مؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH • EDUCATION • RESEARCH صحة • تعليم • بحوث

In Collaboration with
Institute for Healthcare Improvement

amarshah@nhs.net
@DrAmarShah

22 to 24 March 2019 DOHA

Middle East Forum on Quality and Safety in Healthcare

Dr. Amar Shah

Consultant forensic psychiatrist & Chief quality officer
East London NHS Foundation Trust
National improvement lead for mental health safety (England)

Patient Safety First

Brought to you by Hamad Healthcare Quality Institute

As part of our extensive program and with CPD hours awarded based on actual time spent learning, credit hours are offered based on attendance per session, requiring delegates to attend **a minimum of 80%** of a session to qualify for the allocated CPD hours.

- **Less than 80%** attendance per session = **0 CPD hours**
- **80% or higher** attendance per session = **full allotted CPD hours**

Total CPD hours for the forum are awarded based on the sum of CPD hours earned from all individual sessions.

Conflict of Interest

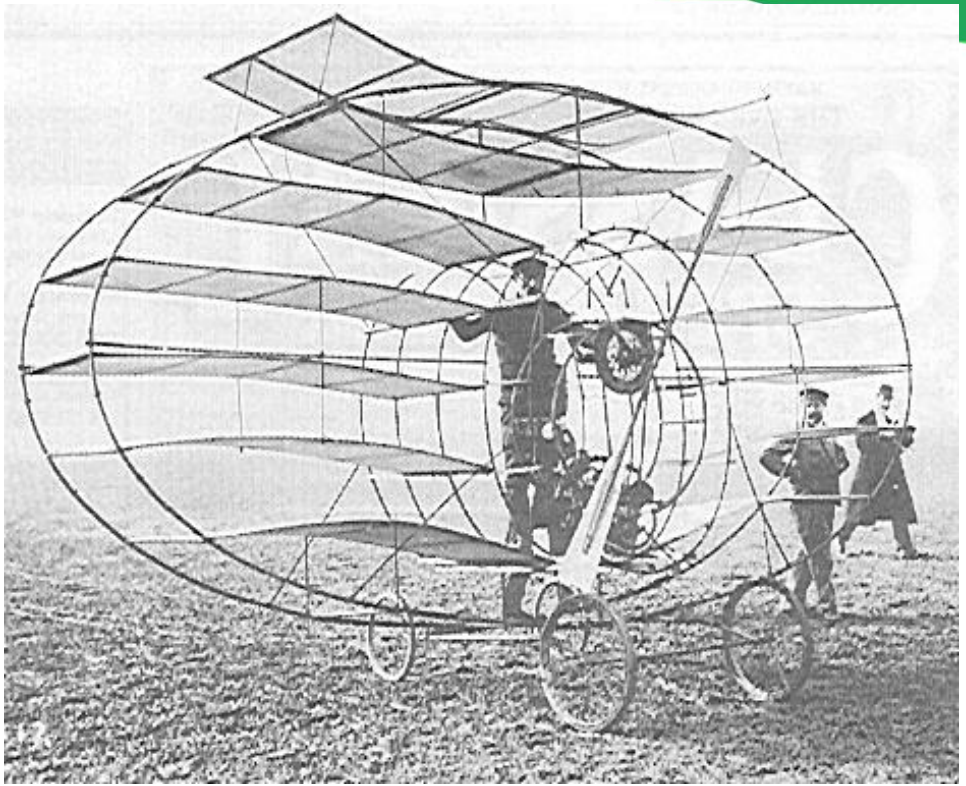
The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

Learning Objectives

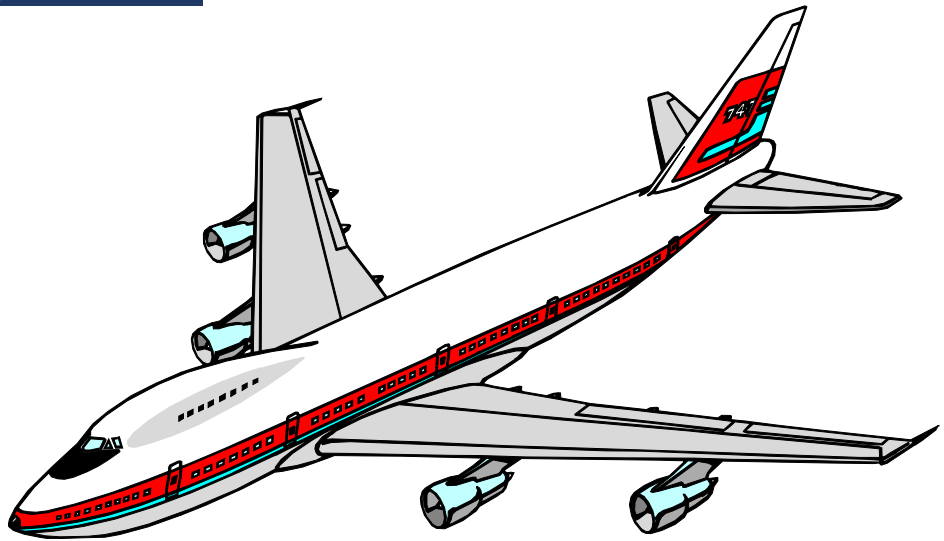
At the end of this session, participants will be able to:

1. Appreciate the different aspects of a quality management system
2. Identify existing mechanisms within your service for managing quality
3. Develop new ideas for how to create a balanced management system for quality of care

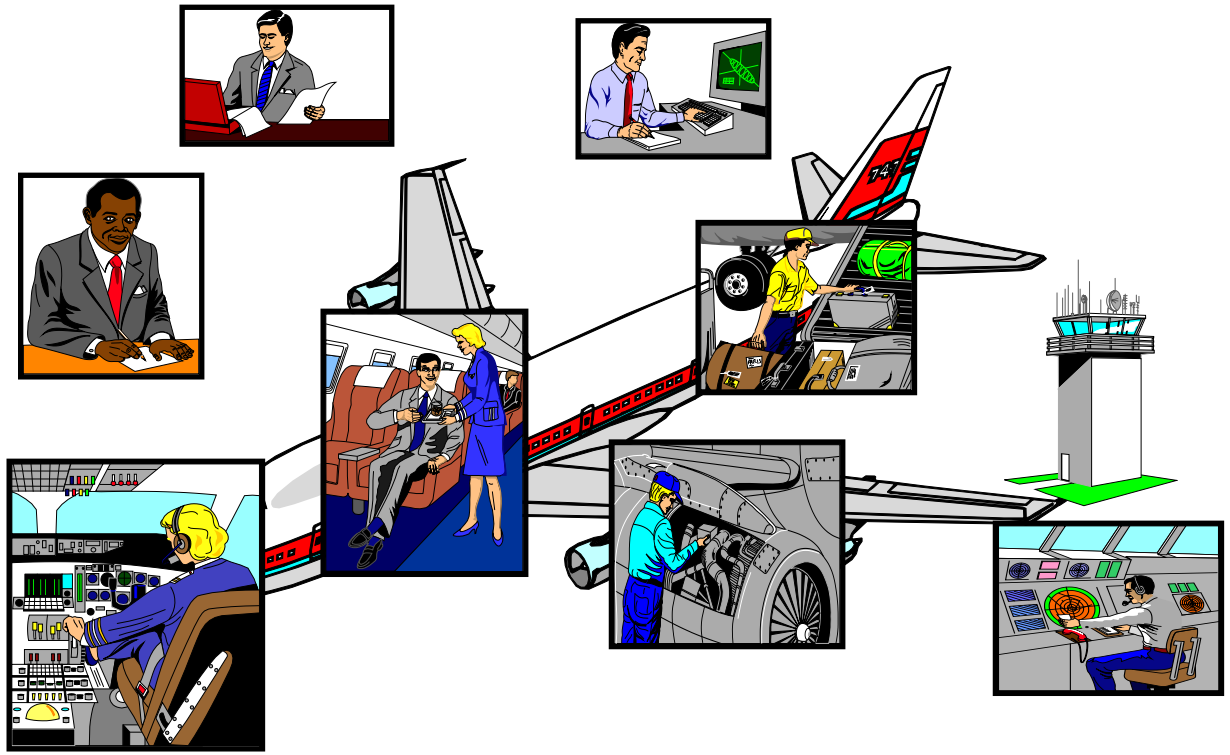
Once upon a time…



Now: A complex system



Now: A complex system



In Collaboration with

Institute for Healthcare Improvement

OUR STORY

Brought to you by Hamad Healthcare Quality Institute

Performing well?

Trust Board Scorecard Q4 2009/10

KEY MONITOR, NATIONAL, PARTNER AND LOCAL TARGETS	2009/10 Target	2008/09 Actual	2009/10 Q3	2009/10 Q4	Trend Q3-Q4	Comment
Monitor Targets						
Annual number of MRSA bloodstream infections reported	0	0	0	0	⇨	
Reduction in C. Diff	0	0	0	0	⇨	
CPA inpatient discharges followed up within 7 days (face to face and telephone)	95.0%	99.5%	99.0%	99.1%	⇨	
Patients occupying beds with delayed transfer of care	7.5%	3.5%	1.8%	1.8%	⇨	CQC Indicator definition covers only April-Aug 2009
Admissions made via Crisis Resolution Teams (end of period)	90.0%	98.3%	99.0%	96.7%	⇩	
Number of Crisis Resolution Teams	7.1	7.3	7.3	7.3	⇨	
Other National/CQC Targets						
Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date)	85%	98.1%	97.3%	97.3%	⇨	Local target 95%.
Completeness of Mental Health Minimum data set – PART ONE (As per 2008/9)	99%	97.6% Underachieved	99.4%	99.4%	⇨	Target assumed 99% as per CQC threshold 2008/9. MONITOR have confirmed 99% threshold for 2010/11 for this indicator.
Completeness of Mental Health Minimum data set – PART TWO (New – confirmed 22/12/2009)	TBA	Not Used	45.0%	45.0%	⇨	No threshold set by CQC or MONITOR for 2009/10 therefore cannot assess compliance.
Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set	80%	99.6%	93.2%	93.2%	⇨	
CAMHS - National Priorities - Six targets graded 1 (lowest) to 4 (best)	24	22	22	24	⇧	Maximum Score 24
Annual Staff Survey (Job Satisfaction)	Benchmarked	Satisfactory	N/A	TBC		Survey based - Annual, threshold not available yet
Patient Survey	Benchmarked	Below Average	N/A	TBC		As above
Drug Misusers in effective Treatment	90.0%	95.5%	92.9%	92.9%	⇨	
Access to healthcare for people with a learning disability – report compliance to CQC	Yes	Not Used	N/A	Yes		
Best practice in mental health services for people with a learning disability – Green Light Toolkit Score	48	40/48 Underachieved	42	46	⇧	Max Score 48
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98.0%	97.5%	98.3%	98.3%	⇨	Partner target for acute trusts. This will be excluded from future reports.
PCT Contract and Mandatory Targets						
Number of Early Intervention Services Teams	3	3	3	3	⇨	
Early Intervention Services Caseload	511	569	534	544	⇧	
Newly diagnosed cases of first episode psychosis receiving Early intervention Services	176	243	199	248	⇧	
Number of patients receiving Adult Crisis Resolution Services (Episodes for Year to date)	2280	2,346	1874	2552	⇧	
Specialist Addictions – % of discharges retained 12 weeks or more	85.0%	96.1%	92.9%	92.9%	⇨	
Specialist Addictions - Number of drug misusers in treatment (snapshot at period end)	678	710	780	776	⇩	
CAMHS Service protocols	12	12	12	12	⇨	Maximum Score 12
Mixed Sex accommodation breaches	0	0	0	1	⇧	Reported as required to PCTs, no penalties or compliance issues.
Patient Experience - Community						
Assessment within 28 days of referral	95%	Not Used	88.2%	92.8%	⇧	Local target of 95%
CPA patients - care plans in date	95%	93.1%	93.3%	94.2%	⇨	
Patient Experience - Inpatients						
Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)	95%	95.3%	98.3%	97.3%	⇩	See graphs overleaf for more detail.
Information Governance/Assurance						
Information Governance Toolkit score	90.0%	87.0%	87.0%	90.9%	⇧	Next assessment expected October 2010

free become a member | sign in | subscribe | search

jobs | dating | more | UK edition

theguardian

website of the year

UK | world | politics | sport | football | opinion | culture | business | lifestyle | fashion | environment | tech | travel | all sections

home › UK › society | law | scotland | wales | northern ireland | education | media

Mental health

Three patients die on psychiatric ward

Three patients have died within 12 months on the same ward following warnings from unions about budget cuts

Mark Gould

Tuesday 12 April 2011
13.10 BST

This article is 4 years old

Save for later

Most popular

Star architect Zaha Hadid dies aged 65 from

Spike in mental health patient deaths shows NHS 'struggling to cope'

In Collaboration with

Hamad Medical Corporation
HEALTH • EDUCATION • RESEARCH

Institute for Healthcare Improvement

Brought to you by Hamad Healthcare Quality Institute

مؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH • EDUCATION • RESEARCH صحة • تعليم • بحوث

In Collaboration with

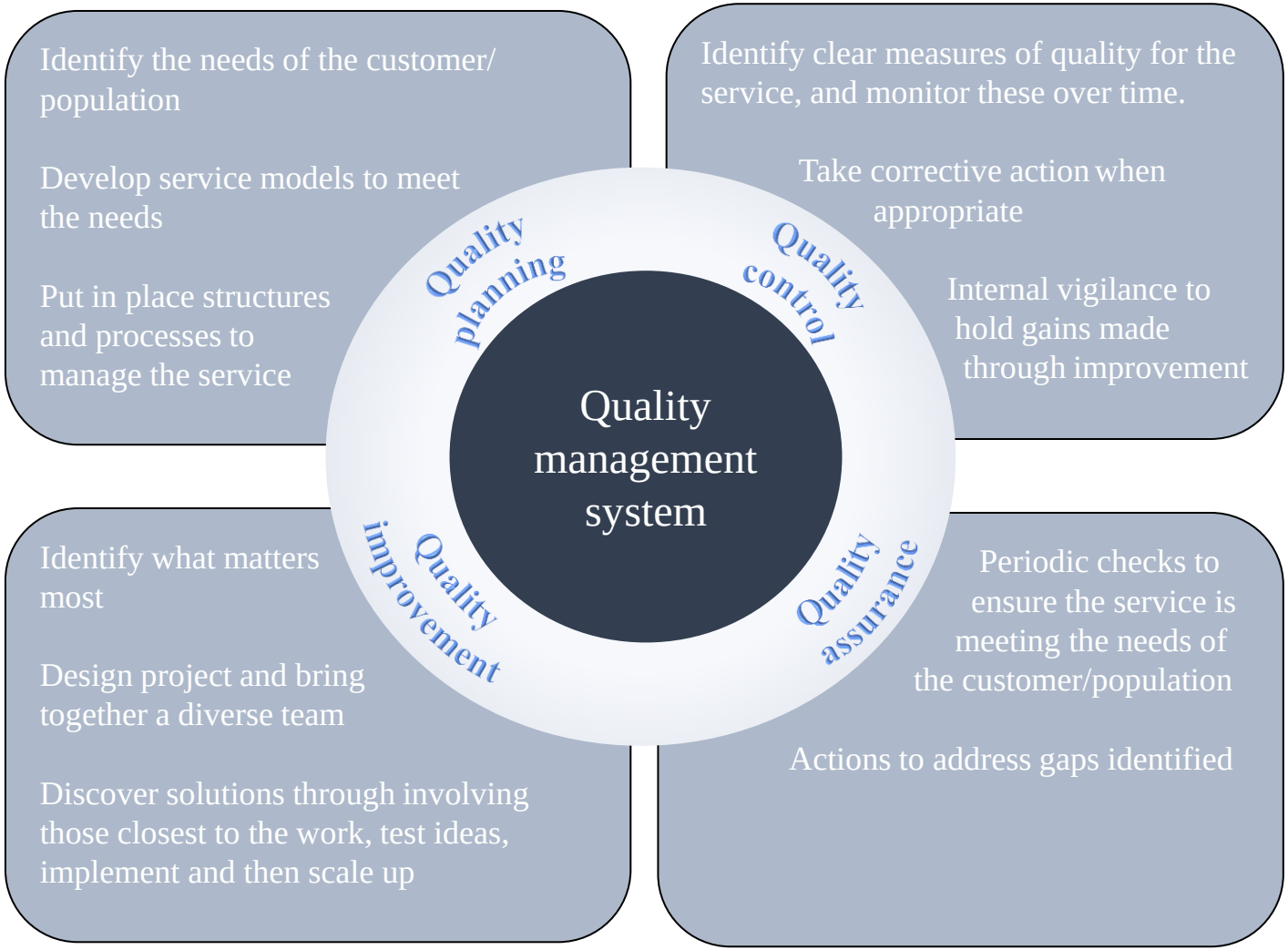
Institute for Healthcare Improvement

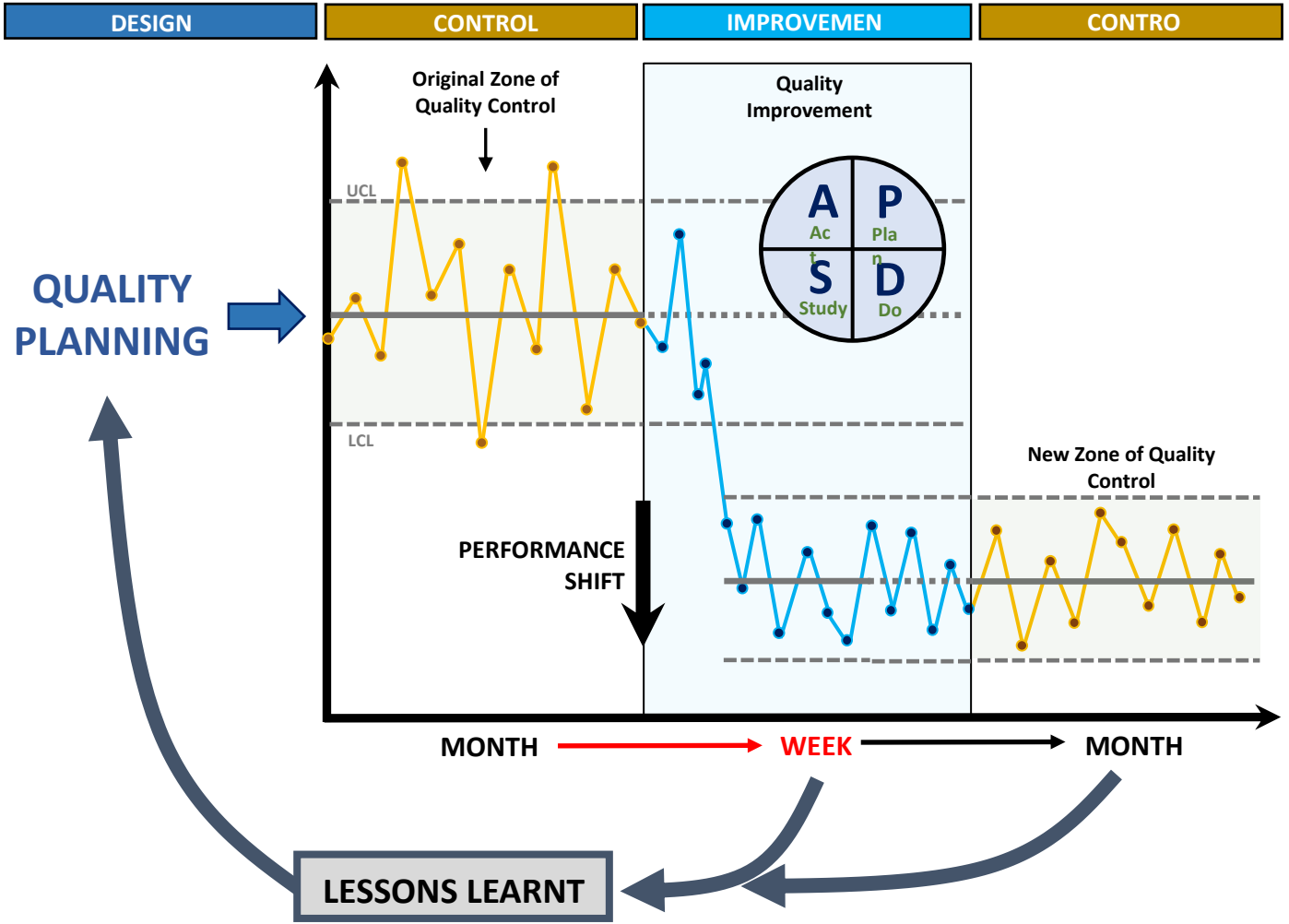

Audit
Assurance
Financial incentives
Performance management
Inspections
Key performance indicators
Quality & performance
Quality improvement

improving quality ≠ quality improvement

We aim to provide high quality, continuously improving care for our patients and service users.

We do this through four types of activity…


Identify the needs of the customer/ population
Develop service models to meet the needs
Put in place structures and processes to manage the service
Identify clear measures of quality for the service, and monitor these over time.
Take corrective action when appropriate
Internal vigilance to hold gains made through improvement
Quality planning
Quality control
Quality management system
Quality improvement
Quality assurance
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
Periodic checks to ensure the service is meeting the needs of the customer/population
Actions to address gaps identified


DESIGN
CONTROL
IMPROVEMEN
CONTRO
Original Zone of Quality Control
Quality Improvement
UCL
LCL
A
Act
P
Plan
S
Study
D
Do
QUALITY PLANNING
PERFORMANCE SHIFT
New Zone of Quality Control
MONTH
WEEK
MONTH
LESSONS LEARNT

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to manage the service

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to manage the service

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

Actions to address gaps identified

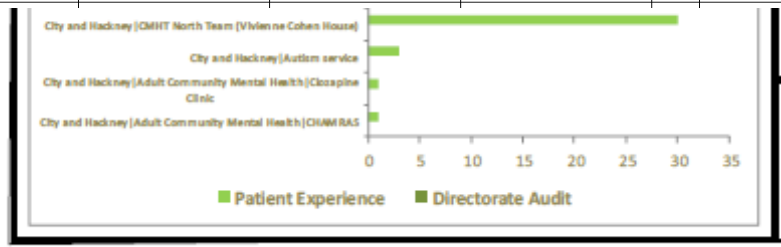
Overall 'Quality Assurance' Picture

NHS East London NHS Foundation Trust

City & Hackney Directorate, April – June 2018/19

Bedfordshire

Team	Identified gap in performance	Why is there a gap in performance?	Agreed action	Date Action Agreed	Action owner	Due date	Current Status	Progress made - Y / N (by month) A	S	O	N	D	J	F	M	Comments	Updated YSWD
All Teams (exc Ash Ward, Biggleswade CMHT, Cedar House, Mid Beds OP CMHT, South Beds OP CMHT)	Low responses	There have been incidents of surveys being completed on tablets that aren't connected to the network, hence not recording the results	Ensure that all tablets are connected to the network		Clinical Leads	end of Q3	Open									16.01.16 - further actions below	
Outpatients	Low / no responses	Outpatient clinics do not have tablets and had been completing the surveys on paper with no capability to upload results	Ensure that tablets are ordered by admin lead for outpatient clinics		Sharon Clements	end of Q3	Closed										
Outpatients	As above	As above	Once procured, need to ensure that patients are given the opportunity to complete survey		Admin Lead	end of Q4	Open										
All Teams	Low responses	There has been a reduced number of surveys being completed	Reminder to staff that patients need to be given the opportunity to complete survey		Clinical Leads	end of Q3	Open										
Clinical Psychology	No responses		Reminder to staff that patients need to be given the opportunity to complete survey		Helen Donovan	end of Q2	Closed										



across all teams to ensure teams audit the required sample size.

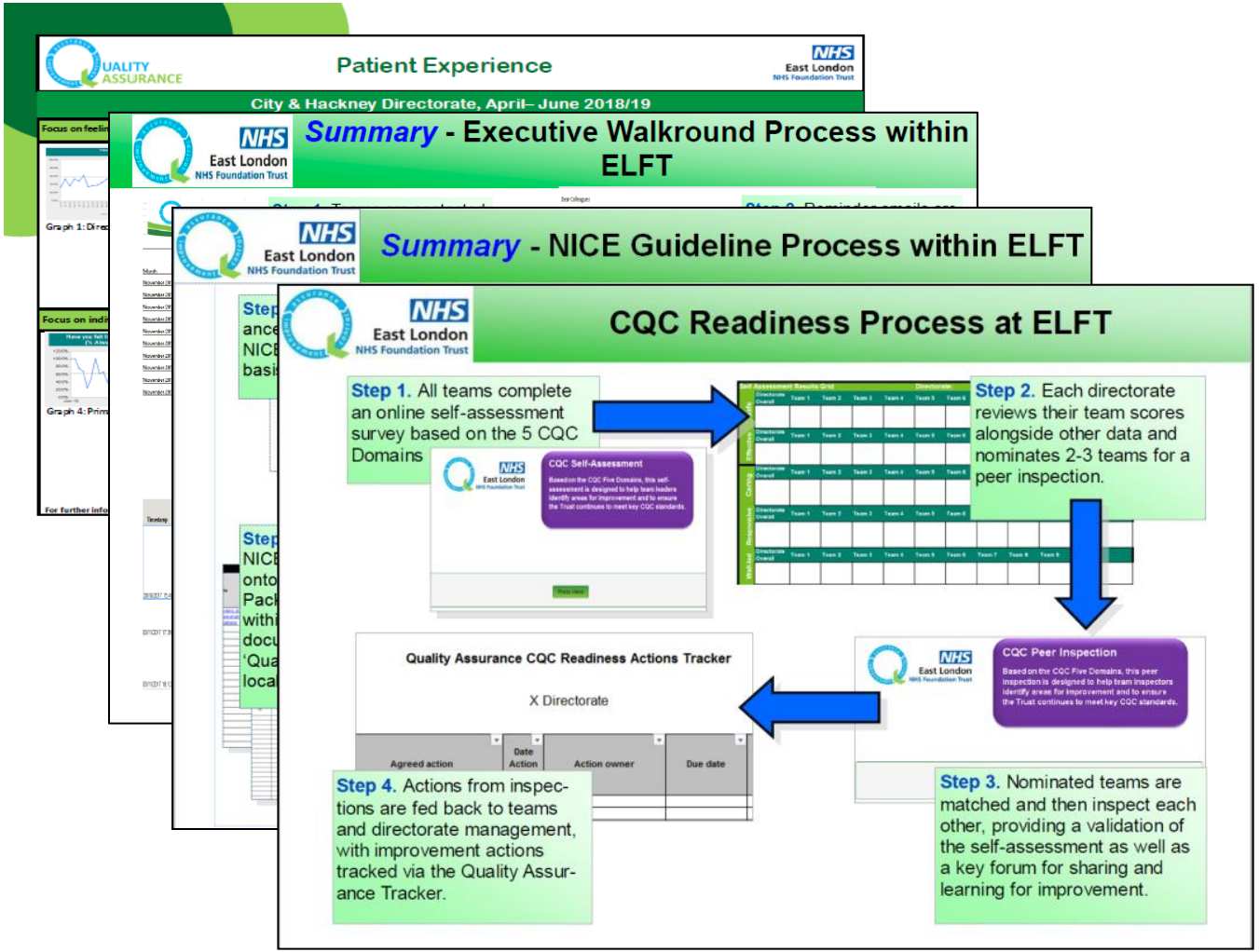
⇒ Quality Assurance Intranet page

⇒ Guide to describing data

⇒ Your QA Leads are Maryam Hussain & Tim Stevens

Action Tracker

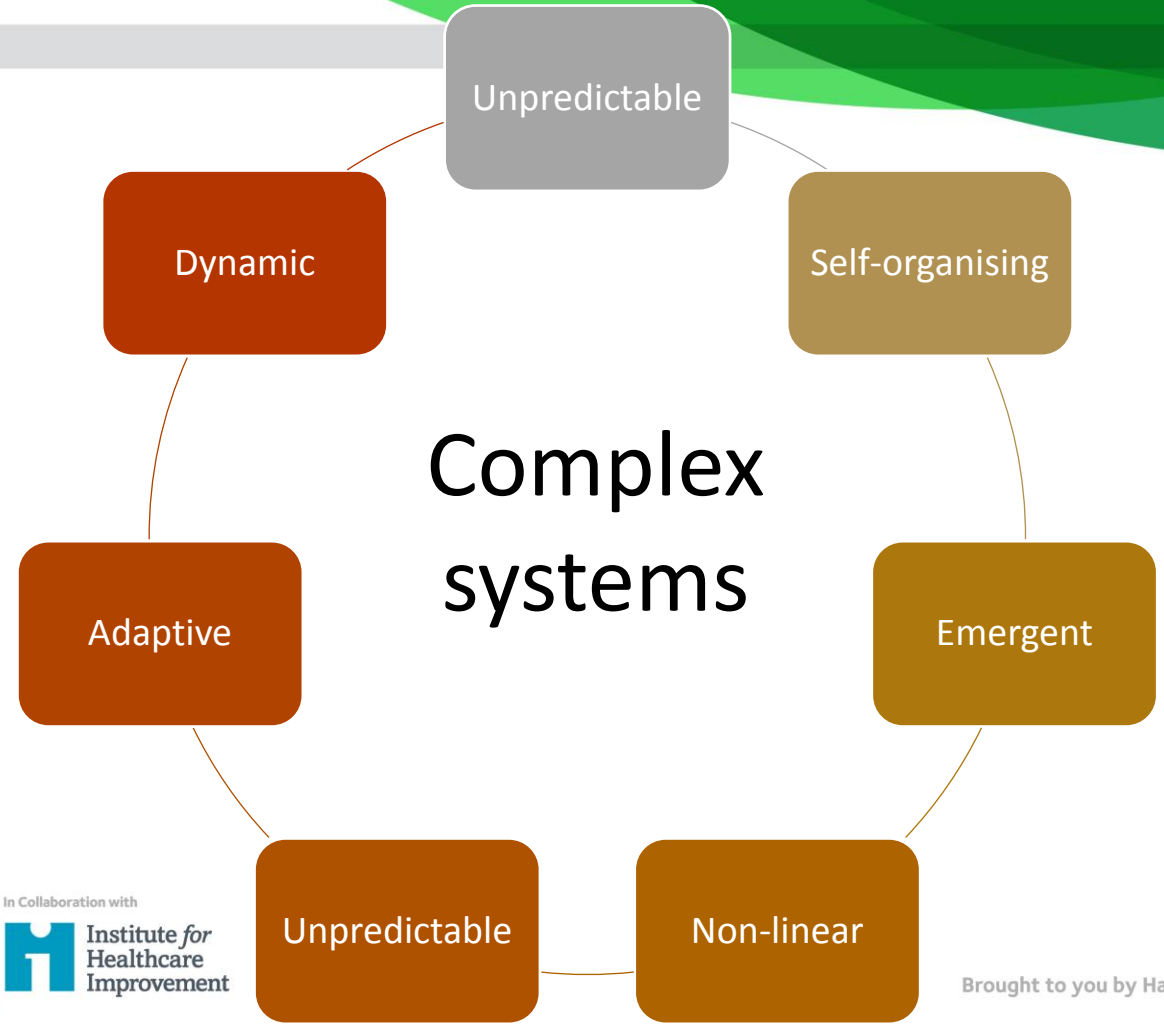
⇒ **10/10 open**


Patient Experience
City & Hackney Directorate, April– June 2018/19
Summary - Executive Walkround Process within ELFT
Summary - NICE Guideline Process within ELFT
CQC Readiness Process at ELFT
Step 1. All teams complete an online self-assessment survey based on the 5 CQC Domains
CQC Self-Assessment
Step 2. Each directorate reviews their team scores alongside other data and nominates 2-3 teams for a peer inspection.
CQC Peer Inspection
Step 3. Nominated teams are matched and then inspect each other, providing a validation of the self-assessment as well as a key forum for sharing and learning for improvement.
Quality Assurance CQC Readiness Actions Tracker
X Directorate
Agreed action
Date Action
Action owner
Due date
Step 4. Actions from inspections are fed back to teams and directorate management, with improvement actions tracked via the Quality Assurance Tracker.

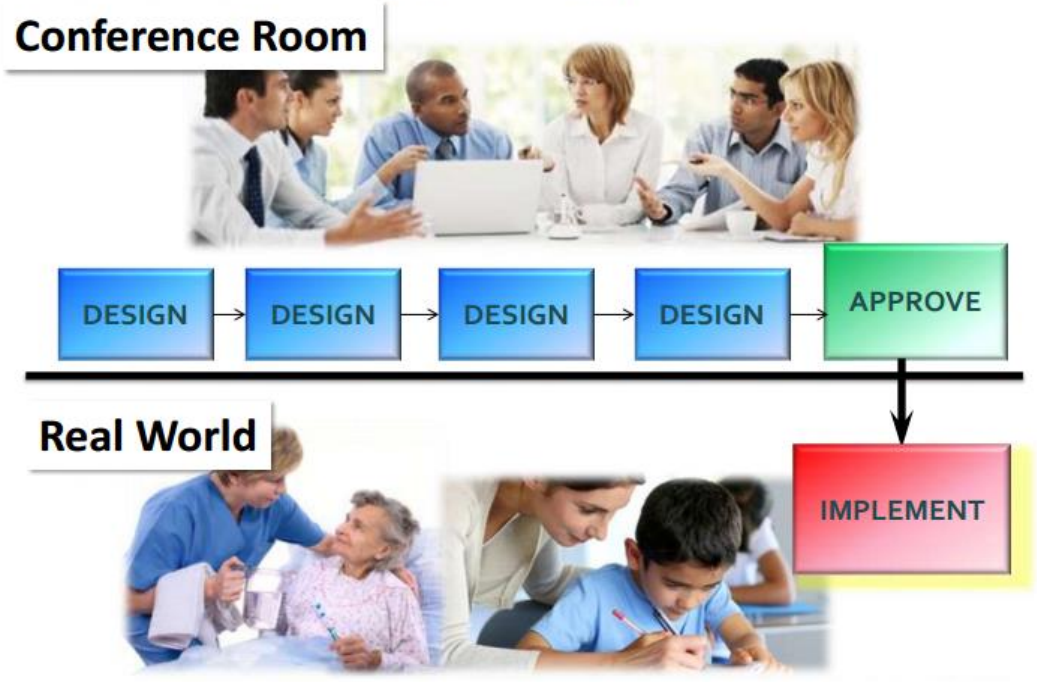

Identify the needs of the customer/ population
Develop service models to meet the needs
Put in place structures and processes to manage the service
Quality planning
Quality control
Quality management system
Quality improvement
Quality assurance
Identify what matters most
Design project and bring together a diverse team
Discover solutions through involving those closest to the work, test ideas, implement and then scale up
Periodic checks to ensure the service is meeting the needs of the customer/population
Actions to address gaps identified


What is quality improvement?
Preliminary Improvement Plan
The PIP is built on six themes for IMMEDIATE action:
Assessment and Monitoring of Risk
Governance and Leadership
Patient Experience
End of Life Care
Staffing
Medical Equipment
Plus, working within existing recovery plans
Urgent care
Referral To Treatment (RTT)
Cancer
Leadership development and engagement
Measurable Key Performance Indicators
Robust governance and accountability for action
Colchester Hospital University NHS
NHS Foundation Trust
ask & act
By engaging with staff at the Ask and Act workshops the Preliminary Improvement Plan will
Quality Improvement Plan
The Quality Improvement Plan was
inspiring improvement
#improve365
The Kings Fund
Improving quality in the English NHS
A strategy for actio
Authors
Chris Ham
Don Berwick
Jennifer Dixon
February 2016
NHS qua
Domain 1 Preventing people from dying prematurely
Commissioning Outcomes Framework
Commissioning Guidance
Provider payment mechanisms
Tariff
Standard Contract
CQUIN
QOF
NHS
S Operational Planning
d Contracting Guidance
-2019
Update
er Hospital University NHS
Foundation Trust
Our quality improvement plan
Our 2020 Vision
Our strategy to improve patient care over the next five years.
Patient care
Our vision: Outstanding care and treatment you can be confident in.
Improving Quality
NHS

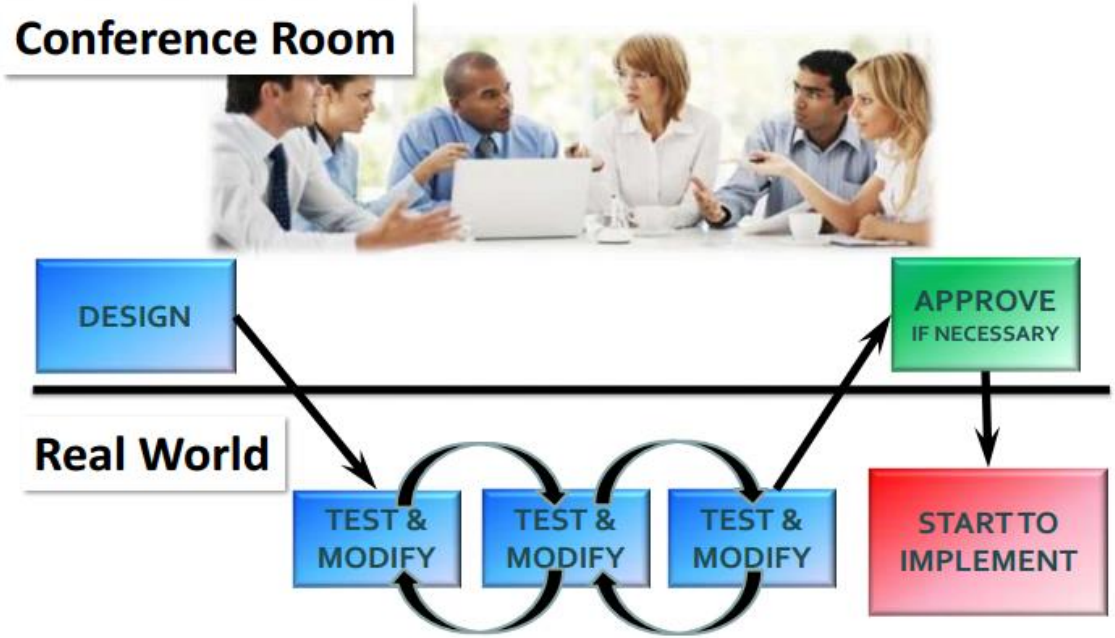

Simplicity
Complexity


Unpredictable
Self-organising
Emergent
Non-linear
Unpredictable
Adaptive
Dynamic
Complex systems

The Typical Approach…

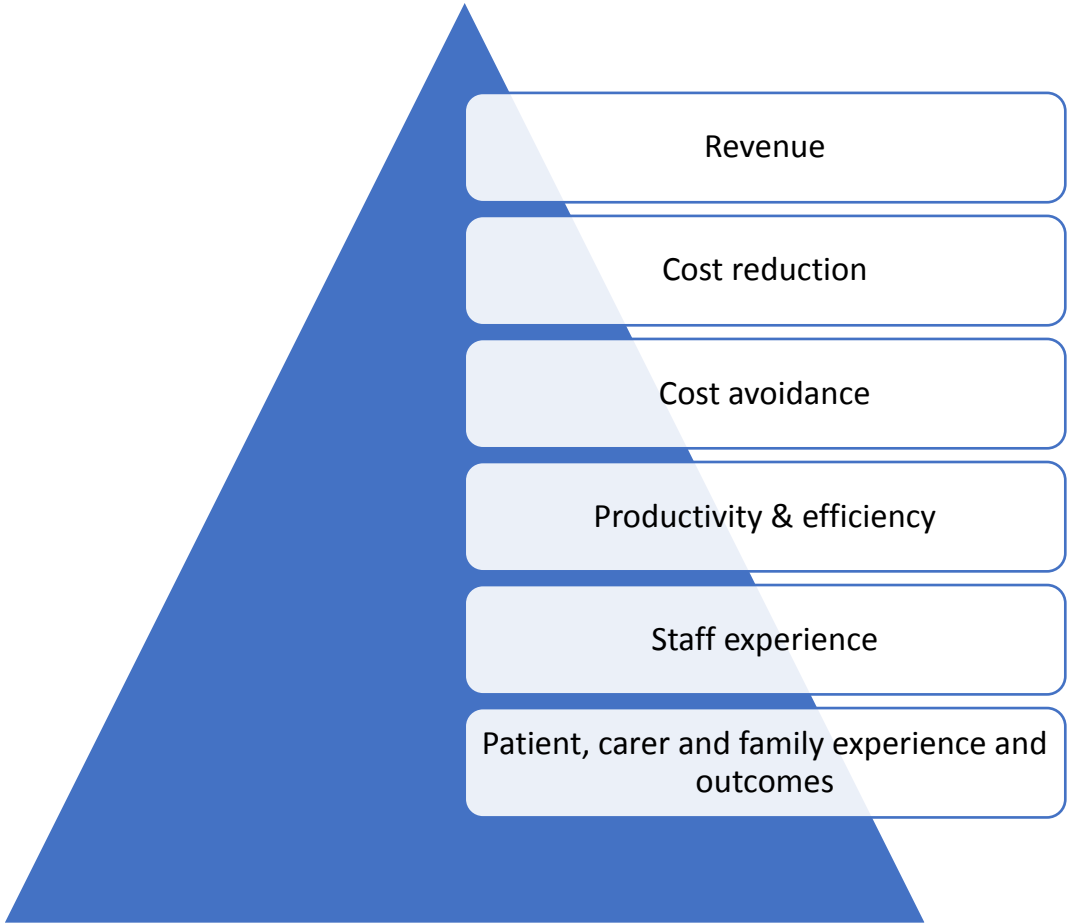


The Quality Improvement Approach

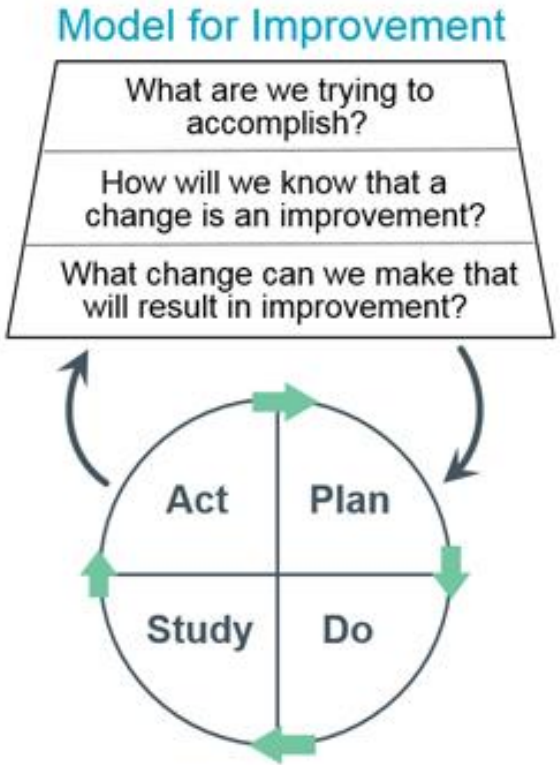



WHY
BOTHER

The return on investment from QI



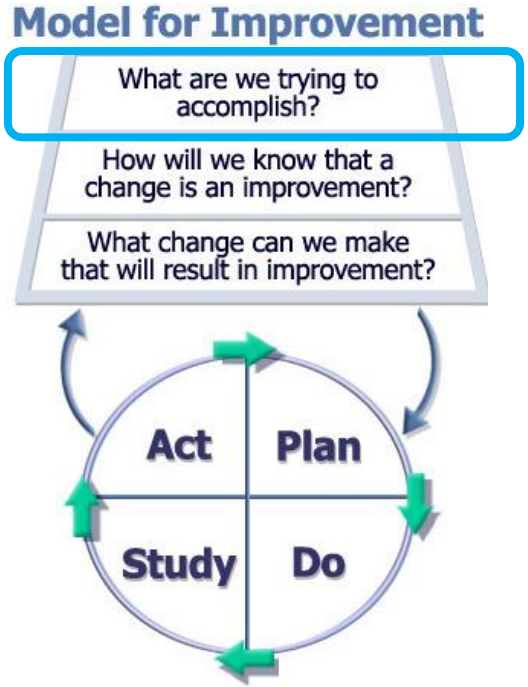
NHS
East London
NHS Foundation Trust



So, what's our method?

To reduce the use of restrictive practice (restraints, seclusion and rapid tranquilisation) by one-third by April 2020

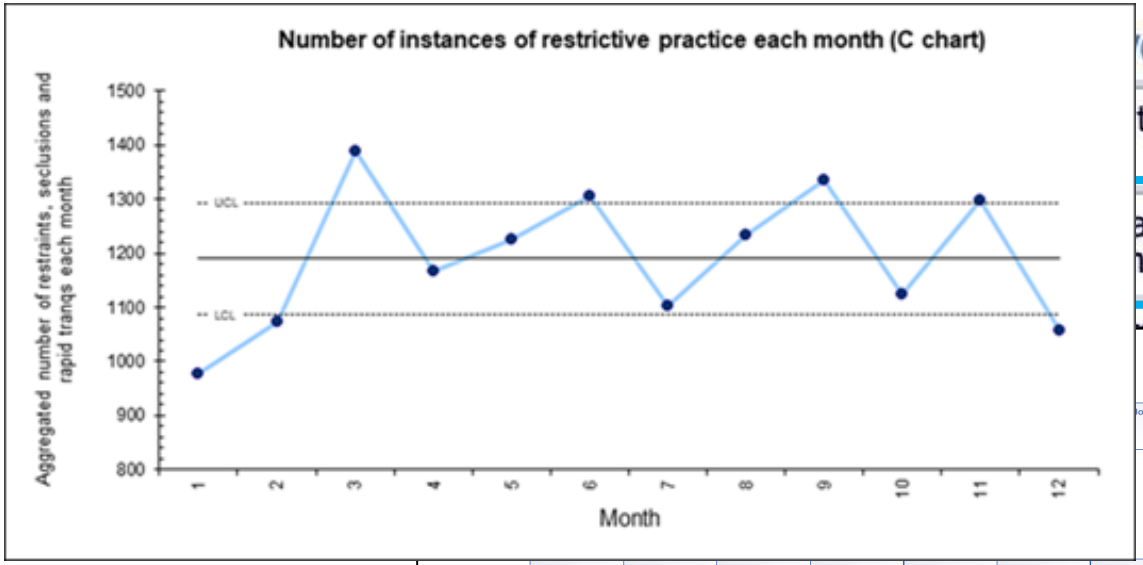
AIM



In Collaboration with

Institute for Healthcare Improvement

Brought to you by Hamad Healthcare Quality Institute



ement

to

at a
nent?

NHS
Improvement

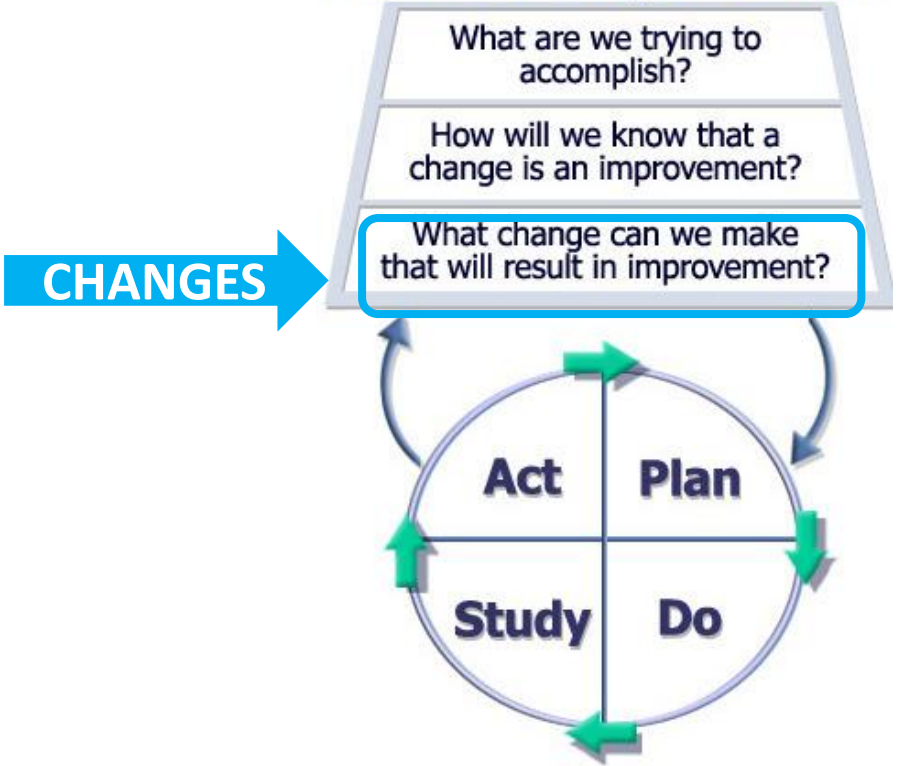
onth and Year:

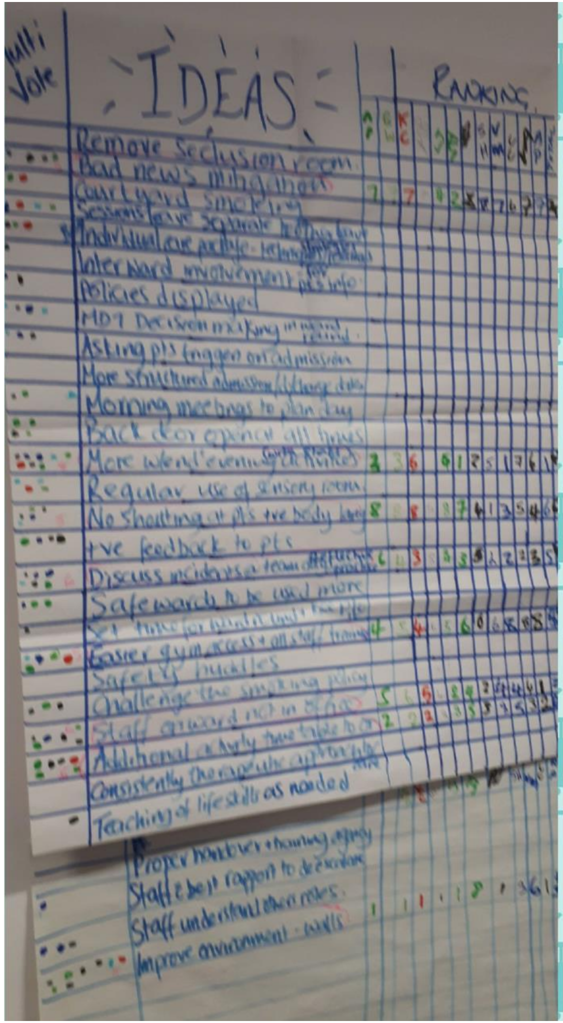
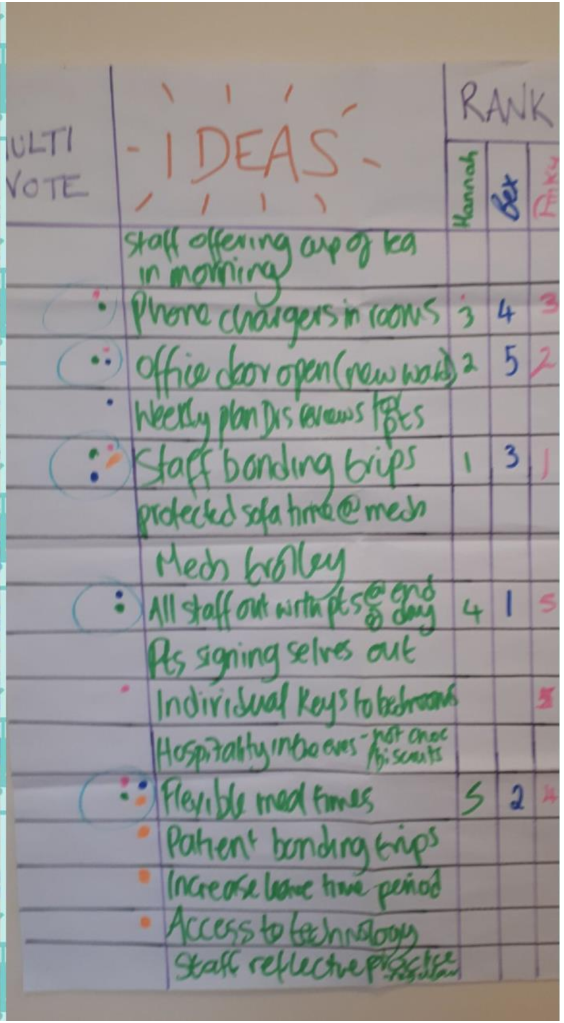
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
		28	29	30		
			31			

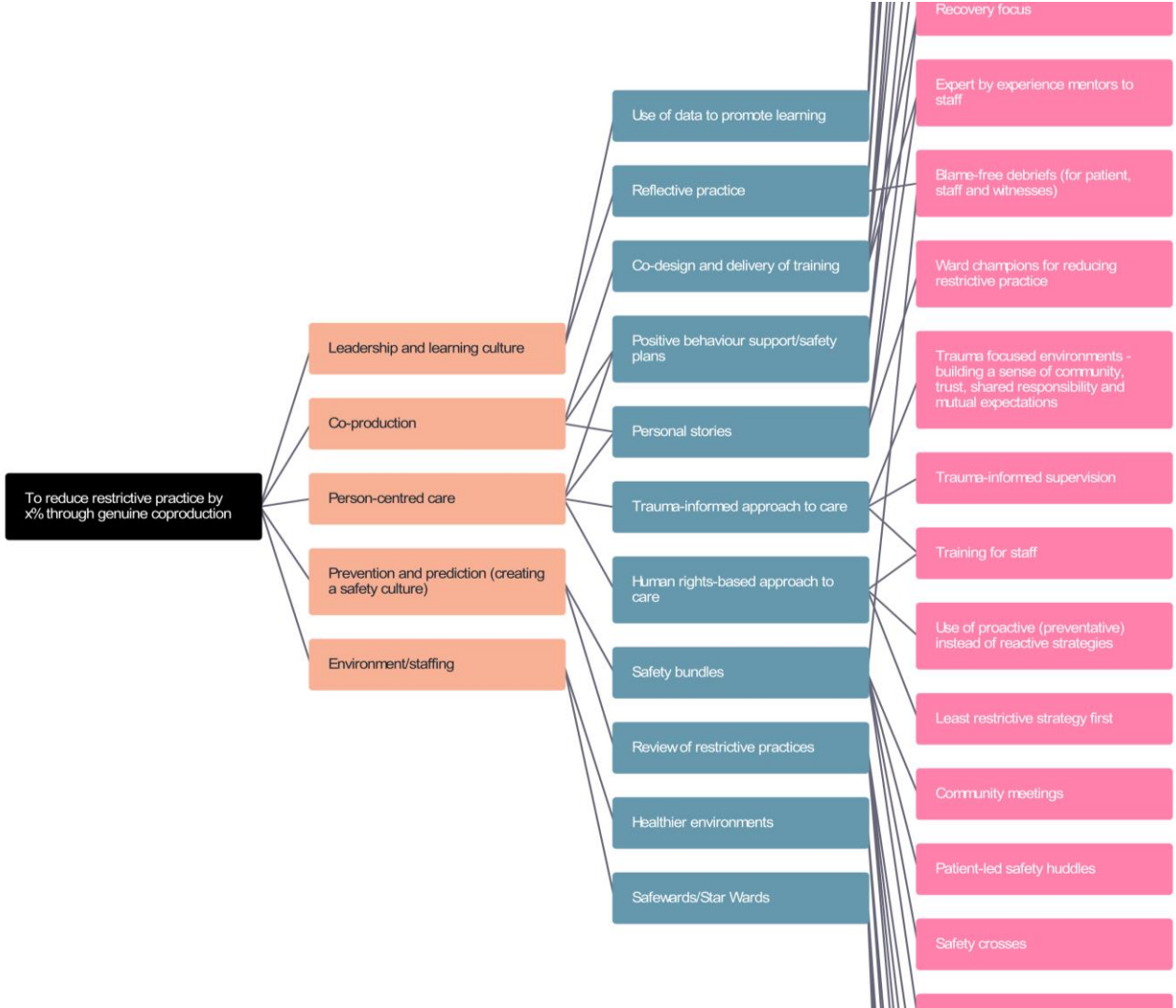
In Collaboration with

Institute for Healthcare Improvement

Model for Improvement




IDEAS
RANKING
Remove Seclusion room
Courtyard smoking
Policies displayed
Morning meetings to plan day
Back door opened all times
Regular use of sensory room
+ve feedback to pts
Safewards to be used more
Safety huddles
Challenge the smoking policy
Consistently therapeutic approach
Teaching of life skills as needed
Staff understand own roles
Improve environment - walls

IDEAS
RANK
VOTE
Hannah
Staff offering cup of tea in morning
Phone chargers in rooms
Office door open (new ward)
Staff bonding trips
protected sofa time @ meds
Meds trolley
All staff out with pts @ end of day
Pts signing selves out
Individual keys to bedrooms
Flexible meal times
Patient bonding trips
Increase leave time period
Access to technology
Staff reflective practice


To reduce restrictive practice by x% through genuine coproduction
Leadership and learning culture
Co-production
Person-centred care
Prevention and prediction (creating a safety culture)
Environment/staffing
Use of data to promote learning
Reflective practice
Co-design and delivery of training
Positive behaviour support/safety plans
Personal stories
Trauma-informed approach to care
Human rights-based approach to care
Safety bundles
Review of restrictive practices
Healthier environments
Safewards/Star Wards
Recovery focus
Expert by experience mentors to staff
Blame-free debriefs (for patient, staff and witnesses)
Ward champions for reducing restrictive practice
Trauma focused environments - building a sense of community, trust, shared responsibility and mutual expectations
Trauma-informed supervision
Training for staff
Use of proactive (preventative) instead of reactive strategies
Least restrictive strategy first
Community meetings
Patient-led safety huddles
Safety crosses

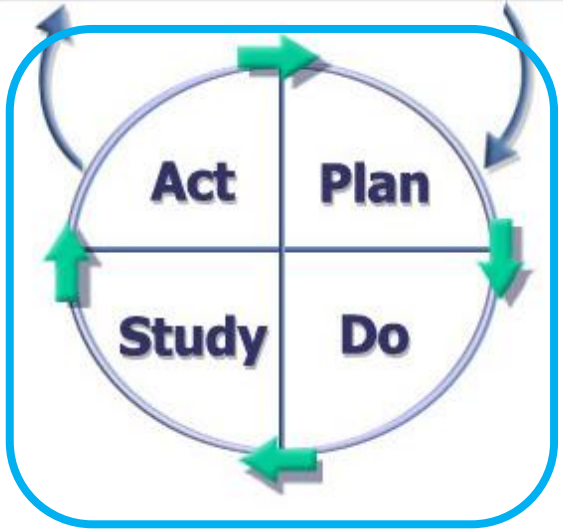
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

TEST



What good
is an idea if it
remains an idea?
Try.
Experiment.
Iterate. Fail.
Try again.
Change
the world.

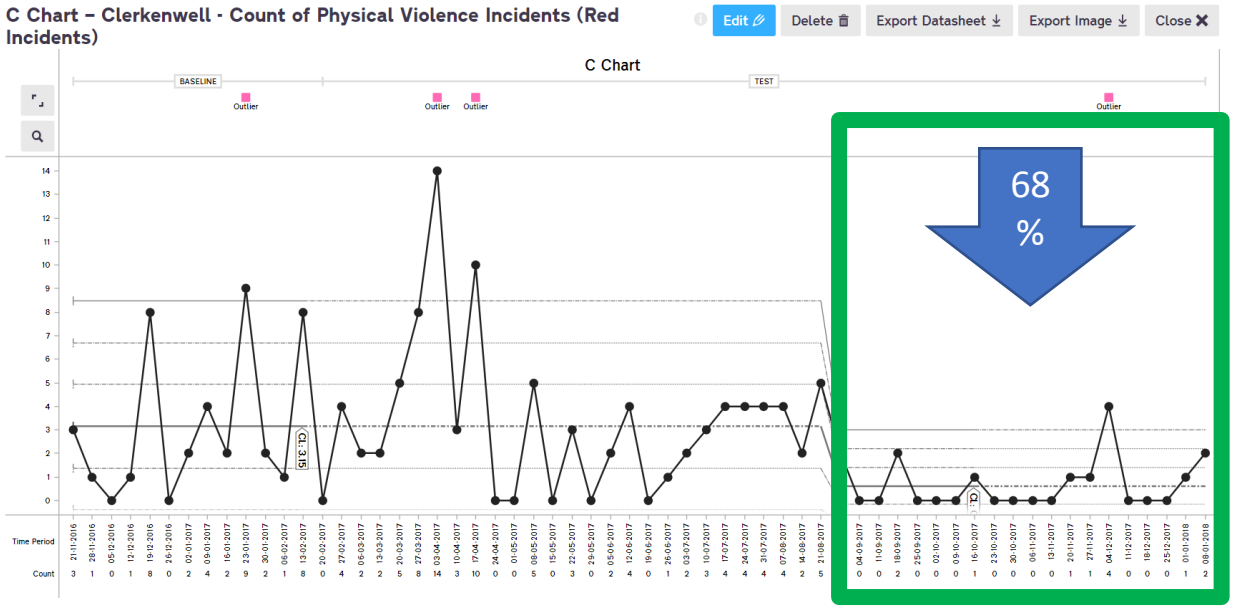
Simon Sinek


Identify the needs of the customer/ population
Develop service models to meet the needs
Put in place structures and processes to manage the service
Quality planning
Identify clear measures of quality for the service, and monitor these over time.
Take corrective action when appropriate
Internal vigilance to hold gains made through improvement
Quality control
Quality management system
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
Quality improvement
Periodic checks to ensure the service is meeting the needs of the customer/population
Actions to address gaps identified
Quality assurance

Components of a quality control system

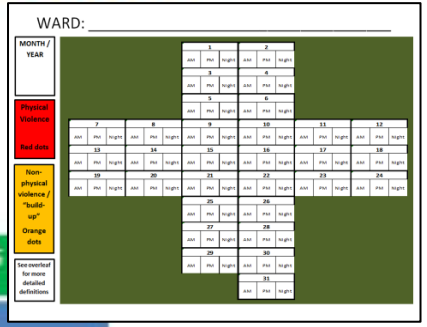
- Standard work
- Measures
- Visual management
- Escalation protocols

C Chart – Clerkenwell - Count of Physical Violence Incidents (Red Incidents)



Sustaining the reduction of 1 violent incidents each week

Safety Culture Change Bundle

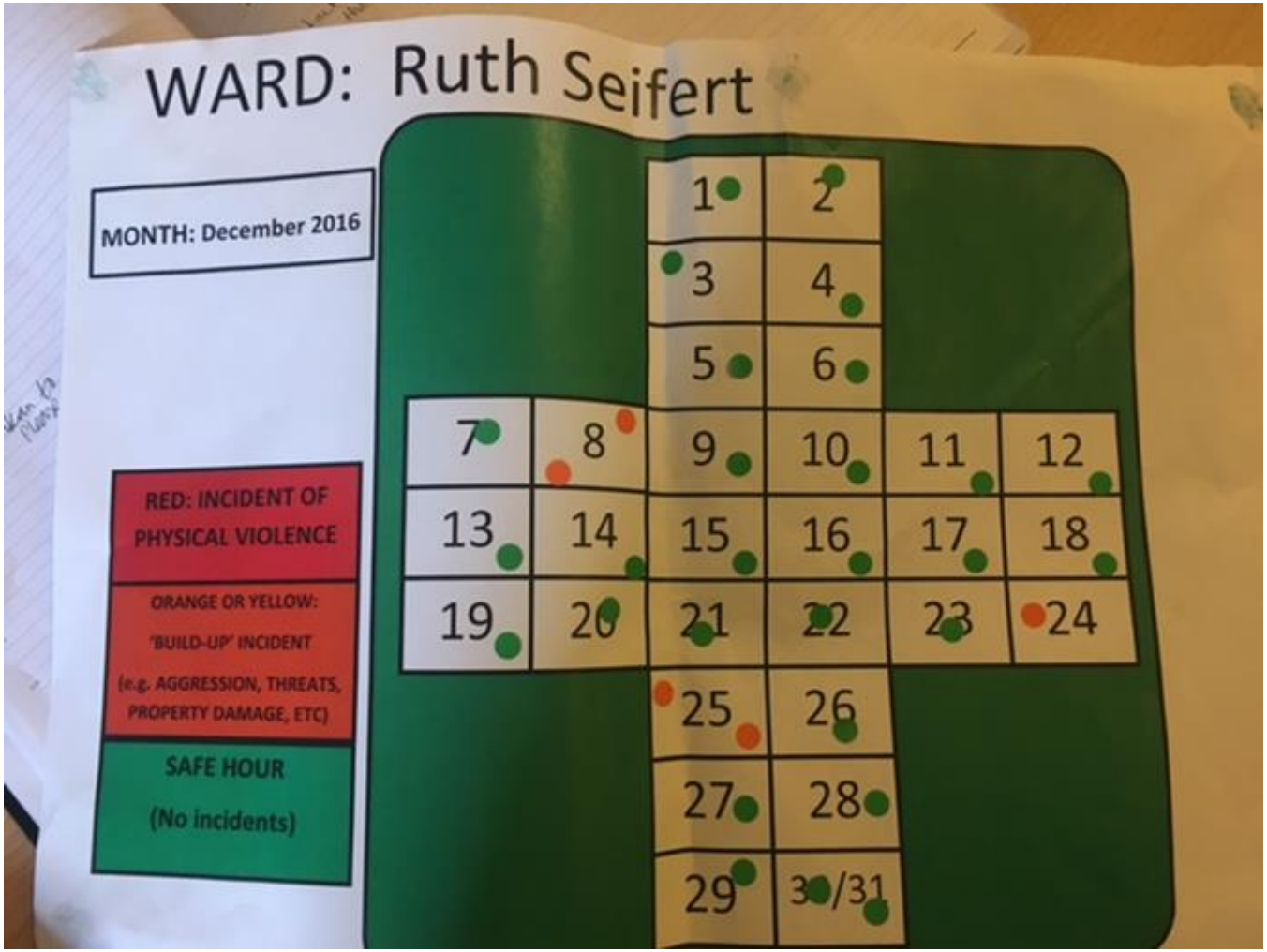


Driver	Change ideas
Increasing prediction and responsiveness	• Safety Huddle • Broset Violence Checklist
Openness, transparency and sharing safety as a priority for our ward community	• Safety Cross • Community Meetings

Data for learning VS Data for judgement

Ward Plan – Testing Matrix

	–	No	No	No	No
	+	Yes	Yes	Yes	Yes
Test	RunOrder	Safety Huddle	Safety discussion within Community Meeting	BVC	Safety Cross
1	Opal	-	-	-	-
2	Ruth Seifert	+	-	-	+
3	Gardner	-	+	-	+
4	Emerald	+	+	-	-
5	Joshua	-	-	+	+
6	Sapphire	+	-	+	-
7	Topaz	-	+	+	-
8	Conolly	+	+	+	+


WARD: Ruth Seifert
MONTH: December 2016
RED: INCIDENT OF PHYSICAL VIOLENCE
ORANGE OR YELLOW: 'BUILD-UP' INCIDENT (e.g. AGGRESSION, THREATS, PROPERTY DAMAGE, ETC)
SAFE HOUR (No incidents)
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30/31

Everyone's Responsibilities					
Task	**Daily**	**Weekly**	**Monthly**	**As required**	**Tools required**
Put dots on the safety cross as an incident happen on the ward	x				Red/Orange/Green/Purple dots or pens Definition of incident types (colour dots)
Change the safety cross (frequency depends on type of safety cross used by the ward)	x		x		Printed copies for daily or monthly safety crosses
Call/Participate/record safety huddle at least twice a day	x				Safety Huddle book
Follow up on safety huddle plans/actions	x				
Active/Lead/Guide/participate in safety discussion in community meetings		x			Bring safety cross to meeting
Participate in patient led safety huddles		x			
Have access to LifeQI for violence reduction data		x			LifeQi log ins
Induct new starters				x	Welcome packs

Specific Responsibilities					
Modern Matrons/Ward Managers					
Allocate who will input LifeQi data		x			
Present and interpret data to MDT/community meetings			x		LifeQi log ins
Allocate time in away days to discuss performance (review), compare to standards (reflect), and any actions required (react) to prevent detorioration			x		Data
Service Users					
Participate in Service User led safety huddle		x			
Induct new service users to the ward				x	Welcome pack

Visual Management

- Makes **important** information visible to all

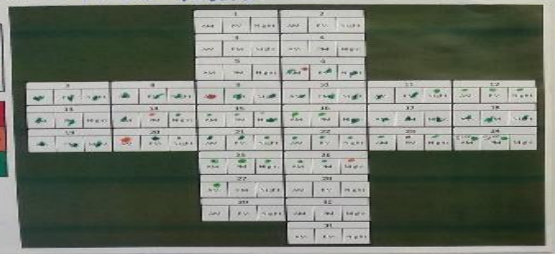
- Presents information in an **easy to understand** way by using visual signals instead of text, so that anyone can follow them easily

- Designed to allow quick recognition of the information being presented to **increase the response time**

Review – Evaluate Actual Performance

WARD: Willow Ward

MONTH / YEAR



	M	Tu	W	Th	F	Sa	Su
Huddles	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Safety Discussion					☐		
BVC							

Reflect – Compare Actual Performance to Quality Goals

What are our current levels?

Red Dot Incidents – 1 per week

Orange Dot Incidents – 2/3 per week

LIFE QI chart

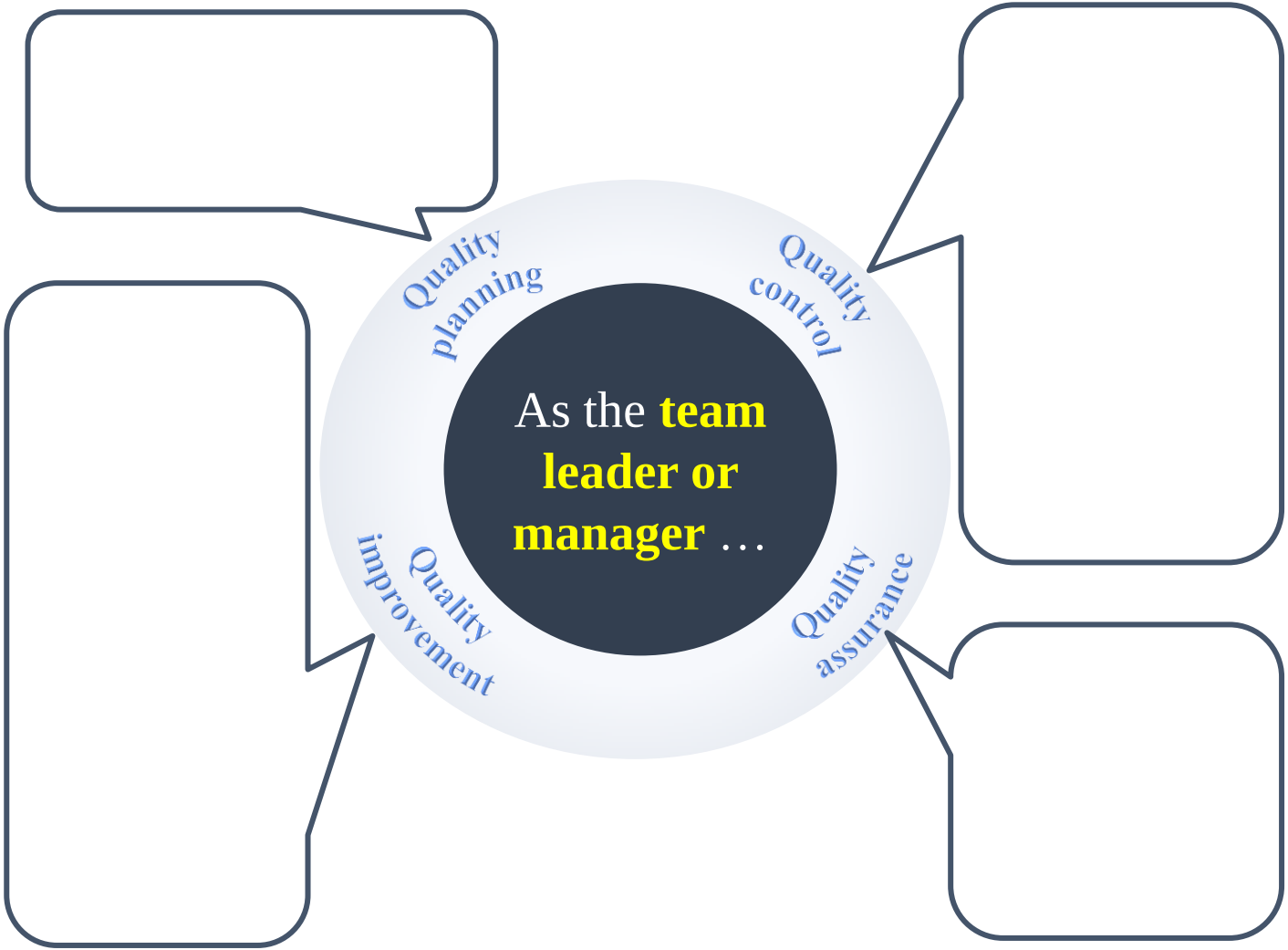
Everyone is Responsible			
Task	Daily/as required	Weekly	Tools required
Put dots on the safety cross	x		Red/Orange/Green/Purple dots or pens Definition of incident types Safety cross on visual management board
Call/Participate/record safety huddle	x		Safety Huddle book and Visual Management Board
Follow up on safety huddle plans/actions	x		Use Visual Management board/Safety Huddle book
Use and huddle around visual management board	x		Visual Management board/pens
Lead/participate in safety discussion in community meetings		x	Bring safety cross to meeting and update Visual Management board

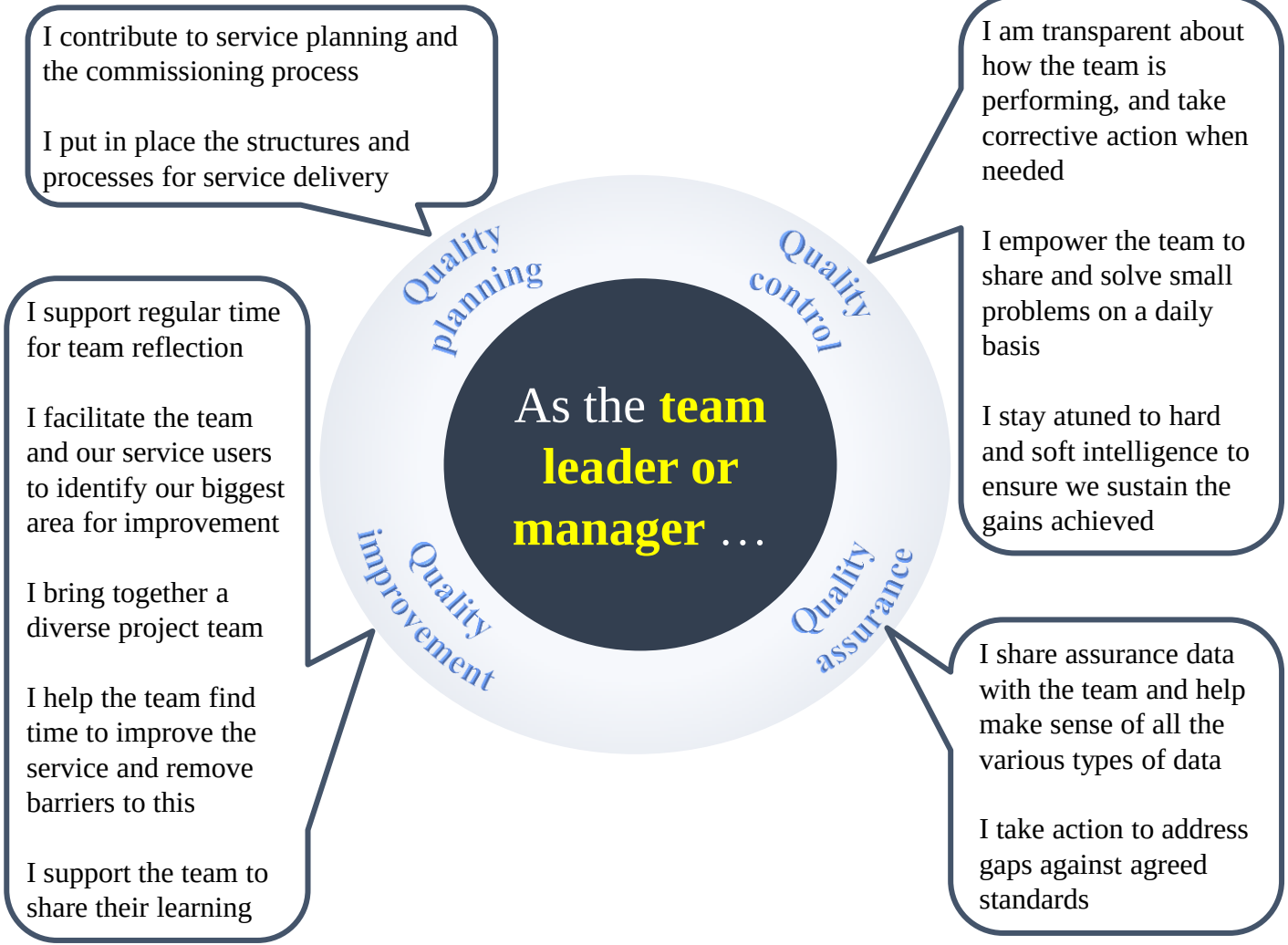
Respond – How Will We Act on The Difference

Doing	Who	Done	Escalation Plan
1	LT		Call team mtg Involve Ward Mgr/ matron / Consultant Involve BLN

In Collaboration with

So, what do we all **do** to support each of these types of activity?


Quality planning
Quality control
Quality improvement
Quality assurance
As the team leader or manager …


I contribute to service planning and the commissioning process
I put in place the structures and processes for service delivery
I am transparent about how the team is performing, and take corrective action when needed
I empower the team to share and solve small problems on a daily basis
I stay atuned to hard and soft intelligence to ensure we sustain the gains achieved
I support regular time for team reflection
I facilitate the team and our service users to identify our biggest area for improvement
I bring together a diverse project team
I help the team find time to improve the service and remove barriers to this
I support the team to share their learning
I share assurance data with the team and help make sense of all the various types of data
I take action to address gaps against agreed standards
Quality planning
Quality control
Quality assurance
Quality improvement
As the team leader or manager …

I share my view with the team about our biggest opportunity for improvement

I contribute my change ideas to the area that the team is currently working on

I use the tools of QI to develop a strategy, test ideas and implement these into daily practice

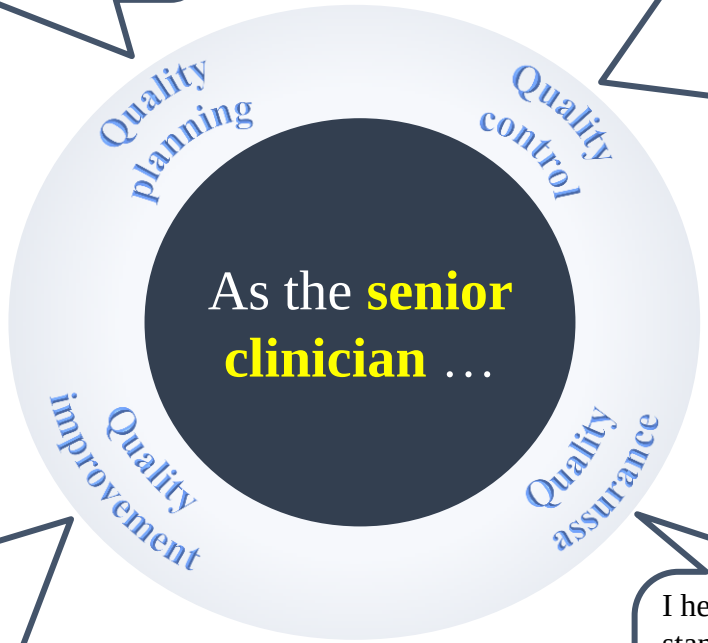
I monitor how our team is performing

I listen to the feedback from our service users/customers/carers

I take the initiative to raise and solve problems on a daily basis

I ensure my daily practice meets agreed standards, or justify when I depart from these

I participate in assurance activities such as audit, inspection, learning lessons



I help identify the best service model to meet the needs of the population, utilising my clinical expertise and knowledge of the evidence

I monitor how our team is performing

I listen to the feedback from our service users/customers/carers

I take the initiative to raise and solve problems on a daily basis

I ensure my daily practice meets agreed standards, or justify when I depart from these

I contribute my views about our team's biggest area of opportunity

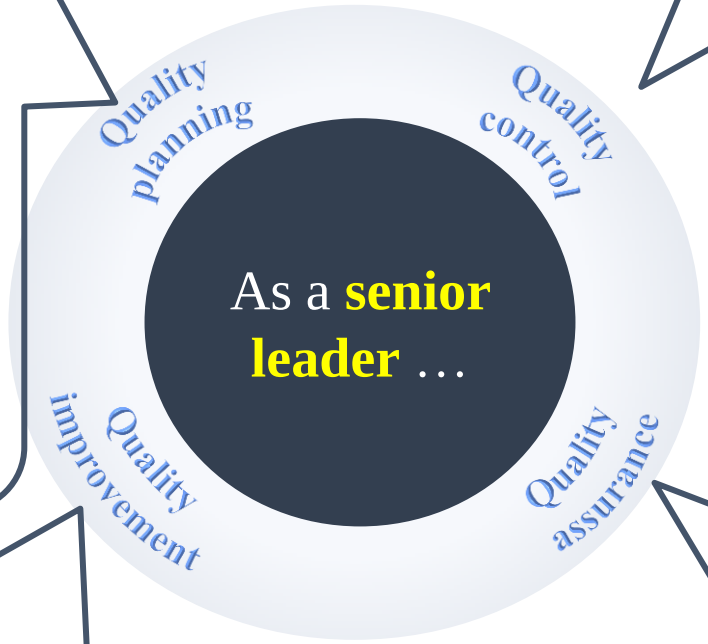
I utilise my clinical expertise and research knowledge to bring ideas to the team

I support the team to involve a diverse range of people in improvement work

I help the team find time to improve the service and remove barriers to this

I help identify and set the standards against which the team is measured

I participate in assurance activities



I contribute to developing the organisation's vision, mission and strategic plan

I communicate these to our teams

I help our teams align their work to the organisation's mission and strategic plan

I work with our external stakeholders and partners in developing goals and priorities across the system

I monitor how the system is performing

I use data to inform my decision-making

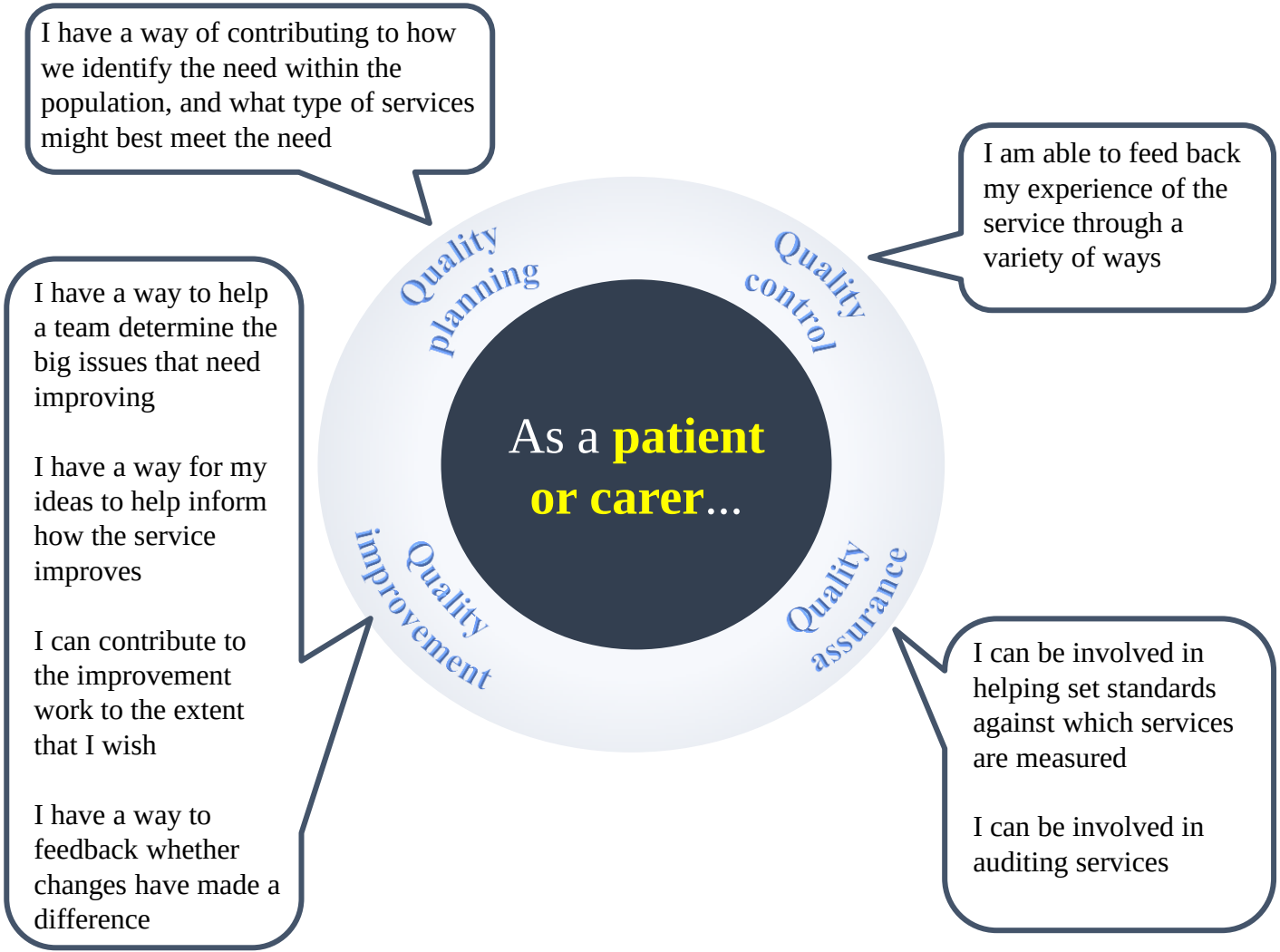
I empower and support teams to solve complex problems

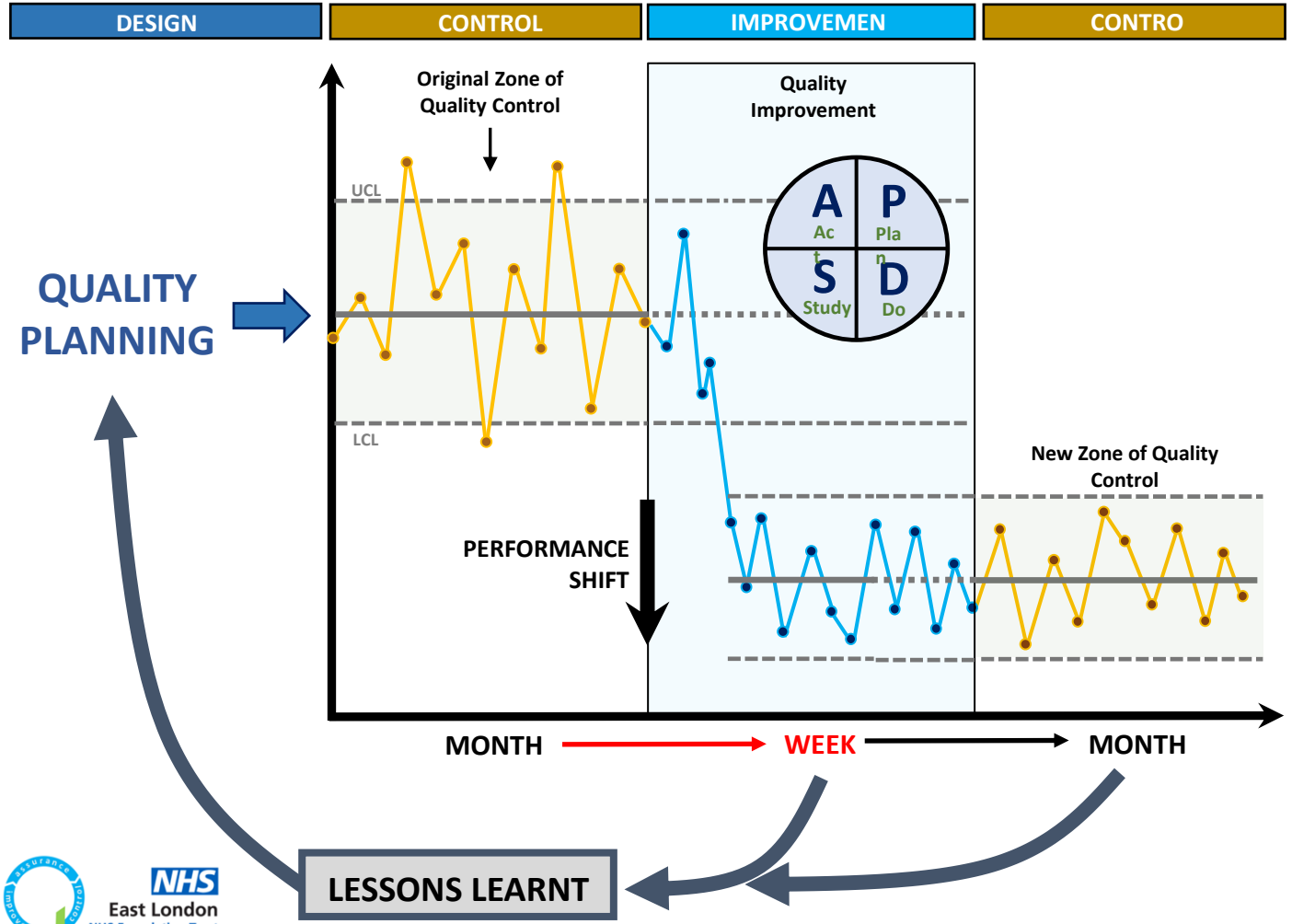
I have a regular way to listen to the experience of staff and service users

I ensure systems are in place to check that we are providing high quality care

I ensure that assurance activities add value and are meaningful

I have a sponsor role for improvement work
I help identify priority areas for improvement
I help teams see how their work fits to strategic priorities
I help teams find space and time to improve
I link regularly with projects to help unblock barriers and celebrate their work


I have a way of contributing to how we identify the need within the population, and what type of services might best meet the need
I am able to feed back my experience of the service through a variety of ways
I have a way to help a team determine the big issues that need improving
I have a way for my ideas to help inform how the service improves
I can contribute to the improvement work to the extent that I wish
I have a way to feedback whether changes have made a difference
I can be involved in helping set standards against which services are measured
I can be involved in auditing services
Quality planning
Quality control
Quality assurance
Quality improvement
As a patient or carer...


DESIGN
CONTROL
IMPROVEMEN
CONTRO
Original Zone of Quality Control
Quality Improvement
UCL
LCL
A Act
P Plan
S Study
D Do
QUALITY PLANNING
PERFORMANCE SHIFT
New Zone of Quality Control
MONTH
WEEK
MONTH
LESSONS LEARNT
NHS
East London
NHS Foundation Trust

In Collaboration with

Balance Integrate

In Collaboration with

Thank you!

Dr Amar Shah

Consultant Forensic Psychiatrist & Chief Quality Officer

East London NHS Foundation Trust

National improvement lead for mental health safety in England

@DrAmarShah

amarshah@nhs.net