QUALITY IMPROVEMENT

NHS
East London
NHS Foundation Trust

Leadership for improvement

@ELFT_QI

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Introducing the ELFT Team

Navina

Steven

Paul

Paul

Amar

Objectives of the workshop

- Explore the key behaviours in leading for improvement
- Consider how to integrate improvement with operations and finance
- Identify ways to engage clinicians in improvement

Let’s get to know each other

Preliminary Improvement Plan
The PIP is built on six themes for IMMEDIATE action:
Assessment and Monitoring of Risk
Governance and Leadership
Patient Experience
End of Life Care
Staffing
Medical Equipment
Plus, working within existing recovery plans
Urgent care
Referral To Treatment (RTT)
Cancer
Leadership development and engagement
Measurable Key Performance Indicators
Robust governance and accountability for action
Colchester Hospital University NHS
NHS Foundation Trust
ask & act
By engaging with staff at the Ask and Act workshops the Preliminary Improvement Plan will
grow
Quality Improvement Plan
The Quality Improvement Plan was
inspiring improvement
#improve365
First, let's define what we mean by...
Quality improvement
The King's Fund
Ideas that change health care
Improving quality in the English NHS
A strategy for actio
Authors
Chris Ham
Don Berwick
Jennifer Dixon
February 2016
NHS qua
Domain 1 Preventing people from dying prematurely
Commissioning Outcomes Framework
Commissioning Guidance
Provider payment mechanisms
Tariff
Standard Contract
CQUIN
QOF
NHS
S Operational Planning
d Contracting Guidance
-2019
Update
r Hospital University NHS
Foundation Trust
Our quality improvement plan
Our 2020 Vision
Our strategy to improve patient care over the next five years.
Patient care
Our vision:
Outstanding care and treatment you can be confident in.
Improving Quality
NHS

improving quality ≠ quality improvement

So, what are the key components in leading continuously improving organisations?

What would others see in our behaviours?

What is our approach to problem-solving?

What would others experience and feel in their interactions with us?

Use of data to guide decision-making

Stop solving problems at the top

Give people time and space to solve complex problems

Change in leadership behaviours

"Go see"
"Gemba"
Executive WalkRounds

Paying personal attention

Manage the expectations

WHAT
MATTERS
MOST

1. Create the right context for continuous quality improvement

2. Build capability and capacity

3. Inspire and empower people to lead improvement

4. Create an infrastructure to support improvement

5. Align the work around improvement priorities
– clear priorities, stop other stuff, redesign systems built for assurance

6. Constancy of purpose
– relentless focus, shield teams from distractions

Driven by Persons and Community

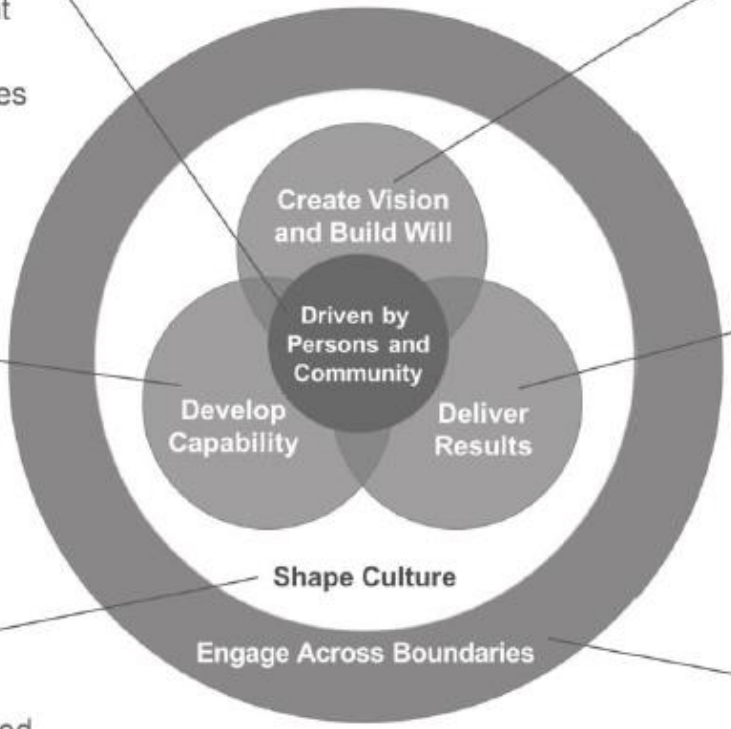
- Include patients on improvement teams
- Start meetings with patient stories and experience data
- Use leadership rounds to model engagement with patients and families

Develop Capability

- Teach basic improvement at all levels
- Invest in needed infrastructure and resources
- Integrate improvement with daily work at all levels

Shape Culture

- Communicate and model desired behaviors
- Target leadership systems and organizational policies with desired culture
- Take swift and consistent actions against undesired behaviors



Create Vision and Build Will

- Boards adopt and review system-level aims, measures, and results
- Channel leadership attention to priority efforts
- Transparently discuss measures and results

Deliver Results

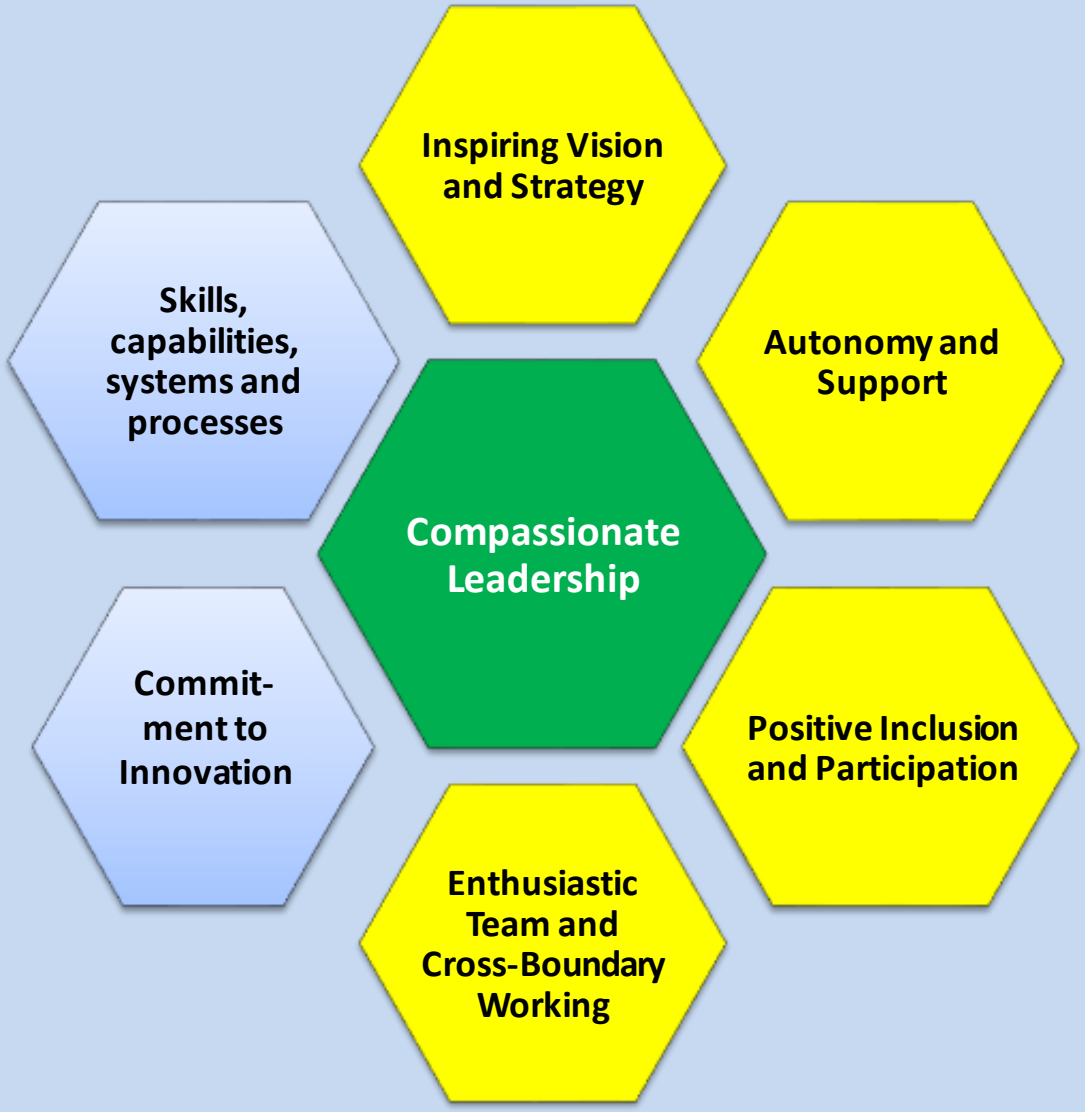
- Use proven methods and tools
- Frequently and systematically review efforts and results
- Devote resources and skilled leaders to high-priority initiatives

Engage Across Boundaries

- Model and encourage systems thinking
- Partner with other providers and community organizations in the redesign of care
- Develop cross-setting care review and coordination processes

Institute *for* Healthcare Improvement

Key Elements for Innovation



https://www.kingsfund.org.uk/publications/caring-change

Creating a culture and mindset of continuous imrpovement

with **Dr Navina Evans**

(Chief Executive Officer)

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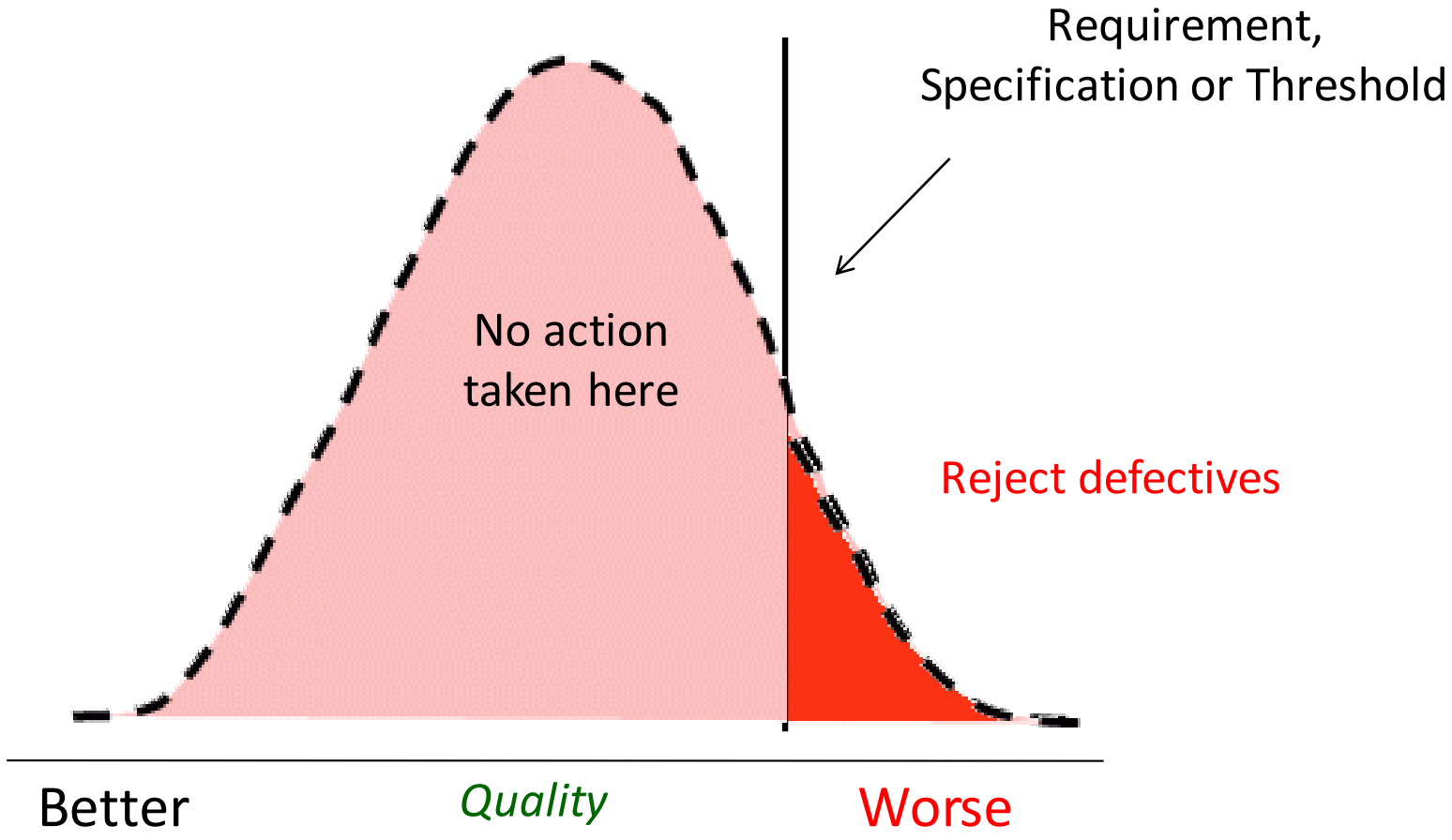
Thank you
Wash your hands

10
YEARS AGO

The old or only way we knew (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
Monitor Targets						
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	→	
Other National/CQC Targets						
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.
PCT Contract and Mandatory Targets						
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.
Patient Experience - Community						
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%	→	
Patient Experience - Inpatients						
Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)	95%	95.3%	98.3%	97.3%	↓	See graphs overleaf for more detail.
Information Governance/Assurance						
Information Governance Toolkit score	90.0%	87.0%	87.0%	90.9%	↑	Next assessment expected October 2010

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

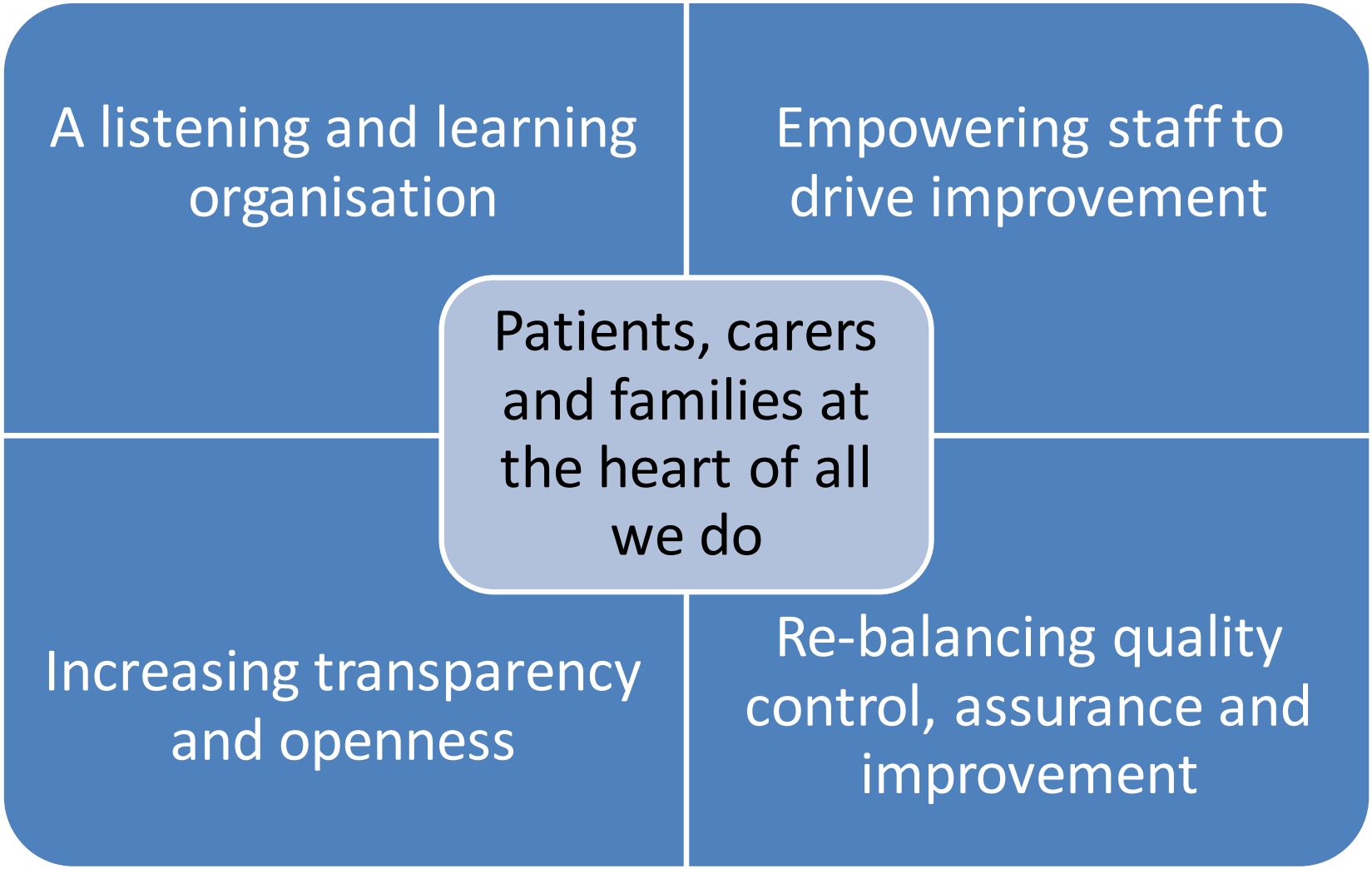
Save for later

Unions warned that budget cuts would compromise staff and patient safety. Photograph: Cern/Phanie/Rex

Most popular

Star architect Zaha Hadid dies aged 65 from heart attack

The culture we want to nurture



6
YEARS AGO

Building the case for change

Sentinel event

Visits to other organisations

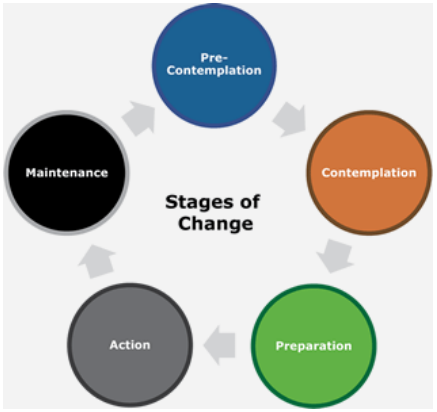
Trust board bespoke learning sessions

Early small scale tests

Developing the strategy through engagement

Long-term business case approved

Identify strategic partner



Assess readiness for change

Clinically Led, Management Partnered, Patient Driven

WELCOME TO GLOBE WARD
NOMINATED FOR TEAM OF THE YEAR AWARD 2015

Contribution to

Better outcomes

Better satisfaction

Value for money

Better population health

We know how to

Focus on recovery
Work with hope
Work with families
Work in systems
Promote resilience
Promote positive behaviour change

QI & finance
– the business case for quality

with **Steven Course**
(Chief Financial Officer &
Deputy CEO)

elft.qi@nhs.net @ELFT_QI qi.elft.nhs.uk

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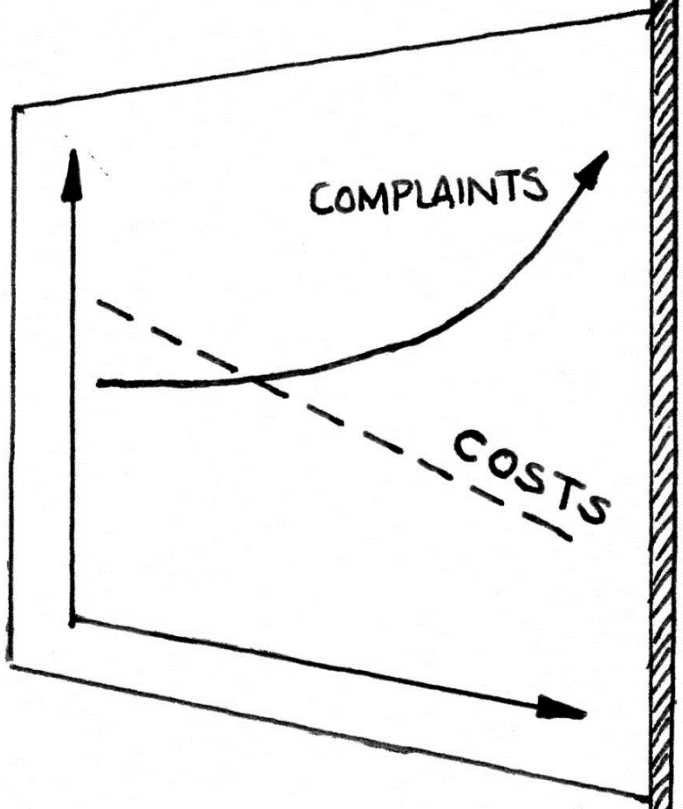
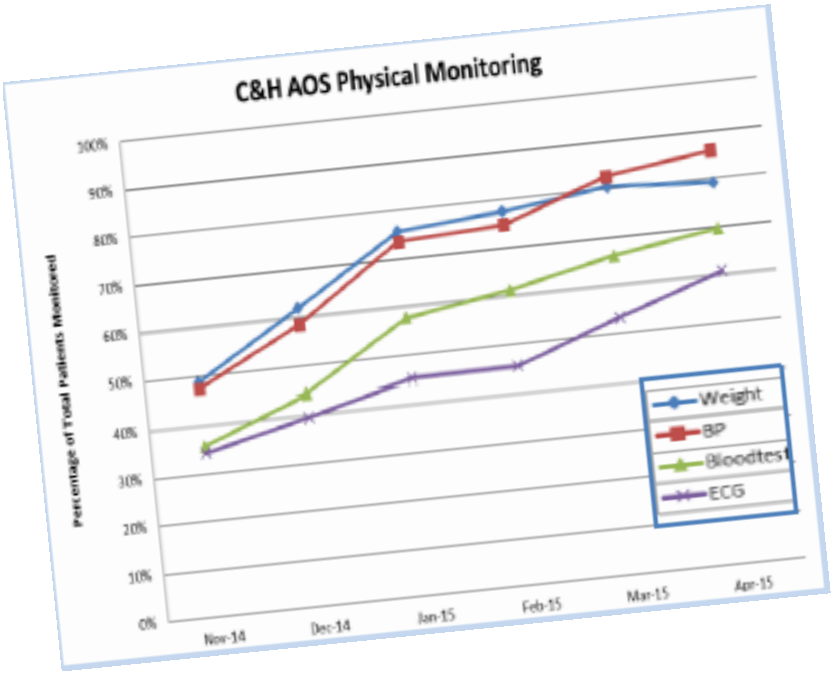
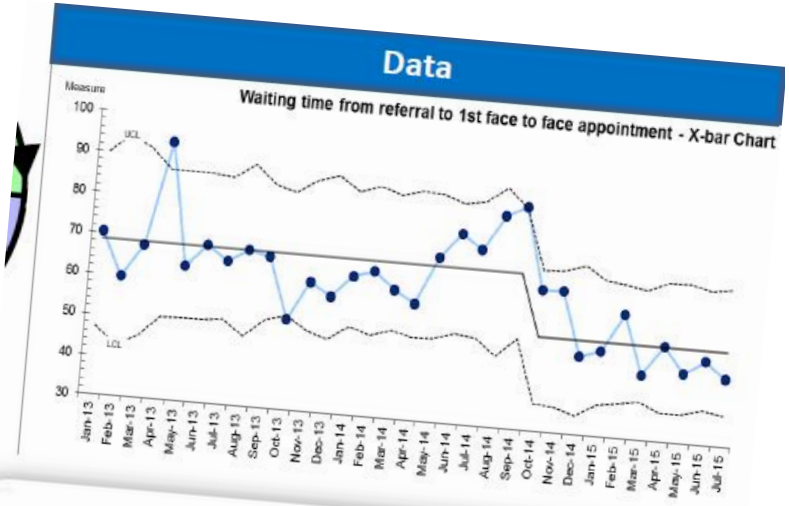
I'm pleased to be able to report considerable efficiency saving's...

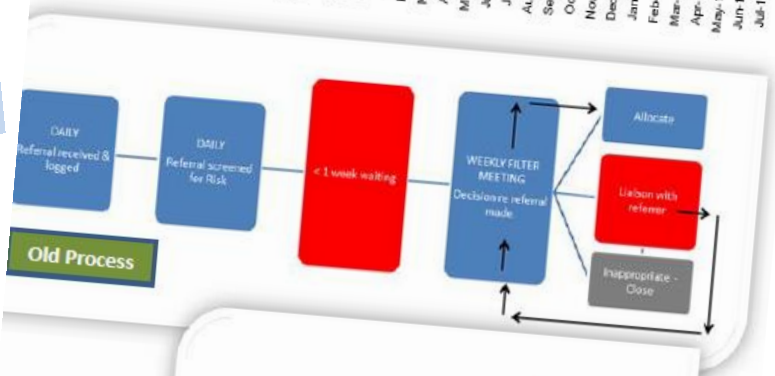


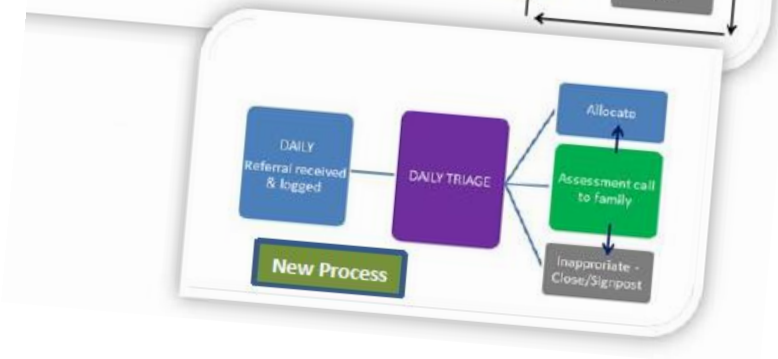
© JR 2010

Focus on the solution, not just the problem……







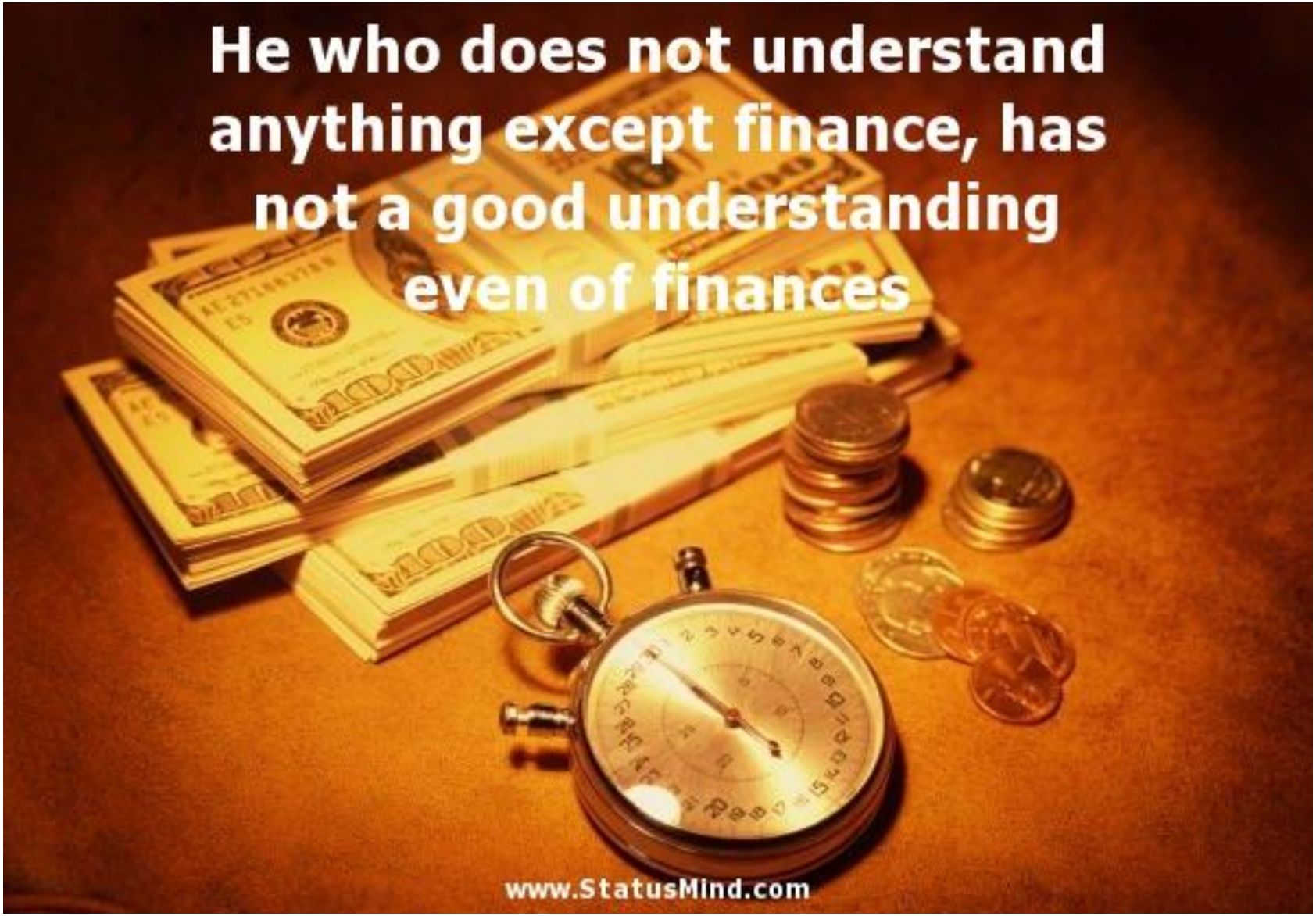


- Trust teams to tackle problems
- Use improvement methodology as a system tool
- Don’t focus on one adverse event (or even one favourable one!)

- Shaping strategy and vision

- Balance

- Sometimes …….Just do it


He who does not understand anything except finance, has not a good understanding even of finances
www.StatusMind.com

Engaging clinicians in quality improvement

with **Dr Paul Gilluley**
(Chief Medical Officer)

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Integrating improvement with operations

with **Paul Calaminus**
(Chief Operating Officer & Deputy CEO)

elft.qi@nhs.net @ELFT_QI qi.elft.nhs.uk

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Some time to reflect at your tables

- What strengths and assets do you already have, in developing a culture of continuous improvement?
- Where do you need to focus your attention?
- What can you do next / differently?

WELCOME TO GLOBE WARD
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