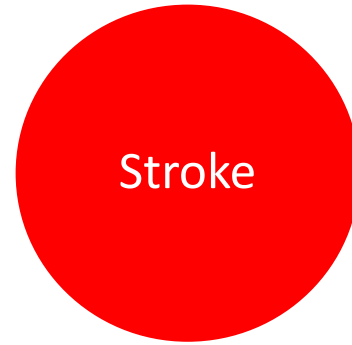
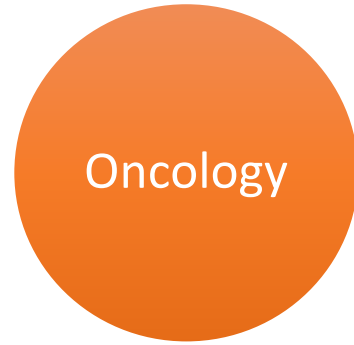


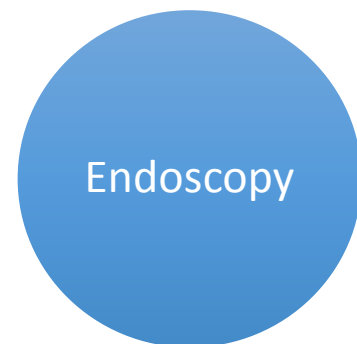
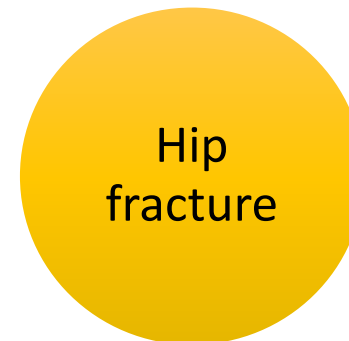
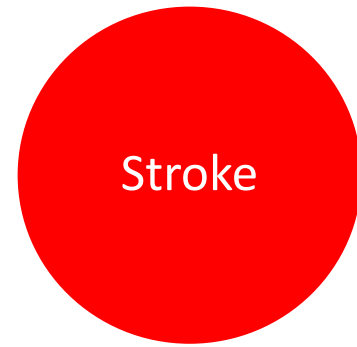
Feedback from evaluation of QI programme in Mental Health, Psychological Therapies and CAMHS

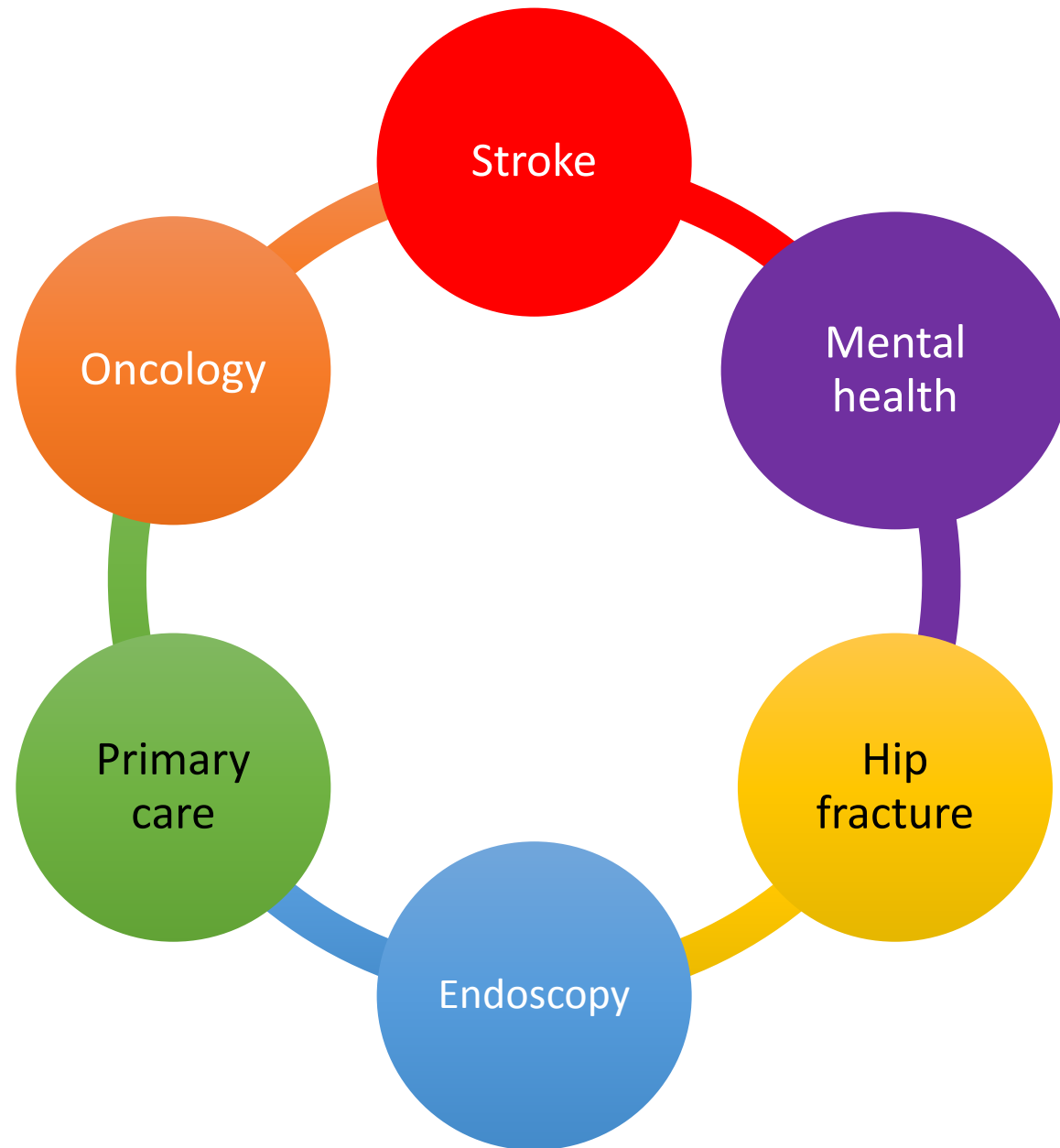
Vicky Tallentire
Consultant Physician
Quality Evaluation Lead





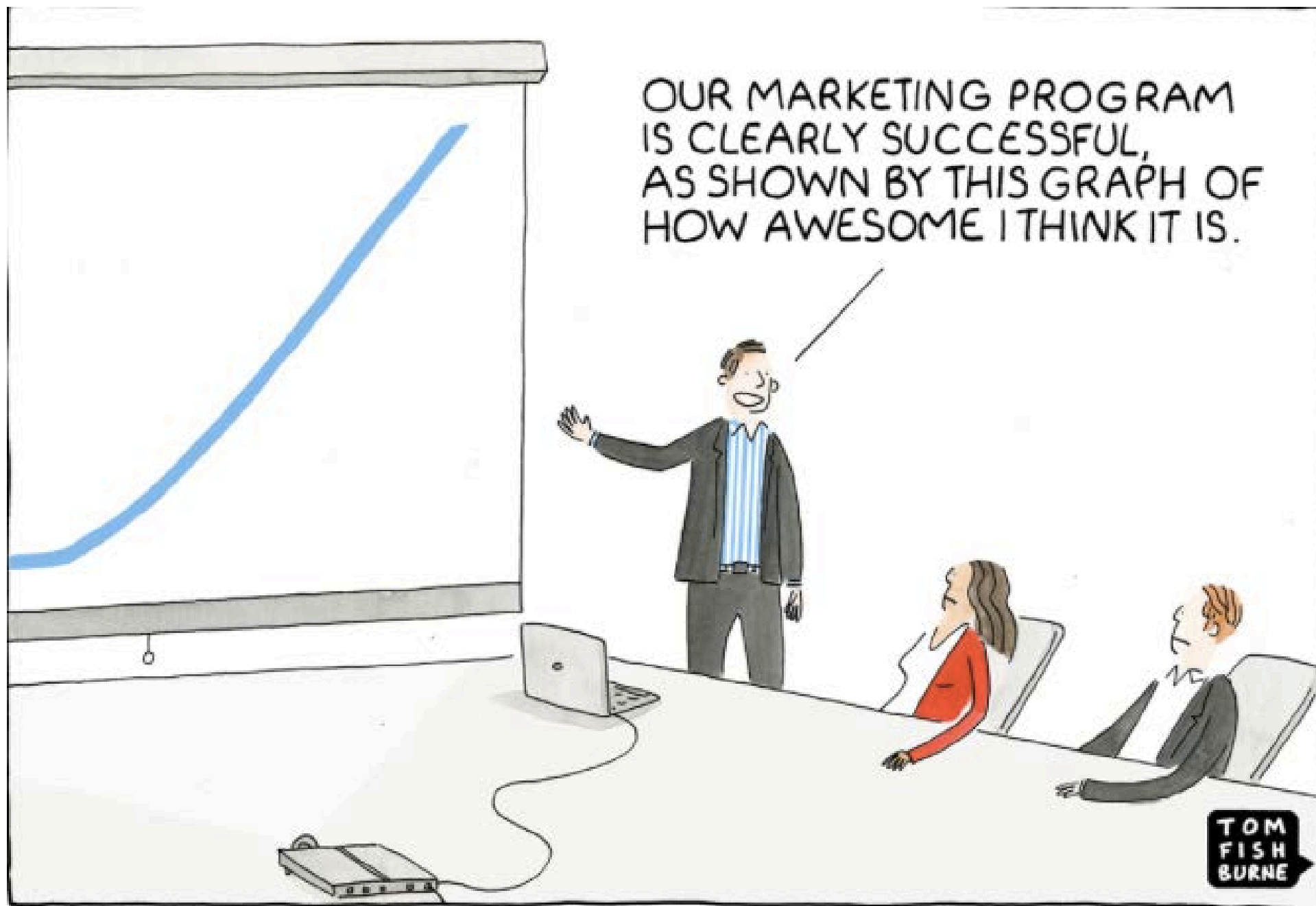








OUR MARKETING PROGRAM
IS CLEARLY SUCCESSFUL,
AS SHOWN BY THIS GRAPH OF
HOW AWESOME I THINK IT IS.



AIM: To generate knowledge that recognises the importance of **context and culture**, but allows the development of recommendations applicable to **other CQPs and the organisation** more widely.

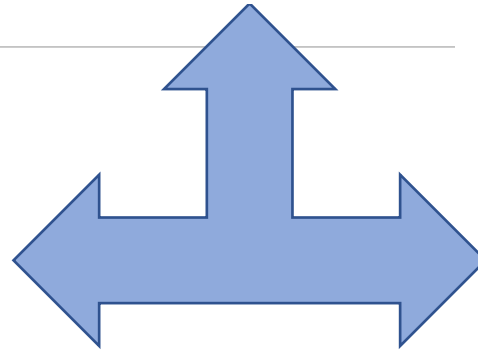
The three main objectives were:

- 1 - to detail the strengths and challenges of each of the CQPs;
- 2 - to evaluate the likely sustainability of the improvement initiatives aligned to the CQPs;
- 3 - to make recommendations pertaining to current and future CQPs.



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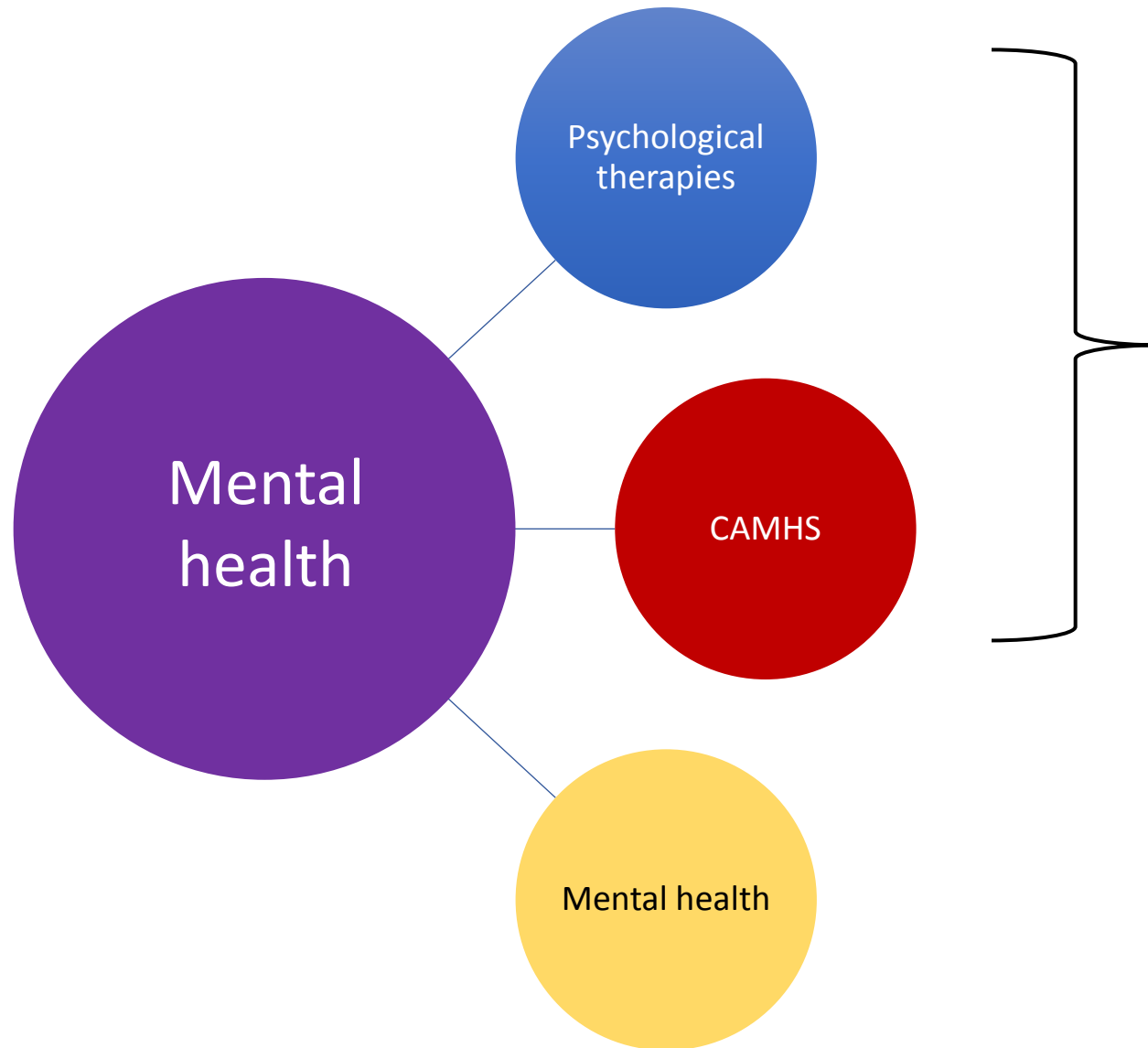
BETTER HEALTH, BETTER CARE, BETTER VALUE



NHS
*Institute for Innovation
and Improvement*

Sustainability





3 leads (adult mental health, physical health, CAMHS) AND
1 team involved in improvement work

Qualitative data were also captured
from the discussions

Sustain**ability** 





Strong **foundations** for QI
Initially driven by HEAT plus
external evaluation ignited
local interest: “We don’t
want other people leading
the show”

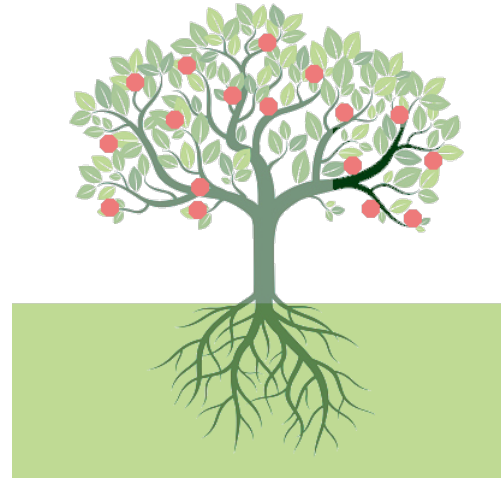


Solid **core** with senior support: “Good support from the top, to make it happen”

Strong project management, analyst support and clinical leadership



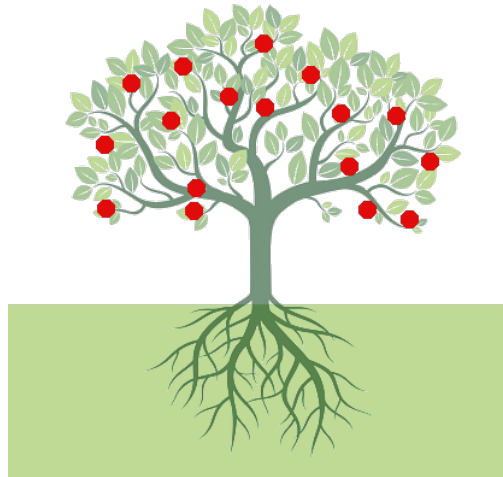
Ideas spread to other areas with **branching off** by clinical teams given autonomy to decide specifics of QI projects



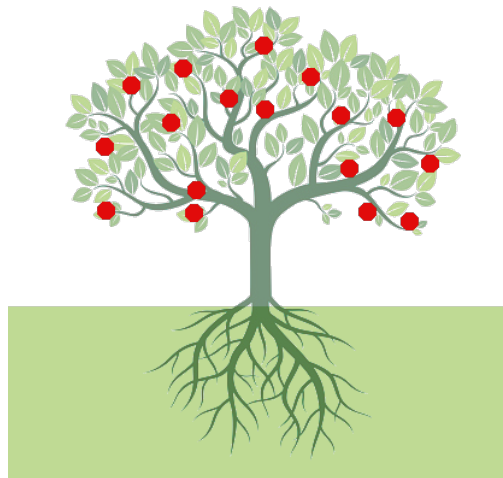
Training and nurturing
through key staff
attending early iterations
of Quality Academy,
followed by in house
training, bespoke
Academy courses and QI
clinics



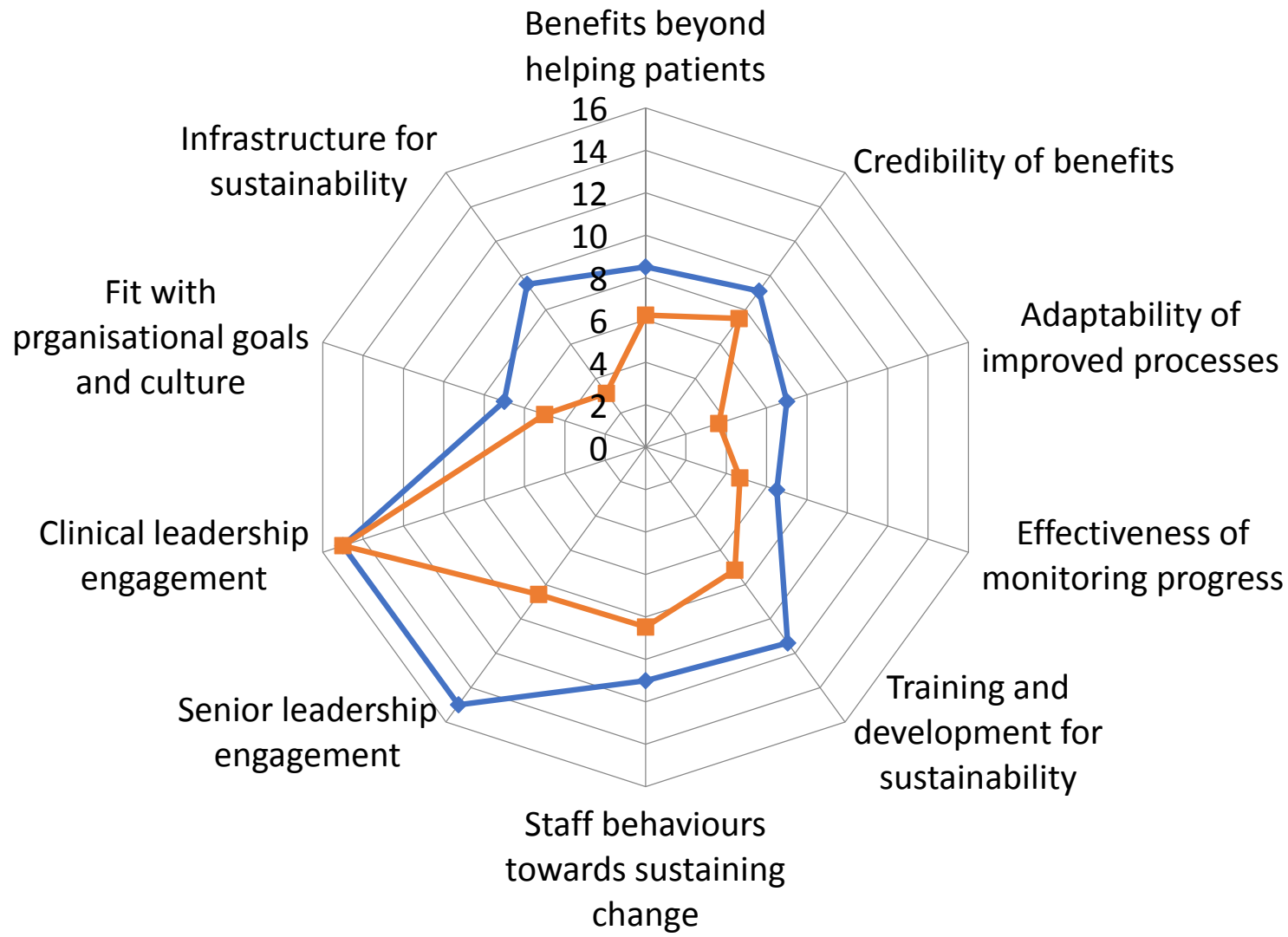
Large numbers of small projects are **beginning to grow**, with clear alignment of potential projects to the high level aims of the programme



Disruptive innovation is the **fruit** – can we foster such opportunities?
Use of QI network meetings and newsletters to share ideas...



Evaluation of successes
and challenges – with
learning from that
process... to become a
learning organisation



—◆— Maximum Score
—■— MH Score (based on 7 respondents)

Challenge

- 1
- 2
-



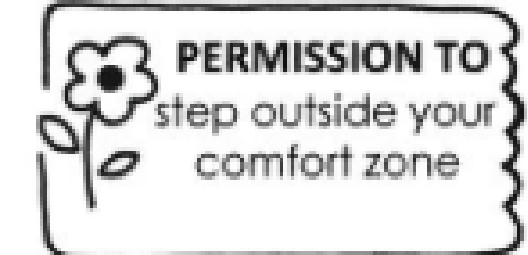
...there's an expectation mismatch for the corporate management team... the hearts and minds, getting people on board, understanding there is a problem, giving them some of the skills and tools they need to do this. I think that's been a real success...but that isn't instantly going to translate into, we're going to meet our HEAT target in two months. ...We were never going to smash the HEAT target but I suppose I worry a little bit that there's an expectation that we will.





...it still needs quite a lot of work to become part of everyday life and the way that people work, and because of all the pressures... sometimes maybe this is not the priority. This is something that we need to look at and work on, and make sure it's in people's job descriptions.... There's still some work to be done there.

...it is still not clear to everybody that this is the way that NHS Lothian wants to do things... I heard [the chief executive] talking about it, that this is his vision and he wants everybody to be able to go and, with the support of the QI methodology, to test and just change things, because they can prove, with use of data, that this is what's working...they don't need somebody's permission. And I don't think that people are aware of it...frontline staff, and it would be nice if there was something that was visible to everybody.



- How can we more actively and meaningfully involve patients?
- How can we reduce reliance on a few key individuals?
- Are there smarter ways to gather data as part of routine practice?
- How can we join the strands of work in different areas to learn with, from and about each other?





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BETTER HEALTH, BETTER CARE, BETTER VALUE