

# Quality Improvement in Tobacco Treatment (QuITT) Collaborative: Workshop 3

**Date/Time:** 12<sup>th</sup> October 2023, 11:00-12:00

Details	Links to resources
<p>Rosanna Bevan (RB) National Collaborating Centre for Mental Health (NCCMH)</p> <p><b>RB welcomed all to the workshop and introduced the QuITT project team.</b></p>	
<p>Rosanna Bevan (RB) National Collaborating Centre for Mental Health (NCCMH)</p> <p><b>Reflecting on Round 1 of QuITT Collaborative</b></p> <p>RB noted that as the Round 1 (R1) of the QuITT Collaborative were coming to an end, in this session the Round 1 teams would be invited to reflect on the following questions:</p> <ul style="list-style-type: none"> <li>• What have you enjoyed most?</li> <li>• What have you found challenging?</li> <li>• What is one bit of advice you would give to a R2 team?</li> <li>• R2 teams: what are your questions for R1 teams?</li> </ul> <p>Additionally, the QuITT QI team and the teams already registered for R2 would be taking questions from teams that are planning on joining Round 2 (R2) or the development network, which is for teams that are not currently ready to join R2.</p> <p>The results from Round 1 (last updated Aug 2023) have also been shared – please refer to presentation slides 8-12.</p> <p><b>ML, Somerset</b></p> <p>The QuITT Programme helped our team to embed quality improvement approaches into our day-to-day practices and the way we think about our role and this journey of continuous improvement. The programme has given the team more of a much needed focus even though there were already a number of positive practices in place locally within the Trust.</p>	<p><a href="#">Reflections from workshop attendees (Mentimeter results)</a></p>

It has been really helpful to have the opportunity to share our successes, but also to have the space to talk about the challenges and anything in between.

Mentimeter responses from the teams:

- Meeting with other Trusts who experience similar challenges has been really helpful and enjoyable
- Working with experts by experience
- Trying different approaches with the PDSA cycle plan
- Seeing change ideas being generated, tested and implemented
- Increased engagement and time commitment of the tobacco treatment staff
- Make connections with peers undertaking similar roles to share learning and experiences
- Challenges around staff engagement

#### **JH, NELFT**

One of the challenges has always been engagement and time commitment of the tobacco dependency treatment staff, i.e. annual leave, shift rota, other leave, etc. We have decided to run the Search Training recommend by the QuITT programme and we have successfully been able to engage increased numbers of our staff.

We have also taken a different approach and recruited a number of international staff nurses who are currently being trained around tobacco dependency services, which we hope will help with the way our service operates.

#### **PD, Avon and Wiltshire Partnership**

Our team have been running staff training around staff handover times, which have been fairly successful. The focus was on asking staff if they had anything that they particularly wanted to know in terms of trying to increase their knowledge in this area, which helped us with generating a list of areas to address in the training sessions around those themes. The training was being held every 2 weeks around handovers.

Additionally, we have been having some helpful conversations with staff around their day-to-day issues which helped to shape further training. This has helped us to increase their knowledge on what are the effects of smoking and how they can better engage with patients on the wards by offering better suited forms of NRT (Nicotine Replacement Therapy) or vape, and in that way best manage their nicotine programmes.

There was also a need to run a separate training on different types of vapes due to some challenges on the wards with illegal vapes being accessed by patients.

Some of the staff training is being adopted to offer training to service users, which has been quite helpful.

### **SW, Avon and Wiltshire Partnership**

One of the challenges has also been doing the PDSA around the handover or after handover, the timing of which has been challenging due to staff time commitment. We have effectively changed the cycle to be carried out before handover and agreed with our staff nurses to allow for an additional 10-15 mins before their start. This has been done successfully on weekly basis.

### **JH, NELFT**

Challenges with managing illegal vapes as staff have been struggling with identifying which vapes were legal and appropriate to use on mental health wards. Would be helpful to have some clear guidance on which vapes could staff recommend to patients, etc.

### **SH, Avon and Wiltshire Partnership**

Recommendations in response to illegal vapes:

- putting together handouts and interim guidance for staff
- flagging the issue with the Trust's Health and Safety Group and the Fire Warden/Officers alerting them of the risks
- reported the concerns to the South West Trading Standards around the increased use of illegal vapes on the wards and its impact on insurance and fire safety, etc.

**Action: SH to share resources with the group.**

### **Matt Milarski (MM), NCCMH**

MM noted that the QI coaches are always there to support the teams and offer guidance and answer any questions that the teams may have around challenges, etc.

### **ML, Somerset**

One of challenges has been the presence and involvement of patients and service users and their skills and ability to hold the more subtle soft conversations with ward teams. Our PDSA was to improve training and to get staff to fully engage and commit but actually having service users like Maya and Paul on the team have been much more important and helped to significantly improve our service. It was important to increase staff awareness and gain broader knowledge around the roles and responsibilities.

**MG / P, Experts by Experience, Somerset**

The training for staff was definitely helpful as the teams have started to engage with us more and seemed to have better understanding of our role on the wards and how effective and valuable our input can be in reducing tobacco dependency amongst other patients.

**JH, NELFT**

Asked for recommendations around staff introducing themselves to patients on the wards and the actual title used as this has often impacted on the first impressions having some negative connotations and effectively lack of interest to engage with the tobacco dependency service.

**SH, Hertfordshire**

From the onset, when Sarah joined the Smoking Cessation team at the Trust as a Smoking Cessation advisor, she instantly requested for the title to be changed to Tobacco Dependency advisor to help with better engagement. The goal of the role is to support people with quitting smoking but more importantly it is about the engagement in that difficult moment of their life and being able to offer different solutions, including temporary abstinence leading to quit attempts. It is about having a conversation that is comfortable and helpful for both parties.

**MG / P, Somerset**

It is important and a key not to be introduced as 'stop smoking people' – both, smoking cessation and tobacco reduction have been much more welcomed on wards.

Matthew Milarski  
*National Collaborating Centre for Mental Health (NCCMH)*

**Sustainability of your QuITT QI Project**

MM run through the next steps around ensuring sustainability of the QuITT programme once the coaching support as part of Round 1 has come to an end:

- Round 1 will officially end on Tuesday 23rd January 2024
- The plan is to celebrate the amazing work and achievements of all teams that have taken part in Round 1, and to officially launch Round 2 of the QuITT Programme at our January learning set (the event will be held in person at RCPsych)
- Round 1 teams will continue to collect and submit data and test change ideas until January 2025 when the QuITT Collaborative comes to an end (both, Round 1 and Round 2)
- Round 2 teams will start their QI projects with support from their named QI coach in January 2024

- Round 1 teams will continue to receive support from their named QI Coach with check-ins every 2 months (through-out 2024)

The QuITT QI team have developed a Sustaining your QuITT projects checklist, a useful resource to help teams sustain their amazing work beyond January 2024. The QI coaches will be working with their teams on the checklists throughout Oct-Dec.

The areas which the teams will need to focus on while completing the checklist will include:

1. Project logistics:
  - Holding regular QI project team meetings
  - Supporting people with lived experience in the project team
  - Involving people currently receiving care on the ward
  - Keeping track of change ideas that are being tested and generated.
2. Awareness of the QI project
  - Ensuring staff on the ward are aware of the QI project and ideas being tested
  - Promoting your work more widely across your organisation
  - Linking in with internal QI teams.
3. Data and Life QI
  - Continuing to collect data throughout 2024
  - Submitting data to LifeQI
  - Regular review of your data to support your QuITT QI project.

MM thanked all the teams for joining the workshop and their helpful input and contributions. RB noted that the registration for Round 2 was closing on Friday 13<sup>th</sup> October and asked all the teams that have not yet registered to submit the interest via the online registration form.

[Registration Form: Quality Improvement in Tobacco Treatment Collaborative Round 2 \(office.com\)](#)