

# A YEAR IN QUALITY IMPROVEMENT AT BSMHFT 2023/24

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# Foreword

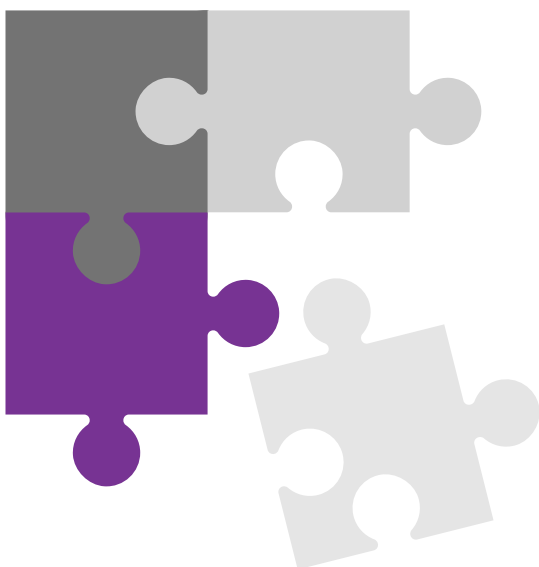
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Over the last 12 months we have been focused on supporting teams with utilising QI methodology to support the wonderful work they do with our service users and staff teams. Looking to foster knowledge and support for continuous improvement whether that is in using QI tools in leadership (driver diagrams, process mapping, collating data etc) or the formation of QI projects or QI light approach.

At the same time aligning projects to the Trust Strategy quadrants and collaborating with peer improvement teams to enable us to work differently in the future. We have also fostered and worked in tandem with our Patient Safety Colleagues to ensure that continuous improvement and a learning culture is being encouraged through PSIRFs introduction in autumn 2023.

Teams involved in QI are rightly proud of some of the projects they have been involved in and seen positive engagement results. They have entered themselves in poster presentations at various respected events and been shortlisted in 4 to date. Projects are vitally important to be inclusive of our service users, staff and carers and where possible there is a focus on ensuring we have an Expert by Experience or 3 in most projects and we have plans to develop this further in the next year.

Julie Romano  
Head of QICE (Quality Improvement and Clinical Effectiveness)



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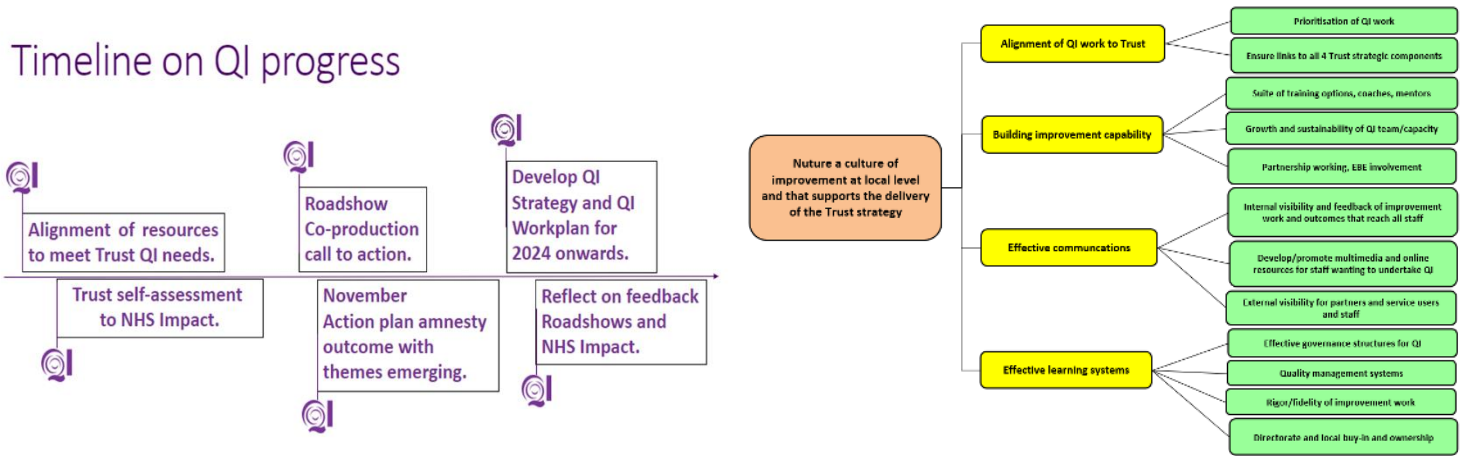
In last 12 months we have supported 35 completed projects. We have also supported many PDSA's and simple change management ideas that fall outside of project work.

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# Timeline of QI

## Timeline on QI progress



QI Strategy aligned with the Trust Strategy.

## Our Five Year Strategy



# Key Events

## April 2023: *QI at AHP Conference*

As part of our Comm's Officer's QI project to improve staff engagement with QI Communications, the team were invited to carry out a QI workshop with AHP colleagues at the AHP conference on Tuesday 21 March, taking place at Birmingham City Football Club.



## June 2023: *Solar project at Specialties away day*

At the Specialties away day, Harvey Tagger and Kuldeep Singh presented the Joy in Work QI project that took place in Solar. The session was a success with good engagement from the colleagues who attended.

## October 2023: *Listen Up Live*

The Quality Improvement (QI) Team has had the privilege of featuring and presenting on two Listen Up Live Sessions within the last 6 months. In October 2023, the QI Team presented the Quality Improvement Strategy on the Listen Up Live. QI was at Listen Up Live, not in the audience but as the presenter. Listen Up Live host Roisin Fallon-Williams (Chief Executive) introduced the QI Team to present the QI strategy in the session. Julie Romano (Head of QICE), Tabassum Mirza (QI Improvement Advisor) and Kuldeep Singh (QI Improvement Advisor) presented the Quality Improvement Strategy to 91 members in the session. The team reflected on the improvements made in past and current projects followed by a short video 'Why QI' showcasing project leads and members who have given a positive response on how QI has helped their service. The second portion of the Quality Improvement strategy looked at what is next for QI as Julie Romano went through the timeline for the year ahead. This was followed by another short video on what is next for QI and the services it has helped.





*We were given a lovely opportunity to reach out and engage with staff across the Trust on LUL. We discussed how as a QI Team we were looking to the future and next steps to support the Trusts Continuous Improvement Journey whilst reflecting and look back at the overall Trust Strategy. This was to ensure we are mapping through the capability and potential to support our staff Trust wide to be able to make positive changes to making working life a positive experience for them and service users alike. This has included QI being on induction training so new staff can know how to contact us as often our newest staff arrive with a fresh eyes approach and when able can help us all look at how we can utilise QI methodology in day-to-day work.*

**-Julie Romano Head of QICE**

Quality Improvement Advisors Heather Hurst, Shelley Wreford and Dr Nat Rowe, Consultant Forensic Psychiatrist and Deputy Medical Director for Quality and Safety. Shelley Wreford (Quality Improvement Advisor in Specialties) started the session on Quality Improvement Strategy to 106 members: providing insight into QI engagement capability and activity across the organisation at both trust and local level. This was followed by an informative QI video featuring current projects and partnerships from Project Leads and Project Members who have given a positive response on the progress made through the help of QI with their service. Heather Hurst (Quality Improvement Advisor in Acute care) highlighted after the video the clinical QI activity across the Trust; providing further examples of where this work maps onto strategic workstreams. This led onto how the Quality Management System (QMS) framework helps to support continuous improvement within the organisation, which Dr Nat Rowe provided an in-depth presentation into the importance of QMS linking in with the QI projects, but also using the Trust strategy and the other different work streams that are going on.



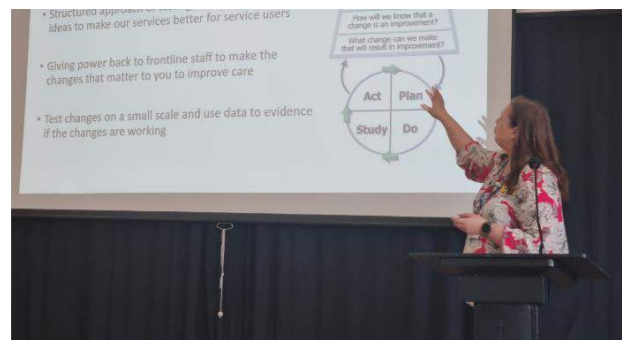
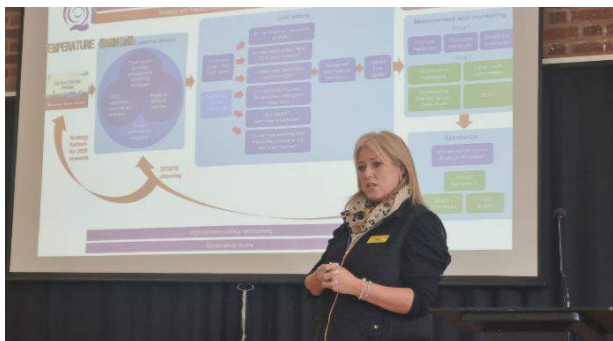
## March 2024: *Senior Leaders Session*

Quality Improvement (QI) at the Senior Leaders session at the Midlands Art Centre (MAC). Stepping up to the podium, the QI Team shared QI top tools, drawing inspiration from QI projects. Senior Leaders put QI into action through developing driver diagrams in the session.



Deputy Chief Executive, Patrick Nyarumbu started the session with an insightful introduction into utilising transformation and sustainability to promote changes to the system. It's all about thinking and doing things “differently” and making great improvements that can be sustained over time in the Trust.

QI Ambassadors and QI colleagues took to the stage to highlight the latest updates within Quality Improvement. Dr Nat Rowe, Consultant Forensic Psychiatrist and Deputy Medical Director for Quality and Safety and Julie Romano, Head of Quality Improvement and Clinical Effectiveness led an engaging talk to shed a spotlight on the incredible impact of Quality Management System (QMS) with Quality Improvement strategy on the many services and departments within the Trust. QI Lead Heather Hurst opened with a superb introductory into the Model for Improvement, which then QI Leads Tabassum Mirza and Kuldeep Singh delved into depth on how driver diagrams can be utilised within QI projects. Members of the session were inspired by the examples of QI projects that utilised the driver diagram process; The International Medical Graduate project was one of the example projects showcased to highlight the impact of change ideas on staff wellbeing since starting the QI project.





## March 2024: QI Attends The Dynamic Space Event

Many departments including the Quality Improvement, PMO, ODP, Digital and Transformation, Communications and many more attended the collaborative space to engage in transformation talks last week. Looking at the bigger picture of “how can we better commission and manage transformation and improvement to support delivery of our Trust strategic priorities?” The aim of the workshop is to give attendees an equal opportunity to join the dynamic discussion and share ideas. Follow link for full article: [QI Attends The Dynamic Space Event](#)

## QI Project Shortlisted and Awards

Many Quality Improvement projects were nominated into several Awards and conferences within the year.

### April 2024: Values Awards 2024

The Trust Values Awards returned for another year. 343 nominees over 10 award categories. **Quality Improvement, Research and Innovation Award.** This award is for an individual who uses research and innovation in every element of their role to bring about service improvement for our service users and colleagues. 3 QI nominations are shortlisted:

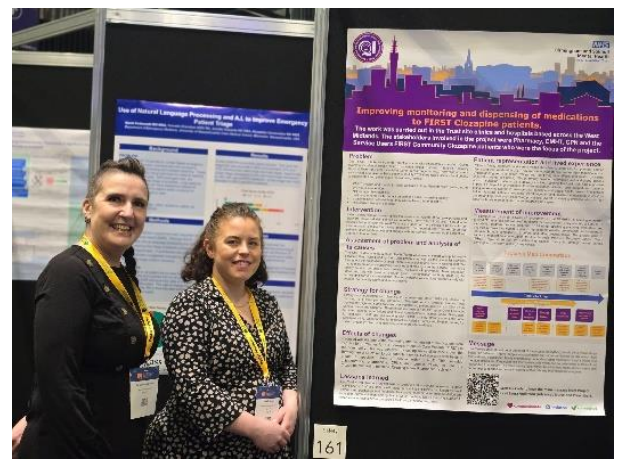
- 🎯 Steps 2 Recovery Service
- 🎯 North Hub CMHTs-Reducing Emergency FP10s issued by North Hub CMHT (ESCA)
- 🎯 Dr Katarina Lietavova-DNA HTT Medical Review at Sutton Home Treatment Team (Project Lead and Associate Specialist, Sutton Home Treatment)





## November 2023: RCPsych Awards 2023

In November 2023, two incredible QI Project Teams from BSMHFT were shortlisted for the RCPsych (Royal College of Psychiatrists) Psychiatric Team of the Year: Quality Improvement category. One team represented the QI Collaborative that has done phenomenal work across the organisation to reduce restrictive practice, which resulted in a 37% reduction in non-prone restraint, 60% reduction in prone restraint, 51% reduction in rapid tranquilisation. The other team represented some remarkable work as part of the community transformation process. This involved looking at improving the physical health care of service users. Experts by Experience have been involved in both projects to co-produce and collaborate on the amazing work that has been done.



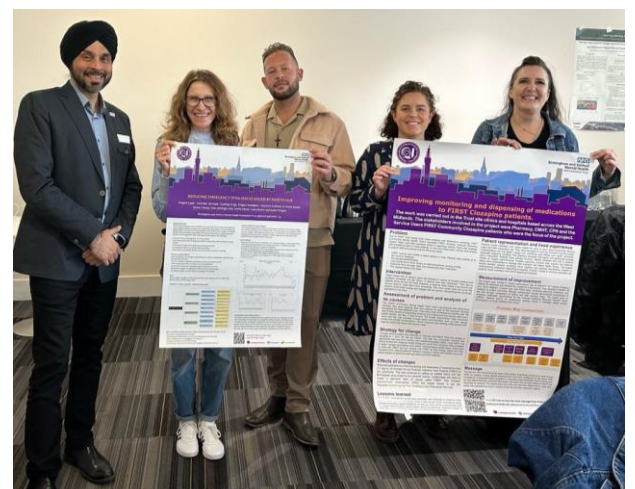
## April 2024: International Forum on Quality and Safety in Healthcare 2024

The FIRST (Forensic Intensive Recovery Support Team) Clozapine Clinic QI project entered the BMJ/IHI International Forum on Quality and Safety in Healthcare 2024 conference to showcase the incredible impact made throughout the QI project. Project Lead Laura Anderson (Advanced Nurse Practitioner and Prescriber) showcased the QI project poster at the Event along with Project member and Pharmacy Technician Sarah Hodges-Smith. Improving monitoring and dispensing of medications to FIRST Clozapine patients. The work was carried out in the Trust site clinics and hospitals based across the West Midlands. The stakeholders involved in the project were Pharmacy, CMHT, CPN and the Service Users FIRST Community Clozapine patients who were the focus of the project. Watch the video now about the QI project: <https://youtu.be/VOCmITQp2ns>. (Please See **Appendix 4**).



## April 2024: MHImprove Event 2024

Two fantastic QI projects presented at the MHImprove 9<sup>th</sup> Edition 2024 Event. On the day, both QI projects '*Reducing Emergency FP10s (ESCA) issued by North Hub CMHT*' and '*FIRST Clozapine Clinic*' presented their work at the World Café. This great platform was an opportunity to share and learn from the national and international QI community (please see **Appendix 4 and 5**).

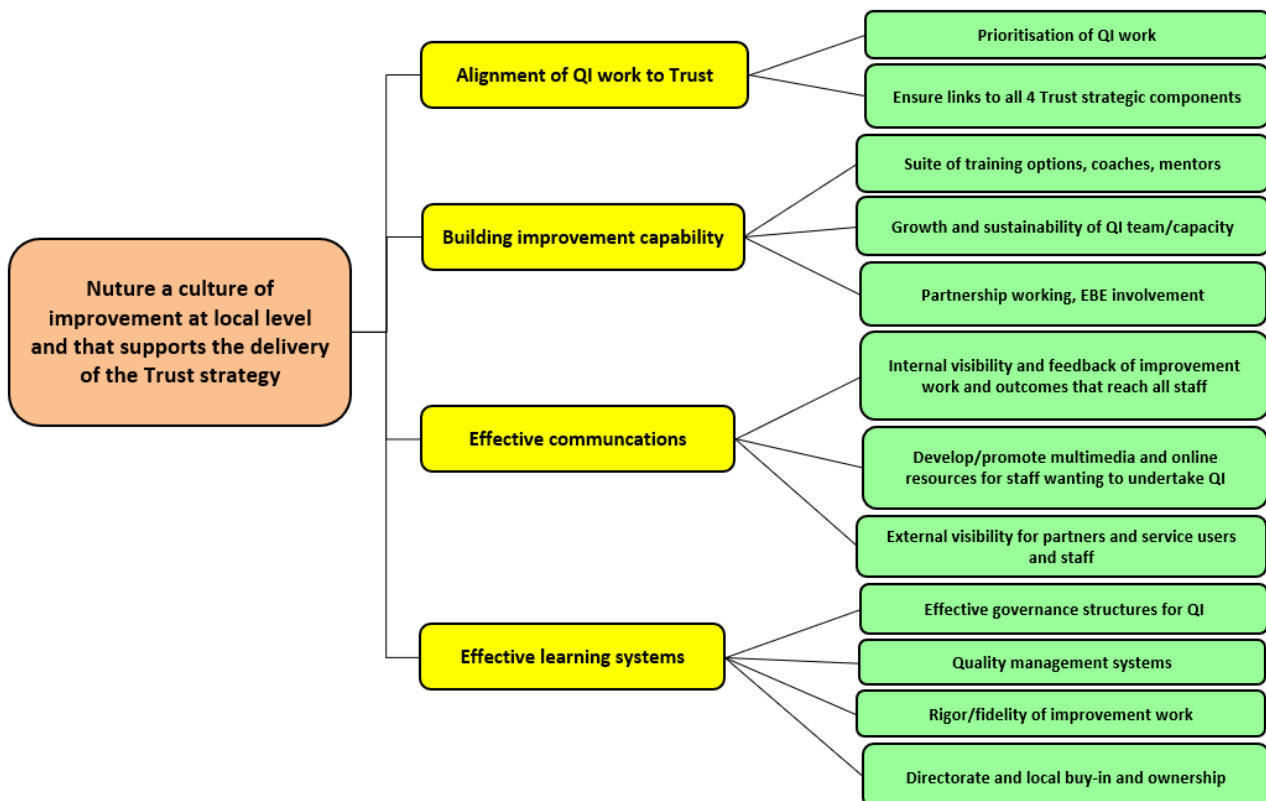


# QI Strategy

## Delivering a 5-year strategy: Vision

- 📌 Leadership for improvement from the Trust Board, senior leaders and Experts by Experience
- 📌 QI embedded into clinical roles, inc. doctors, heads of nursing/AHP, matrons, service leads.
- 📌 Centralised QI capability/capacity maintained within the organisation
- 📌 Each directorate has local QI capability including trained and experienced QI coaches/mentors to support local level 3 and level 4 projects.
- 📌 Innovation for improvement is encouraged and supported at all levels of the organisation.
- 📌 QMS (Quality Management System)
- 📌 Finance support to deliver triple aim (improved population health, quality of care and cost-control)
- 📌 Data analytics support available for local and large-scale improvement collaboratives.

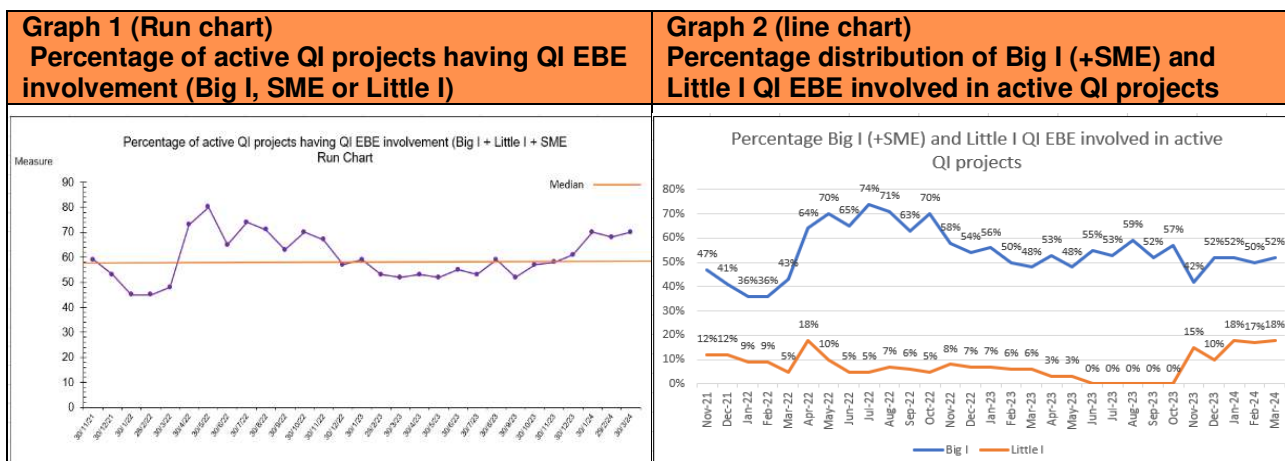
## Five-year strategy for Continuous Improvement culture Driver diagram



# Service User and Carer Involvement

Within our team we recognise the need to include the people who receive our services, or care for those that do, is a fundamental part of Quality Improvement. Furthermore, we believe that this will greatly enhance the success of our QI projects as we can then measure improvements for staff, service users and carers. We are using the terms Little I and Big I to differentiate the level of participation.

- 📌 Little I - Means involving service users and carers at various points throughout the life of a project, the team may ask for ideas of what should be changed or about the impact changes have had to the services they receive.
- 📌 Big I - Means involving service users and carers directly and continuously throughout the whole life of the QI project.



The first chart shows the total (%) of open QI projects having active QI EBEs involvement (includes Big I, SME and Little I) = 70%. Paused projects have been excluded from the total number of projects. Total projects: 33 (incl QI Lite), Projects with Big I, SME or Little I QI EBEs: 23

The second chart shows the percentage distribution of Big I (+SME) and Little I QI EBEs in all active QI projects excluding paused projects. (Numbers 17 & 6 respectively)

Note: The EBE involvement % goes up to 72% if staff focused projects are excluded from the count. Scope exists for exploring and increasing EBE/SME involvement in other projects.

The QI Team continue to involve Experts by Experience (EBE) and Subject Matter Experts' (SME) in QI projects. 72% of all projects are co-produced and co-design with either Big I, SME or Little I involvement. Here are some highlights from EBE involvement in QI:

- 📌 Some upcoming cross-directorate and Trust provider collaborative projects have requested multiple QI EBEs to be involved.
- 📌 QI at Recovery College - Co-designing and co-delivered session set for July 2024.
- 📌 Due to recent surge for QI EBE demand, additional QI bronze-level training being scoped.
- 📌 Children and Young people (CYP) EBE and parents to be involved in a Solar QI project starting soon.



# Highlights of completed projects.

## Quality Improvement Video Case Studies



### QI Case Study: Improving Diversity in the Psychological Workforce

In this Quality Improvement Case Study Dr Susan Adams, Consultant Clinical Psychologist at Birmingham and Solihull Mental Health Foundation Trust, talks us through her QI project around increasing diversity within the psychological workforce. Watch QI Case Study: [QI Case Study: Improving Diversity in the Psychological Workforce \(youtube.com\)](https://www.youtube.com/watch?v=...)



### QI Case Study: Naloxone

In a BSMHFT QI case study interview, Dual Diagnosis Practitioner, Verity Ford, shares with us the outcomes of her project looking at the provision of Naloxone on discharge from Mary Seacole 1. The project aimed to address two key issues - the screening of admissions for substance use in the first instance, followed by the process for issuing Naloxone, including the education/training of ward staff and patients. Follow link to view QI interview: [QI Case Study: Naloxone \(youtube.com\)](https://www.youtube.com/watch?v=...)



### QI Case Study: Improving early warning sign materials for those with autism experiencing Psychosis

Dr Arsal Rana, Principal Clinical Psychologist of the Early Interventions Service, discusses his QI project seeking to improve early warning sign materials and staying well plans for individuals experiencing psychosis on the autistic spectrum. Follow link to view QI interview: [QI Case Study: Improving early warning sign materials for those with autism experiencing Psychosis \(youtube.com\)](https://www.youtube.com/watch?v=...)





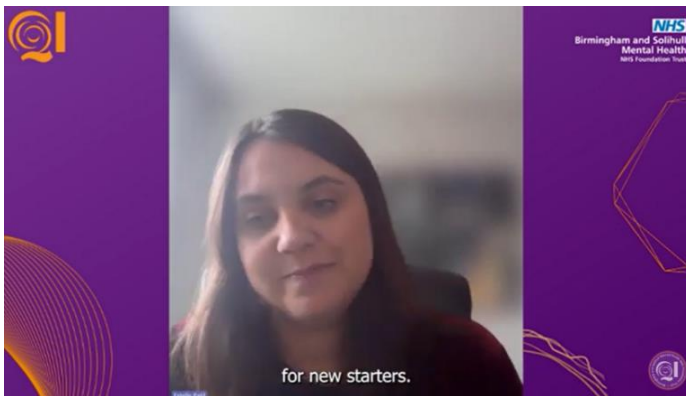
## How can we improve happiness and wellbeing at work?

In this QI case study, Dr Harvey Tagger, spoke about the Joy at Work project at Birmingham and Solihull Mental Health Foundation Trust. Follow link to view QI interview: [How can we improve happiness and wellbeing at work? \(youtube.com\)](#)



## QI Project FIRST Clozapine Clinic

In this QI case study, Project Lead Laura Anderson (Advanced Nurse Practitioner and Prescriber), gave insight into the FIRST Clozapine Clinic QI project. This Quality Improvement project involved improving the monitoring and dispensing of medications to FIRST Clozapine patients. [QI project Clozapine Clinic \(youtube.com\)](#)



## QI Project Induction for new starters: face to face Induction workstream

Project Lead Estelle Patil (Induction and Fundamental Training Lead) highlighted the importance of feedback from new starters as the team received feedback in person from new starters saying that “they were happy to be there.” The aim of the QI project is “Induction will provide a values driven content that supports new starters to feel welcomed and to be work ready.” The pandemic had a major impact on Inductions, but with coproduction at the heart of the project enabled continuous improvement to happen. Watch QI Case Study:

[QI Project Induction for new starters : face to face Induction workstream \(youtube.com\)](#)



## QI Project DNA HTT Medical Review with Dr Katarina Lietavova

Project Lead Dr Katarina Lietavova is an Associate Specialist for the Sutton Home Treatment Team and gave an insightful interview on the Quality Improvement project. The project aimed to improve attendance of medical reviews within Sutton Home Treatment team using quality improvement techniques by offering Service Users to be an active part in arranging their medical reviews. This was achieved by offering options to have medical review at home or at base. Follow link to view QI interview: [QI Project interview with Dr Katarina Lietavova \(youtube.com\)](#)



# QI Highlights

## New Team Members

### September 2023

Priya Roadh joined the Trust in the Quality Improvement department as the new Quality Improvement Communications Officer in September.

“I am passionate about working within the mental health trust and utilising my media and transferrable skills/experience to provide the best service within my role.”



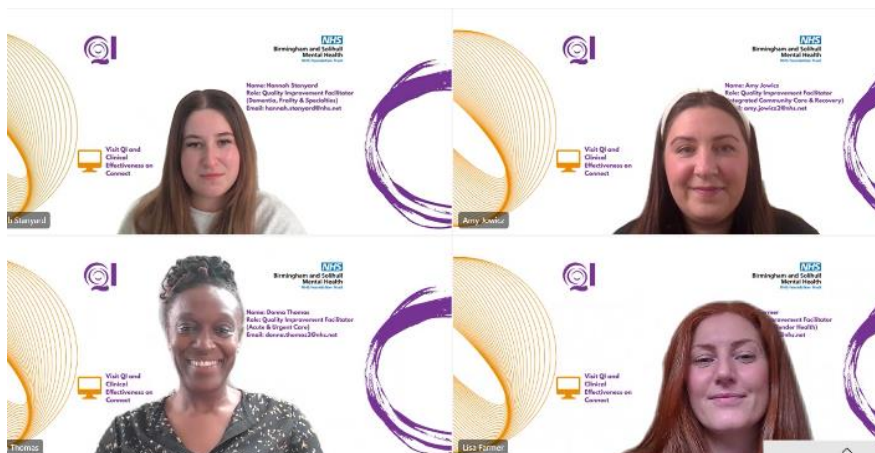
### November 2023

Samsuma Bibi's journey with BSMHFT started in 2013 working within the admin field with different teams. In 2021 Samsuma rejoined the Trust on the bank under TSS. Since then, Samsuma worked with the QI Team and Compassionate Team and joined the QI Team as a Quality Improvement Programme Administrator in November 2023.



### April 2024

4 new members joined the Quality Improvement Team in April 2024, the Quality Improvement Facilitators. Amy Jowicz, Donna Thomas, Hannah Stanyard and Lisa Farmer have started their QI journey to promote the Trust's Quality Improvement vision and in turn, the Trust strategy by supporting individuals and teams to use Quality Improvement Methodology the 'Model for Improvement' to bring about measurable improvement in our services.





## S2R QI Partnership

In November 2023, Steps to Recovery, invited 20 colleagues from S2R's (Steps to Recovery) 7 teams presented their QI projects at the 1st quarterly Share & Learn event. There was a common theme during the event, which was 'co-produced tweaks go a long way!'

QI Lead Kuldeep Singh led the event with Project Sponsors Tom Bell (Matron) and Sarah Jones (Matron). The S2R'S 7 QI Project Teams included Dan Mooney House, David Bromley House, Endeavour Court, Forward House, Grove Avenue, Hertford House and Rookery Gardens. All shared their QI project updates through colourful and informative presentations of the change ideas implemented, which showcased the improvements that has helped.

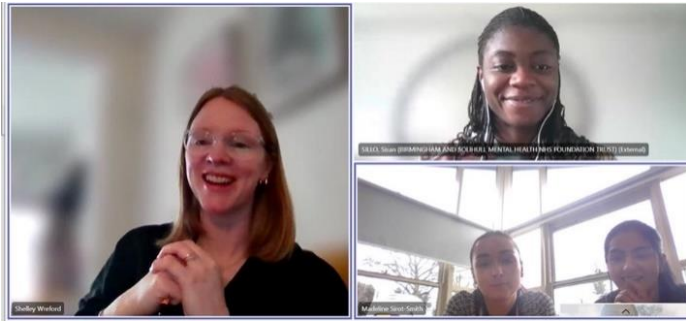
## Digital Champions

A digital scheme started across the Trust. The QI Team announced their official Digital Champions in March 2024. Alongside their role, QI Communications Officer Priya Roadh and Quality Improvement Programme Administrator Samsuma Bibi are the official Digital Champions for the QICE (Quality Improvement and Clinical Effectiveness) Team. The incredible initiative aims to bring colleagues together across the Trust who are interested or passionate about digital technologies to enable a smoother digital transformation within BSMHFT. This role encourages to become a digital leader and voice for the department when it comes to adapting new technology and solutions. Digital champions will bridge the gap between the non-clinical IT staff who builds, develops, procures these technologies and the wider staffs who uses the technology for patient care. This digital development will explore current and new applications to utilise and cater these technological tools within the different departments.



# Spotlight on Directorate QI Projects

Here are some Quality Improvement (QI) projects from each directorate detailed below and their impact of improvements.



## Specialties QI112 Empowering Women of a childbearing age who are on psychotropic medication.

A phenomenal Quality Improvement (QI) Project to empower women of childbearing age within the Perinatal Service. QI Lead Shelley Wreford is supporting the project team to develop a clear aim statement, measures and change ideas to not only improve preconception counselling provision now, but ensure improvements are sustained going forward too. Solihull Early Intervention service is collaborating with our perinatal service on an ambitious Quality Improvement project aiming to empower women aged 16-50 years who are on psychotropic medications to make informed decisions around family planning. The hope is that by strengthening processes within Solihull Early Intervention (EI) service, access to preconception counselling will be consistent and equitable.

Follow link for full article: [Let's Empower With QI Power!](#)

## QI71 Reducing emergency FP10s (ESCA) issued by Northcroft.

The project team was multidisciplinary with Project Lead Zora Bell (Clinical Hub Manager), Dr Alisha Bakshi (ST4 in Psychiatry), Matthew Stafford (Clinical Lead), Sanna Ceesay (Advanced Nurse Practitioner), Kate Jennings-Cole (Clinical Lead), Emma Allsop (Support Services Manager), David Somers (Staff Nurse) & Aysha Chughtai (Clinic Nurse). The overall aim of the Quality Improvement project was to reduce the number of FP10's requiring ESCA (Electronic Shared Care Agreement) by 10% by end of the project. This aim was met and exceeded by achieving a 14% reduction. The team continued to sustain some of their change ideas and their overall aim sustainability data measure, checked after a gap of 3 months over December 2023. A reduction in numbers continued to fall and was at a remarkable 64% when compared to project baseline.

Follow link for full article: [Lights, Camera and QI with the Community Mental Health Team at Northcroft](#)







**QI68 Improving International Medical Graduate Doctors' experience within BSMHFT.** The NHS has long relied on professionals from abroad. In 2022, a third of the 136 322 doctors working in NHS hospital and community services in England reported a non-British nationality—representing 168 other countries, including Egypt, India, Ireland, Nigeria, and Pakistan. (Source: Baker C. NHS staff from overseas: statistics. 21 Nov 2022).

Although employers, colleagues, and patients are mostly welcoming, insufficient initial and ongoing support, social isolation, arduous visa, exam requirements, and racism can lead to demoralisation, anxiety, and burnout. Attention to these challenges could help improve recruitment and retention of the International Medical Graduates (IMGs), crucial to tackling chronic NHS understaffing to the tune of 12 000 hospital doctors (Source: House of Commons Health and Social Care Committee)

The International Medical Graduate (IMG) QI project has a committed group of IMG's from across the Trust who are emotionally invested in testing out change ideas to help coproduce a clear road map with a wealth of resources and support and build a BSMHFT IMG community. In the last year the group has grown, several new resources have been tested and finalised and discussions have been had with the project sponsor and Dr Fabida Aria, Medical Director in order to see how the project can be further supported.

Follow links for full articles:

[International Medical Graduates \(IMG\) Forum QI Project](#)

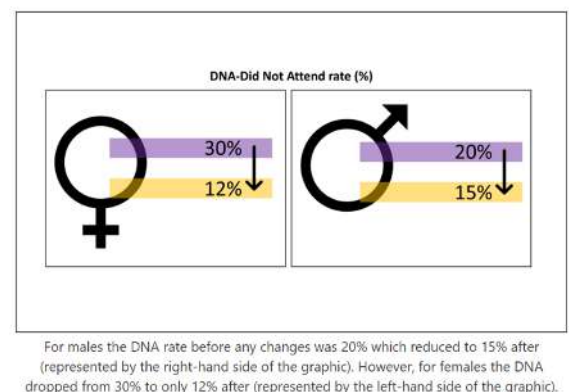
[An inspiring QI workshop with International Medical Graduates](#)

Watch video: <https://youtu.be/iqC4L50fF64>



**QI101 To raise awareness and improve experience of colleagues with Perimenopause and Menopause at BSMHFT.**

As part of the Quality Improvement project on raising awareness and improving workplace experience of colleagues with Perimenopause and Menopause at BSMHFT, Project Lead Sophie Pierro and the Project Team have been following a PDSA cycle for the Menopause project to ensure that colleagues including new starters have the option to choose the new breathable uniform. Project sponsor Dr Fabida Aria is really supportive of the project. Follow links for full articles: ['Breathable' uniform for BSMHFT colleagues](#) [Let's eLearn about Menopause.](#)



**QI95 To improve attendance and reduce DNAs (Did Not Attend) of Medical Review within the Home Treatment Team**

Missed appointments is a universal problem across healthcare, and within psychiatry is estimated to be about 20%, which is twice that of other medical specialities. Missed appointments can interrupt care reviews and treatment, which can impact recovery, and when service users DNA without notice, that appointment can't be offered to someone else.

The Sutton Home Treatment team undertook a QI project to tackle this issue, and by the end of the project had reduced DNA's (did not attend) by 50%. This remarkable achievement was reached with a very simple idea, which had a huge impact. Follow link for full article:

[Reducing DNA's to the Home Treatment teams medical review](#)



# QI Training Academy

The training strategy continues to build a strong foundation of QI capability to put improvement at the heart of what we do. The strategy aims to provide a breadth of training which enables staff to develop awareness of QI, and those participating in QI projects will have sufficient skills, knowledge and expertise to participate or lead QI projects. The QI academy offers a range of short courses which outline the model for improvement (please see [Appendix 1](#)), its value and when it can be applied. For those who plan to participate in QI or develop additional skills there is more in-depth training through the bronze or silver offer. Attendees who have completed the QI courses receive a follow up thank you email with QI resources slides to look back on the information provided in the course. They also receive a certificate for completion of the course (please see [Appendix 3i, 3ii, 3iii](#)).

Throughout this journey, the team collects evaluations of the training in the interests of making the training effective and enjoyable for those attending. The feedback we have received from the training we provide has been overwhelmingly positive (please also see [Appendix 2](#)), with delegates sharing that the training built their knowledge and understanding. Comments include;

*"Have booked on to the bronze training, it was interactive and interesting."*

*"I very much enjoyed the succinct explanations and the funny video/trucks in the harbour."*

*"Really informative, looking forward to sharing ideas with QI team to see how they can help."*

*"I thought it was brilliant, the trainer was so knowledgeable. Thank you so much for this training its invaluable."*

- Bronze training, December 2023

*"Good for an intro - right amount of info and length of training. have booked on to the bronze training."*

- Intro March 2024

*"Really useful, informative and straightforward training session. Thank you."*

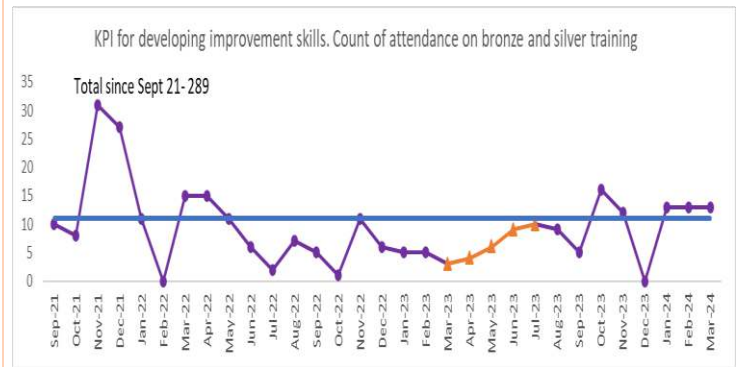
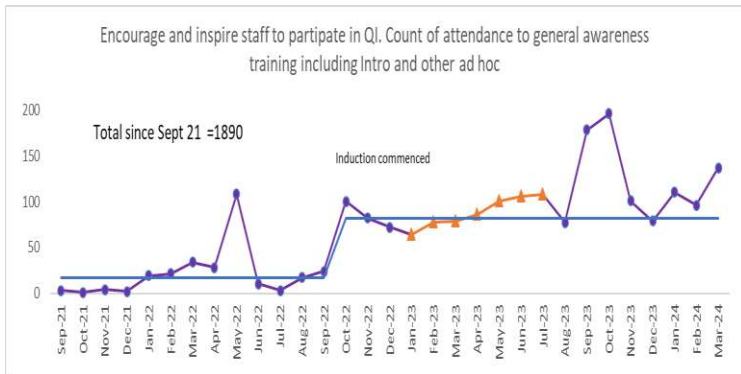
*"Very good course to cover a large amount of material in a short period of time"*

Bronze training, June 2023



Encourage and inspire staff to participate in QI through the Intro to QI course and other ad hoc training opportunities.

For those staff who are leading / participating in QI projects, to have the skills and knowledge to apply the model for improvement.



The increases in recent months are due to a gradual sustained increase in numbers, as well as some ad hoc training which took place. In total 1,890 staff have now accessed some form of QI training since this version of the QI academy was commenced in September 2021. The first line Managers course is a new addition to the QI Training Academy and commenced in January 24. Whilst it does include an introduction to the QI model, it also includes a section around the management of change. Whilst groups are currently small, it is evaluating well.

### Where are we now?

At present we have successfully trained 2412 delegates from across BSMHFT in Quality Improvement since the current training academy format was launched in September 2021. There has been an increase in both the training offer and uptake year on year. Most recently a module has been launched as part of the First Line Managers programme called “Quality Improvement: Inspiring change leadership.”

Intro to QI and Bronze QI Training Dates (Virtual) See all

+ Add event

 Intro to QI Training Fri, 3 May, 11:00	 Bronze QI Training Tue, 21 May, 09:30	 Intro to QI Training Mon, 10 Jun, 14:00	 Bronze QI Training Wed, 26 Jun, 13:00
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### First Line Managers Program


We offer Quality Improvement: Inspiring change leadership as part of the First Line Managers program.

The training course looks at the basics of what a QI project is; when, how and why to use QI; Leadership role in change and QI; and getting started with your QI project. This is just a brief introduction to QI principles and how they can be incorporated into your leadership role, it is not intended to be a full introduction to how to run a QI project, and at the end we'll tell you about how to access the rest of our training which will take you through this if you are interested. Training takes place over Microsoft Teams.

Please click on the link below and follow the instructions. The link will take you directly to ESR, if you are not already logged in, you'll be asked to log in and then it will take you to the page where you can select the course date that suits you and you can click the enrol button. You will get an automated email from Production Workflow confirming your booking. [Click here to book](#)

First Line Managers course 2024 dates:

- Thursday 25th January 10am to 11.30am on Teams
- Thursday 22nd February 10am to 11.30am on Teams
- Thursday 7th March 10am to 11.30am on Teams
- Thursday 21st March 10am to 11.30am on Teams
- Thursday 4th April 10am to 11.30am on Teams



If you have any queries or would like to know more information about the course, please email [bsmhft.qualityimprovementteam@nhs.net](mailto:bsmhft.qualityimprovementteam@nhs.net)



<b>Intro to QI</b>	<p>Quality Improvement projects are a way for teams to address some of our more complex areas for improvement work.</p> <p>Although many people will have heard about QI, this course is a short introduction aimed at all staff who are curious to find out what it is. Over the course of 1-hour participants will learn why we use QI, when it can be used and what a QI project is.</p>
<b>Bronze</b>	<p>This is a half day workshop which outlines the model for improvement within QI.</p> <p>Participants will learn how to understand and apply the model to a quality improvement project and how to use the PDSA cycle. This is aimed at people participating in a project. You will come away with enough knowledge to actively participate in project meetings as you will recognise the language being used, and what needs to happen for each part of the model.</p>
<b>Silver</b>	<p>Silver training aims to support participants to translate the QI methodology into practice. Participants should come with a QI project, which they then develop during the training and implement in-between the training days. The course covers QI methodology, introduces tools and guides participants to translate this into the real world. Exercises are fun and engaging with support on hand. This is ideal for project leads and project members looking to develop their skills. As project work is undertaken during the course it works particularly well when project members can all attend together.</p>
<b>First Line Managers</b>	<p>The training course looks at the basics of what a QI project is; when, how and why to use QI; Leadership role in change and QI; and getting started with your QI project. This is just a brief introduction to QI principles and how they can be incorporated into your leadership role. It is not intended to be a full introduction to how to run a QI project, and at the end we'll tell you about how to access the rest of our training which will take you through this is you are interested. Training takes place over Microsoft Teams.</p>



## Induction

Quality Improvement has a regular session at the Trust's 'Welcome Induction.' New starters are introduced to the Model for Improvement (See [Appendix 1](#)) and are encouraged to participate in an interactive PDSA (Plan Do Study Act) cycle exercise. The QI methodology was used to gain insights and shape this session.



## QI43 Review of the Corporate Induction

A Quality Improvement project was recently completed within the last year, focusing on improving the experience of the Trust's induction for new starters. The aim of the project was to create a value driven induction that supports new starters to feel welcome and work ready.

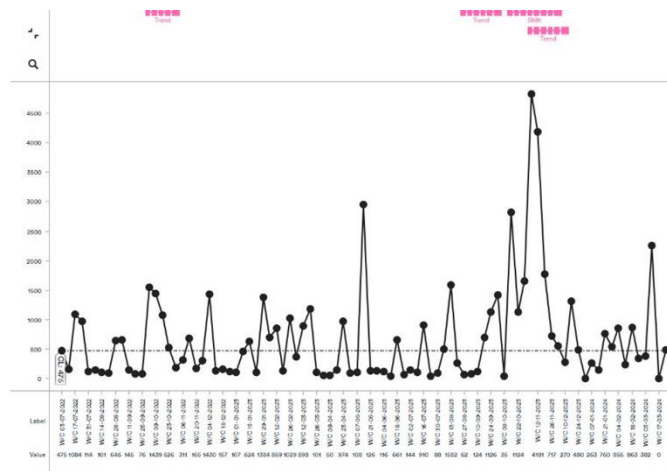
[High levels of co-production at QI Induction](#)



# QI Communications

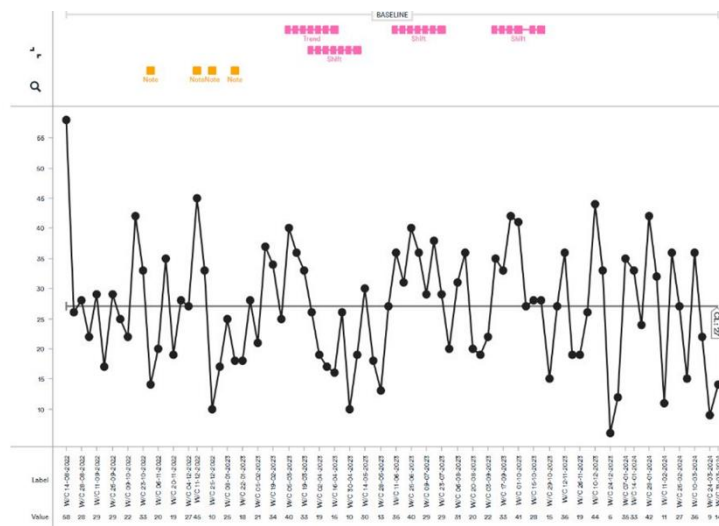
## Twitter

The Quality Improvement X page formerly known as Twitter has been successful in growing an online presence. This is evident through the analytics monitored by the QI Communications Officer. Current followers to date are at 790, which has grown through consistent social media posts each week, QI Training, Induction, and conferences. (Please see [Appendix 6](#))



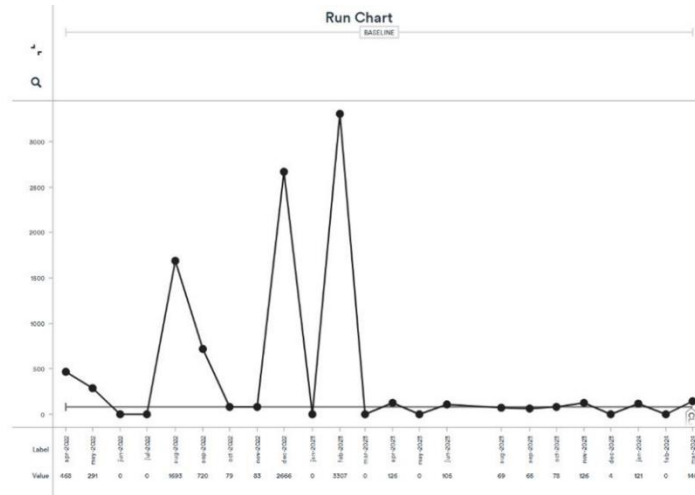
## QI Connect

The Quality Improvement Connect page (please see [Appendix 7](#)) is updated regularly with the latest QI project updates through weekly articles and a newsletter that is published every 6-8 weeks. The QI Training Academy page is updated with a new set of training dates and promoted via Newsletter.



## Newsletter

The Quality Improvement newsletter is published every 6-8 weeks and shared to over 250 colleagues within the Trust (please see [Appendix 8](#)). The newsletter features the latest QI news, QI project updates and announces QI training dates for staff to sign up. Scan the QR codes below to view the latest QI newsletters.



### November 2023



### January 2024

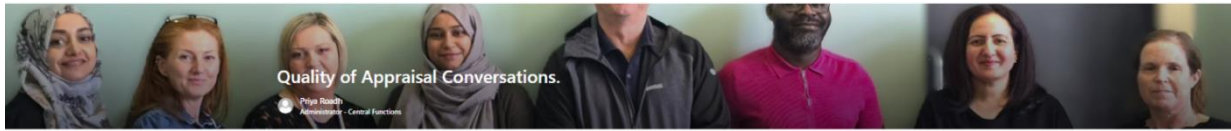


### March 2024



## Colleague Briefing Articles

Quality Improvement is involved in the Colleague Briefing, which is published each week. Colleague briefing articles are published each week, giving staff within the Trust a view of the latest Quality Improvement project updates and news. The articles spread awareness about the QI projects, starts conversations on QI and in turn encouraging staff to get involved in QI.



### Quality of Appraisal Conversations.

This week's Values Based Appraisal QI Project meeting explored potential change ideas utilising QI methodology. The Quality Improvement project aims to empower staff in having effective Appraisal conversations for their professional development.

Project members attended the Quality Improvement project meeting to discuss improvements that can help the Values Based Appraisal process to work effectively for staff when completing their Appraisal, which is also known as Annual Development Review. This included reviewing resources that are available on Connect website, such as a step-by-step guide on how to complete the Annual Development Review. Quality Improvement Leads Gaynor Matthews and Tabassum started the QI (Quality Improvement) project meeting with a walk-through of the Model for Improvement, focusing on 'What are we trying to accomplish?' Project Lead Sunny Basra and project members discussed the current process to identify areas that could be improved drawing from experiences and knowledge by the Subject Matter Experts. A positive point was raised on how the appraisal process helps to inform opportunities for professional development such as training courses and opportunities to shadow/observe. The project team produced a flow chart to review resources and generate potential change ideas.

These potential change ideas will be reviewed in the next project meeting.



Project Team meeting.  
Nicky Ennes (Senior Internal Communications Officer), Nicholas Wareing (HCA Inpatient Acute), Olaeekan Gabriel (Community Psychiatric Nurse), Sunny Basra (Project Lead) and Management Education Team.



Project Team Photo (Left to right)  
Tabassum Mirza (Quality Improvement Lead), Lisa Farmer (Quality Improvement Facilitator), Gaynor Matthews (Quality Improvement Lead), Sam Bizi (Quality Improvement Programme Administrator), Nicholas Wareing (HCA Inpatient Acute), Olaeekan Gabriel (Community Psychiatric Nurse), Sunny Basra (Project Lead) and Development Manager Nicky Ennes (Senior Internal Communications Officer).



Lisa Farmer (Quality Improvement Facilitator), Gaynor Matthews (Quality Improvement Lead) & Nicky Ennes (Senior Internal Communications Officer).  
Flow chart notes.



# QI Projects

## QI Project Progress

### Acute & Urgent Care

Currently 6 projects open across Acute and Urgent Care

13 closed projects from April 2023 – March 2024

Within Acute Care projects have been undertaken which focus on taking bloods and ECG following admission to Meadowcroft PICU, supporting clinician triage conversations when referring to Home Treatment Teams, supporting clinicians when making decisions about admission to acute or PICU wards and reducing DNA's to medical reviews within the Home Treatment Teams. There have been some notable successes, for example the reducing **DNA project in HTT** reduced **DNA rates** from **26%** of medical reviews being missed to **13%**.

Within Urgent Care projects have been undertaken which focus on improving induction for trainees, improving the quality of information given to patients in A&E and introducing **Mortality and Morbidity meetings**. The **Mortality and Morbidity meeting project** has been selected for a poster presentation to the Faculty of Liaison Psychiatry Annual Conference 2024.

### Corporate

Currently 9 projects open across Corporate Services

3 closed projects in 2023/2024

Within the Corporate services projects are taking place that focus on staff wellbeing and experience, including;

Improving **International Medical Graduate doctors'** experience, this project has been a great success so far. **3 change ideas** have concluded, with more PDSA's cycles planned in the next few weeks. A poster abstract will be on display at **RCPsych Annual Conference**.

Improving the experience of **staff with Peri-Menopause or Menopause symptoms** has also been a success so far with more change ideas in the pipe line. Following a PDSA cycle, Breathable uniforms are now available to order for women experiencing symptoms.

The QI project '**Raising the confidence of trainees to raise concerns**' has almost come to an end with a number of ideas successfully tested and implemented to help support trainees





## Integrated Community and Recovery Services

ICCR currently has 7 open active projects.

6 closed projects from April 2023 – March 2024

to speak up in relation to raising training concerns or patient safety concerns.

The QI team have been also working on how to improve the experience of receiving or conducting Values Based Appraisals. This project is ongoing with lot of ideas to test.

ICCR projects spanned over joy at work, early warning signs and staying well plans for individuals experiencing psychosis and autistic spectrum conditions, improving internal QI communications channels, addressing cultural competencies to enhance person centred care, reducing FP10s related to ESCA, improving referral of delays from Solihull EIS, and several local themes within S2R QI Partnership. There are currently **19 projects** in the directorate of which **seven** are active projects, **12** potential projects.

The reducing F10s (ESCA) at North Hub CMHT had the following achievements in addition to improvement in outcomes measures:

- **Trust Values Awards** - Shortlisted in the Quality Improvement, Research and Innovation Award category
- **RCPsych International Congress 2024** – Poster accepted
- **MHImprove 2024** - Mental Health Improvement Network – London, presented in world café
- One of its change ideas adopted for all CMHTs through the Medicines management committee.
- Project outcomes' scale up and spread requested by Strategy and Transformation Management Board.

Steps 2 Recovery Service QI Partnership – **Trust Values Awards** - Shortlisted in the Quality Improvement, Research and Innovation Award category

## Secure Care and Offender Health

Currently 6 QI projects open

There are currently **6 QI projects open** and active in SC&OH with 14 prospective projects of which 2 projects are likely to be registered as open soon they are: **Wellbeing Wednesday** and **Improving the experience of young people with the Criminal Justice Recovery Service**.



## 7 closed projects from April 2023 – March 2024

The **continuous quality improvement project** in SC&OH has had a positive impact over the last 12 months in the directorate with early indications of a change in culture demonstrated by an increase in activity measured by the total number of open and prospective projects in Q1 2023-24 (see run chart to the right). The key difference is seen in the number of prospective projects indicating more conversations taking place around potential project ideas and that staff are increasingly thinking about QI projects as the first port of call for improvement ideas. Similarly, there has been an increase in the number of bespoke QI training sessions requested from SC&OH and there are now more QI meetings at a local level each month in place of one monthly over-arching meeting giving rise to the increase in QI conversations.

Projects coming through in the past 12 months have varied in scope and topic including:

- A local **QI project in FIRST looking to improve the time taken to dispense Clozapine** which successfully improved from 2-7 day to just 10 minutes and was presented at the MH Improve event in London in April 2024.

- A much bigger piece of work is with **Reach out**, a collaborative working with several partner organisations including prisons and providers. Timescales for referral, assessment and transfer incorporate the time between first and second psychiatric assessments and the time to transfer and the recommended timeframe is within **28 days**. This was not being achieved and the purpose of this QI project was to look at the wide range of issues including the pathway for transfer from prison to hospital and look at the range of issues, challenges, and barriers in achieving the target timeframe. There were five virtual workshops to map out the pathway as imagined and as done, mapping out actions, quick wins and change ideas. The project is at its final stages of working through actions and change ideas.

Other projects include working with young people in the **Forensic Child and Adolescent Mental Health Service in Ardenleigh** to improve experience during family visits by coproducing more meaningful activities to participate in, improving the environment and access to rooms. All in all, a very successful year for SC&OH on its journey to embed a QI culture with a positive trajectory going forward.



## Specialities

There are 7 projects currently open in the Specialities directorate.

7 closed projects from April 2023 – March 2024

Within the Speciality services, there a number of QI projects are underway, including: projects focusing on reducing waiting times from referral to assessment in the **Eating Disorders Service**; **reducing wait times for accessing the HI CBT pathway in BHM (Birmingham Healthy Minds)**; and the **Empowering women project** – a collaboration between our **Perinatal Service** and the **Solihull Early Intervention team**, which is looking to improve the timeliness of preconception counselling to women of a childbearing age.

In our **Older Services**, QI projects range from an overhaul of the **Dementia Pathway** in our **Older adult CMHT's**, focusing specifically on the service user experience following a dementia diagnosis, to a project in **CERTS (Community Enablement and Recovery Service)** directly linked to the Trust-wide roll out of **Dialog+**.

**The Eating Disorders QI project** which is currently wrapping up has demonstrated a sustained improvement, with a reduction in the median wait time from referral to assessment of **68 days** (from an average of **104 days** down to an average of **36 days**). The data for the **BHM project** (which is still ongoing) is showing a positive shift in the in the right direction for the ambitious aim of reducing to zero the number of patients waiting for over **40 weeks** for HI CBT.

For more details of the Quality Improvement projects and the directorates follow the link for the Transformation and Improvement Hub (TIH) below.

[Quality Improvement \(sharepoint.com\)](#)



# The Next 12 Months for Quality Improvement at BSMHFT

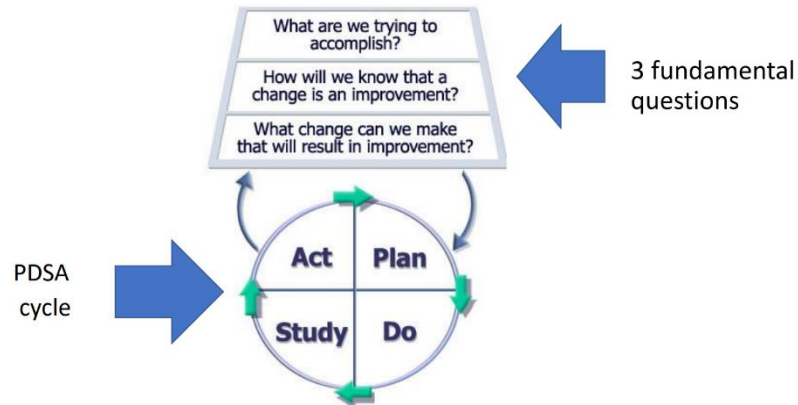
National and Regional	Local/Trust level
<ul style="list-style-type: none"> <li>📍 NHS Impact</li> <li>📍 West Midlands Regional NHS Impact Group (Co-designing Midlands improvement priorities)</li> <li>📍 BSOL ICS Improvement group</li> <li>📍 PSIRF (Patient Safety Incident Response Framework)</li> <li>📍 CQC (Emphasis on assessing the presence and maturity of a quality improvement approach)</li> </ul>	<ul style="list-style-type: none"> <li>📍 Alignment with Trust goals/objectives</li> <li>📍 Supporting directorate priorities</li> <li>📍 QI support - QI advisors and QI facilitators</li> <li>📍 QI Academy training courses</li> <li>📍 Dedicated data support</li> <li>📍 Support for transformation.</li> <li>📍 QI Co-production with EBE, carers and families</li> <li>📍 Recognition and celebrating improvement work</li> </ul>



# Appendices

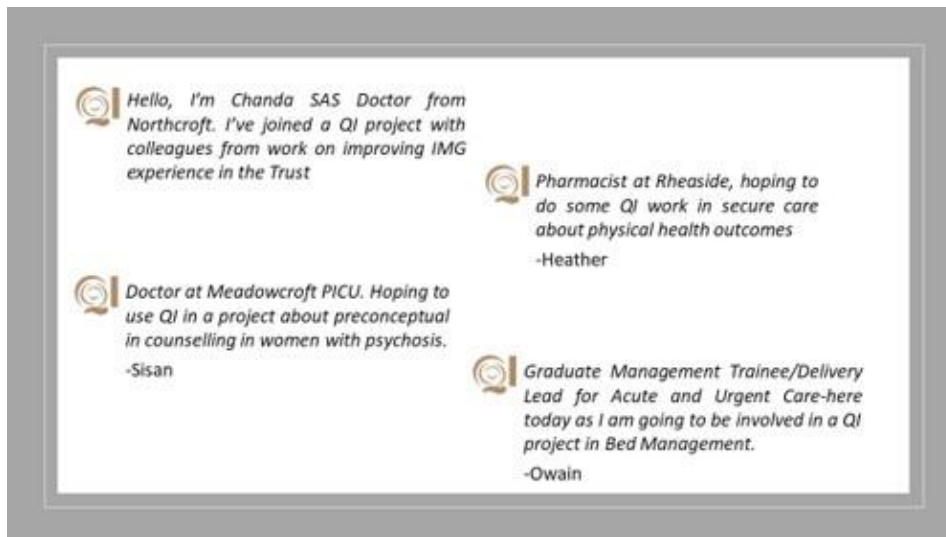
## QI Methodology

### Appendix 1: Model for Improvement



## Training

### Appendix 2: Feedback from colleagues, QI Bronze Training



### Appendix 3i: Intro to QI Training certificate



### Appendix 3ii: Bronze QI Training certificate



### Appendix 3iii: Silver QI Training certificate



## QI Project Posters for Conferences

### Appendix 4: QI Project FIRST Clozapine Clinic Poster for the MHIImprove Event 2024 and BMJ/IHI International Forum on Quality and Safety in Healthcare Conference 2024.

**Improving monitoring and dispensing of medications to FIRST Clozapine patients.**

The work was carried out in the Trust site clinics and hospitals based across the West Midlands. The stakeholders involved in the project were Pharmacy, CMHT, CPN and the Service Users FIRST Community Clozapine patients who were the focus of the project.

**Problem**

Due to CMHT hubs being under great pressure with Phlebotomy sampling, CMHT (Community Mental Health Team) requested FIRST (Forensic Intensive Recovery Support Team) and other specialist teams to rearrange setting. There was nowhere else available to take all these patients. In July 2022 there was a service launch priority to support staff and patients due to the following issues:

- CMHT overran and unable to blood patients in time. Patients were waiting up to two hours in reception.
- Not enough phlebotomists.
- Lack of issue from visits: impact on staff and patients causing anxiety.
- If patients have not been bled, they cannot have their medication.
- This caused stress in the team.

**Intervention**

Patients safety was of concern given the increase in volume of complex patients and therefore increased risk per clinic. A referral form was introduced. Then due to patients being all over the West Midlands, a need for more clinics to be local to our service users to make them more accessible. Two more clinics were set up so that patients could easily access and engage with the service. Streamlining the unstructured approach to one clinic.

**Assessment of problem and analysis of its causes**

The CMHTs (Community Mental Health Teams) were overwhelmed with phlebotomy services; they were bleeding their own patients as well as the specialist services throughout the West Midlands area. There was a lack of phlebotomy training staff. We had to think smartly on supporting everyone and making sure that service users had a quality service, but also a safe service. The Quality Improvement Team structured ideas and this was provided through good communication such as clear regular emails and corridor conversations. Hence, everyone was working collaboratively with regional community teams and service users.

**Strategy for change**

Through communication and planning, in February and March 2023 this resulted in reducing to 1 clinic per site per month. This was very successful; demand was significantly high and some concern over maintaining patient safety. Local CMHT hub (Gosia Centre and Chapel Road) introduced use of First Clozapine Clinic immediate to better manage expectations and clearer communication across teams. Going site to meet with CMHT and join working with FIRST as they already attend the local Clozapine clinic. Opportunities for feedback included a 'Family and Friends' survey for patient groups involved and staff were able to provide feedback.

**Effects of changes**

Reduced waiting time of the monitoring and dispensing of medications from 2-7 day to 10 minutes for our Forensic Intensive Care Patients (FIRST) in the community. This was achieved by setting up satellite clinics over the Birmingham area closer to our patients' homes. Collaborated with fields to create a specialist team of people within FIRST. This included phlebotomists, pharmacists, CPNs and people trained to use the Clozapine monitoring machine. Creating a new Pharmacist Tech role.

**Lessons learned**

The Quality Improvement project was successful and continues to evolve to meet patient needs. Staff are enthusiastic about sustaining the clinic, recovered by small victories and positive patient feedback. To improve, more time for engagement and increased communication among teams would be beneficial. Seeking support to other services facing similar processes could also enhance outcomes.

**Patient representation and lived experience**

Patients, family members, and carers visited the clinic to learn about supporting Service Users with their medication use. They were educated on how the Yurium machine works, understanding red and green lights and identifying side effects and health concerns, especially related to smoking. The pharmacy provided information and addressed queries about medication. Patients were actively involved, offering feedback that had a positive impact on project improvements. Positive outcomes included peer support and patients being more empowered to manage their condition and detect health issues. The project helped feedback patients working travel together and sparked educational interest in understanding medication dispensing processes. Overall, it aimed to enhance education for patients, family members, and carers regarding Clozapine.

**Measurement of improvement**

The project lead, trained in Quality Improvement (QI) at DASH-QI Training Academy, utilized QI resources and followed the model for improvement. They adapted a SMART QI aim, driver diagram, process map, and PDSA cycle, including planning, evaluation, and analysis of project outcomes. Results, represented visually, demonstrated achievement of the aim through completion of before and after process maps. The project aims to enhance medication concordance for the Forensic Intensive Recovery Support Team (FIRST) regional service by establishing satellite clinics in strategic areas across Birmingham, currently testing these clinics.

**Process Map Comparison**

The diagram compares the 'Before' process map (Time: 2 to 7 days) with the 'After' process map (Time: 1 to 2 days). The 'Before' process involved multiple steps: Referral received at CMHT, Referral sent to CMHT, CPN/Pharmacist visit to patient, Blood collection site, Site visit for medication supply, Pharmacy visit and dispensing, Clinical assessment (if off medication), and Discharge back. The 'After' process map shows a streamlined flow: Referral received at CMHT, Referral sent to CMHT, Blood taken, Medication dispensed, and Appointment for medication supply. A central arrow indicates 'Time: 1 to 2 days'.

**Message**

The Service User should be at the heart of the project. Everything should be to make change better for patients. It gave people empowerment and more confidence to talk about their medications. It supported family members to understand what medication they're taking and the side effects that they could find themselves with which can be quite helpful at times if not responded to correctly. The relationships built within the clinic has made service users and carers feel supported and more in control of their life and their medication regime.

Scan QR Code to hear the main message from Project Lead Laura Anderson (Advanced Nurse and Prescriber).

compassionate inclusive committed



# Appendix 5: QI Project Reducing Emergency FP10s (ESCA) issued by North Hub CMHT Poster for the MHImprove Event 2024.



**BACKGROUND**

North HUB Community Mental Health Services use FP10 forms to ensure that patients in need of urgent medication supply can be issued with a prescription. Essential Shared Care Agreements (ESCA) are then created between North HUB and GPs to allow the seamless transfer of this prescribing responsibility from the specialist services to general practice. However, this arrangement wasn't working well and resulted in the following:

- Culture of ESCAs not being done in a timely manner
- Last minute phone calls for repeat prescriptions impacted on staff and patients causing anxiety.
- Communication gaps led to duplicate prescribing sometimes
- GP reluctance to take over mental health prescribing
- EPMA system not updated and electronic prescriptions not used consistently.

**INITIAL ASSESSMENT**

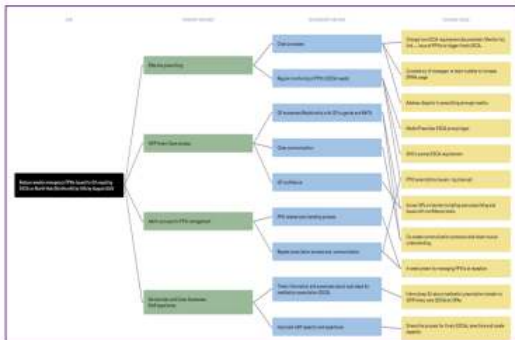
Using QI approach, data insights and feedback from different stakeholders identified a few key reasons for the issue:

- Low GP confidence regarding mental illness repeat prescriptions (FP10)
- FP10 issued by the Hub for months as no ESCA established
- Service User anxiety over requesting repeat prescriptions from GPs
- Medication changes not updated on EPMA by North Hub prescribers
- No effective system at admin desk for managing FP10 requests

**AIM**

Reduce weekly emergency FP10s issued to service users requiring ESCA on North Hub (Northcroft) by 10% by August 2023

**STRATEGY FOR CHANGE – DRIVER DIAGRAM**



**KEY CHANGE IDEAS TESTED USING PDSA (PLAN, DO, STUDY, ACT):**

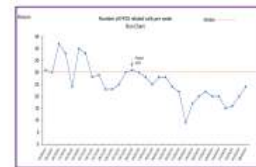
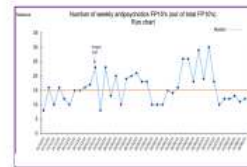
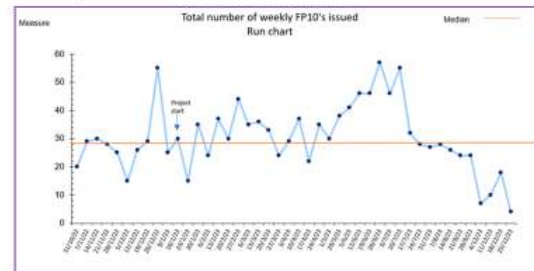
- Innovative clinician prompt reminders
- Documenting FP10s instances at OPA and keeping patients informed
- Admin Desk System for managing FP10 requests
- Increase Consistent use of EPMA system
- Collaboration and communication with Neighbourhood MHT and GPs

**INVOLVEMENT AND IMPACT**

The multidisciplinary project team and wider team involved the clinical hub manager, ST4 clinician, pharmacist, local clinical leads, GPs, advanced nurse practitioners, admin services manager, staff nurses and service users. Co-production with multidisciplinary staff groups and service users resulted in a holistic approach and addressed what mattered most to people closest to the issue.

**OUTCOMES**

- Reduction in FP10 Issuance: Achieved a 14% reduction initially in total weekly FP10s, with sustained improvements over months post project completion showing a remarkable 64% reduction compared to baseline.
- Decrease in Antipsychotic FP10s: Successfully reduced weekly antipsychotic FP10s by 20%, demonstrating improved prescribing practices.
- Decline in FP10-related Calls: Implemented interventions led to a consistent positive shift, resulting in a 27% reduction in FP10-related calls, alleviating workload pressure.



**LEARNING AND WHAT NEXT....**

The project team acknowledge there were significant barriers and challenges faced by them during their first QI project, noticeably the staffing situation, entrenched ways of working culture, capacity for improvement work and limited sphere of influence on various system issues. As FP10s and ESCAs continue to be an issue for the directorate, there is a recommendation to use learning from this project to widen the scope of this work and involve wider system stakeholders including more service users for a

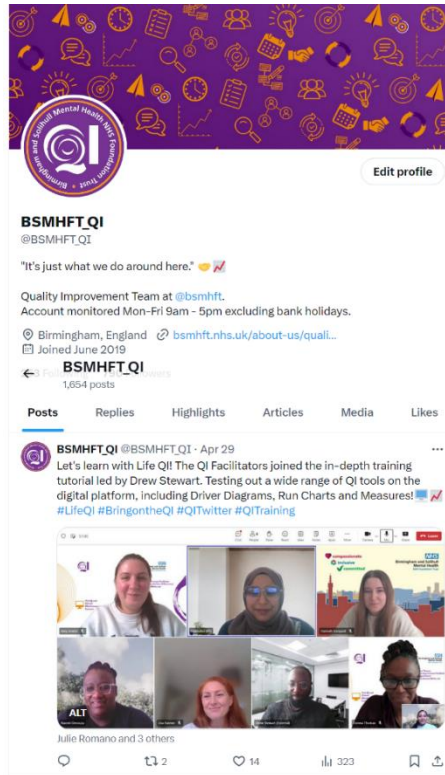


Scan QR Code for a short video from the Project team

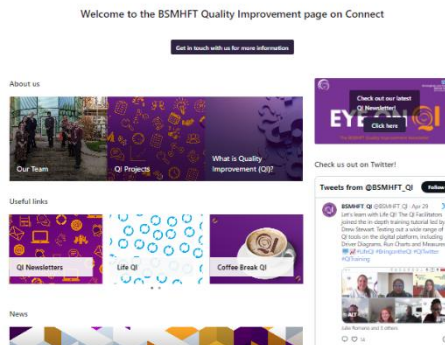
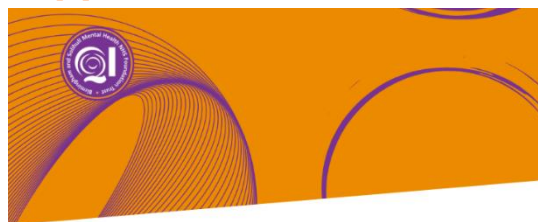


## QI Resources

### Appendix 6: QI X (formerly Twitter) Page.



### Appendix 7: QI Connect Page.



**Appendix 8:** QI Newsletter Page (QI March 2024 Newsletter)  
<https://sway.cloud.microsoft/ZxO8wtApxwE4Byz0?ref=Link>.

