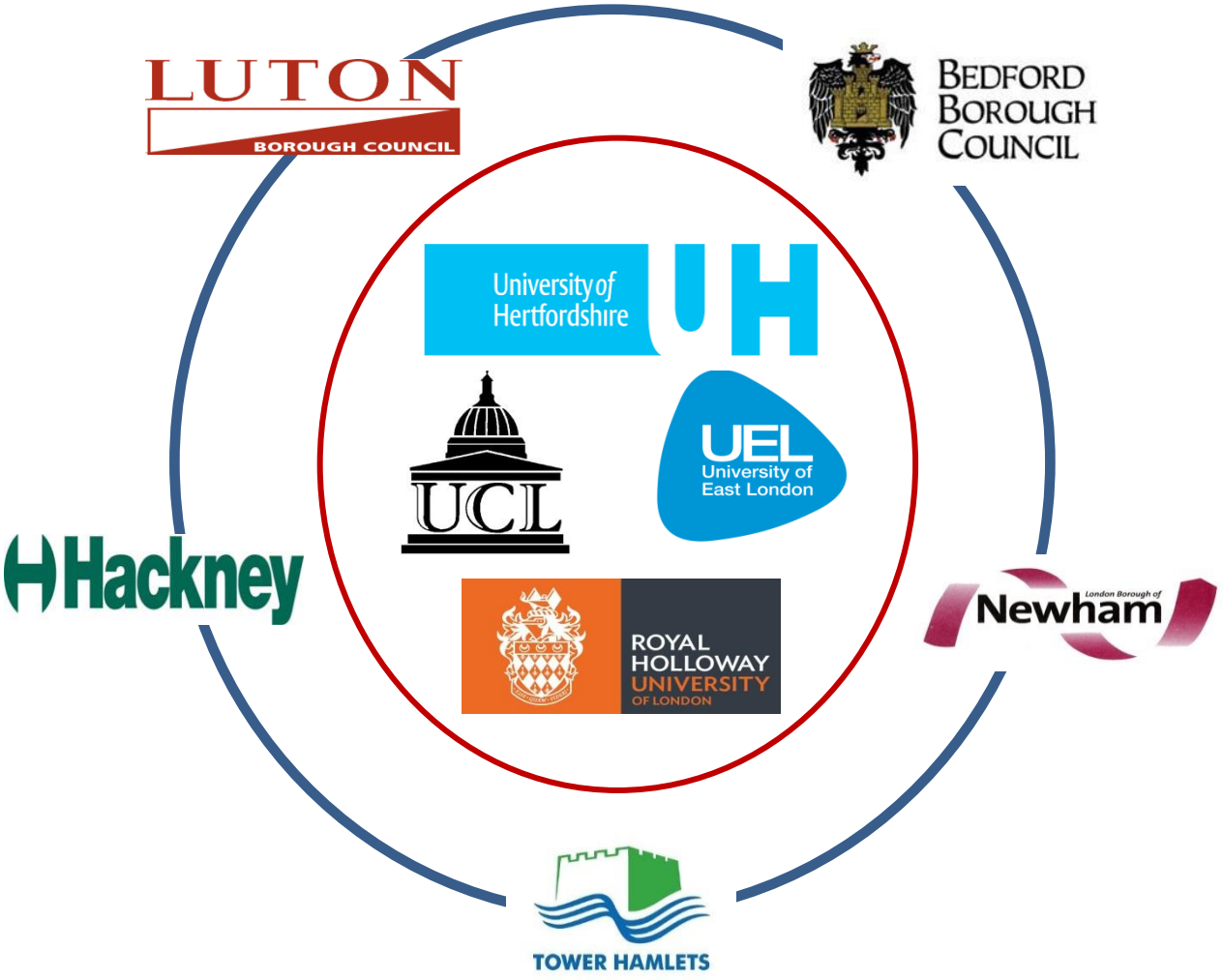
ELFT CLINICAL PSYCHOLOGY

COORDINATED SRRP QI STRATEGY

Annual Conference



The Francis Report (2013)

Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry: The Francis Report. (2013).

The Berwick Report (2013)

Improving the Safety of Patients in England: National Advisory Group on the Safety of Patients in England. A promise to learn – a commitment to act. The Berwick Report (2013).

Quality Principle (1)

PATIENT SAFETY: Safety of Services

That the right staff are correctly trained and learn from experience.

Quality Principle (2)

PATIENT EXPERIENCE: Patient Centred

That Service Users feel valued and cared for.

Quality Principle (3)

CLINICAL EFFECTIVENESS: Evidenced Based

That the right care is offered at the right time, and at the right place.

Right Time, Right Place, Right Now…..

Rethink Mental Illness (2013) studied the experience of Service Users referred for therapy:

- 1in 10 had been waiting over a year to receive treatment
- Over half had been waiting over three months to receive treatment.
- 58% weren't offered choice in the type of therapies they had
- 50% felt that their sessions weren't enough
- 40 % had to request psychological therapy rather than it be offered.

Mental Health Foundation (2013). Starting Today: The Future of Mental Health Services. Final Inquiry Report.

We still need to talk: A report on access to talking therapies. Coalition of organisations. Rethink Mental Illness. (2013).

ELFT QI & DClinPsy

- ELFT Quality Improvement Programme is a Trust-wide programme relevant and applicable to all staff.
- The Trust aspires to provide care of the highest quality in collaboration with Service Users.
- The Trust clearly wants to give everyone, at all levels and within all staff groups, the skills needed to lead change by learning, embracing continuous improvement and promoting innovation.
- Clinical psychology with its scientific rigour in research methods therefore has a lot to contribute with SRRPS within NHS services ensuring that services are cost effective.
- It makes a sense to coordinate and cultivate the research endeavours of clinical psychologists in training who can promote and produce QI across the Trust.

ELFT CLINICAL PSYCHOLOGY COORDINATED SRRP QI STRATEGY

QI PROJECT DRIVER DIAGRAM

AIM

Target: 100% Trainee SRRP aligned with QI Projects by Sept 2016

PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
ELFT Develop Infrastructure	QI Team Psychological Therapies Committee	• Develop partnerships with QI Team/PTC to initiate process + streamline plans • Develop ideas of Management and Senior Psychologists • Produce 'Coordinated SRRP Strategy Proposal' Paper • Produce 'Infrastructure/Roles/Responsibilities' Paper
DClinPsy Facilitate Collaboration	Course Heads & Research Tutors Administration Links Establish Liaison with Courses	• UCL, UEL, RH & Herts Integration & collaboration and negotiate strategy and ensure all courses in agreement • Liaise with course admin to obtain accurate list of trainees • Ensure proposal adheres to university standards and placement assessment targets
STAFF Consultation Process	Assess Proposal and Plan Viability Trust & Borough-wide Infrastructure	• Communicate Proposal with PTC and amend to suit service needs • Develop information via Meetings/Emails • Work with Senior Psychologists to develop and refine ideas and agree final plan and roles and responsibilities • Develop Borough Coordinator and Trust-wide Coordinator roles within QI Sponsor/Coach/Forum framework
SUPERVISORS Foster QI SRRP Engagement	Register of Placements Update Progress & Developments	• Ensure all supervisors on board in advance and check who is /will be trained and who is not • Communication of rationale and infrastructure ensuring clarity of plan • Maintain consultation & feedback systems • Supervisors meet with trainees on pre-placement meetings and disseminate SRRP QI plan
TRAINEES Operationalise Proposal	QI Project Allocation QI Training Trainee Support Mechanisms	• Match trainees with QI Projects ensuring projects are appropriate for trainees • Plan QI training for placement induction and provide QI training for trainees (and supervisors not QI trained) • Ensure QI SRRPs maintain alignment with Training Courses Regulations, Ethics and Marking Criteria • Monitor each trainee progress via Borough Coordinator • Communicate support available to trainees and monitor SRRP timetable for year ending with Annual Conference

ELFT Psychological Services Quality Priorities

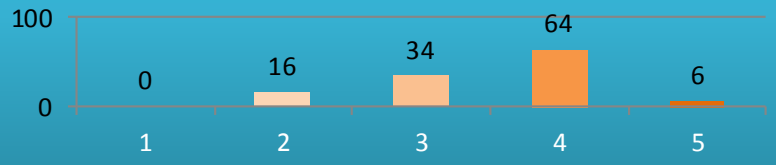
- Referral Care Pathways
- Waiting Times and Waiting List Management
- Equity of Access
- Choice of Evidenced-Based Intervention
- Service User/Carer/Referrer Experience
- DNA Analysis
- Measurement Outcomes/Systems
- Staff Governance Systems

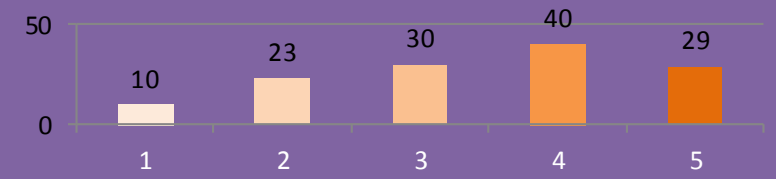
Evaluation Data

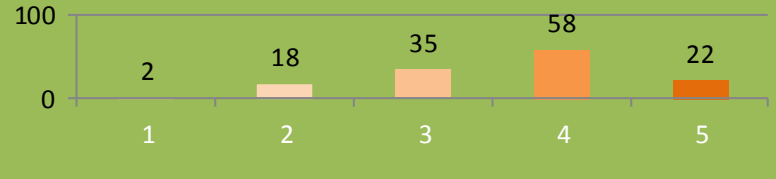
Cohort 2015-2016

(15 of 18 trainees responses in %)

	1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree
Trainees' overall sense of feeling confident with their knowledge gained about QI Methodology	0	16	34	64	6
Trainees' overall sense of feeling connected organisationally within a QI Team and its Project	10	23	30	40	29
Trainees' overall sense of feeling supported and helped by the QI Team's involvement throughout the placement	2	18	35	58	22







Challenges…..and Opportunities

RECOMMENDATION 1 **ENHANCING LEARNING: QI Training for Trainees on Placement:**

The first day of QI teaching will occur when trainees have settled into their placements instead of at the start of placement, to ensure that they understand the placement context. The 3 seminars designed to be open forums for trainees, spread across the year, will become 2 and will entail additional focussed teaching on an aspect of QI that they request.

RECOMMENDATION 2 **ROLE OF TRAINEES: DClinPsy Course Requirements and ELFT QI Methodological Compatibility:**

Trainees are not expected to complete a whole QI Project but instead be embedded in and contribute towards a QI Project with its own driver diagram, data and PDSAs. All DClinPsy SRRPs are to facilitate established QI Projects in agreed ways as the role of trainees and SRRPs (with specific course methodologies and marking requirements) is to enhance thinking and facilitate progression within the project.

RECOMMENDATION 3 **SRRP PROJECT ALLOCATION AND TRAINEE RESPONSIBILITY: Placement and QI Project Match:**

The match between trainees being on a placement with a QI Project on that placement will be developed to prevent distance and thus the trainee being part of a project in another part of their Borough. Trainees will be explicitly encouraged to develop autonomy and ownership with their own contribution so that they experience a leadership role during training.

RECOMMENDATION 4 **INFRASTRUCTURE DEVELOPMENT: Responsibilities of Placement Managers, Supervisors and QI Project Leads:**

Due to the large area and diversity of services which the Trust covers it will be ensured that all placement managers, supervisors and QI Project leads are aware of this successful strategy so that the QI SRRP becomes a routine aspect of their placement supervision and overall experience with ELFT. This strategy is being spread wider into Bedfordshire & Luton including the associated Hertfordshire University Trainees.

CLINICAL PSYCHOLOGY QI SRRP ANNUAL CONFERENCE

1	**Jessica Hill**	RH	Tower Hamlets MDT Improving Access to Therapeutic Interventions both On Ward and Post Discharge
2	**Rowena Russell**	RH	Tower Hamlets Psychotherapy Understanding Waits for Intervention in Psychotherapy
3	**Anna Jeziorek-Wozny**	RH	Tower Hamlets Psychotherapy Improving Access to Trauma-Based Interventions
4	**Laura Cole**	Herts	Bedford MDT Reducing Time to Complete Neuropsychological Assessments in MAS
5	**Wendy O'Neill**	Herts	Bedford MDT Reducing Time to Complete Neuropsychological Assessments in MAS
6	**Jack McKellar**	UEL	Hackney MDT Increasing Satisfaction Amongst Carers and Family Members in EQUIP
7	**Navneet Nagra**	UEL	Newham MDT Increasing Access to ABT within 28 days of Referral
8	**Jennifer Nicholas**	UEL	Newham MDT Improving Access to the NCfMH Carers' Support Group
9	**Elizabeth Corker**	UEL	Newham MDT Care Coordinator' Experiences of the New Horizons Group

QUALITY IMPROVEMENT PROGRAMME

NHS
East London
NHS Foundation Trust

Improving the take up of therapeutic interventions on Globe ward

Jessica Hill

Leads: Patricia Potter and Jennifer French

Project Team: Miriam Ahmed, Rachel Squires and Brenda Naso

Background to QI project

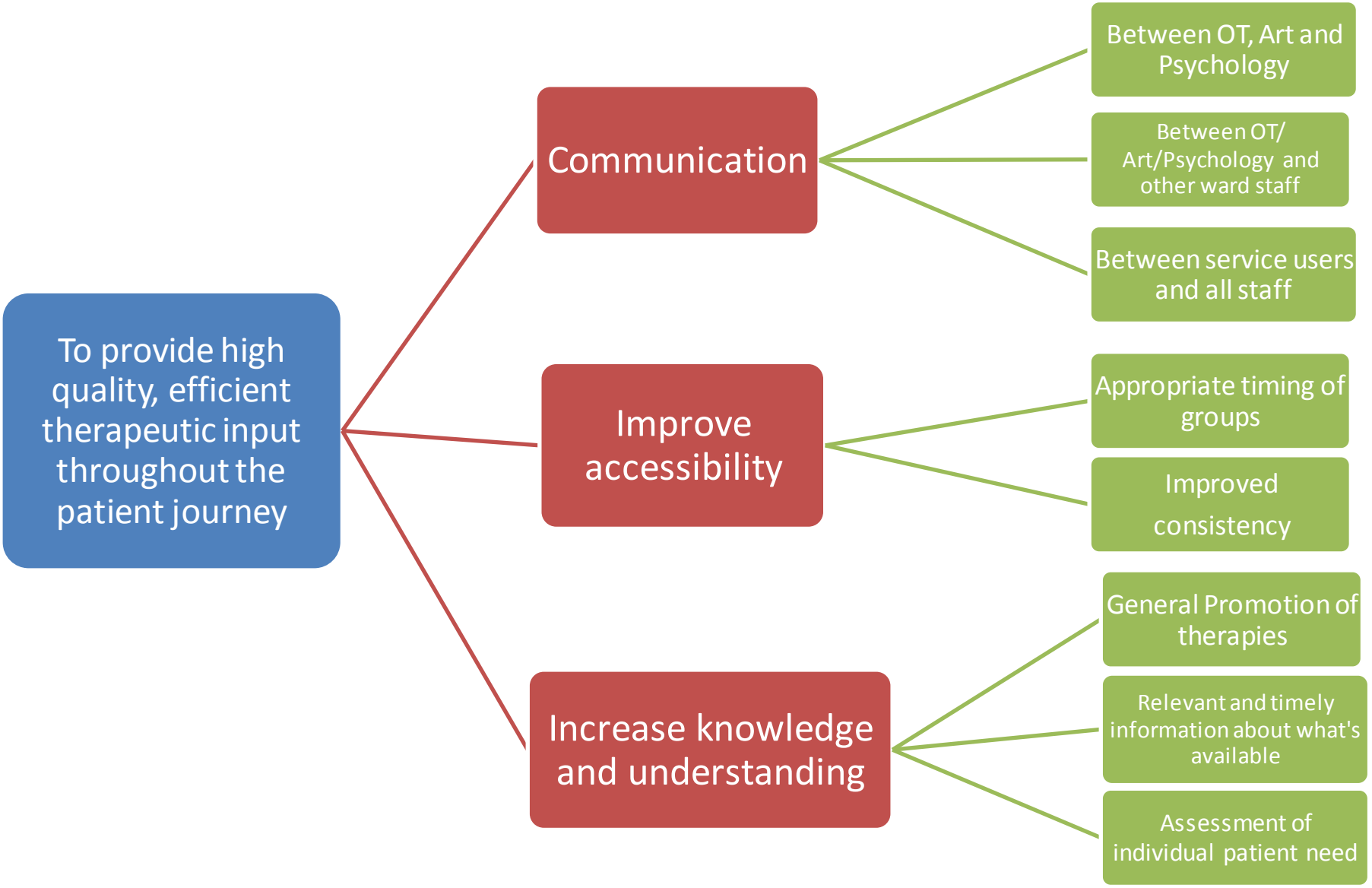
- Lack of integration between 'therapies' staff and medical/nursing staff
- Ward therapy group attendance low
- Therapy not well established in patient care plans, or positioned as 'treatment' alongside medical and nursing care
- Started with three therapies group - project focused on one

Overall QI Project aim

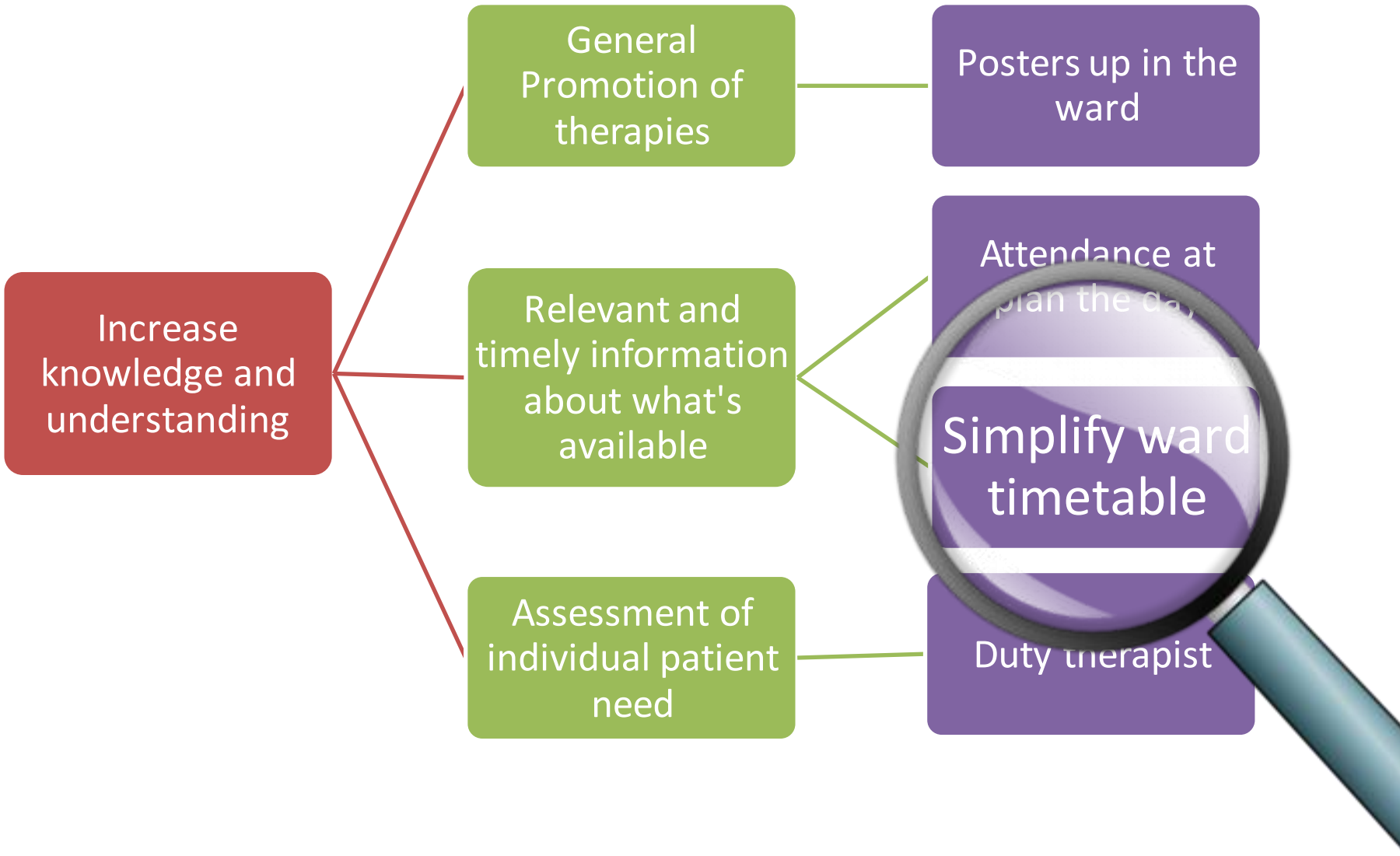
To provide high quality, efficient therapeutic input throughout the patient journey

'Right care, right time, right place'

Driver Diagram



PDSA - Change Idea 1



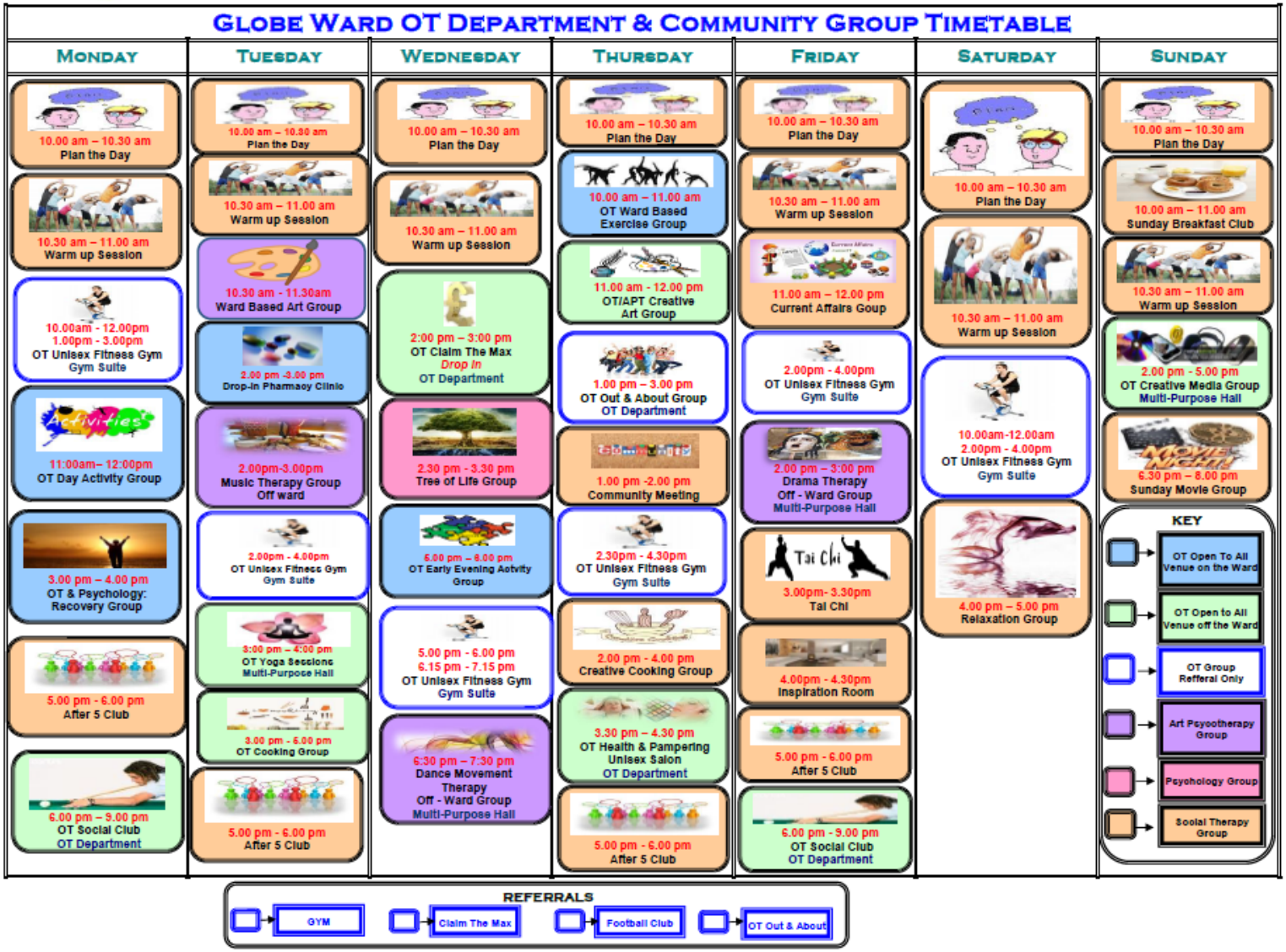
PLAN

- Consult with patients and staff on what changes to the timetable would be most useful
- Make the changes and put new timetable up
- Continue to measure attendance
- Complete questionnaires pre and post change.

DO

Changes made and the timetable was put up on the ward…

Old timetable



New timetable

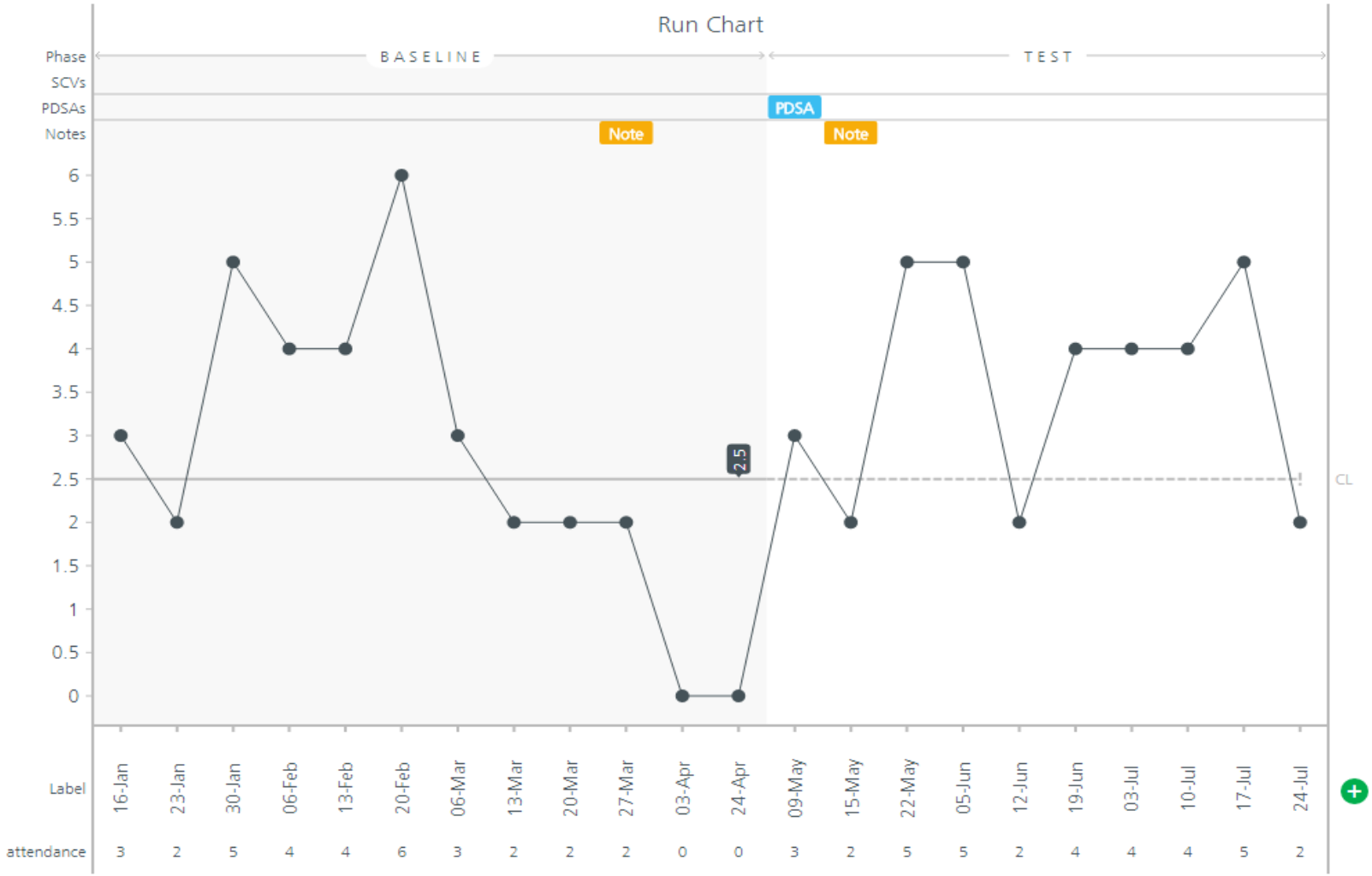
Globe Ward Activity Timetable

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	SUNDAY
	ON Ward	OFF Ward	ON Ward	OFF Ward	ON Ward	OFF Ward	ON Ward	OFF Ward	ON Ward	OFF Ward	ON/OFF Ward	ON/OFF Ward
Breakfast 8:00-9:00am												
EARLY MORNING	10:00-10:30 Plan The Day	10:00-12:00 Unisex Fitness Gym *Gym Suite*	10:00-10:30 Plan The Day		10:00-10:30 Plan The Day		10:00-10:30 Plan The Day		10:00-10:30 Plan The Day		10:00-10:30 Plan The Day	10:00-10:30 Plan The Day 10:00-11:00 Sunday Breakfast Club
LATE MORNING	10:30-11:00 Warm Up Session 11:00-12:00 Day Activity Group		10:30-11:00 Warm Up Session 10:30-11:30 Ward Based Art Group		10:30-11:00 Warm Up Session		10:00-11:00 Ward Based Exercise Group	11:00-12:00 Creative Art Group *OT Dept*	10:30-11:00 Warm Up Session 11:00-12:00 Current Affairs Group		10:30-11:00 Warm Up Session 10:00-12:00 Unisex Fitness Gym Gym Suite	10:30-11:00 Warm Up Session
Lunch 12:00												
EARLY AFTERNOON		1:00-3:00 Unisex Fitness Gym *Gym Suite*	2:00-3:00 Drop-In Pharmacy Clinic	2:00-3:00 Music Therapy Group 2:00-4:00 Unisex Fitness Gym *Gym Suite*	2:30-3:30 Tree Of Life Group	2:00-3:00 Claim The Max Drop In *OT Dept*	1:00-2:00 Community Meeting	1:00-3:00 Out & About Group *OT Dept* 2:30-3:30 Unisex Fitness Gym *Gym Suite*	3:00-3:30 Tai Chi	2:00-3:00 Drama Therapy Group *MPH*	2:00-4:00 Unisex Fitness Gym Gym Suite	2:00-5:00 Creative Media Group *MPH*
LATE AFTERNOON	3:00-4:00 Recovery Group		5:00-6:00 After 5 Club	3:00-4:00 Yoga Sessions *MPH* 3:00-5:00 Cooking Group *OT Dept*	5:00-6:00 Early Evening Activity Group	5:00-6:00 Unisex Fitness Gym *Gym Suite*	2:00-4:00 Creative Cooking Group 5:00-6:00 After 5 Club	3:30-4:30 Health & Pampering *OT Dept*	4:00-4:30 Inspiration Room 5:00-6:00 After 5 Club	2:00-4:00 Unisex Fitness Gym *Gym Suite*	4:00-5:00 Relaxation Group	
Dinner 6:00												
EVENING		6:00-9:00 Social Club *OT Dept*				6:15-7:15 Unisex Fitness Gym *Gym Suite* 6:30-7:30 Dance Movement Therapy *MPH*				6:00-9:00 Social Club OT Dept		5:30-8:00 Sunday Movie Group

MPH – Multi-Purpose Hall OT Dept – OT Department

STUDY

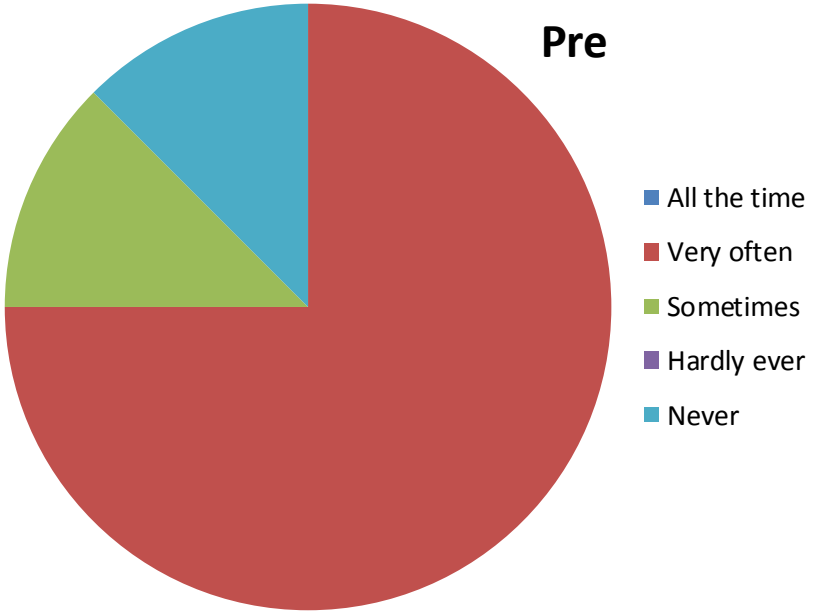
Run chart

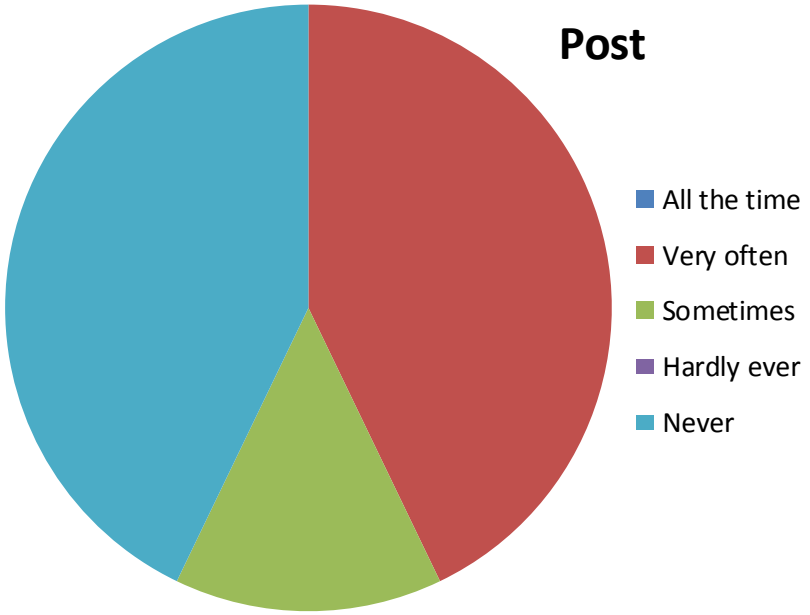


STUDY

Questionnaire measures: Reliance on staff decreased

Q - How much do you rely on staff to remind you about when groups are happening?

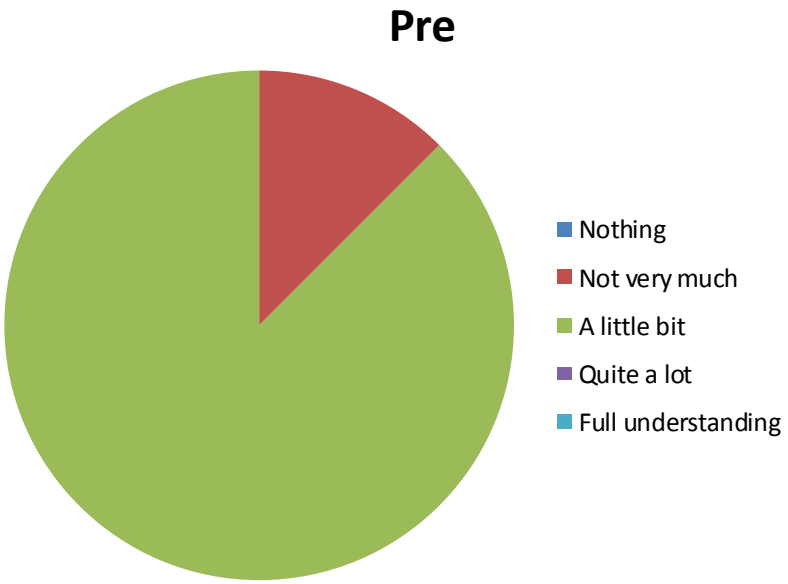


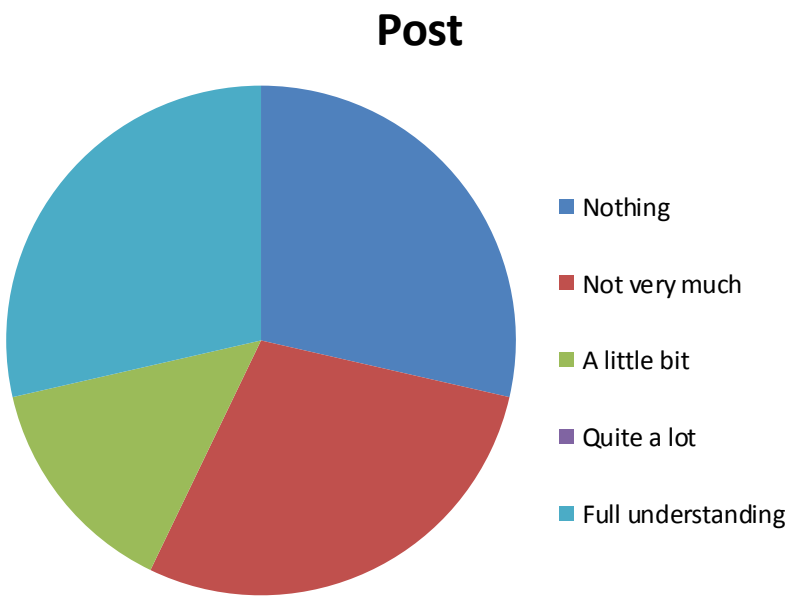


Study

- Knowledge of what groups are about continues to be low, although increase in “full understanding”

- **Q - How much do you know about what therapy is available to you on Globe Ward?**



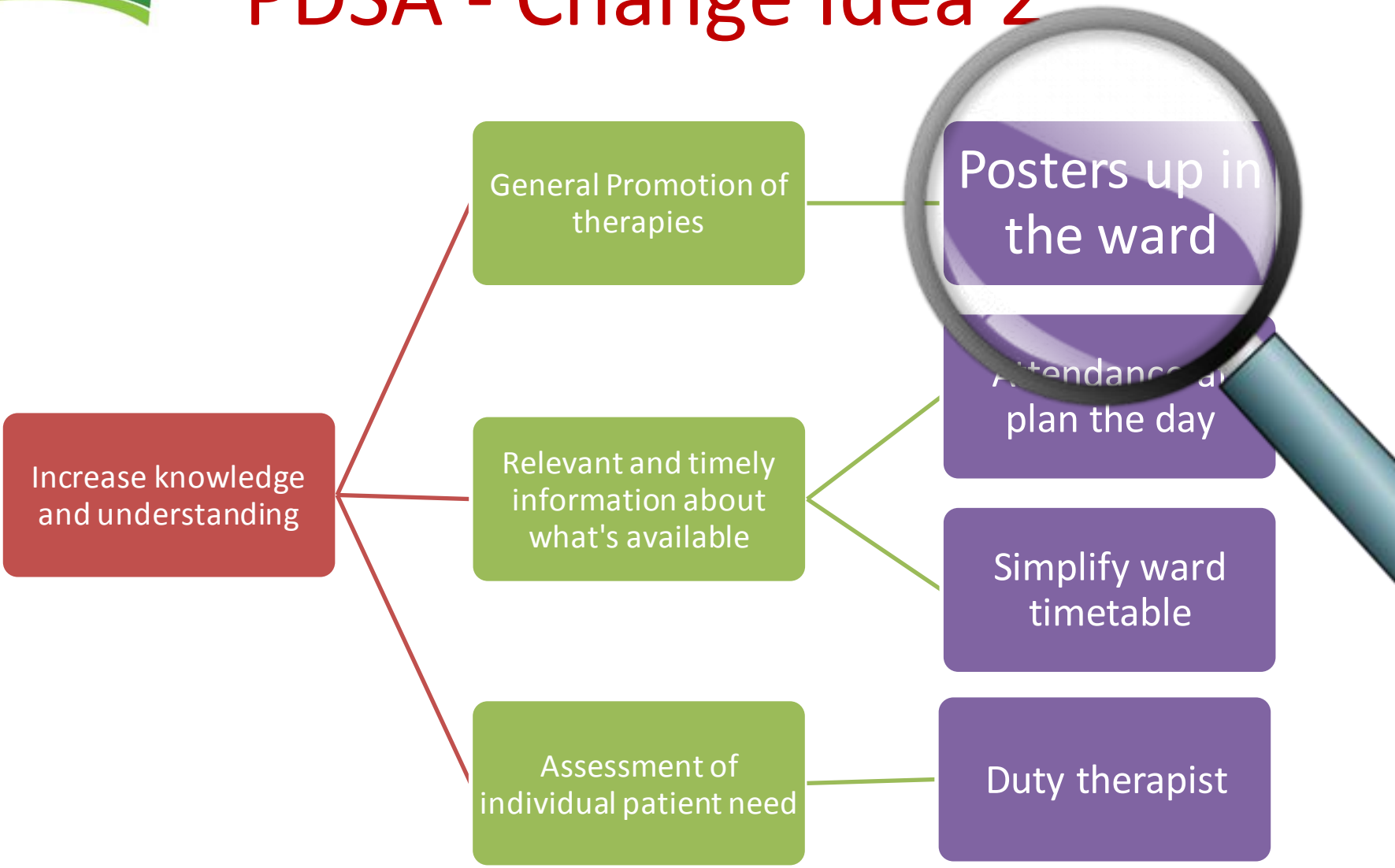


ACT

- New timetable to remain as decrease in reliance on staff to know when groups are happening
  - **Staff time**
  - **Patient independence**

- Next step to provide more information about each group.

PDSA - Change Idea 2

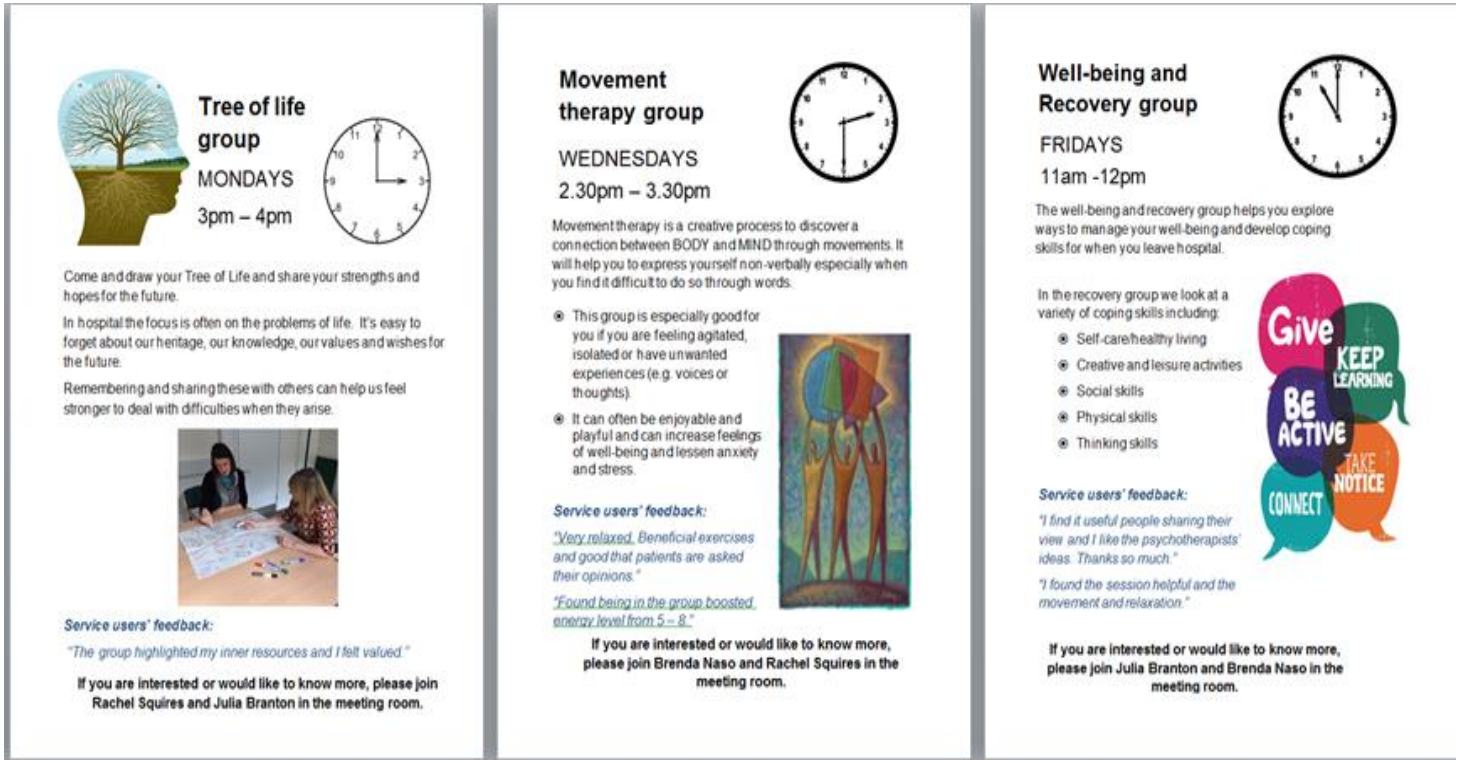


PLAN

- Leaflets designed by previous trainee - not regularly given out.
- Convert to posters and put up on the ward
- Continue to measure attendance and complete further questionnaires post leaflets

DO

- Posters put up on board next to timetable in July



Tree of life group

MONDAYS

3pm – 4pm

Come and draw your Tree of Life and share your strengths and hopes for the future.

In hospital the focus is often on the problems of life. It's easy to forget about our heritage, our knowledge, our values and wishes for the future.

Remembering and sharing these with others can help us feel stronger to deal with difficulties when they arise.

Service users' feedback:

"The group highlighted my inner resources and I felt valued."

If you are interested or would like to know more, please join Rachel Squires and Julia Branton in the meeting room.

Movement therapy group

WEDNESDAYS

2.30pm – 3.30pm

Movement therapy is a creative process to discover a connection between BODY and MIND through movements. It will help you to express yourself non-verbally especially when you find it difficult to do so through words.

- This group is especially good for you if you are feeling agitated, isolated or have unwanted experiences (e.g. voices or thoughts).
- It can often be enjoyable and playful and can increase feelings of well-being and lessen anxiety and stress.

Service users' feedback:

"Very relaxed. Beneficial exercises and good that patients are asked their opinions."

"Found being in the group boosted energy level from 5 – 8."

If you are interested or would like to know more, please join Brenda Naso and Rachel Squires in the meeting room.

Well-being and Recovery group

FRIDAYS

11am -12pm

The well-being and recovery group helps you explore ways to manage your well-being and develop coping skills for when you leave hospital.

In the recovery group we look at a variety of coping skills including:

- Self-care/healthy living
- Creative and leisure activities
- Social skills
- Physical skills
- Thinking skills

Give

KEEP LEARNING

BE ACTIVE

TAKE NOTICE

CONNECT

Service users' feedback:

"I find it useful people sharing their view and I like the psychotherapists' ideas. Thanks so much."

"I found the session helpful and the movement and relaxation."

If you are interested or would like to know more, please join Julia Branton and Brenda Naso in the meeting room.

- Post questionnaires to be completed in August

Challenges and Limitations

- Broad aim - “To provide high quality, efficient therapeutic input throughout the patient journey”
- Not based on ward
- Changes on the ward impacting on engagement – absence of key staff, increase in incidents
- No input from nursing staff
- Pre and post outcome measures for inpatient

Thank you for listening.
Any questions?

Establishing a baseline/outcome measure for treatment waiting times

Rowena Russell

Lead Contacts: Tamsin Black; Helen Healy; Maria Papastergiou
Project Team: Tower Hamlets Secondary Care Psychology Service

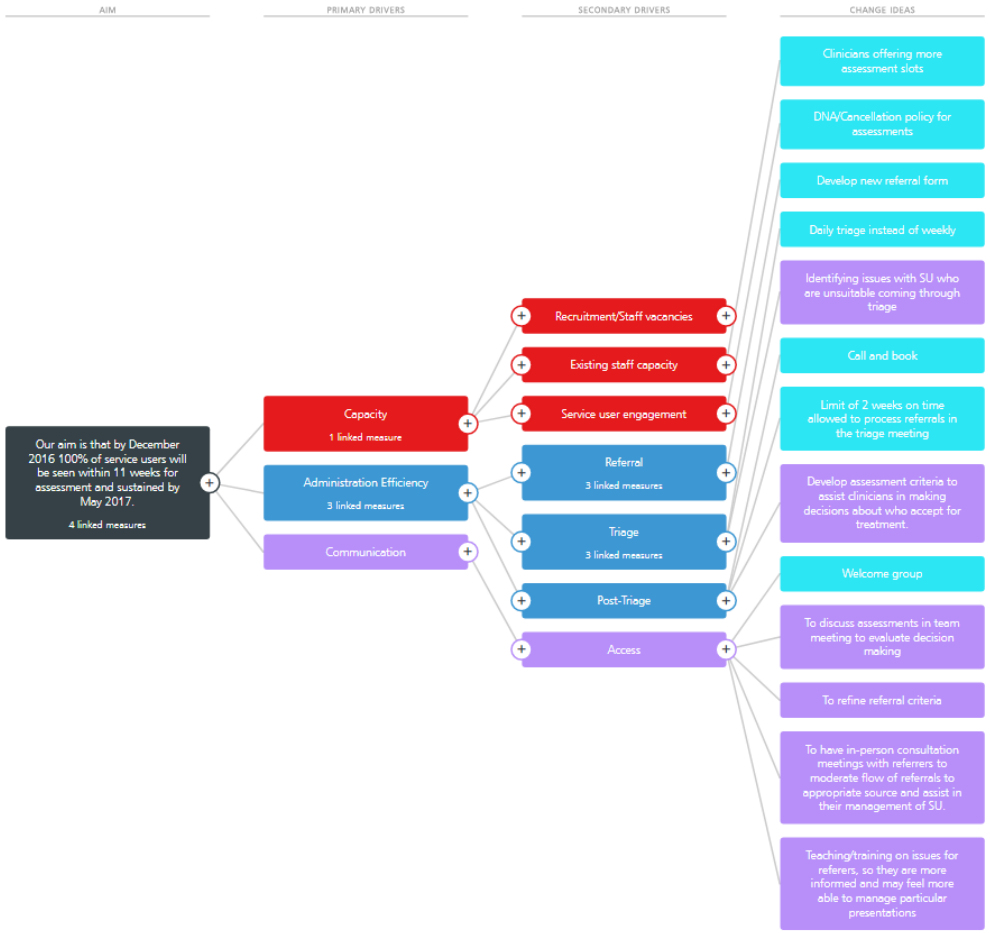
Background

- **Project A:** Reducing waiting times from referral to assessment times to 11 weeks

- **Project B:** Reducing waiting times from referral to treatment times to 18 weeks

QI Driver Diagram Project A

Project A: referral to assessment in 11 weeks



Project A:
Referral to assessment in 11 weeks

Previous change ideas that have been implemented:

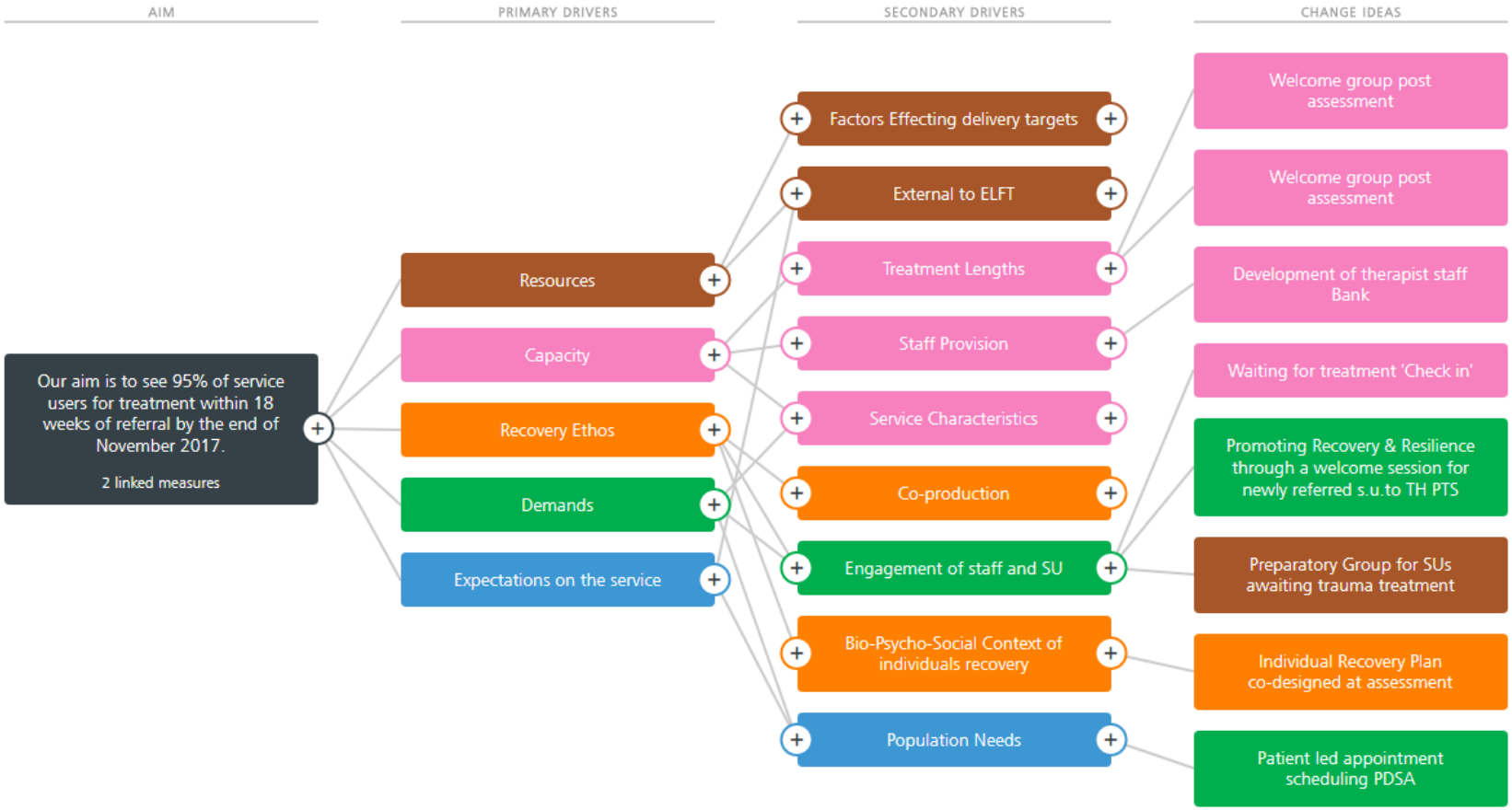
- Introducing a referral form (SRRP)
- Formalising a DNA policy (SRRP)
- Daily referrals triage (SRRP)
- Formalising calling & booking process of assessment appointments

Project A:
Referral to assessment in 11 weeks

- Success – objective reached!
- Now being promoted as a QI “success project”
- Now that referral to assessment waiting times have reduced to 11 weeks, the focus is on reducing referral to treatment times to 18 weeks (i.e. Project B)

QI Driver Diagram Project A

Project B: referral to treatment in 18 weeks



Project B:
Referral to treatment in 18 weeks

Change ideas:

- Trauma group to enable service users to make informed choices regarding treatment
- “What to expect next” leaflet informing clients of regular check ins on waiting list, opt-in/opt-out
- Welcome group promoting recovery/resilience, and signposting to other appropriate services during the wait

Project B:
Referral to treatment in 18 weeks

Currently….

- We have no established outcome measure of waiting times from referral to treatment
- History of waiting times and whether they are increasing/decreasing is purely anecdotal
- How do we know if our change ideas are working?
- Proxy measures already available not optimal outcome measures in QI terms – e.g. number of people on the waiting list, RiO data indicating waiting times target breaches are imprecise and imperfect indicators of change

Project B:
Referral to treatment in 18 weeks

Plan:

- Establish baseline waiting times from Jan '15 to present, observe trends, understand different factors
- Establish most accurate/clinically relevant outcome measure of waiting times from referral to treatment as possible

Rationale:

- Outcome measure informs/measures effects of change ideas
- Baseline helps reflect on impact of Project A, inform Project B change ideas and understand likely balancing measures

Project B:
Defining waiting times

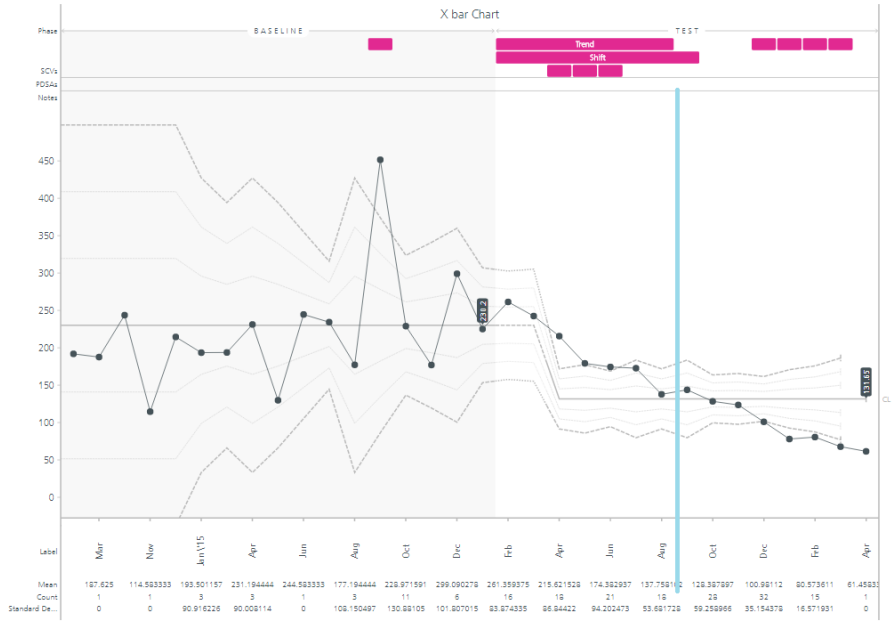
Challenges:

- Operational definition has been one of the obstacles in establishing waiting times.
- RiO's "second appointment" as start of therapy is conflated with reviews, second assessment appointments etc.
- Dilemma: governance/performance vs. improvement
- Have used internal data to gain more accurate start of therapy dates

Project B:

Comparing operational definitions

RiO 2nd appointment
(across CBT and psychodynamic)



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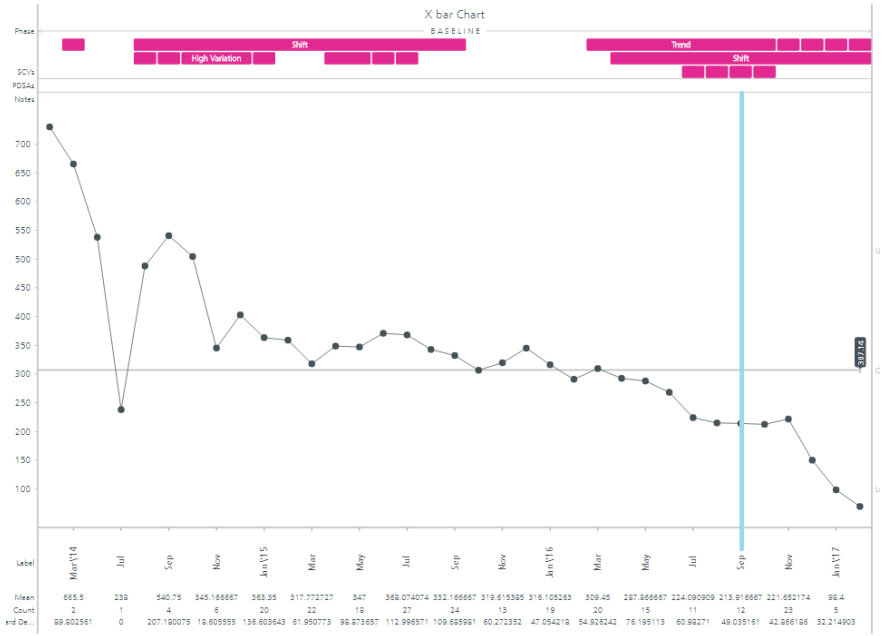
Internal data
(CBT only)



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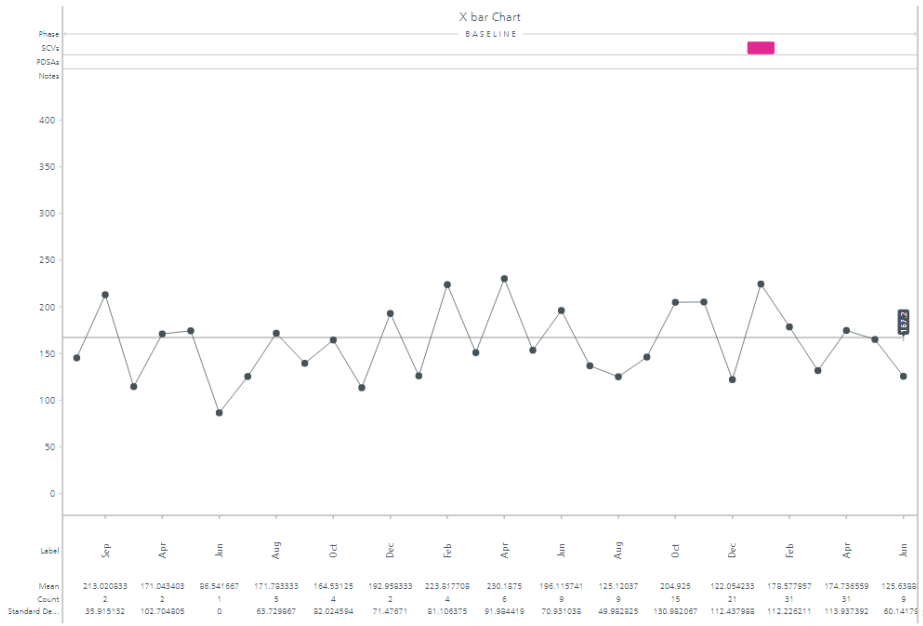
(Based on Date of Referral)

Project B:

Comparing operational definitions

RiO 2nd appointment
(across CBT and psychodynamic)



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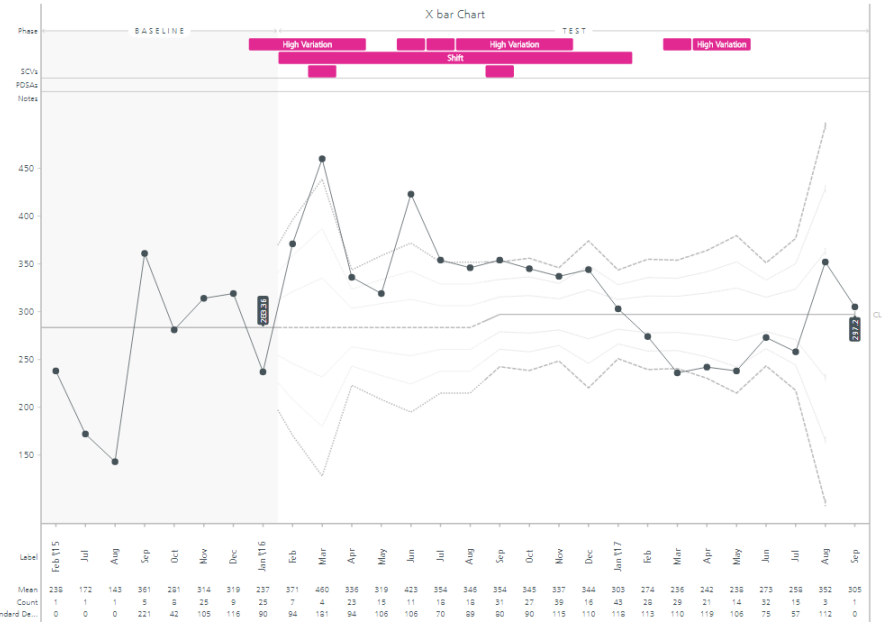
Internal data
(CBT only)



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(Based on Start of Therapy)

Next steps…

- Have not yet reached level of analysis
- Next stage in process will be showing charts to team – which chart will be most useful as a baseline/outcome measure?
- What do the patterns in the data tell us?
- Map against: change ideas, change in staffing levels, therapist hours of therapy/assessment, people on the waiting list, other relevant factors

Service User Involvement

- Plan to share charts with service user forum - help make sense of the data/how it fits with narratives of service users

Reflections

- This project took time and effort to agree/implement – many different factors seeming relevant to Project B and focus on change, leading to fluctuating focus on the need for an outcome measure
- Different attendance from week to week at QI meetings - ideas sometimes hard to carry forward
- Conflicts between governance/performance targets and QI agendas – affects decision-making in the system

Preparatory PTSD workshop

Anna Jeziorek-Wozny

Dr Tamsin Black and Dr Ana Costa

Tower Hamlets Psychological Therapies Service

Background

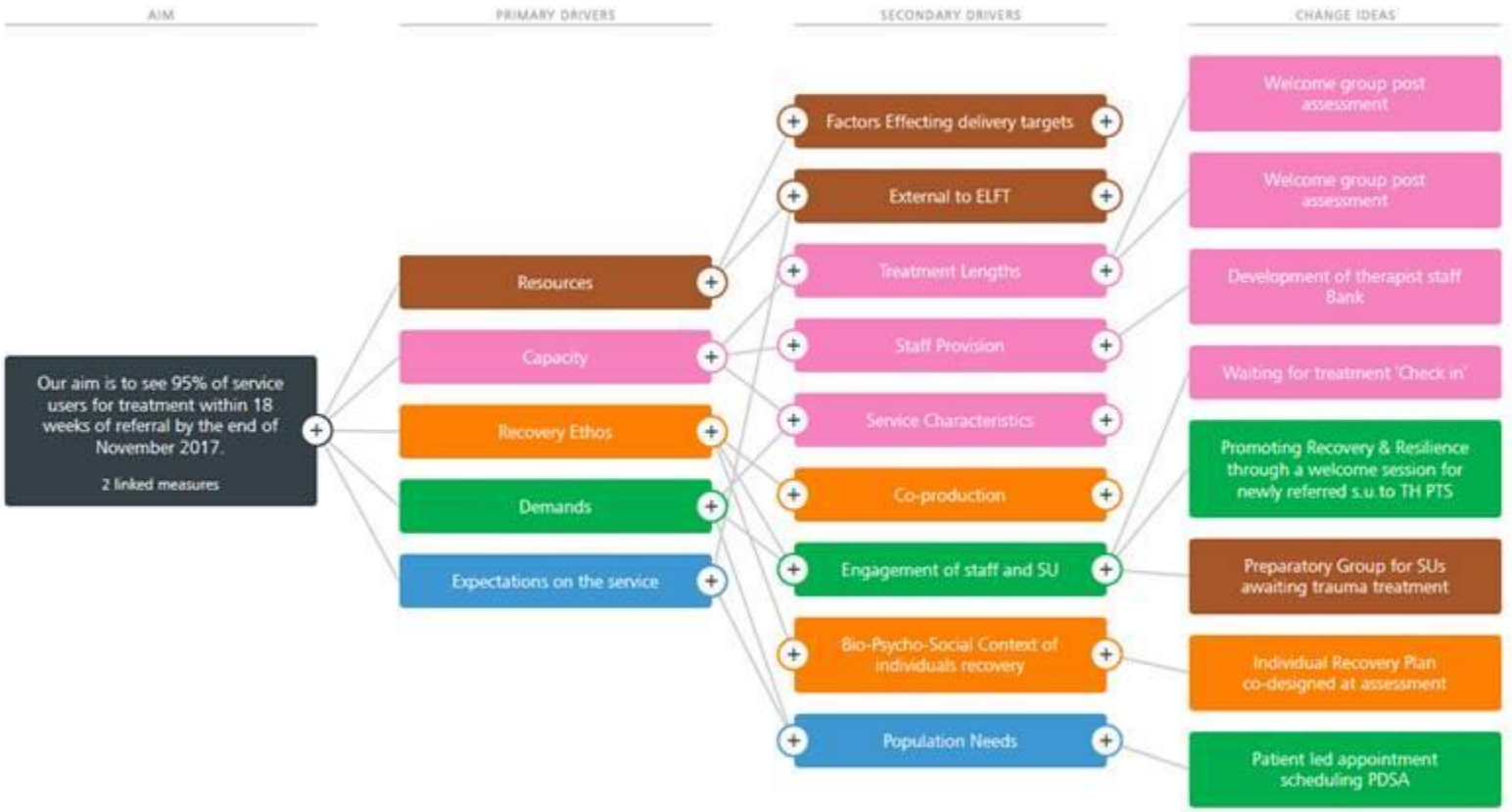
- Overall QI Project aim: to reduce waiting time to 18 weeks between referral and treatment

- QI SRRP aim: to reduce waiting time by helping people to make more informed decisions about PTSD treatment (better engagement or opt-out if not feeling ready)

Background

- An increase in referrals from a recently closed specialist trauma service
- Literature suggests high DNA rates among patients with PTSD presentations (Kehle-Forbes & Kimerling, 2017)
- Preparatory group may educate and socialise Service Users (SUs) to the CBT PTSD model – concept previously used and positively evaluated in the specialist trauma service

QI Driver Diagram



QI Project Methodology

- Change Idea – to introduce preparatory group for the SUs awaiting PTSD treatment and evaluate its usefulness

- Service User & Carer involvement – one SU initially agreed to co-facilitate the group but then withdrew; SUs provided feedback on outcome measures used in the project

QI Project Methodology

PDSA

Plan

-To go through the waiting list and invite everyone who a) experienced PTSD symptoms and b) expected to receive trauma focused treatment (approx. 50-60 people);

- To organise one-off PTSD workshop which informs about PTSD symptoms, PTSD treatment, and techniques for symptom management;

- To collect pre- and post outcome measures.

QI Project Methodology

PDSA cont.

Do

- Two workshops organised (one morning and one evening session);
- Attempted to phone 50 patients who met the project criteria;
- Reached 42 patients (reasons for not reaching: no answer, unavailable to speak, unrecognised number);
- 25 patients accepted the invitation and 17 declined (main reason for declining was the group format);
- 11 patients attended the workshops; 4 patients cancelled in advance (feeling unwell or other commitments) and 10 patients DNA.

QI Project Methodology

PDSA cont.

Study

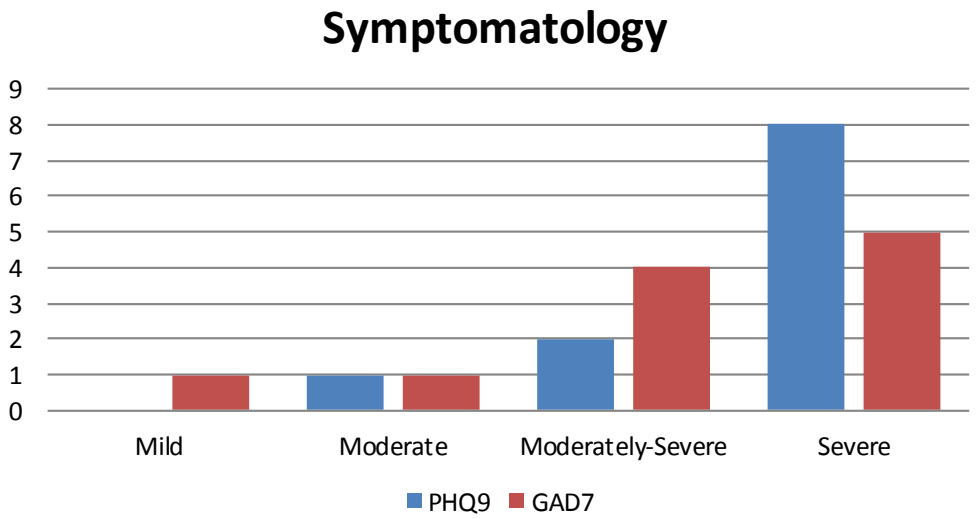
-Quantitative (outcome measures) and qualitative (comments, feedback) data gathered;

- Overall results: the workshop seemed to increase the understanding of PTSD and its symptoms. However it did not seem to impact on patients' motivation to engage in treatment

- Clinicians' overall time spent on organising workshops to be determined and compared against time that would have been spent on individual sessions (stabilisation)

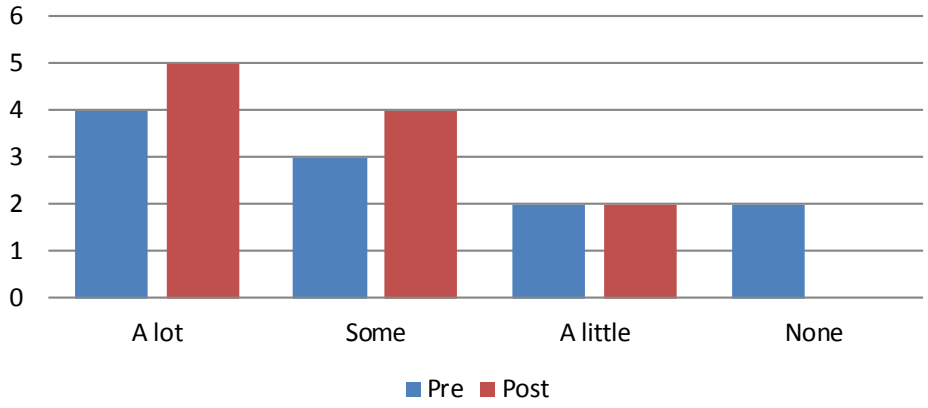
QI Data

- Symptomatology of the sample: PHQ9 and GAD7 scores

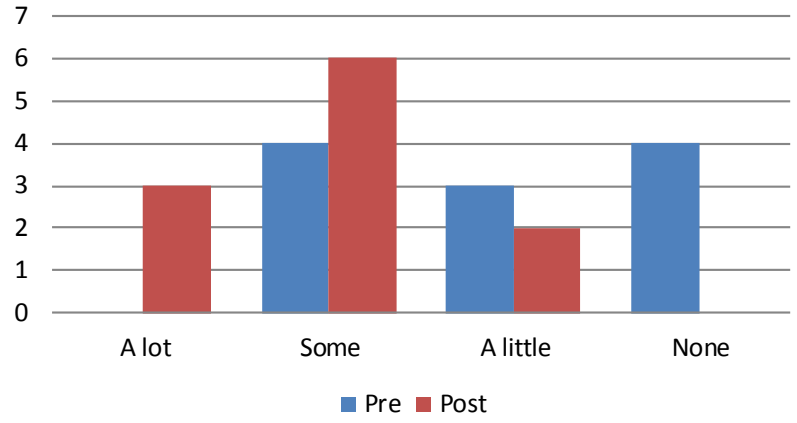


QI Data

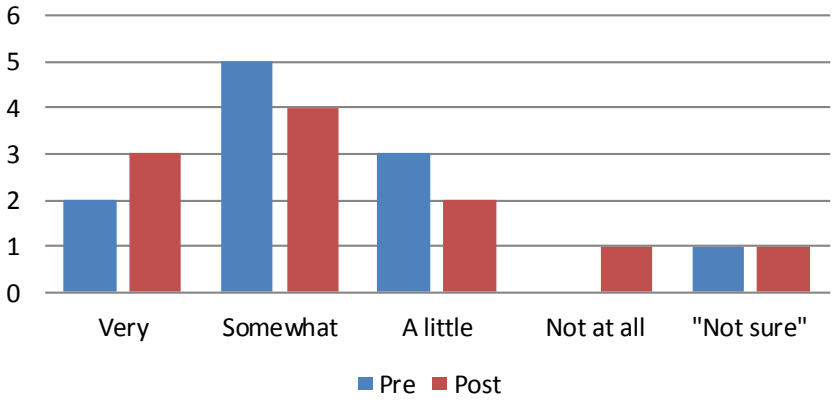
Understanding PTSD



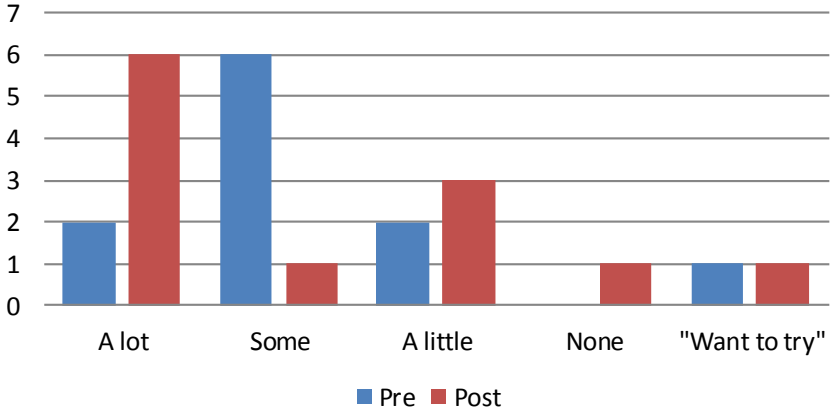
Knowledge about treatment



Confidence about engagement in PTSD treatment



Motivation to treatment



QI Data

Examples of qualitative feedback:

"It was nice to meet people with similar problems."

"Initially unsure about the group setting but it went easier as the group progressed."

"I gained useful grounding techniques which I hope would help me to cope better whilst waiting for treatment."

QI Project Methodology

PDSA cont.

Act

- Carry on with organising regular workshops, increase patients' awareness around PTSD and help them with symptoms management
- Observe the data further in time and establish whether regular workshops contribute to reduced drop-outs (better engagement and opting out)

QI Project Outcomes

- Patients gained better understanding of PTSD and its treatment in the service.
- Patients valued having access to a preparatory group whilst remaining on the waiting list for treatment (especially in the context of symptom management).
- The project will contribute to helping people make more informed choice about PTSD treatment and reduce waiting times as clinicians' time will be utilised better. More data required.

Reflections

- Opportunities:
- To experience how QI works in practice and how it can contribute to evaluating interesting initiatives within the service
- To appreciate the SUs involvement in a research project (Forum – Feedback – Implementation)
- Challenges/Barriers:
- Getting QI members together on a regular basis
- Decision-making