

# Welcome and Introductions



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Director for Quality

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@ELFT\_QI  
#Quality2017

## WIFI DETAILS

Network: LBTH Eco  
Password: Eco#2014



<https://qi.elft.nhs.uk>

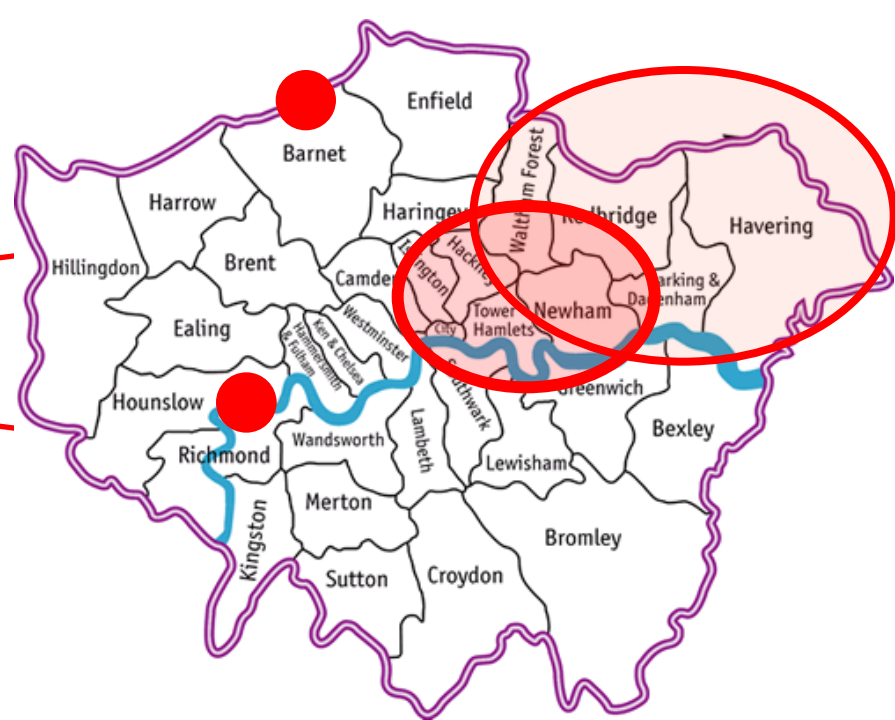
# The ELFT QI Journey

with **Dr Kevin Cleary**  
(Chief Medical Officer)



**Prof Jonathan Warren**  
(Deputy Chief Exec & Chief Nurse)





**Mental health services**  
*Newham, Tower Hamlets, City & Hackney, Luton & Bedfordshire*

**Forensic services**  
*All above & Waltham Forest, Redbridge, Barking, Dagenham, Havering*

**Child & Adolescent services, including tier 4 inpatient service**

**Regional Mother & Baby unit**

**Community health services**  
*Newham*

**IAPT**  
*Newham, Richmond and Luton*

**Speech & Language**  
*Barnet*

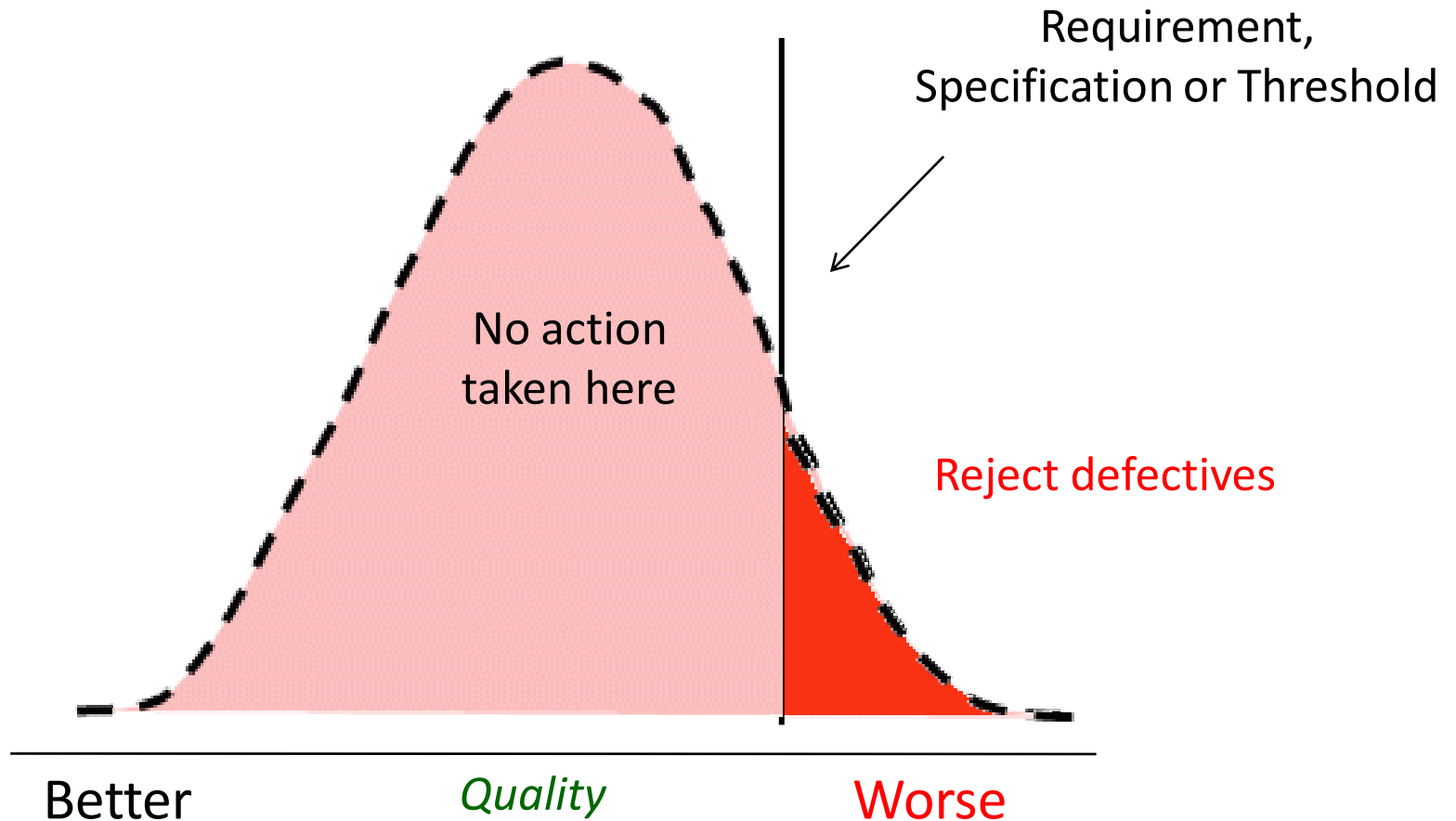


East London  
NHS Foundation Trust



*OUR STORY* 

# The old way (Quality Assurance)



# Performing well?

## Trust Board Scorecard Q4 2009/10

KEY MONITOR, NATIONAL, PARTNER AND LOCAL TARGETS	2009/10 Target	2008/09 Actual	2009/10 Q3	2009/10 Q4	Trend Q3-Q4	Comment
<b>Monitor Targets</b>						
Annual number of MRSA bloodstream infections reported	0	0	0	0	→	
Reduction in C. Diff	0	0	0	0	→	
CPA inpatient discharges followed up within 7 days (face to face and telephone)	95.0%	99.5%	99.0%	99.1%	→	
Patients occupying beds with delayed transfer of care	7.5%	3.5%	1.8%	1.8%	→	CQC Indicator definition covers only April-Aug 2009
Admissions made via Crisis Resolution Teams (end of period)	90.0%	98.3%	99.0%	96.7%	↓	
Number of Crisis Resolution Teams	7.1	7.3	7.3	7.3	→	
<b>Other National/CQC Targets</b>						
Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date)	85%	98.1%	97.3%	97.3%	→	Local target 95%.
Completeness of Mental Health Minimum data set – PART ONE (As per 2008/9)	99%	97.6% Underachieved	99.4%	99.4%	→	Target assumed 99% as per CQC threshold 2008/9. MONITOR have confirmed 99% threshold for 2010/11 for this indicator.
Completeness of Mental Health Minimum data set – PART TWO (New – confirmed 22/12/2009)	TBA	Not Used	45.0%	45.0%	→	No threshold set by CQC or MONITOR for 2009/10 therefore cannot assess compliance.
Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set	80%	99.6%	93.2%	93.2%	→	
CAMHS - National Priorities - Six targets graded 1 (lowest) to 4 (best)	24	22	22	24	↑	Maximum Score 24
Annual Staff Survey (Job Satisfaction)	Benchmarked	Satisfactory	N/A	TBC		Survey based - Annual, threshold not available yet
Patient Survey	Benchmarked	Below Average	N/A	TBC		As above
Drug Misusers in effective Treatment	90.0%	95.5%	92.9%	92.9%	→	
Access to healthcare for people with a learning disability – report compliance to CQC	Yes	Not Used	N/A	Yes		
Best practice in mental health services for people with a learning disability – Green Light Toolkit Score	48	40/48 Underachieved	42	46	↑	Max Score 48
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98.0%	97.5%	98.3%	98.3%	→	Partner target for acute trusts. This will be excluded from future reports.
<b>PCT Contract and Mandatory Targets</b>						
Number of Early Intervention Services Teams	3	3	3	3	→	
Early Intervention Services Caseload	511	569	534	544	↑	
Newly diagnosed cases of first episode psychosis receiving Early intervention Services	176	243	199	248	↑	
Number of patients receiving Adult Crisis Resolution Services (Episodes for Year to date)	2280	2,346	1874	2552	↑	
Specialist Addictions – % of discharges retained 12 weeks or more	85.0%	96.1%	92.9%	92.9%	→	
Specialist Addictions - Number of drug misusers in treatment (snapshot at period end)	678	710	780	776	↓	
CAMHS Service protocols	12	12	12	12	→	Maximum Score 12
Mixed Sex accommodation breaches	0	0	0	1	↑	Reported as required to PCTs, no penalties or compliance issues.
<b>Patient Experience - Community</b>						
Assessment within 28 days of referral	95%	Not Used	88.2%	92.8%	↑	Local target of 95%
CPA patients - care plans in date	95%	93.1%	93.3%	94.2%	→	
<b>Patient Experience - Inpatients</b>						
Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)	95%	95.3%	98.3%	97.3%	↓	See graphs overleaf for more detail.
<b>Information Governance/Assurance</b>						
Information Governance Toolkit score	90.0%	87.0%	87.0%	90.9%	↑	Next assessment expected October 2010



free become a member



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Mental health

Three patients die on psychiatric ward

Three patients have died within 12 months on the same ward following warnings from unions about budget cuts

Mark Gould

Tuesday 12 April 2011 13.10 BST



This article is 4 years old

Save for later



Spike in mental health patient deaths shows NHS 'struggling to cope'



# The culture we want to nurture

A listening and learning organisation

Empowering staff to drive improvement

Patients, carers and families at the heart of all we do

Increasing transparency and openness

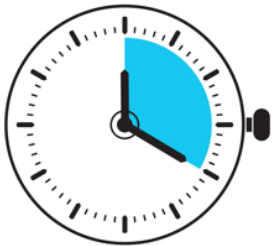
Re-balancing quality control, assurance and improvement



# BREAK TIME



20 MINUTES



#MHImprove

# How we are delivering the QI Programme





**Auz**  
**Senior QI Lead**

**AIM**  
 To provide the highest quality mental health and community care in England by 2020

Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community-based staff, Bedfordshire & Luton staff)
2. Sharing stories – newsletters, microsite, presenting internally
3. Celebration – awards, conferences, publications, internal presentations
4. Share externally – social media, Open mornings, visits, microsite
5. Work upstream – trainees, regional partners, key national and international influencers

Developing improvement skills

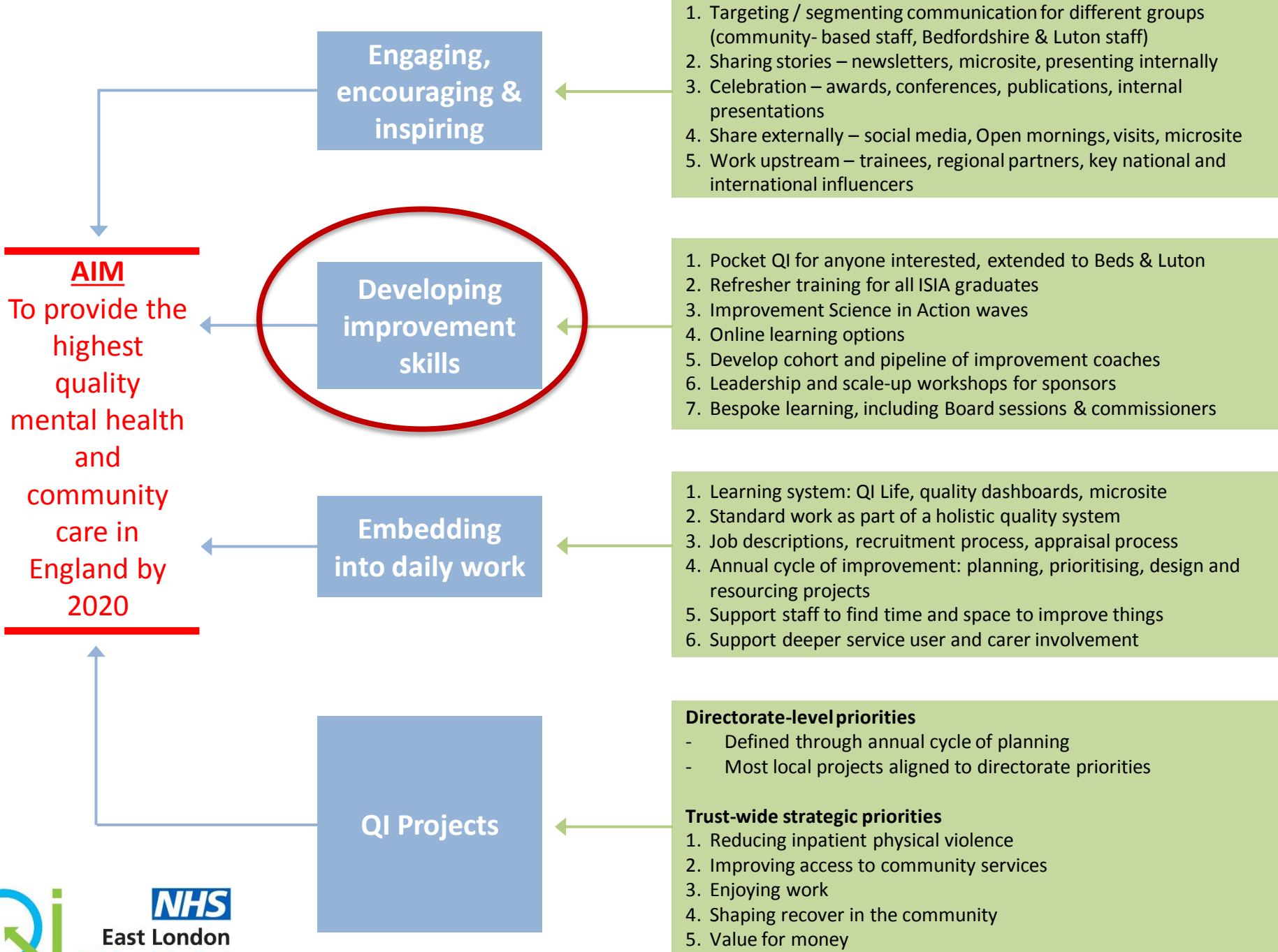
1. Pocket QI for anyone interested, extended to Beds & Luton
2. Refresher training for all ISIA graduates
3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners

Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
3. Job descriptions, recruitment process, appraisal process
4. Annual cycle of improvement: planning, prioritising, design and resourcing projects
5. Support staff to find time and space to improve things
6. Support deeper service user and carer involvement

QI Projects

- Directorate-level priorities**
- Defined through annual cycle of planning
  - Most local projects aligned to directorate priorities
- Trust-wide strategic priorities**
1. Reducing inpatient physical violence
  2. Improving access to community services
  3. Enjoying work
  4. Shaping recover in the community
  5. Value for money

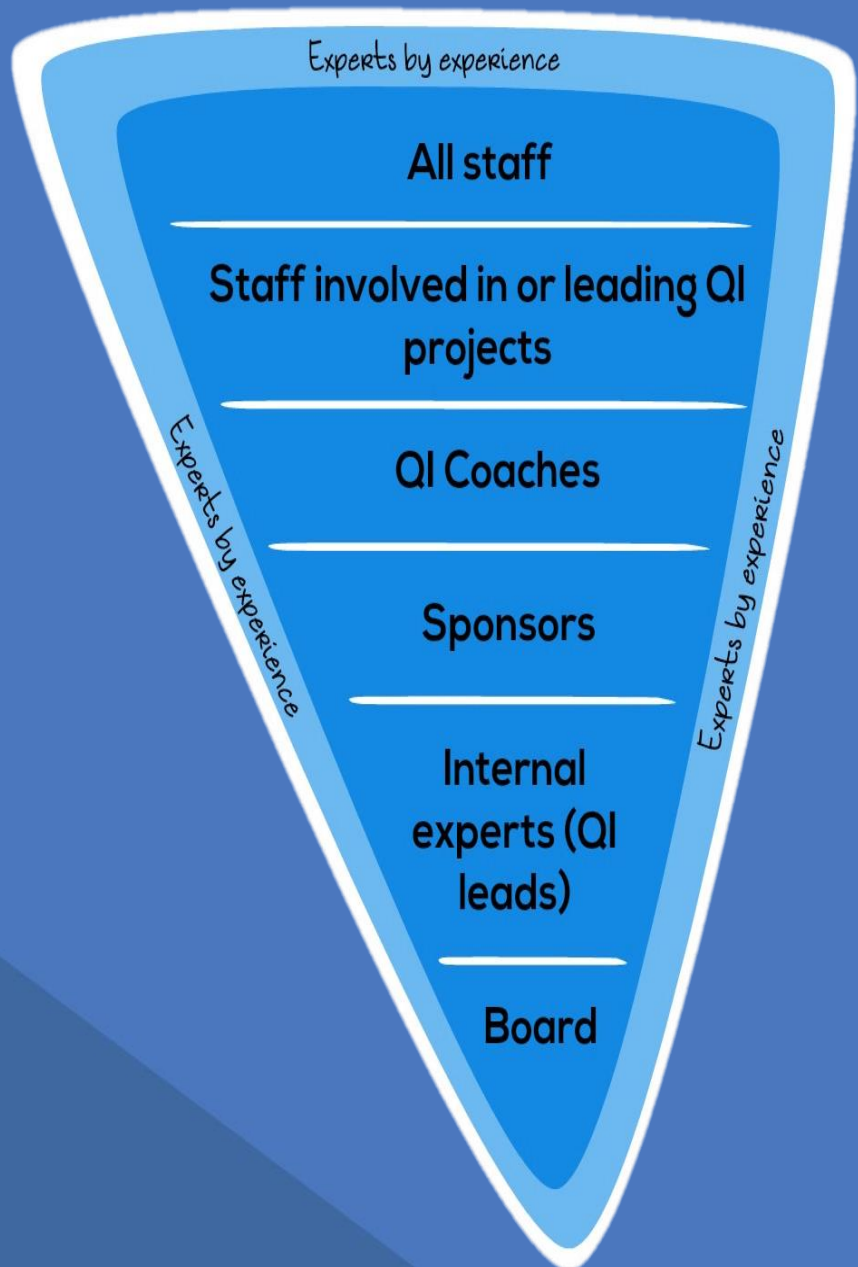


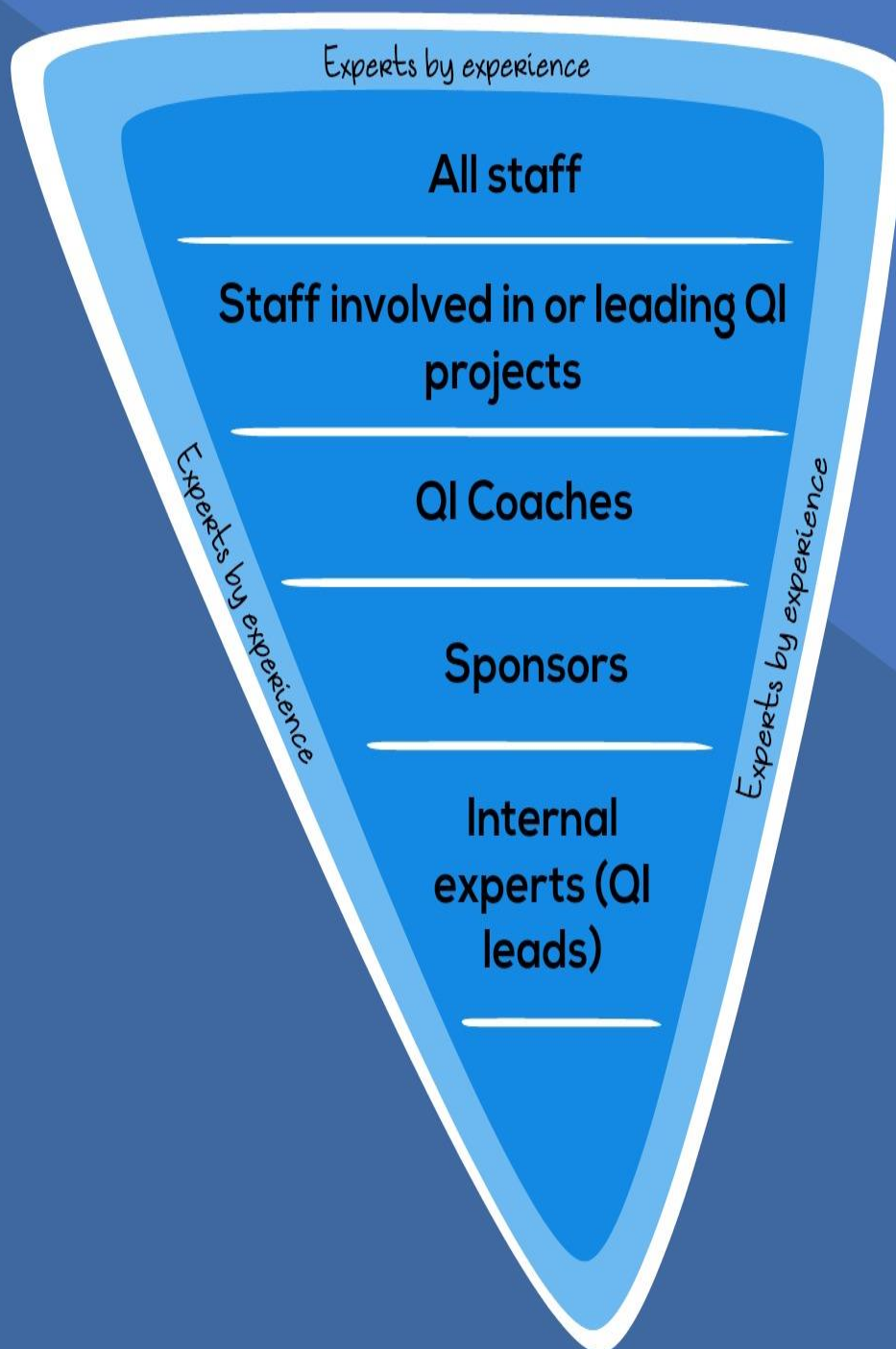


# DEVELOPING IMPROVEMENT SKILLS



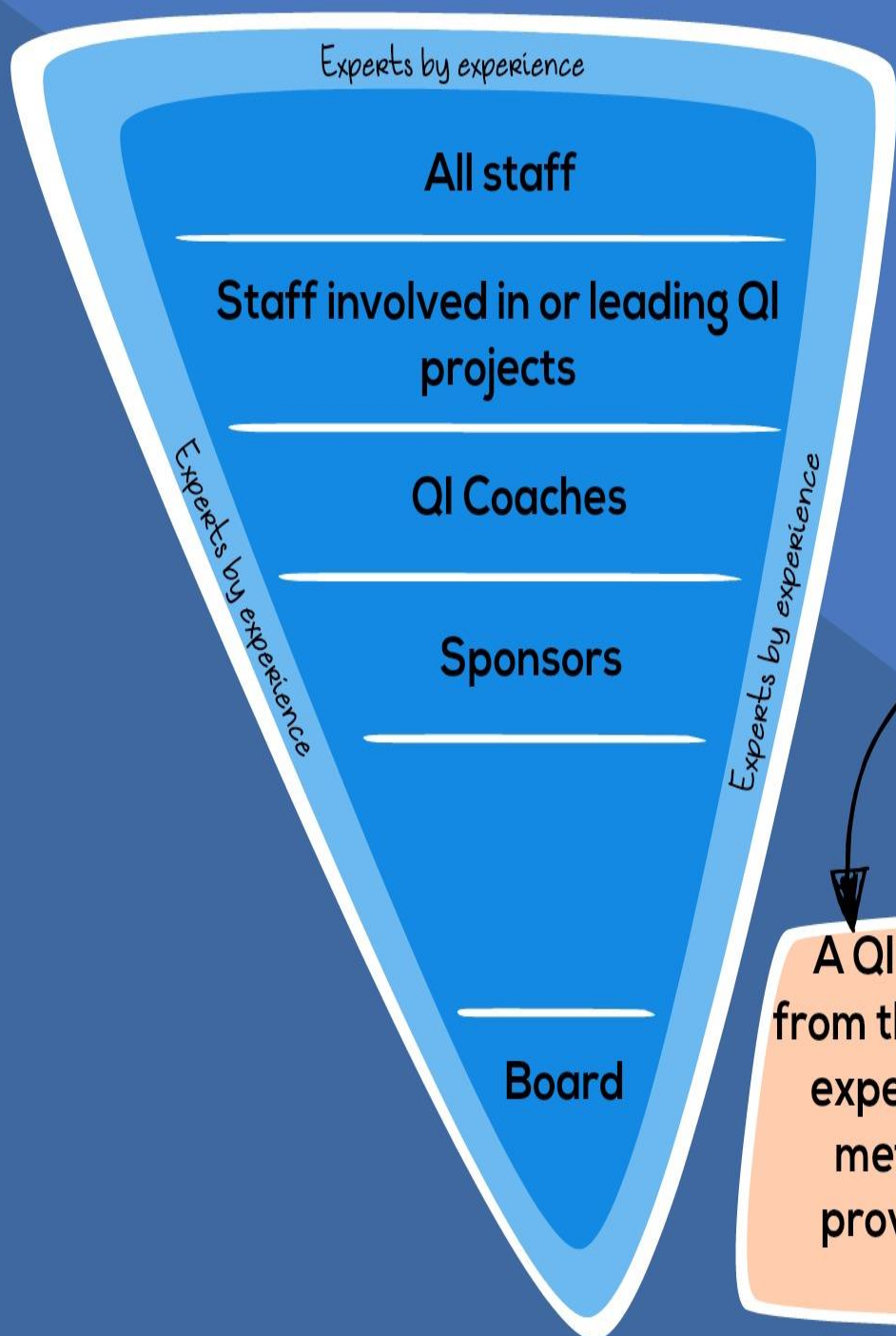
**Capability building is at all levels of the organisation**





Board

All Executives have completed the 6 month Improvement Science in Action (ISIA) programme. They have an annual board session with the Institute for Healthcare Improvement (IHI) & regular development sessions.



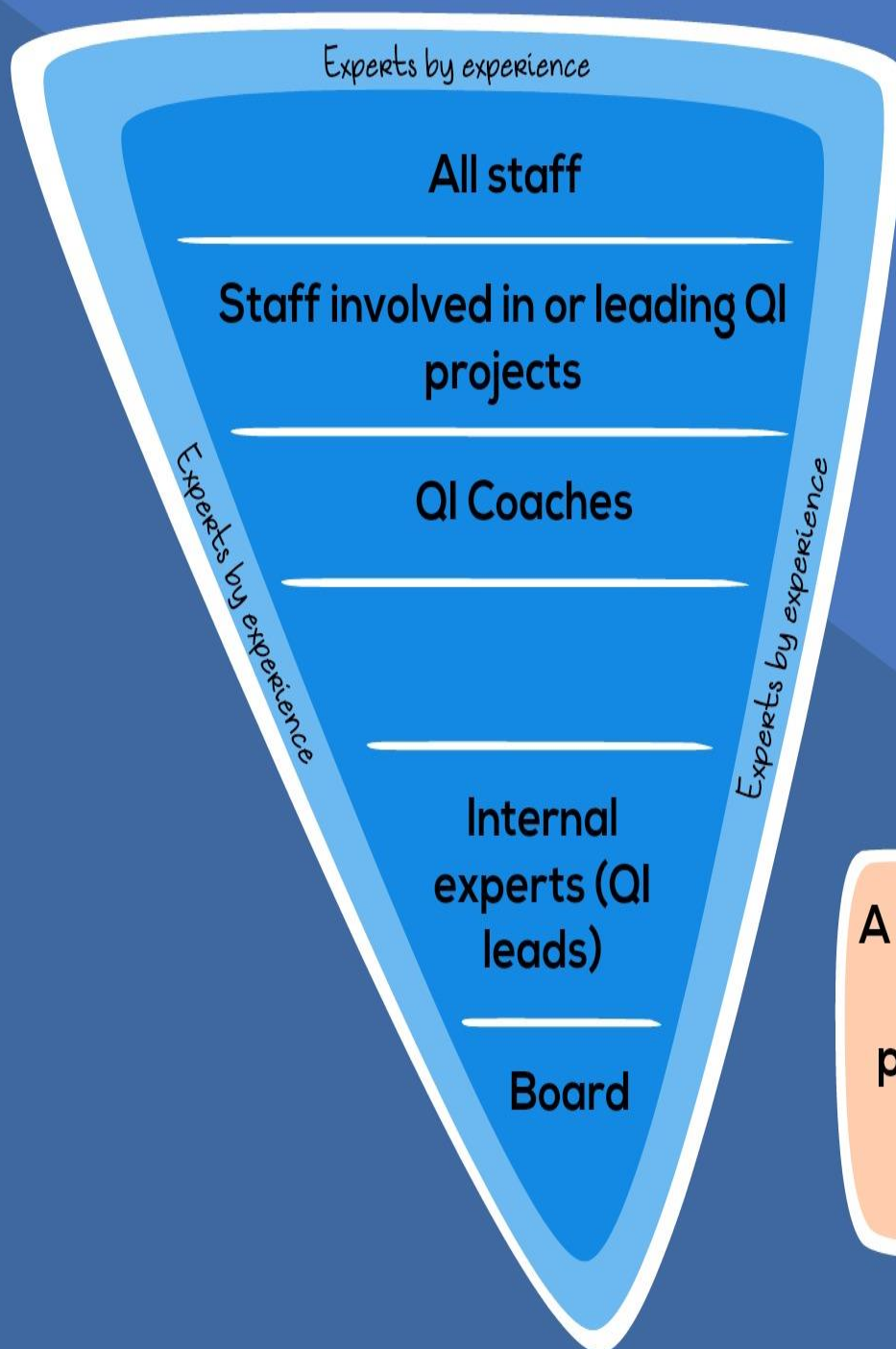
Internal experts (QI leads)

Currently have 6 improvement advisors, with 3 further QI leads in training



A QI lead lead is someone from the central QI team with expertise in improvement methods and tools who provide extra support to project teams





Sponsors

58 current sponsors. All completed the 6 month ISIA programme with regular refresher training.

A sponsor is a senior member of staff keeping an eye on project progression, helping unblock barriers and championing the work



# Improvement Coaches

Ring-fenced time within  
their job to coach 4-5 teams  
in their QI work

6 month  
leadership  
development  
programme

**47**  
**TRAINED**

A mix of Pharmacists,  
Doctors, Managers etc

**56 hrs**  
of QI learning spread  
over 7 days



# Improvement Science in Action

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**690**  
**TRAINED**

A 6 month programme of learning involving face-to-face teaching, reading and online modules

For project leads, project team members and anyone in a management role

Applying learning to a real life project in their team

**52 hrs**  
of QI training  
spread over 6 and  
half days

6 waves of  
training completed



## Who has attended?

## How far have we reached within our workforce?

**690**  
TRAINED

**9%**  
Band 3-5

**28%**  
Band 6-7

**33%**  
Band 8a-8d

**3%**  
Band 9

**18%**  
Doctors

**3%**  
Band 3-5

**11%**  
Band 6-7

**36%**  
Band 8a-8d

**100%**  
Band 9

**31%**  
Doctors

# Pocket QI

Available to  
absolutely anyone

7 hrs  
of QI learning  
over 2 half days

Covers the basics  
of the QI method  
and tools

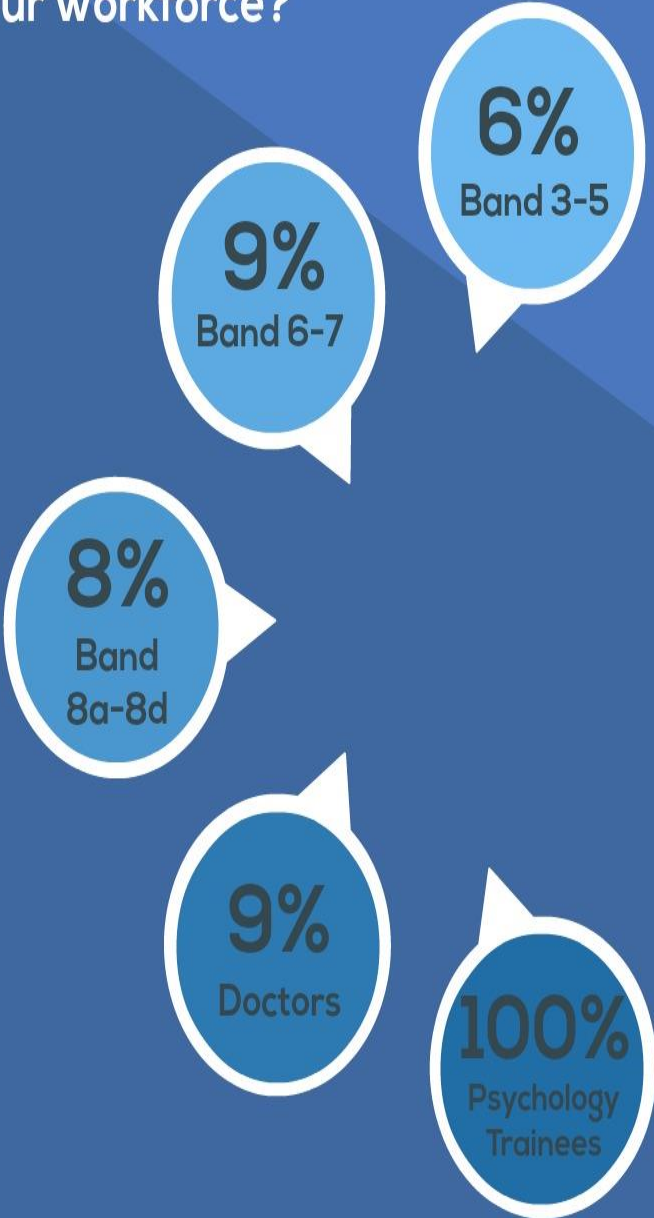
22 cohorts  
graduated

445  
TRAINED





# How far have we reached within our workforce?



# Who has attended?



# Service User and Carer Training

**95  
TRAINED**

An interactive introductory session to QI

Embedded into recovery colleges

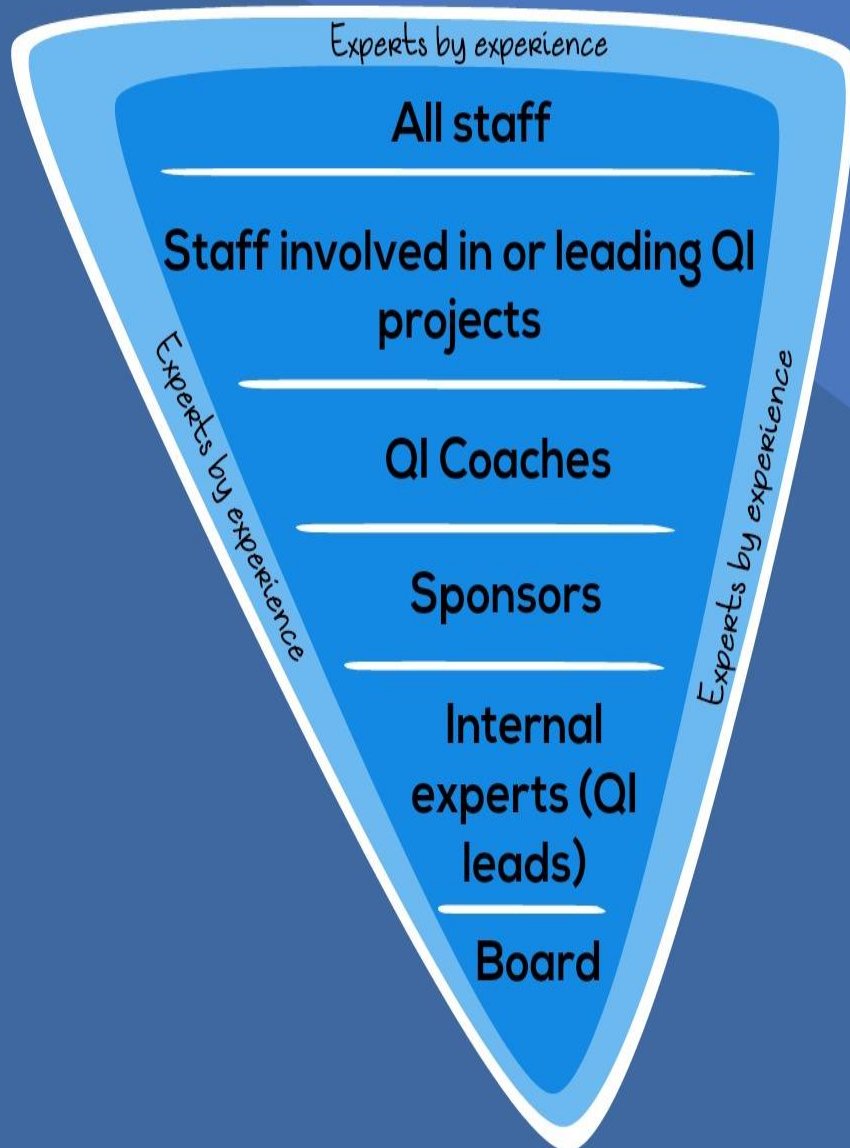
10 cohorts completed

Helping empower service users and carers to get involved in QI projects within ELFT

3 hrs of QI training



Working Upstream



Working with future workforce to embed QI into their training



# Nursing Students

**124**  
TRAINED

**3-5 Hrs**  
of QI training

All students  
embedded in QI  
projects during their  
placement at ELFT

An  
introductory  
session to QI

Within undergraduate  
and postgraduate  
curricula



**CITY UNIVERSITY  
LONDON**



**University of  
Bedfordshire**

All clinical psychology trainees embedded into existing QI projects and supported throughout the year

1 year placement at ELFT from 5 different universities

Training includes:  
completing a Pocket QI course

**35**  
TRAINED

Quarterly seminars

and an end of placement conference

**24 Hrs**  
of QI training spread over 3 days



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Psychology Trainees



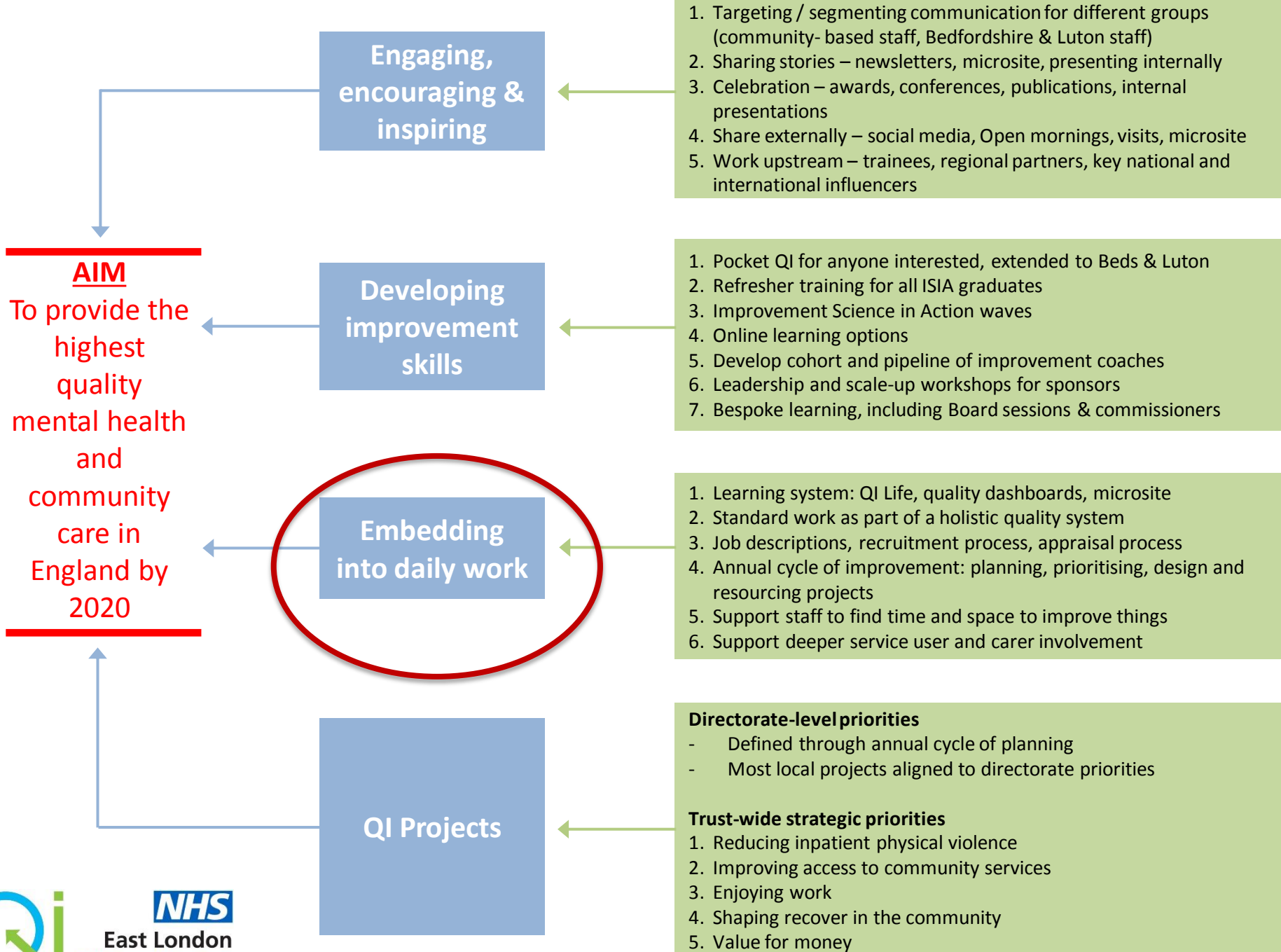
# 1436

PEOPLE TRAINED IN QI  
SINCE SUMMER 2014





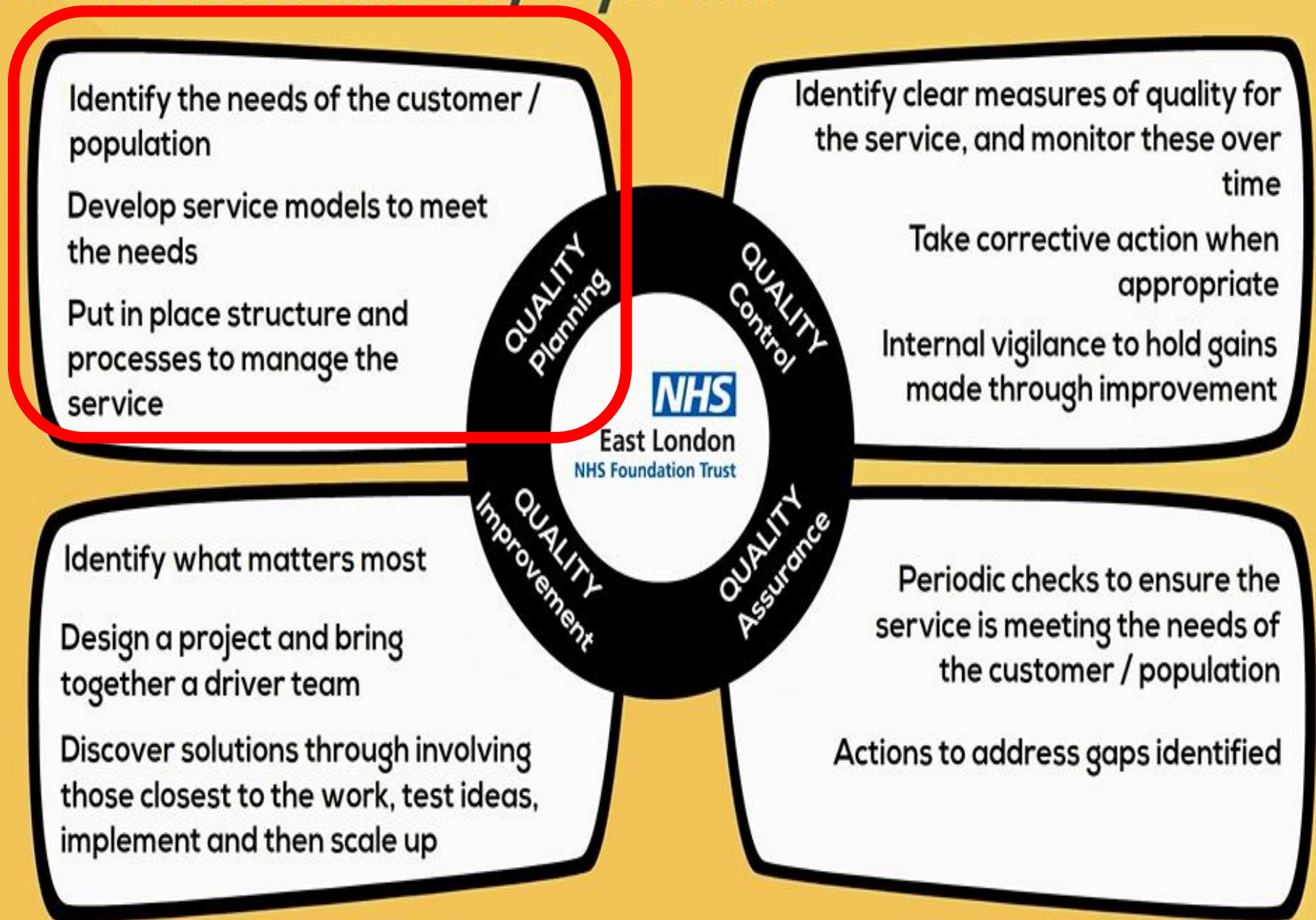
**Nynn**  
**QI Lead**



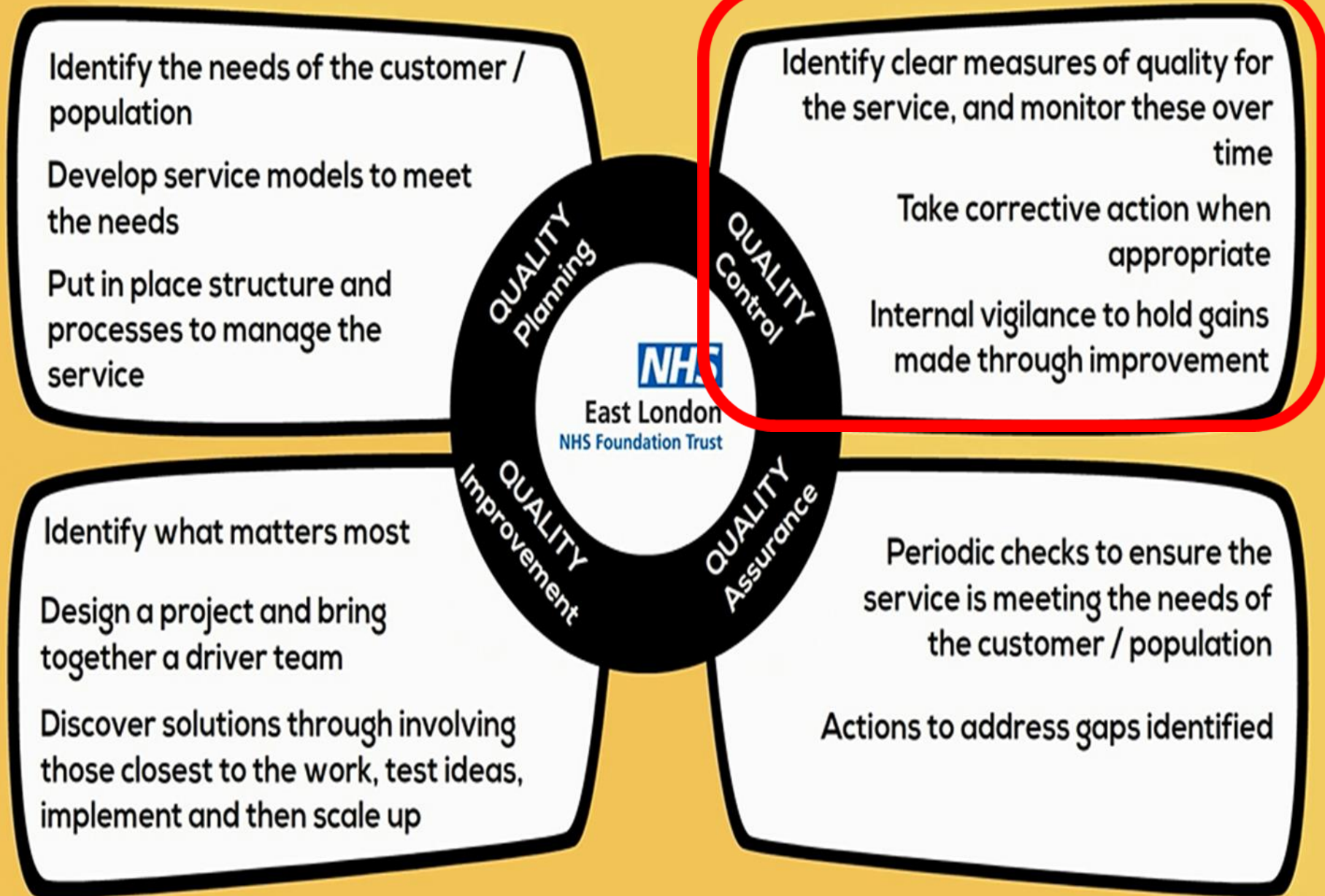


# **Embedding QI into daily work**

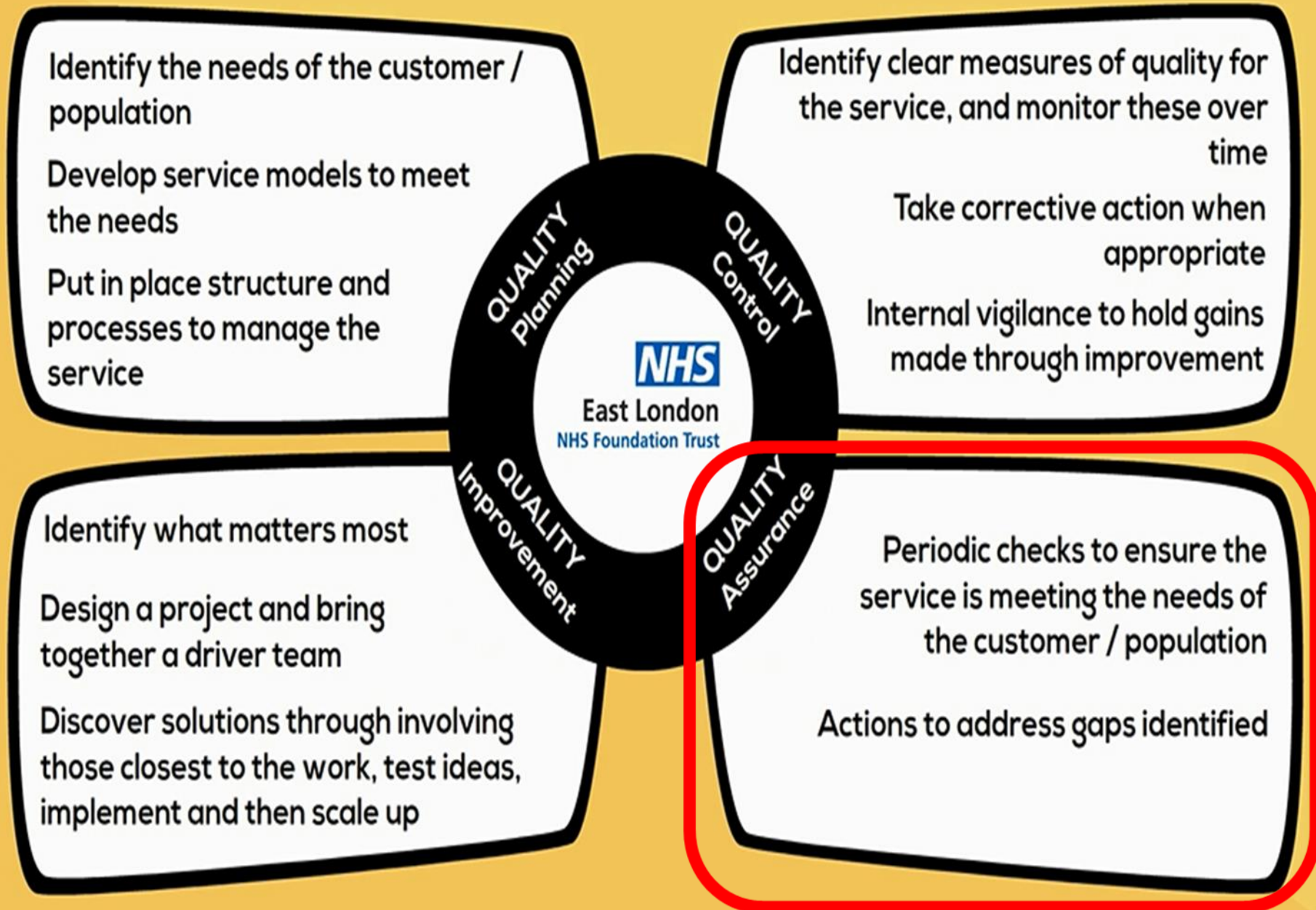
# Our Holistic Quality System



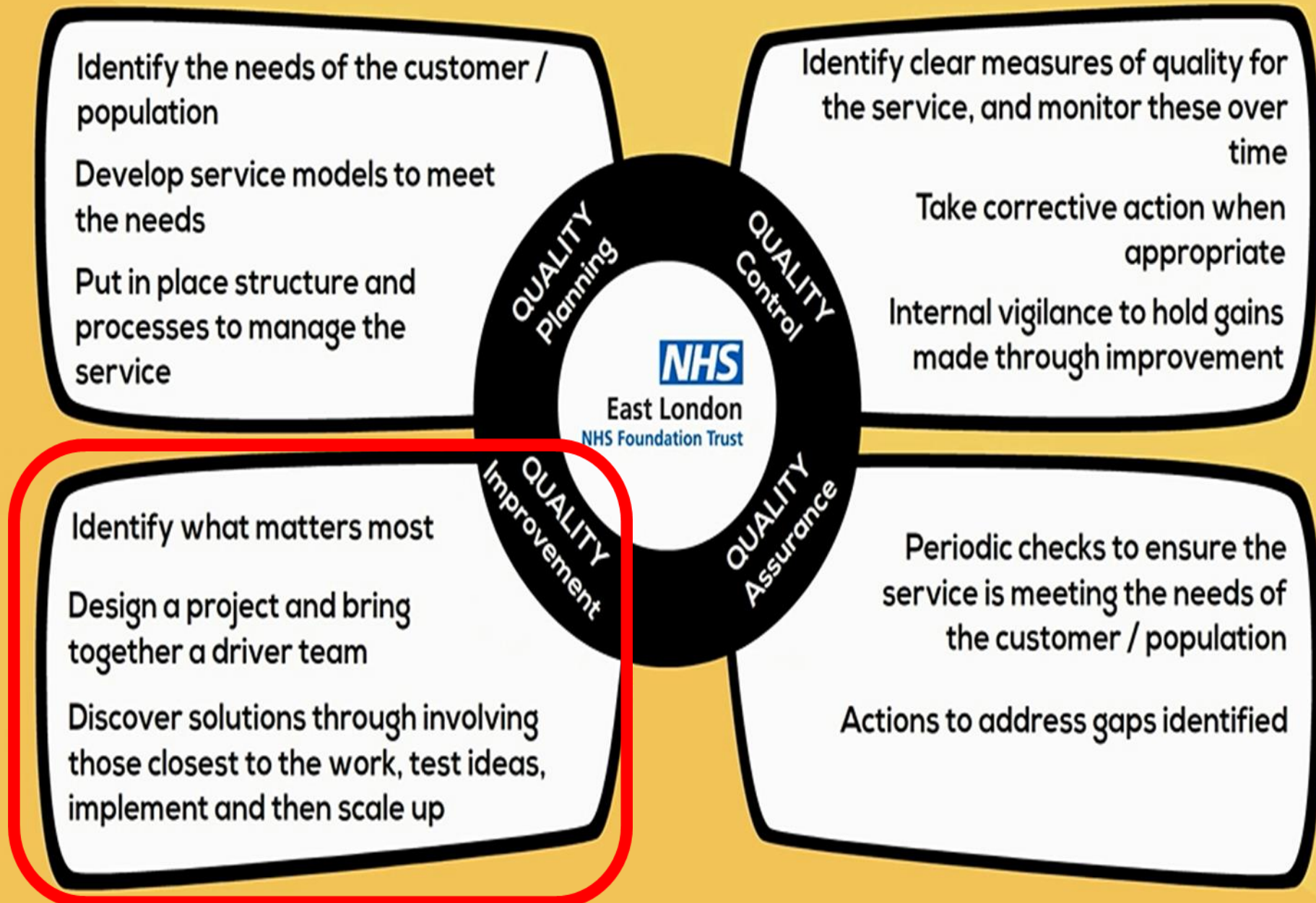
# Our Holistic Quality System



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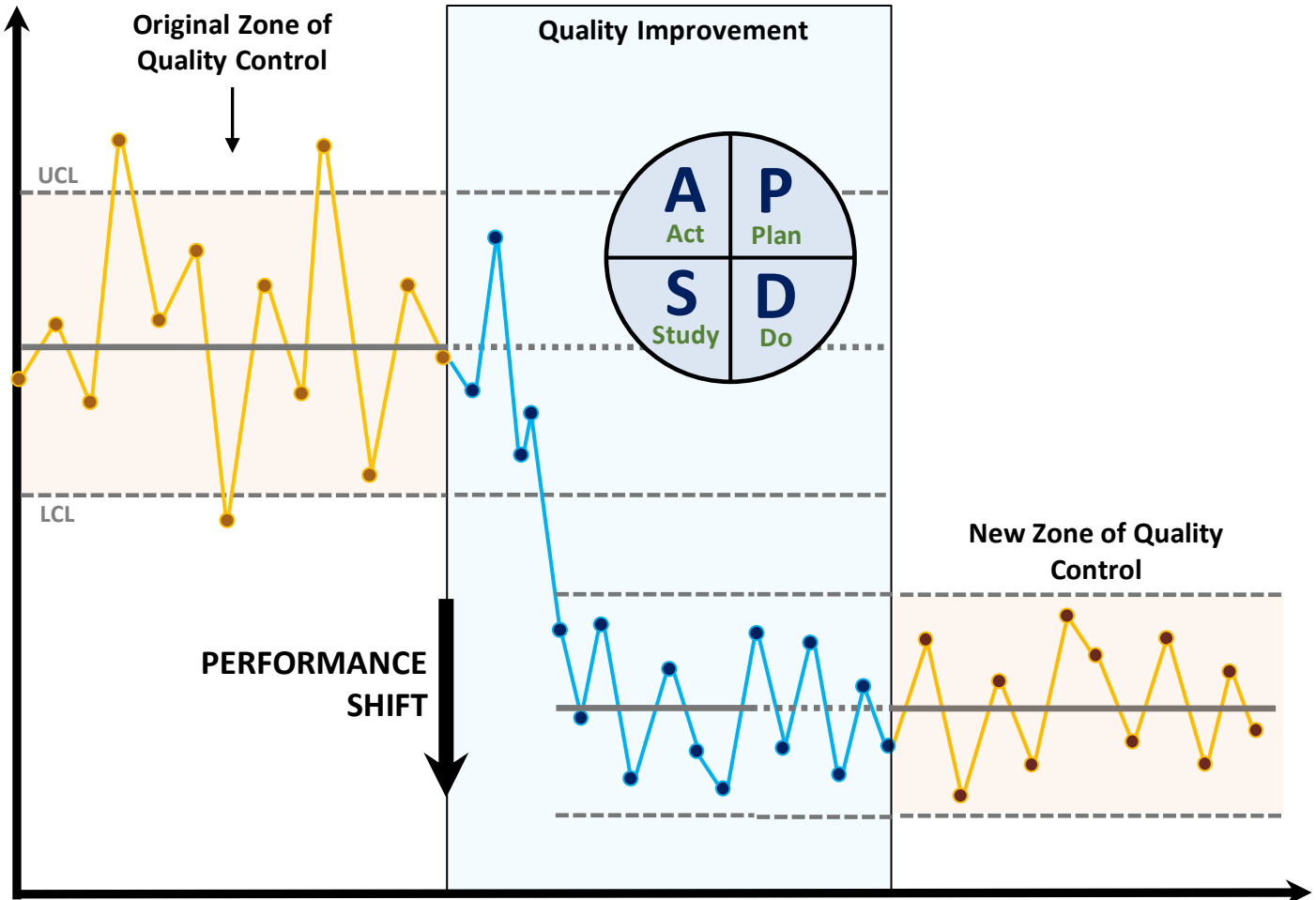
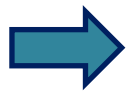


# Our Holistic Quality System



**DESIGN**      **CONTROL**      **IMPROVEMENT**      **CONTROL**

**QUALITY PLANNING**



MONTH



WEEK



MONTH

**LESSONS LEARNT**



# QI Sponsor



# QI Coach



# QI Team



## Project Team



Support with involving service users and carers



# QI Forums



# Learning Systems

A monthly  
directorates  
meeting  
focused on  
QI

Attended by  
project leads, QI  
coaches and QI  
sponsors



## QI Forums

Opportunity  
to discuss  
current  
portfolio of QI  
projects

Share  
successful QI  
project  
stories

Aimed at  
learning from  
each other





## Support with involving service users and carers

Service user involvement in all our projects is a very high priority

Involvement with a Little i means asking the people who use our service, what could we work on, ideas that might make a difference or whether they have noticed any improvements. This can be done via survey, focus groups etc.

Involvement with a Big I means involving service users and carers directly in a project, QI development and delivery.

Little i

Big I

There are two types of service user involvement



# Learning Systems

Three different systems to help support learning

QI  
Microsite

Quality and  
Performance  
Dashboard

QI  
Life



## QI Microsite

[www.qi.eft.nhs.uk](http://www.qi.eft.nhs.uk)



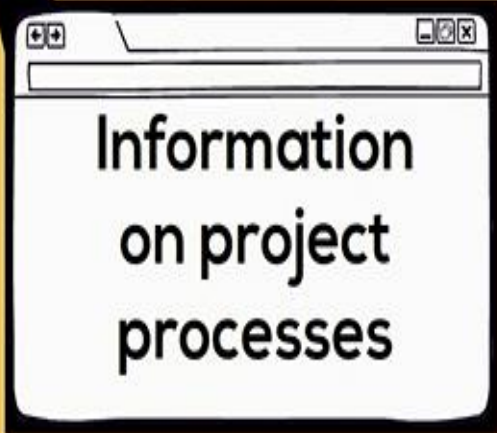
Information on  
key directorate  
contacts



Tips on running  
successful  
projects



Guidance  
on QI tools



Information  
on project  
processes

# Quality Dashboard

Data on key aspects of quality and performance in one place



Allowing staff to access data to support their project work as and when required

Ability to drill-down data to directorate and ward/service level

Real-time data through time series analysis

Accessible to anyone in the trust





# QI Life

An online project management tool for QI projects

With the functionality to create driver diagrams, PDSAs & SPC charts

Very user friendly

Accessible anywhere through an internet connection

Used by multiple NHS trusts

All with the aim of sharing QI learning



# Forensic Violence Reduction - Bow Ward



- ▼ General
- ▶ Driver Diagram
- ▶ Change Ideas
- ▶ PDSAs
- ▶ Measures
- ▶ Charts
- ▶ Documents

## General Information

[Edit](#) [Close Project](#) [Submit Monthly Report](#)

Project ID: 101692 – Programme: [ELFT's Forensic Violence Reduction Collaborative](#)

Title:

Status:

Aim:

Location:

Start:

End:

Rationale:


Tags: (A few key words that relate to this project)

# Forensic Violence Reduction - Bow Ward

PDF 

- General
- Driver Diagram
- Change Ideas
- PDSAs
- Measures
- Charts**
- Documents

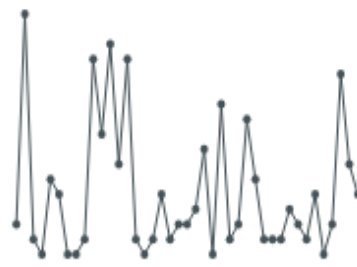
## SPC Charts [Learn More](#)

Add New SPC Chart 




Bow - count of incidents of non physical violence

Open 



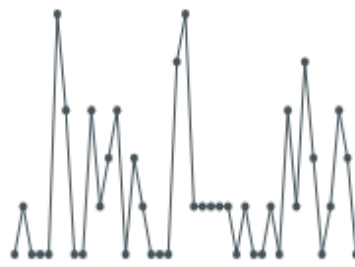
Bow - count of incidents of non physical violence (orange dot) every 3 days

Open 




Bow - count of incidents of physical violence

Open 



Bow - count of incidents of physical violence (red dots) every 3 days

Open 

Check out the new Learning Centre to find tips on using Life. [Visit the learning centre](#)

# My Organisation's Projects

Start a QI project

Start a scale up/spread project

[My Projects](#) [My Organisation's Projects](#) [My Region's Projects](#) [All Projects](#) [Project Library](#)

Type here to search... Active 1 - 15 of 206 Sort: Title Up

[Show Advanced Search](#) [Export Project Summaries](#) [Export Successful Projects](#) [Export Closed Projects](#)

1.0  
"improving access to the needle

1.0  
"To reduce the number of falls on

0.5  
• Reducing attrition rate from



# Dashboards

Dashboards

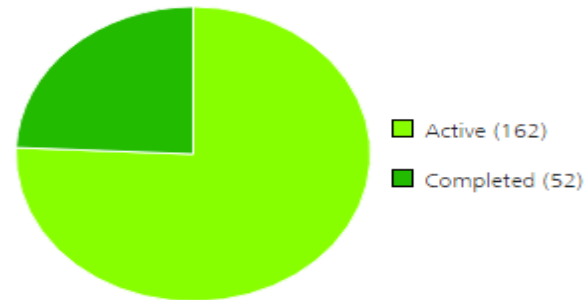
Reports

Monitoring

No. of ELFT QI Projects (broken down by status) 

	All Projects
Active	162
Completed	52
Total	214

No. of ELFT QI Projects (broken down by status) 

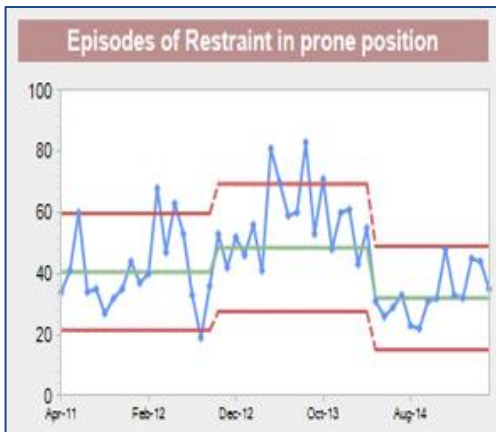


No. of ELFT QI Projects (broken down by status and progress score) 

	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
Active	10	29	22	36	42	15	7	7	4	0
Completed	0	0	0	0	0	16	7	4	20	5
Total	10	29	22	36	42	31	14	11	24	5

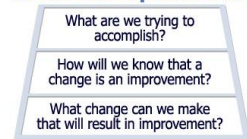
# A learning system helps us to...

Observe  
existing  
performance

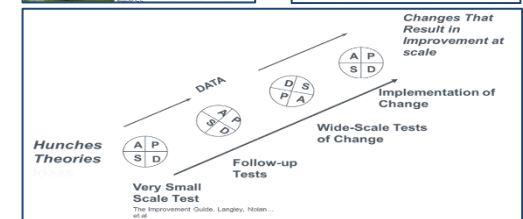


Connecting  
people,  
developing  
relationships &  
networks

## Model for Improvement

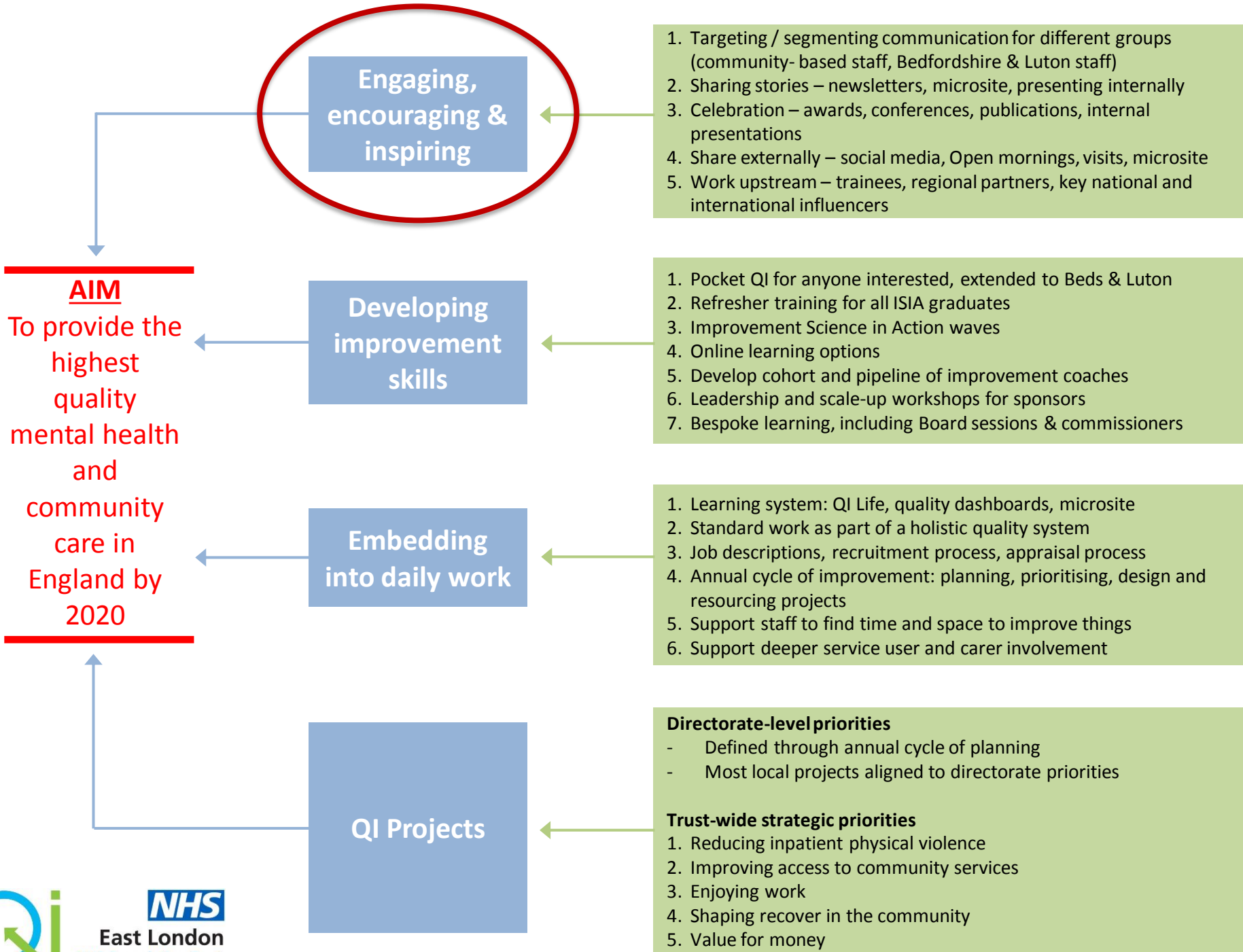


Share & scale up  
improvement  
across the  
organisation





**Francisco**  
**QI Lead**





**ENGAGING, ENCOURAGING  
& INSPIRING**

Project teams sharing their work at every trust board meeting

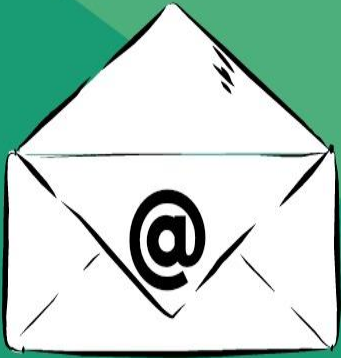
Project presentations during QI training events

Learning forums and celebration events in each directorate



# Internal Presentations

# Qi Newsletter



Monthly e-Newsletter

Sent to 5000+ staff members



Quarterly paper newsletter

Sent to all our sites and partner organisations



237 Sites

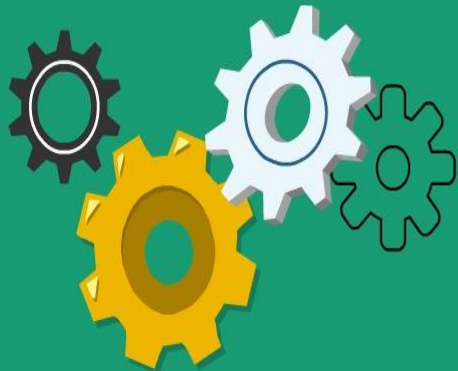
# QI Microsite



# Social Media



# Connecting with External partners



**INFLUENCING THE**

THROUGH

**WIDER SYSTEM**



# Social Media



@ELFT\_QI

**1791**  
Followers

**2139**  
Tweets

**Daily QI**  
news

Sharing  
stories and  
data

Sharing  
tools and  
resources

How to use  
data for  
improvement

Live  
streams  
from ELFT  
events

Videos on QI  
methodology



View  
Active QI  
Projects



View  
published  
work



Service  
User / Staff  
stories



QI  
resources



# QI Microsite

Guidance  
on QI  
tools



Posters of all  
completed  
projects



Vlogs



# Top Visitors



267,920 Page Views



from all over the world

# Connecting with External partners



Open to anyone

5  
Hosted so far

Hosting open mornings

200+  
Visitors



Hosting visits for people to learn about our QI system



# Connecting with External partners



SCOTTISH PATIENT SAFETY PROGRAMME



Dansk Selskab for Patient Sikkerhed

Danish Society for Patient Safety



HARVARD BUSINESS SCHOOL



# Awards



**8 awards**  
won since  
summer-2014



## CELEBRATING



## SUCCESS

Including

FOR HEALTHCARE LEADERS  
**HSJ**  
 Staff Engagement  
 Award 2015



PATIENT SAFETY   
 Trust of the Year  
 Award 2015



FOR HEALTHCARE LEADERS  
**HSJ**  
 Trust of the Year  
 Award 2016

HE NCEL

UCL Partners



BMJ

FOR HEALTHCARE LEADERS  
**HSJ**





# Awards

# Publications



9 projects published on BMJ journal



# CELEBRATING

ELFT's Violence reduction work published in British Journal of Mental Health Nursing



British Journal of Mental Health Nursing



Joint publications with The Institute for Healthcare Improvement (IHI)



# SUCCESS

# Awards



# Publications



## CELEBRATING



## SUCCESS

# Conferences

Annual QI conference to share learning and success with internal and external partners



## Sharing learning at conferences

International Forum on  
**QUALITY & SAFETY** in  
HEALTHCARE

2014

2015

2016

2015

2014

2016



SCOTTISH  
**PATIENT  
SAFETY**  
PROGRAMME

# Connecting with External partners



2016



International Conference  
on Integrated Care  
23-25 May 2016, Barcelona

26th

27th

28th



Institute for  
Healthcare  
Improvement

National Forum

**PS!**

Dansk Selskab for  
PatientSikkerhed

Danish Society for Patient Safety

# Service User & Carer Involvement

## WIFI DETAILS

Network: LBTH Eco

Password: Eco#2014



@ELFT\_QI

#Quality2017



qi@elft.nhs.uk



<https://qi.elft.nhs.uk>

# QI Project Meeting

## WIFI DETAILS

Network: LBTH Eco

Password: Eco#2014



@ELFT\_QI

#Quality2017



qi@elft.nhs.uk



<https://qi.elft.nhs.uk>

*We care*

*We respect*

*We are inclusive*

# Daniella, Racheal and Thana **Experts by Experience**

## People Participation

*We care*

*We respect*

*We are inclusive*

# AGENDA

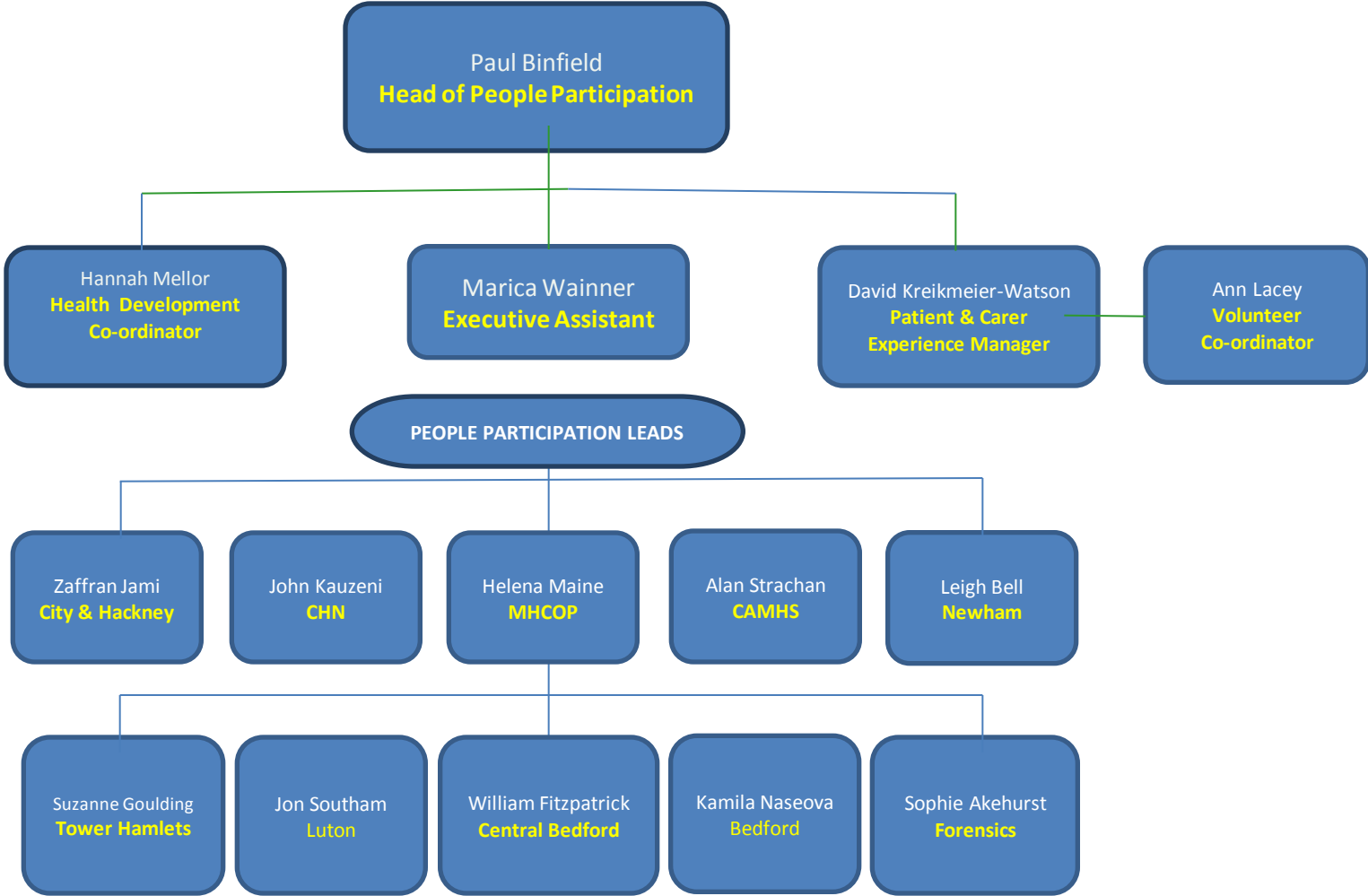
- Welcome - Daniella, Racheal and Thana
- What is People Participation and Service User Engagement?
- QI (Quality Improvement) and Service User Engagement- progress?
- **Case Study** : Introduction to Role Play : Good and the Bad Scenarios
  - with **BAFTA Cast** : Graham, Andrea, Racheal, Erayna
- Role Play Scenarios : Project Team Meeting
- QI Project Presentation : Lucy and Andrea
- Summary and Close with Q&A Session: How can we improve the engagement? - Su

*We care*

*We respect*

*We are inclusive*

# ELFT People Participation Team



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*We are inclusive*



# ENGAGEMENT PROJECTS

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# Staff Recruitment Policy

- **Service User** and **Carer** input into all posts but priority will be given to posts with clinical contact and direct daily service user contact.

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*We are inclusive*

# Staff Training

- Service User/Carers deliver **new staff induction** sessions
- Input into all levels of **staff development** programme
- Rolling out new **Care Plan** process staff /service user training teams

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*We are inclusive*

# PERSONAL JOURNEY



Reaching There !!!

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*We respect*

*We are inclusive*





So HOW did I engage on my  
Recovery Journey?

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*We respect*

*We are inclusive*

# Project Engagement - Thana



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*We respect*

*We are inclusive*



# PEER SUPPORT AND RESEACH PROJECTS

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*We respect*

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# Peer Support

- Expansion of our **Peer Support** across all areas.
- Inpatient and Community (including enhanced primary care)
- **Carers Mentors** being developed
- ENRICH research project (Peer Support)

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*We are inclusive*



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We respect

We are inclusive

# Research

- Linking in service users/carers with academic research projects. Report due this year.
- People Participation team is conducting research (employing 3 service user researchers) to measure the **potential impact** of People Participation on **Recovery**.
- Prestigious **World Health Organisation (WHO) Collaborating Centre** – based in Newham.

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*We respect*

*We are inclusive*

# Quality Improvement

- We have 85 service users/carers trained in QI methodology.
- Active in many QI projects as team members.

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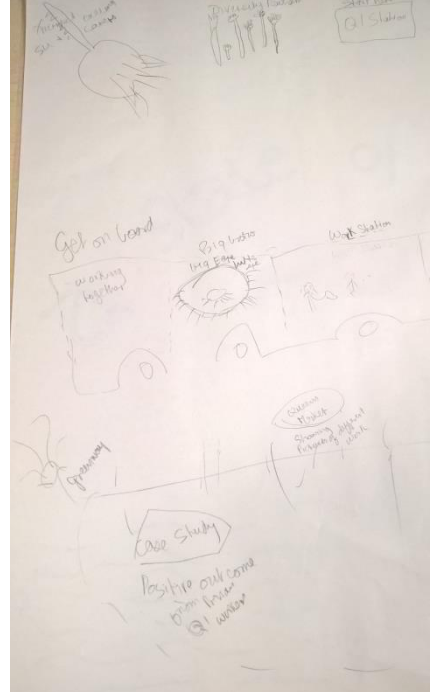
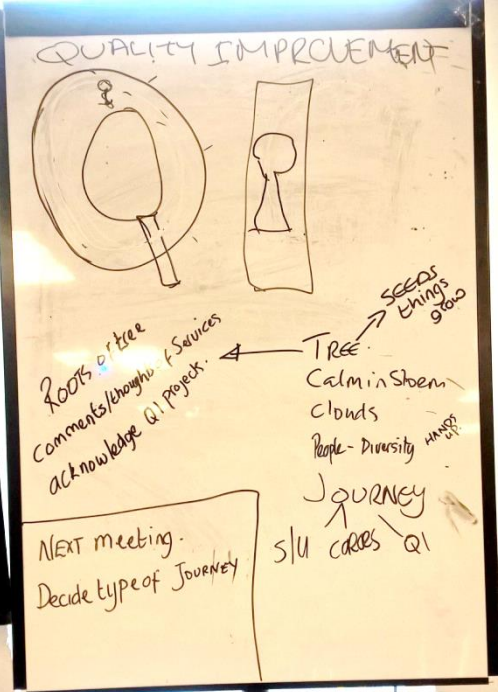
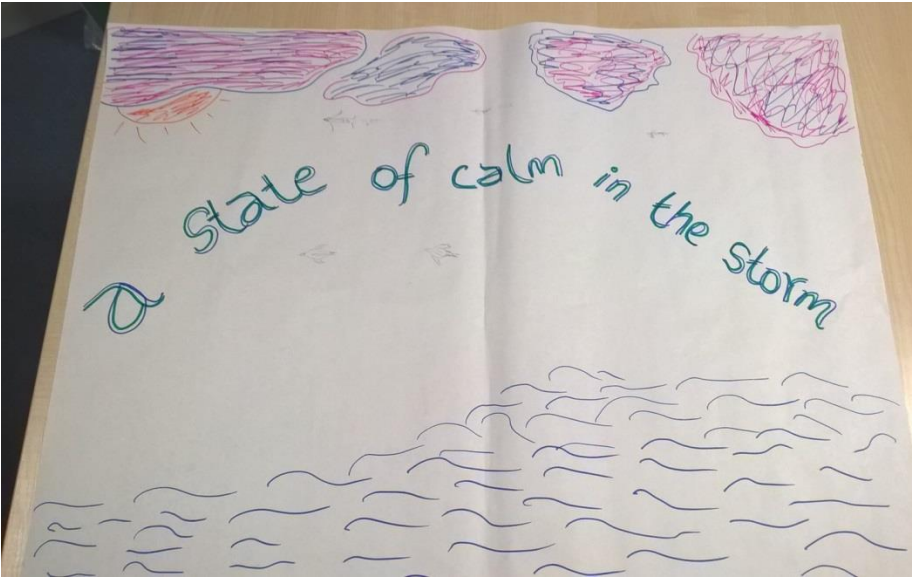
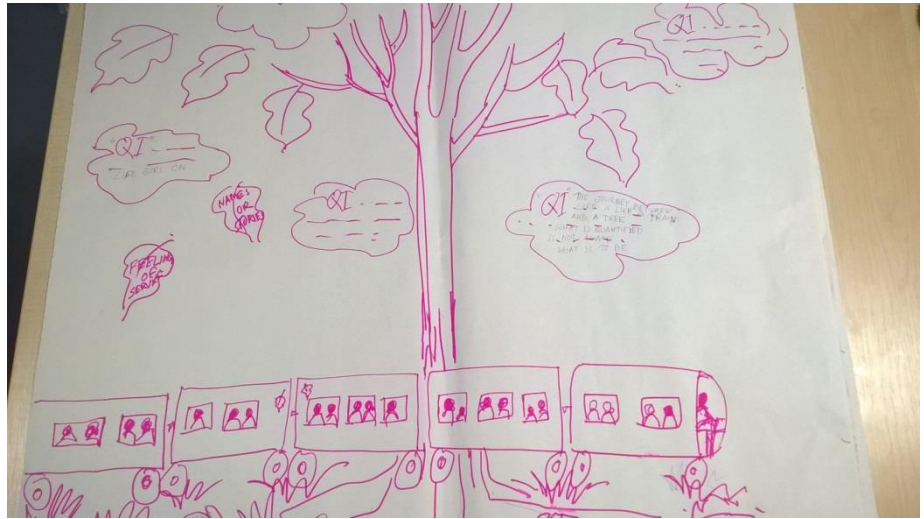
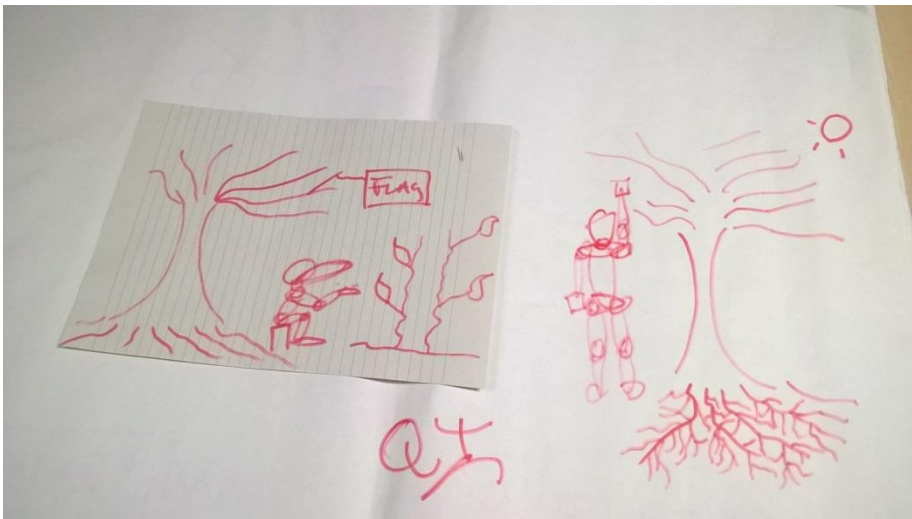
*We are inclusive*

# QI – WALL PROJECT

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*We respect*

*We are inclusive*



We care

We respect

We are inclusive







*We care*

*We respect*

*We are inclusive*



We care We respect We are inclusive

QI – INFORMATION DESIGN

PSYCHOLOGY DEPARTMENT

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*We are inclusive*

# The Team

## NEWHAM PSYCHOLOGICAL SERVICES

Dr Amra Rao



# INFORMATION DESIGN - BEFORE

## Confidentiality

During your assessment you will be asked to consent to information sharing on a need to know basis. Confidentiality is within the Trust and there may be times if there are concerns about risk, when your therapist will consult with another professional to further assist you. This may be your G.P. or a psychiatrist or care coordinator. It is important that throughout our contact with you we meet your needs as best we can. You will be informed if this happens.

## What if you need an Interpreter?

Newham is a multicultural borough and we regularly see service users from many racial, ethnic and cultural backgrounds. We pride ourselves on being an accessible psychological therapies service therefore we always use an interpreter when required. If an interpreter is needed, we will book an interpreter for you and will use the same interpreter so that you feel secure talking about your concerns during sessions. We are open to any feedback you have regarding the interpreter so that we can ensure it helps your therapy. Interpreters are bound by confidentiality.

**ADDRESS:** Secondary Care Psychological Services  
409, Stratford High Street  
Stratford  
Newham  
London E15 4QZ

**TELEPHONE:** 0208 221 6000

Secondary Care Psychological Services Newham

East London   
NHS Foundation Trust

# Psychological Assessment and Therapy

Information for service users referred to the service

## Practical Information

We are open Monday to Friday and offer evening appointments from Monday to Wednesday. Services are mainly provided from our office in Stratford. If required, we can arrange free interpreters who are bound by confidentiality.



## Information about Mental Health

East London NHS Foundation Trust: [www.elft.nhs.uk](http://www.elft.nhs.uk)  
The mental health charity Mind: [www.mind.org.uk](http://www.mind.org.uk), T: 020 8519 2122  
The mental health charity Rethink Mental Illness: [www.rethink.org](http://www.rethink.org), T: 0300 5000 927  
Free advocacy Voiceability: [www.voiceability.org](http://www.voiceability.org), T: 020 3355 7142  
Newham Carers' Network: [www.newhamcarers.org.uk](http://www.newhamcarers.org.uk), T: 020 8519 0800

## Crisis Support

Our service does not provide crisis support. Please contact your GP or referrer for support during office hours.

Outside Office Hours, please call the following Crisis number: 020 7540 6782.

## Service Users Forum & Quality Improvement

We are keen to engage service users in shaping our service. We hold forums twice a year inviting service users and their family to discuss their experiences with us. All current service users are notified about upcoming meetings. You can also help us improve the service and get engaged with our quality improvement programme: [www.qi.elft.nhs.uk](http://www.qi.elft.nhs.uk). We look forward to hear from you if you are interested.

## Welcome to Newham Secondary Care Psychological Services



409 High Street, Stratford, E15 4QZ

Tel: 020 8221 6000 | Fax: 020 8221 6001 | [www.elft.nhs.uk](http://www.elft.nhs.uk)

Newham Psychological Services provide a variety of interventions, such as assessment, consultation and talking therapies to individuals, groups, couples and families affected by longstanding and complex mental health needs.

This leaflet contains information about our service, the assessment process and treatment options. Please call us to clarify any information in this leaflet or if you have any further questions.

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*We respect*

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## Our Initial Meeting

Following a referral you are invited to an assessment meeting. This is to work with you to decide how best to help you as we offer a range of interventions.

### What happens in the assessment?

- You can be assessed alone or with people important to you.
- You will be asked about the problems you would like to work on, about you as a person and your life experiences. This may include talking about distressing events. We appreciate this can be difficult and we aim to ensure you are treated with dignity, respect, and compassion.

If together we agree that therapy is the right option, you will be placed on the waiting list for the agreed treatment. You will be asked to complete a 'Permission to Use and Share Information' consent form, with information about our health recording system and confidentiality policies.

### OUR TEAM



### What if I or the assessing clinician feels therapy is not the best option?

We understand that not everyone is ready to engage in therapy. For instance you may feel uncertain about your goals for change and what to work on in therapy, or you may not be able to attend regular sessions. In such cases, we would discuss alternative options that could be helpful.

### What if I cannot attend my assessment appointment?

- Please phone us on 020 8221 6000 to cancel or reschedule as soon as you are aware as we may be able to offer it to someone else.
- If an assessment appointment is cancelled or missed we offer one replacement session. To ensure fairness to others on our waiting lists we will close a case if the replacement session is missed. You can be re-referred in the future if your circumstances change.

## Choice for Therapies

We offer a range of evidence-based therapies & a range of workshops.

**Cognitive Behavioural Therapy (CBT)** Focuses on how you think, feel and behave, and how these aspects influence and interact with each other. Therapy helps you change behaviours and the way you think about your difficulties

**Integrative Therapy** which combines a number of therapeutic approaches, either at the same time or one after the other

**Psychodynamic psychotherapy** focuses on problematic patterns of behaviour that evolved from past relationships and life experiences. Psychodynamic psychotherapy might be provided in individual or group settings.

**Systemic Psychotherapy** which provides support for service users and people close to them, e.g. partners or family members, to help them improve communication, relationships and mutual understanding. Carers might also be seen for therapeutic support without the client.

Therapy sessions are usually 50-60 minutes, once weekly.

### Attendance

Therapy is a commitment and progress will rely on your attendance and engagement. Text reminders for appointments can be arranged. If you consistently miss appointments, we may discharge you from the service. At various times we will ask you to complete questionnaires, to help us assess your progress and improve the service offered to clients and carers.

### Starting Therapy

After assessment, you are likely to have to wait until a therapy slot can be offered to you. Your assessor can tell you the current estimated waiting time. When you reach the top of the therapy waiting list, you will be contacted by us to arrange sessions for individual or group therapy.

We also offer a number of ways to begin working on your therapy goals as well as developing wellbeing skills in advance of these sessions in the following workshops. Let us know if you would be interested to join them.

**Wellbeing Workshops:** These provide information and skills on managing anxiety and worries, dealing with depression, and poor sleep.

**Relationship Skills Workshops:** These focus on relationship and communication skills and are open to service users, their partners, family members and carers.

**Brief Family Support:** This involves five sessions of couple or family work to explore how best to support each other for mental health recovery.

# QI – BRAINSTORM SESSIONS

ADDRESSING INCREASED  
DEMAND BY REVIEWING  
EXISTING PROCESSES

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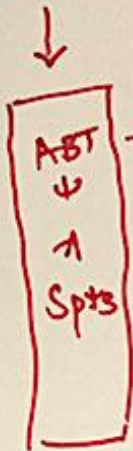


# BRAINSTORM SESSION – DEMAND & CAPACITY

SPOK/ABT

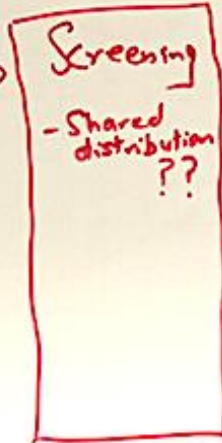
Think about SD Experience.

Ref



CRISIS, Stabilisation  
MDT

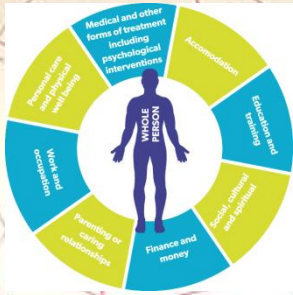
Ready to engage



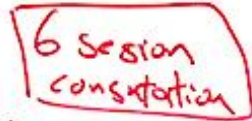
Registration



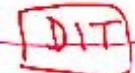
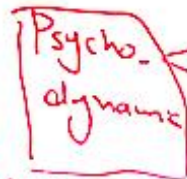
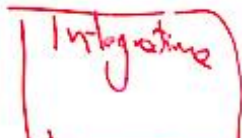
Where & How



Can assessment be done close to therapy/tram

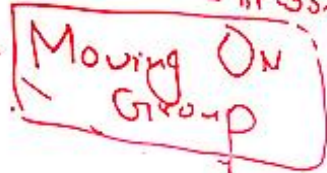


- Stabilisation gp  
- 1:1 SPOK



26 sessions

Integrating 6 session model  
6 → 24



Session - 40 → 30  
Increasing trainee capacity  
Group - CSA-Childhood Trauma  
Emotional Reg.  
Cohort 1:1 or Groups

6 session model  
↑ trainee  
Rel Skill Work  
w/ stage transition

Therapy groups  
↓ preperatory gp  
↓ HT Groups

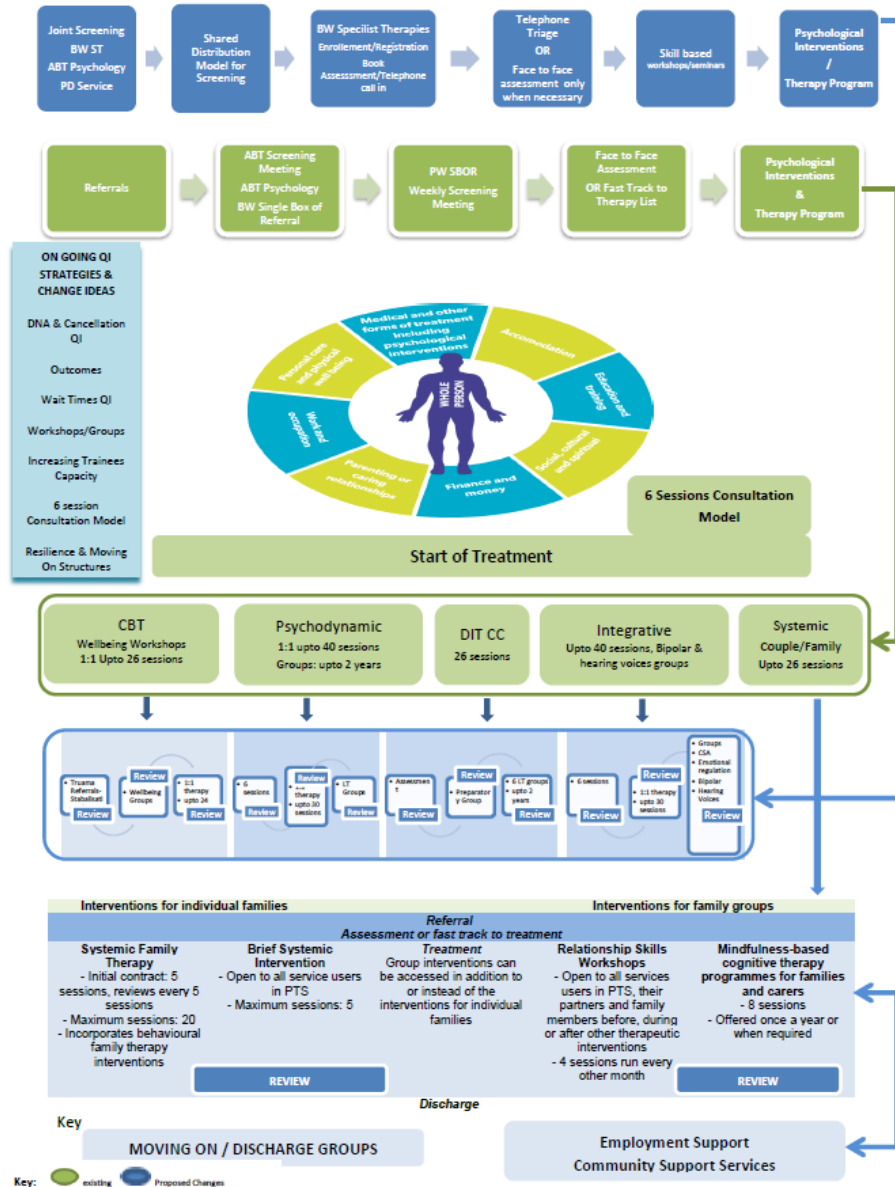
Employment

Social System



# BOROUGHWIDE SPECIALIST PSYCHOTHERAPIES – BW PROCESS MAP REVIEW TO ABSORB DEMAND

## Value Streaming Mapping Initial Discussion

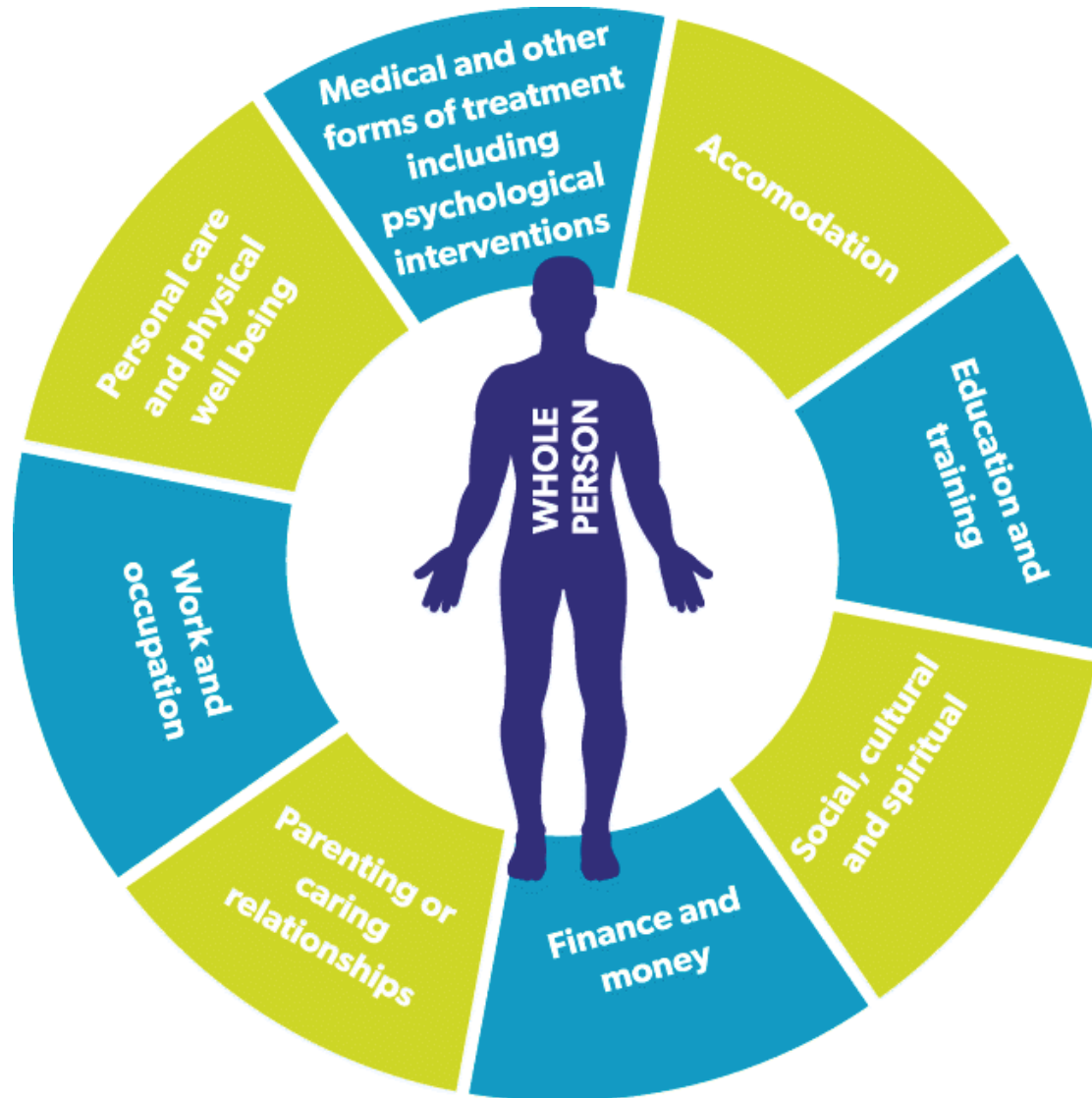


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We respect

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# Social Resilience Project : Whole Person Approach



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# The "A" Team

## NEWHAM PSYCHOLOGICAL SERVICES

Dr Amra Rao



# How Are We Doing?

Category	Indicator	Performance
NHS Improvement	Finance risk rating (on a scale of 1-4, with 4 being the best)	2
NHS Improvement	Governance risk rating (on a scale from green to red, with green being the best)	Green
NHS Improvement	Single Oversight Framework – shadow rating (1-4, with 1 being the best)	2
Care Quality Commission CQC	Overall rating (inadequate, requires improvement, good, outstanding)	Outstanding
National Targets	National targets relevant to mental health and community services	Fully compliant
National Staff Survey	National ranking for overall staff engagement score	1st
National Community Patient Survey	Overall national ranking	3rd

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# Roleplay

- **Example** : The “Bad and the Good” of Quality Improvement (QI) Projects.
- How not to and how to **involve people** in your QI projects!

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# The Cast



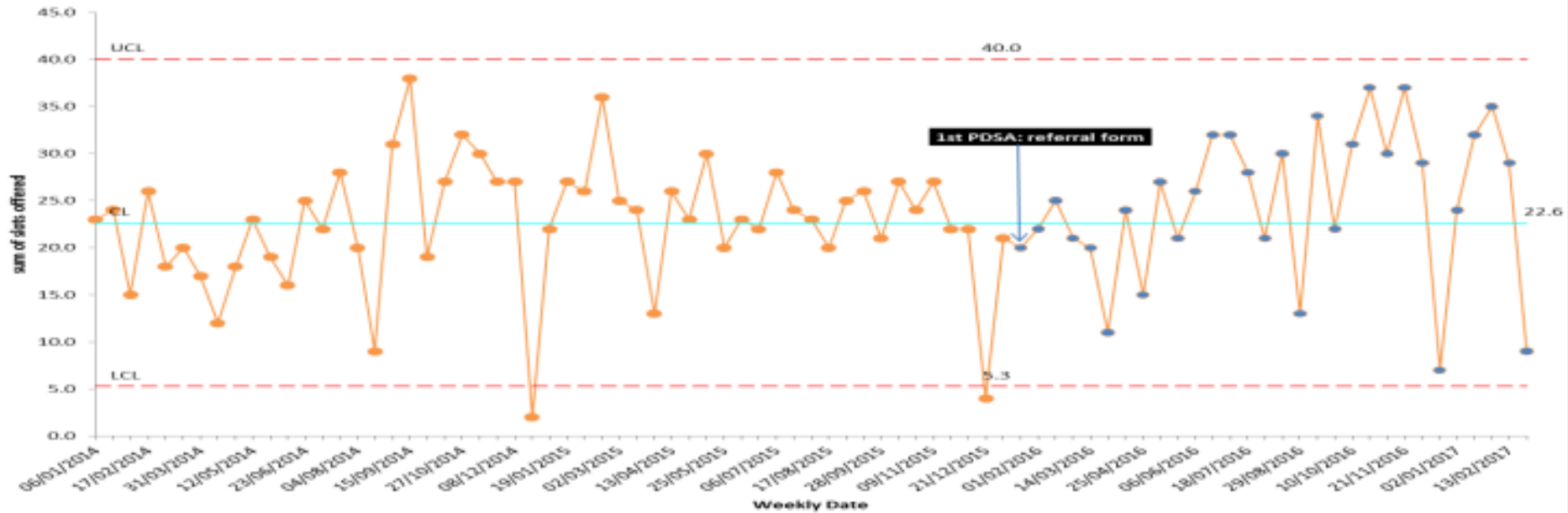
Could the cast please  
enter the stage....

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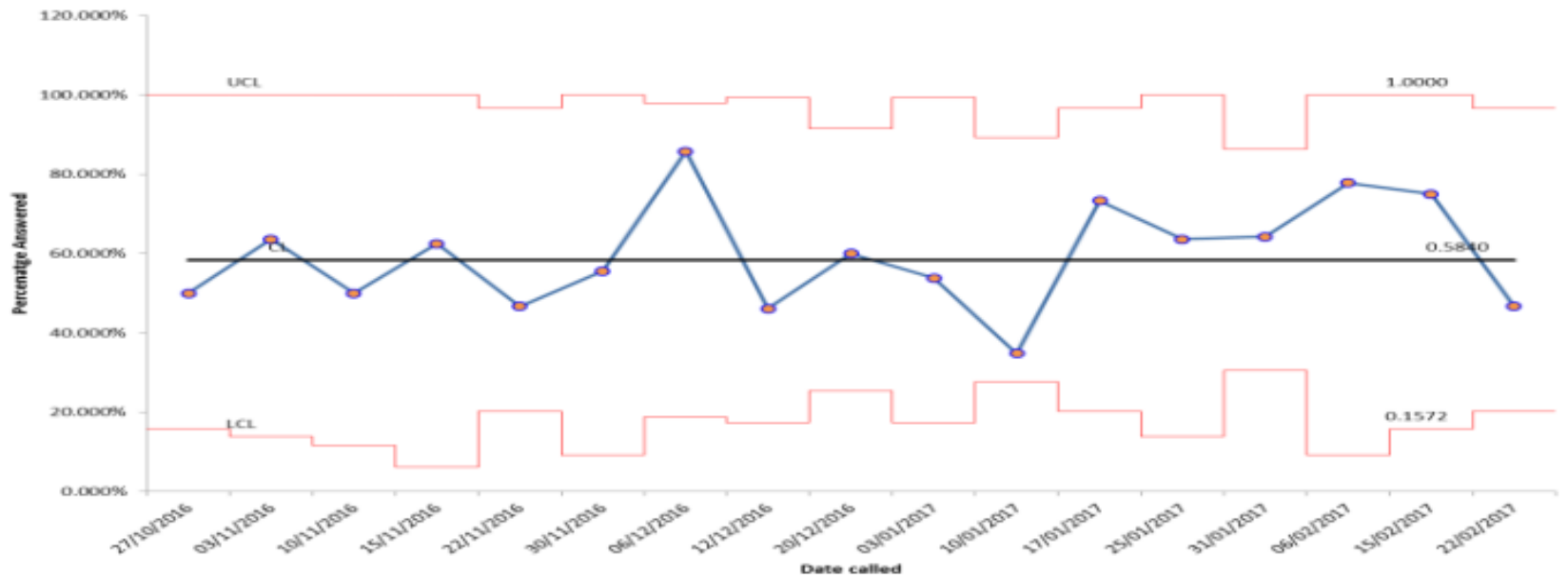
*We respect*

*We are inclusive*

**Weekly Assessment slots offered**



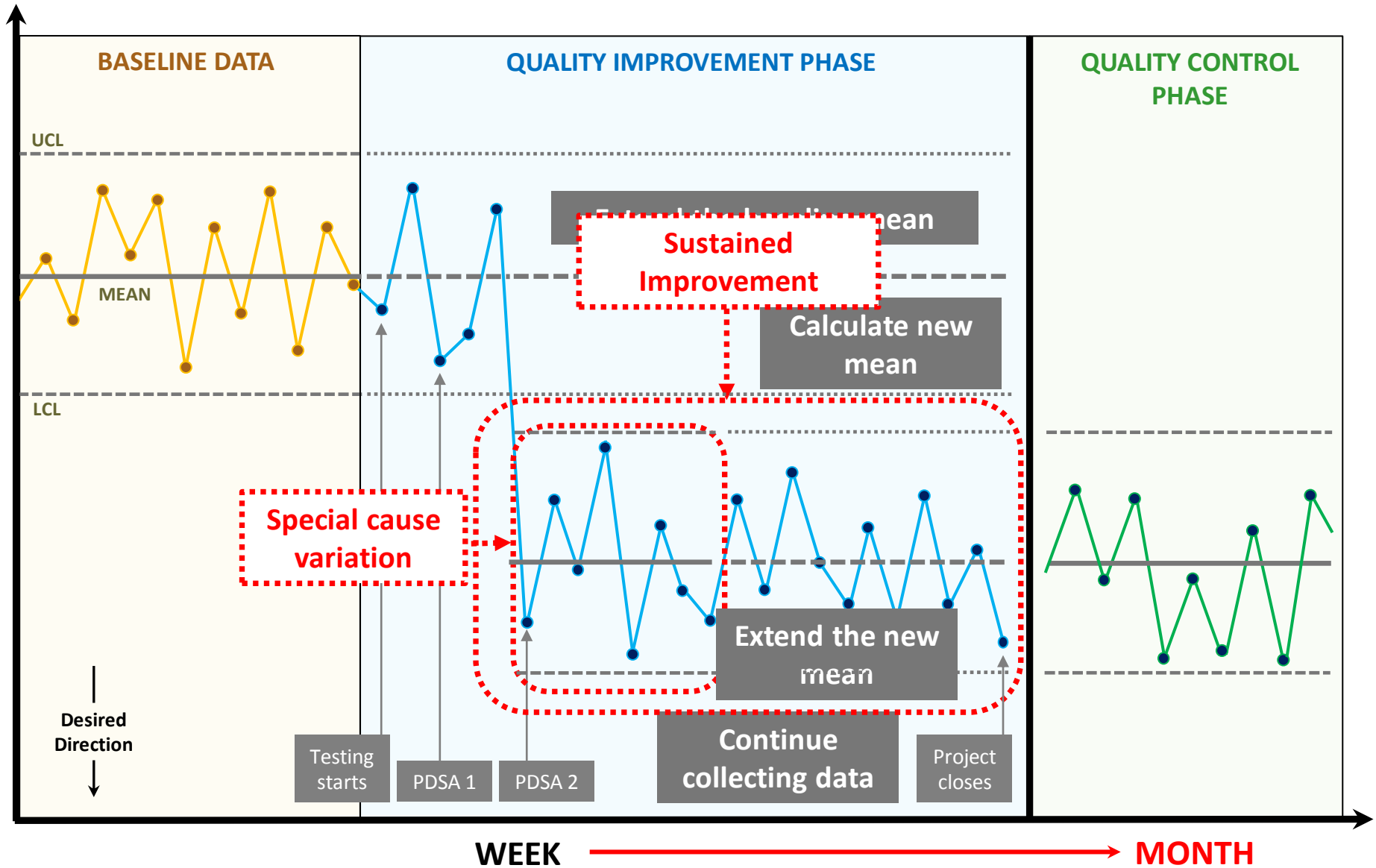
**P chart: Call and Book Percentage Answered based on # of patients called**



We care we respect we are professional



# Control Chart



# QI Project Meeting

## WIFI DETAILS

Network: LBTH Eco

Password: Eco#2014



@ELFT\_QI

#Quality2017



qi@elft.nhs.uk



<https://qi.elft.nhs.uk>

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# Improving the Complaints Process in Tower Hamlets



**Andrea Burke and Lucy Boden**

**ELFT Experience Day – Wednesday 26 April 2017**

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# PROJECT AIMS



- For **60%** of all complaints received by Tower Hamlets to be **resolved locally** by **December 2017**.
- We also intend for **100%** of these complaints to be **investigated within the timeframe** by **December 2017**.



# PROJECT TEAM



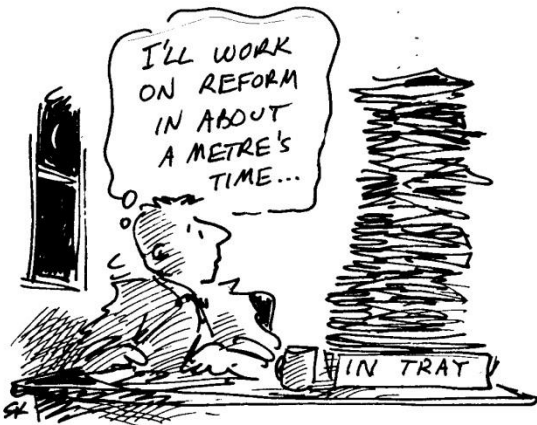
- **Lucy Boden** (Clinical Governance Co-ordinator) – Project Lead
- **Andrea Burke** (Service User)
- **Tracey Upex** (Deputy Borough Director)
- **Chris Kitchener** (Associate Director of Assurance)
- **Nilusha Phigera and Kathryn Greenwood** (Complaints Advisors)
- **Samantha Mosharaf** (Complaints Manager)

## Sub-team:

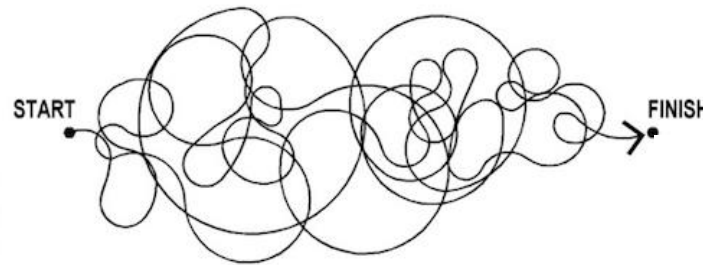
- Toby Nathan (Community Mental Health Nurse)
- Greg Lauranis (Inpatient Ward Manager)

# WHY IS THE PROJECT NEEDED?

To help both staff...



...and the complainants







**ANY QUESTIONS?**





# Is it making a difference?



**James Innes**  
Associate Director of QI

# Improving

care transition rounds ASD complaints  
accessibility Recovery patient  
training Communication access  
keeping ulcer management record  
admissions supervision flow responsiveness  
recruitment reporting  
prescribing interventions  
Lifestyle discharge appointments  
referrals correspondence

# Increasing

participation efficiency triage PREMS compliance self PROMS admissions  
activity service  
confidence involvement attendance physical  
consciousness capacity

# 235

# Reducin

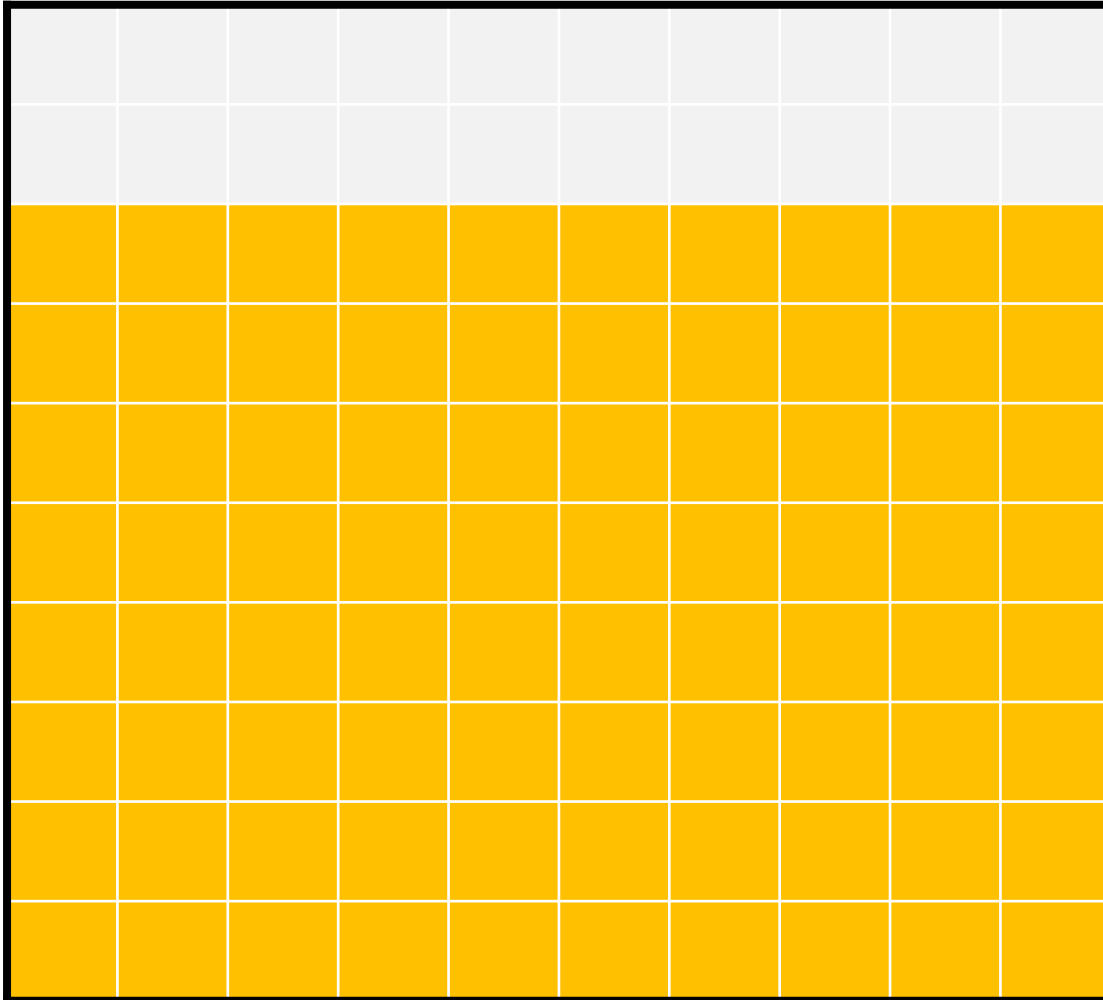
transfer violence errors  
ulcers times falls  
restraint Noise seclusion  
waste  
DNA readmissions Paper  
waiting attrition Complaints  
admissions

# QI Projects



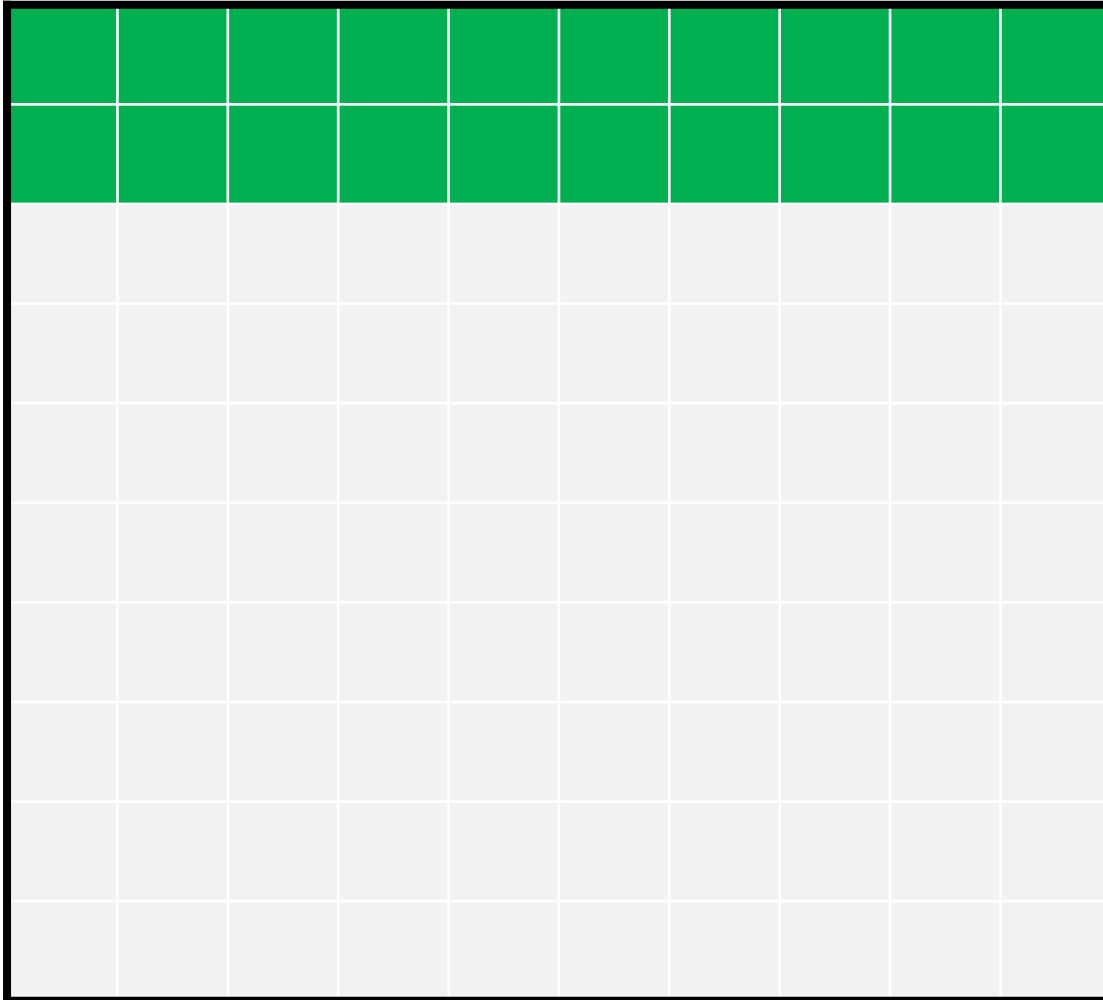
235  
Projects

# QI Projects



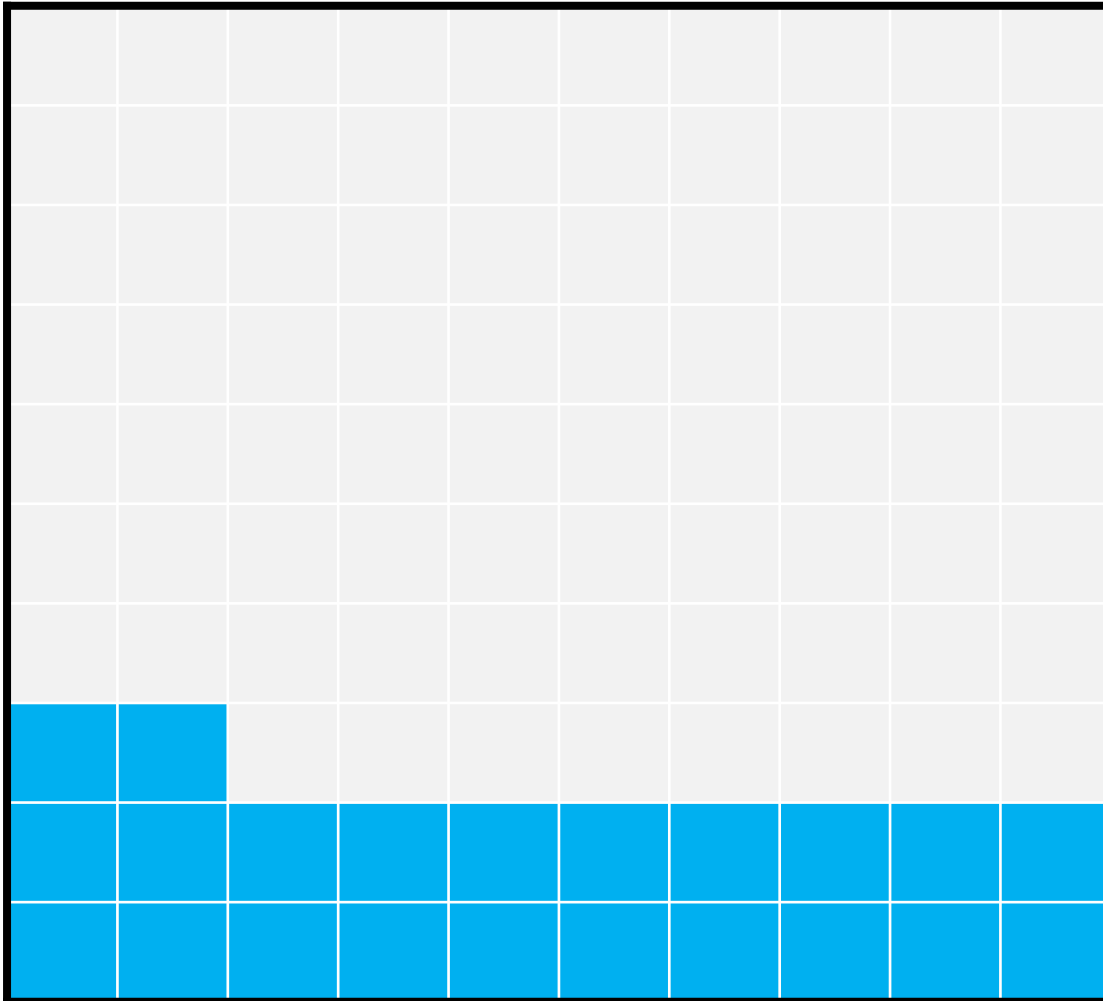
187  
Active  
projects

# QI Projects



48  
Completed  
projects

# QI Projects

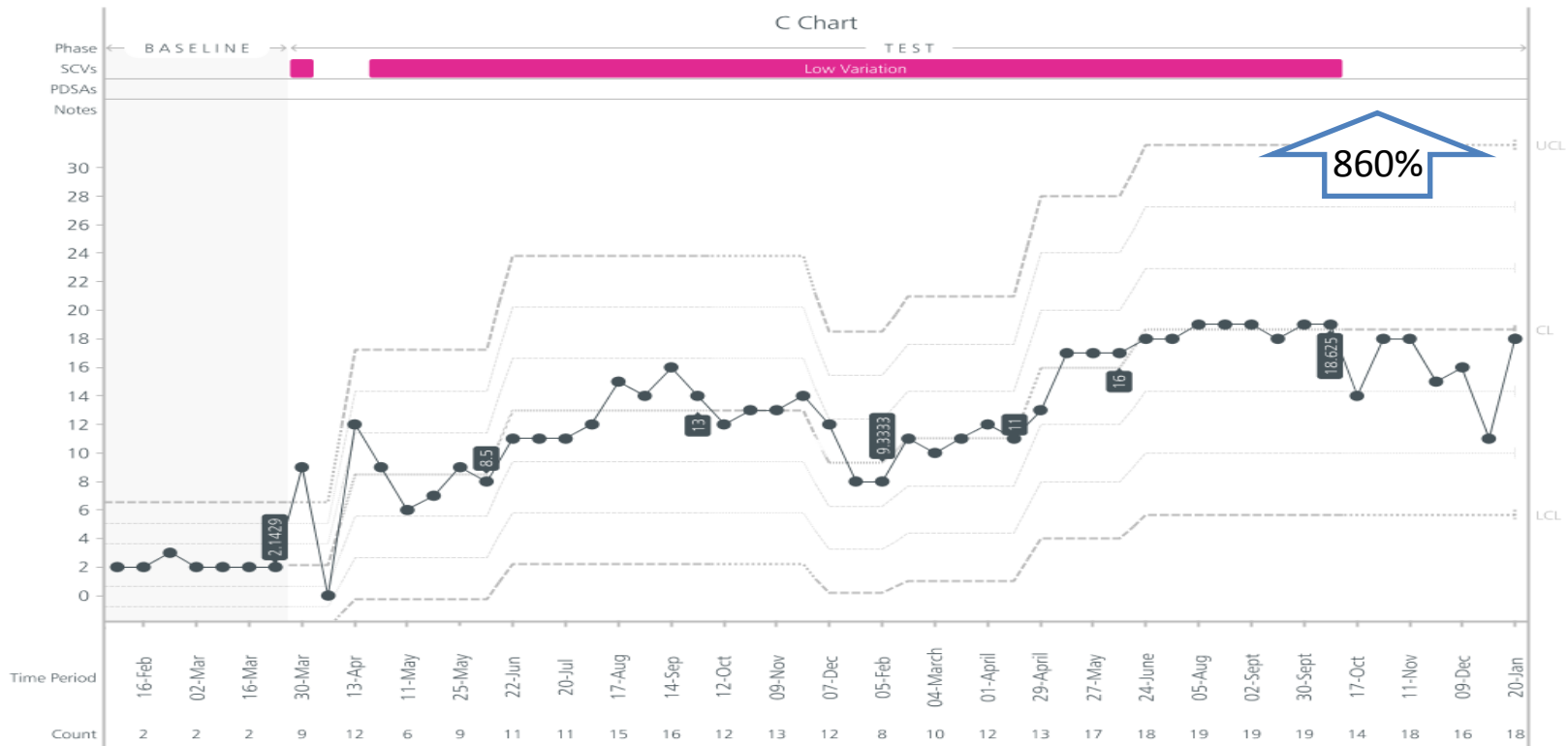


51  
Projects  
showing  
improvement



# The Bridge Club

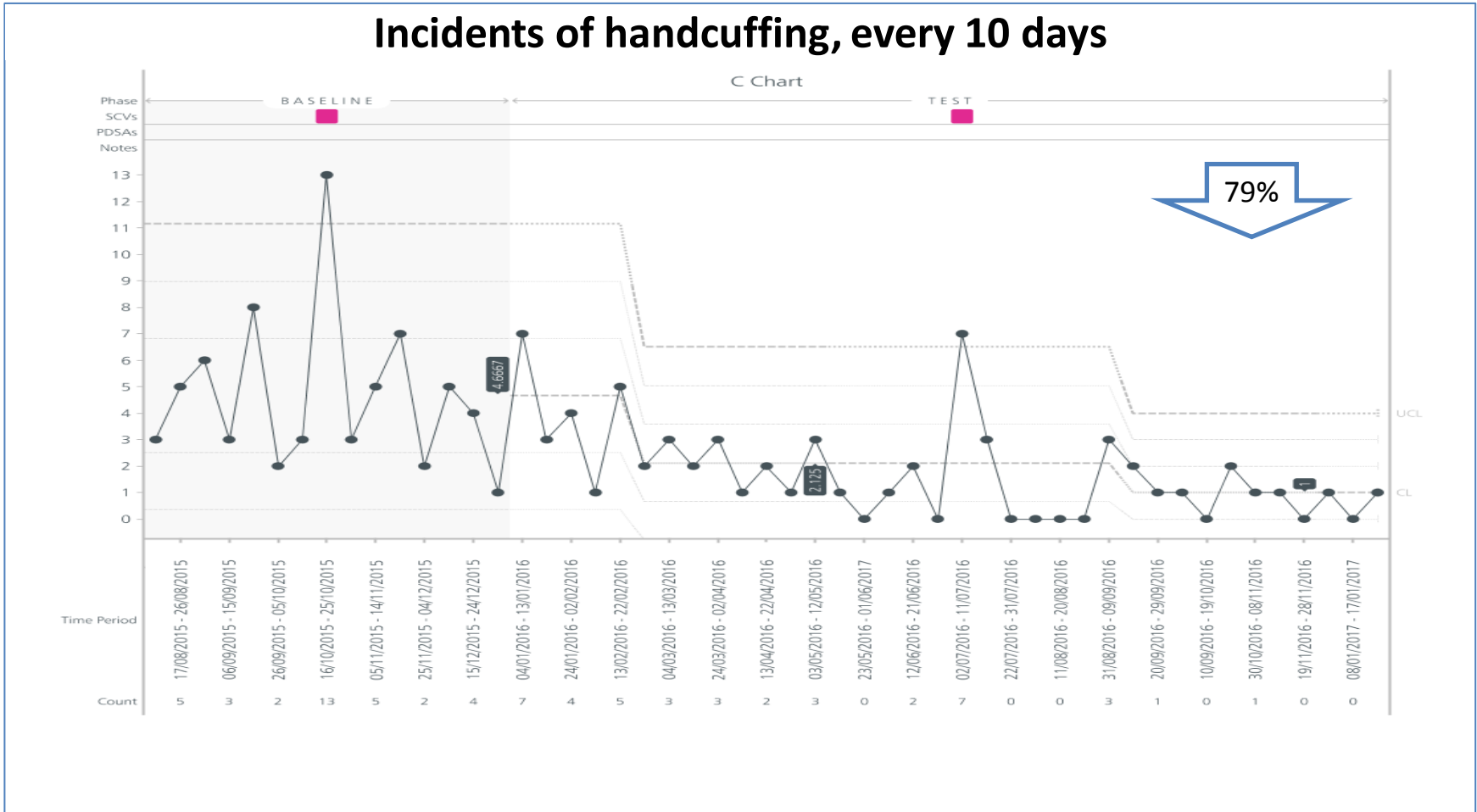
## Number of self-directed community engagement hours (football)



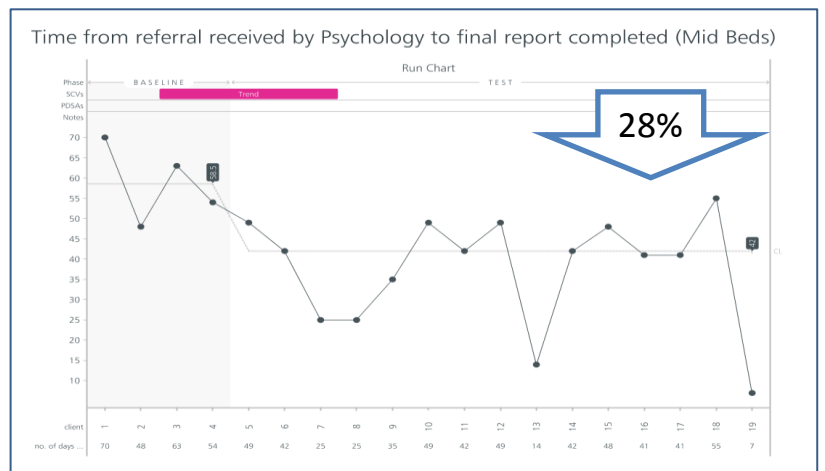
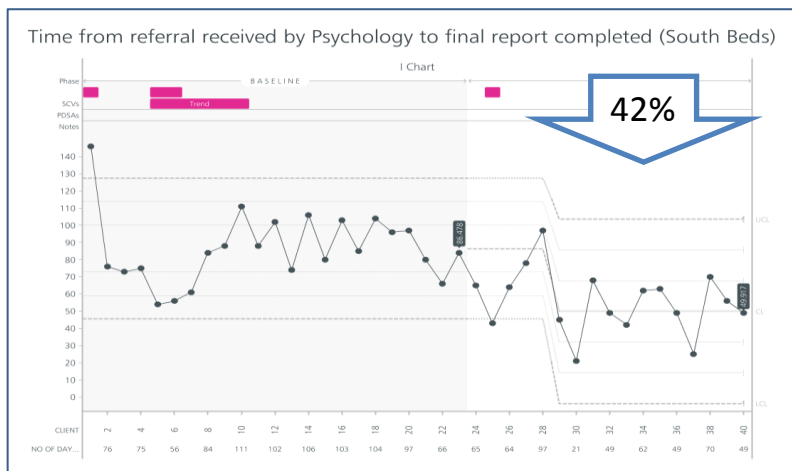
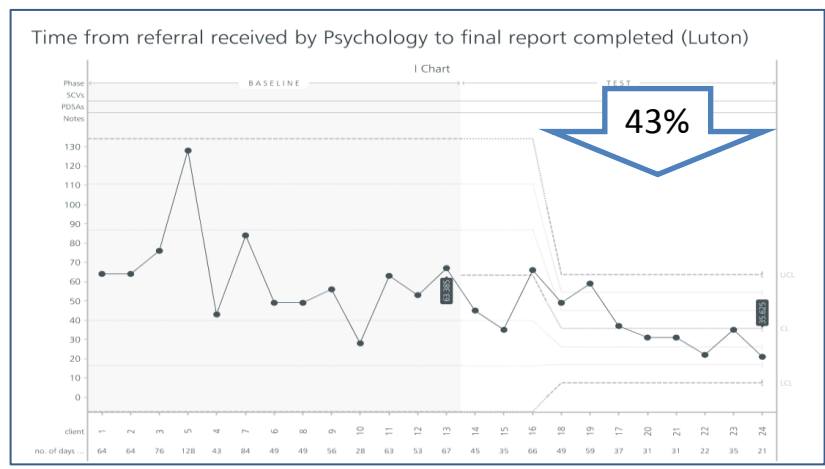
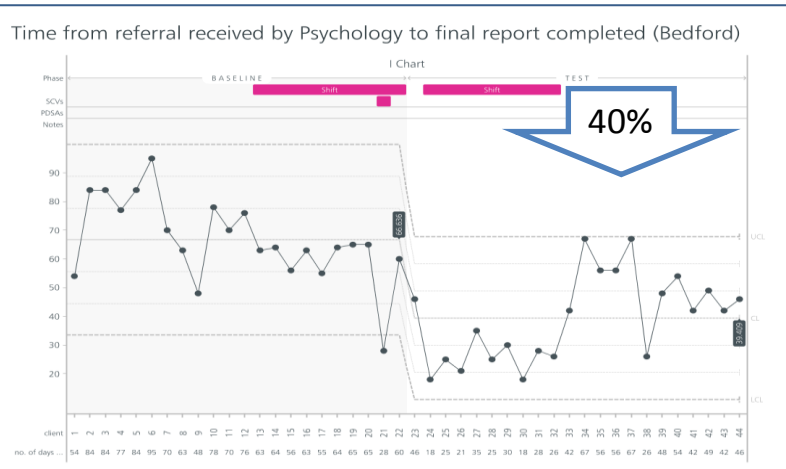


# Reducing Handcuff Usage

Incidents of handcuffing, every 10 days

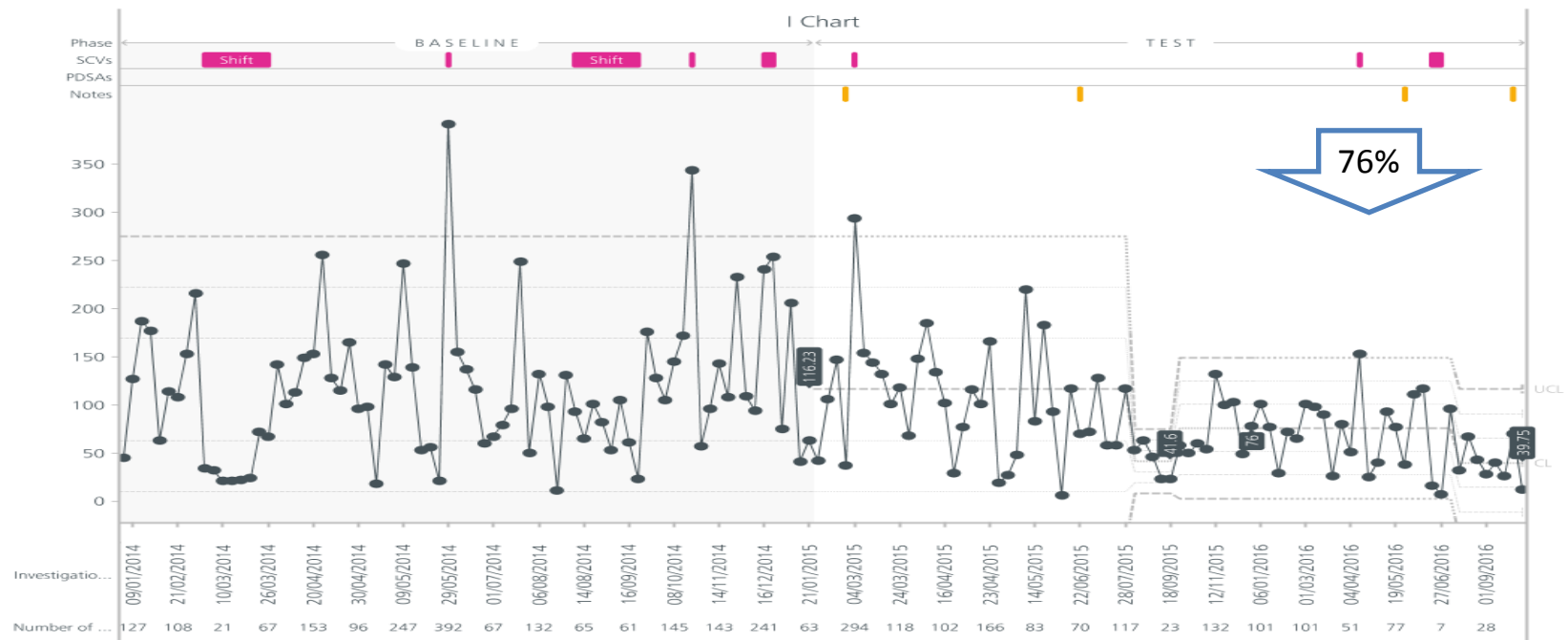


# Reducing Time to Complete Neuropsychological Assessments in Memory Assessment Service



# Reducing the time it takes to complete the disciplinary process

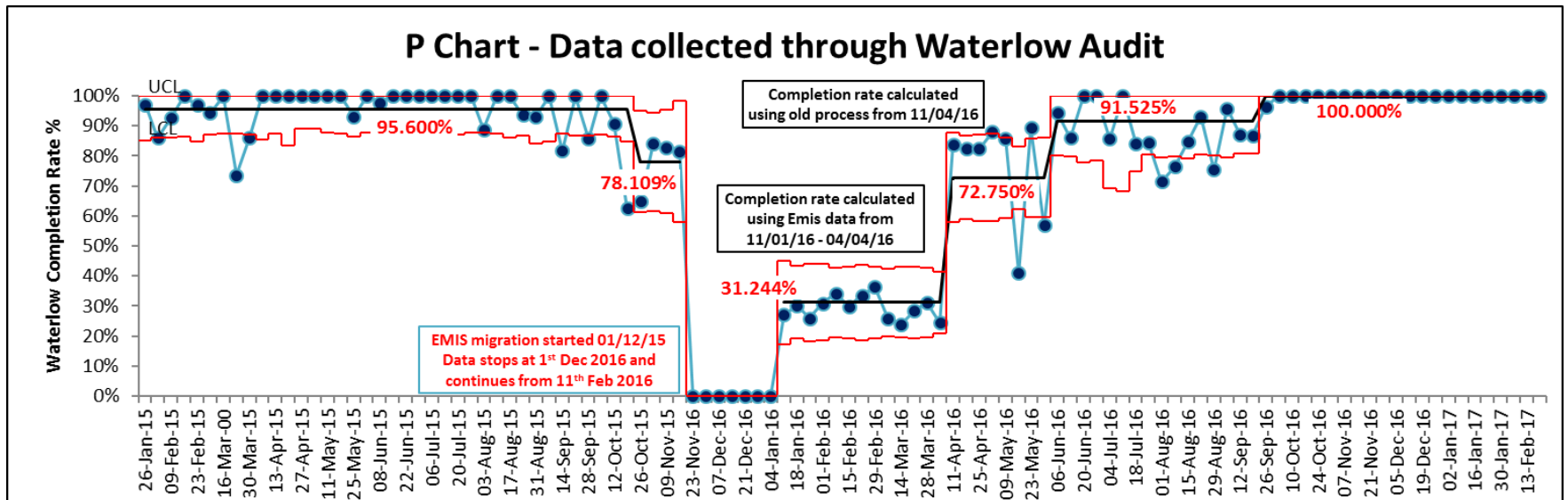
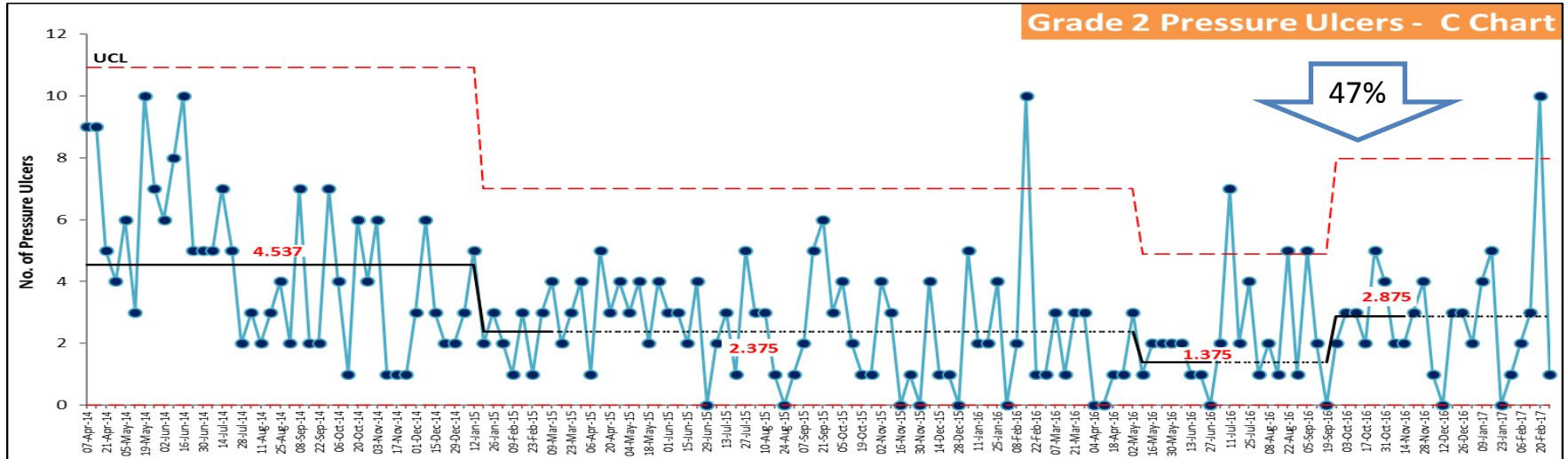
Number of days taken to complete the disciplinary process



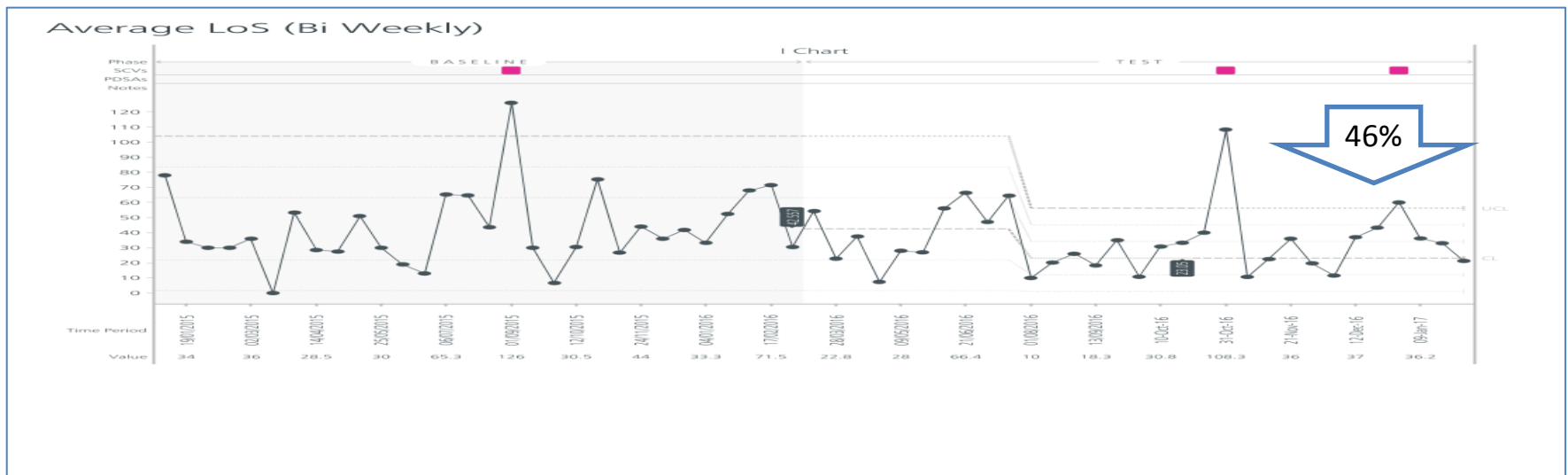
**Notes:**

- 11/02/2015 – 1st March 2015: Introduction of two hearing dates
- 22/06/2015 – 1st July 2015: New documentation and folders introduced.
- 26/05/2016 – 1st June 2016: New Disciplinary Policy and agreed outcomes process introduced.
- 16/09/2016 – 26th September 2016: New Investigating Officer Training introduced.

# Reducing Pressure Ulcers

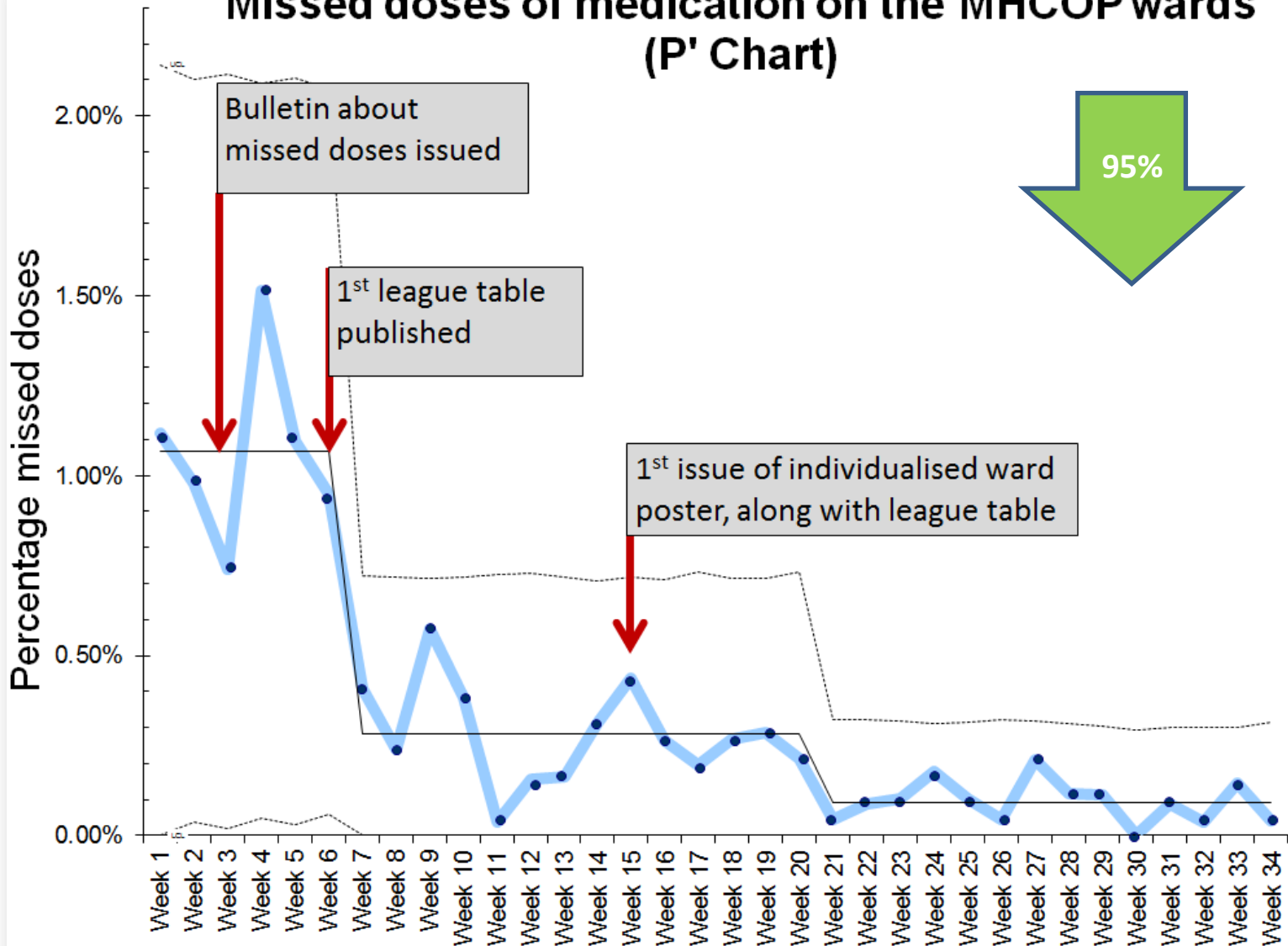


# Reducing length of stay on Leadenhall Ward



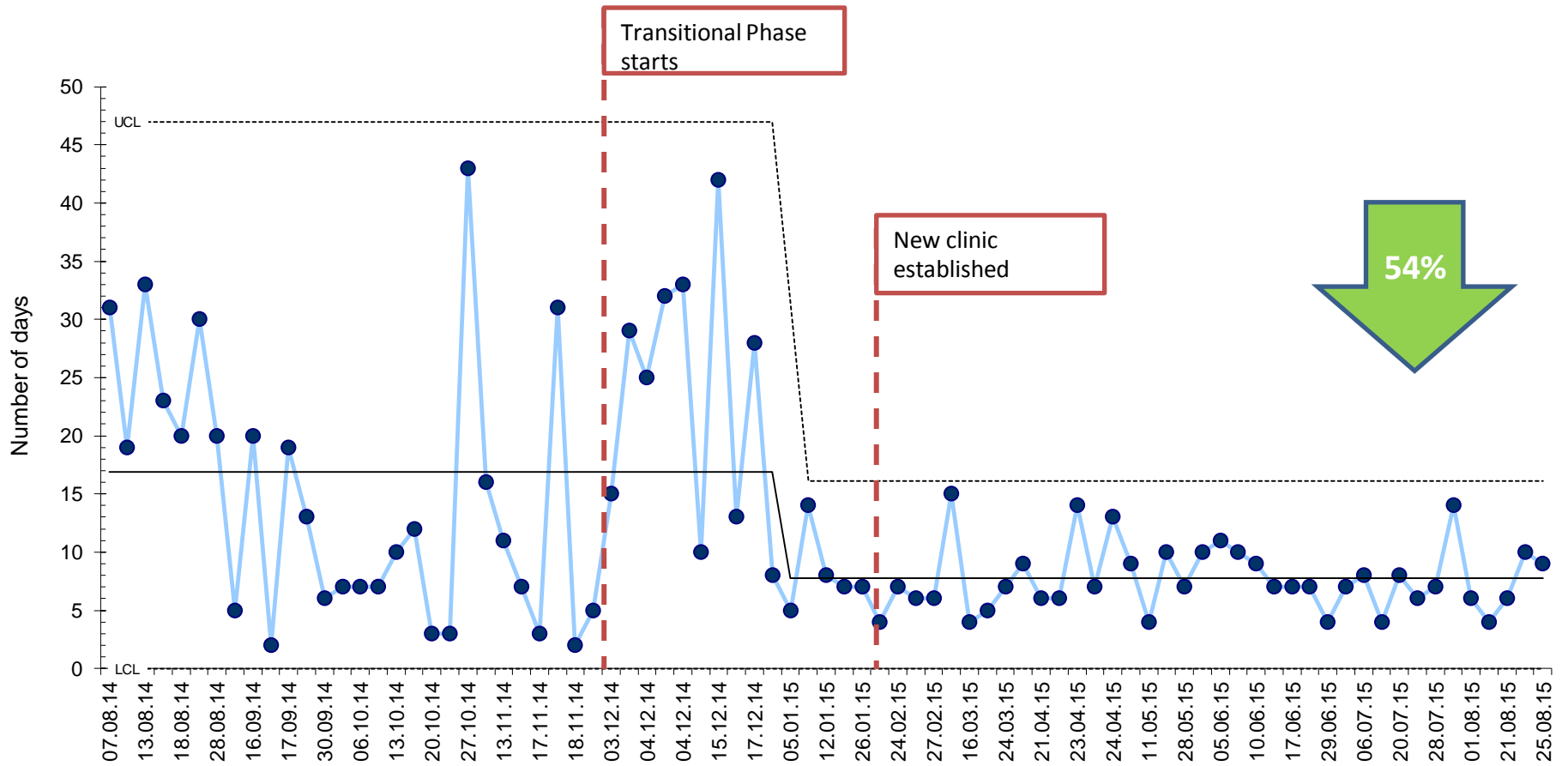
# Medication safety across all 6 older adult mental health wards

## Missed doses of medication on the MHCOP wards (P' Chart)

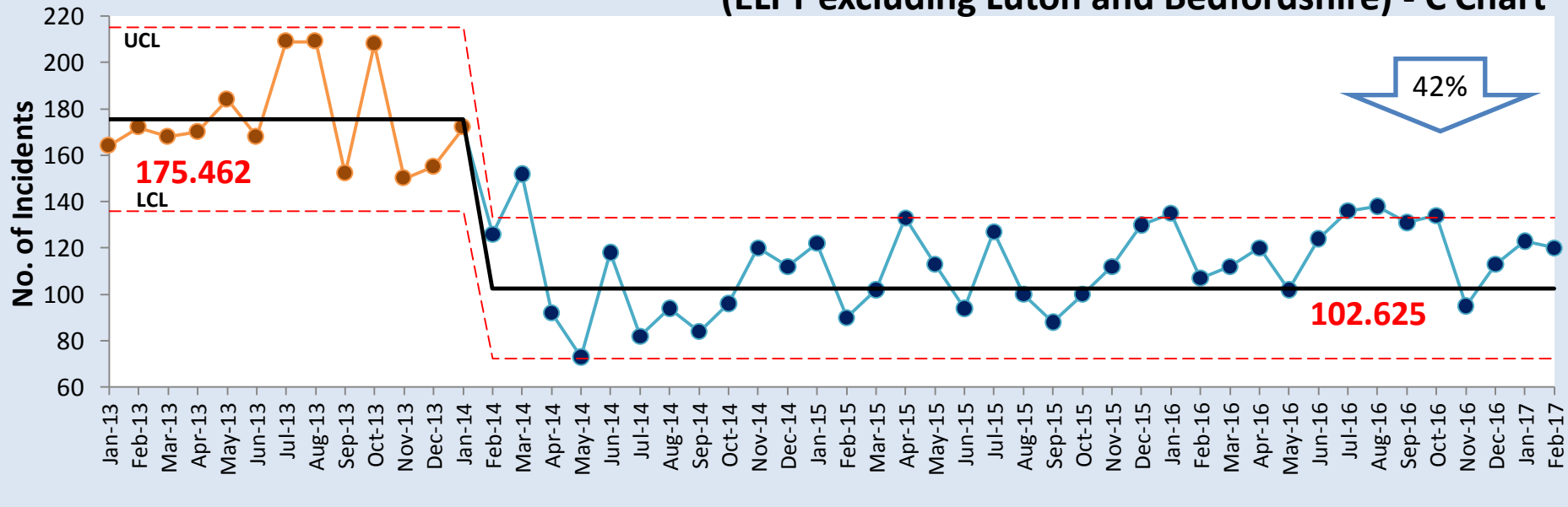


# Improving clozapine results handling in City & Hackney

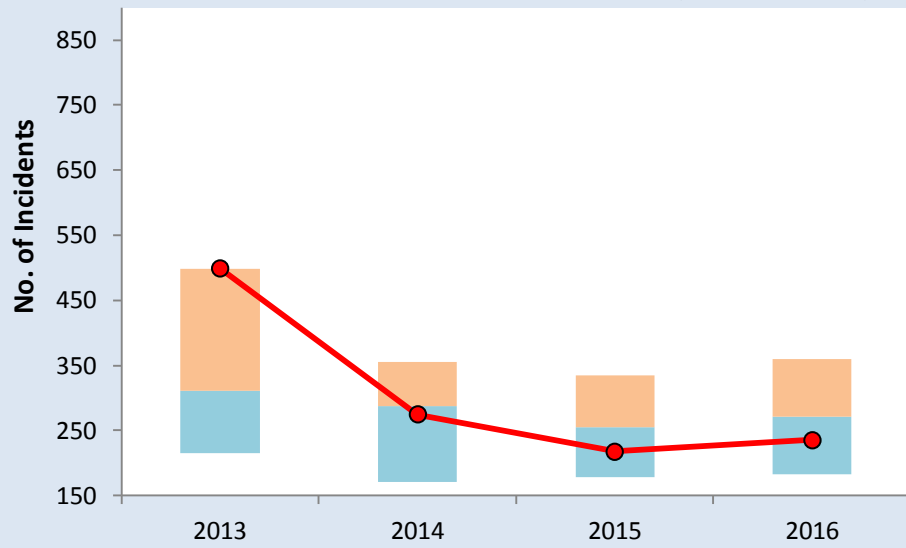
## Number of days taken from request for Serum level to receipt of results



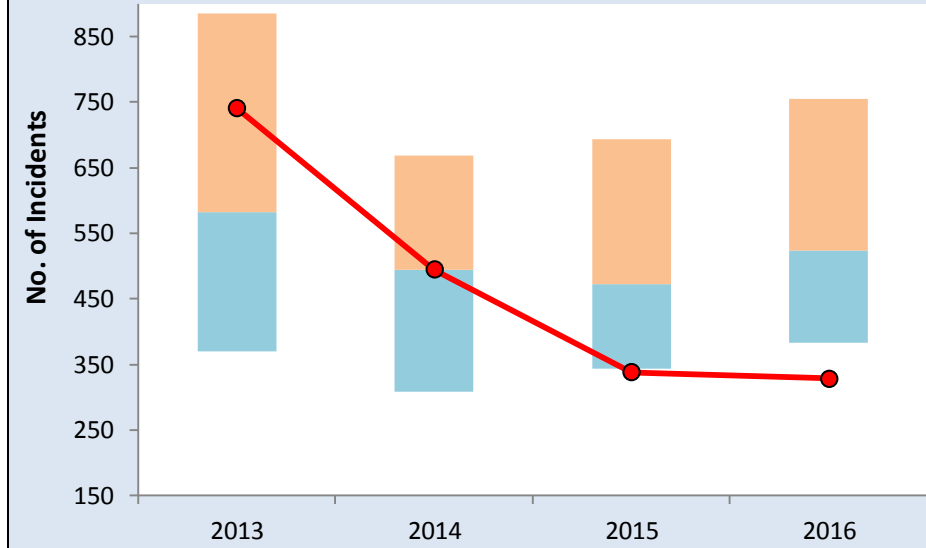
# Incidents resulting in physical violence (ELFT excluding Luton and Bedfordshire) - C Chart



## Physical violence to patients (per 100,000 occupied bed days)



## Physical violence to staff (per 100,000 occupied bed days)

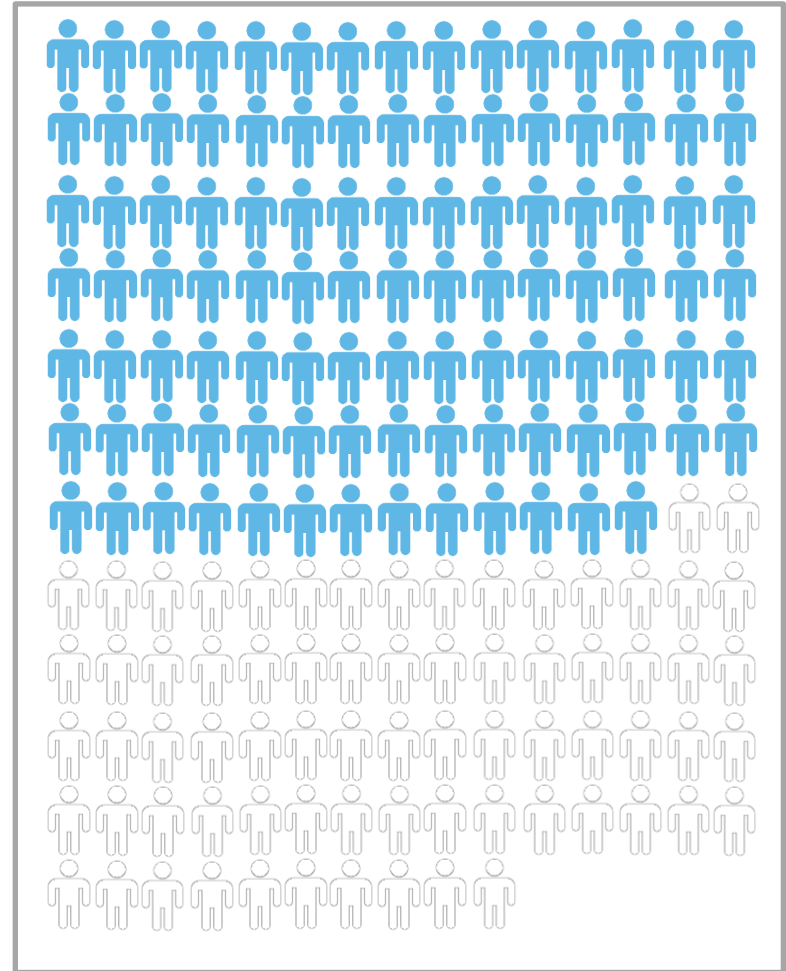
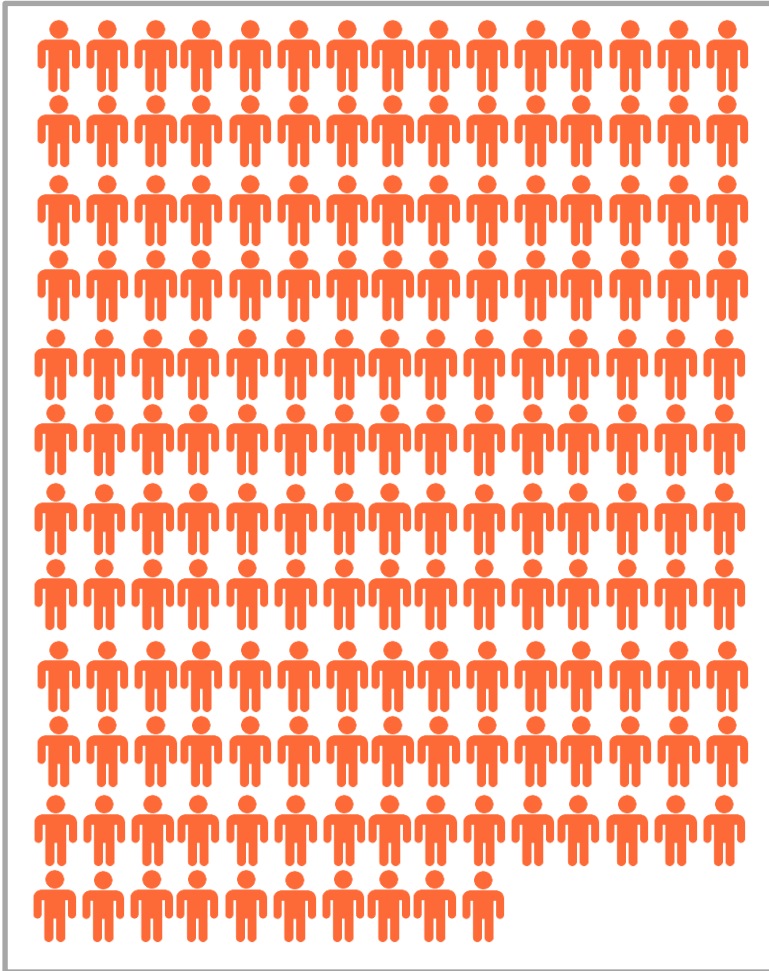






175

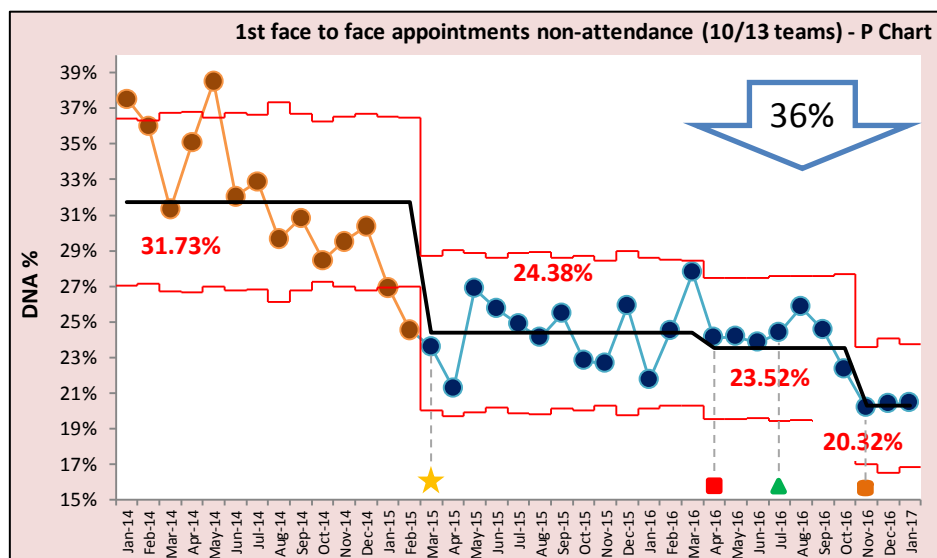
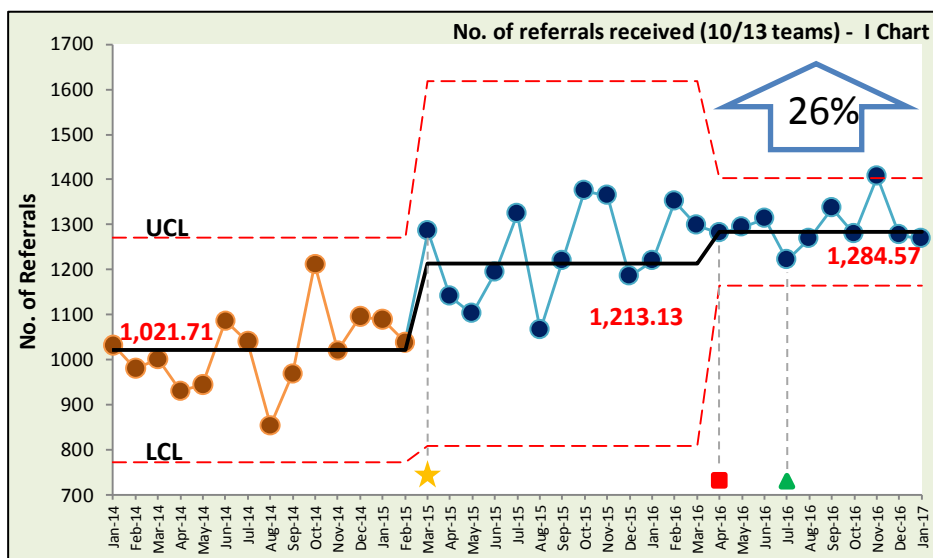
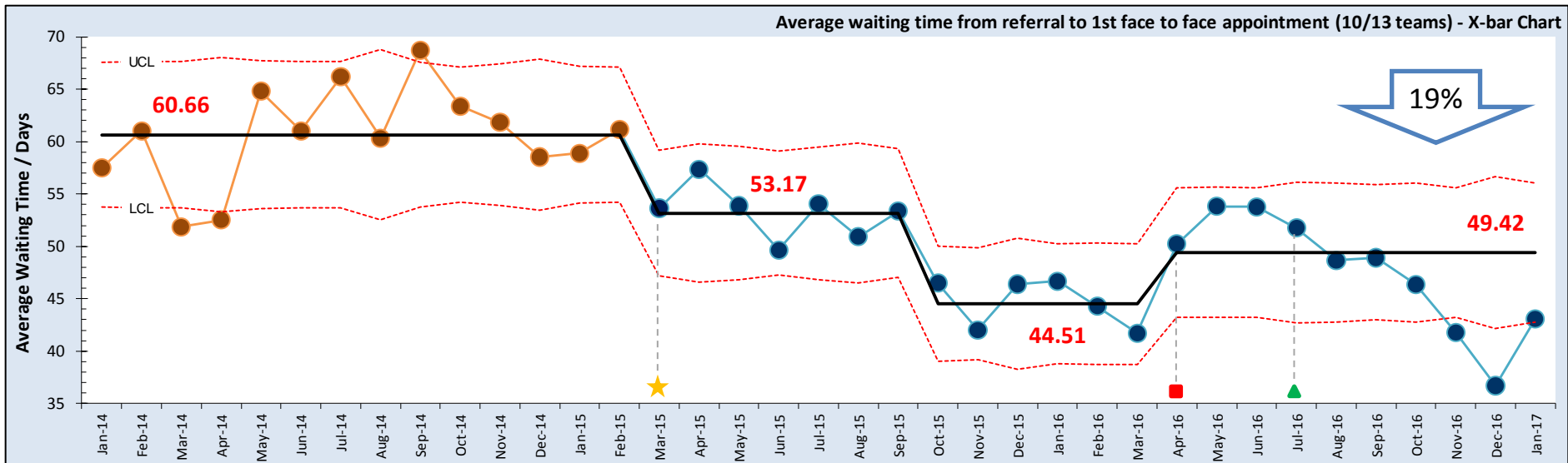
Average number of physical violent incidents per month



175  103
















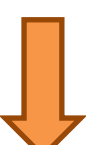









Average number of physical violent incidents per month

# Access to Services Collaborative



**Legend**

- ★ - Testing begins
- ▲ - 3 teams leave the collaborative
- - 2 new teams join the collaborative
- - New DNA operational definition

	CAMHS	Community Mental Health Teams (CMHTs)		Psychological Therapy Service (PTS)			Mental Health Care for Older People (MHCOP) Memory Service			Other			
	Tower Hamlets	City & Hackney	Tower Hamlets	City & Hackney	Tower Hamlets	Newham	City & Hackney	Tower Hamlets	Newham	Enhanced Primary Care Liason Team Clinic	MSK Physio	Specialist Health Visiting	Sexual and Reproductive Health Clinic
Waiting Times from referral to 1 <sup>st</sup> appointment	 37%	 52%	 50%	 23% <sup>*</sup>	 63% <sup>*</sup>	 18%	 32%	 52%	 60%	-	-	-	-
No. of referrals received	-	 129%	 25%	 25% <sup>*</sup>	 18%	 27%	-	 62%	 16%	-	-	-	-
First appointment non-attendance	 44%	 36%	 18%	-	 35% <sup>*</sup>	 49%	-	-	 34%	-	 43%	 22%	 21%

# View from the Board

with **Dr Navina Evans**  
(Chief Executive)



**Marie Gabriel**  
(Chair of the Board)



# Logistics for your site visits



**James Innes**  
Associate Director of QI

Community Health Newham

Newham

Corporate

Forensics

IAPT

C&H

Coborn & CAMHS

Tower Hamlets

Mental Health Care for Older People





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**Joe Blogs**

Improvement Advisor

A Hospital

United Kingdom

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**Afternoon Visit**

**Newham Mental Health Services**

Cherry Tree Way, Glen Road, Plaistow,  
London, E13 8SP

**Transport**

Taxi

**Chaperone**

Emma Binley



**Mobile no:** 07827926281





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# Further Information in your Site Visit Packs!

## City & Hackney Centre for Mental Health

### Chaperone

Jen Taylor-Watt



Mobile number:

07733264623

### Transport

Taxi



Travelling from the Ecology Pavilion to City & Hackney Mental Health Services Homerton Education Centre, Homerton Row, London, E9 6DJ

At the end of the visit your chaperone will return you to Homerton Over-ground (railway) station for connections east and west



## East London Foundation Trust Experience Day City and Hackney Mental Health Services Homerton Education Centre, Classrooms 4 & 5

26<sup>th</sup> April 2017, 2:30pm – 4:30pm

- |                 |   |
|-----------------|---|
| 2:30pm – 2:45pm | Welcome and introduction to our services and overview of QJ in City and Hackney<br>Dr David Bridle, Clinical Director   |
| 2:45pm – 3:45pm | City and Hackney World Café<br><i>Gold Standards Project</i><br><i>City and Hackney Violence Reduction Collaborative</i><br><i>Improving information to our service users on the Mother and Baby Unit</i><br>Rotate delegates around tables |
| 3:45pm – 3:50pm | Walk to Gardner Ward  |
| 3:50pm – 4:30pm | Party on Gardner Ward<br>Hosted by the Gardner Ward team and led by Linnea Landin   |

# Time for Lunch!

