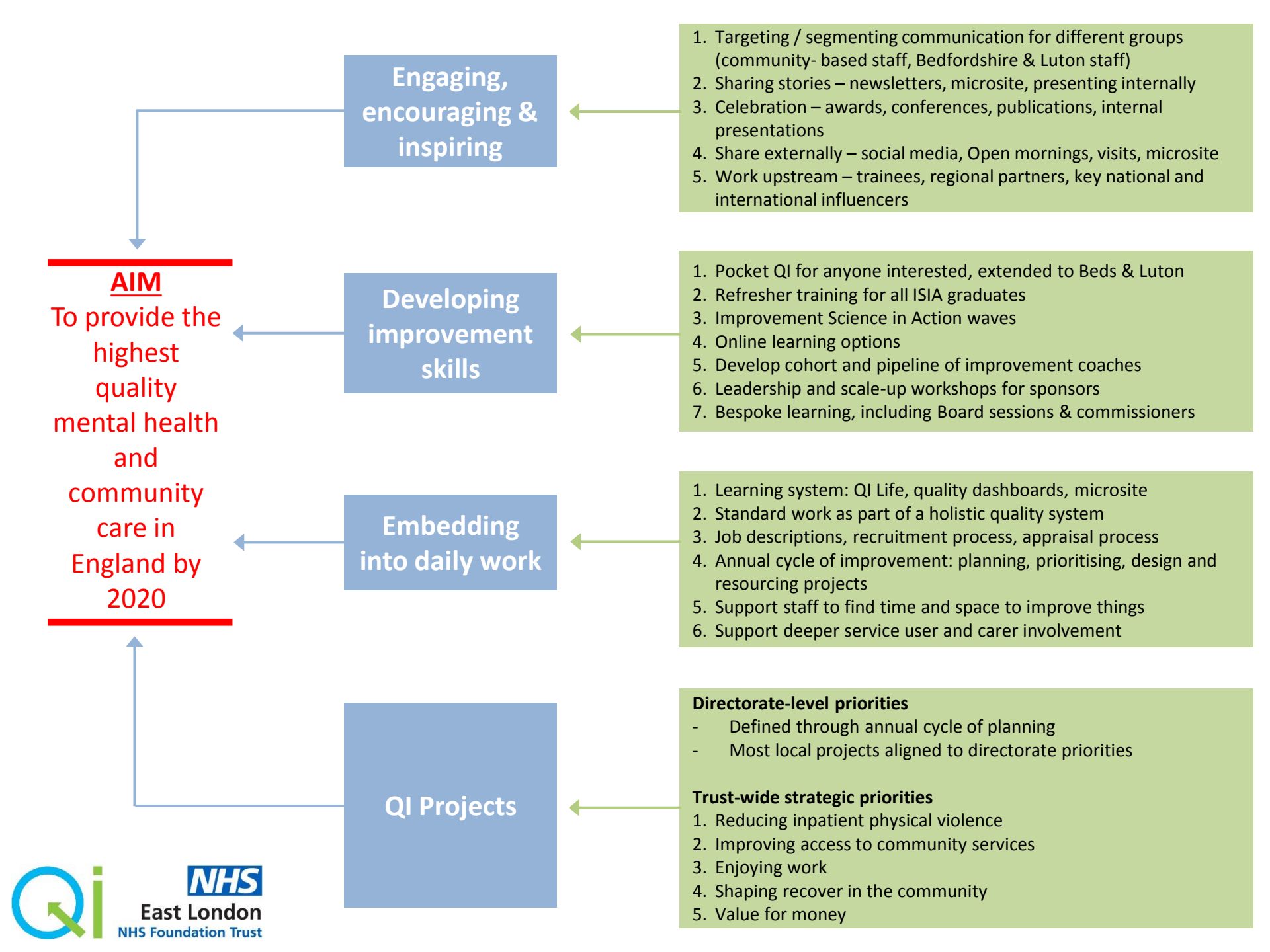
NHS East London NHS Foundation Trust

A look back over the first 3 years of the QI programme

Dr Amar Shah
Associate Medical Director for QI

James Innes
Associate Director of QI


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
AIM
To provide the highest quality mental health and community care in England by 2020
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
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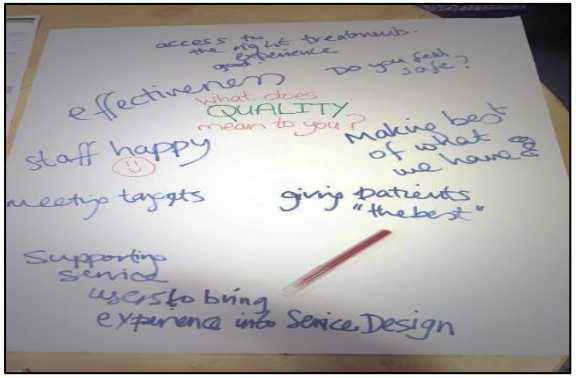
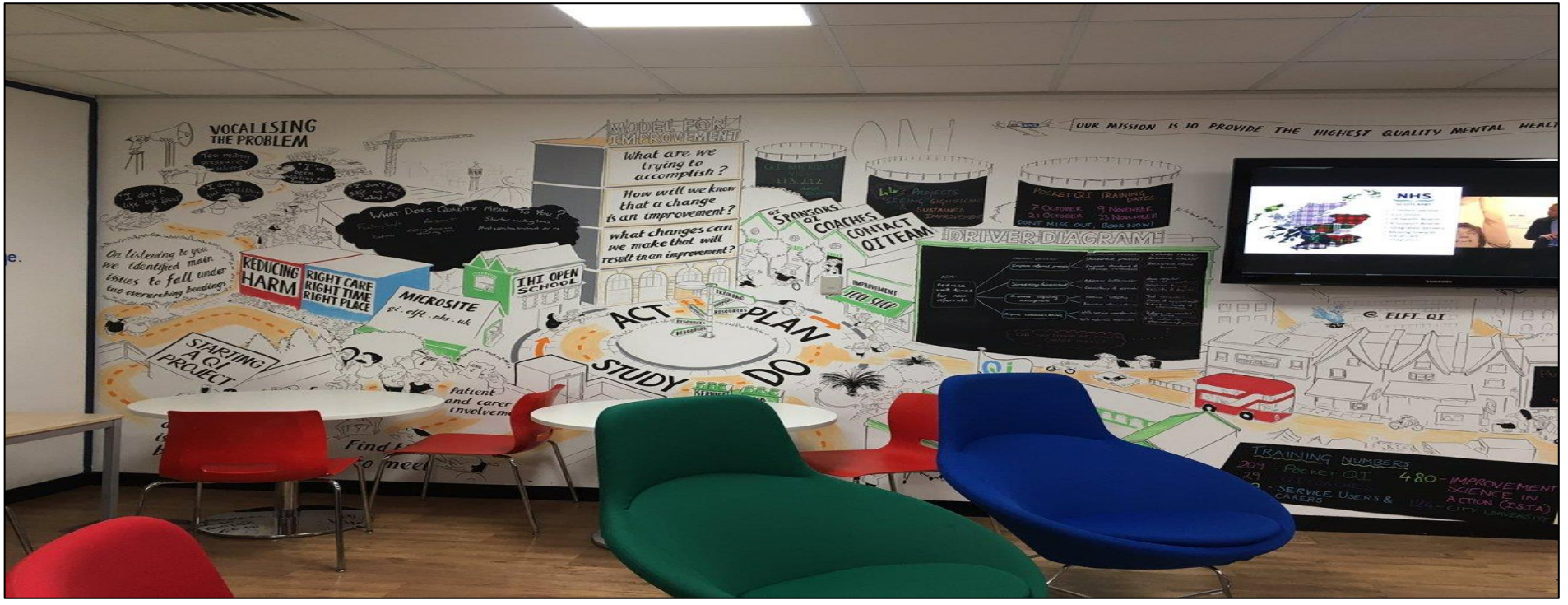
Engaging staff in Beds & Luton



We aspire to provide care of the highest quality in collaboration with those who use our services.

ELFT is an organisation that embraces continuous improvement and learning. Achieving this will mean we have to think differently, be innovative, and give everyone, at every level, the skills they need to lead change.

It will not be easy to build this culture, but focusing on what matters most to our service users and staff, and improving access to evidence-based care will make our services more effective, give more power to our staff and improve patient experience and outcomes.



INNOVATIONS

Reducing physical violence and developing a safety culture across wards in East London

Jen Taylor-Watt, Andy Cruickshank, James Innes, Brian Broome, Amar Shah

ABSTRACT

Violence is the biggest cause of reported safety incidents in East London NHS Foundation Trust. Substance misuse, the ability of disrupted risk assessment, discussion of violence in ward communities and the wider use of restrictive practices are all in psychiatric wards. The Tower Hamlets Violence Reduction Collaborative sought together to work with the aim of reducing violence by 20% by the end of 2015. A collaborative learning system was used to test a bundle of five interventions in the four acute admissions wards and two psychiatric intensive care units. A 20% reduction in staff injuries was seen across the six wards. Physical violence reduced from 72 incidents per 1000 occupied bed days in 2014 to 1.2 in 2015. Across the four general acute admission wards there was a 27% reduction in violence. Successful key elements of the system that have been attributed through this work have been developed into a more predictive approach, and developing a more open and shared experience of violence and aggression on the wards.

Jen Taylor-Watt
Quality Improvement Lead,
East London NHS Foundation Trust, London
Andy Cruickshank
Associate director of nursing for quality improvement,
East London NHS Foundation Trust, London
James Innes
Director of Nursing for Quality Improvement
East London NHS Foundation Trust
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Trauma Specialist
East London NHS Foundation Trust
Amar Shah
Associate medical director
East London NHS Foundation Trust
Correspondence to:
jen.taylor-watt@elft.nhs.uk

BMJ Quality

Improving ward environments and developing skills for discharge with the implementation of self-catering on a low secure forensic unit.

Alison O'Reilly

ABSTRACT

The opportunities for service users to develop skills for independent living within the confines of the ward environments are limited in secure mental health units. This case study describes the implementation of self-catering on a secure forensic unit. Skills audits were undertaken with service users[1] and groups enabling service users. This setting provided many opportunities to achieve this. Sessions then were timetabled in the ward environments that were measured and benchmarked. Daily living skills were monitored. Following success of the pilot, the self-catering was rolled out to the whole unit. Service users were supported to move to a shared cooking area one day of the week with an average of 90% participation. Feedback from the service users was positive. Staff also reported a positive change in the ward atmosphere. Physical violence reduced from 12 incidents per 1000 occupied bed days in 2014 to 1.2 in 2015. Across the four general acute admission wards there was a 27% reduction in violence. Successful key elements of the system that have been attributed through this work have been developed into a more predictive approach, and developing a more open and shared experience of violence and aggression on the wards.

BMJ Quality

Developing psychological services following facial trauma

Debra Choudhury-Peters, Vicky Dein

BMJ Quality

Improving physical health for people taking antipsychotic medication in the Community Learning Disabilities Service

Helen Thomson, Ian Hall, Amar Shah

BMJ Quality Improvement Reports

Safer Wards: reducing violence on older people's mental health wards

Juliette Brown, Barbara Fraser, Anne Stark, Margaret Akinyemi, Gemma Hall, Peter Mansbridge, Anne Oliver

BMJ Quality

Richmond Wellbeing Service Access Strategy for Older Adults

Sarah Gawling, Jennie Persaud, Genevieve Hall, Sue Ashbourne, James Bloomfield, Hannah Shortland, Clare Dale

BMJ Quality

Role of peer support workers in improving patient experience in Tower Hamlets Specialist Addiction Unit

Wilmer Kalk, Amar Shah

BMJ Quality Improvement Reports

Improving access to competitive employment for service users in forensic psychiatric units

BMJ Quality Improvement Reports

Using league tables to reduce missed dose medication errors on mental healthcare of older people wards

BMJ Quality Improvement Reports

Low stimulus environments: reducing noise levels in continuing care

Juliette Brown, Waldeed Fawzi, Anne Stark, Margaret Akinyemi, Genevieve Hall, Cathy McCarthy, Carmel Stevenson, Fiona Mannings, Joy Watson, Hazel Woodcock

BMJ Quality Improvement Reports

Improving the Physical Health Monitoring of City & Hackney Assertive Outreach Service Patients

BMJ Quality Improvement Reports

Improving the safety and efficiency of nurse medication rounds through the introduction of an automated dispensing cabinet

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Psychological Medicine in Bart's: improving access and awareness

BMJ Quality

FOR HEALTHCARE LEADERS

HSJ

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Mental Health Nursing

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Blog Home

"Violence was the elephant in the room" – Empowering Staff to Face Hard Truths and Lead Change

By Jen Taylor-Watt | Thursday, February 16, 2017

Why It Matters
How one organization empowered their staff, transformed their system, and saw big improvements by giving their frontline the right improvement tools.

IHI tools, strategies, and news in your inbox

East London NHS Foundation Trust (ELFT) has been on a journey to put the
the hands of those at the frontline – both our 5,000 staff, who provide mental health
, and our 65,000 service users.

mprovements and achievements over this time: reductions in waiting times, drops
re ulcers, and less use of restraint. We've won national awards for patient safety
d we're one of only two Mental Health Trusts in the country to be classified as
onal regulator, the Care Quality Commission.

to see, alongside these achievements, is how our system is transforming into
ment by empowering staff to lead change

Institute for Healthcare Improvement — *Improving Health and Health Care Worldwide* — SEARCH

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Home / User Communities / Blog / Improvement Blog / Rethinking Expectations: Reducing Violence in Mental Health Using QI

Home — Report Content

Blog Home

Rethinking Expectations: Reducing Violence in Mental Health Using QI

By Andy Cruickshank | Friday, August 12, 2016

Why It Matters
A mental health unit dramatically reduced violence and increased staff satisfaction by developing the quality improvement capability of their staff and engaging their service users.

IHI tools, strategies, and news in your inbox

Email*

Subscribe

If you had to guess where you'd find one of the highest staff satisfaction rates in England's National Health Service (NHS), what would you say? A maternity ward? Maybe some kind of pediatric setting?

You probably wouldn't think of a mental health unit in London that treats very acutely mentally unwell adults, would you?

A few years ago, I wouldn't have either. But the organization I work for — the East London NHS Foundation Trust (ELFT) — has undertaken a harm reduction effort involving both staff and service users. Our aim is to provide the highest quality mental health and community care in England by 2020.

Since the start of our quality improvement efforts in 2014, ELFT has seen significant changes. Dramatic reductions in violence, staff sick days, and staff absences due to injury have helped transform our organization. By rethinking some of our expectations, we're using the science of improvement to make inpatient mental health settings better places for both service users and staff.

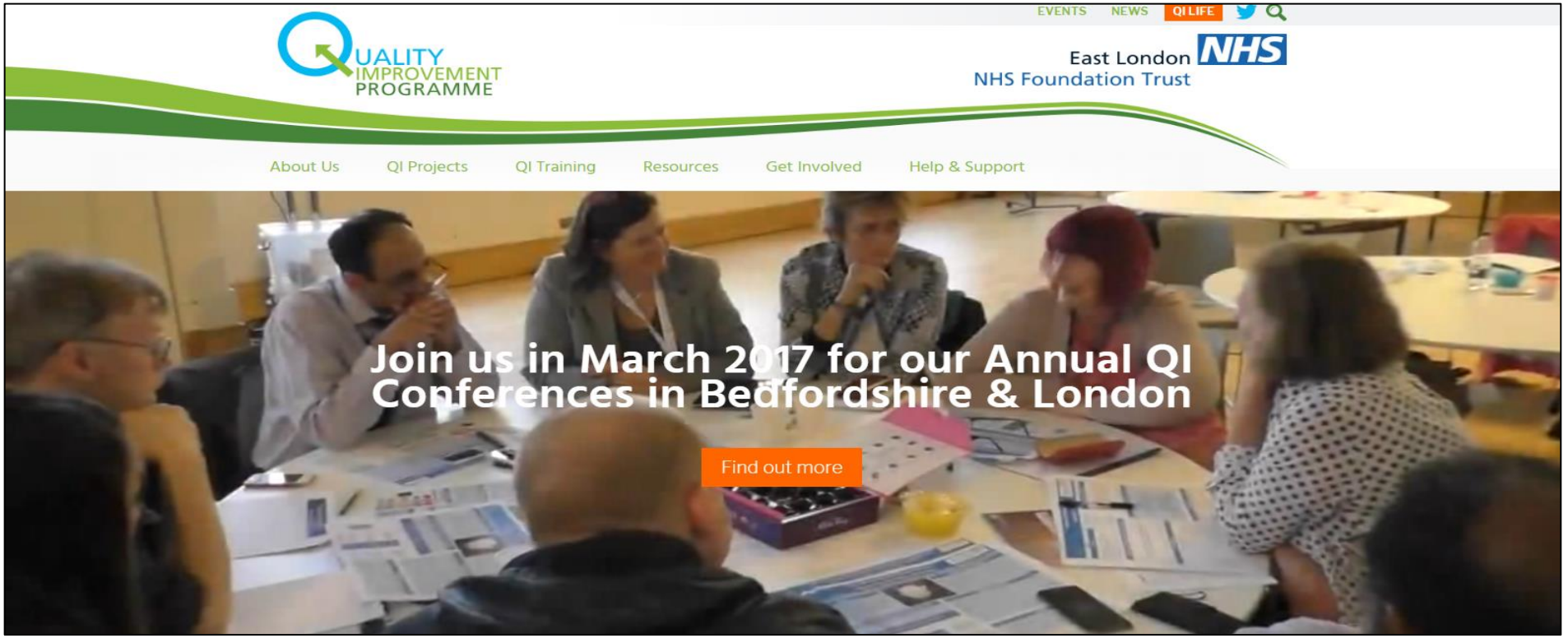
Expectations about Violence

Anyone who works with people with serious mental health issues knows there is potential for violence to occur. We commit to this work despite this possibility. Consequently, most of us never imagine we can learn ways to dramatically reduce it.

ELFT began to look more closely at the impact of violence — on service users and staff — within our inpatient services. Not surprisingly, experiencing violence negatively affected how staff felt about coming to work and their level of work engagement. We also started to ask questions about all of our service

NHS Improvement

CareQuality Commission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Join us in March 2017 for our Annual QI Conferences in Bedfordshire & London
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Improvement tools
Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Act Plan Study Do
Learn more about PDSA here
Qi Life
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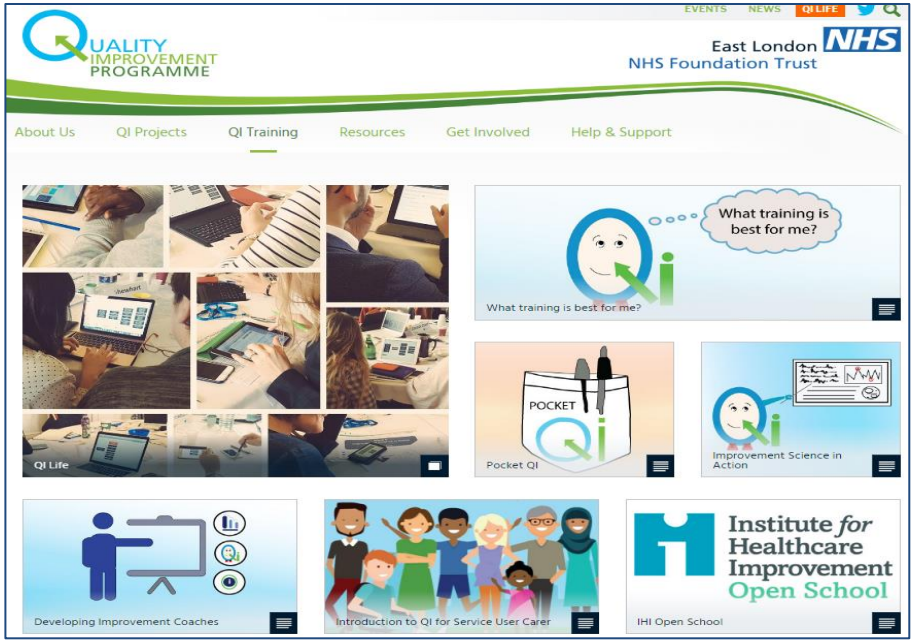
Support for Your Project
QI library
Videos
WHITEBOARD VIDEOS
Improvement Science on a whiteboard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Pocket QI
Improvement Science in Action
Developing Improvement Coaches
Introduction to QI for Service User Carer
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Open School
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IHI Open School

The Future Challenges
• Working out why people don't attend.
• Applying the QI methodology to simplify the Care Pathway.
• Planning for the expected 25% by 2017.

"Perhaps most striking for me as an outside was the level of violence which was accepted. The recognition that this should not be the norm was the first step in changing the culture for the better for both staff and patients."

Chief medical officer, Scotland

"Most leading health care organisations understand the value of patient engagement but you have taken this to a completely different level. You have created a culture where the service user and carer are truly at the core of the deliver system. This is the direction in which every healthcare system should move."

Providence Health, US

"Your warming friendly approach, well-chosen examples and fantastic patient-centredness made the days so valuable."

Jonkoping, Sweden

"I especially love how the team puts multidisciplinary care into action. We saw that in how they responded to very difficult children while we were there."

Chief executive for mental health, Providence Health, US

"I was particularly struck by the overall commitment, and passion, to participation of service users in everything you do. The work really demonstrated what a focus on wellbeing can look like and how an assets-based approach can be supported by people from across different sectors."

Healthcare Improvement Scotland

Public Health England
Takeda
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ABCL
BMA
MDDUS
CROHN'S & COLITIS UK
General Medical Council

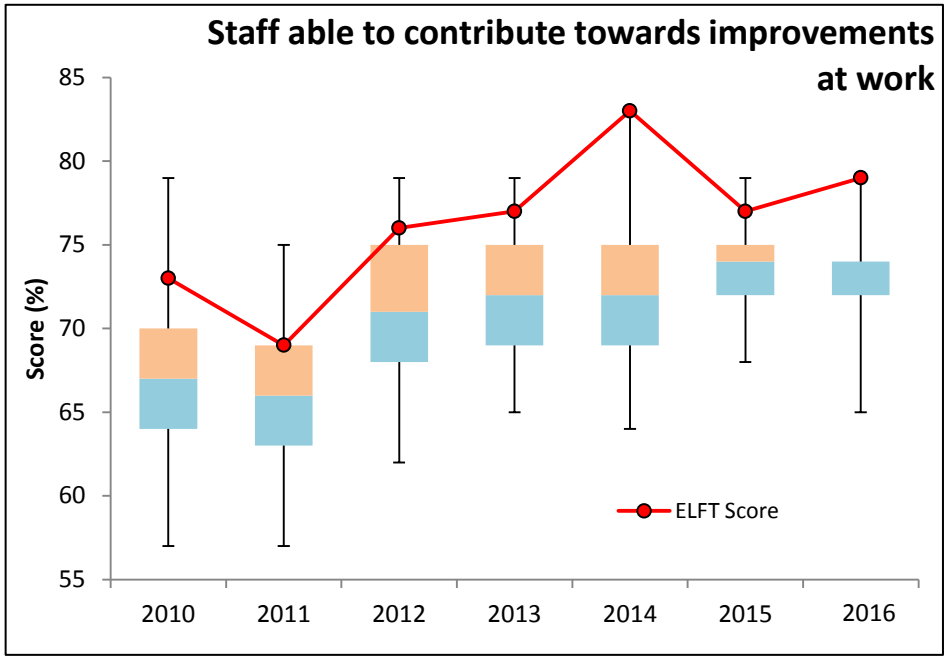
PSYCH
AWARDS 2015

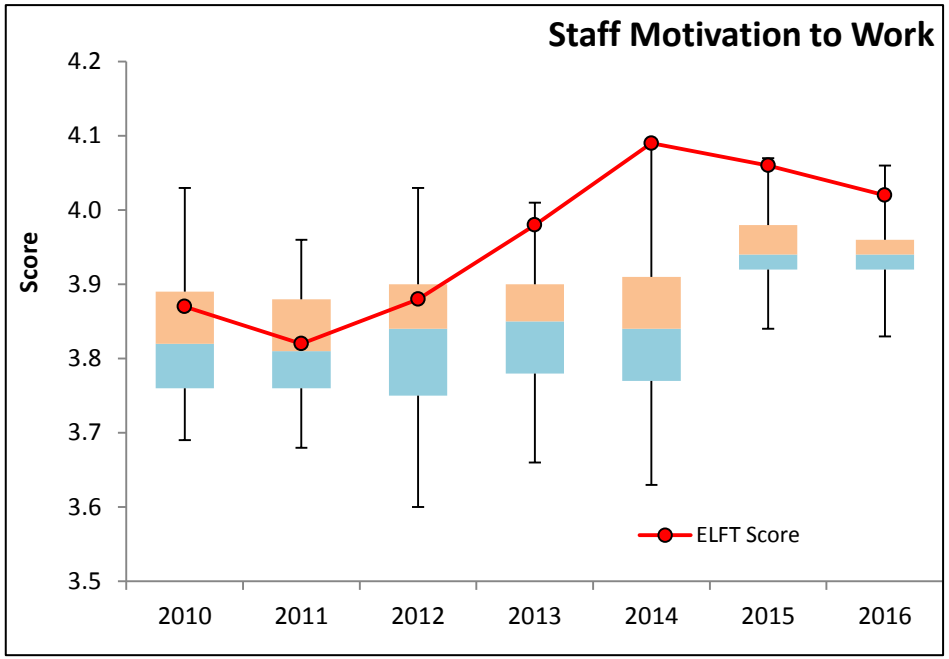
HSJ BEST
2015

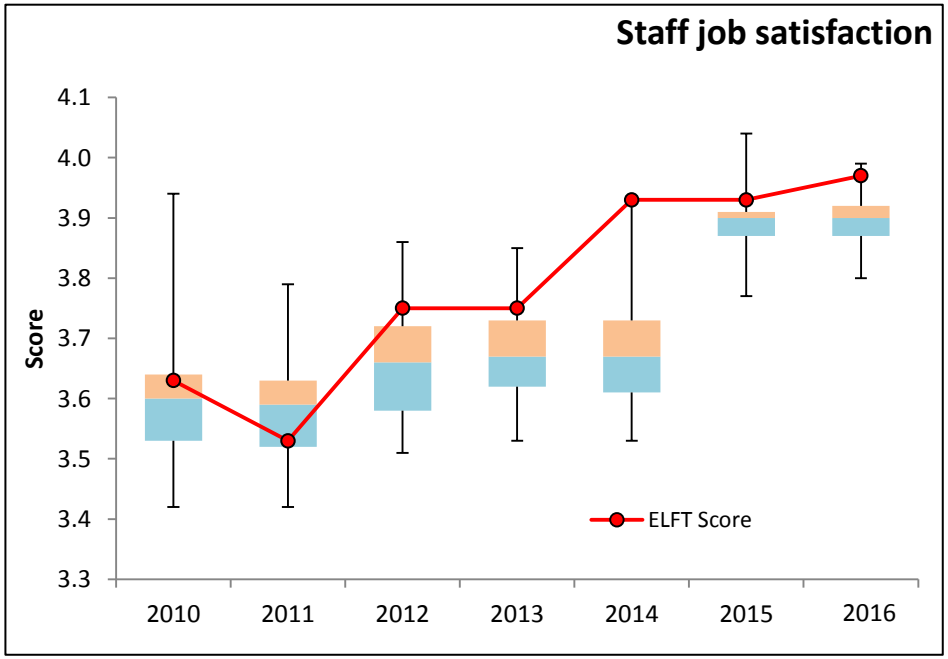
HSJ
2016
AWARDS

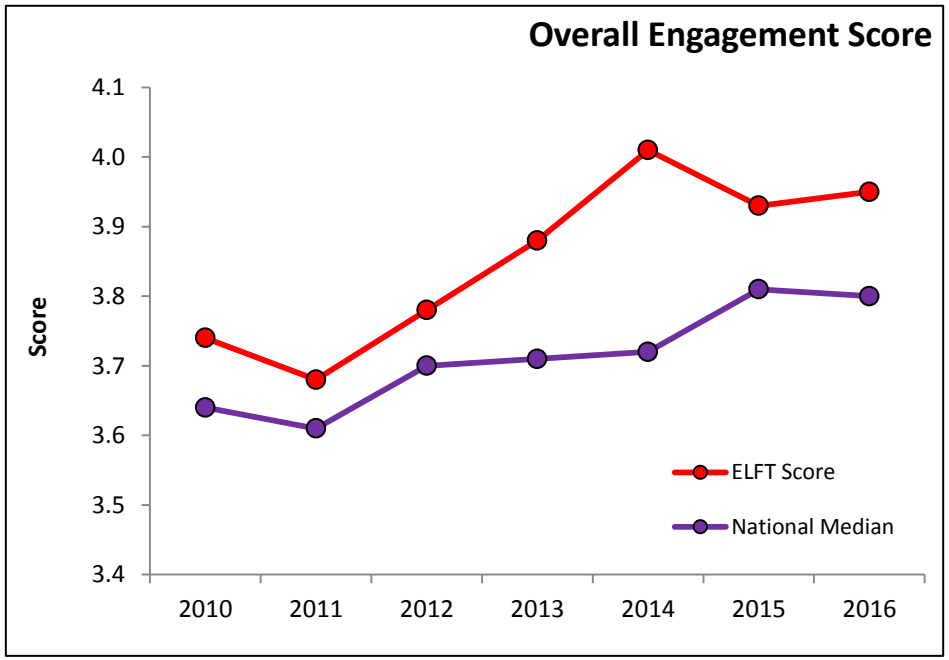
Nursing
Times
Awards

Staff experience and engagement









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Psychology trainees – Pocket QI, embedded into QI project teams with 4 bespoke learning sessions
Nursing students – Intro to QI delivered within undergraduate and postgrad syllabus, embedded into QI project teams during student placements

477 completed Pocket QI so far. All staff receive intro to QI at induction

Estimated number needed to train = 4000
Needs = introduction to QI & systems thinking, identifying problems, how to get involved

690 graduated from ISIA in 6 waves. Wave 7 in 2017-18. Refresher training for ISIA grads.

Estimated number needed to train = 1000
Needs = Model for improvement, PDSA, measurement and using data, leading teams

53 QI coaches trained so far, with 35 currently active. Third cohort of 20 to be trained in 2017

Estimated number needed = 50
Needs = deep understanding of method & tools, understanding variation, coaching teams

58 current sponsors. All completed ISIA. Leadership, scale-up & refresher QI training in 2017

Needs = Model for improvement, PDSA, measurement & variation, scale-up and spread, leadership for improvement

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

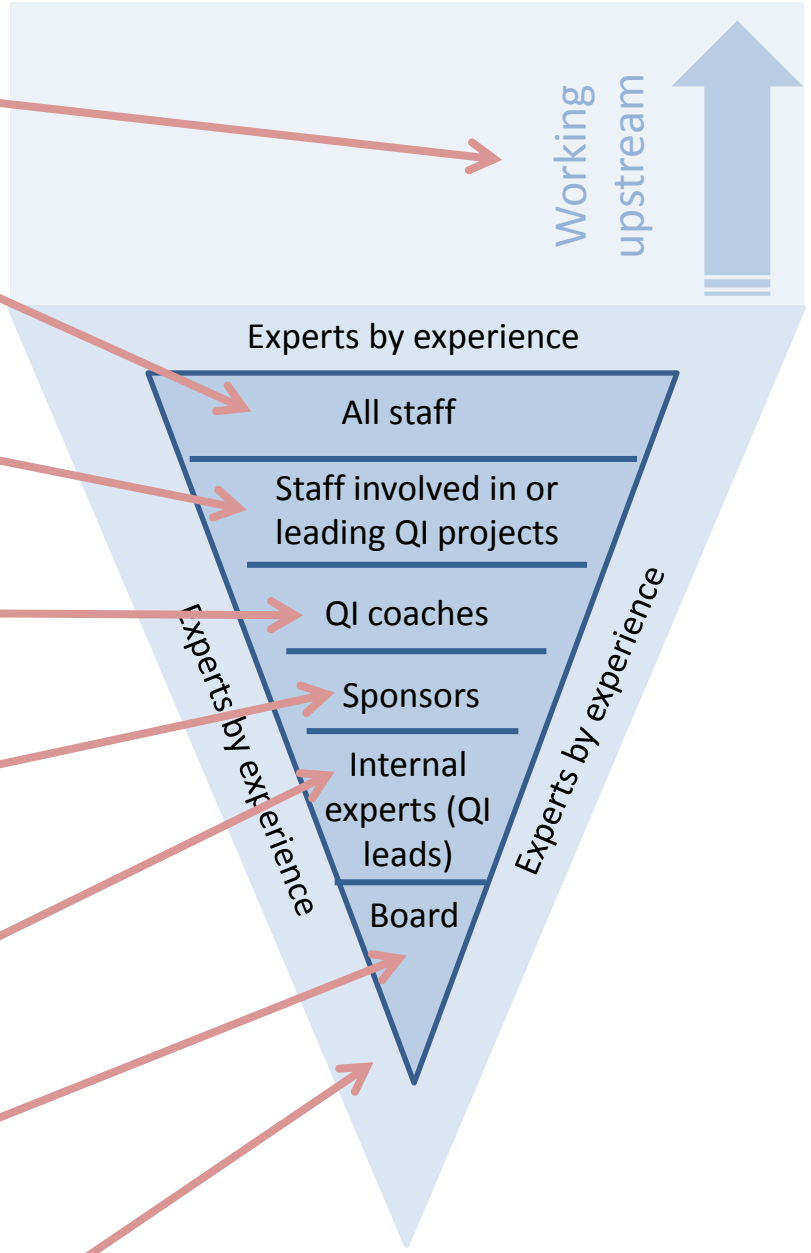
Estimated number needed to train = 10
Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

All Executives have completed ISIA. Annual Board session with IHI & regular Board development

Needs = setting direction and big goals, executive leadership, oversight of improvement, understanding variation

Bespoke QI learning sessions for service users and carers. Over 95 attended so far. Build into recovery college syllabus

Needs = introduction to QI, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas



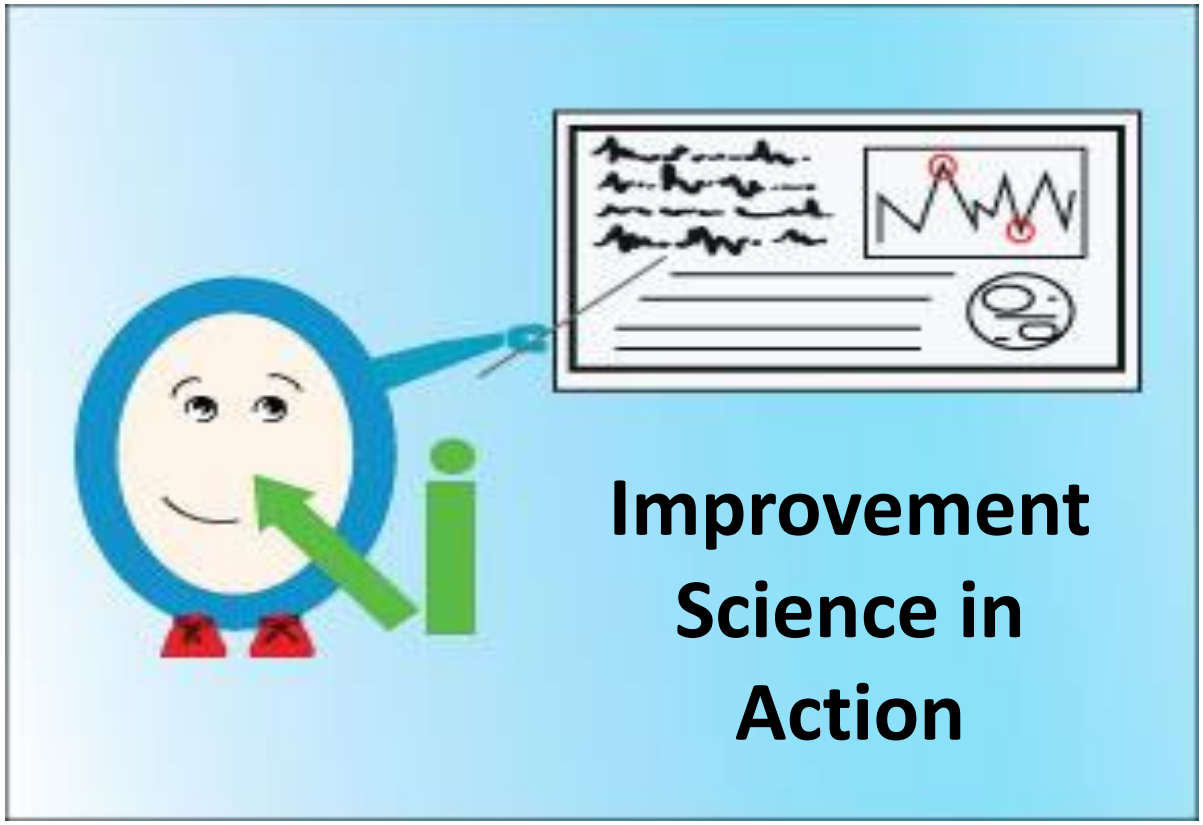
POCKET

Enfield
Barnet
Harrow
Haringey
Waltham Forest
Redbridge
Havering
Hillingdon
Brent
Camden
Islington
Hackney
Barking and Dagenham
Newham
Ealing
Westminster
Kensington & Chelsea
Southwark
Hamersmith & Fulham
Hounslow
Lambeth
Greenwich
Bexley
Richmond
Wandsworth
Lewisham
Merton
Kingston
Sutton
Croydon
Bromley

NORTHAMPTONSHIRE
Rushden
CAMBRIDGESHIRE
St Neots
Clapham
Gamlingay
Bromham
Bedford
Potton
Kempston
Sandy
Biggleswade
Langford
Ampthill
Milton Keynes
Shefford
Henlow
Flitwick
Stotfold
Barton Le Clay
Letchworth
Harlington
Toddington
Leighton Buzzard / Linslade
HERTFORDSHIRE
Houghton Regis
Luton
Dunstable
BUCKINGHAMSHIRE

24
Cohorts

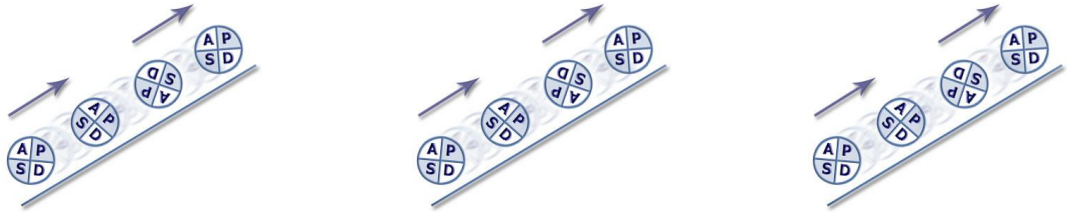
477
trained



Improvement Science in Action

Improvement Science in Action

- 6 month learning path



Prework → Workshop (3 days) → *AP-1* → Webex #1 → *AP-2* → Learning set 1 → *AP-3* → Webex #2 → AP-4 → Webex #3 → AP-5 → Learning Set 2 & graduation

The two learning sets will be focused on sharing the participants' work on their projects and learning from each other. These sessions also will reinforce the content from the Webex calls and the ISIA workshop.

6
Waves

690
trained

Developing Improvement Coaches

2

Cohorts

53
trained

Intro to QI for Service Users & Carers

Why is it important to involve service users in Quality Improvement?

9 Cohorts

95 trained

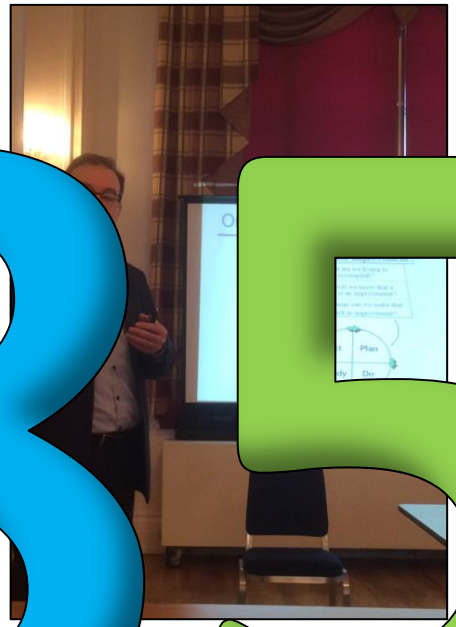
CITY
UNIVERSITY OF LONDON
EST 1894

University of Bedfordshire

124
trained
CITY
UNIVERSITY OF LONDON
EST 1894
University of
Bedfordshire

Masterclasses

Masterclasses



85 trained

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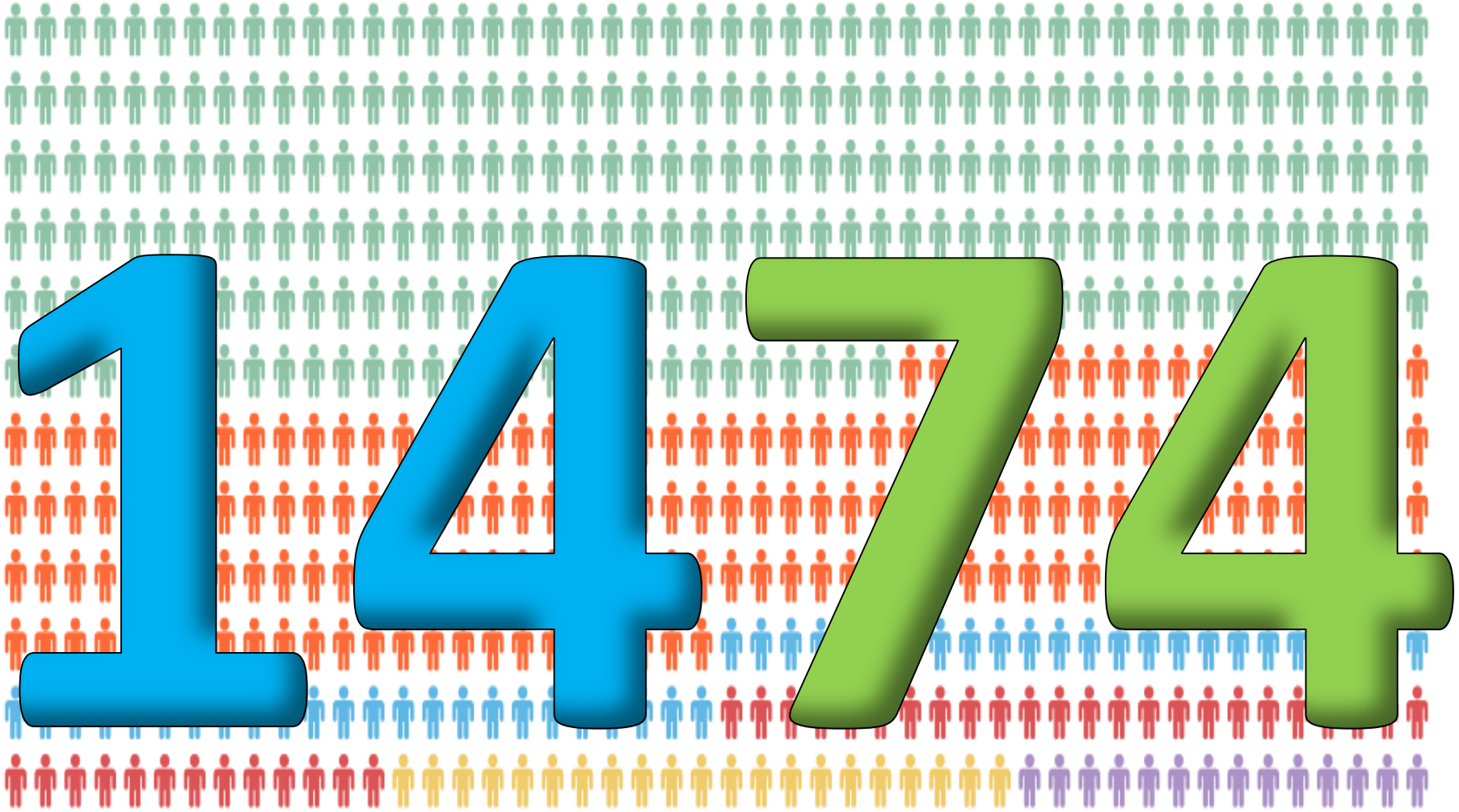

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Support around every team

Project Sponsor

QI Coach

QI Team

QI Forums

Service User Input

QI Resources

Check out the new Learning Centre to find tips on using Life FIND OUT MORE

Life

Welcome to Life

"There's no such thing as perfect or complete...only continuous improvement"
(Genise M Patterson)

Login

Username

Password

Log In

- Forgotten your password?
- Don't have an account yet?

Rate Life

(bad) 1 2 3 4 5 (good)

Please feel free to expand upon your rating:

Email Address (optional):

Send Feedback

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Start a QI project | Start a scale up/spread project

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Type here to search... | Active | 1 - 15 of 219 | 1 2 3 4 5 | Sort: Title | Up

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1.0

"improving access to the needle exchange at R3"

The aim would be to get 15 episodes each month by the end of April 2017 and this to continue until t...

1.0

"To reduce the number of falls on Columbia Ward by 20% by March 2017"

"To reduce the number of falls on Columbia Ward by 20% by March 2017"

0.5

• Reducing attrition rate from referral into treatment at Reset

• Reduce attrition rate by 5% by June 2017

Dummy Project (For Demonstration)

PDF

General | Driver Diagram | Change Ideas | PDSAs | Measures | Charts | Documents

General Information

Edit | Close Project | Submit Monthly Report

Project ID: 101993

Title:

Dummy Project (For Demonstration)

Status:

Active

Aim:

Lorem ipsum dolor sit amet, sea alterum temporibus ullamcorper et, eu his illum labores reprehendunt. Vel explicari aliquando dissentiet an, at wisi autem indoctum sit. Quo veniam consulatu referrentur ea, ius ut modus dicant. Duo solet putent salutatus te, eu ius veniam copiosae, consul omnesque perpetua eos cu. Et sit sonet facilisis. Ut labitur perpetua mei, est consul lucilius cu.

Location:

N/A

Start:

14/11/2016

End:

14/12/2016

Rationale:

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

QI Code:

Approved?:

Yes

Directorate:

Progress Score:

Dummy Project (For Demonstration)

PDF

General | Driver Diagram | Change Ideas | PDSAs | Measures | Charts | Documents

Driver Diagram Learn More

Version 2 Archive Export Diagram

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS

Lorem ipsum dolor sit amet, sea alterum temporibus ullamcorper et, eu his illum labores reprehendunt. Vel explicari aliquando dissentiet an, at wisi autem indoctum sit. Quo veniam consulatu referrentur ea, ius ut modus dicant. Duo solet putent salutatus te, eu ius veniam copiosae, consul omnesque perpetua eos cu. Et sit sonet facilisis. Ut labitur perpetua mei, est consul lucilius cu.

Red	Blue	Green

Add a Colour

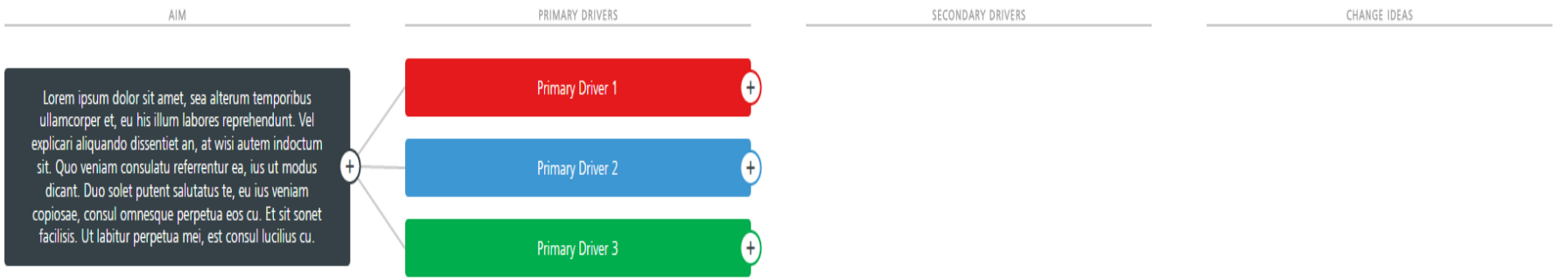
Dummy Project (For Demonstration)

PDF

General | Driver Diagram | Change Ideas | PDSAs | Measures | Charts | Documents

Driver Diagram Learn More

Version 2 Archive Export Diagram



Red | Blue | Green

Add a Colour

Dummy Project (For Demonstration)

PDF

General | Driver Diagram | Change Ideas | PDSAs | Measures | Charts | Documents

Driver Diagram Learn More

Version 2 Archive Export Diagram

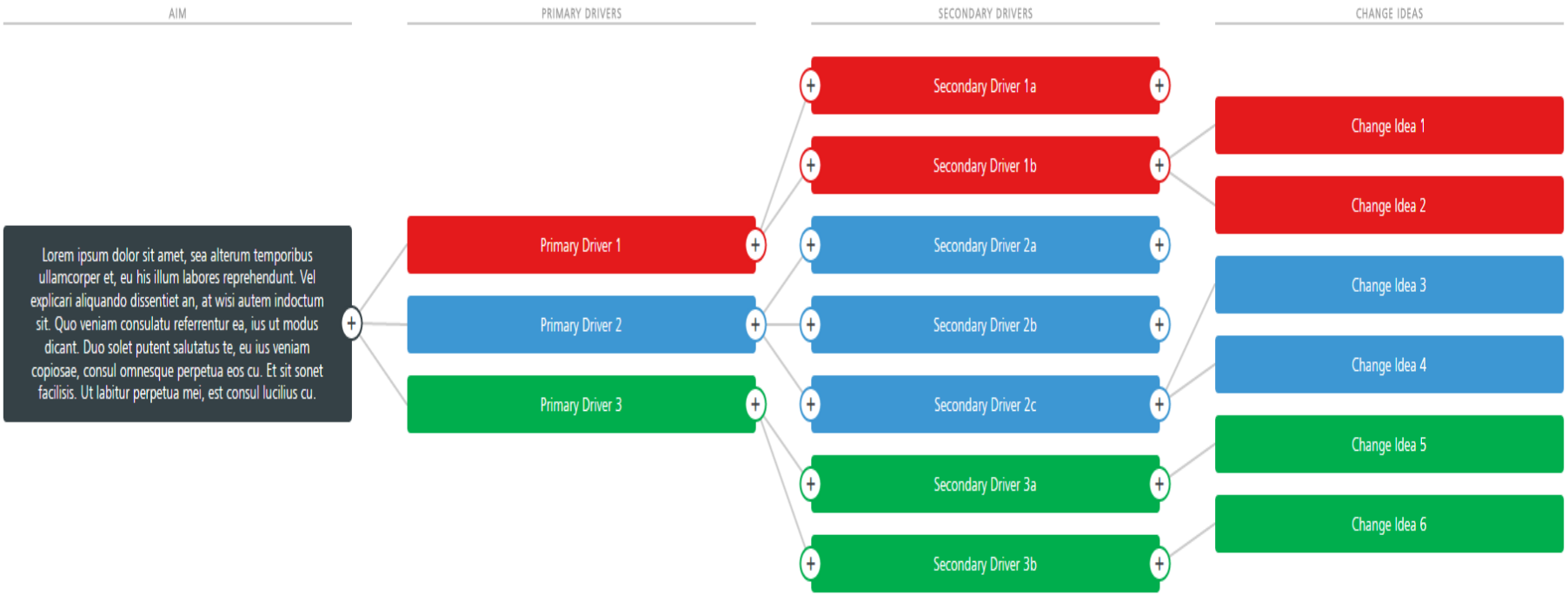
Dummy Project (For Demonstration)

PDF

General | Driver Diagram | Change Ideas | PDSAs | Measures | Charts | Documents

Driver Diagram Learn More

Version 2 Archive Export Diagram



New PDSA Cycle

Save Cancel Close

1 Define

Give this PDSA a title:

Type here

This field is mandatory

Link the change idea this PDSA relates to:

Choose a change idea...

This field is mandatory

When: 10/04/2017

Who: Forid Alom

Where: *Type here*

What is the objective of this cycle?:

Type here

2 Plan

Plan Overview/Notes:

Type here

Predict what will happen when the test is carried out:

Type here

List the tasks needed to set-up this test of change:

Add a task

Measures to determine if prediction succeeds:

Search for measures to link to this PDSA cycle...

3 Do

Describe what happened when you ran your test, note any pertinent observations

Type here

4 Study

Compare the results from your test to your predictions and summarise any learning

Type here

5 Act

Describe what modifications to the plan will be made for the next cycle

Type here

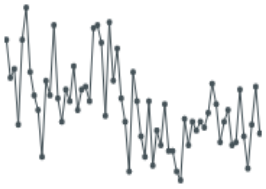
Dummy Project

PDF

General | Driver Diagram | Change Ideas | PDSAs | Measures | Charts | Documents

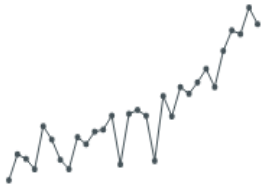
SPC Charts Learn More

Add New SPC Chart



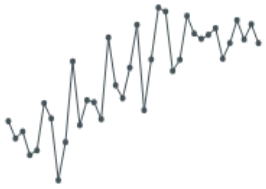
Control Chart Exercise (C Chart)

Open



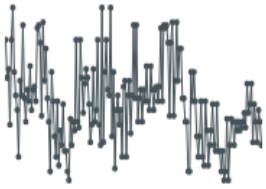
G Chart

Open



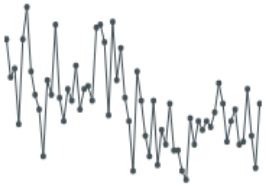
I Chart

Open

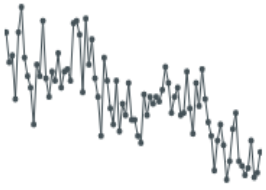


Measure 1.1 - No. of Physical Violence Incidents (Run Chart)

Open

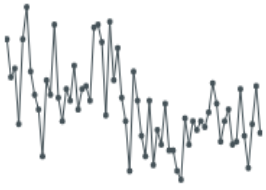


Measure 1.2 - No. of Physical Violence Incidents (Control Chart)

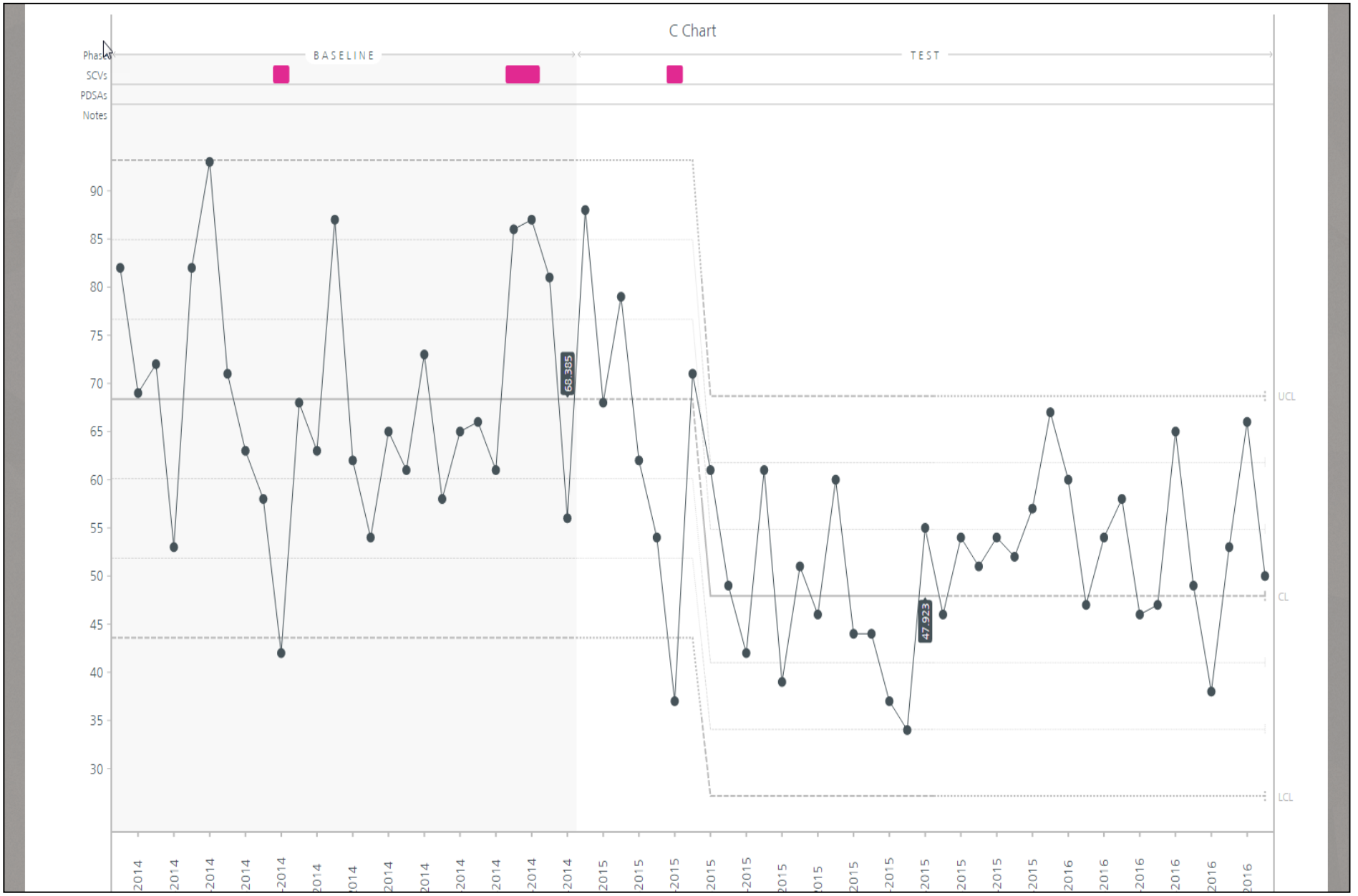


Measure 1.2 - No. of Physical Violence Incidents (Control Chart)

No. of incidents that took place every week



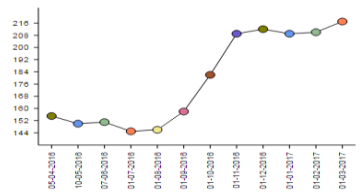
No. of physical violence incidents


C Chart
Phases
BASELINE
TEST
SCVs
PDSAs
Notes
90
85
80
75
70
65
60
55
50
45
40
35
30
68.305
47.923
UCL
CL
LCL
2014
2015
2016

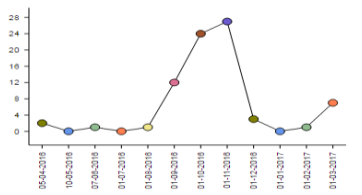
No. of Active ELFT QI Projects

186

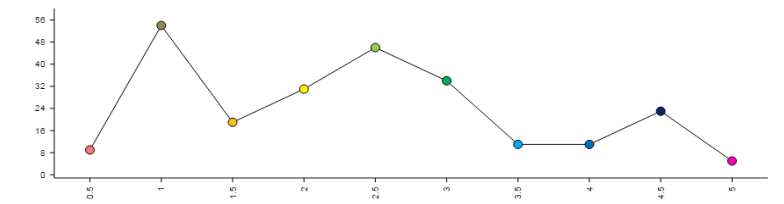
No. of Active ELFT QI Projects per Month



No. of New ELFT QI Projects per Month



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



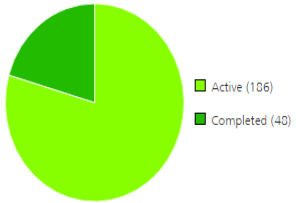
No. of ELFT QI Projects (broken down by directorate and status)

	Active	Completed
Addictions	4	0
Bedfordshire	24	0
Children's Services	23	2
City and Hackney Mental Health	25	7
Community Health Newham	16	7
Corporate	9	4
Forensics	22	6
Luton	11	0
Mental Health Care for Older People (MHCOP)	6	6
Newham Mental Health	19	4
Primary Care and Specialist Psychological Services	6	3
Tower Hamlets Mental Health	24	9
Tower Hamlets Primary Care	2	0
Tower Hamlets Together	4	0
Total	195	48

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

	All Projects
Active	186
Completed	48
Total	234

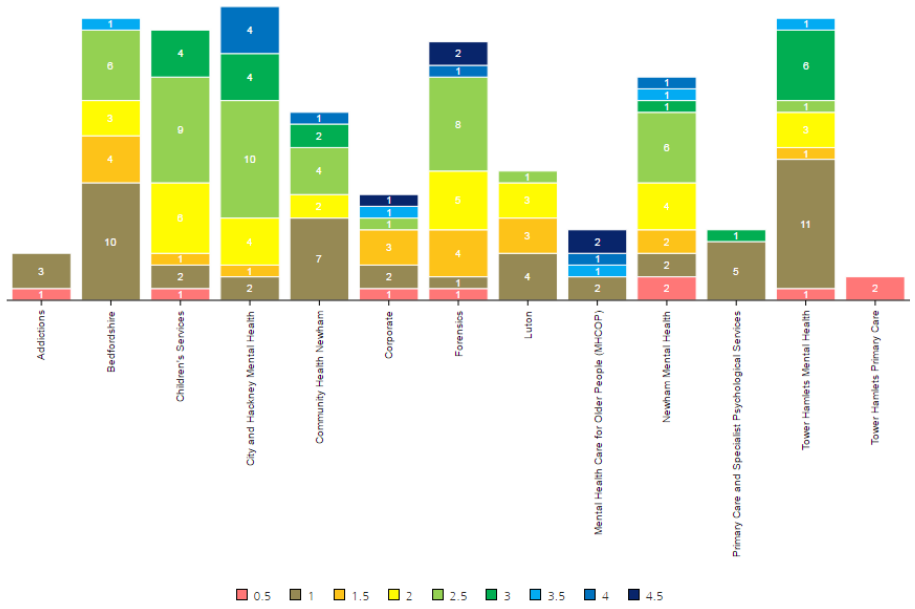
No. of ELFT QI Projects (broken down by status)

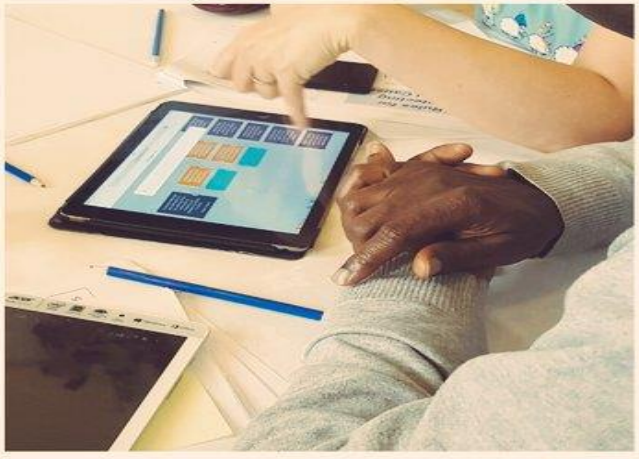


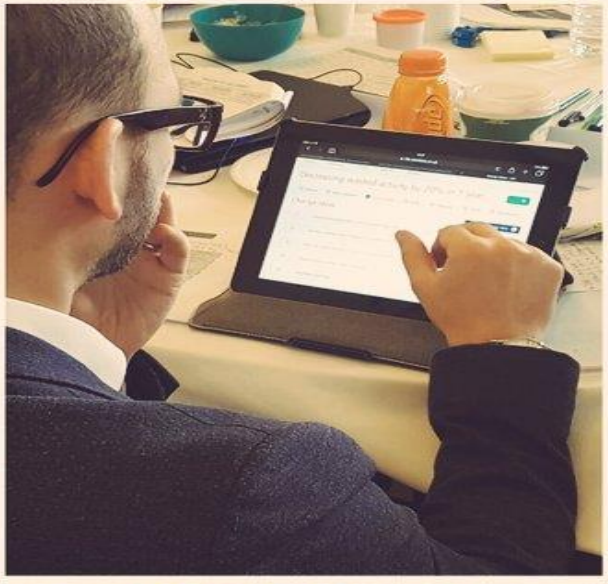
No. of ELFT QI Projects (broken down by status and progress score)

	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
Active	9	54	19	31	46	18	5	8	5	0
Completed	0	0	0	0	0	16	6	3	18	5
Total	9	54	19	31	46	34	11	11	23	5

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





COSTA


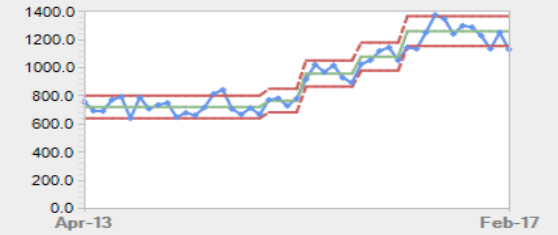
hewhart

Control Chart

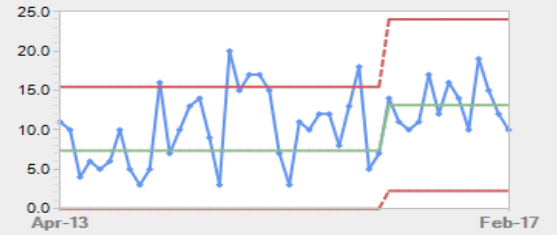
Safety Dashboard

Desired direction of change ↑ ↓

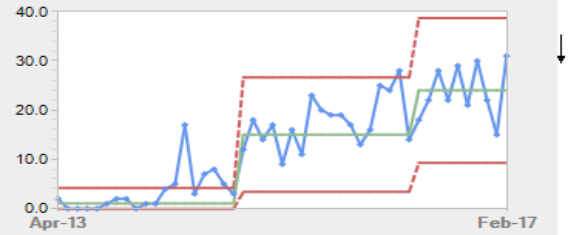
Number of Incidents Reported c Chart



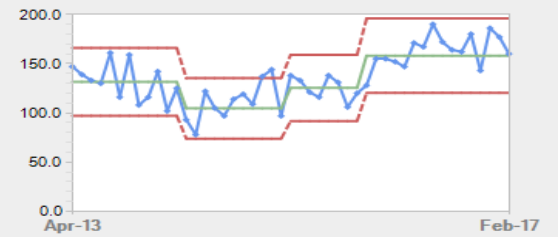
Number of Serious Incidents Reported c Chart



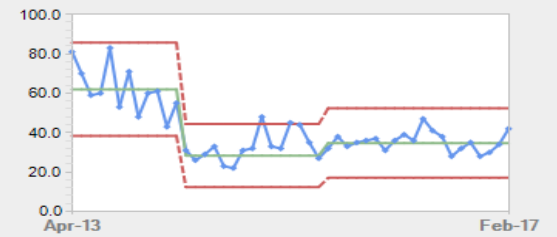
Number of Unexpected Deaths c Chart



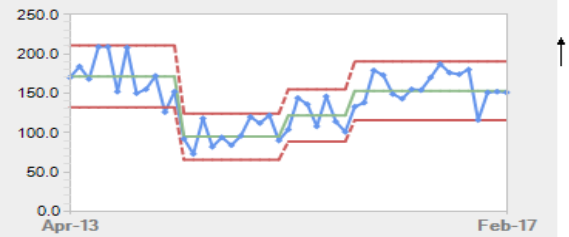
Episodes of Restraint c Chart



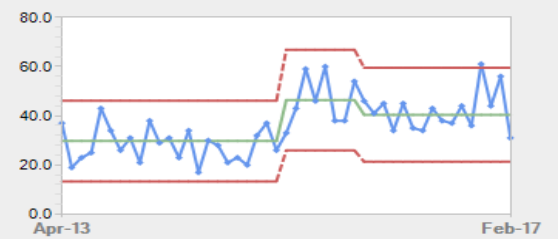
Episodes of Restraint in Prone Position c Char



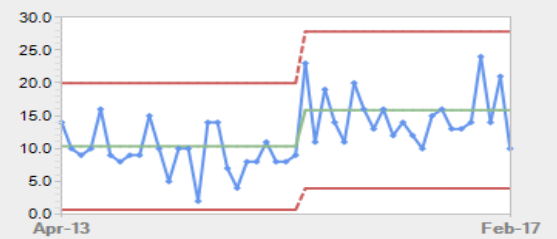
Number of Physical Violence Attacks c Chart



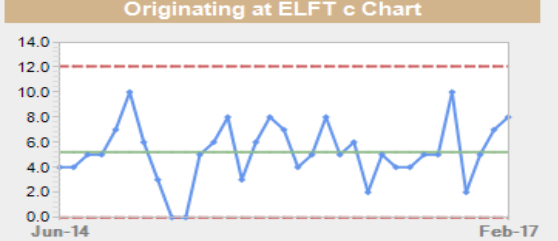
Number of Falls Reported c Chart



Number of Falls Resulting in Harm c Chart

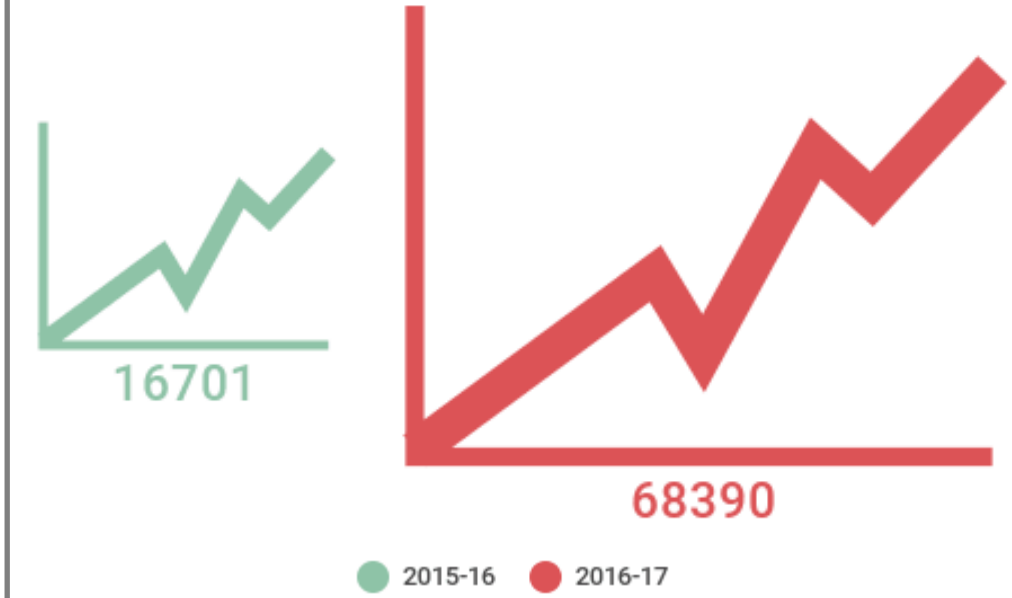


Number of Grade 3 & 4 Pressure Ulcers Originating at ELFT c Chart



MEASURES

CHARTS



139

Average number of unique visits to the Quality & Performance Dashboard every month

342

Total number of visits to the Quality & Performance dashboard every month

ARE YOU A RULE BREAKER?
Fire door keep closed

FLOW LANE

LOCAL SCHOOL ART PROJECT

BOX

BREAK THE RULES
Welcome to the Break The Rules video booth. Press the cross below to get started

RULES

Health Visitors & School Nurses

+ARE YOU+ READY TO BREAK THE + RULES? +
+ARE YOU+ READY TO BREAK THE + RULES? +

ARE YOU A RULE BREAKER?

+ARE YOU+ READY TO BREAK THE + RULES? +

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

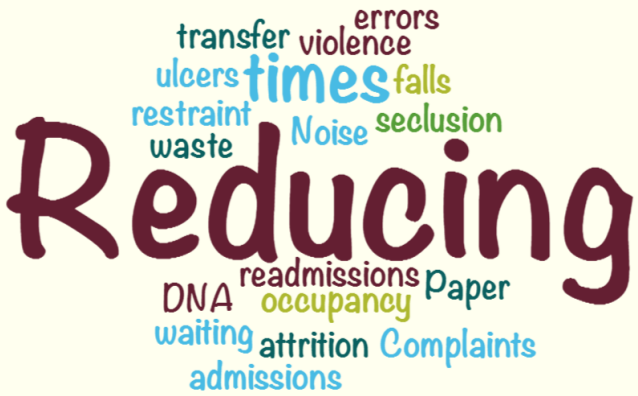
1. Reducing inpatient physical violence
2. Improving access to community services
3. Enjoying work
4. Shaping recover in the community
5. Value for money

NHS East London NHS Foundation Trust

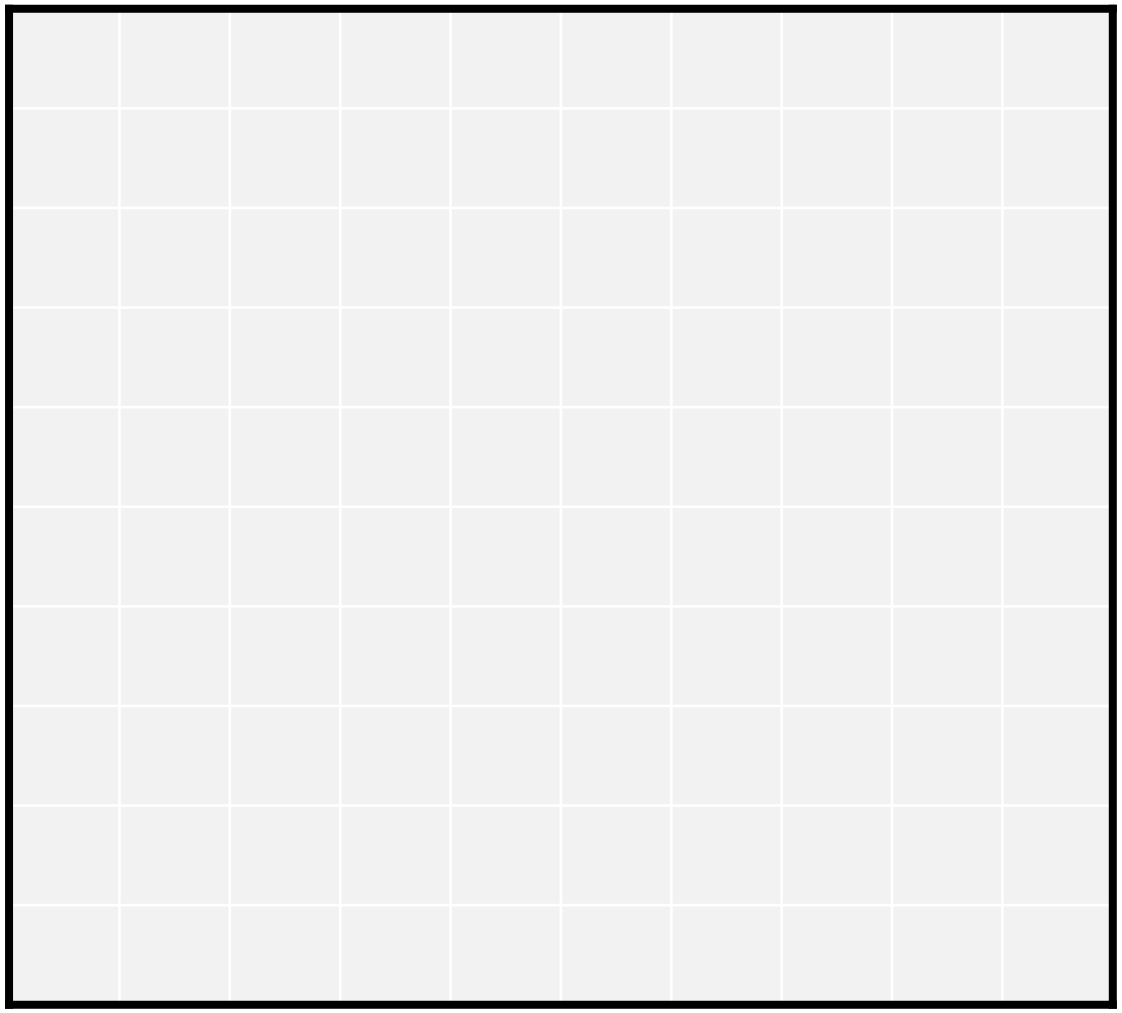
Improving
care
transition
experience
ASD
complaints
rounds
accessibility
Recovery
patient
training
Communication
access
keeping
ulcer
management
record
admissions
supervision
flow
responsiveness
recruitment
reporting
prescribing
interventions
Lifestyle
discharge
referrals
appointments
correspondance

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

235


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

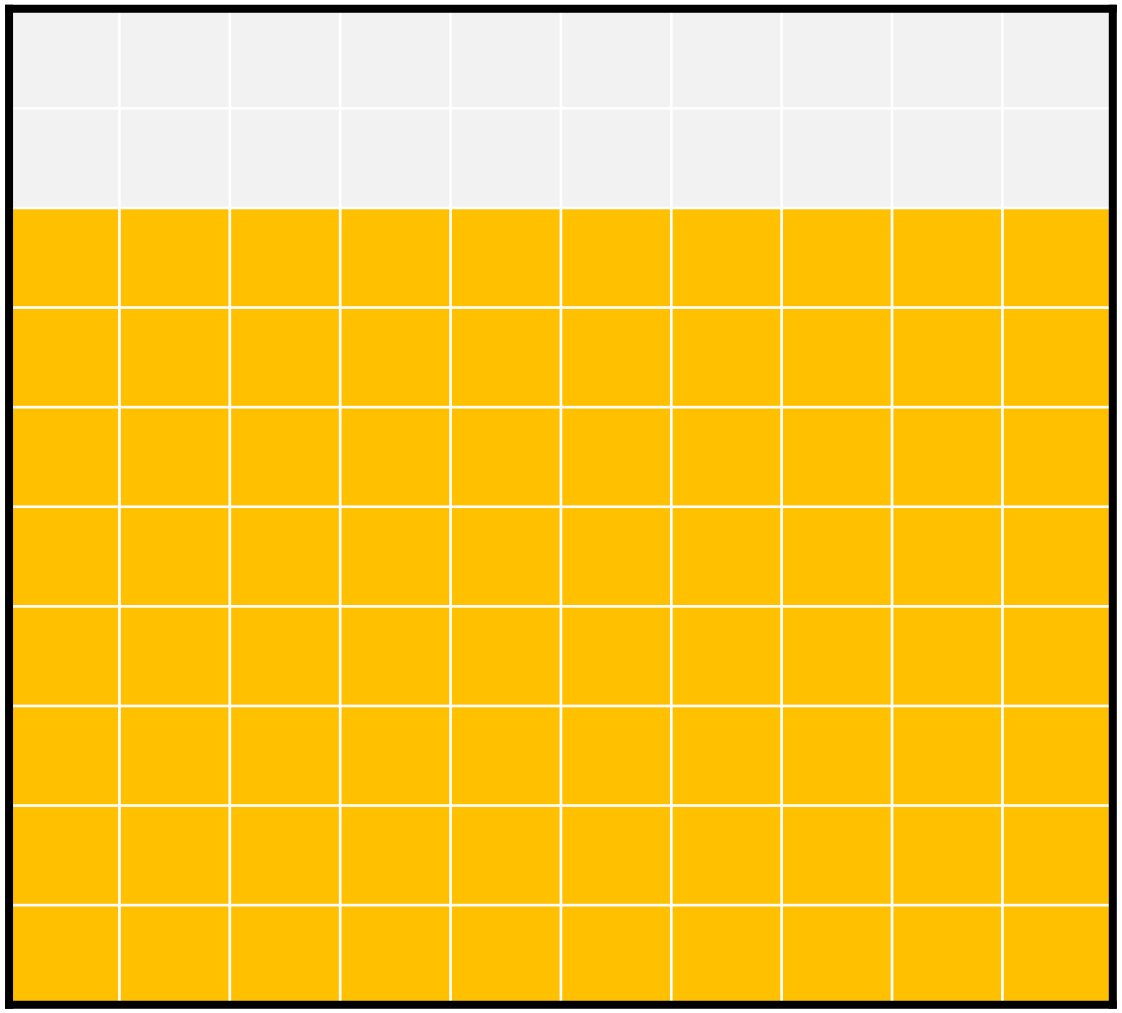
QI Projects



235

Projects

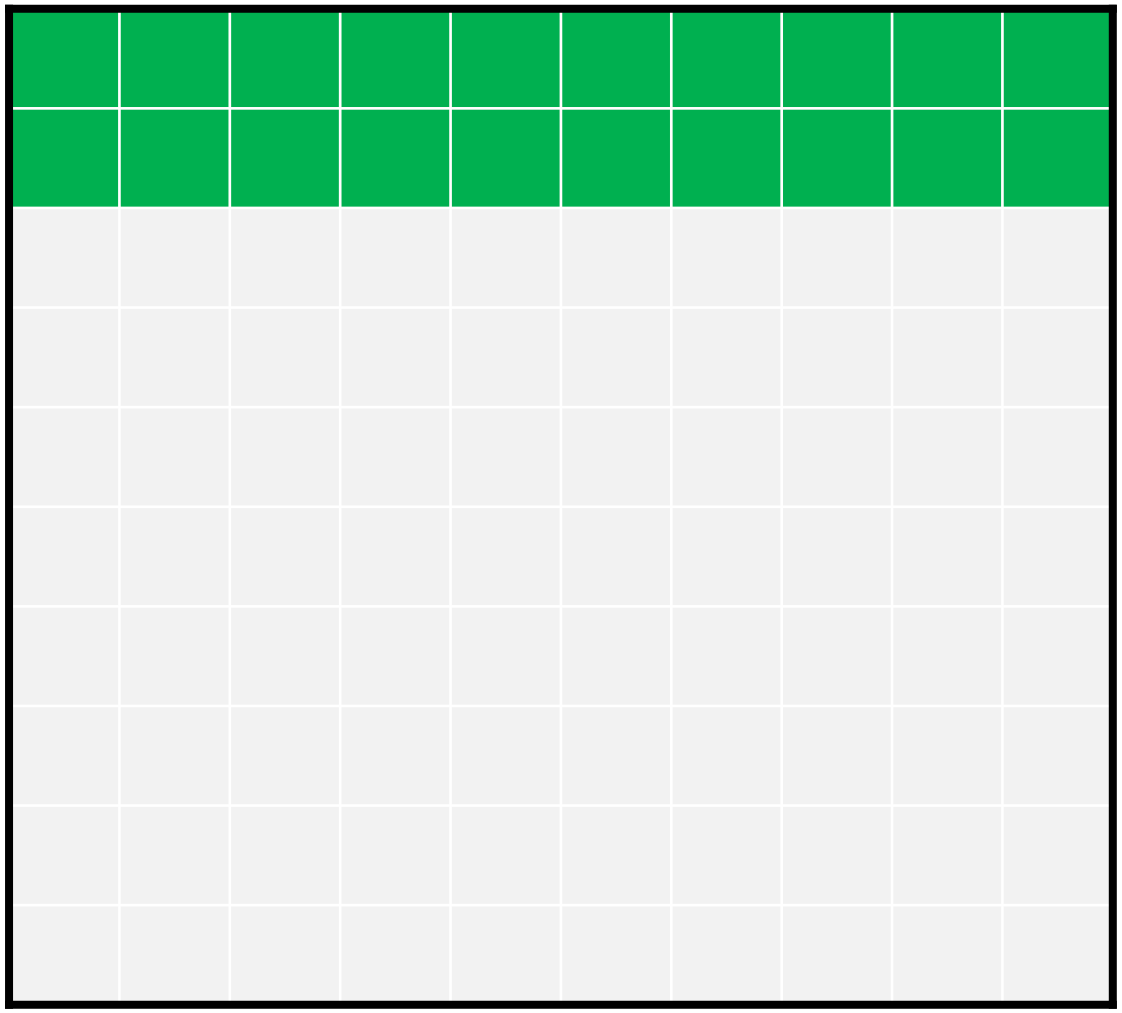
QI Projects



187

Active projects

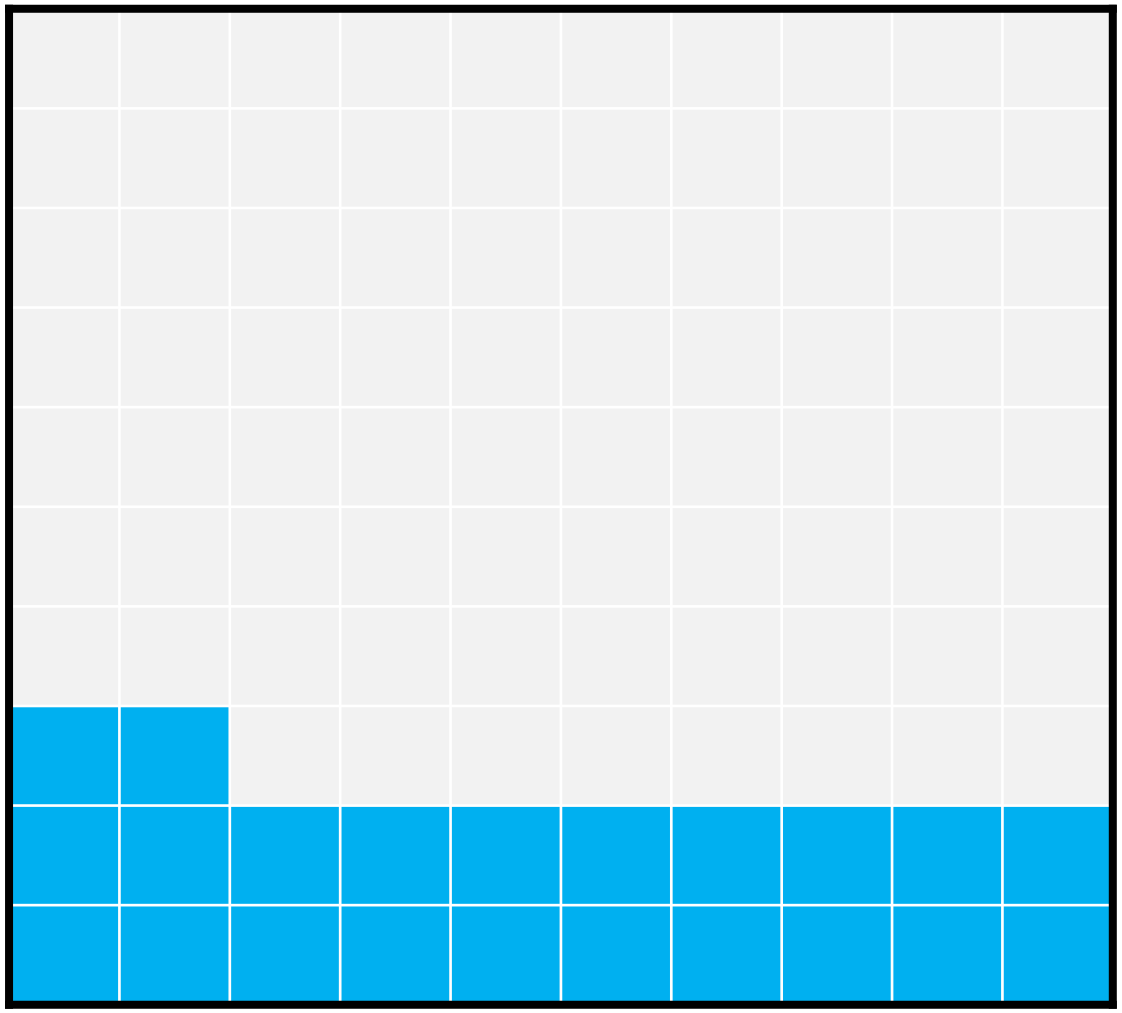
QI Projects



48

Completed projects

QI Projects

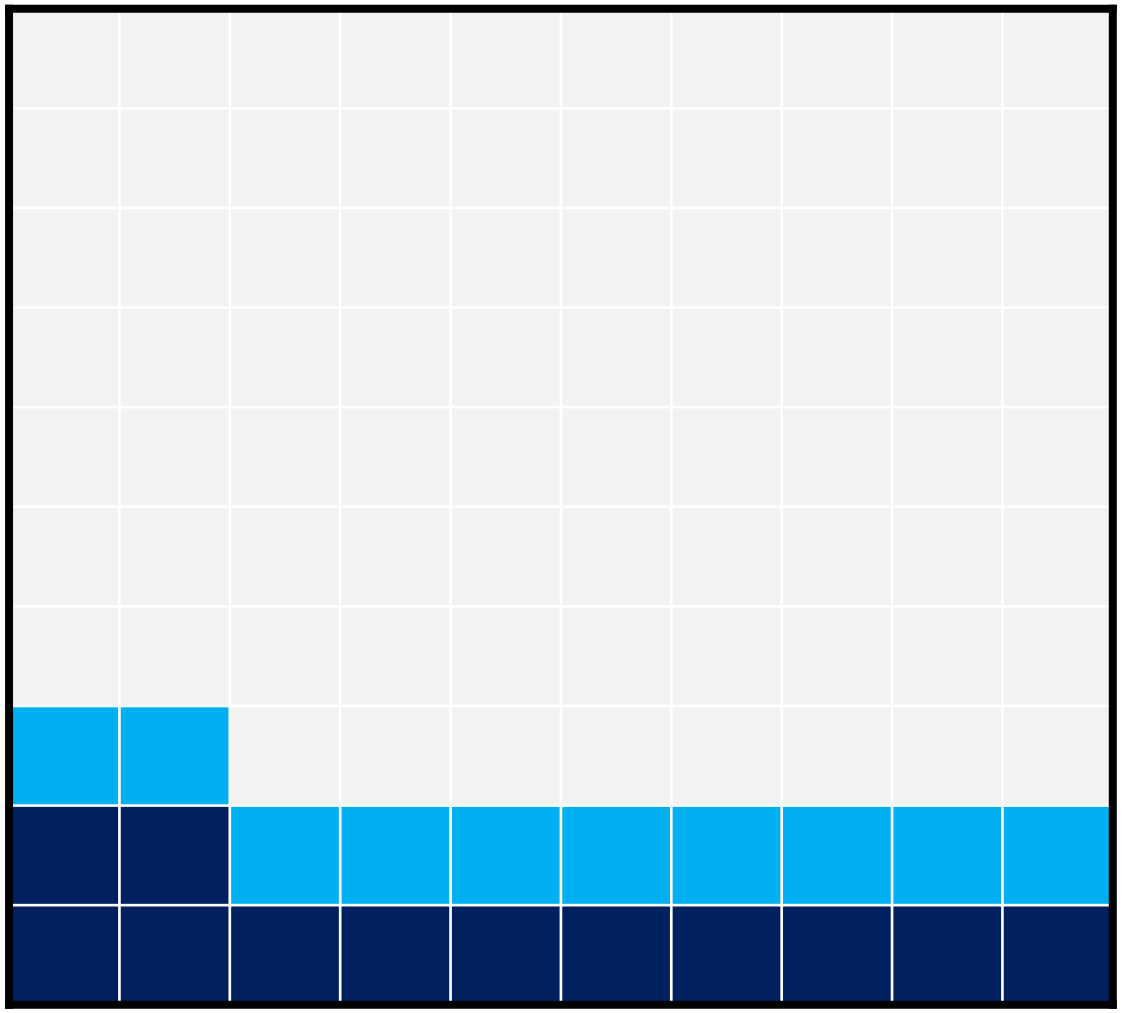


51

Projects showing improvement

NHS
East London
NHS Foundation Trust

QI Projects



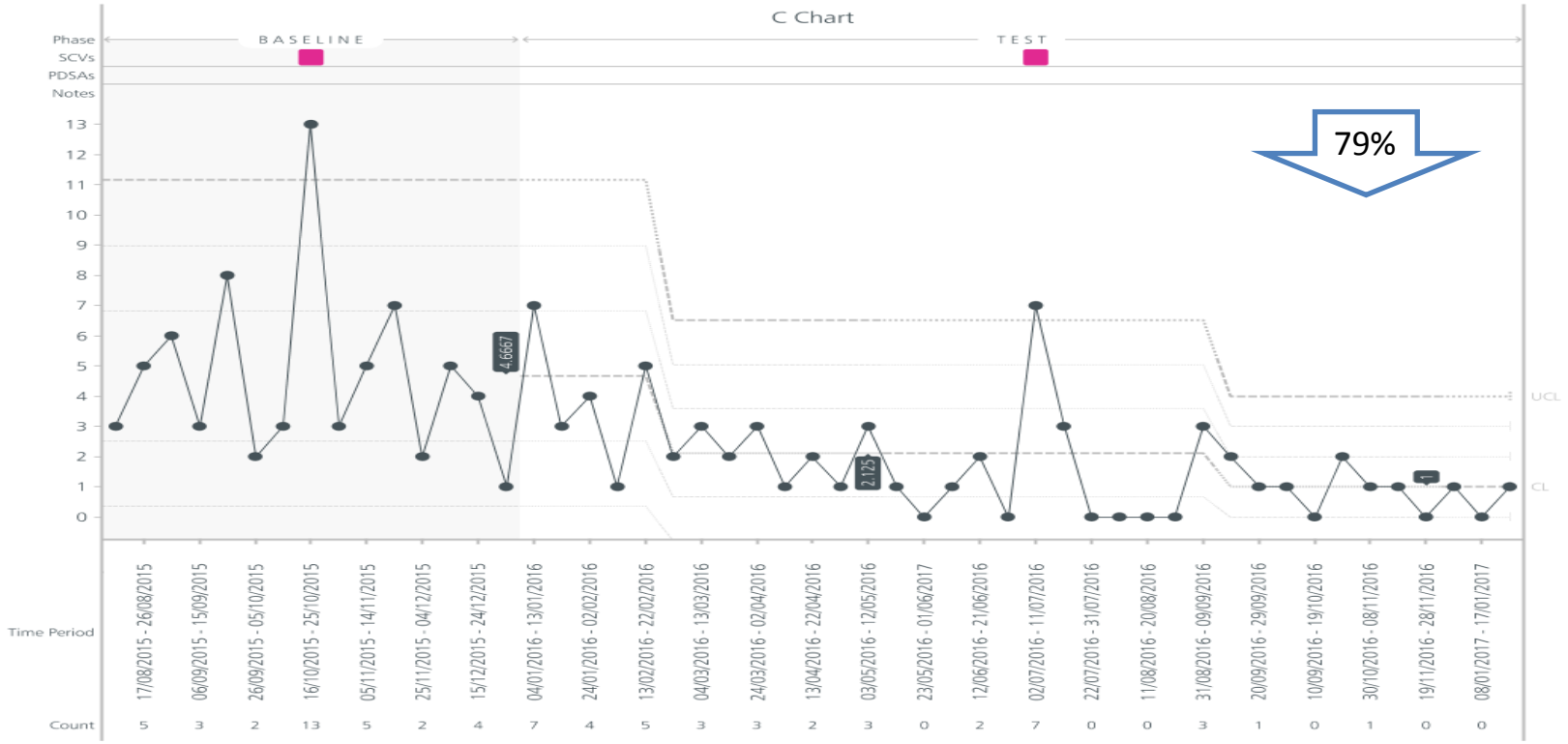
28

Projects showing significant improvement

NHS
East London
NHS Foundation Trust

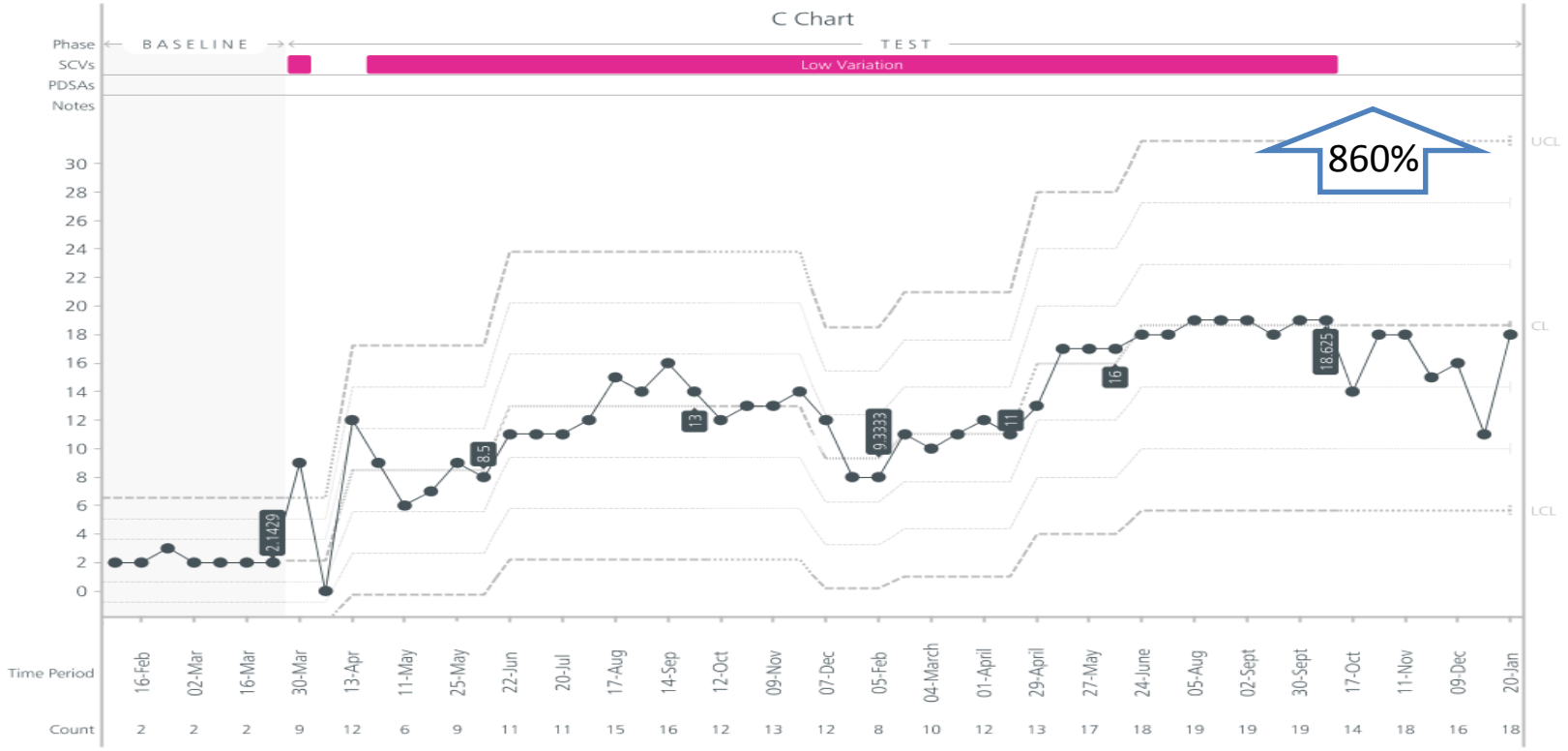
Reducing Handcuff Usage

Incidents of handcuffing, every 10 days

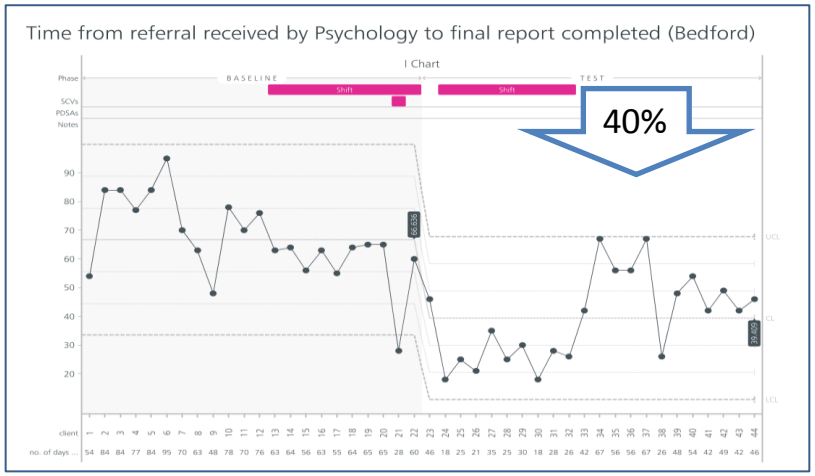


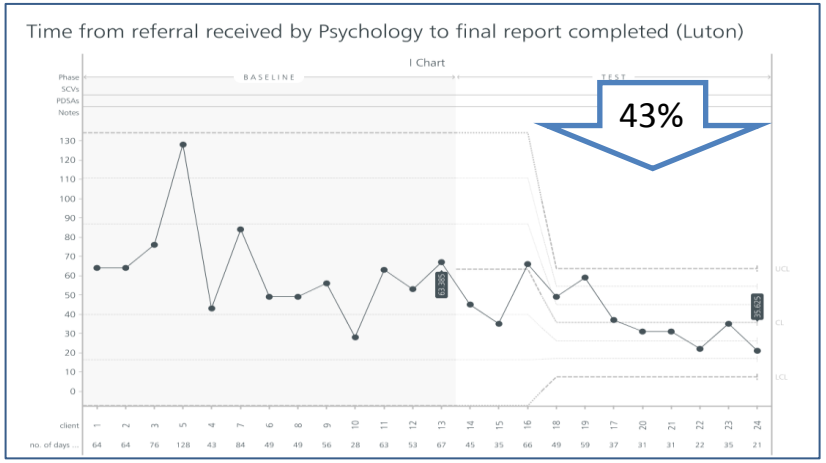
The Bridge Club

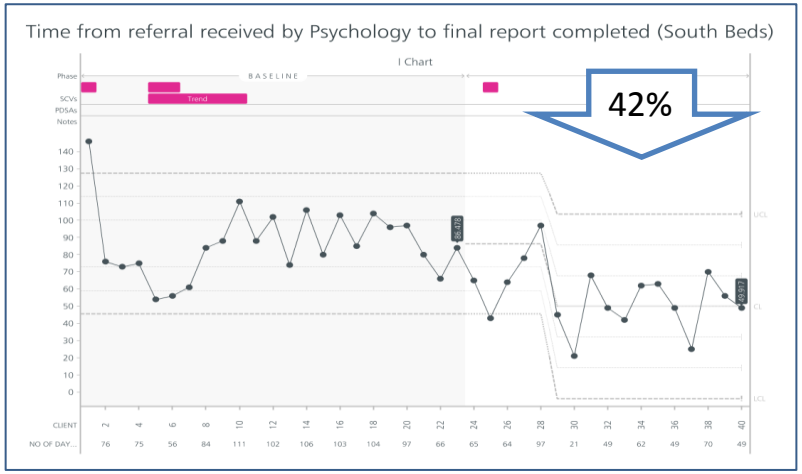
Number of self-directed community engagement hours (football)

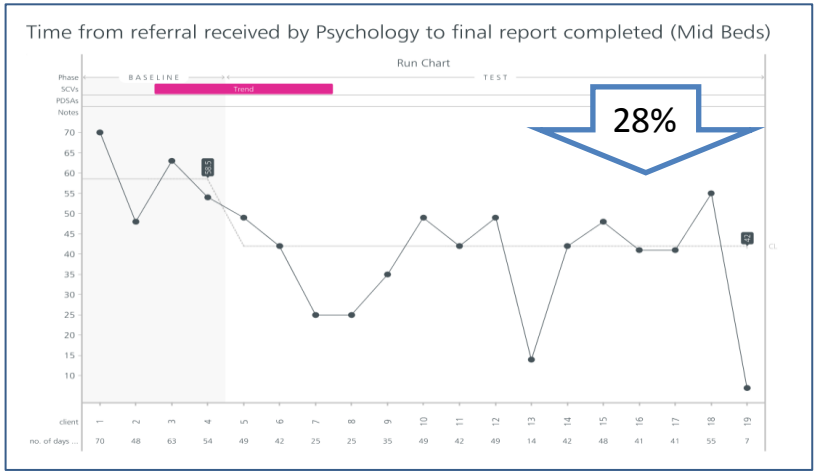


Reducing Time to Complete Neuropsychological Assessments in Memory Assessment Service



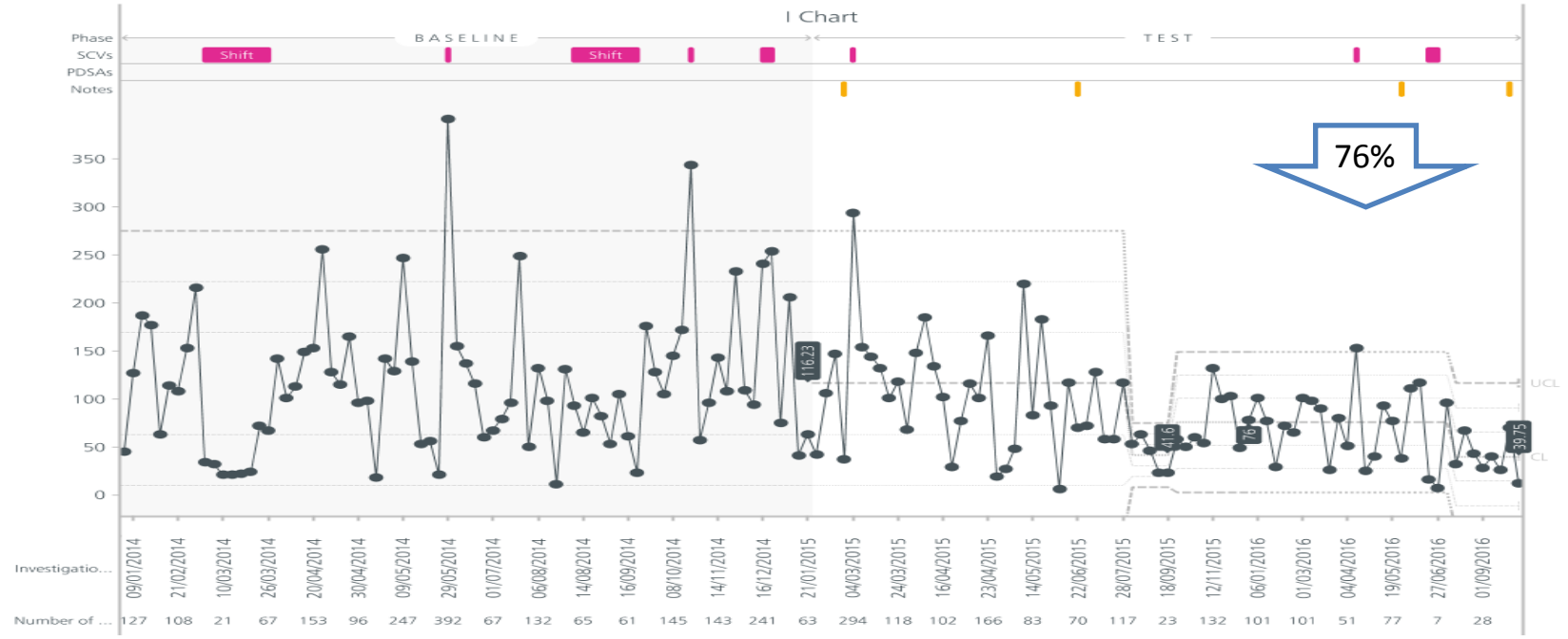






Reducing the time it takes to complete the disciplinary process

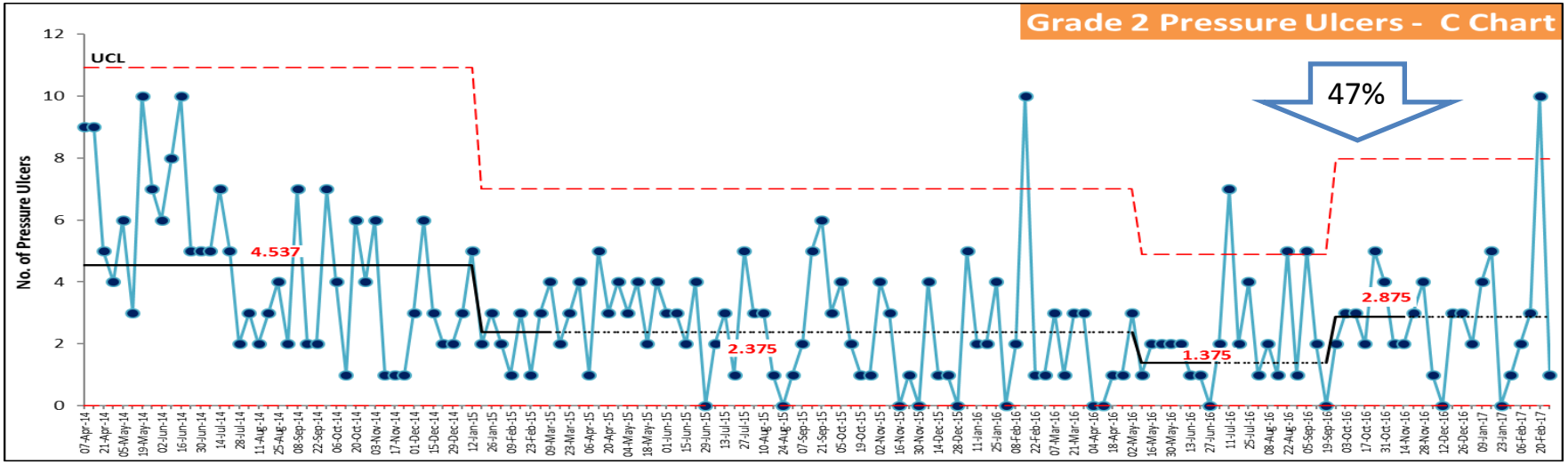
Number of days taken to complete the disciplinary process

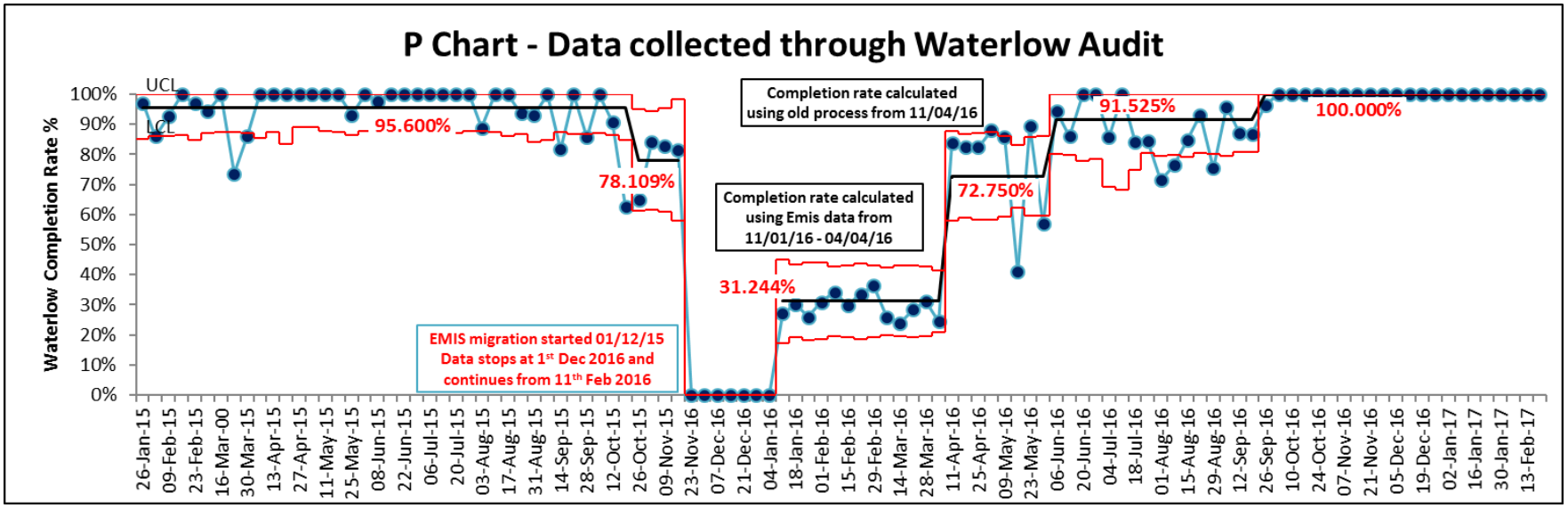


Notes:

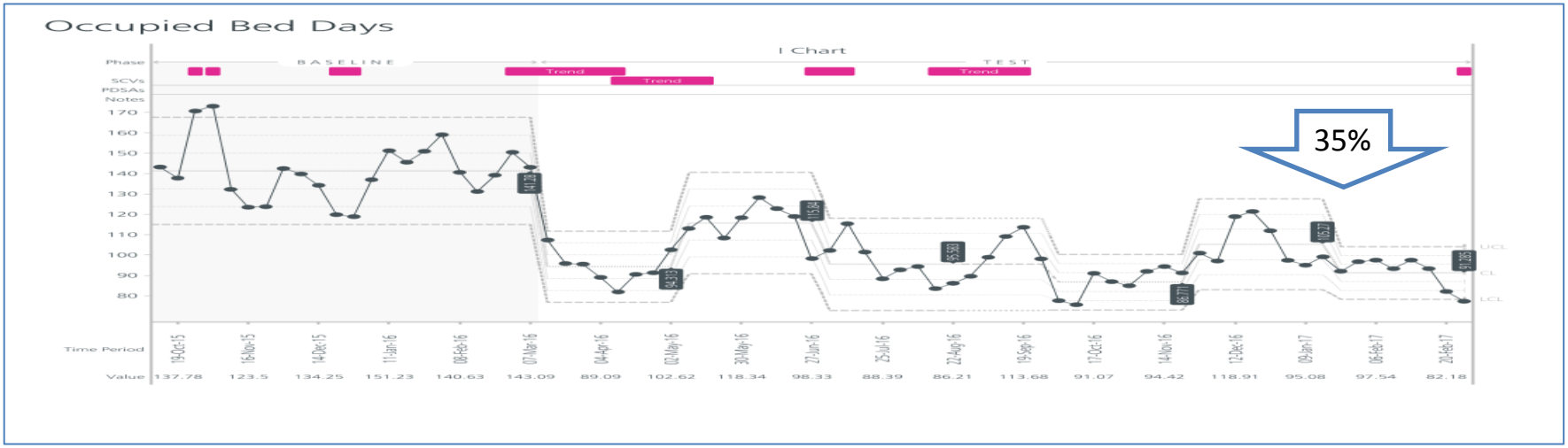
11/02/2015 – 1st March 2015: Introduction of two hearing dates
22/06/2015 – 1st July 2015: New documentation and folders introduced.
26/05/2016 – 1st June 2016: New Disciplinary Policy and agreed outcomes process introduced.
16/09/2016 – 26th September 2016: New Investigating Officer Training introduced.

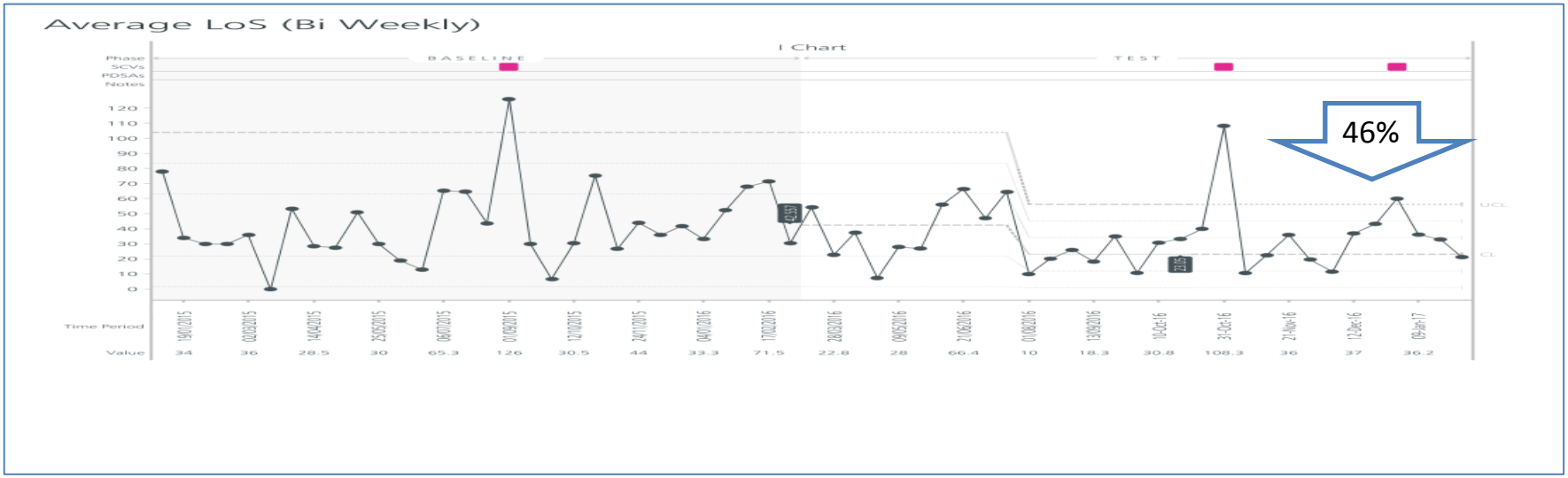
Reducing Pressure Ulcers





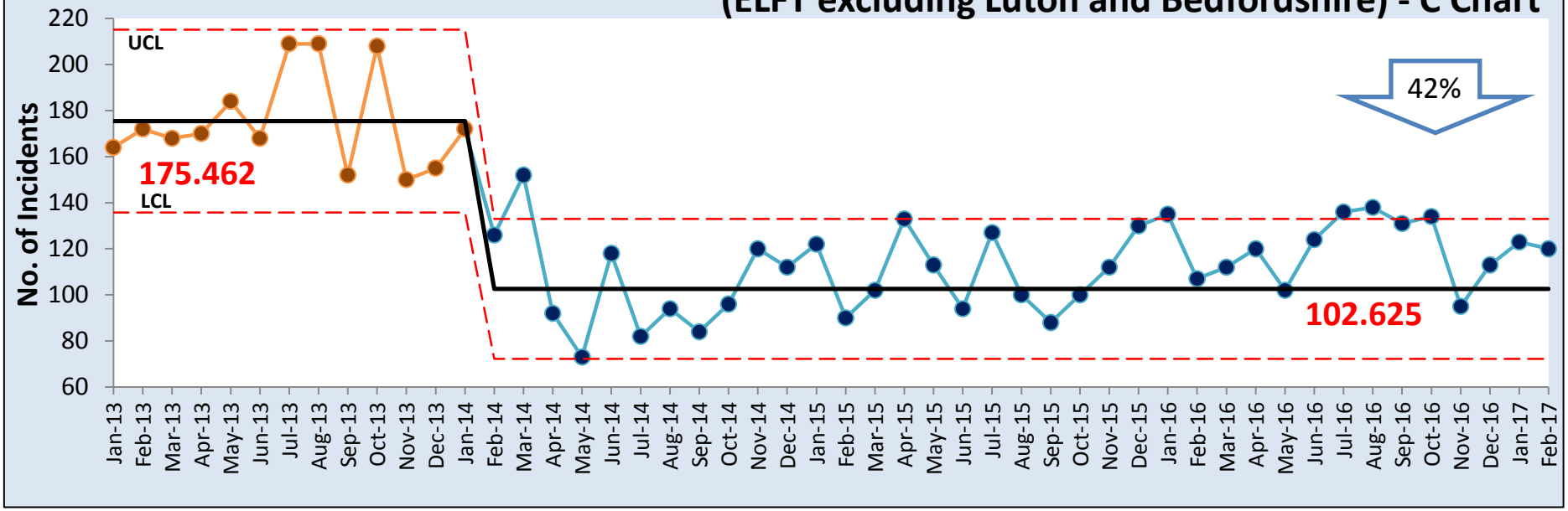
Reducing length of stay on Leadenhall Ward



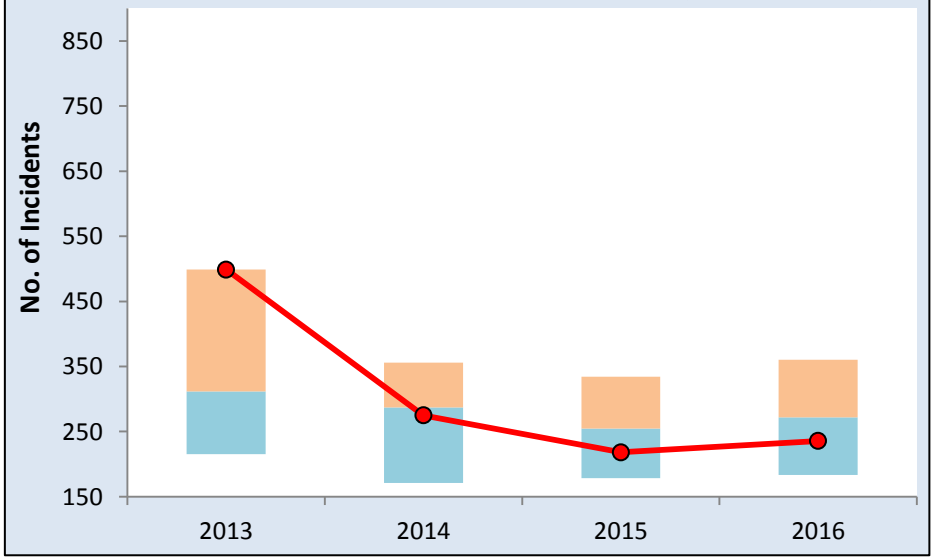


Incidents resulting in physical violence

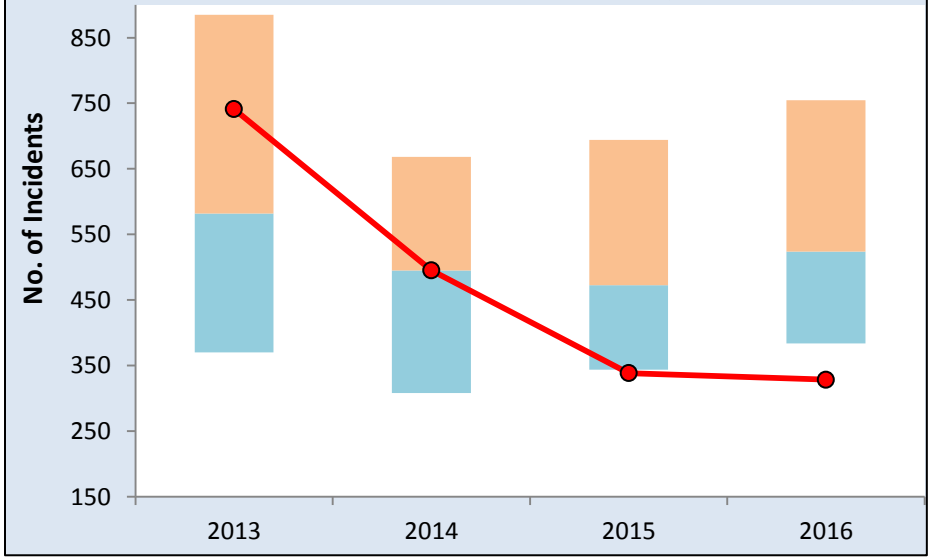
(ELFT excluding Luton and Bedfordshire) - C Chart

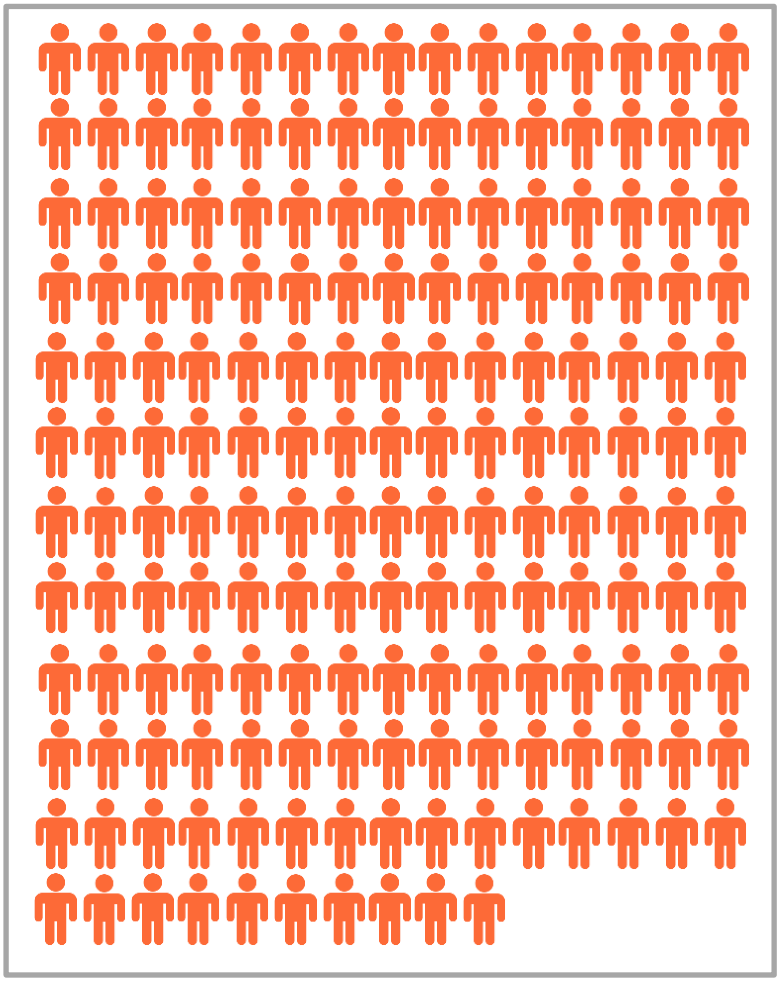


Physical violence to patients (per 100,000 occupied bed days)



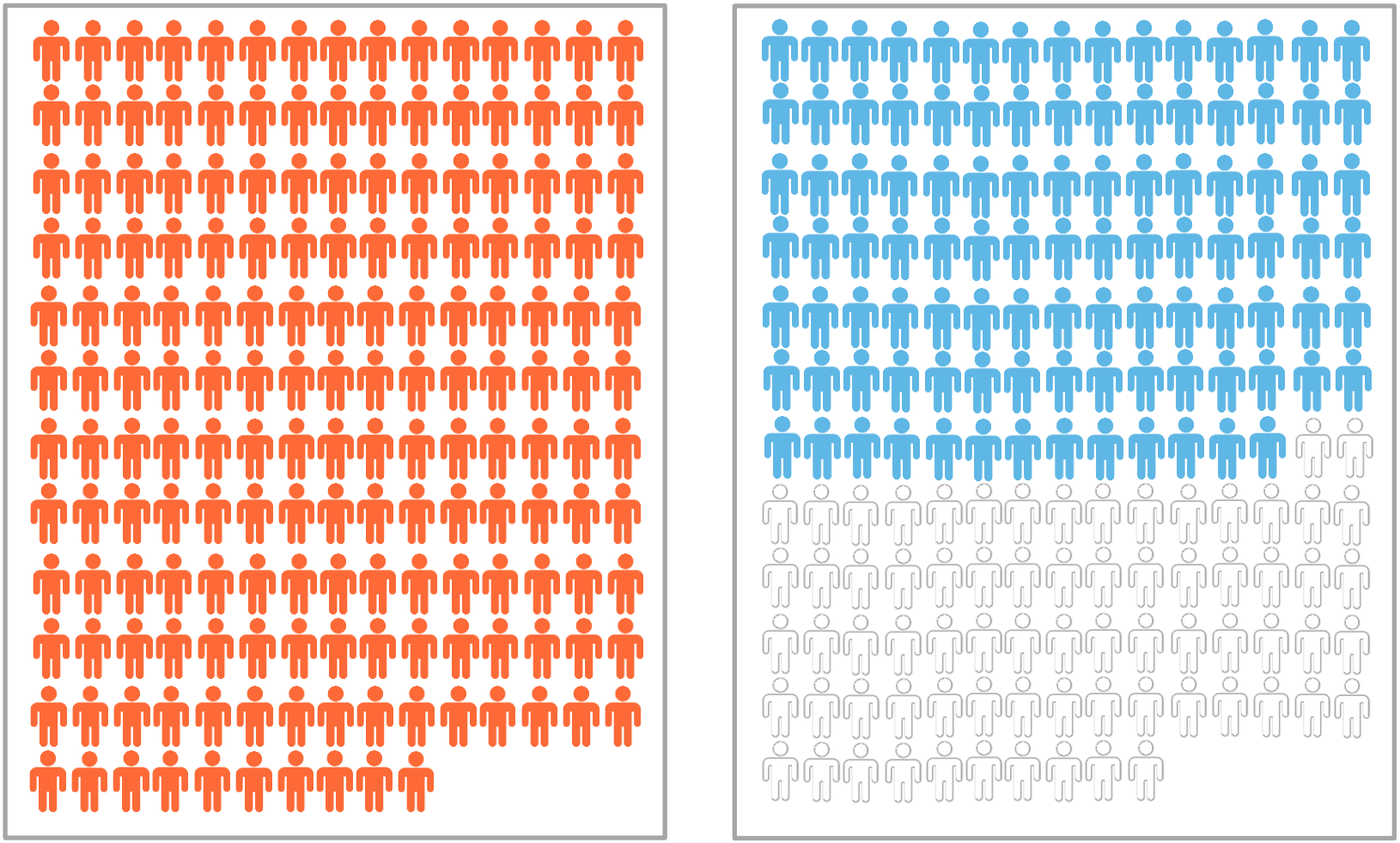
Physical violence to staff (per 100,000 occupied bed days)





175

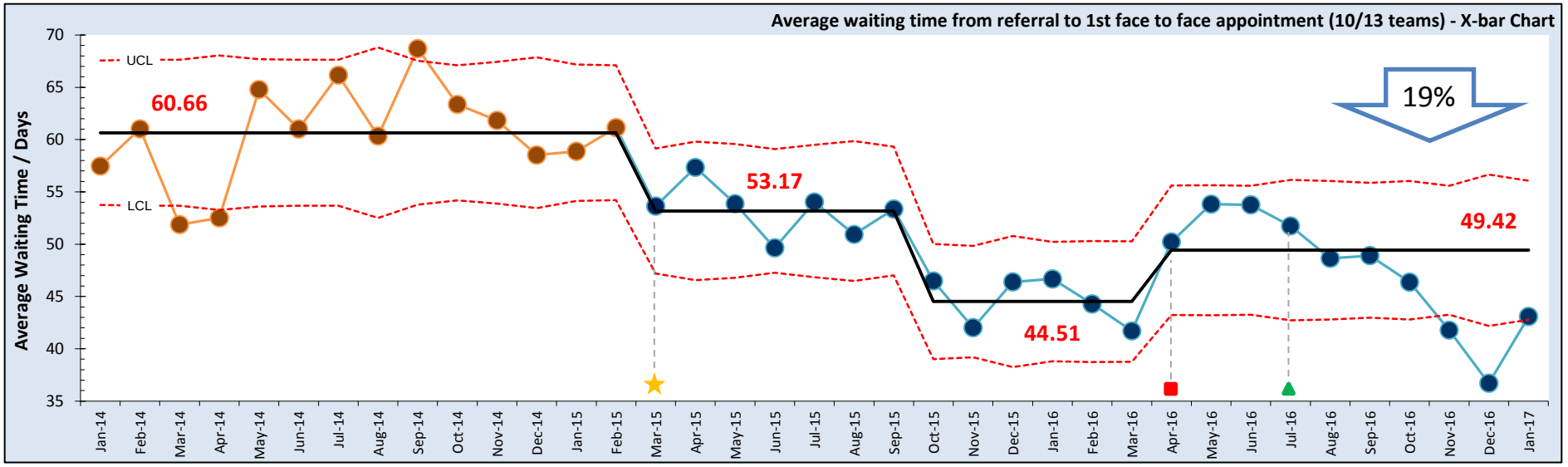
Average number of physical violent incidents per month

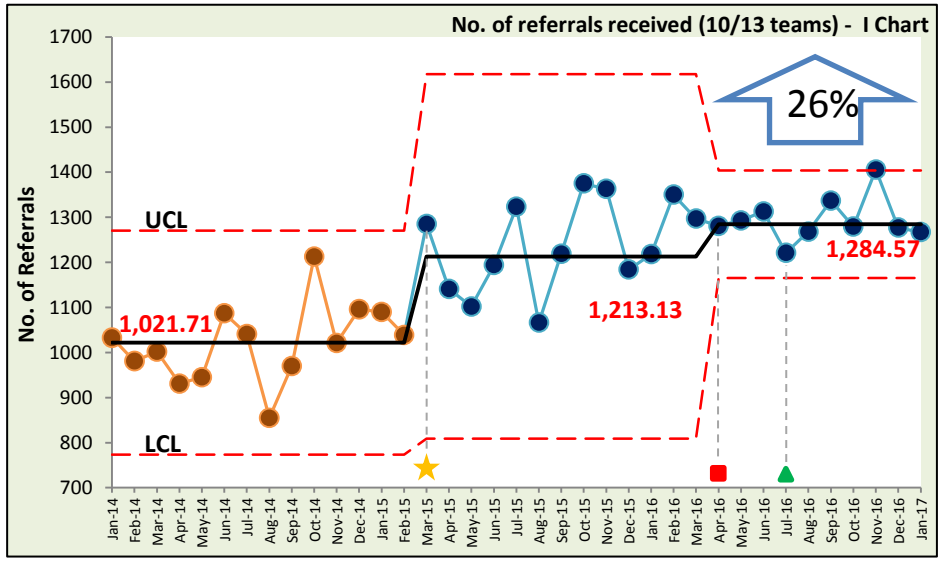


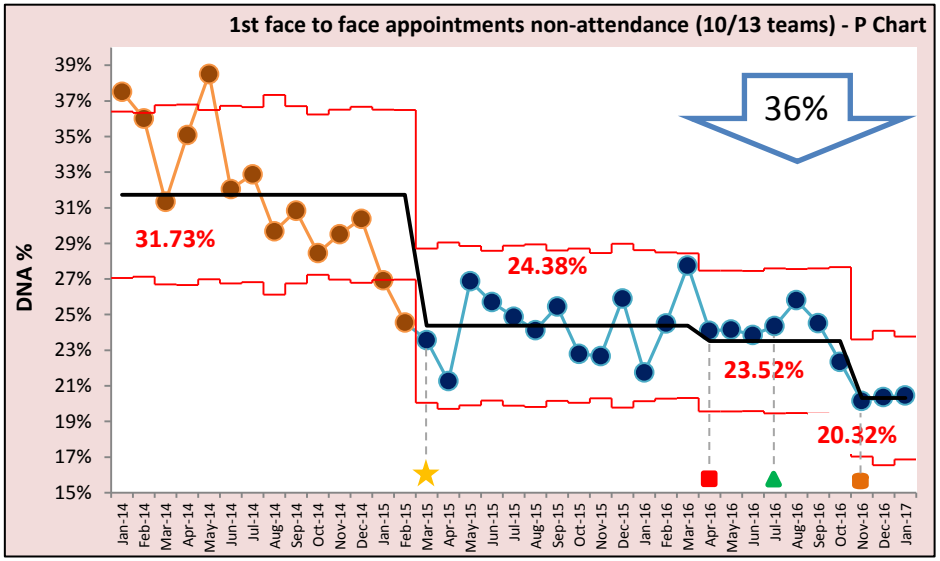
175 → 103

Average number of physical violent incidents per month

Access to Services Collaborative







Legend

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

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	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	Enchanced Primary Care Liason Team Clinic	MSK Physio	Specialist Health Visiting	Sexual and Reproductive Health Clinic
Waiting Times from referral to 1st appointment	↓ 37%	↓ 52%	↓ 50%	↓ 23% *	↓ 63% *	↓ 18%	↓ 32%	↓ 52%	↓ 60%	-	-	-	-
No. of referrals received	-	↑ 129%	↑ 25%	↑ 25% *	↓ 18%	↑ 27%	-	↑ 62%	↓ 16%	-	-	-	-
First appointment non-attendance	↓ 44%	↓ 36%	↓ 18%	-	↓ 35% *	↓ 49%	-	-	↓ 34%	-	↓ 43%	↓ 22%	↓ 21%

ELFT Improvement Stories

Instructions for your breakout sessions

James Innes
Associate Director of QI

Break-out sessions

Service User Involvement

Scale up & Spread

World café

(where you will hear from 3 project teams)

Take a look at your lanyard…

Take a look at your lanyard…

Break-out sessions

Two different breakout sessions:

Breakout session 1 -09:50-10:55

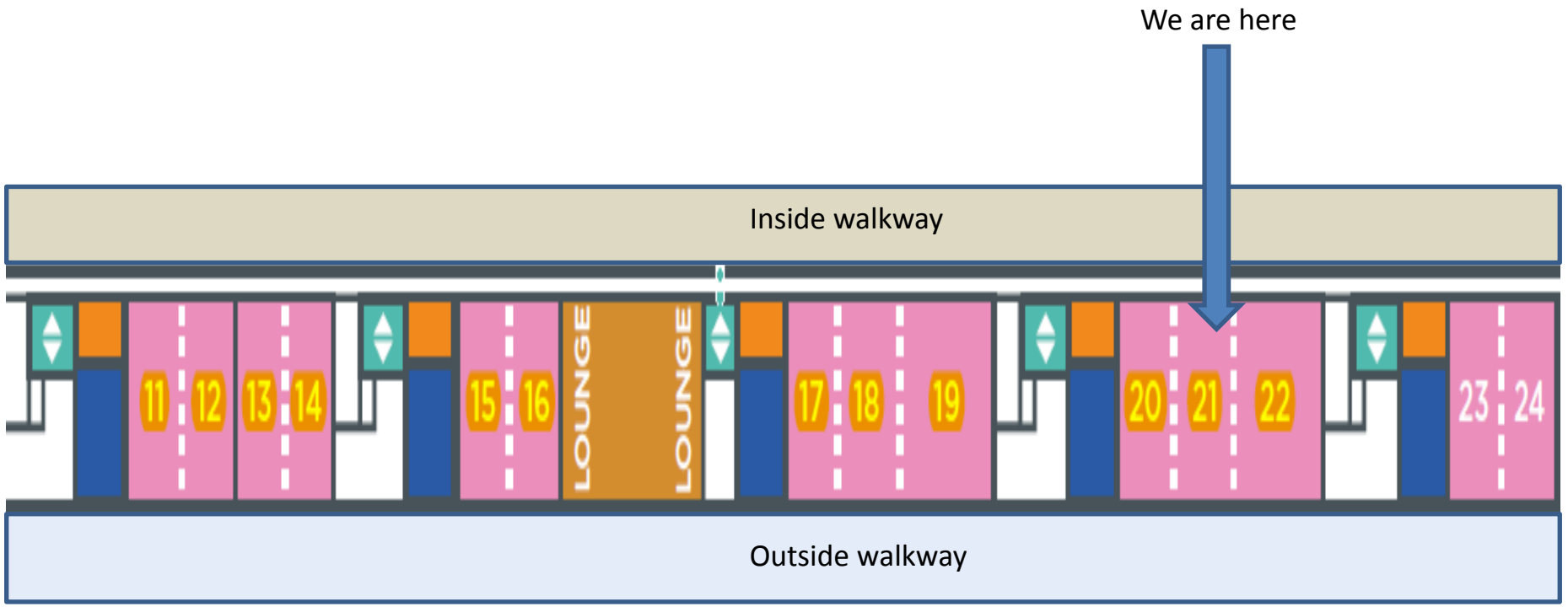
Tea break 10:55-11:15

Breakout session 2 -11:20-12:25

Time per session: 65 minutes per session

Take a look at your lanyard…

CentrEd at ExCeL - Level 2



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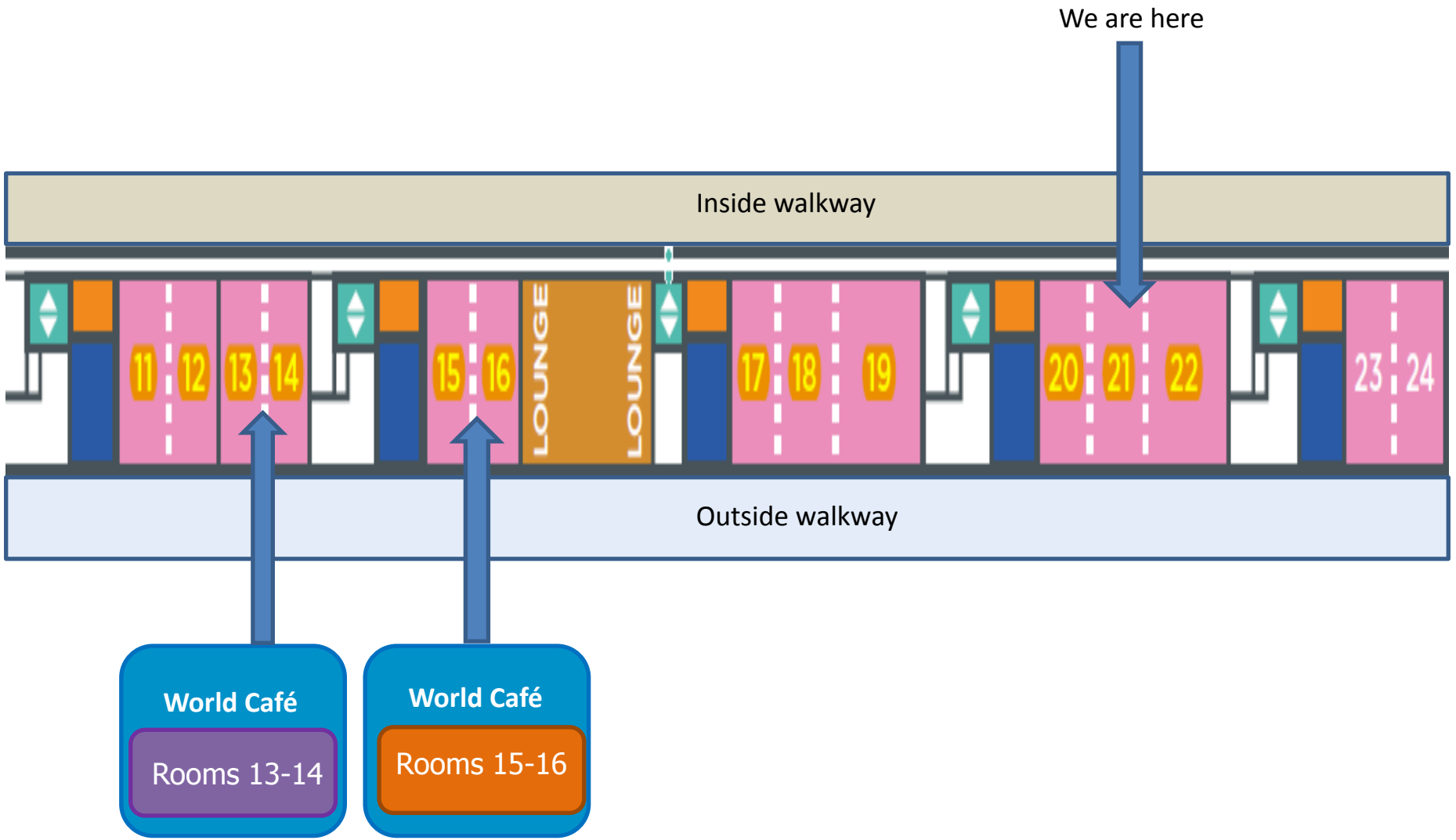

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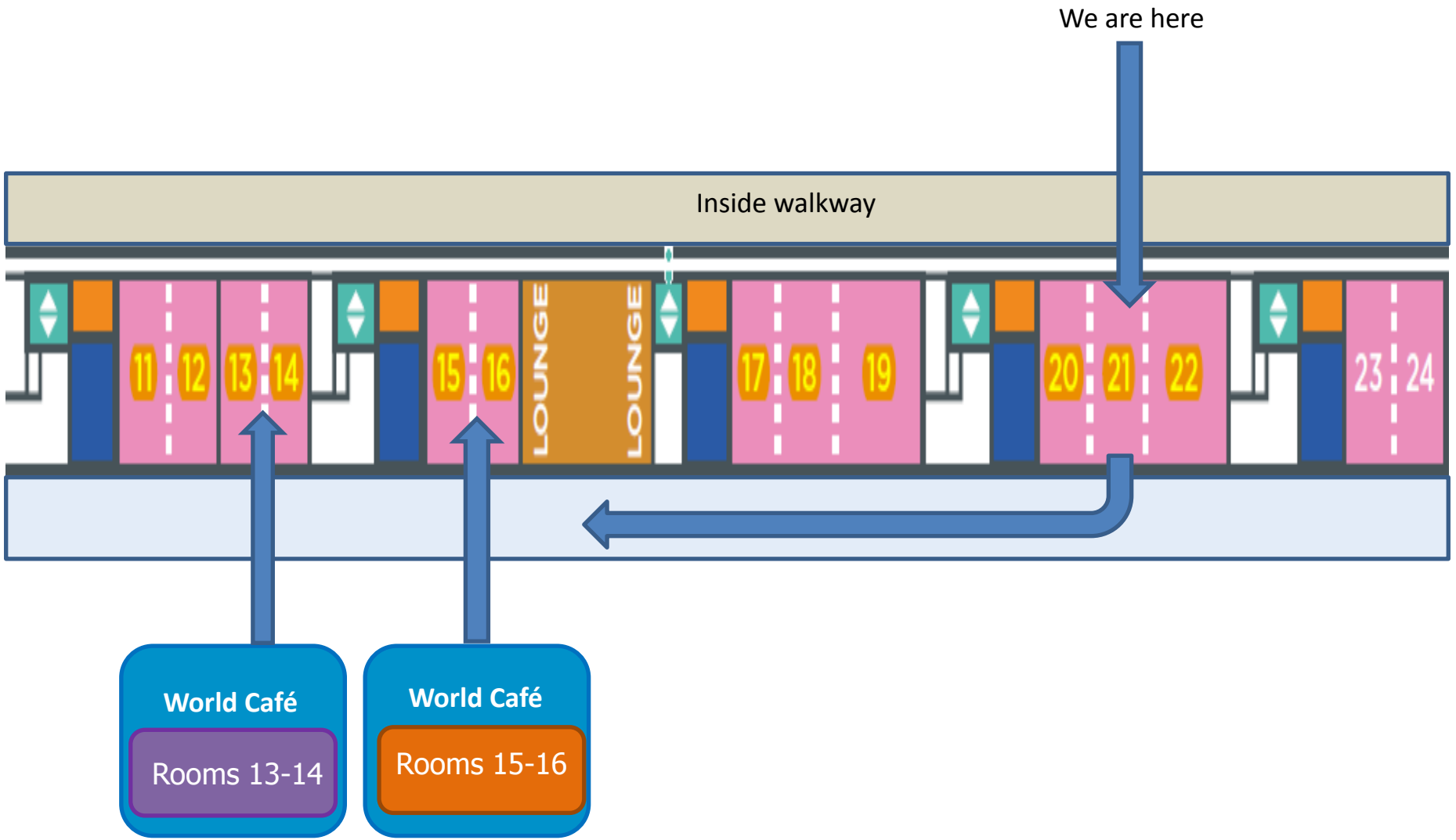

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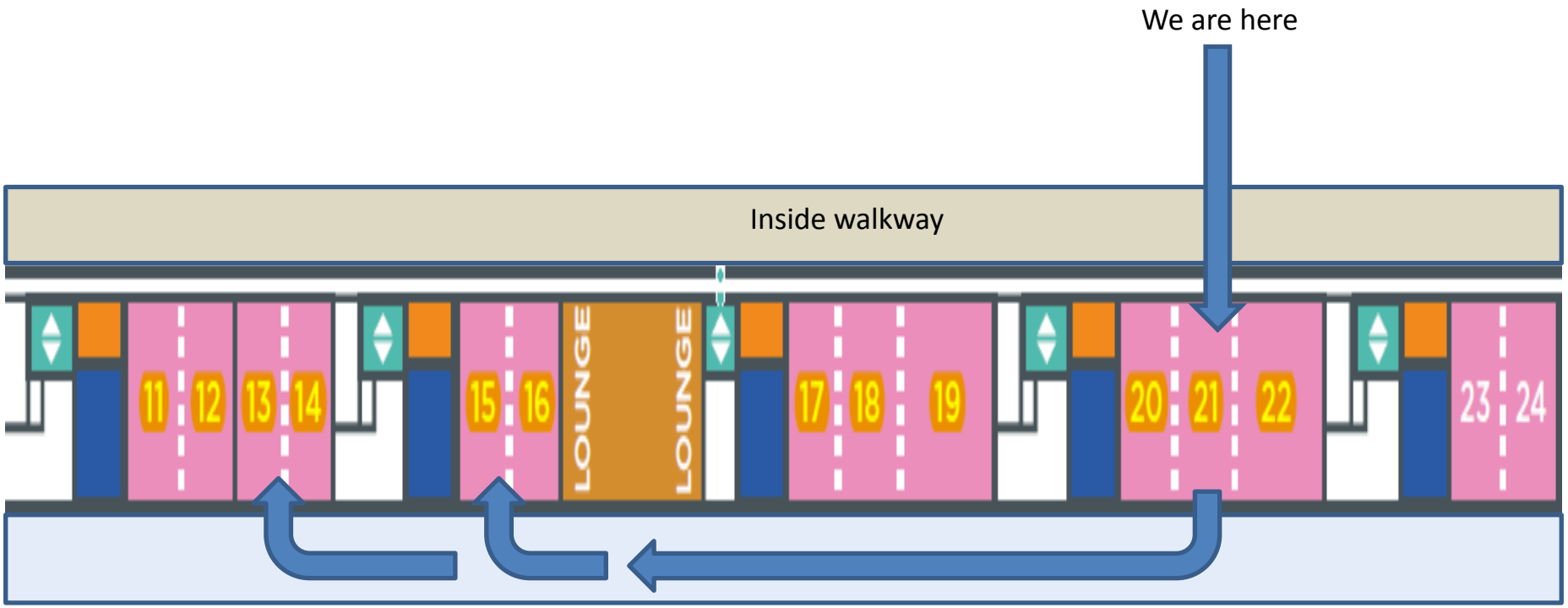


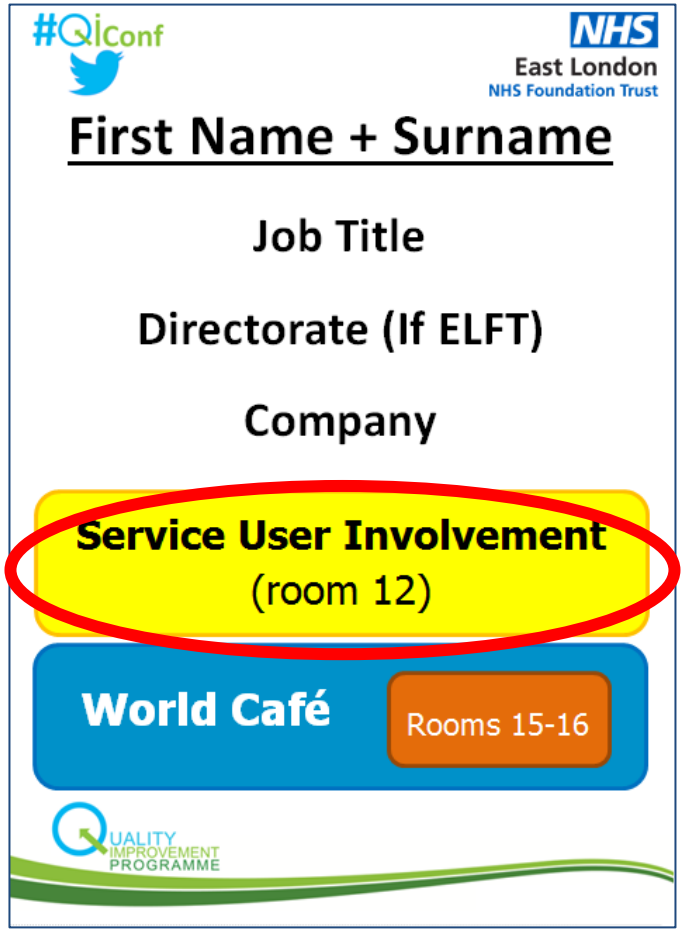
World Café

Rooms 13-14

World Café

Rooms 15-16

Take a look at your lanyard…



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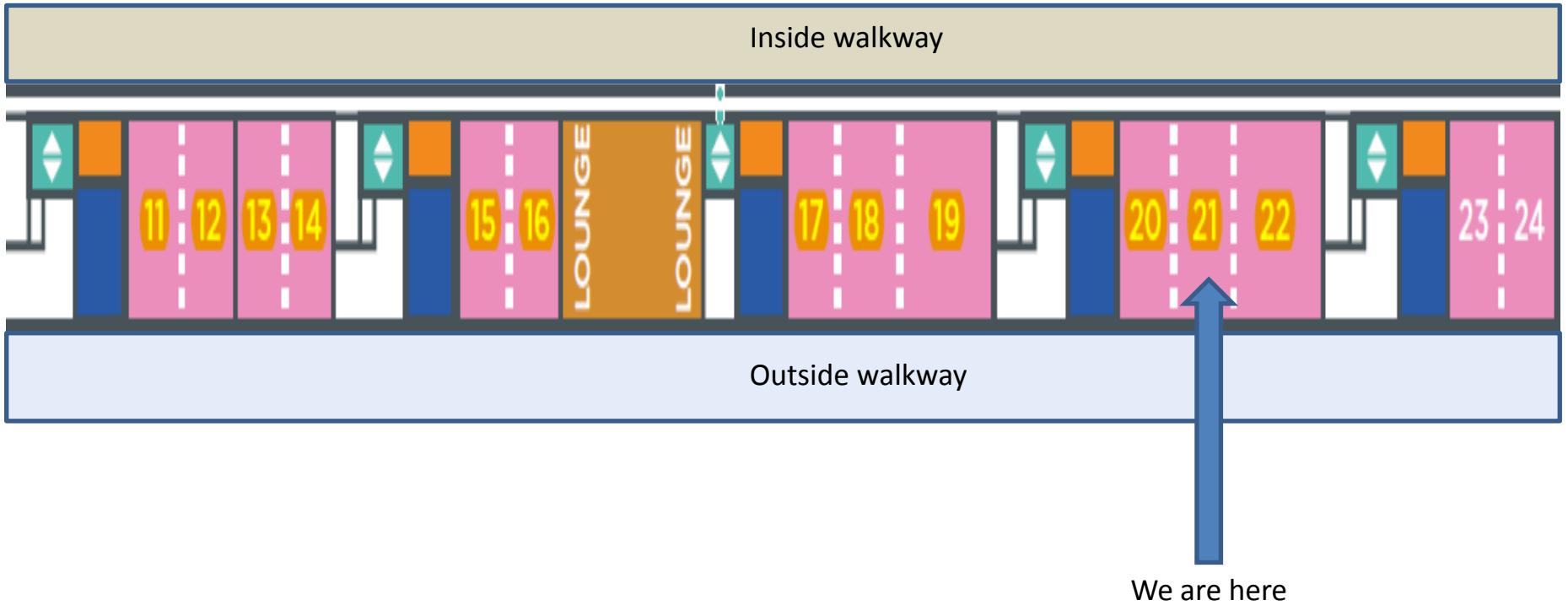

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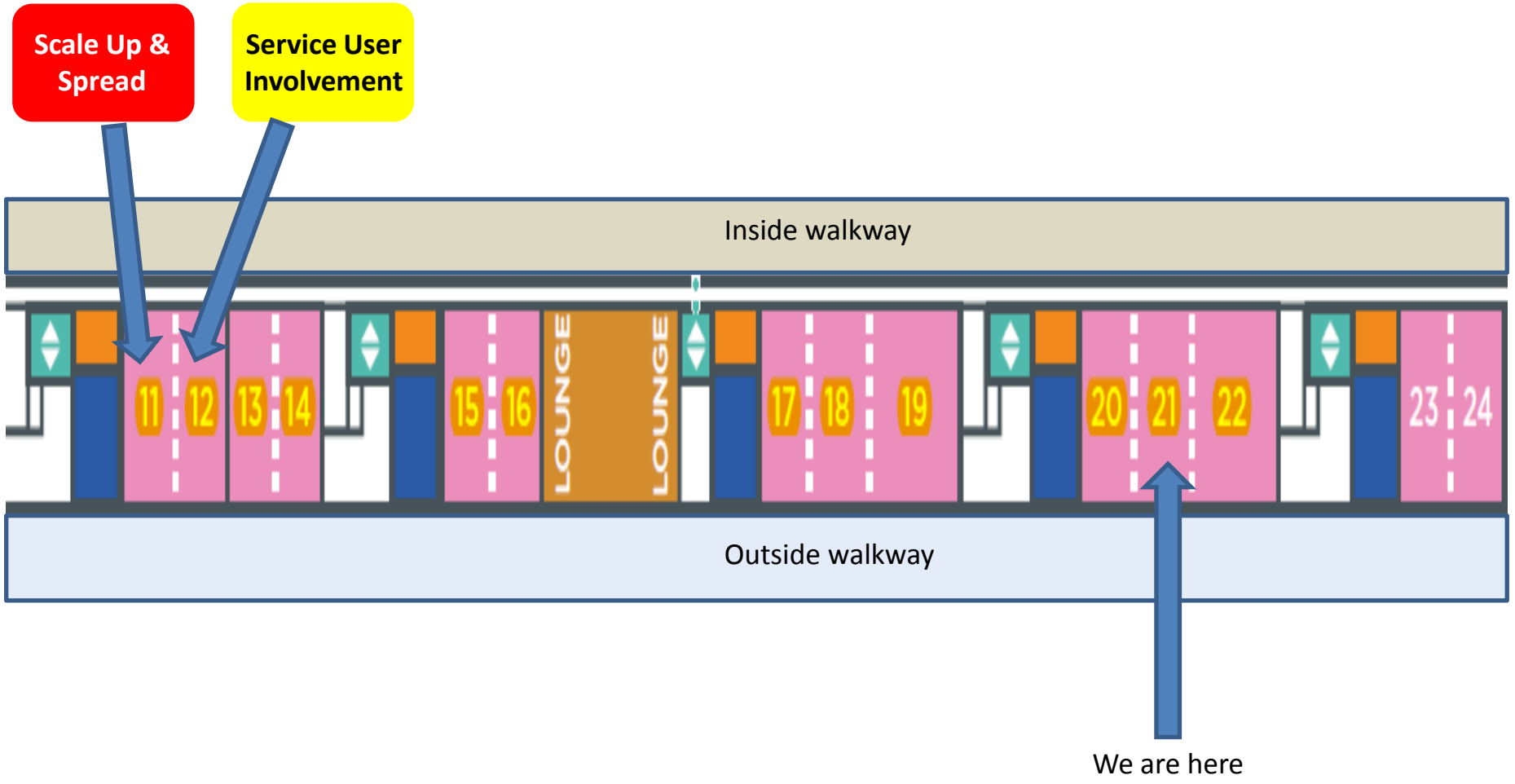

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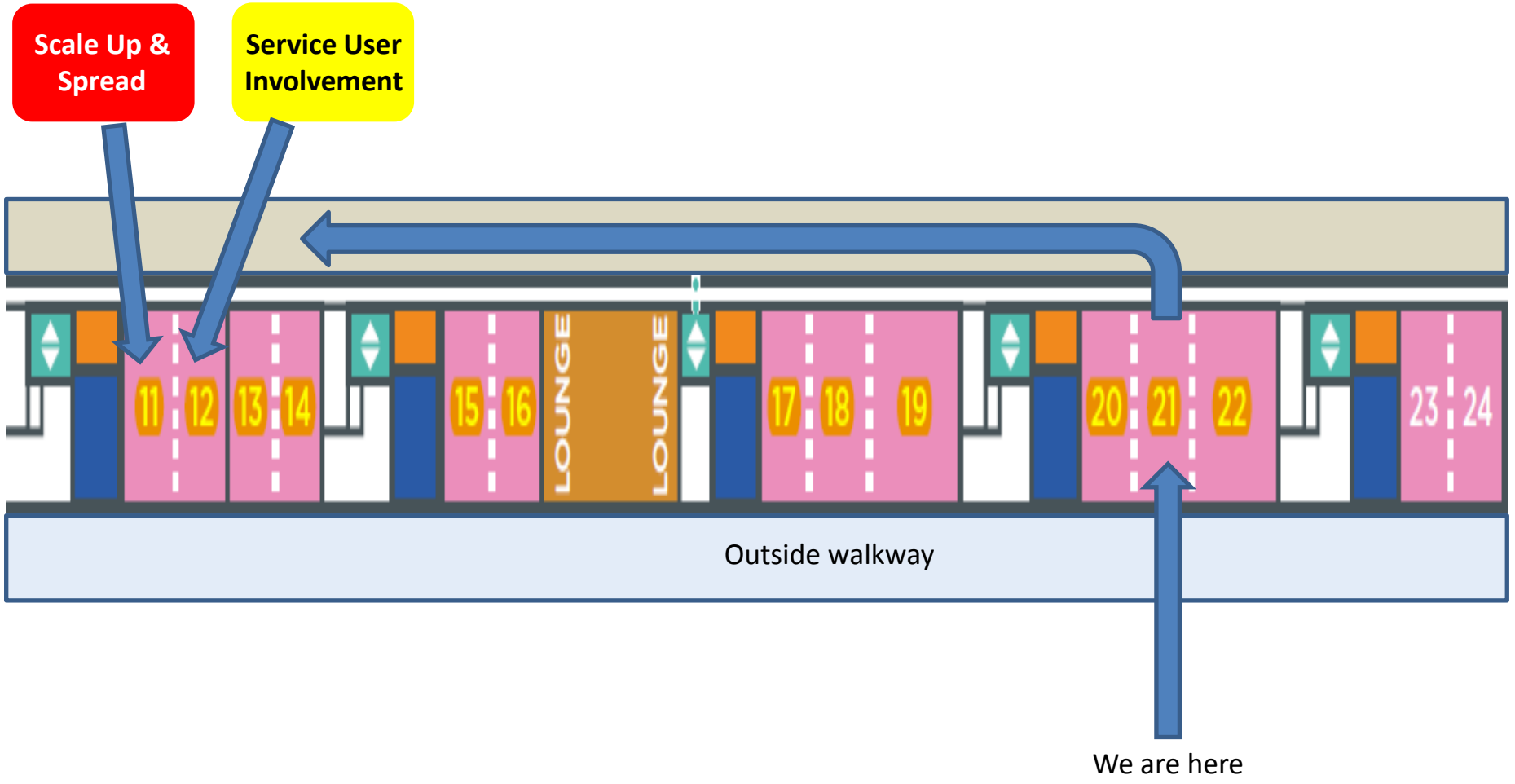

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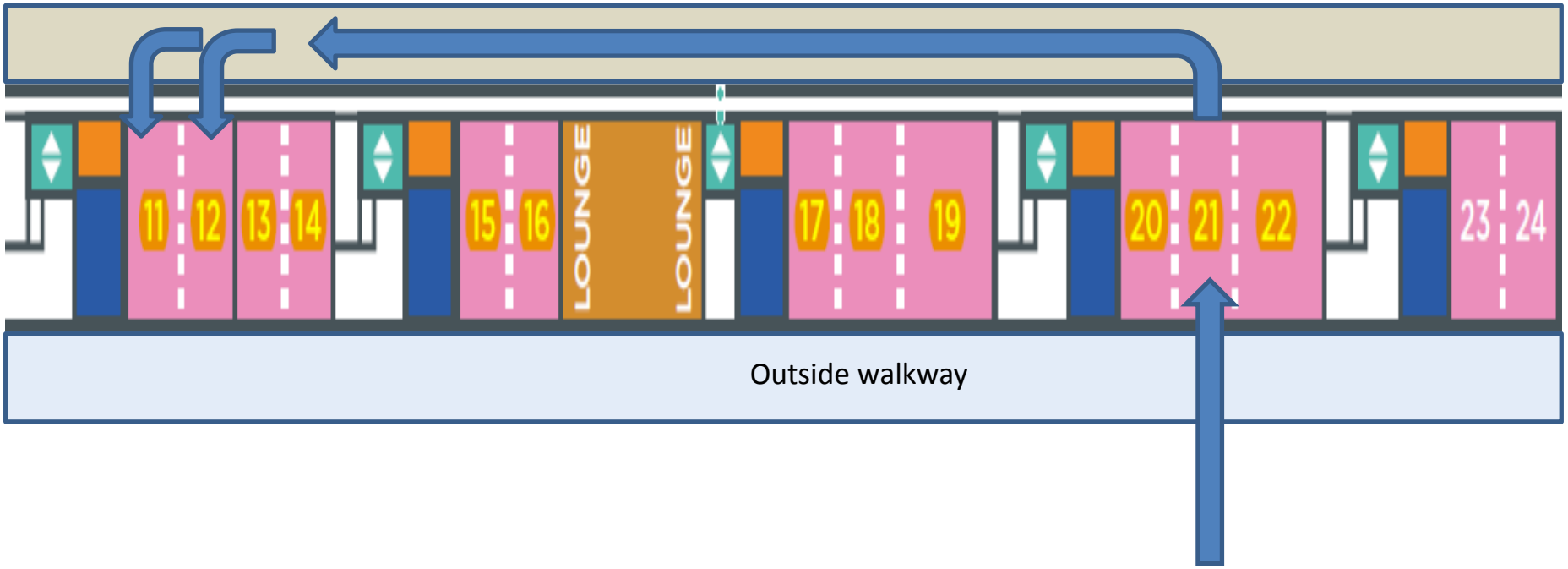
Scale Up & Spread

Service User Involvement



Break-out sessions

Service User Involvement

Scale up & Spread

World café

(where you will hear from 3 project teams)

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Time per session: 65 minutes per session

BREAK TIME

20 MINUTES

#QIconf

Time to go to your next breakout session!

Service User Involvement

Scale up & Spread

World café

(where you will hear from 3 project teams)

Inside walkway

Outside walkway

Time to go to your next breakout session!

World café

(where you will hear from 3 project teams)

Service User Involvement

Scale up & Spread

Outside walkway

Inside walkway

ELFT Improvement Stories

What's Coming Next?

Dr Amar Shah
Associate Medical Director for QI

James Innes
Associate Director of QI

New Trust wide QI priorities

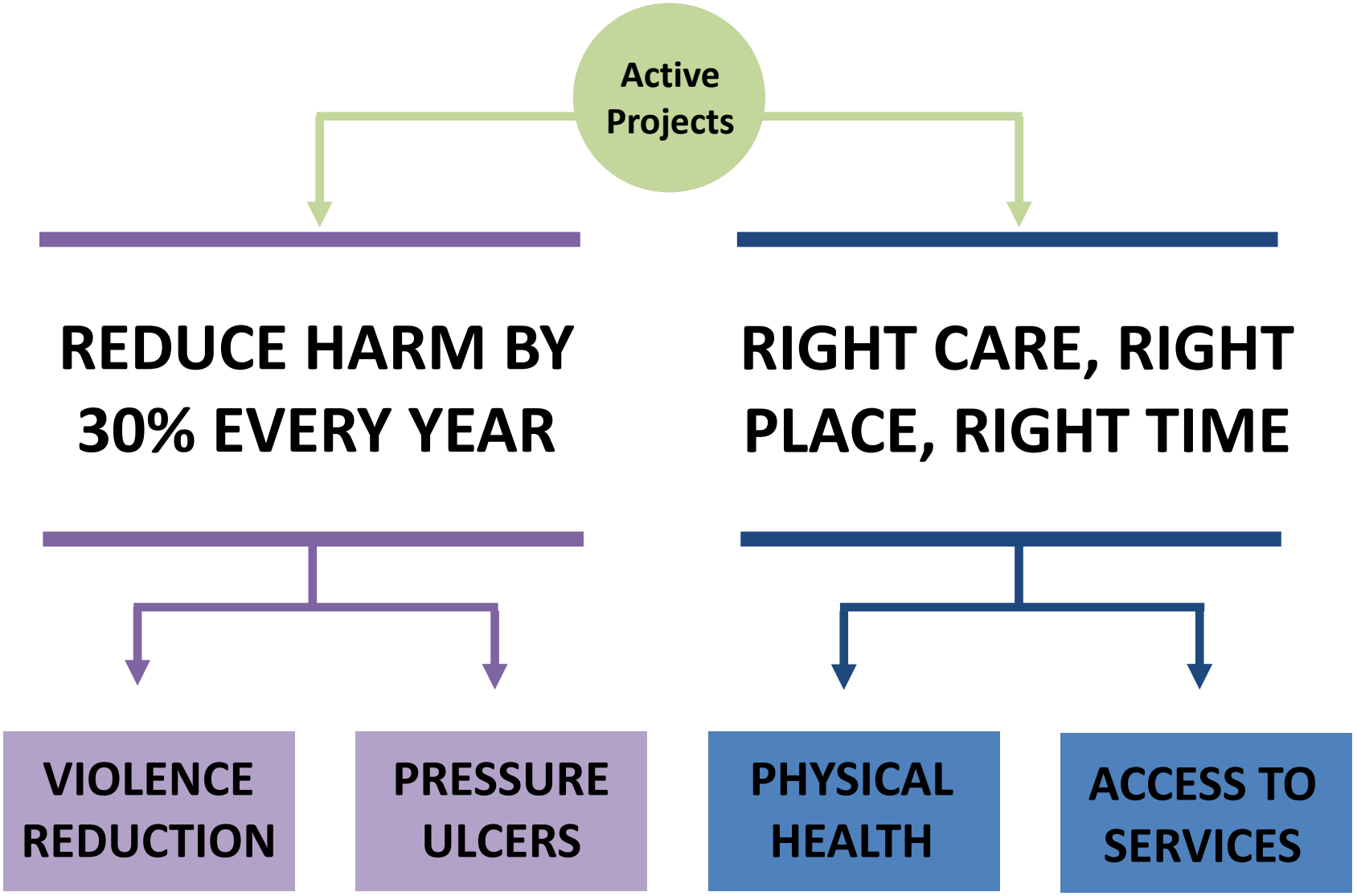
Balanced quality management system

Creating a stronger learning system

New Trust wide QI priorities

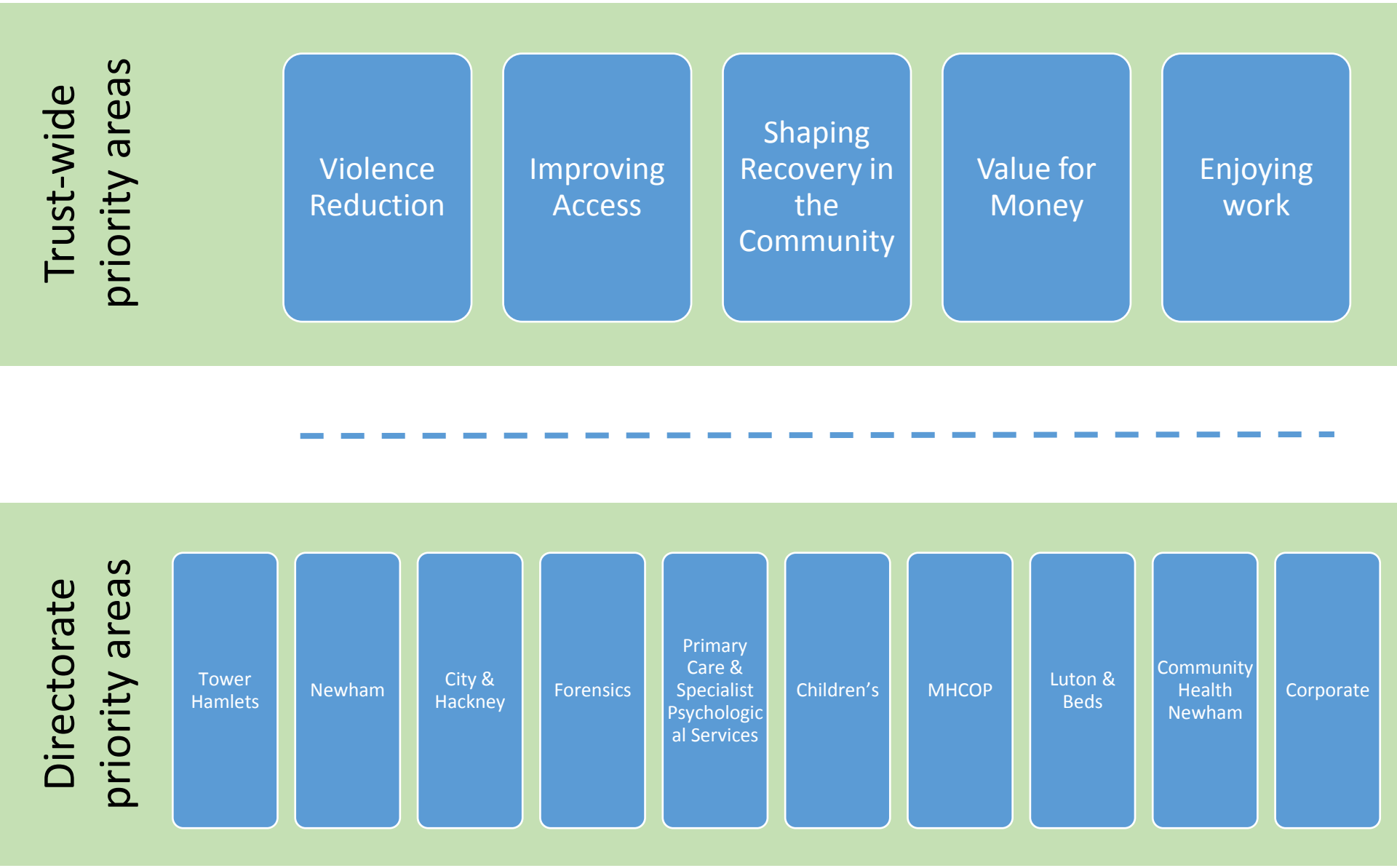
Balanced quality management system

Creating a stronger learning system


Active Projects
REDUCE HARM BY 30% EVERY YEAR
RIGHT CARE, RIGHT PLACE, RIGHT TIME
VIOLENCE REDUCTION
PRESSURE ULCERS
PHYSICAL HEALTH
ACCESS TO SERVICES

Trust-wide priority areas

- Violence Reduction
- Improving Access
- Value for Money
- Enjoying work
- Shaping Recovery in the Community


Trust-wide priority areas
Violence Reduction
Improving Access
Shaping Recovery in the Community
Value for Money
Enjoying work
Directorate priority areas
Tower Hamlets
Newham
City & Hackney
Forensics
Primary Care & Specialist Psychological Services
Children's
MHCOP
Luton & Beds
Community Health Newham
Corporate

New Trust wide QI priorities

Balanced quality management system

Creating a stronger learning system

Qi
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Quality planning
Quality control
Quality assurance
Quality improvement
NHS
East London
NHS Foundation Trust

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to deliver high quality

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to deliver high quality

Identify clear measures of quality for the service, and monitor these over time

Take corrective action when appropriate

Internal vigilance to hold gains made through improvement

Identify the needs of the customer/ population

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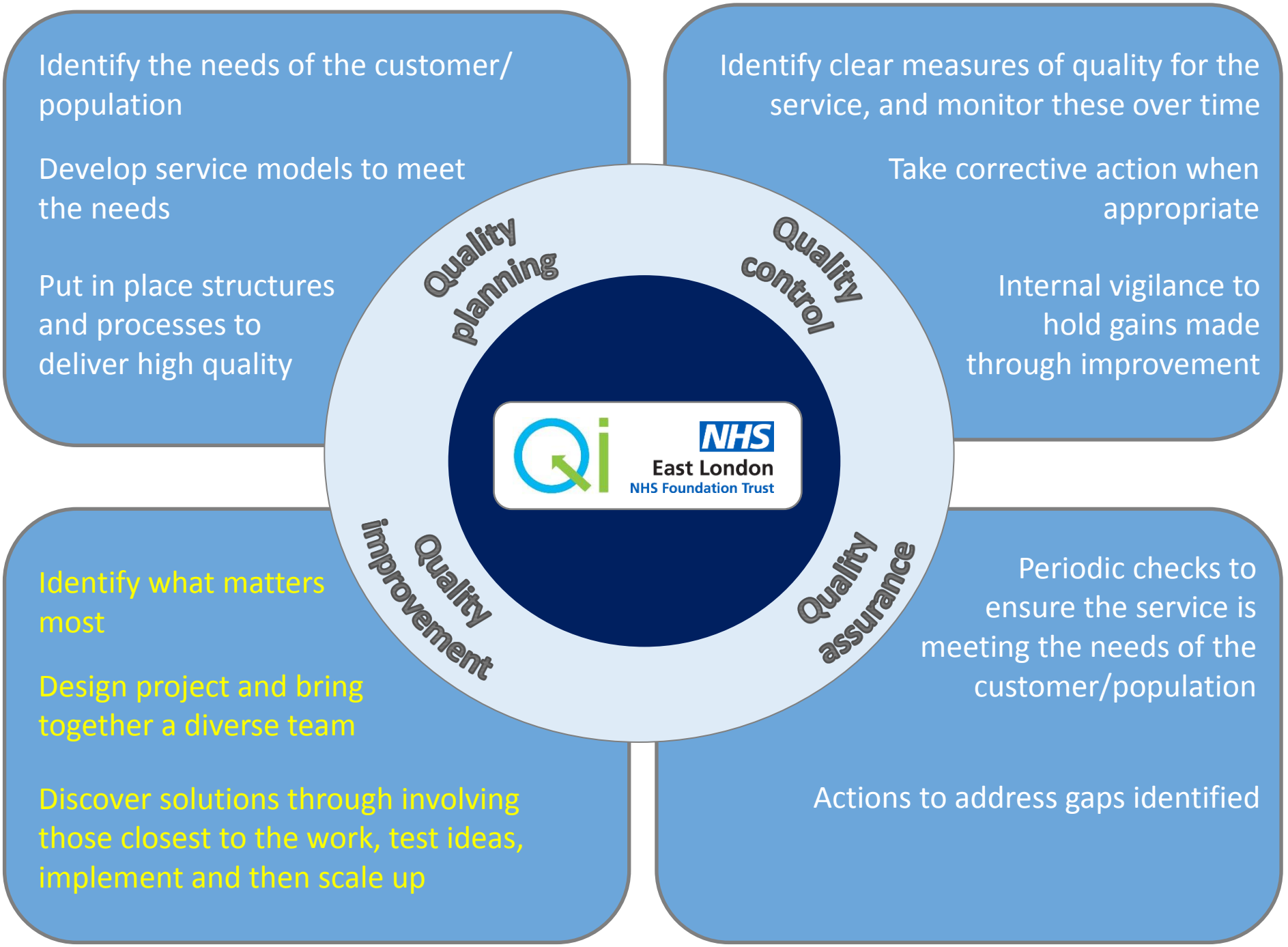
Internal vigilance to hold gains made through improvement

Periodic checks to ensure the service is meeting the needs of the customer/population

Actions to address gaps identified


Identify the needs of the customer/ population
Develop service models to meet the needs
Put in place structures and processes to deliver high quality
Quality planning
Identify clear measures of quality for the service, and monitor these over time
Take corrective action when appropriate
Internal vigilance to hold gains made through improvement
Quality control
Qi
NHS
East London
NHS Foundation Trust
Quality improvement
Identify what matters most
Design project and bring together a diverse team
Discover solutions through involving those closest to the work, test ideas, implement and then scale up
Quality assurance
Periodic checks to ensure the service is meeting the needs of the customer/population
Actions to address gaps identified

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to deliver high quality

Identify clear measures of quality for the service, and monitor these over time

Take corrective action when appropriate

Internal vigilance to hold gains made through improvement

Identify what matters most

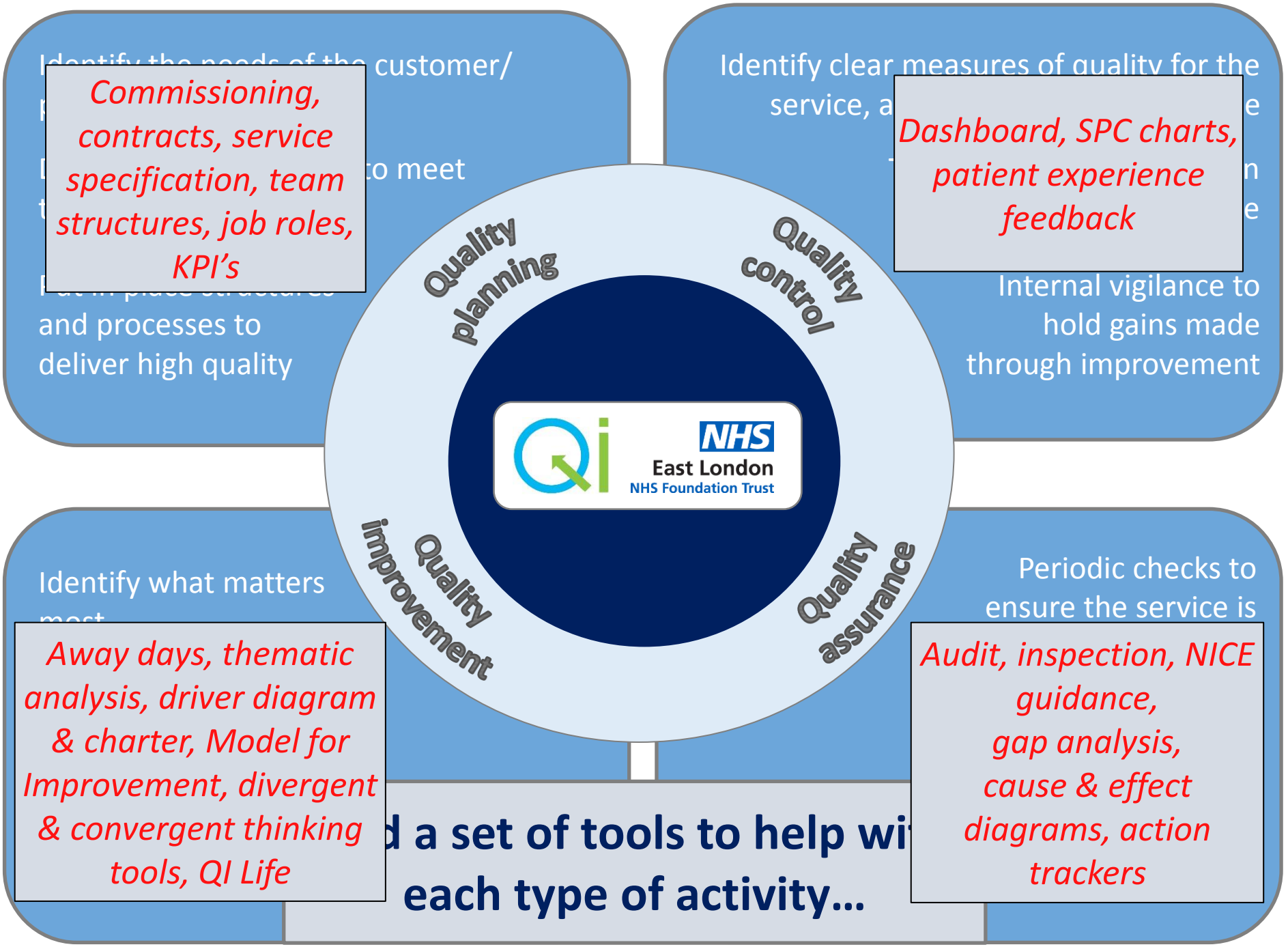
Design project and bring together a diverse team

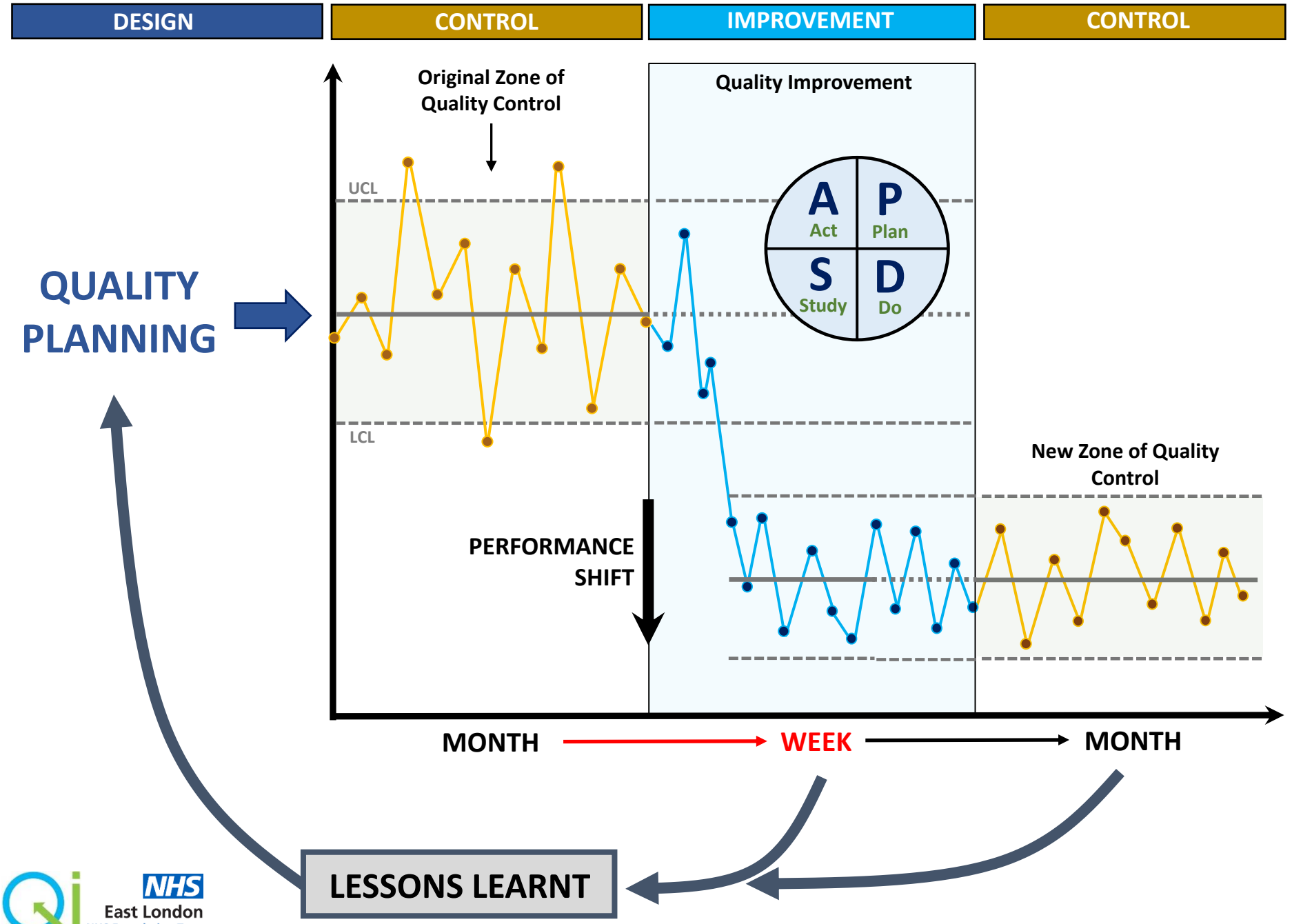
Discover solutions
those closest to th
implement and the

Periodic checks to ensure the service is meeting the needs of the customer/population

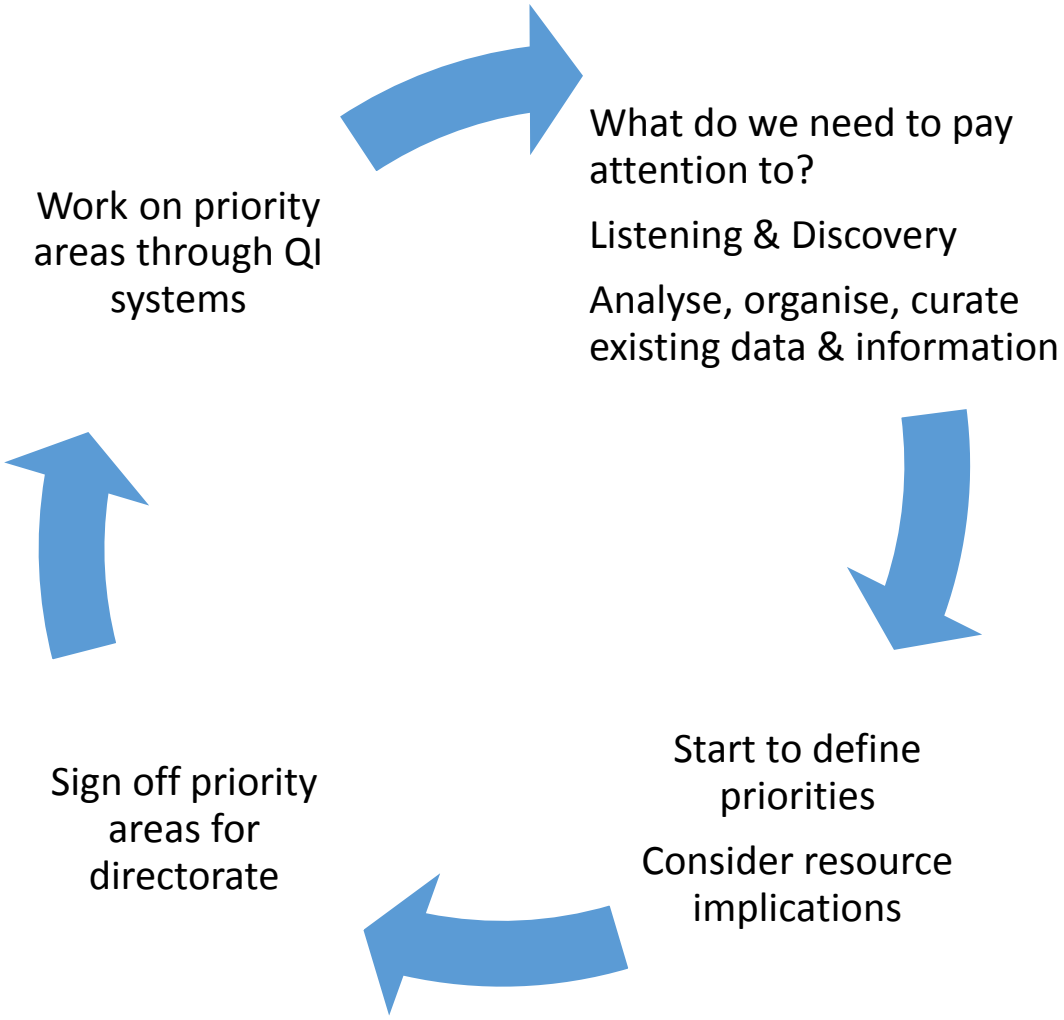
dress gaps identified

And a set of tools to help with each type of activity…


customer/
to meet
and processes to
deliver high quality
Commissioning, contracts, service specification, team structures, job roles, KPI's
Identify clear measures of quality for the service, a
Dashboard, SPC charts, patient experience feedback
Internal vigilance to hold gains made through improvement
Quality planning
Quality control
Quality improvement
Quality assurance
NHS
East London
NHS Foundation Trust
Identify what matters
Away days, thematic analysis, driver diagram & charter, Model for Improvement, divergent & convergent thinking tools, QI Life
Periodic checks to ensure the service is
Audit, inspection, NICE guidance, gap analysis, cause & effect diagrams, action trackers
a set of tools to help wi
each type of activity…


DESIGN
CONTROL
IMPROVEMENT
CONTROL
QUALITY PLANNING
Original Zone of Quality Control
Quality Improvement
UCL
LCL
A Act
P Plan
S Study
D Do
PERFORMANCE SHIFT
New Zone of Quality Control
MONTH
WEEK
MONTH
LESSONS LEARNT
NHS East London NHS Foundation Trust

Quality Planning Cycle



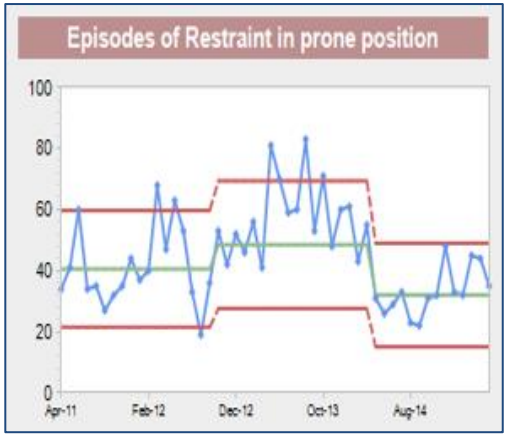
New Trust wide QI priorities

Balanced quality management system

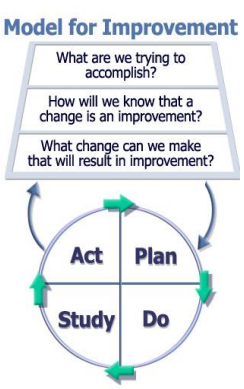
Creating a stronger learning system

A learning system helps us to…

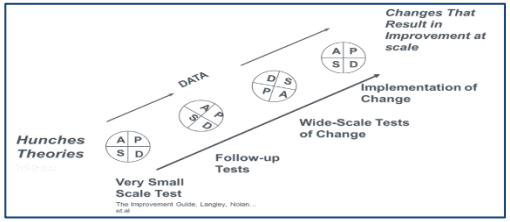
Observe existing performance



Introduce change & see what is and isn't working



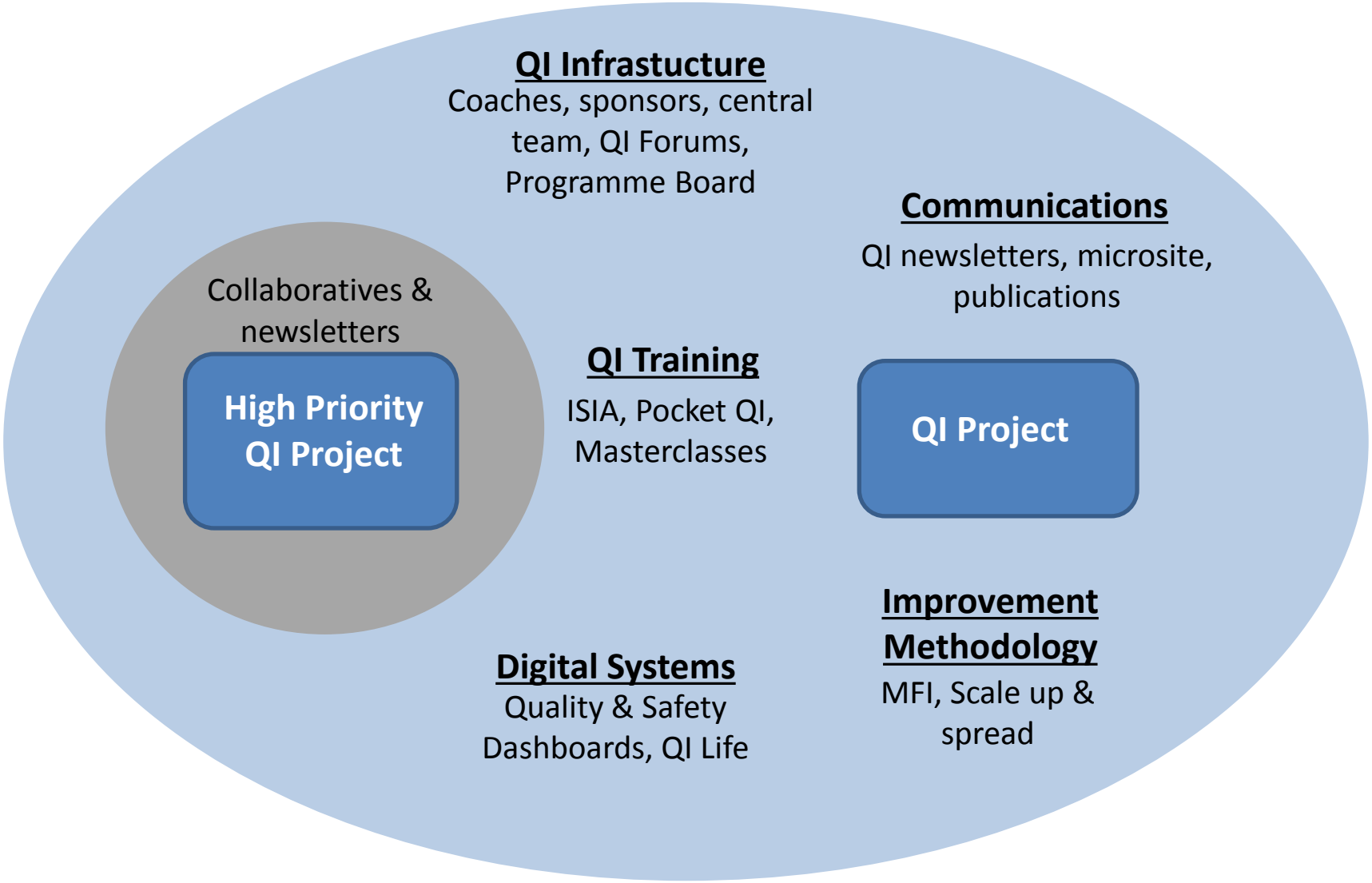
Share & scale up improvement across the organisation



The challenge…

- Becomes harder the further we expand
- Innovation is resource intensive
- How can we learn from each other about what has / hasn't worked?

What's our existing learning system?



Over the next year?

New project creation

Strengthening links between QI and People Participation

QI training

Segmented communications for different sections of Trust

Summary & Close

Dr Navina Evans
Chief Executive Officer

Dr Kevin Cleary
Chief Medical Officer

NHS
East London
NHS Foundation Trust

Time for Lunch!

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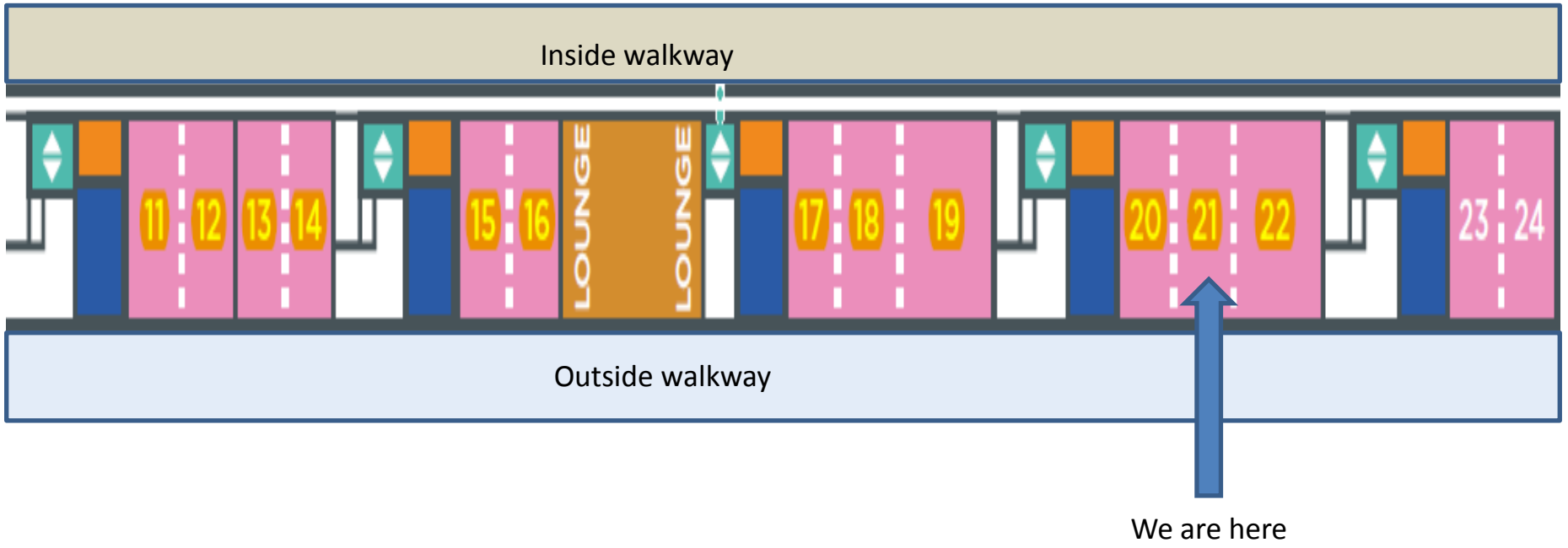

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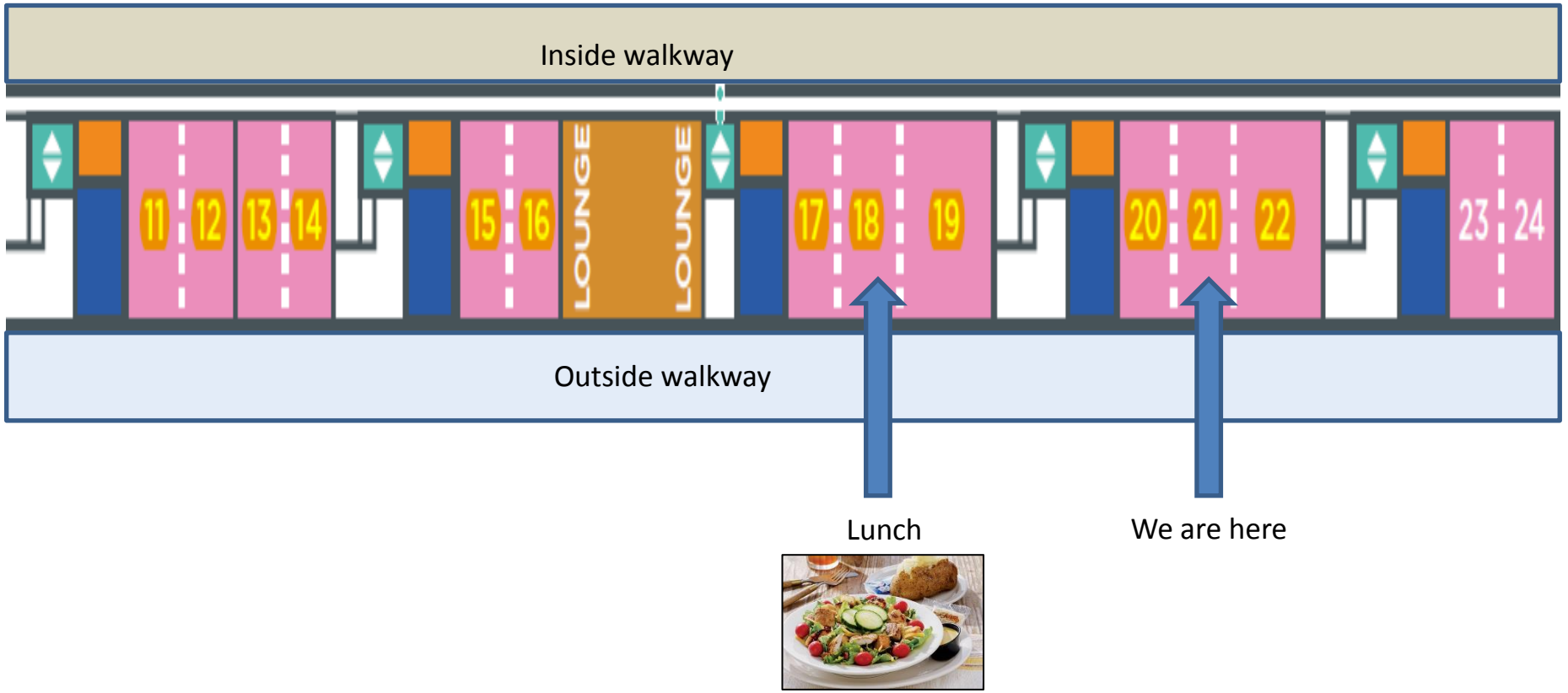

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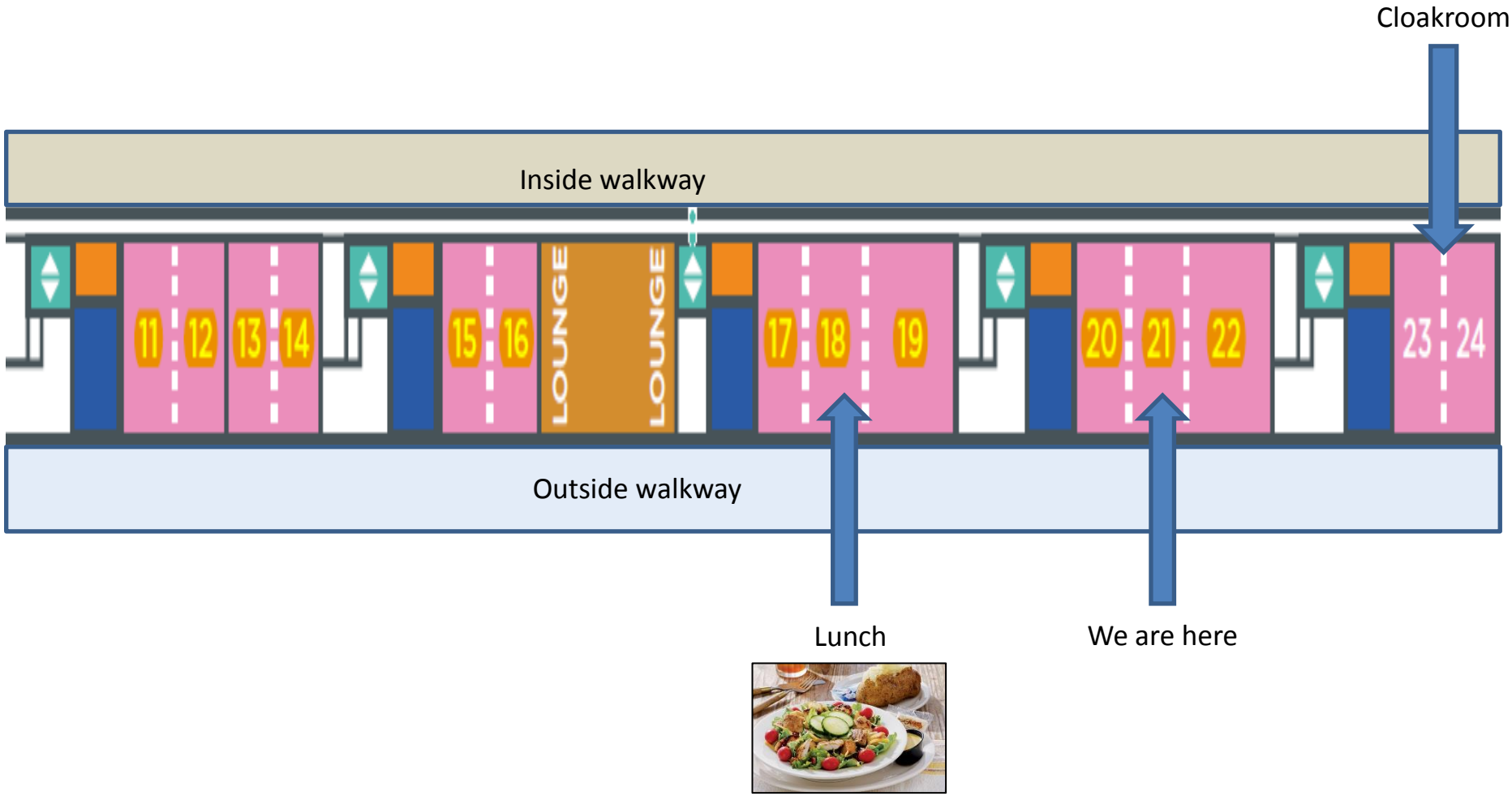

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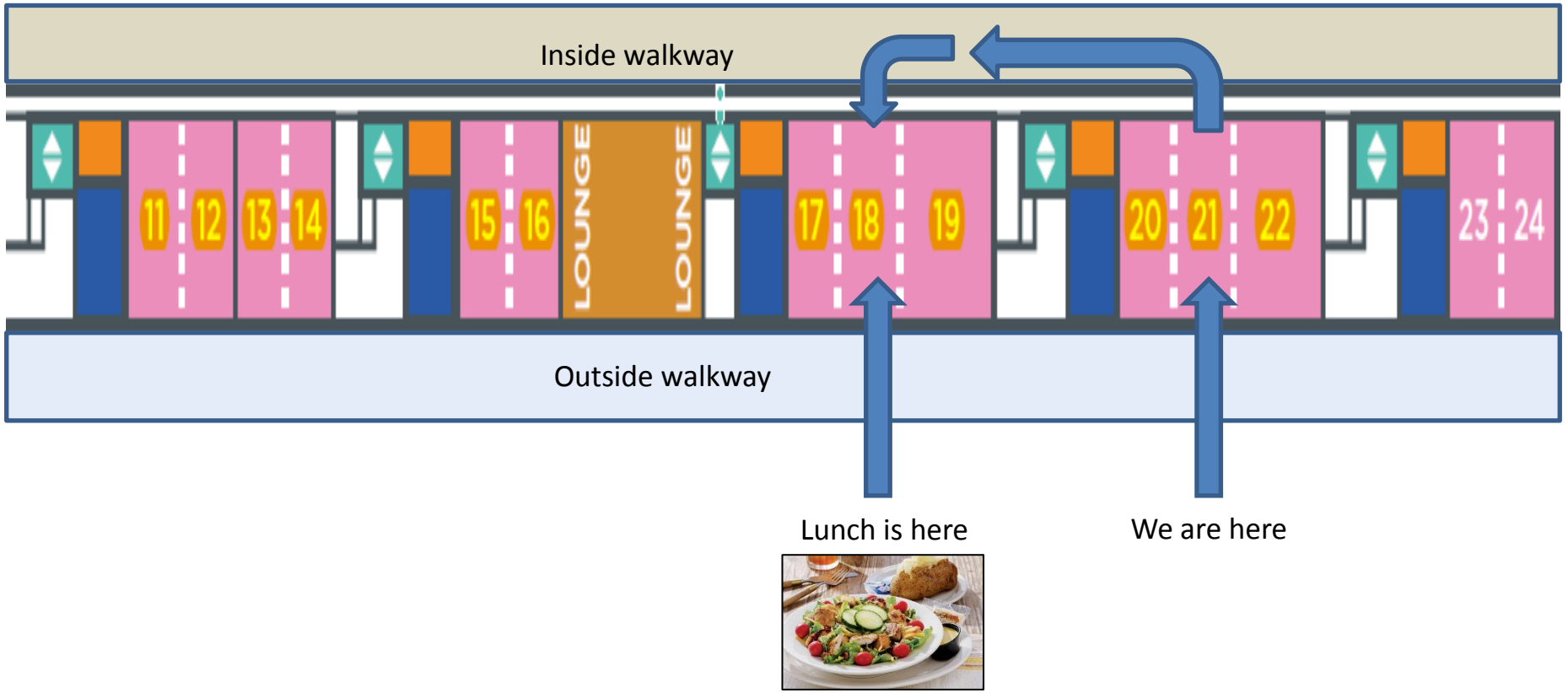

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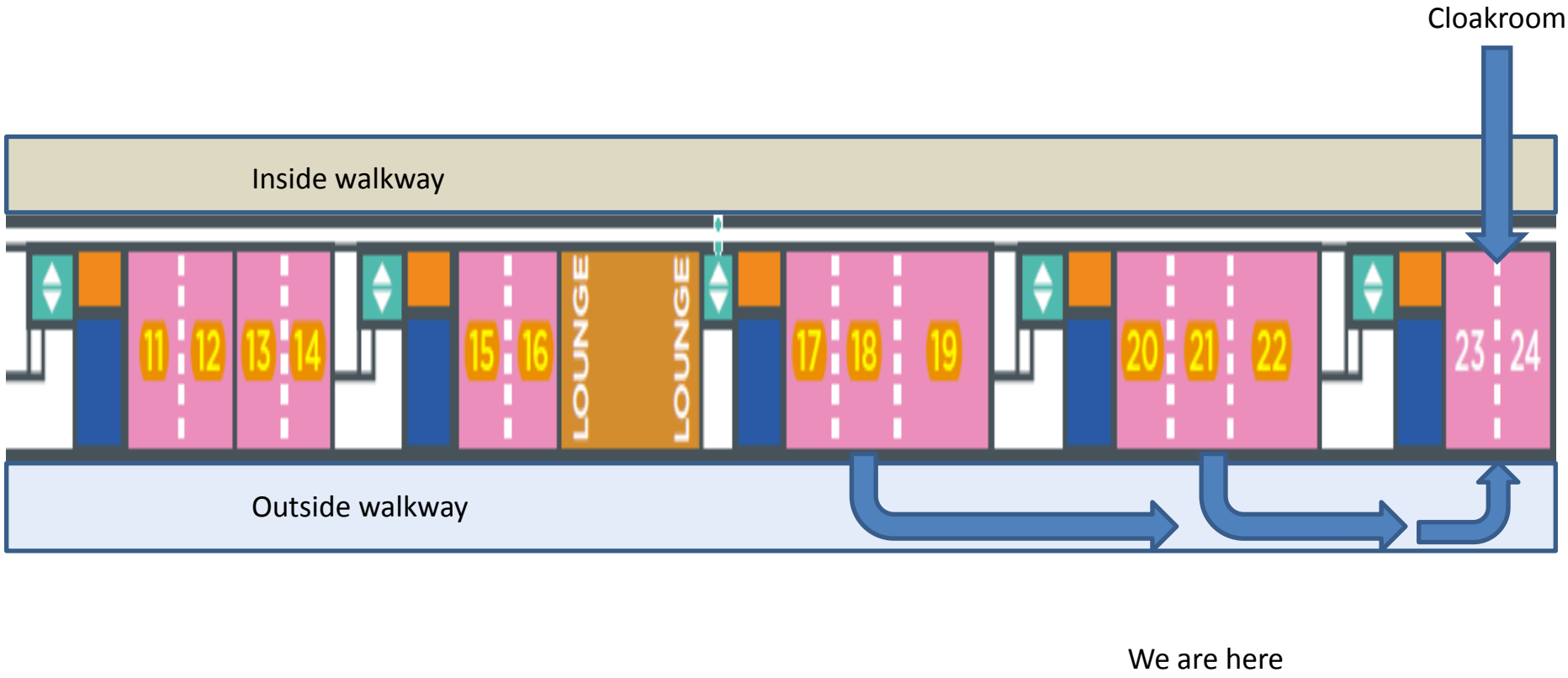

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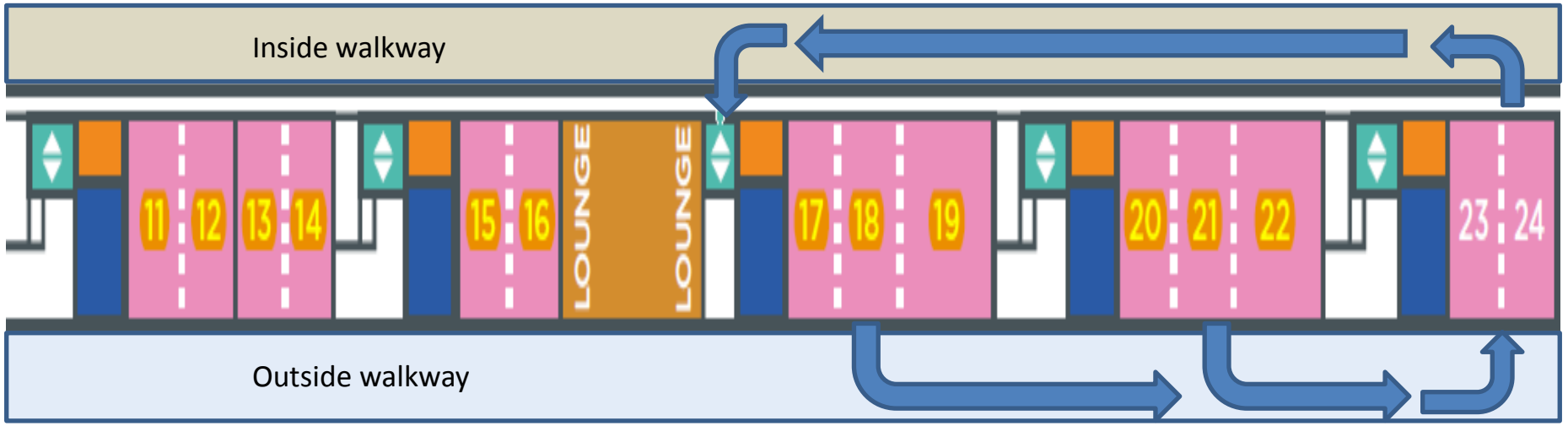

We are here

NHS
East London
NHS Foundation Trust

Time for Lunch!