



## **EBE QI Advisor Interview: Amy Chidley**

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Expert's by Experience are crucial to the success of any Quality Improvement initiative. Their insight and experiences provide a perspective on a system that is invaluable to understanding it and how it can be improved. With the support of the Recovery College, at BSMHFT we're very lucky to have many EBE's involved in various projects throughout the Trust, with all of them living and breathing the values of QI.

One of these individuals is Amy Chidley, who as well as being involved in projects at the Trust (Amy is currently a part of the Timely Access to Perinatal Project that we recently covered in a piece [here](#)), she has just been appointed to the QI committee Patient Rep role at the Royal College of Psychiatrists.

As if she wasn't busy enough, she's also recently secured a place to join the Peer Leadership Academy course, specifically for Perinatal services, with NHS England and Improvement.

We're very proud of her for all her achievements, so we decided to have a chat with her about her QI journey and her recent successes.



**Hello there, thanks for taking the time to talk to us, and congratulations on your recent successes!**

### **What made you want to start your Quality Improvement journey?**

My personal recovery journey and Expert by Experience journey go hand in hand. Since my acute illness, I have been motivated to give back and 'pay it forwards' in the arena of mental health. I want to use my lived experience insight to support other service users and also to complement the insight of other staff with the shared goal of influencing service developments. When I heard about the QI course for EBEs, I seized the opportunity to harness additional skills to become a more effective practitioner.

### **How did you find the Virtual QI training for Experts by Experience?**

The course was not only excellent in content, demonstrating the considerable merits of QI methodology, but also uplifting due to the enthusiasm of all. I formed valuable relationships with other EBEs, who continue to inspire and encourage me. The course leaders were personable and supportive, emphasising the substantial contributions that we might make. We all felt encouraged to get on board.

### **Was there anything that surprised you about QI?**

QI systematic methodology captured my attention because it demonstrates measurable and tangible improvements, as well as promoting engagement in authentic co-production. I was keen to be equipped with such proactive tools, in tandem with sharing experiences.



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**Since your training, you have been involved in a project with Anna Rees that is looking at equitable and timely access to Perinatal Services. What's it been like being involved in this project?**

It has been a real pleasure! Our core team consists of Anna Rees (Clinical Development Lead), Hayley Stokes (Perinatal Central Administrator), Shelley Wreford (QI Lead for Specialties) and me (Lived Experience Rep / EBE). Other professionals have joined us for extended team sessions, including a psychologist, peer support workers, data-handler and coach. This project has modelled:

- EBE involvement from the onset = true co-production in action.
- no hierarchy.
- building relationships with employees from a range of disciplines.
- gaining insight from others' expertise (expertise by experience or expertise by training).
- valuing wider professional skills of EBEs outside their experience of mental illness.
- entrusting and empowering EBEs to take on responsibilities.
- hearing the voices of several service users and communicating back any subsequent actions.
- increasing realisation of the unique perspective of service users –  
i.e. points that I may consider 'obvious' may not be to other team members!
- developing Change Ideas into Plan Do Study Act (PDSA) cycles with results now directly benefiting service users and staff.

**Why is it important to have Experts by Experience and service users involved in Quality Improvement projects?**

The main duty of the EBE, distinct from others, is to bring service users' voices to decision-making. EBEs have the advantage of providing an alternative perspective, not only as patients, but also as people who may shed fresh light on an issue because they are not entrenched in the 'system'. On a fundamental level, simply having a 'new' member in a group can be refreshing.

EBEs come from diverse ethnic, age, gender, sexuality, social, educational and working backgrounds, therefore bring a breadth of perspectives, skills and gifts, which commonly lie outside the expertise of other hospital staff. They may also have more time to process and carry out action points.

From my observation, Mental Health EBEs are typically individuals who, through the courage needed to navigate illness, have developed determination, perseverance, and problem-solving strategies. They are compassionate and desire to help. They are also self-invested because improving care for future service users can be a poignant player in their own recovery story and sense of purpose.

**So how did the QI Committee Patient Rep role with the Royal College of Psychiatrists come about?**

This seems to me to be a 'meant to be' story (although I've not yet started!) I first heard about the RCP Patient Rep roles through another member of BSMHFT's *Friends of the Mother & Baby Unit*.

During the first COVID lockdown last year, I applied for two roles, was invited for interview but unsuccessful in securing either post. I was advised to keep in touch.

More recently, I was forwarded an advert for a role in the college's QI department. It was 3:30 pm with an application deadline of the following morning. I nearly declined, but then challenged myself to go for it. I got to bed at an unearthly hour! I was very surprised to receive an answer the next day. However, it was to inform me that unfortunately the post was only open to current employees! Very disappointing, but it prompted me to revisit the RCP Website Vacancies page. Lo and behold, there was this Patient Rep on the QI Committee job. My earlier application was not in vain since much of the content was transferable. I was subsequently thrilled to receive an interview invitation.

**How did you prepare for the interview?**



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I researched as much as I could about the College, especially about the Quality department's role in Accreditation and Review of Mental Health Trusts and also about its values. Many organisations (businesses, places of education, charities etc.) now place increasing emphasis on values, rather than on achievements or qualifications and I had been thinking about this recently especially since BSMHFT established its three core values: 'compassionate, inclusive and committed'. The College also kindly gave advance notice of interview topics, so I swotted up. In order to build my confidence, I tried to envision the interview not as an interrogation, but rather as a conversation between people with shared purpose. Finally, the QI Lead on our perinatal project kindly offered to be a sounding board. (Thank you, Shelley!)

**What does the role entail? How will it feed into your current role as an EBE Ambassador at BSMFT?**

Three core committee meetings plus other meetings per year; ensuring patient views are included, collaborating and contributing to workstreams and to delivery of the college's QI strategic plan. I hope to be able to share resources and insight from the College with colleagues here in Birmingham as we support the common goal of continual improvement of services for patients and staff alike. I am equally optimistic that my positive experiences of the pioneering QI work at BSMHFT might have a tangible impact on QI work at the RCP. A hot topic is Health Inequalities and both organisations are working hard to redress these. From NATIONAL policy work, through REGIONAL QI projects, to LOCAL peer support, I hope to continue to be a catalytic connector between these settings. It is a rewarding privilege.

**You were also told that you had secured a place to join the Peer Leadership Academy course with NHS England and Improvement recently (congratulations!), what does the course entail?**

This course primarily addresses Care Planning and Personal Health Budgets. Steps 1 and 2 are open to service users, carers, health care staff – anyone interested in gaining information about the subjects. This involves 8 weeks of online bite-sized multi-media presentations and online community chat. Each 'week' consists of approximately 2 hours commitment. This year the organisers have launched a perinatal-focused course for Steps 3 and 4.

Step 3 requires a selection process, and this is where the perinatal focus begins. Weeks 1-4 follow the earlier pattern. Then, weeks 5-8 consist of 4 interactive online full-day courses. (These take place in August.) The aim is to develop and provide opportunities for peer supporters to become peer leaders who are catalysts for innovation and improvements. Step 4 follows. Watch this space...

**Thank you for taking the time to speak to us and congratulations again on your recent successes. If you could put it into one or two sentences, what does QI mean to you?**

Experts by Experience are equipped and empowered through equality with employees to effect evolving engagement and engender excellent endings. Exciting!

