

## Quality Improvement across BLMK – Share, Learn and Reflect

Brief Report from the event held on Weds 27<sup>th</sup> November 2019 at the Rufus Centre

What happened on the day – in a nutshell

- Just over 100 people from many professions and organisations came together across Bedford, Luton and Milton Keynes to connect and learn about QI
- The **big picture** we started by hearing about the experience and powerful stories of those with particular experience and expertise in QI, from Central and North West London FT (CNWL) and East London FT (ELFT). The presentations gave many insights and started to stimulate discussions
- Through a market place people saw more examples of QI in action, in various setttings (acute, community, mental health, end of life and more...)
- We spent time in pairs building connections, and identified the 'greatest opportunities' and 'what we will do next' using QI in MK and Bedfordshire
- Finally through a *fishbowl exercise*, senior leaders discussed how best QI could support improvement, working across organisational boundaries
- At the close, again in pairs people answered some key questions, with responses summarised later in this report, which ends with some *resources*

In an image... we covered much ground together:





Most of the learning is in the experience on the day. The following highlights some key themes and participants' reflections.

Working in mixed pairs, segmented between Milton Keynes and Bedfordshire, people came up with the following (some responses have been themed below).

Using QI to improve population health	Where are the greatest opportunities?	What will we do next?
In Milton Keynes	<ul> <li>Resources: involve front line staff; use voluntary and community sector support; improve information about commissioned services</li> <li>Service areas:         <ul> <li>Sepsis (training, tools pathways)</li> <li>Antimicrobial stewardship (e.g. advice re antibiotics)</li> <li>Admissions avoidance</li> <li>Filling gaps in community / home-based services</li> </ul> </li> <li>Ways of working:         <ul> <li>Engage with GPs, PCAs, primary care</li> <li>Not running too many projects; simple changes; small micro-activities</li> <li>Joint working; opportunities for collaboration; need to agree priorities</li> </ul> </li> </ul>	<ul> <li>Establish a network of QI Champions</li> <li>Being able to demonstrate impact (measurements)</li> <li>'What is my job across teams?' – raising awareness about different teams and their different roles</li> <li>Having everyone use Life QI to be able to see who is on what project across the network</li> </ul>
In Bedfordshire	<ul> <li>Opportunities where we can share learning</li> <li>Reviewing resources to reduce duplication</li> <li>Learn from other exiting projects, rather than duplicating</li> <li>Provider care homes, DCS, Nursing Homes, supported care, engagement, building relations</li> <li>Marketing services properly joined so single point of contact</li> <li>End of life care pathways</li> <li>Bringing information closer to the service user</li> <li>Improving outcomes for children and YP in co-production</li> </ul>	<ul> <li>Service users: use as energy and coaching; co-designing with patients</li> <li>Giving patient-facing staff the support to improve services</li> <li>Scrap stalled services projects without fear of punishment</li> <li>Exchange opportunities, like mini-secondments</li> <li>You tell us?</li> <li>Change the 'it won't work' culture</li> <li>Help to further drive and shape Trust's QI vision</li> <li>Themed task-and-finish, multi-agency e.g. homelessness, A&amp;E</li> <li>Find and issue and collaborate</li> </ul>



### 'How can we best use QI to support improvement through integration – working across boundaries?'

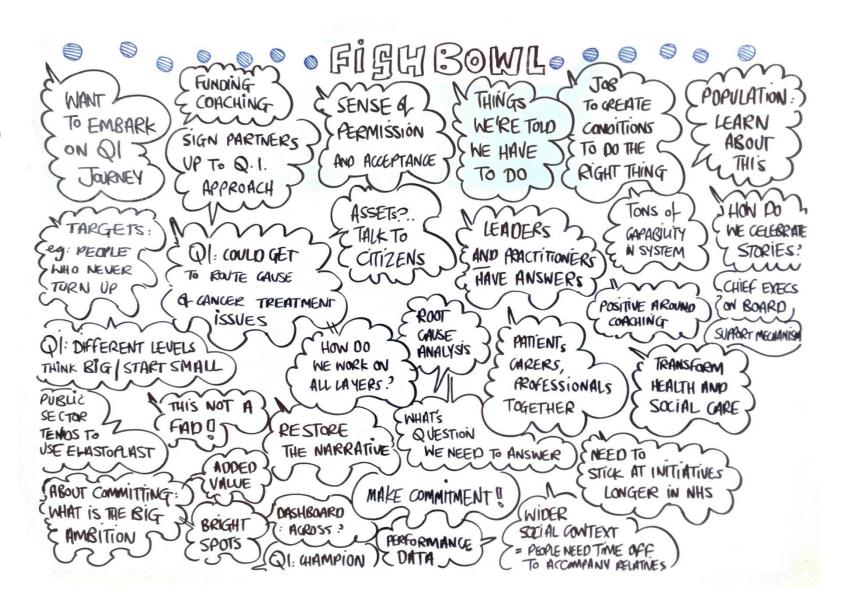
Explanation: the 'fishbowl' exercise involved senior leaders from the BLMK integrated care system in discussion with two of the plenary speakers.

Other participants listened, then had the chance to comment and pose questions, which were picked up in a further fishbowl discussion.

The content is illustrated opposite:

Leaders in the fishbowl were:

Emma Goddard, MD BLMK ICS
Peter Howitt, Director of System
Redesign
Geraint Davis, Director of System
Commissioning, CCGs
Commissioning Collaborative
Michele Dowling, Divisional
Clinical QI Lead, Central and North
West London FT
James Innes, Associate Director of
QI, East London FT





To close, people filled in feedback forms on the following questions. Themes are summarised below, with direct quotes in *italics*.

# What are we thinking about? Broadly three themes – around how to get going, where to focus attention and roles

- How do we get started?
  - Engaging and how to approach things differently
  - Starting conversations from the bottom-up (buy-in)
  - Echo a comment to 'stick' to a method of QI
- Where to focus attention:
  - Use QI to assist in Children and Young People
  - Integrating social care into hospitals e.g. for older people
  - Social care needs in the workforce e.g. nursing, learning disability, independent living, domiciliary care
- Roles and relationships
  - How many people in the network are looking at QI?
  - Will QI replace performance management?
  - How can this be brought into our organisation and what is already in place?
  - How do we bring organisations together?

#### What are we feeling?

- The majority of responses were positive, such as:
  - Energised and keen to further develop QI strategies
  - Empowered we are not alone!
  - Hopeful
  - Enthusiastic, good to have local examples to listen to
  - Less daunting
  - Good motivation to look at videos around QI
- o 3 out of 17 responses reported feeling poor / out of energy / deflated
- Others comments included:
  - Found out I know something about QI
  - Need to revise and review QI independently
  - And a lease to focus on particular groups and not overwhelm (e.g. 'fix cancer services')

#### What are we going to do next? Varied responses, examples below:

- Take a QI approach to the development of MIDOS (Directory of Services)
- Look to see where improvements can be made
- Meet in Quality Improvement groups
- Explore options, learn more about QI and what is already happening
- Link with counterparts at Bedford to look to bring together QI approaches at our 2 trusts
- Raise profile at every forum and encourage dementia community to demand change
- o MK does not have a QI forum; Need to work with others
- Share our work, getting to know different teams in MK
- Get away from tunnelled-working
- Share the good ideas with my colleagues

#### What else are we wondering about?

- Several specific questions about supporting QI, e.g.
  - Can we have investment in QI training, coaching support and tools and resources within BLMK?
  - Can we fund LifeQI system (for logging projects) across BLMK?
  - Enough support to start / when coaches will be trained?
- Couple of challenges:
  - Why more stories of success and failure were not shared to invigorate people
     [presumably wanted more than given in the plenary talks and market place]
  - Why was the room split into MK and everyone else? [this was done 'in the
    moment' to try to get people working more across organisations, in the two
    'patches'. We had noticed people sitting existing, single-organisation groups.]
- Other things people were wondering about included:
  - How do we engage senior management?
  - Truly integrating older people's medical care (e.g. physical and mental health, with dementia friendly services)
  - What happens next?? Emails??



# Resources – to help you learn more about and use QI

People – those leading QI across BLMK	Some of our organisations have specific information regarding QI on public websites:  Central and North West London NHS FT QI website: <a href="https://www.qi.cnwl.nhs.uk/">https://www.qi.cnwl.nhs.uk/</a> East London NHS FT: <a href="https://qi.elft.nhs.uk/">https://qi.elft.nhs.uk/</a>	
Evidence and articles	<ul> <li>Mary Dixon Woods recent articles include:         <ul> <li>Does QI improve Quality? <a href="https://qi.elft.nhs.uk/wp-content/uploads/2016/11/does-quality-improvement-improve-quality.pdf">https://qi.elft.nhs.uk/wp-content/uploads/2016/11/does-quality-improvement-improve-quality.pdf</a></li></ul></li></ul>	
Useful links	<ul> <li>Institute for Healthcare Improvement <a href="http://www.ihi.org/">http://www.ihi.org/</a> and online tutorials, e.g. on Plan Do Study Act cycles via the on video library: <a href="http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/default.aspx">http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/default.aspx</a></li> <li>Examples from other NHS organisations e.g.</li> <li>Sheffield Microsystem Coaching Academy <a href="https://www.sheffieldmca.org.uk/">https://www.sheffieldmca.org.uk/</a></li> <li>Northumbria Healthcare <a href="https://www.northumbria.nhs.uk/quality-and-safety/continually-improving-services/">https://www.northumbria.nhs.uk/quality-and-safety/continually-improving-services/</a></li> </ul>	