harm Free Care	Patient Experience	Supporting our staff	Money Matters												
1 Standard Work		1 2 3													
<input type="checkbox"/> Open standard work <input type="checkbox"/> Assigned a time keeper and someone to check the standard work			Use this link to share any improvement work - <a href="#">GI Stones</a>												
Escalated Tickets	4 P-I-C-K Chart	Plan Do Study Act	5 Celebrations												
1	<table border="1"> <tr> <td>Quick Win</td> <td>High Impact</td> <td>PDSA</td> </tr> <tr> <td>Prioritise</td> <td>Investigate</td> <td></td> </tr> <tr> <td>Easy</td> <td>Hard</td> <td></td> </tr> <tr> <td>Keep for later</td> <td>Low Impact</td> <td>Check</td> </tr> </table>	Quick Win	High Impact	PDSA	Prioritise	Investigate		Easy	Hard		Keep for later	Low Impact	Check	1 2 3	Type Here
Quick Win	High Impact	PDSA													
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2			6 Weekly Recording												
3			<b>Click here</b>												



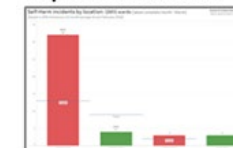
## Performance Board



### Historical Data



### Top Contributors



### Countermeasures



# Capability building QMIS

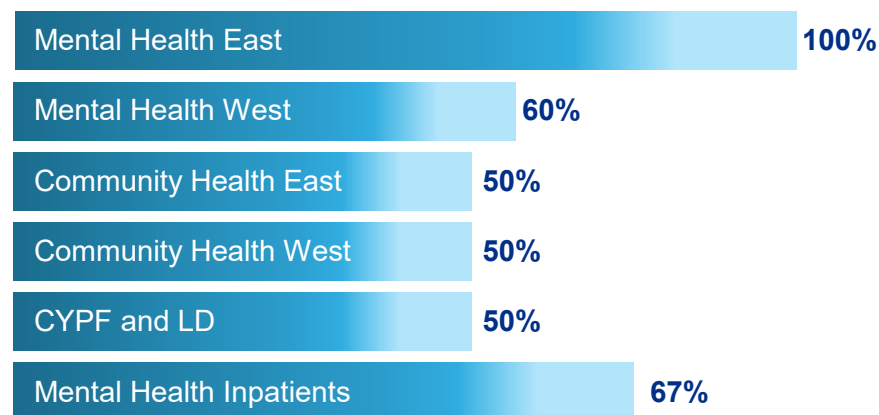
## QMIS Learning

Our QMIS learning programme continues at pace. By the end of 2022, we will have trained 60% of teams in the QMIS approach, and there is a strong demand for help to sustain the use of QMIS in our teams.

Wave 16 began their QMIS journey in September 2022.



% Teams QMIS Trained

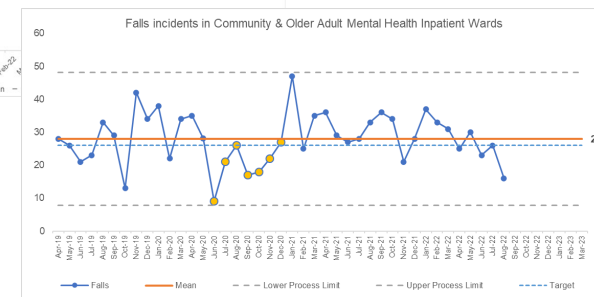
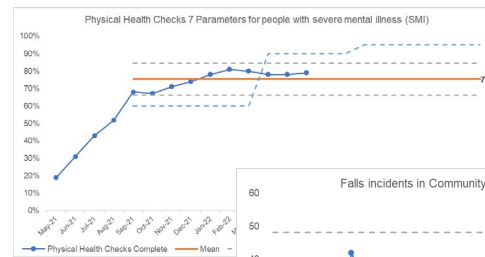


# Capability building QI Projects

 <p>White belt</p>	 <p>Yellow belt</p>	 <p>Green belt</p>
<p>500 colleagues trained</p>	<p>98 colleagues trained</p>	<p>17 colleagues trained</p>

## Breakthrough Objectives

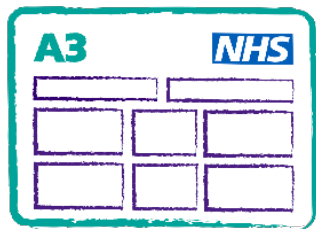
We are focussing our quality improvement efforts on our 'Breakthrough Objectives', aligned to our 'True North' goals. These include supporting teams to **reduce falls in our inpatient wards**, and improving the completion of **physical health checks for patients with severe mental illness**.



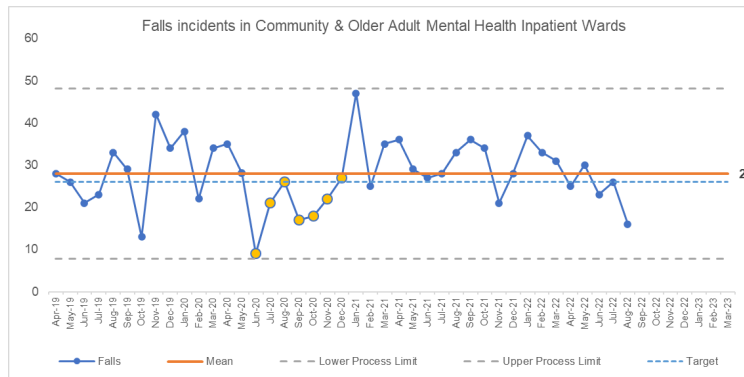
# Building QI Capability

# Impact

# Combining QI projects and QMIS



QI project work

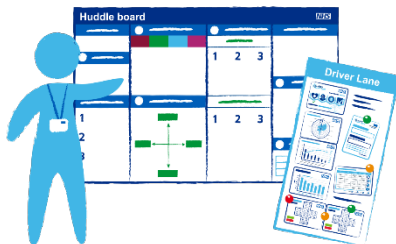


Unit leadership team meeting



Scorecard

Improvement huddle and performance board



Standard work



Status exchange

# Combining QI projects and QMIS

## Improving the Emotionally Unstable Personality Disorder (EUPD) patient pathway

Improving the care pathway for people with EUPD has led to reduced:

- Inpatient admissions
- Crisis team appointments
- Re-referrals to CMHTs and CMHTs appointment time
- Emergency Department presentations

Quality Improvement

### Improving the Care Pathway for Adults with Emotionally Unstable Personality Disorder (EUPD): Using Lean Quality Improvement Methodology in Berkshire Healthcare

Authors: Sorana Berry (Head of Intensive Management of Personality Disorders and Clinical Therapies Team, BHFT), Dr Chloe Foster (Consultant Clinical Psychologist, Psychological Formulation, Consultation and Training, BHFT) and Sophie Widdison (Senior Improvement Practitioner / QI Lead for CAMHS and Eating Disorders, BHFT)

#### Problem Statement

There is no consistent or comprehensive Trust wide care pathway for adults with EUPD. Current provision does not meet patient need or promote long term recovery. This impacts on patient safety and well-being, staff morale, and leads to increased utilisation of mental health beds with acute overspill and significant financial implications.

Patients reporting dissatisfaction with current provision

High rate of re-referrals to CMHT

#### Current State

National Benchmarking Data Aug 2017— Occupied Bed Days Cluster 8

BHFT are the red bar, nationally highest use of inpatient MH beds.

#### Vision

To provide a high quality, consistent care pathway that is responsive to the needs of the client group.

#### Collaborating with service users

"Grateful that we've been asked to contribute to this—we know what doesn't work"

"Nice to feel part of the process, not just the product"

#### Root Causes

- High workload
- Lack of leadership & management
- Low value and priority
- No whole system approach
- Lack of research and national guidelines
- Lost BHFT contracts
- Knowledge of what to refer to & what is available
- Availability of training & expert supervision

#### Countermeasures—the forming of a new pathway

#### Outcomes

Pre- and Post- Pathway implementation data demonstrates reduction:

- MH OEDs incl. reduced readmissions
- Acute overspill beds
- -45% Crisis Team activity
- -28% CMHT activity
- -41% Psychological Medicine Service (PMS) activity

Staff data:

There are up to 1000 training attendances at PACT training per year and training feedback is consistently excellent.

Our patients / carers say:

"SUN has been a lifeline for me"

"I firmly believe your understanding, acknowledgement, validation of the team, humour, your edge or coming to her, your connection, her helped us as a

Reduction in bed utilisation for Cluster 8 patients BHFT are the red bar

1 of 1

# Making a Difference To Patient Care

Quality improvement efforts in the last three years have led to:

- Reduction in the use of prone restraints in adult acute and children settings by 61% in 15 months.
- Neurodiversity Common Point of Entry (CPE) reducing children and young people time waiting for initial assessment at Common Point of Entry 62% increase in referrals with team maintaining average wait time for initial assessment at 10 weeks
- Increased rate of annual physical health checks for patients with Serious Mental Illness from 30% to over 80%.

# Making a Difference To Our People

“...(QI coaching) has helped me to understand that quality improvement is not a destination but a continuous process, both when trying to improve systems and processes in the hospital where I work but also with myself and my leadership behaviours”

**Mental Health Inpatients,  
Clinical Director**

“(QMIS) gave me an opportunity to see that small changes could bring in huge gains and developed a ‘can do’ attitude within my team including myself.”

**Consultant  
Psychiatrist, Older  
Peoples Mental  
Health**

“QMIS has enabled me to look at potential challenges in a different light, where together we can embark on a journey of discovery, it maybe painful, revealing and challenging, as well as fun! and the end result is collectively owned by all, resulting in improvements for service users and efficiency.”

**Head of Mental Health Urgent Care  
West Localities**

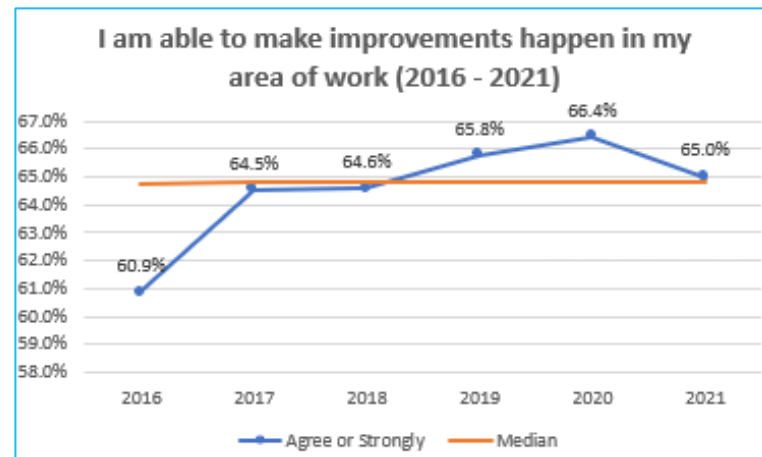
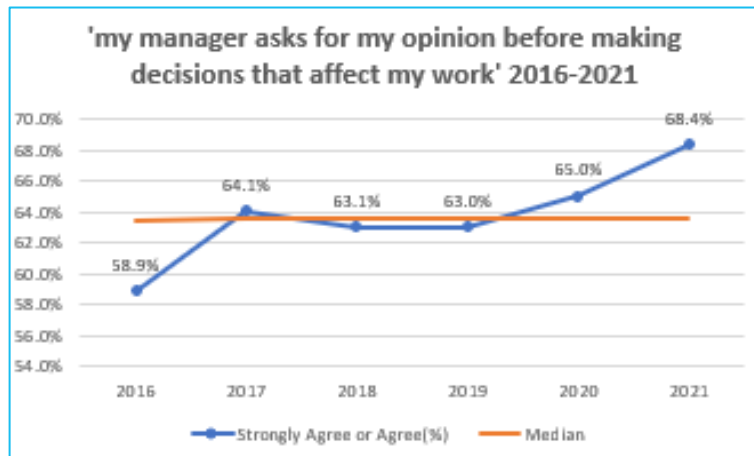
“QMIS training has enabled our team to consider it’s priorities in line with the Trust’s objectives and provides a useful platform in which to monitor progress”

**Head of Mental Health Urgent  
Care East Localities**

“QI gave us a shared language and goal as a team to look into the issues we face, prioritise and try to address them. Support from the coaches helped us feel empowered and involved in providing best possible care within a specific financial envelope and look after each other”

**Clinical Director, Community Mental Health East  
Services**

# Making a Difference To Our People



NHS Staff  
Survey  
results 2021

"I am able to make suggestions to improve work of my team".	80%	Top 5 of all NHS Trusts
"I am able to make improvements happen in my area of work".	65%	Top 5 of all NHS Trusts
"I am involved in deciding on changes introduced that affect my team".	62%	Top 3 of all NHS Trusts

# Building QI Capability Learning

# Learning

## Coaching

In order to create the shift in culture required to enable front-line staff problem solving, we have seen the importance of providing on-going coaching alongside traditional training.

## Flexible approach

Encouraging a flexible approach to the use of improvement and QMIS tools helps to maximise the adoption in teams.

## QI projects prioritisation

Establishing project prioritisation for the QI team has ensured our QI resources are going into supporting the projects of highest priority.

## Middle-manager focus

Putting in place a programme of support for our middle-managers in their leadership of QMIS is crucial for adoption of the system.

## Co-production and collaborating with service users

Using the 'voice of the customer' has created more opportunities to improve how we collaborate with service users and make improvements to their care.

# Thank you

## questions and comments...

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# References

Burgess, N., Currie, G., Crump, B., Dawson, A., (2022) **Leading change across a healthcare system: How to build improvement capability and foster a culture of continuous improvement**, Report of the Evaluation of the NHS-VMI partnership, Warwick Business School.