



Sheffield Health
and Social Care
NHS Foundation Trust

► Supporting a Culture of Continuous Improvement

A 2019 Review



Introduction

With healthcare systems under increasingly intense pressure, the national focus for leadership and improvement expertise is rapidly moving towards empowering front line staff and service users to influence transformational Quality Improvement (QI) at a local level. Two King's Fund publications, ['Improving quality in the English NHS: A strategy for action'](#) and ['Reforming the NHS from within'](#), place emphasis on organisations using existing resource to proactively drive QI from within, strengthening leadership and developing skills for improvement through in-house delivery as opposed to procuring external agencies. Furthermore, ['Embedding a Culture of Quality Improvement'](#) emphasises the criticality of committing to a chosen improvement approach in order to sustain and embed QI into an organisation's culture.

Sheffield Health and Social Care's ['Trust Strategy and Strategic Planning Framework 2017 - 2020'](#) outlines a commitment to prioritising continuous quality improvement, with the first strategic aim of 'Quality and Safety' focusing on four specific objectives around improving the quality of our services, ensuring care is safe, and delivering effective and accessible care in true partnership with the service user.

To support the delivery of the strategic aims and objectives, the Trust's ['Quality Improvement and Assurance Strategy 2016 - 2021'](#) makes specific reference to the core QI approach at SHSC being the Microsystem improvement methodology. The aim of implementing and embedding Microsystem improvement seeks to provide a structured approach to proactively encourage staff, service users and carers to engage and collaborate in the delivery of continually improving services, whilst providing appropriate skills, leadership and infrastructure to staff working at all levels to make bottom up quality improvement the norm.

In September 2015, the new post of Continuous Improvement Manager was created at SHSC to lead, manage and co-ordinate the Trust's continuous improvement programme across the organisation. To operationally support this role, the recruitment of two additional Improvement Facilitators was endorsed. Both posts were successfully filled by June 2016, creating a small, dedicated Quality Improvement Team within the Trust. During 2018-20, the QI Team was also successful with a Health Education England application to appoint two Clinical Leadership Fellows on consecutive 12 month contracts.

In collaboration with our staff, service users, carers, young carers, family members and partner organisations, the SHSC QI Team works creatively to support a culture of continuous improvement across SHSC. Since the establishment of the QI Team, it can be evidenced that awareness and understanding of Microsystem improvement has increased considerably. At the time of this report, 30 teams at the Trust are actively using this method, with numbers increasing year on year.

The QI Team also supports a range of other bespoke improvement projects across the Trust, linking with the Engagement & Experience Team, Safety Team and wider Quality Team as appropriate, to ensure improvement evolves as a result of true collaboration. Furthermore, a variety of training opportunities are offered on a continual basis seeking to embed QI within everyone's role.

This paper provides information on the different strands of Quality Improvement work happening across the Trust, outlining progress and challenges faced to date, before considering the next steps on our continuous improvement journey.

The SHSC Quality Improvement Team



Jo



Lee



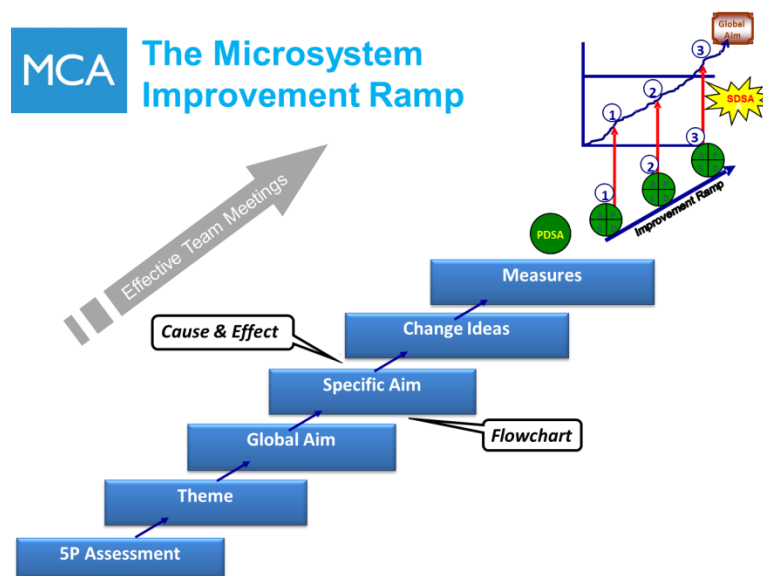
Simon

Microsystem Improvement Methodology

What is a Microsystem?

A Microsystem is essentially a team, described as a “small group of people who work together on a regular basis to provide care to discrete populations of service users”. Microsystem improvement involves engaging members from that team, along with service users and carers/family members, to work collaboratively as an interdisciplinary group to improve the quality of care for service users as well as the workplace for staff. A trained Microsystem Coach facilitates the team through a structured improvement process, known as the ‘Microsystem Improvement Ramp’, empowering teams and service users/carers to influence change from the front-line.

Figure 1: Microsystem Improvement Ramp



“ This has been outstanding, supportive, containing and empowering. It has acted as a focal point that has really brought the team together. ”

SHSC Microsystem Team Member

Sheffield Microsystem Coaching Academy (MCA)

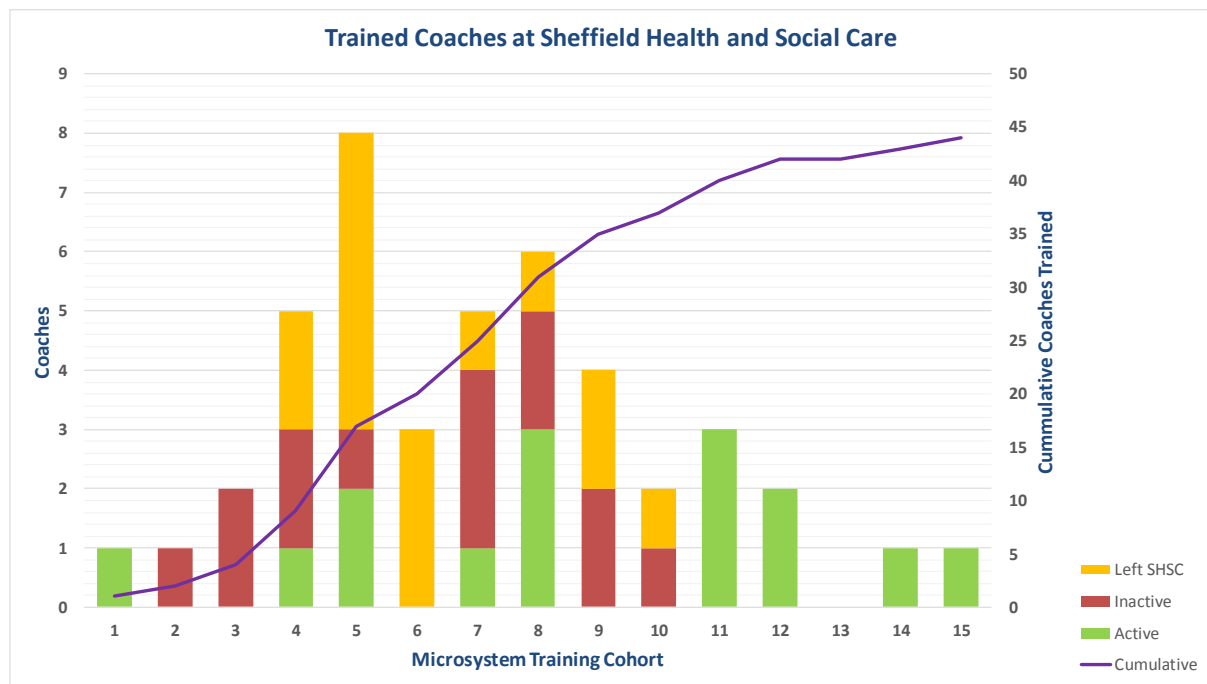
The clinical Microsystem methodology was developed in the USA by The Dartmouth Institute at Dartmouth College, and has been used globally to develop sustainable healthcare improvements in quality of care and efficiency. Sheffield hosts the UK's first Microsystem Coaching Academy (MCA) and aims to build improvement capability into the workforce, maximising quality and value to patients by helping multi-disciplinary front line teams review and redesign services with the support of a trained improvement coach.

The [Sheffield MCA](#)'s core objective is to develop coaches and work with teams within Sheffield and beyond to get started on their own improvement journey. As a key partner of the MCA, two members of the SHSC QI Team sit as core members of the MCA Teaching Faculty. This entitles SHSC to 10 pre-paid places per year for individuals from the Trust to train as MCA Improvement Coaches, bringing a significant cost saving to SHSC in comparison to external Trusts.

Developing Microsystem Coaches

Figure 2 below shows that 44 Microsystem Coaches have been trained across SHSC of which; 15 people are actively coaching a Microsystem, 15 have since left the organisation to work elsewhere and 14 continue work at SHSC but are not actively coaching a Microsystem at the time of this report. When considering these 'inactive' coaches, three cited that they were no longer able to coach due to being on an internal secondment, whilst 11 coaches cited capacity and pressures in their role as the reason they could not directly coach a team at this time.

Figure 2: Trained Microsystem Coaches at SHSC



Whilst ideally all trained Microsystem coaches would be actively working with a team on an on-going basis, the reality is that this is not always possible. Yet, recognition is given to how the training has benefitted individuals personally and is often applied continuously in their everyday areas of work. Consequently, the QI tools and skills continue to become embedded within teams through a slightly different approach.

Furthermore, four senior managers undertook the training in the early cohorts, with the intention of discovering the benefits of this methodology for SHSC as opposed to committing to the regular time required to be an on-going coaching resource for the Trust. This initial investment in training was extremely valuable in order to understand the Microsystem approach, consider its application within the Health and Social Care Trust environment and subsequently promote the benefits for embedding within SHSC in the longer term.

“This has been outstanding, supportive, containing and empowering. It has acted as a focal point that has really brought the team together. The approach develops trust within the team which enables honesty and positive discussion”

SHSC Microsystem Team Member

Microsystem Teams

At the time of writing this report, a total of 42 teams have engaged with the Microsystem improvement methodology at SHSC. Figure 3 below provides a list of all 30 the teams across SHSC who are still actively meeting as a Microsystem. There are different reasons why the 12 teams have stopped meeting, some have struggled with time and service pressures, some teams no longer exist due to reconfiguration, whilst others have achieved their intended goals such as accreditation.

Figure 3: Active Microsystem Teams across SHSC

Endcliffe Ward	Maple Ward	Perinatal Mental Health	Finance Management Accounts	Maple Ward
Mental Health Act Office	South Recovery Team	Financial Service	Forest Close Bungalow 1	SAANS (Sheffield Adult Autism and Neurodevelopment)
North Recovery Team	Finance Procurement	Mood Disorder Service	Specialist Psychotherapy Service	Wainwright Crescent
CERT (Community Enhance Recovery Team)	Pharmacy	Forest Close Bungalow 1a	STEP (Short Term Educational Program)	Stanage Ward
Eating Disorder Service	Grenoside Grange Ward G1	Intermediate Care Older Adults	Human Resources: Case Management	Sheffield Community Brain Injury Rehab Team
Human Resources Recruitment	Forest Close Bungalow 2	Neurological Enablement Service	Forest Lodge	Neuro Case Management Service

“ It has been really useful to have time out to allow space to think about how we can change and improve. It has been empowering to contribute to how things are planned and our resources are used. I think it has been particularly valuable to have a coach present as they can see things from a different viewpoint, question the way we do things and potentially support change from a different angle. ”

SHSC Microsystem Team Member

Outcomes from Microsystem Improvement Meetings

Below are just some examples of the improvements that teams across SHSC have made as a result of engaging with the Microsystem improvement approach.

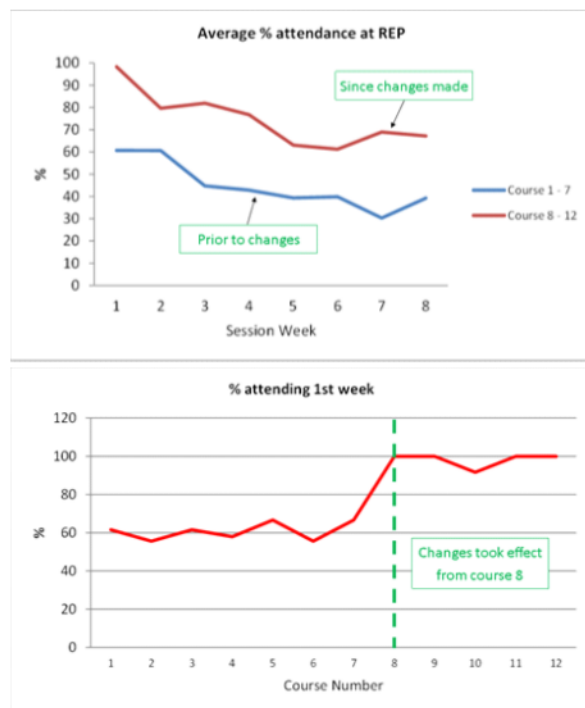


Forest Close have been working to increasing activity across the wards and to improve physical health

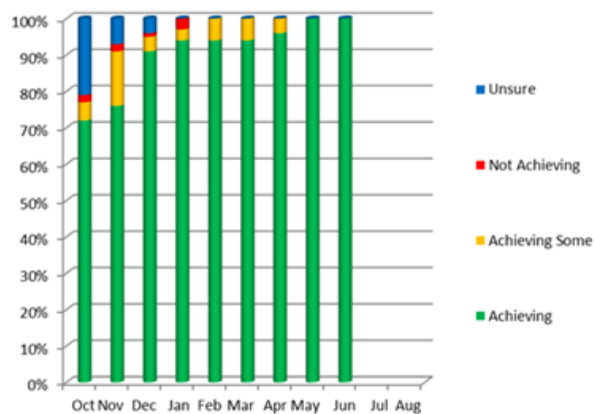
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Breakfast and Current Affairs Group	Breakfast Group	Breakfast and Current Affairs Group			
	Gym and Boxercise	Creative Arts and Activities	Recovery Group	Mindfulness	Gym and Boxercise	
	Music Therapy	Gym and Boxercise	Cycling Group in the Community	Gym and Boxercise		Service Users' Choice
Afternoon	Creative Arts and Activities	Table Tennis, Cardio Wall, Outdoor Activities	Games	Games	Reading Group	
	Gym	Football	Baking Group	Film Night Cooking Group		
	Reading Group (on Maple Ward)			Film Night		
Evening						



Endcliffe Ward have been working to reduce restrictive practice through increasing therapeutic time



STEP have redesigned several courses, which have resulted in improved attendance and evaluations



North and South Home Treatment Teams Working to achieve Accreditation



Sheffield Community Brain Injury Rehabilitation Team have improved the environment

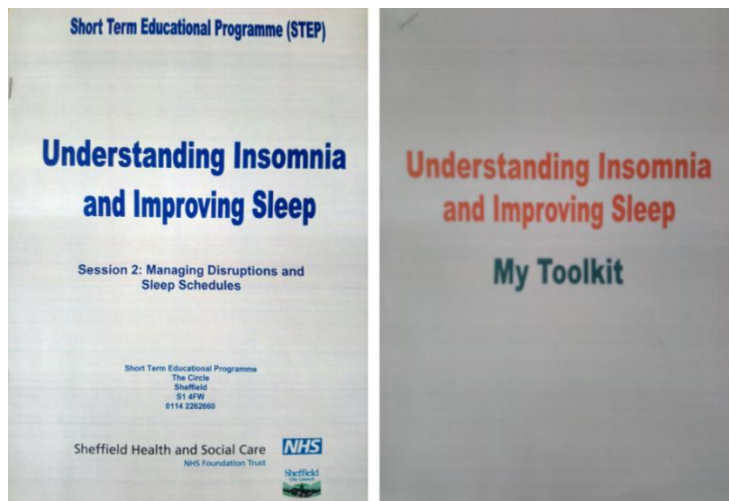
Increasing access to activities on Firshill Rise by introducing service user activity planners

	wake up go to toilet		Calming Activity		Calming Activity		Inhaler
	Get washed and dressed		Activity Room	2.45	Physical Activity		Calming activity
	Breakfast	11.00	Physical Activity		Calming Activity	8pm	Bath
	Medication		Calming Activity		Activity Room		Laundry
	Brush Teeth	12.00	Lunch	5pm	Tea	8.30	Supper

CERT and Pharmacy have worked collaboratively to improve medication safety by developing customised MAR Charts, Dosette boxes for deliveries and the introduction of a Monitored Dosage System (MDS)



The Short Term Education Programme team have designed, developed and introduced an Insomnia Education Course



CERT are improving the Care Programme Approach (CPA) by introducing a schedule for every service user. A traffic light timetable compliments and provides a checklist for each step of the process.

	Before 3 month clock	
	First 8 weeks	12 weeks (3 months) leading up to CPA
	Following 3 weeks	
	Week of CPA	
	1st Week post CPA	
	2nd Week post CPA	

The Sheffield Adult Autism and Neurodevelopment Service (SAANS) are improving the experience of service users waiting for an assessment. They have introduced many changes, one of which is a questionnaire which will enable the service to make suggestions of reasonable adjustments.

Questionnaire

Do you want to be diagnosed with an Autism Spectrum Condition?

☐ Yes ☐ No

If yes, Why do you want to be diagnosed with an Autism Spectrum Condition?

What has led you to thinking you might have an Autism Spectrum Condition?

Are you being supported in your quest for a diagnosis?

☐ Yes ☐ No

If yes, Who is supporting you? (tick all that apply)

☐ Family member ☐ Friend ☐ GP ☐ Psychiatrist
☐ Psychologist ☐ Social Worker ☐ Employer ☐ Counsellor
☐ Other (please specify)

Can any of these people provide documentary support as to why they think that you may have an Autism Spectrum Condition?

☐ Yes ☐ No

Can anyone provide an account of your childhood, including meeting milestones and your development?

☐ Yes ☐ No

If yes, Who and what is their relationship to you?

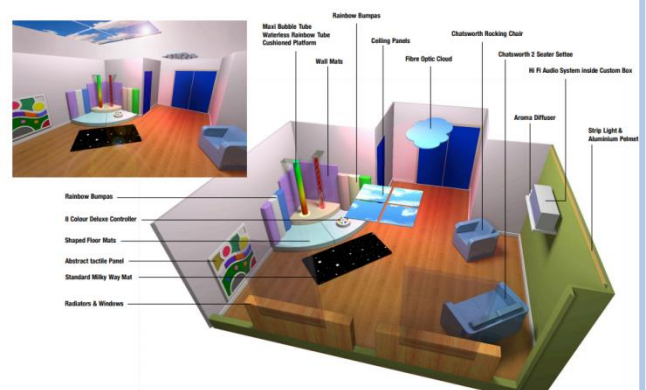
214 Questionnaires sent out

52 Requests for reasonable adjustments

100% Requests responded to

1 Peer Worker appointment trialed

Maple Ward have introduced several changes to reduce restrictive practice. These have included plans to develop the 'Green Room' (see below), a dedicated Activity Co-ordinator at the weekend, self-soothe boxes, '....this is me' sheets for each patient (providing information on triggers, preferences, conversation starters etc)



Wider Quality Improvement Work

Whilst the Microsystem improvement methodology is the primary approach for embedding continuous improvement at SHSC, it is recognised that there is a whole range of wider QI work taking place across the organisation that sits outside of this methodology due to the purpose or context of the project. The table in Figure 4 below summarises just some of these projects that have emerged over the last 18 months. Please note that this table provides a sample of projects and is by no means exhaustive.

Figure 4: Examples of Wider Quality Improvement Work Taking Place Across SHSC

Team (s)	Project(s)	Aim of Improvement Work
Single Point of Access (SPA)	Telephony Contact Centre Project	To improve service user and staff experience through redesign of the process for initial contact with the SPA service.
STEP	Transition	To work together with the Sheffield Child and Adolescent Mental Health Service (CAMHS) with the aim of increasing referrals to the Transition Group #stepforward.
SAAN's	Capacity and Demand	To reduce internal waiting times (i.e. when someone has been assessed and is waiting for an intervention)
SHSC, Flourish, Partners	Education Exchange	To continue the coproduction of an enhanced Education Exchange offer, in line with the Recovery College model.
Early Intervention Service (EIS)	Physical Health Checks	To increase the number of Physical Health Assessments from 23% to over 80%
Community Recovery Teams – North & South	Physical Health Checks	To further embed Physical Health checks within Recovery Teams, learning from the achievements made with regards to this in EIS.
Sheffield, Rotherham & Doncaster Perinatal Mental Health Service	Development of Regional Perinatal Mental Health Service	To review pathways, capacity and demand, analysis of data and identification of some change ideas to help with future capacity planning for the service. Relationships and cross boundary working has been built and developed over the course of the last two years creating a true one service/team approach.
CMHT Reconfiguration Evaluation Team	CMHT Reconfiguration Review	To identify areas where the new service model objectives are and are not being achieved, ensuring joint up working with our Service Users and Carers in evaluating the recent community reconfiguration.
Research Development Unit / Engagement & Experience Team	Carers of people with psychosis / research (COPE Project)	To develop and evaluate an online resource providing peer support, information on psychosis and ways for carers to look after themselves. Work is currently progressing at SHSC to find out if COPE-support works to improve carers' wellbeing and how well they cope with caring.
IMST	Digital Integrated Mental Health Programme (DIMHP)	To replace the Trusts Insight system to enable staff to access Electronic Patient Records in a smoother Care Pathway based way. Additional functionality around ePrescribing, Patient portals etc will be developed in subsequent phases.
Inpatients	Acute Modernisation Programme	To collaboratively design the look and feel of the new Longley Centre, seeking input to help shape some of the decisions which need to be made over the coming months around the way in which the building will be used.

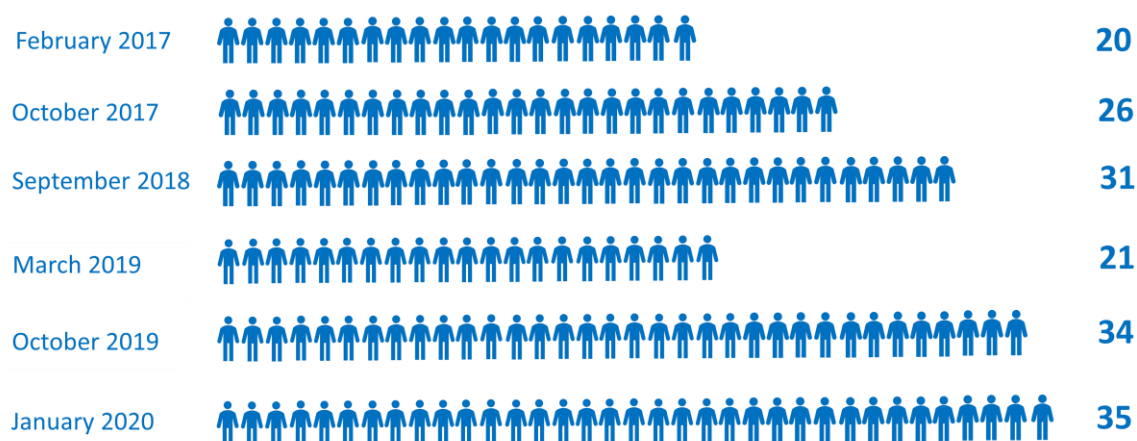
Embedding Quality Improvement Work

An Introduction to Quality Improvement Course

The QI Team maintains its commitment to offering an on-going programme of QI training to colleagues across the organisation. The 2-day Introduction to Quality Improvement Course is designed to introduce the basics of quality improvement through a mixture of presentation, video and practical exercises. It is aimed at colleagues across the organisation working at any level, clinical or non-clinical, as well as to our service users, carers and family members who express an interest in QI. Each course offers 35 places.

Previously, the 2-day course was provided centrally by the Sheffield MCA at a cost of around £160 per person. With the establishment of the QI Team within SHSC, this course began to be run in-house removing previously associated costs and contributing to self-sustainability within the organisation. The course has been run five times to date, with the respective the attendance figures demonstrated in Figure 5 below:

Figure 5: 2-Day Introduction to QI Course Attendance



“ This approach has been very beneficial to me. I often have ideas and thoughts but have not always felt confident or able to share them. This approach has helped me to bring forward ideas and feel valued. People always allow time for me to explain my thoughts and are respectful. ”

Course Attendee

Annual Quality Improvement Conferences

Since 2016, the SHSC QI Team have hosted an Annual QI Event, where staff, service users, carers, family members and colleagues from partner organisations come together to share, learn and explore quality improvement. Each year we bring attention to a topic, informed by the context in which teams are working. Figure 6 below indicates the focus of each years' event.

Figure 5: SHSC Annual QI Conferences



The four events have reached many staff, service users and carers, with people subsequently increasing their involvement in improvement work. For example, some attendees have gone on to become a Microsystem improvement coach, others have applied the learning to their specific projects and teams have requested to have a Microsystem coach work with them.

18%

of SHSC Staff have attended at least one Quality Improvement Event



“

Outstanding, I felt re-invigorated and inspired after the event

Absolutely excellent. Very well organised and seamless. The best conference event I have been to. Very inspirational.

A really strong connection back to the service users, which in turn helps explain the 'Why' we do QI

The key note speakers were excellent, different and very enjoyable.

Service User voice was central

”

Co-production in Quality Improvement

At the heart of our Quality Improvement approach is the inclusion of people with lived experience of our services to help shape and contribute to discussions and to inform any improvements.

Active Involvement with Quality Improvement

Our Annual QI Events have increasingly become co-produced both in terms of development and delivery. The 2019 Event invited the three key note speakers as individuals with lived experience of our services, two with direct service user experience and one speaking as a young carer.



Service users and carers are actively engaged in Microsystem meetings



Service users have trained to become Microsystem Improvement Coaches



Service users and carers have attended the Introduction to QI Course



This has been a vehicle for developing collaborative service improvement plans that make the most of the immense value that service users bring to the process. This sends a message to both staff and service users that they are valued. This is not a tick box exercise in SAANS but has resulted in innovating and service user focused improvements.

The microsystem has given the team the experience to start working on areas that have needed to be achieved years ago. It has given the opportunity to involve members of the whole service. The whole team have welcomed the volunteers and have clearly valued their commitment and support.

It has given us space to consider the service and to develop a truly collaborative way of working to better support the clients referred to us. It is a space where all voices and ideas are heard and valued equally and where we can spend time being reflective and considering genuine experiences.

Being involved in the Microsystem has enabled me to feel part of a team and has given me a sense of value that allows me to see that I have a voice worth listening to and something positive to contribute to the world.



Quotes from Microsystem Participants

Placing People at the Heart of QI

“If you want to make true and lasting change, ask the people who do the work how to go about it”

*Daren Anderson, MD
VP/Chief Quality Office, Community Health Center, Inc*



Sharing and learning from powerful and inspiring stories of lived experience



The SAANS Team sharing their successes at the 2019 Annual QI Event



Giving the stage to Young Carers to share their stories and shape our QI conversations



The STEP team hosted a *Moving Forward Together Event* which brought together providers, partners and young people from across Sheffield to explore what kind of Educational Course is needed



It was difficult for service users to attend the Neuro Case Management Microsystem so the team now host the Microsystem at a service user's house once a month.

Moving Forward

Next Steps at SHSC

Whilst significant progress has been made with regards to QI over the last four years, there are a range of plans in place to further support the creation of a continuous improvement culture at SHSC. Over the next 12 months, the QI Team will continue to work alongside clinical and non-clinical colleagues, service users, carers, family members and partner organisations to help build service improvement capability and capacity across the organisation. The key focuses will include achievement of the following points:

- Increase the number of trained Microsystem improvement coaches at SHSC
- Ensure consistency of the Microsystem methodology through peer support for coaches
- Increase the number of teams using the Microsystem methodology at SHSC
- Increase the frequency in offer of the free in-house 2 day Introduction to QI Training to encourage all SHSC staff and volunteers with an interest in QI to attend
- Develop the offer of QI training further to include hoc training, which may be offered at team level on-site at the relevant service, or centrally according to demand. Topics may include measurement for improvement; demand and capacity; cause and effect/Fishbone; process mapping
- Continue to develop and expand the Annual QI Event, available to all levels of staff, service users and carers
- Expand service user and carer/family engagement within the Microsystem improvement process and quality improvement agenda
- Share outcomes, learning and best practice through promotion of quality improvement initiatives
- Continue to be a key partner of the Sheffield Microsystem Coaching Academy (MCA)
- Work closely with the emerging Listening into Action (LiA) Team to ensure joined up working and a collaborative approach to QI

The SHSC Quality Improvement Team is committed to supporting, influencing and enabling the development of a culture of learning and continuous improvement at Sheffield Health and Social Care NHS Foundation Trust.

Contact Details

The SHSC QI Team can be contacted via email at QITeam@shsc.nhs.uk

To request support from the SHSC QI Team, please follow <https://www.surveymonkey.co.uk/r/N83JB55>

For more information about the Microsystem Coaching Academy follow <https://www.sheffieldmca.org.uk/>