



# S+P+C=O

with

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Associate Director of QI



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[@ELFT\\_QI](https://twitter.com/ELFT_QI)

# Dr Avedis Donabedian



**1919-2000**



Beirut, Lebanon



English Mission  
Hospital,  
Jerusalem

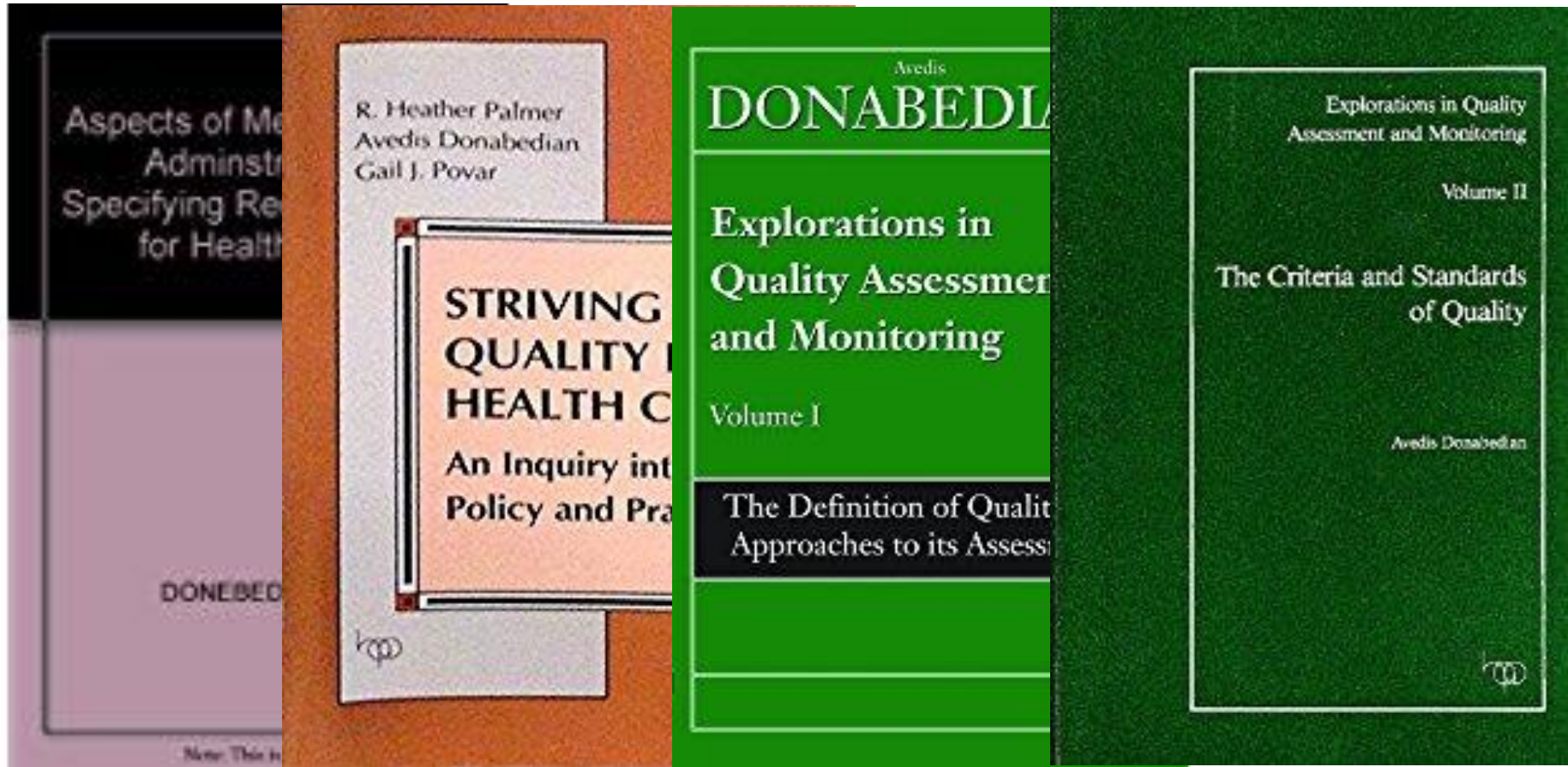


School of Public Health,  
University of Michigan



Harvard University,  
Cambridge

# A thought Leader...



# A thought Leader...

## Evaluating the Quality of Medical Care

AVEDIS DONABEDIAN

**T**HIS PAPER IS AN ATTEMPT TO DESCRIBE AND evaluate current methods for assessing the quality of medical care and to suggest some directions for further study. It is concerned with methods rather than findings, and with an evaluation of methodology in general, rather than a detailed critique of methods in specific studies.

This is not an exhaustive review of the pertinent literature. Certain key studies, of course, have been included. Other papers have been selected only as illustrative examples. Those omitted are not, for that reason, less worthy of note.

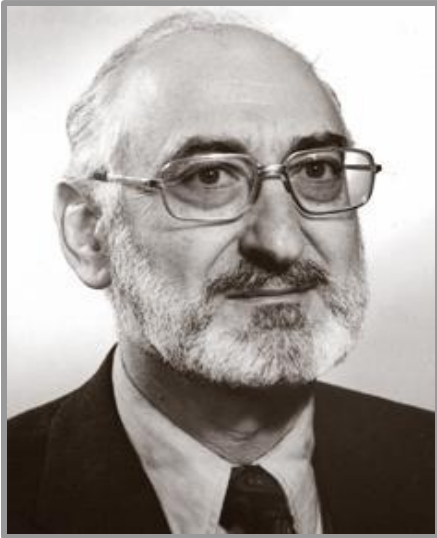
This paper deals almost exclusively with the evaluation of the medical care process at the level of physician-patient interaction. It excludes, therefore, processes primarily related to the effective delivery of medical care at the community level. Moreover, this paper is not concerned with the administrative aspects of quality control. Many of the studies reviewed here have arisen out of the urgent need to evaluate and control the quality of care in organized programs of medical care. Nevertheless, these studies will be discussed only in terms of their contribution to methods of assessment and not in terms of their broader social goals. The author has remained, by and large, in the familiar territory of care provided by physicians and has avoided incursions into other types of

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The Milbank Quarterly, Vol. 83, No. 4, 2005 (pp. 691–729)

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Reprinted from The Milbank Memorial Fund Quarterly, Vol. 44, No. 3, Pt. 2, 1966 (pp. 166–203). Style and usage are unchanged.



**Dr. Avedis Donabedian**  
(1919 – 2000)





# STRUCTURE



All the factors that affect the environment in which care is delivered:

- Physical facilities
- Equipment
- Staff
- How the organisation is organised
- Training



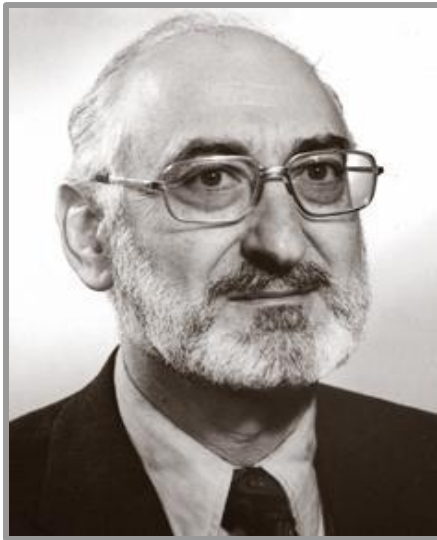
# PROCESS



Sum of all actions that make up healthcare

- Referrals & Admissions
- Diagnosis, treatment
- Education
- How we identify quality issues & improve





**Dr. Avedis Donabedian**  
(1919 – 2000)

**S + P + C = O**

STRUCTURE

PROCESS

CULTURE

OUTCOMES



# CULTURE



- Hugely important to quality of care that is delivered
- Wide body of research that links staff engagement to clinical outcomes



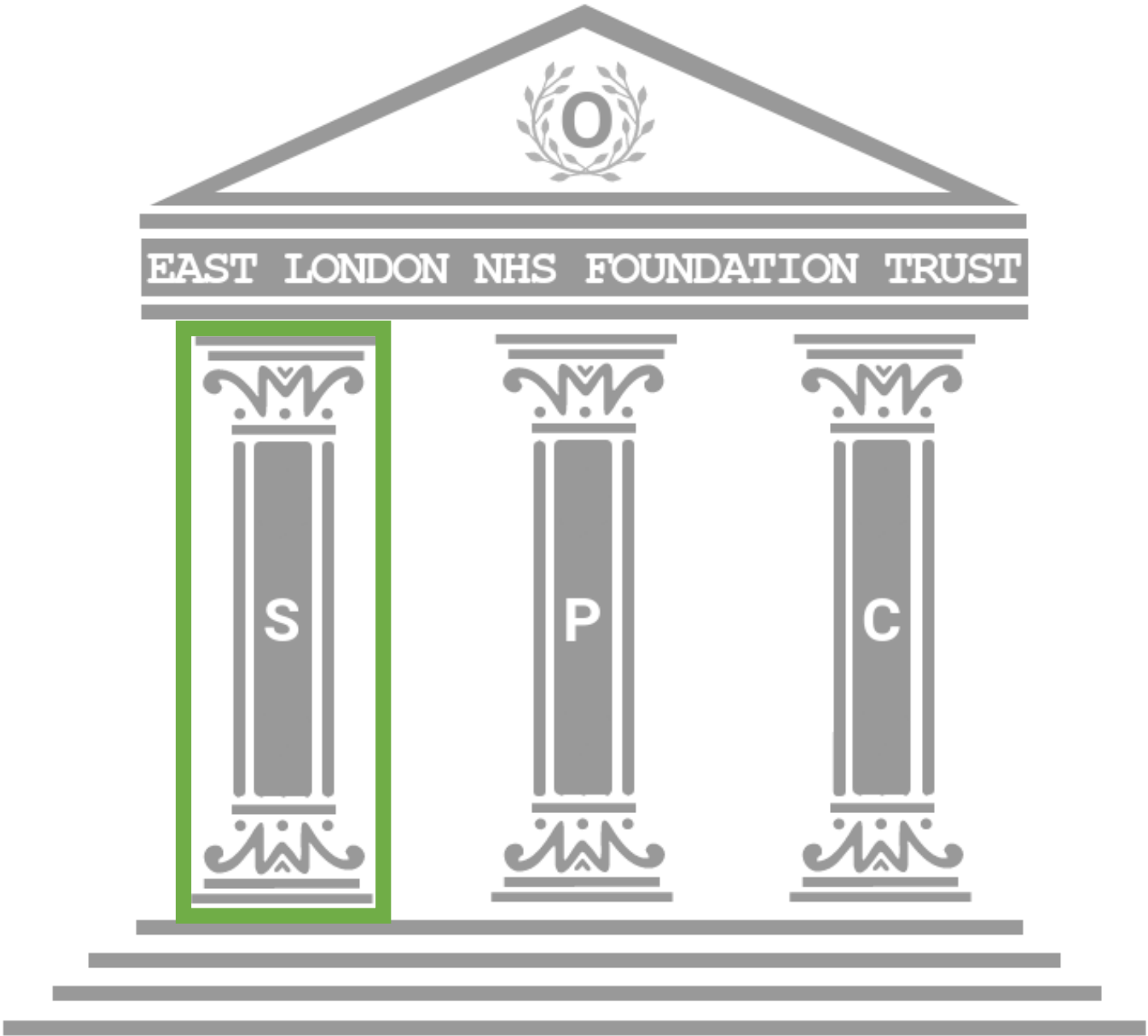
O

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S

P

C



EAST LONDON NHS FOUNDATION TRUST



S

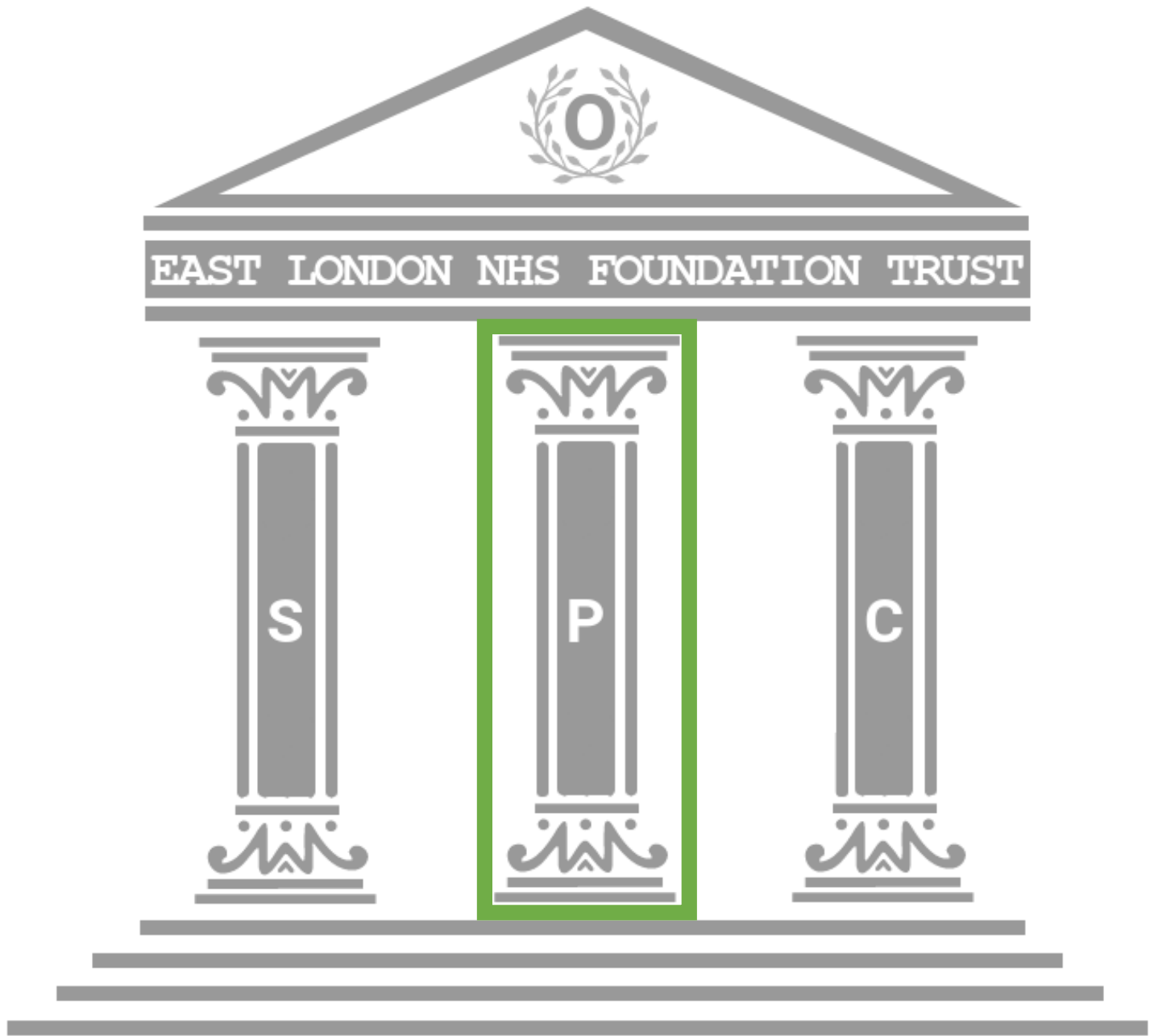


P



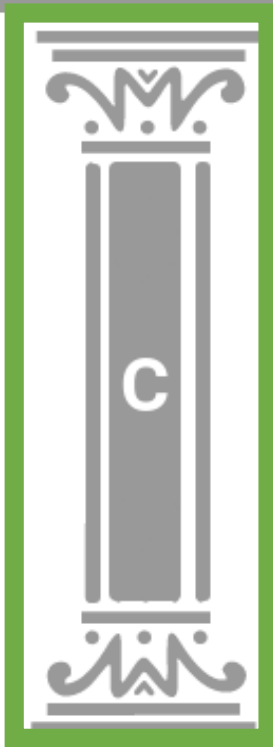
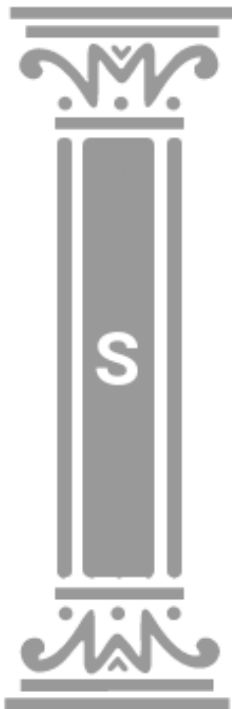
C



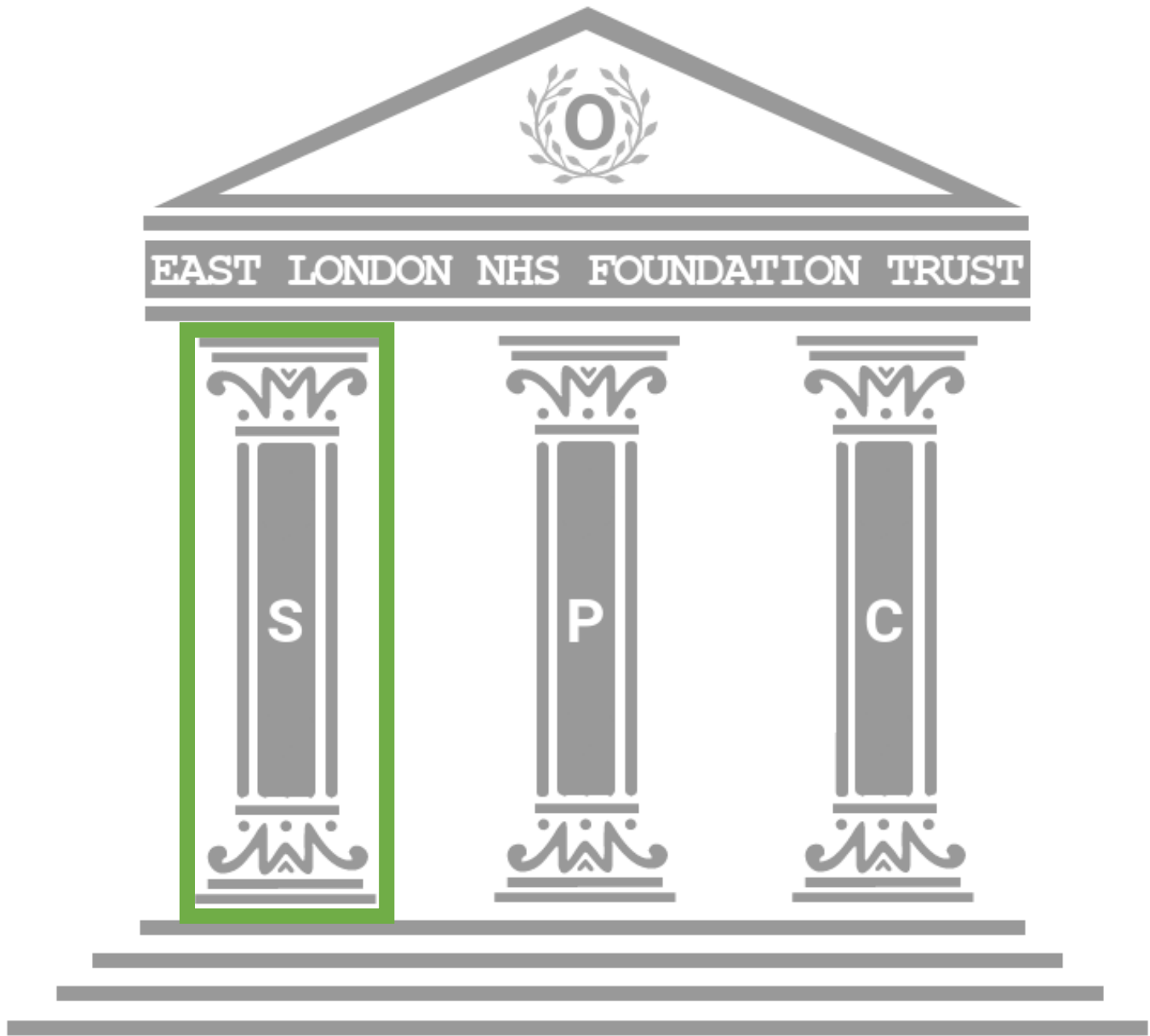




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S

P

C







# STRUCTURE



Quality Committee

Service Delivery Board

QI Forums

Directorate Management Meetings

People Participation meetings

QI Programme Board

Acute Care Forums

Trust Board

CEO Quarterly Quality Sessions

High Priority QI Project Learning Sessions

High Priority QI Project Boards

QI Coach Support Sessions



# STRUCTURE



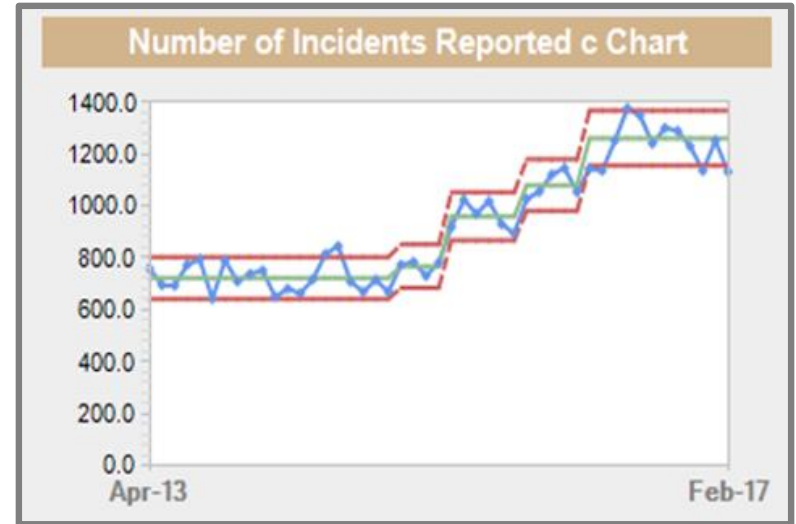
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## Quality improvement software for healthcare

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# STRUCTURE



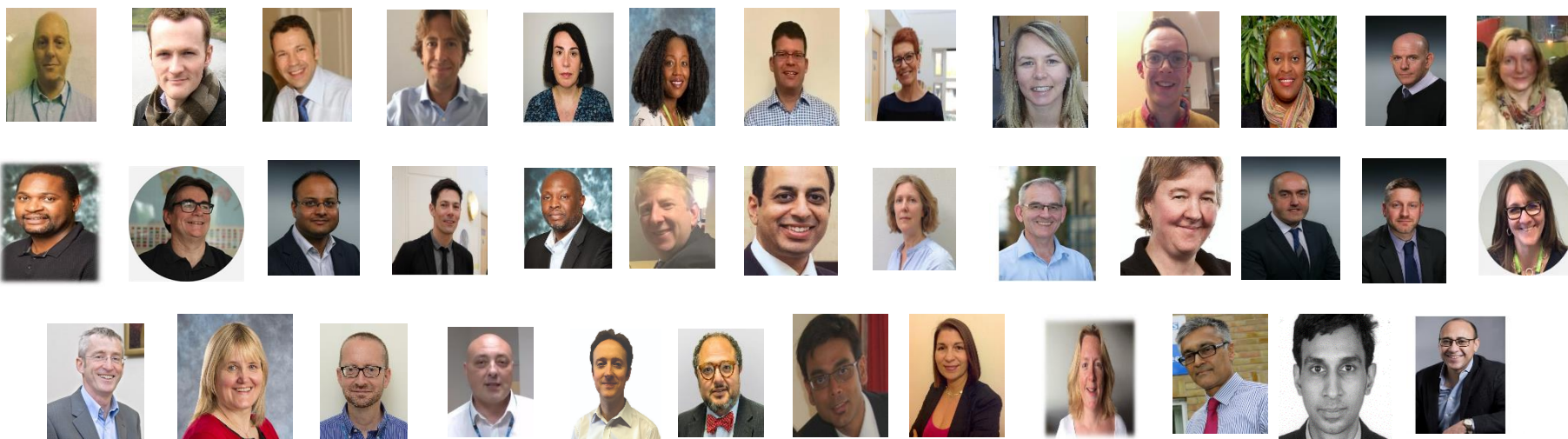
**NHS**  
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NHS Foundation Trust



**Active QI Coaches at ELFT**



# STRUCTURE



## QI Sponsors in the Organisation



# STRUCTURE



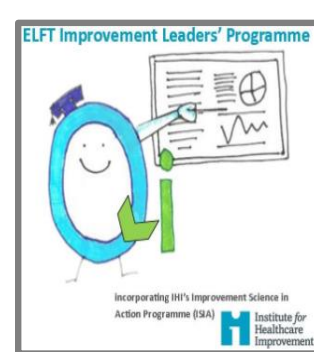
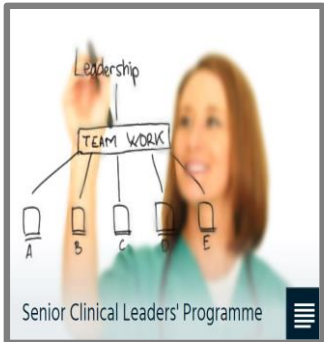
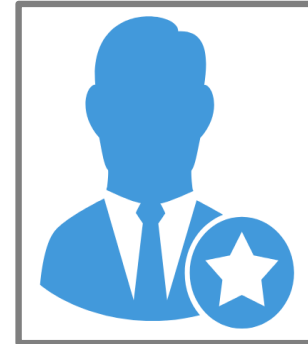
## Central QI and QA Teams



# STRUCTURE



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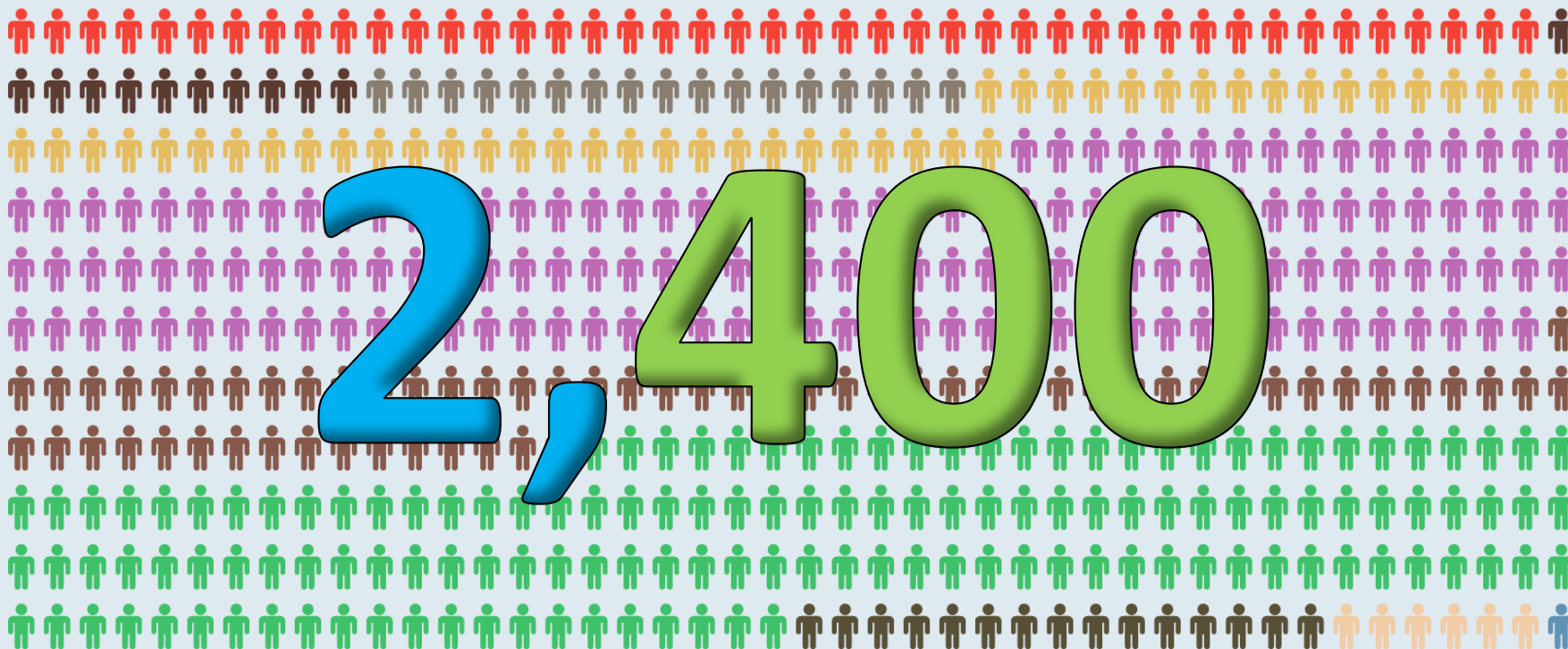


# STRUCTURE

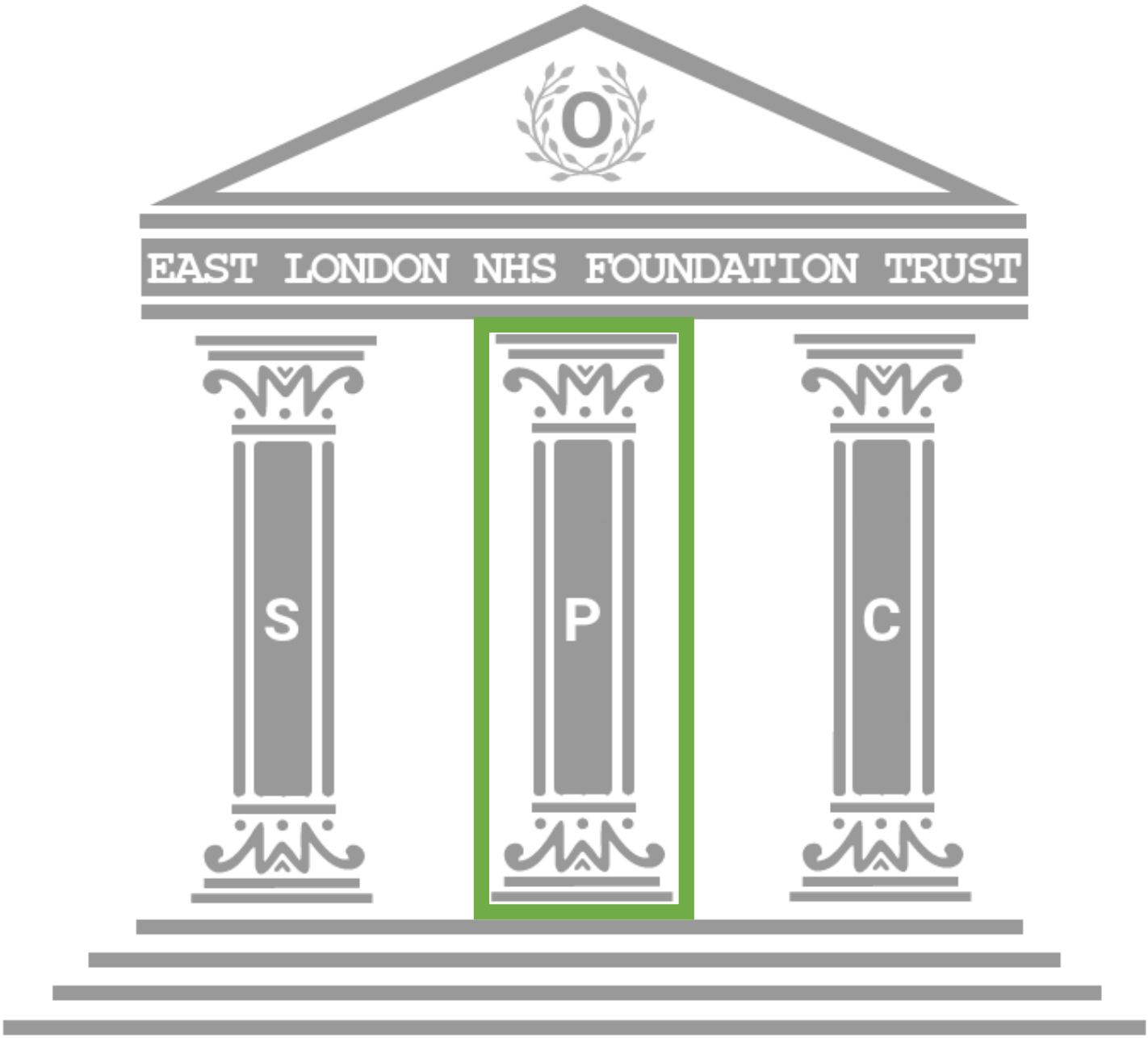


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East London  
NHS Foundation Trust

## Number of people trained



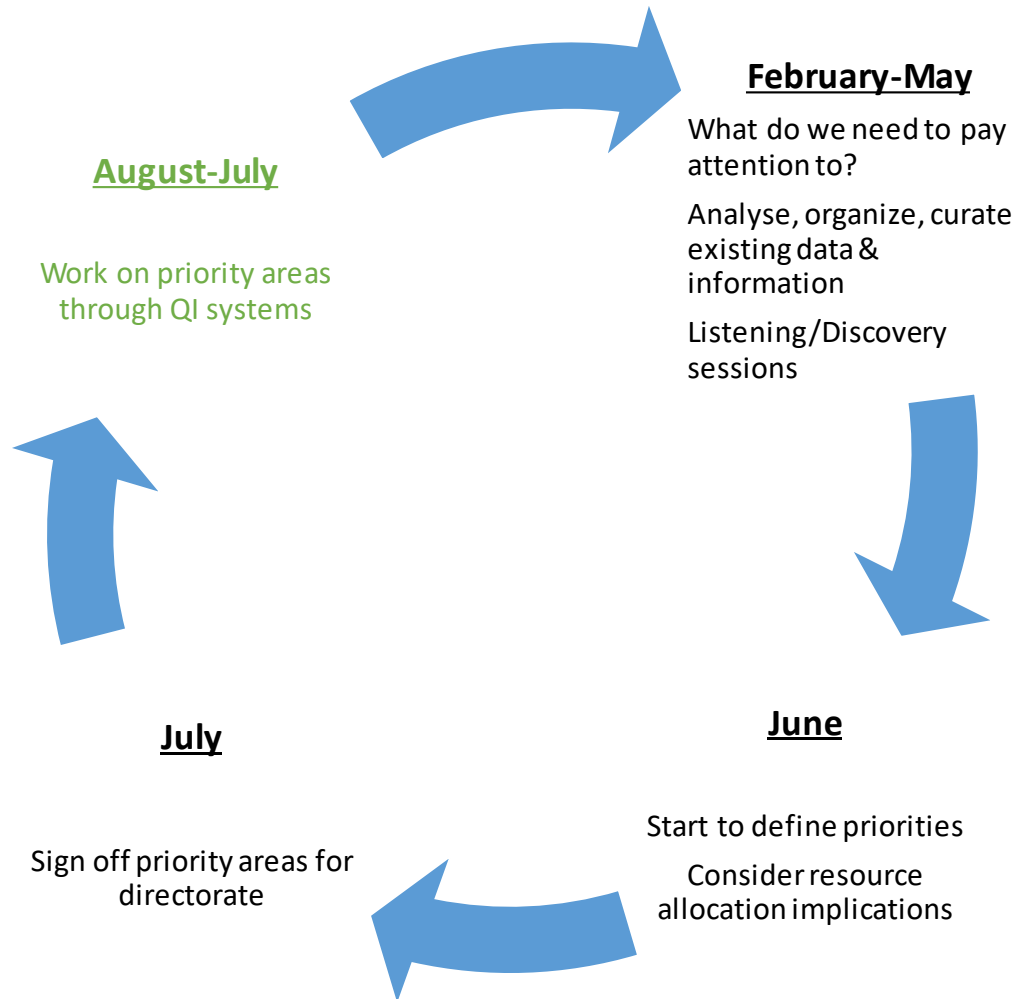
- Student Nurses
- Psychology Trainees
- Introduction to QI for Service User and Carers
- IHI Open School
- Pocket QI
- Masterclasses
- Improvement Leaders' Programme (ILP)
- IHI Improvement Coaching Programme (ICP)
- Senior Clinical Leaders' Programme (SCLP)
- IHI Improvement Advisor Programme (IAP)

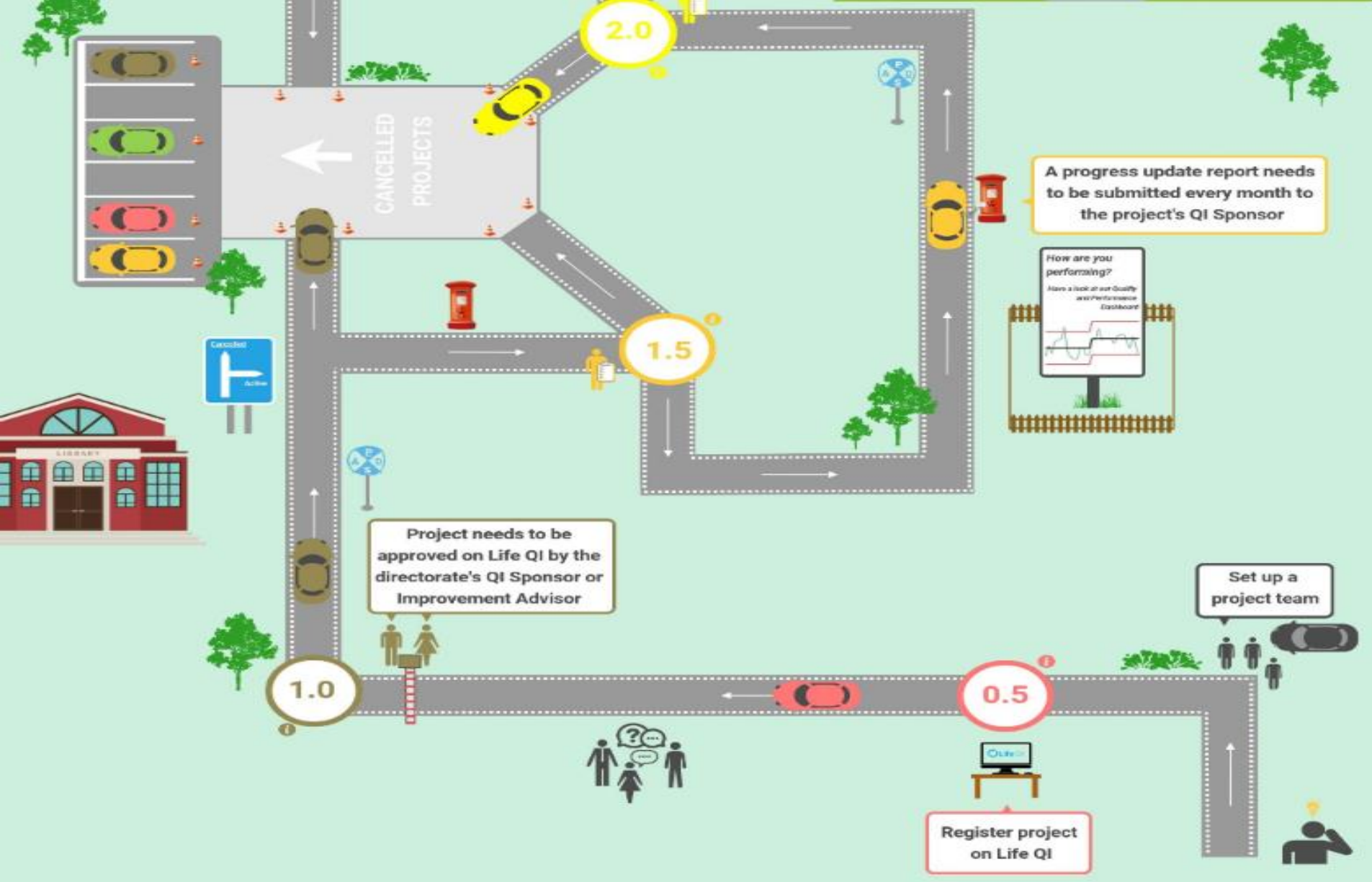






# PROCESS





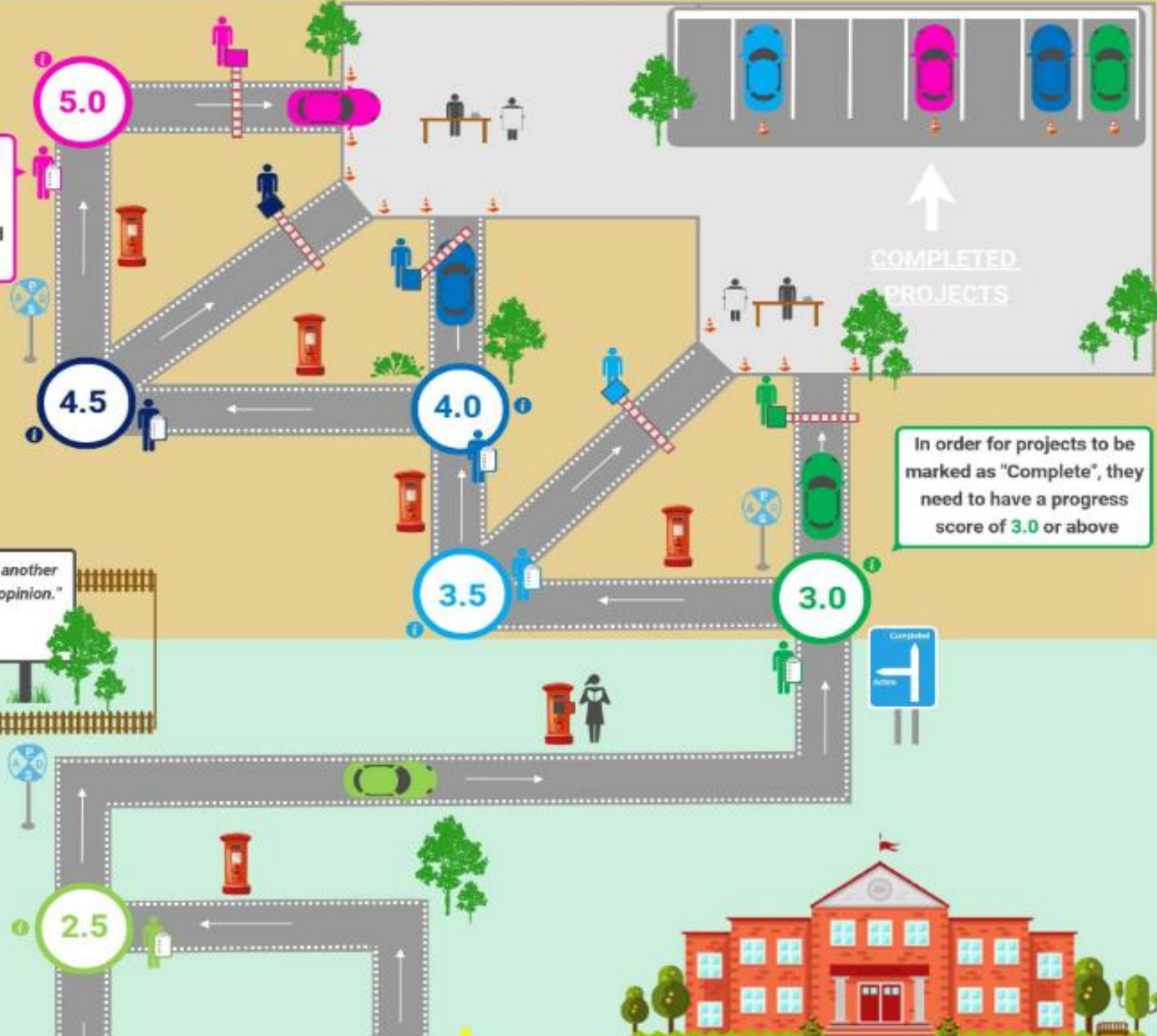
**An interactive infographic illustrating the different processes involved in running a quality improvement project at ELFT**

**Key**

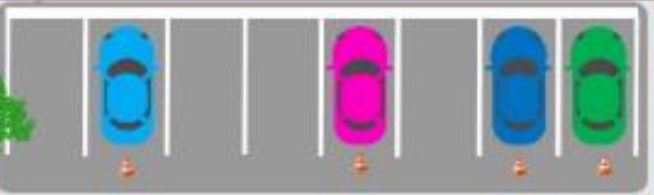
- QI Project
- Project Progress Score
- Progress Score Operational Definitions
- Approval required
- Monthly progress update to sponsor

To achieve a progress score of 5.0, an implementation plan needs to be completed for the project

*"Without data you're just another person with an opinion."*  
- W. Edwards Deming



In order for projects to be marked as "Complete", they need to have a progress score of 3.0 or above



COMPLETED PROJECTS





# PROCESS



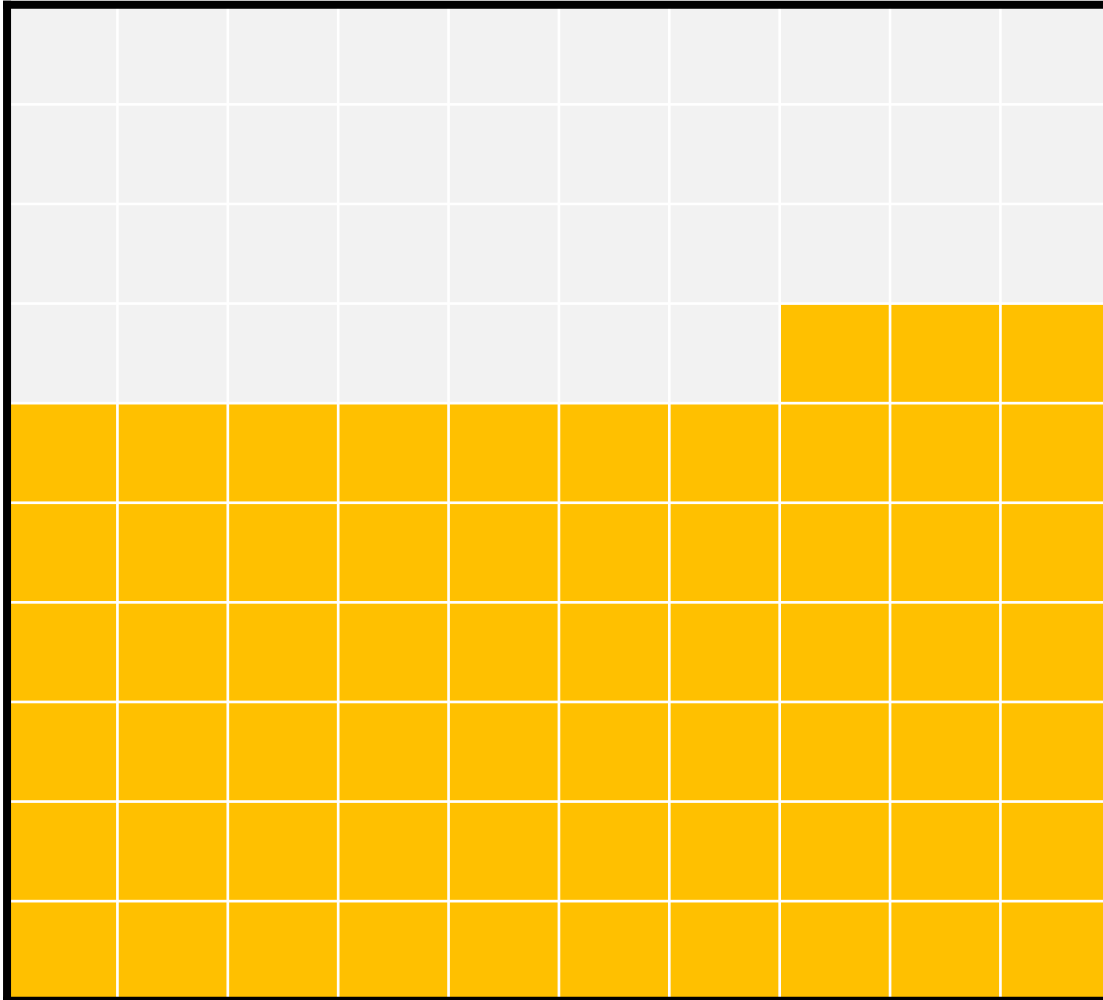
221  
Projects



# PROCESS



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NHS Foundation Trust



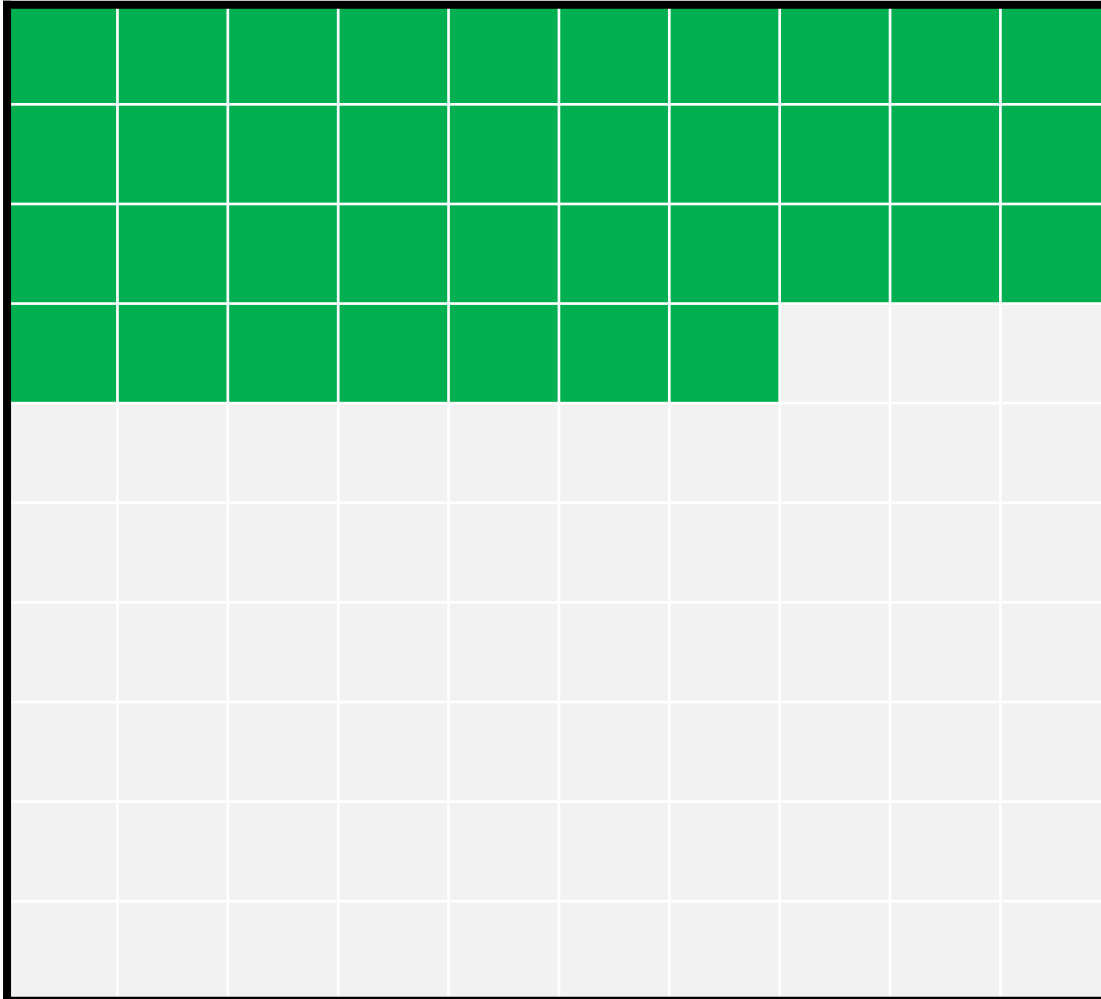
**139**  
Active  
Projects



# PROCESS



**NHS**  
East London  
NHS Foundation Trust



**82**  
Completed  
projects

Trust-wide  
priority areas

Violence  
Reduction

Improving  
Access &  
Flow

Reshaping  
Community  
Services

Value for  
Money

Enjoying  
work



Directorate  
priority areas

Tower  
Hamlets

Newham

City &  
Hackney

Forensics

Primary  
Care &  
Specialist  
Psychologic  
al Services

Children's

MHCOP

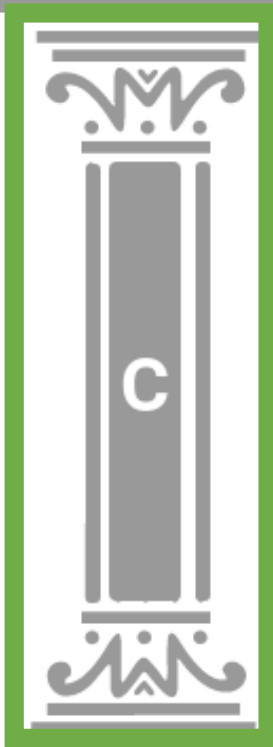
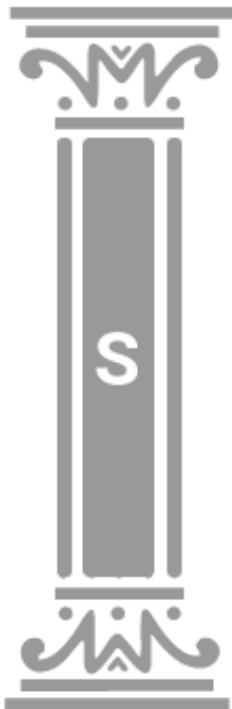
Luton &  
Beds

Community  
Health  
Newham

Corporate



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# CULTURE



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East London  
NHS Foundation Trust

You have two jobs:  
your job, and the  
job of improving  
your job

The role of senior  
leadership is to  
create the  
environment where  
staff and service  
users can lead  
change

*We care*

*We respect*

*We are inclusive*



# CULTURE



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NHS Foundation Trust

Involvement  
with a **little i**

or

Involvement  
with a **BIG I**





# CULTURE



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East London  
NHS Foundation Trust



## 30 Executive WalkRounds per Month





# CULTURE



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# CULTURE



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East London  
NHS Foundation Trust

**INNOVATIONS**

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

Jen Taylor-Walt, Andy Cruchankar, James Innes, Brian Bromie, Amar Shah

**ABSTRACT**

Physical violence in hospital wards is a significant problem, with staff and patients at risk of injury. This study aimed to reduce physical violence and develop a safety culture across wards in East London. The study was conducted in three wards over a 12-month period. The intervention included staff training, environmental changes, and the implementation of a safety culture. The results showed a significant reduction in physical violence incidents and an increase in staff and patient safety awareness.

**BMJ Quality Improvement Programme**

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

Aaron O'Leary

**ABSTRACT**

This study aimed to improve ward environments and develop skills for discharge on a low secure forensic unit. The intervention included the implementation of self-catering and staff training. The results showed improved ward environments and increased staff skills for discharge.

**BMJ Quality Improvement Programme**

### Developing psychological services following facial trauma

Debra Choudhury-Peters, Vicky Dale

**ABSTRACT**

This study aimed to develop psychological services following facial trauma. The intervention included the implementation of psychological services and staff training. The results showed improved psychological services and increased staff skills.

**BMJ Quality Improvement Programme**

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

Helen Thompson, Jan Hall, Amar Shah

**ABSTRACT**

This study aimed to improve physical health for people taking antipsychotic medication in the Community Learning Disabilities Service. The intervention included the implementation of physical health services and staff training. The results showed improved physical health and increased staff skills.

**BMJ Quality Improvement Reports**

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

**Abstract**

This report describes the implementation of a safety culture on older people's mental health wards. The intervention included staff training, environmental changes, and the implementation of a safety culture. The results showed a significant reduction in physical violence incidents and an increase in staff and patient safety awareness.

**BMJ Quality Improvement Programme**

### Richmond Wellbeing Service Access Strategy for Older Adults

Susan Gilling, Janet Palmer, Catherine Hall, Ruth Robinson, James Shorrock, Harish Shankar, Colin Dale

**ABSTRACT**

This study aimed to develop a wellbeing service access strategy for older adults. The intervention included the implementation of a wellbeing service and staff training. The results showed improved wellbeing service and increased staff skills.

**BMJ Quality Improvement Programme**

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

Walter Kulu, Amar Shah

**ABSTRACT**

This study aimed to improve patient experience in the Tower Hamlets Specialist Addiction Unit. The intervention included the implementation of peer support workers and staff training. The results showed improved patient experience and increased staff skills.

**BMJ Quality Improvement Reports**

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

**Abstract**

This report describes the implementation of a competitive employment program for service users in forensic psychiatric units. The intervention included the implementation of a competitive employment program and staff training. The results showed improved access to competitive employment and increased staff skills.

**BMJ Quality Improvement Reports**

### Using Inqur tables to reduce missed dose medication errors on mental health wards of older people

**Abstract**

This report describes the implementation of Inqur tables to reduce missed dose medication errors on mental health wards of older people. The intervention included the implementation of Inqur tables and staff training. The results showed a significant reduction in missed dose medication errors and increased staff skills.

**BMJ Quality Improvement Reports**

### Low atmosphere environments: reducing noise levels in continuing care

**Abstract**

This report describes the implementation of a low atmosphere environment to reduce noise levels in continuing care. The intervention included the implementation of a low atmosphere environment and staff training. The results showed a significant reduction in noise levels and increased staff skills.

**BMJ Quality Improvement Reports**

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

**Abstract**

This report describes the implementation of a physical health monitoring program for City & Hackney Asymptomatic Outreach Service patients. The intervention included the implementation of a physical health monitoring program and staff training. The results showed improved physical health monitoring and increased staff skills.

**BMJ Quality Improvement Reports**

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

**Abstract**

This report describes the implementation of an automated dispensing cabinet to improve the safety and efficiency of nurse medication rounds. The intervention included the implementation of an automated dispensing cabinet and staff training. The results showed improved safety and efficiency of nurse medication rounds and increased staff skills.

**BMJ Quality Improvement Reports**

### Psychological Medicine in Bart's: improving access and awareness

**Abstract**

This report describes the implementation of a psychological medicine program in Bart's to improve access and awareness. The intervention included the implementation of a psychological medicine program and staff training. The results showed improved access and awareness of psychological medicine and increased staff skills.

**BMJ Quality** FOR HEALTHCARE LEADERS  
**HSJ**

British Journal of  
**Mental Health Nursing**

**THE LANCET** **OXFORD ACADEMIC**

**CAMBRIDGE UNIVERSITY PRESS**



# CULTURE



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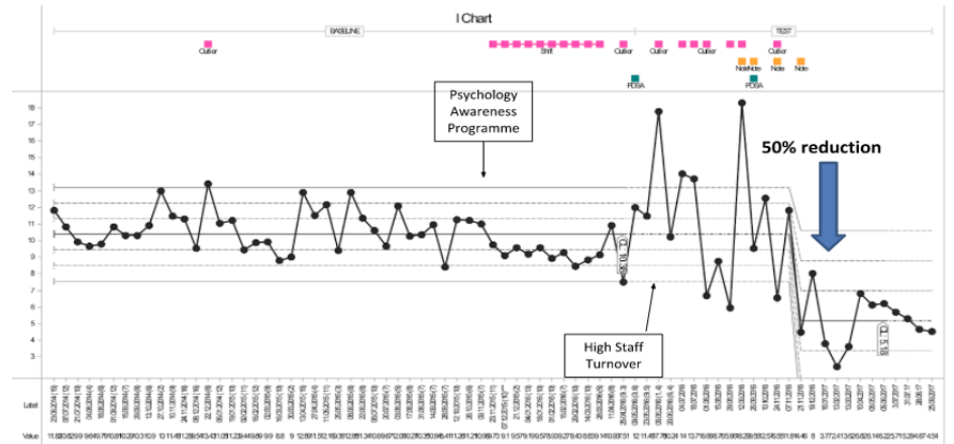




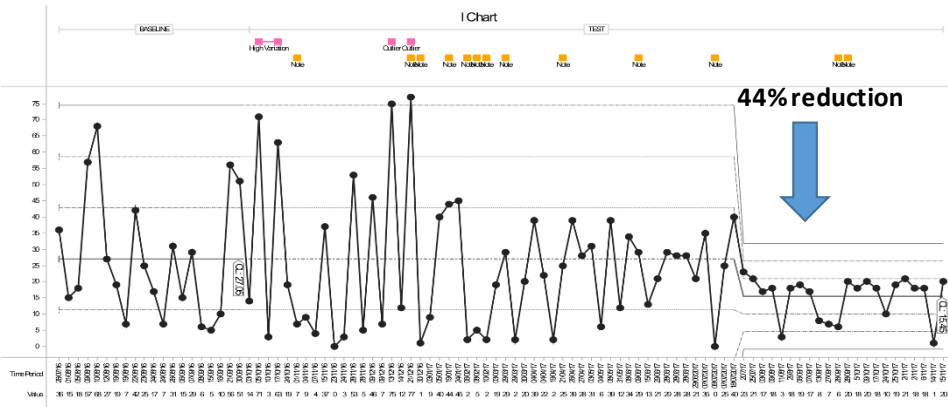
# OUTCOMES



## Reducing waiting times at Luton CMHT Psychology service



## Improving access to Learning Disability OT services in Beds and Luton







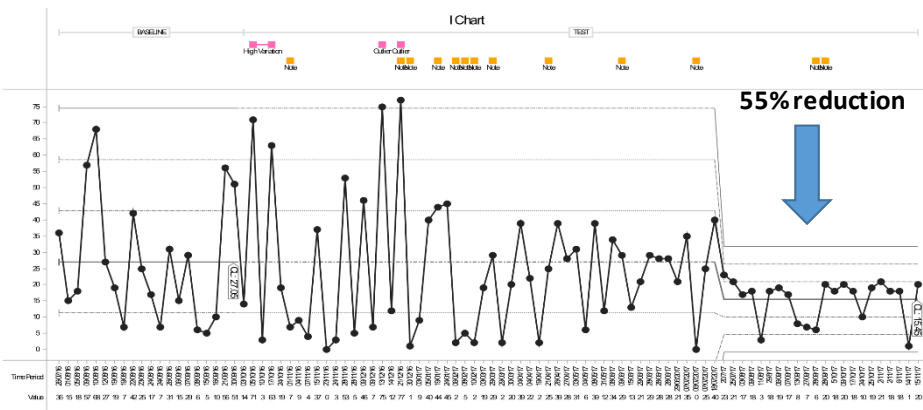
# OUTCOMES



## Improving Patient Flow in Memory Clinics



## Reducing waiting time from initial referral to ADHD assessment in C&H ADHD

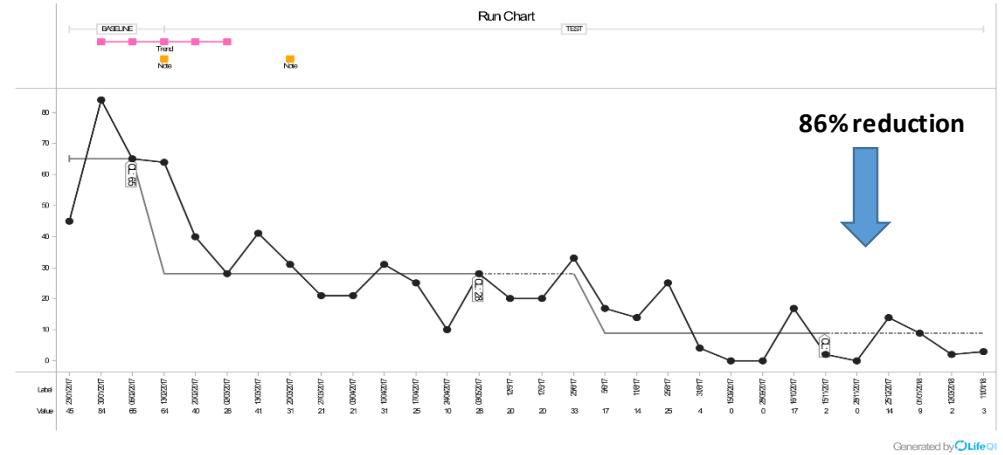




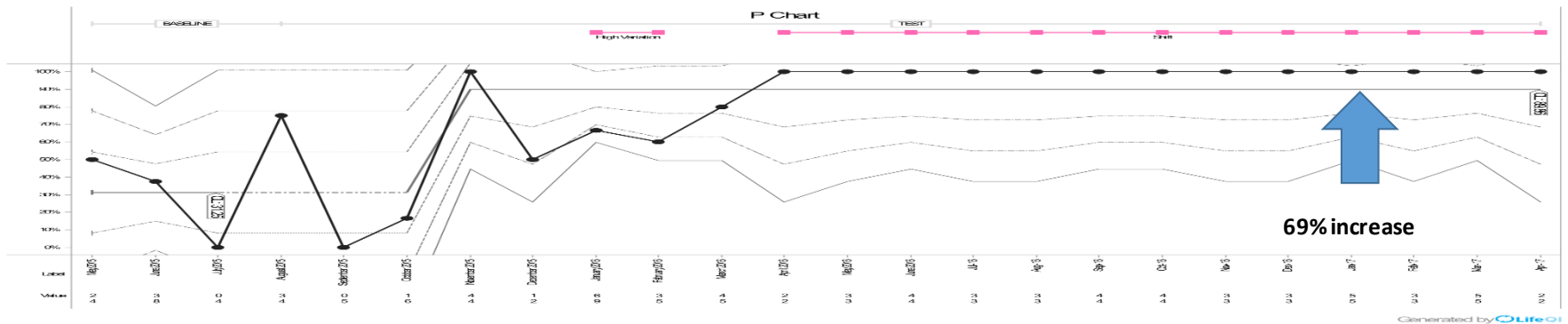
# OUTCOMES



## Reducing the rate of undocumented medication doses in Hackney HTT



## Improving Information Received By Women of Child Bearing Age about the Use of Psychotropic Medications-Mother and Baby Unit

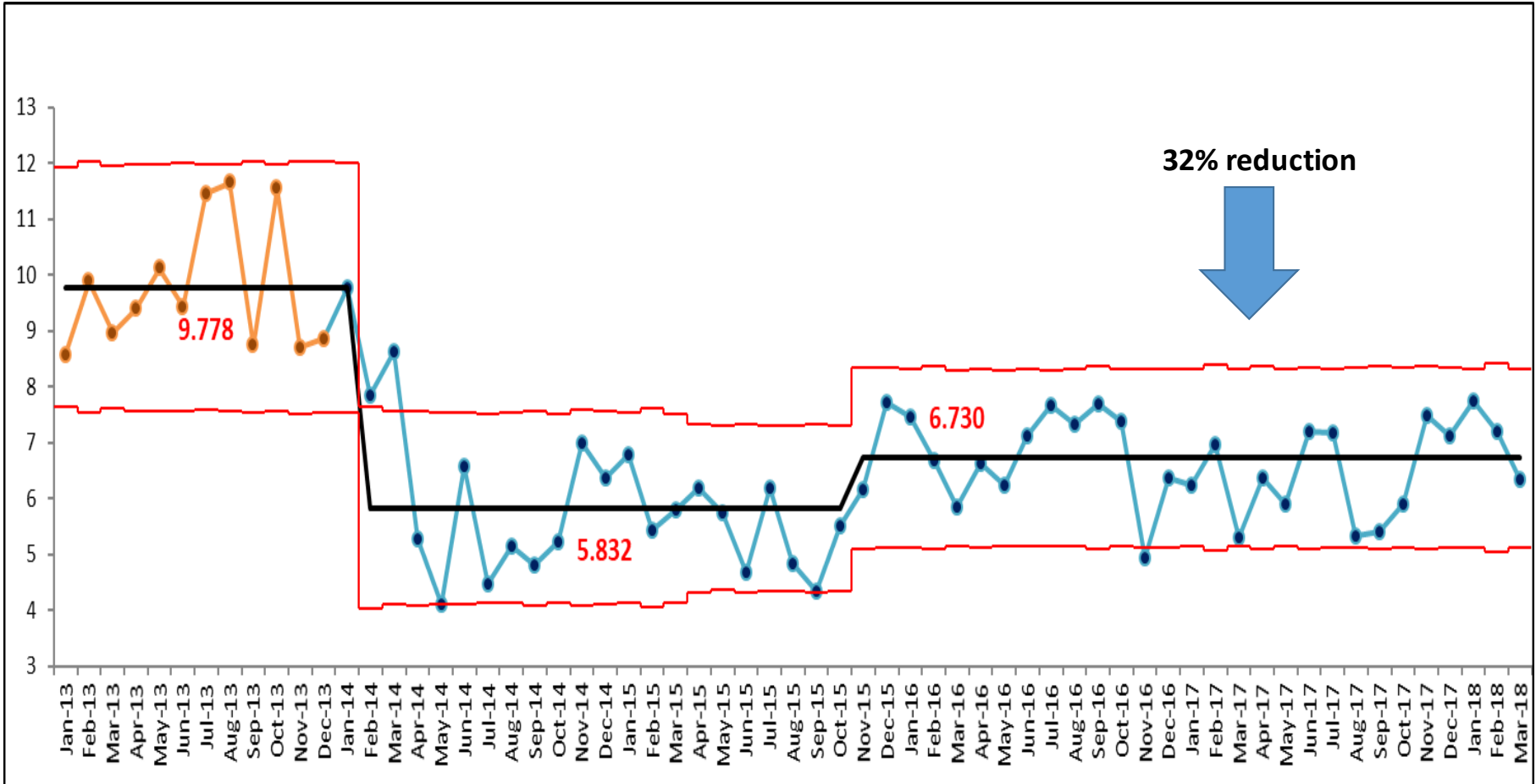




# OUTCOMES



## Incidents Resulting in Violence Across the Entire Organisation

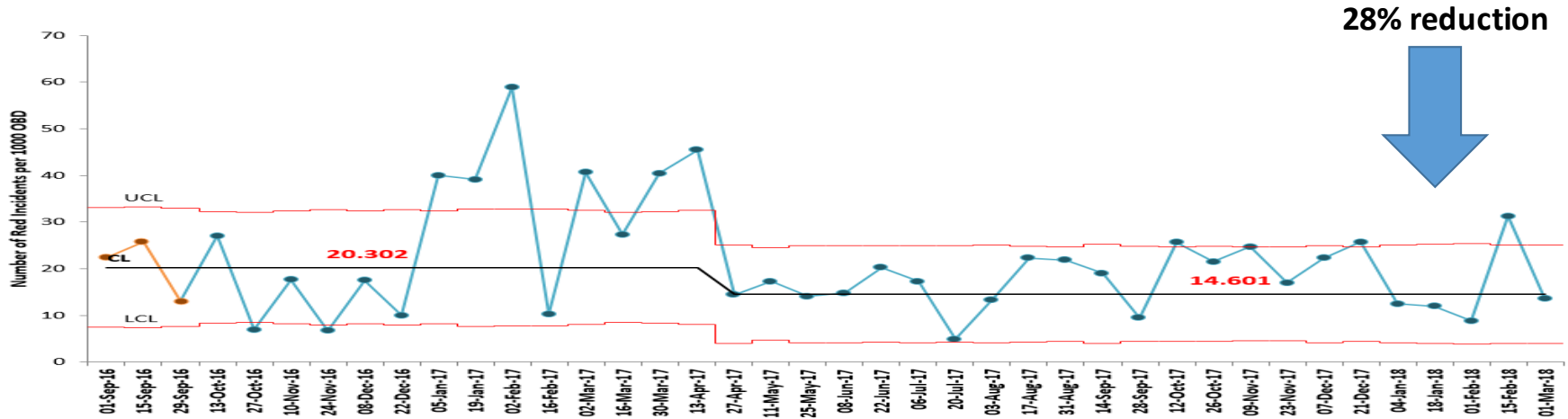




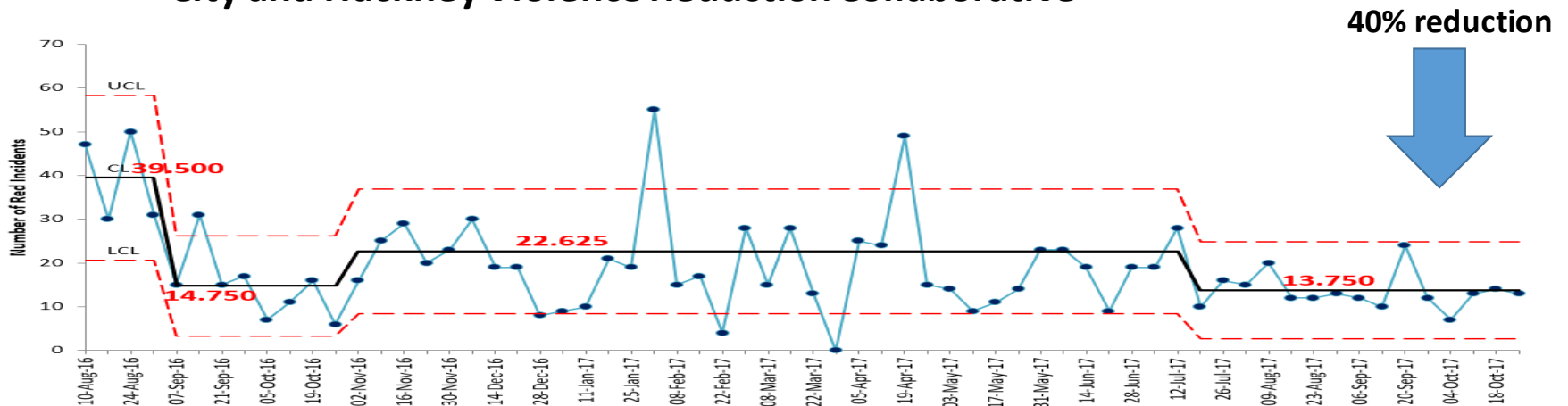
# OUTCOMES



## Newham Violence Reduction Collaborative



## City and Hackney Violence Reduction Collaborative



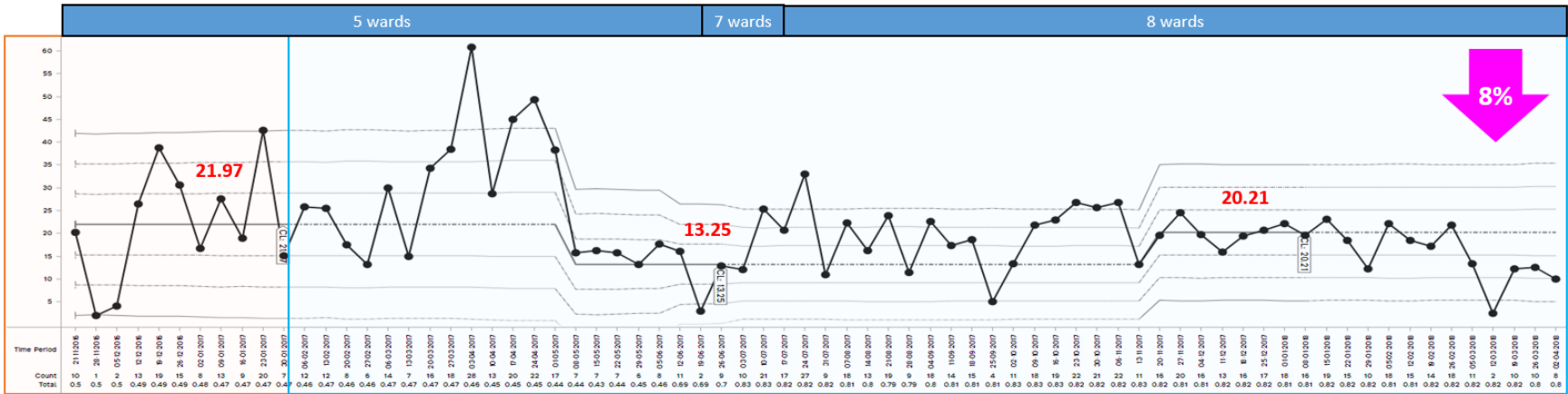


# OUTCOMES

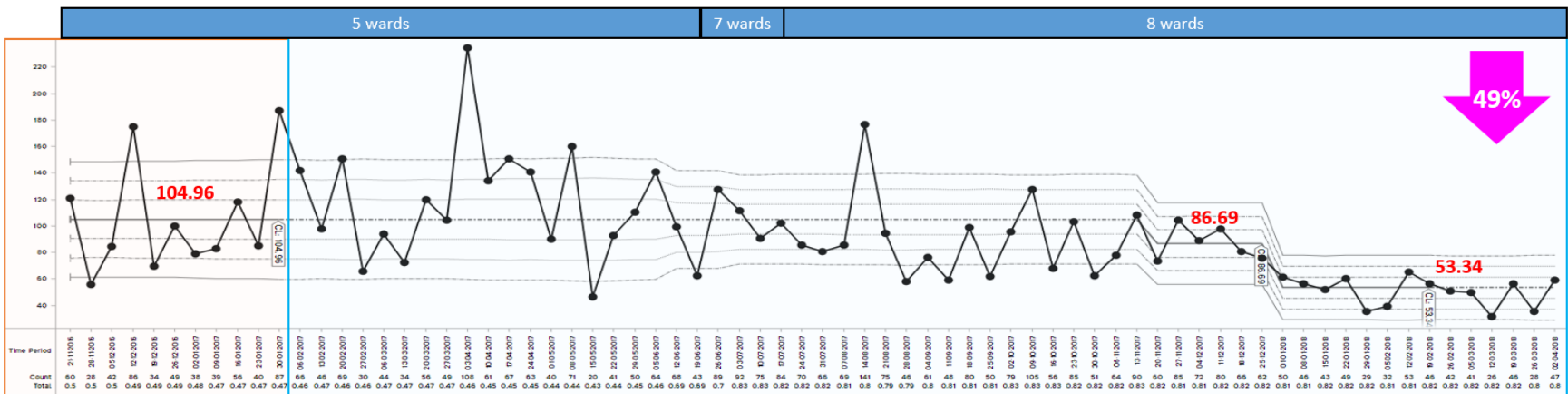


## Forensics Violence Reduction Collaborative

### Physical Violence Incidents by week per 1000 occupied bed days (Red Incidents) – All Wards, U Chart



### Non-Physical Violence Incidents by week per 1000 occupied bed days (Orange Incidents) – All Wards, U Chart

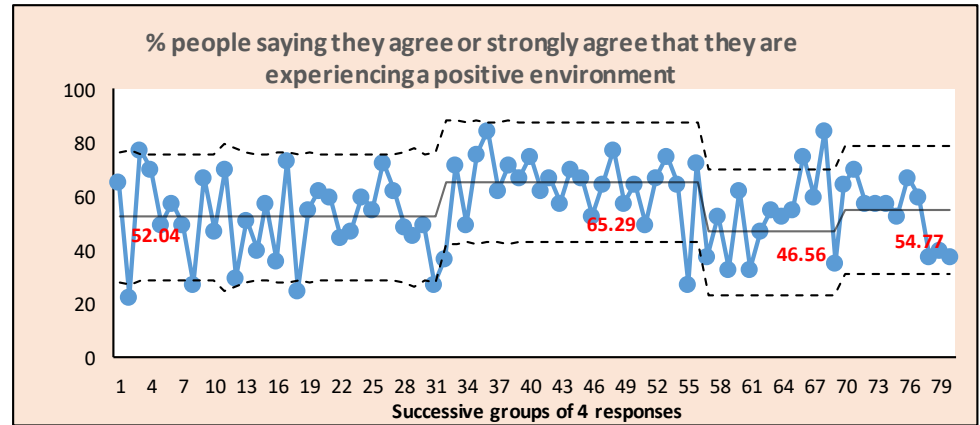




# OUTCOMES

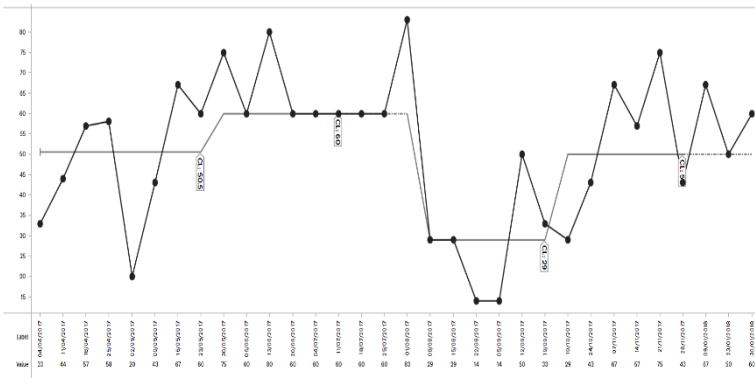


## Gardener Ward-Gold Standards

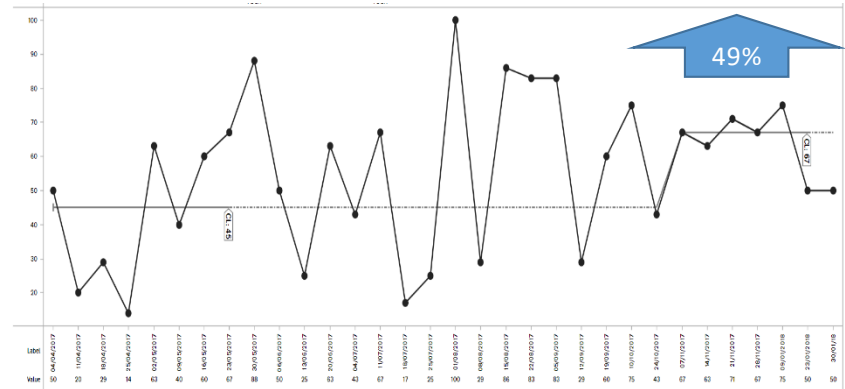


## I Love My Ward Round-Clerkenwell Ward

**% of patients satisfied with the ward round each week, Run chart**



**% of staff satisfied with the ward round each week, Run chart**

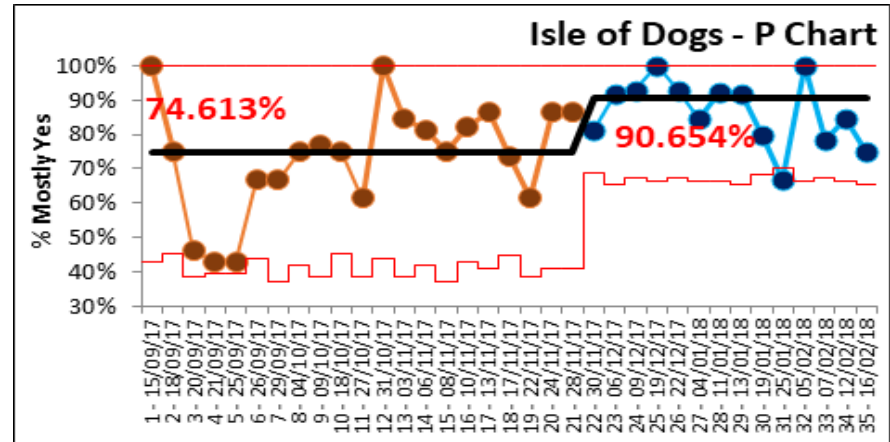




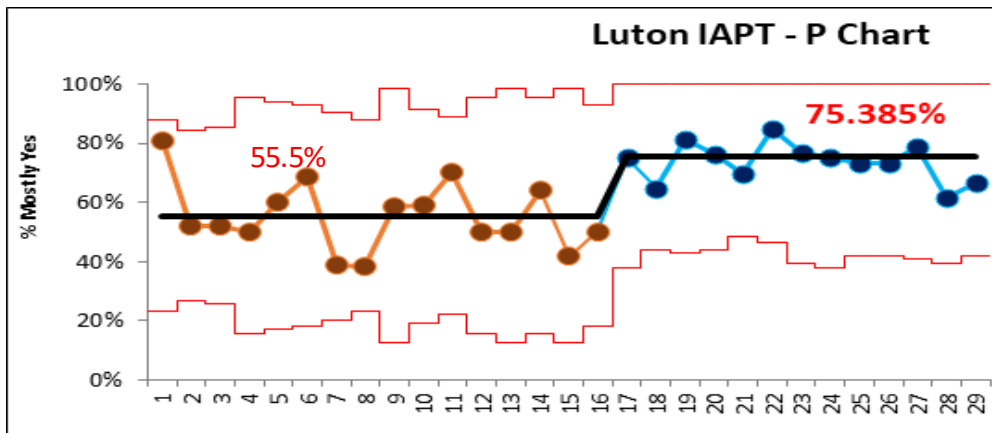
# OUTCOMES



## Isle of Dogs-Enjoyment at Work



## Luton IAPT-Enjoyment at Work

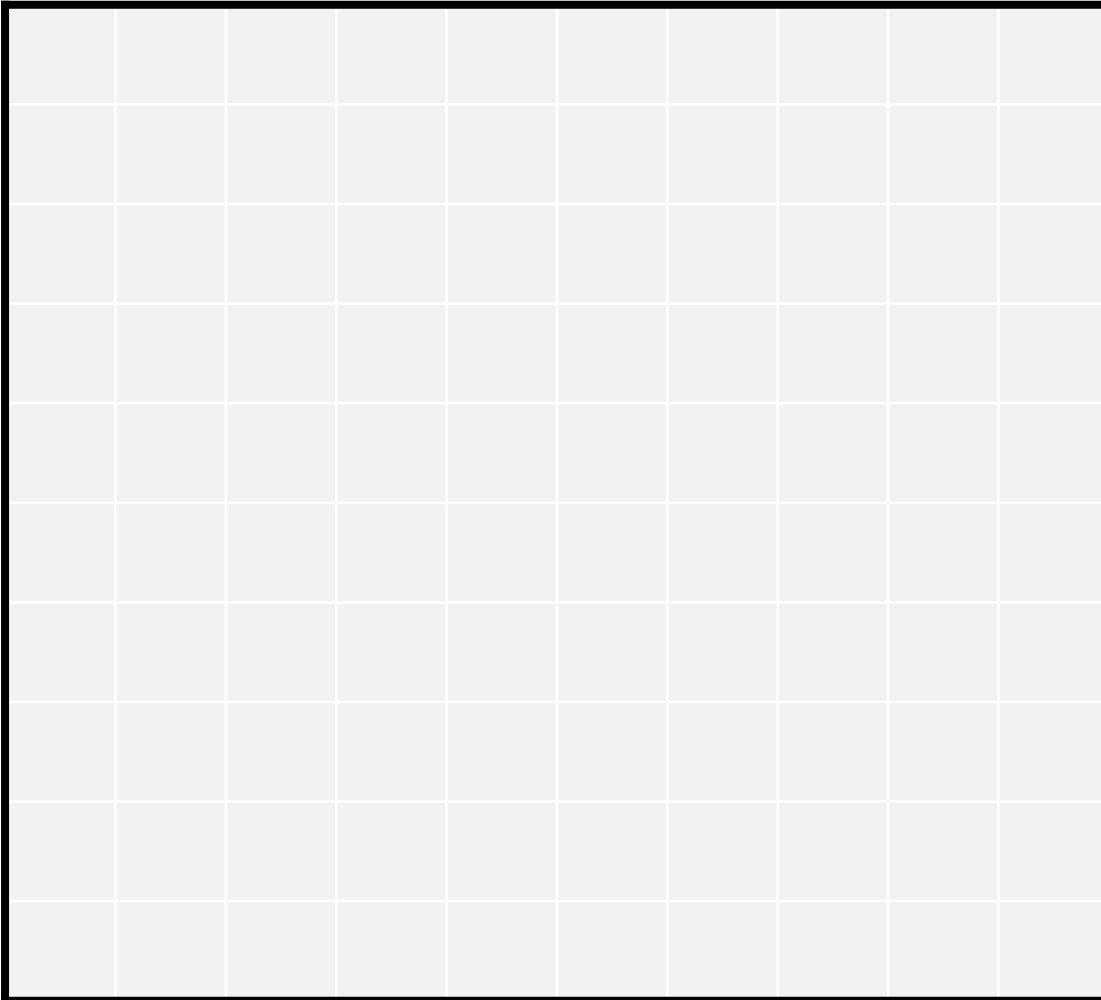




# OUTCOMES



**NHS**  
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NHS Foundation Trust



222  
Projects

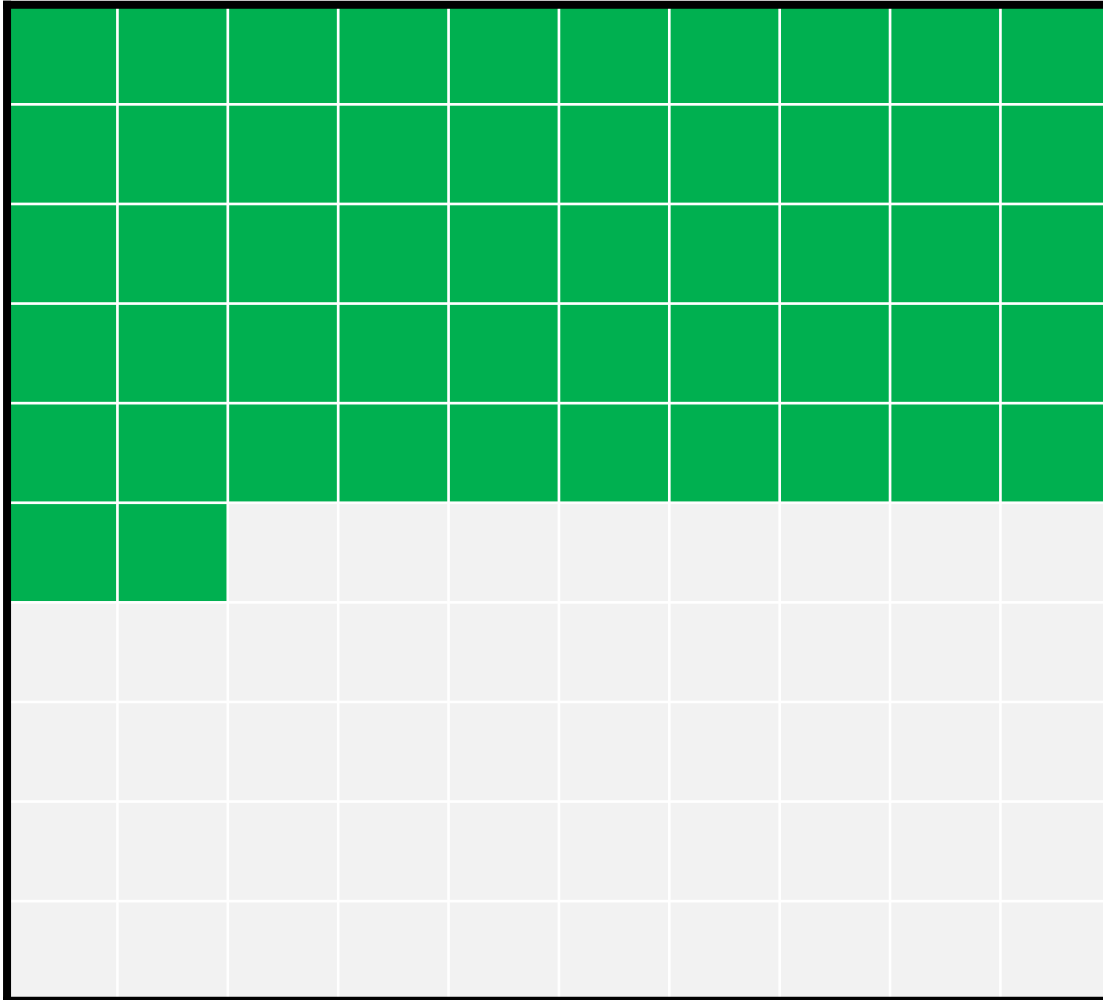




# OUTCOMES



**NHS**  
East London  
NHS Foundation Trust



**116**  
Showing  
improvement  
or  
completed

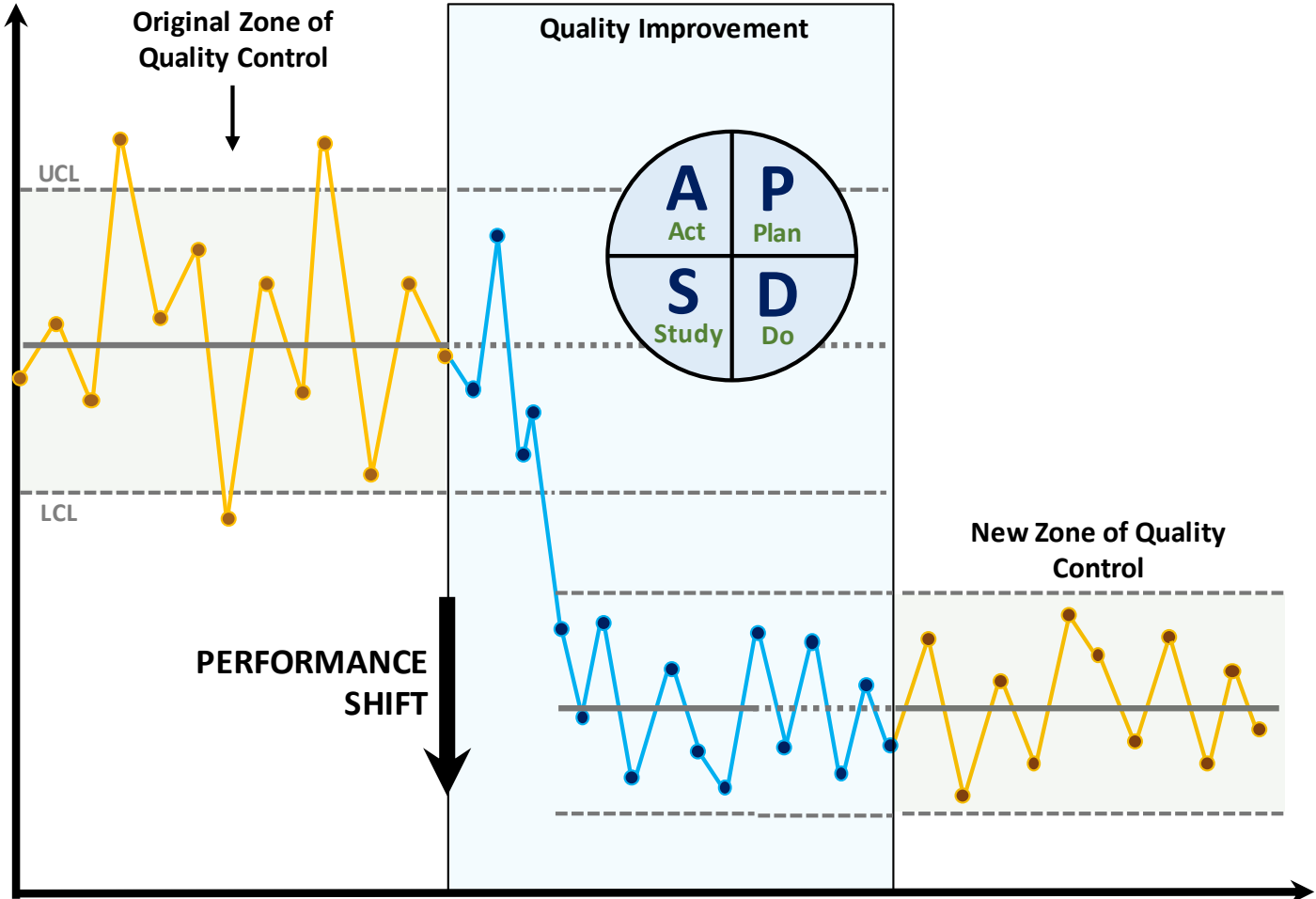
**DESIGN**

**CONTROL**

**IMPROVEMENT**

**CONTROL**

**QUALITY PLANNING**



MONTH

→ WEEK

→ MONTH

**LESSONS LEARNT**



This project has been proudly supported by the ELFT QI Team



This project has been proudly supported by the ELFT QI Team

# Creating a Balanced Quality System

---

with

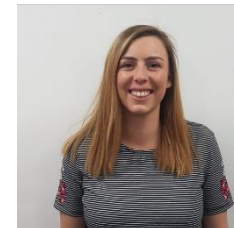
**Jane Kelly,**  
Associate Clinical Director



**Steve Terney,**  
Patient Liaison Worker



**Laura Shrieves**  
Modern Matron



**Jack Murphy**  
Life Skills Recovery Worker

Making the decision  
to start Quality  
Improvement Work

# ELFT Safety Culture Bundle

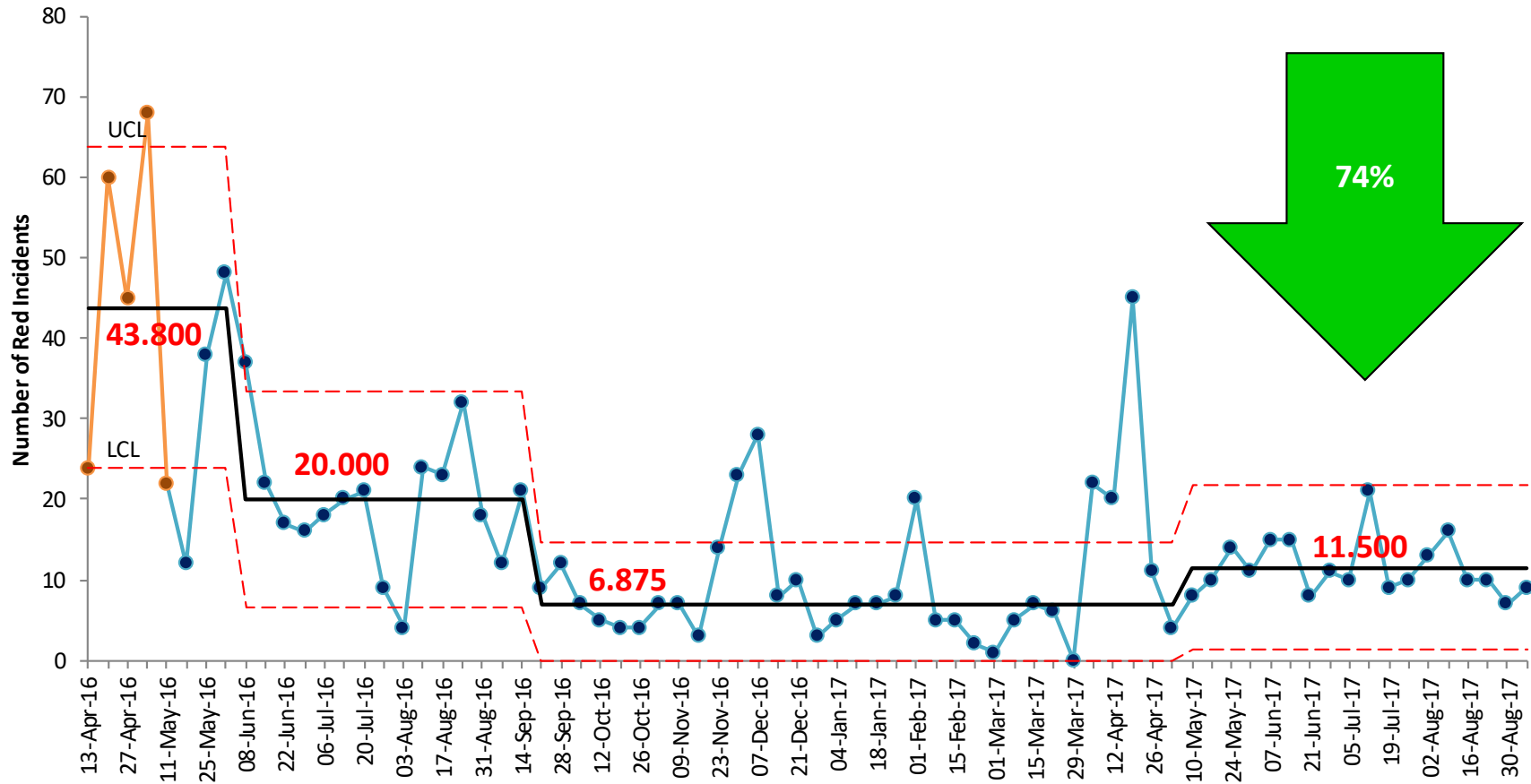
Broset Violence  
Checklist

Safety Cross

Safety Huddles

Safety discussion in  
community meetings

## Red Incidents recorded every week on the Safety Cross, (Conolly, Gardner, Joshua, Ruth Seifert and Brett) - C Chart



**NOTES:** The charts in this grey section use data from Safety Crosses, which staff are using to record incidents of violence and aggression on the wards. They include data from the acute wards only.

The first chart includes Brett Ward, whilst the second chart excludes Brett Ward. We are creating two charts because, at the beginning of this project, Brett Ward experienced very high and unusual levels of violence and aggression because of specific and known circumstances on the ward. We can therefore identify other variables affecting the reductions including Brett Ward, so it is helpful to be able to exclude these. Charts at the end of this report look at numbers of incidents reported in Datix.

Although the baseline includes fewer points than we would like for this kind of chart, we have checked this on an “every 3 day chart” with more points and see the same timing of reduction. If you have any questions about this get in touch with [Jen.Taylor-Watt@nhs.net](mailto:Jen.Taylor-Watt@nhs.net)



# BEVAN



61

mid August - Mid September  
2016 (4 weeks)

# BEVAN

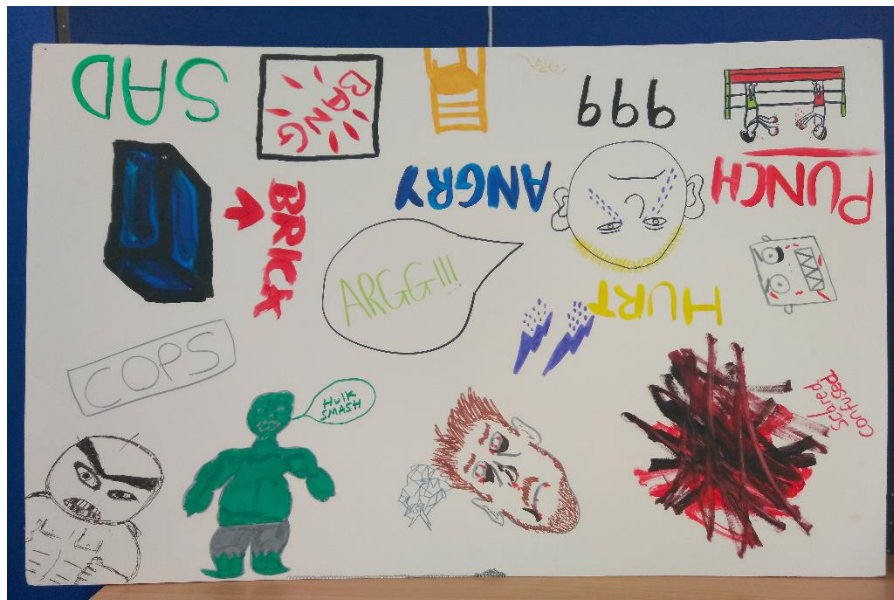


14

Mid August - Mid September  
2017 (4 weeks)

Making things  
'business as usual'

# Violence Reduction Celebratory Event



# Moving into Quality Control

City and Hackney unit-wide safety huddle



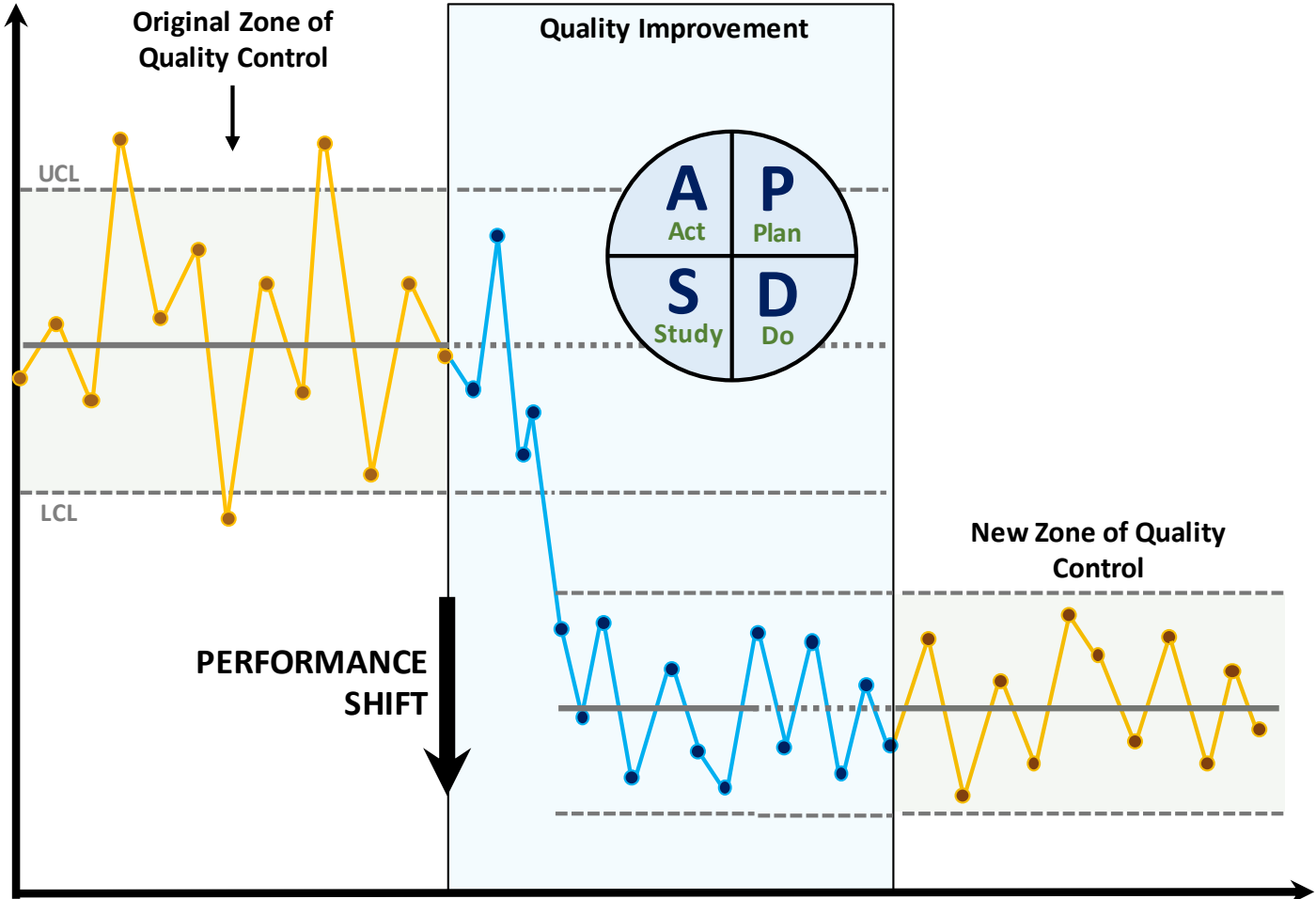
**DESIGN**

**CONTROL**

**IMPROVEMENT**

**CONTROL**

**QUALITY PLANNING**



MONTH

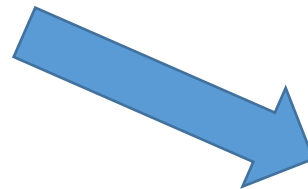
WEEK

MONTH

**LESSONS LEARNT**

# Creating a Quality Control system

Make successful change ideas business as usual



Assess



Analyse

Quality Control  
Cycle

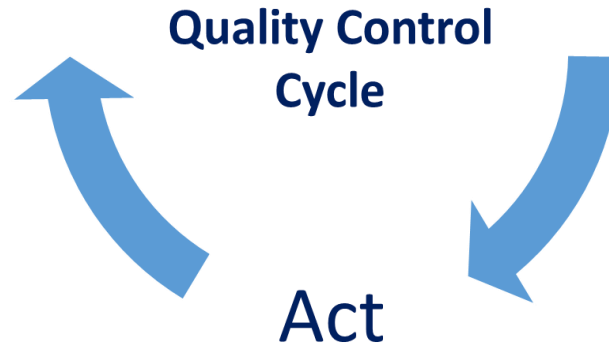
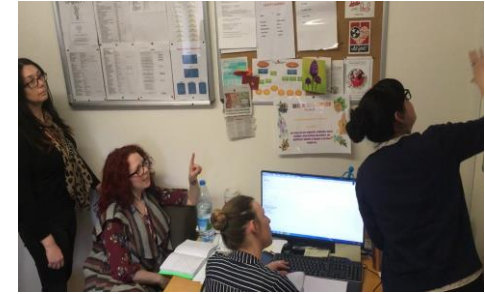
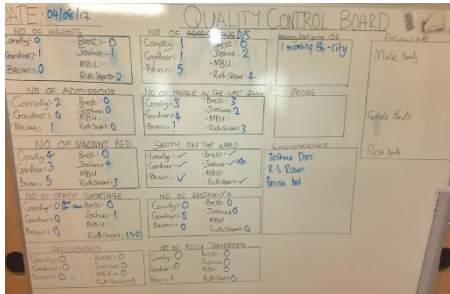


Act





# Creating a Quality Control system



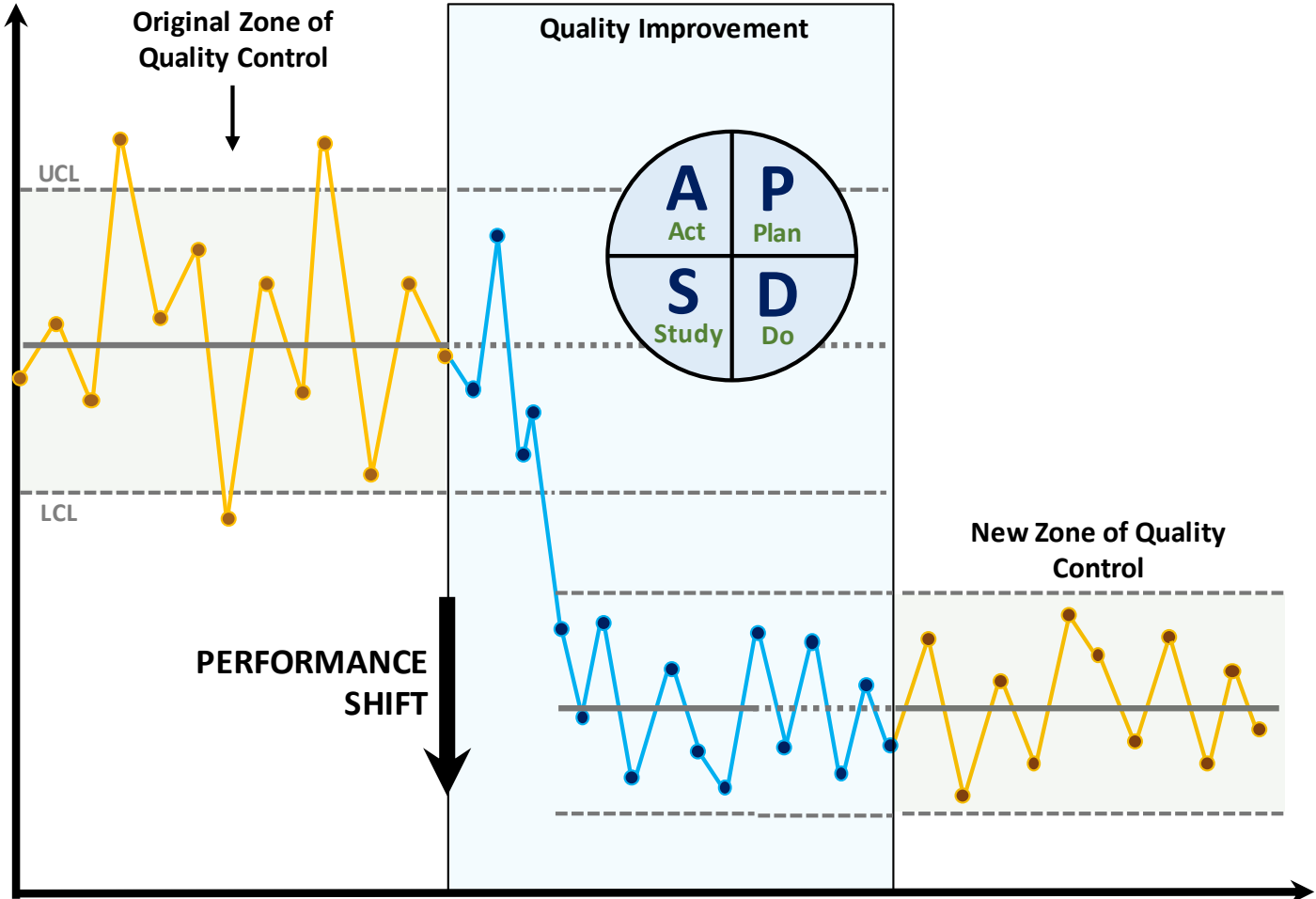
**DESIGN**

**CONTROL**

**IMPROVEMENT**

**CONTROL**

**QUALITY PLANNING**



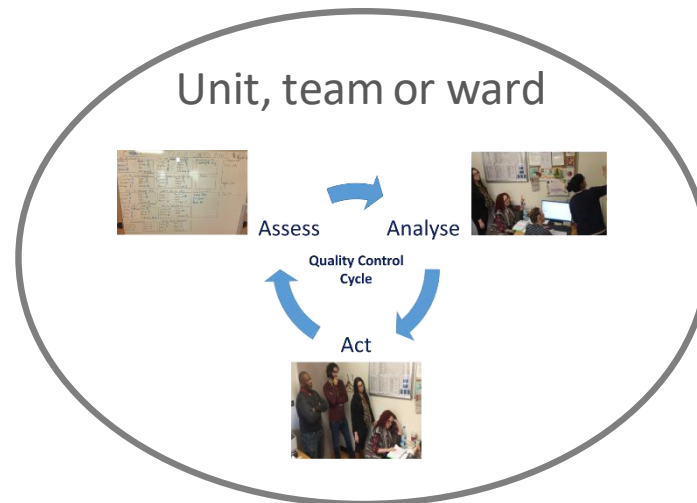
MONTH

WEEK

MONTH

**LESSONS LEARNT**

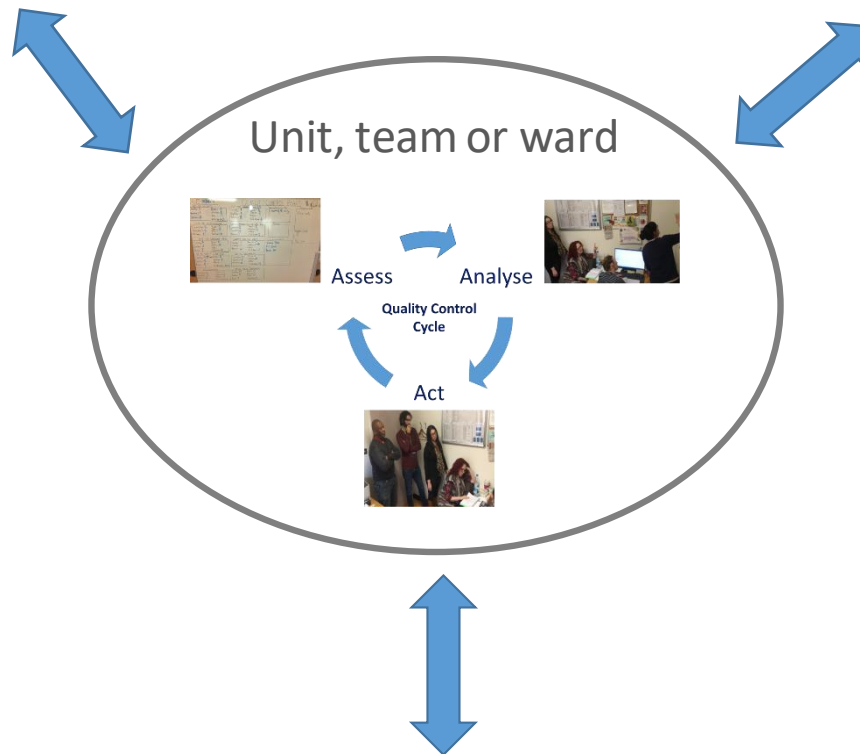
# Creating a Quality Control system



# Creating a Quality Control system

Directorate Management  
Team

Local Learning Systems e.g.  
Time to Think Groups

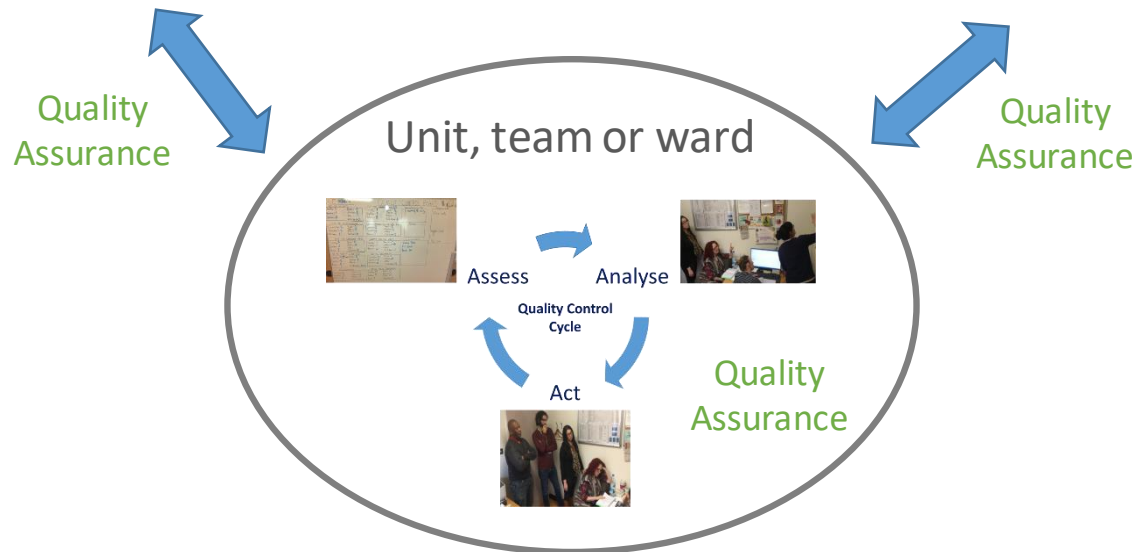


Trustwide learning system  
groups e.g. safety summits

# Creating a Quality Control system

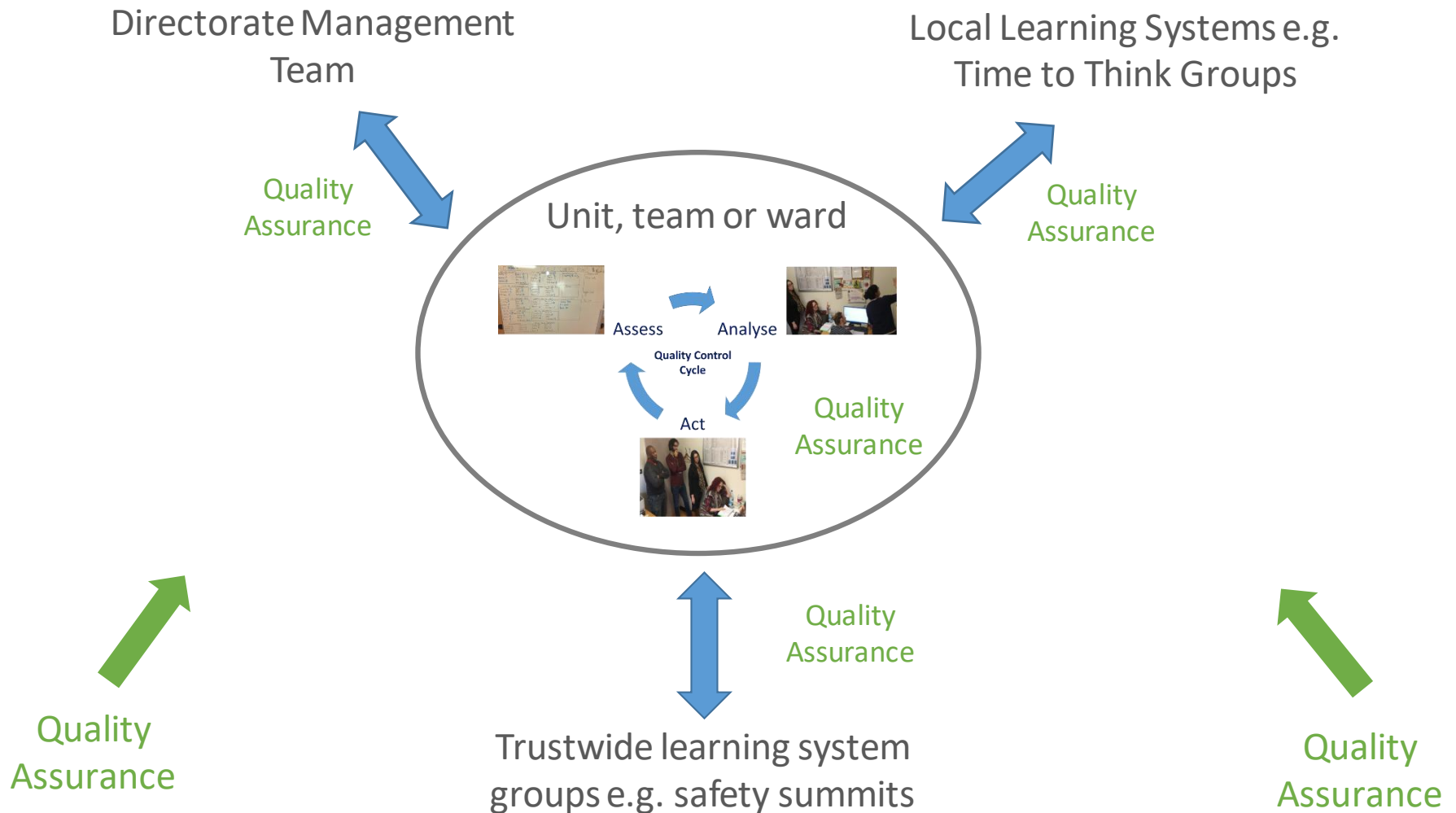
Directorate Management  
Team

Local Learning Systems e.g.  
Time to Think Groups



Trustwide learning system  
groups e.g. safety summits

# Creating a Quality Control system



# The Evolution of Quality Assurance

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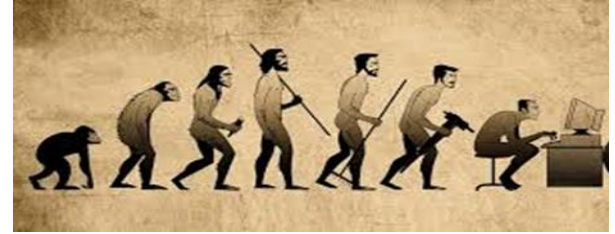
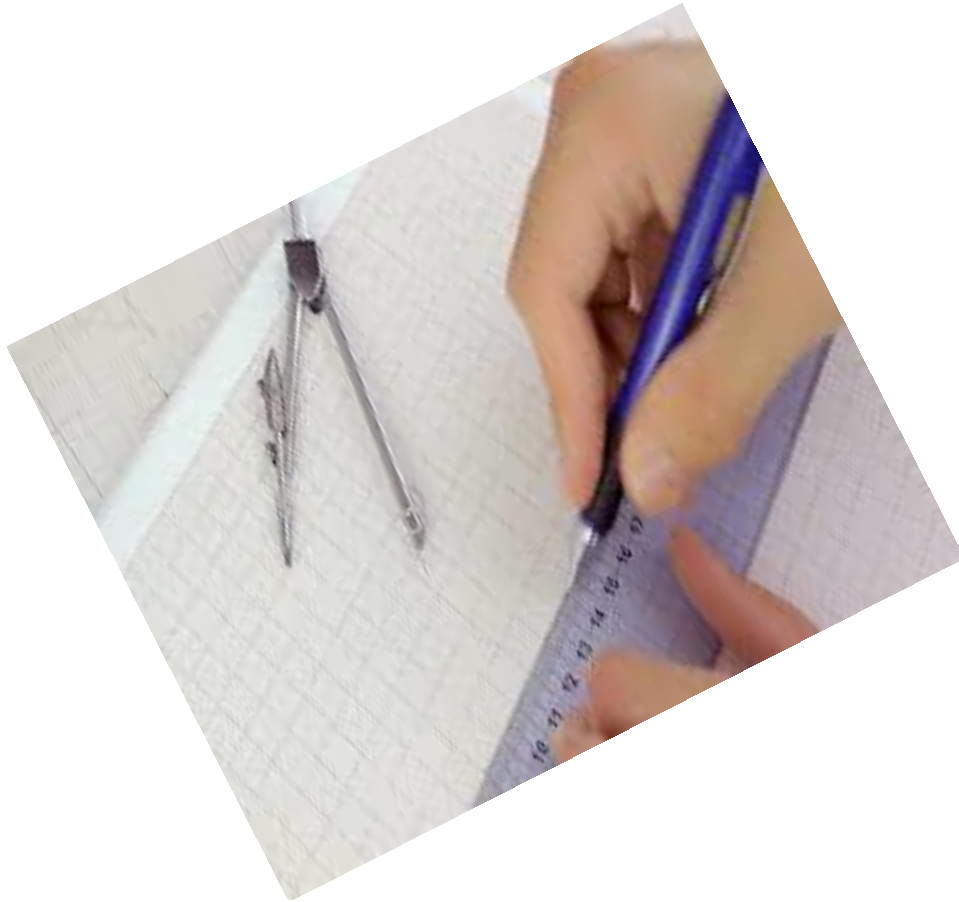
with

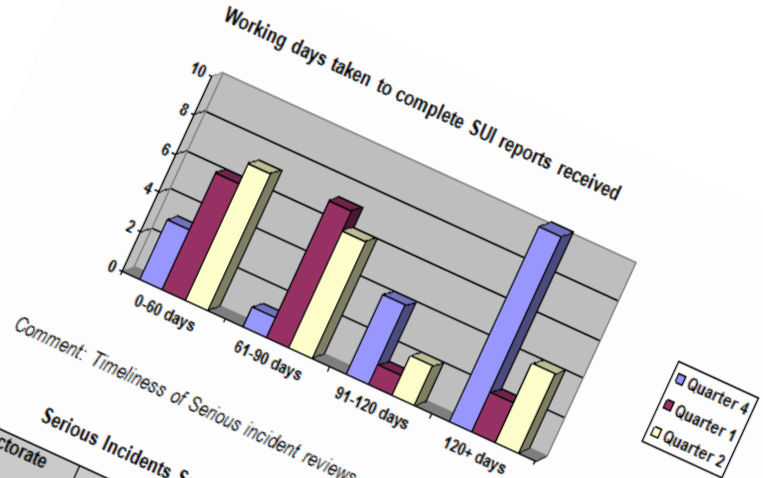
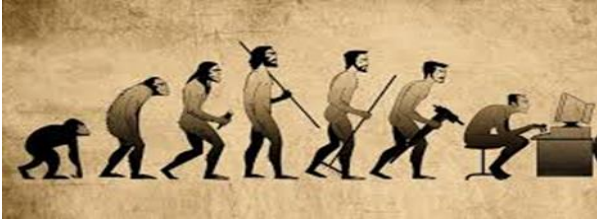
**Duncan Gilbert,**  
Head of Quality Assurance









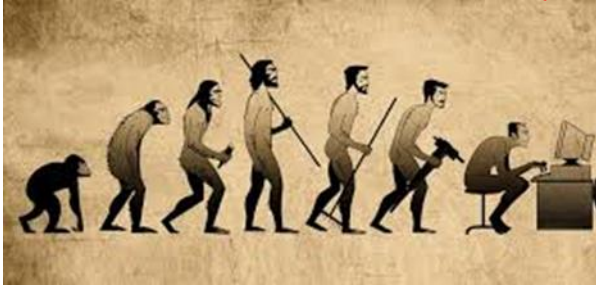


### Serious Incidents Sept 2010 to date – Action plan monitoring

Directorate	Incidents	Total actions required	Actions outstanding	Actions/overdue	Status
City & Hackney	20	71	30	22	Red
Newham	15	47	28	25	Red
Tower Hamlets	20	77	21	7	Yellow
Forensic Services	1	4	2	2	Yellow
MHCOP	4	8	1	1	Green
Specialist Services	7	27	17	12	Red
Community Health Newham	4	12	1	1	Red
<b>Total</b>	<b>71</b>	<b>246</b>	<b>100</b>	<b>70</b>	

Comment: Figures now include all serious incidents. Improved systems for monitoring implementation of actions centrally and at Directorate level are now in place.







# So What's Next?

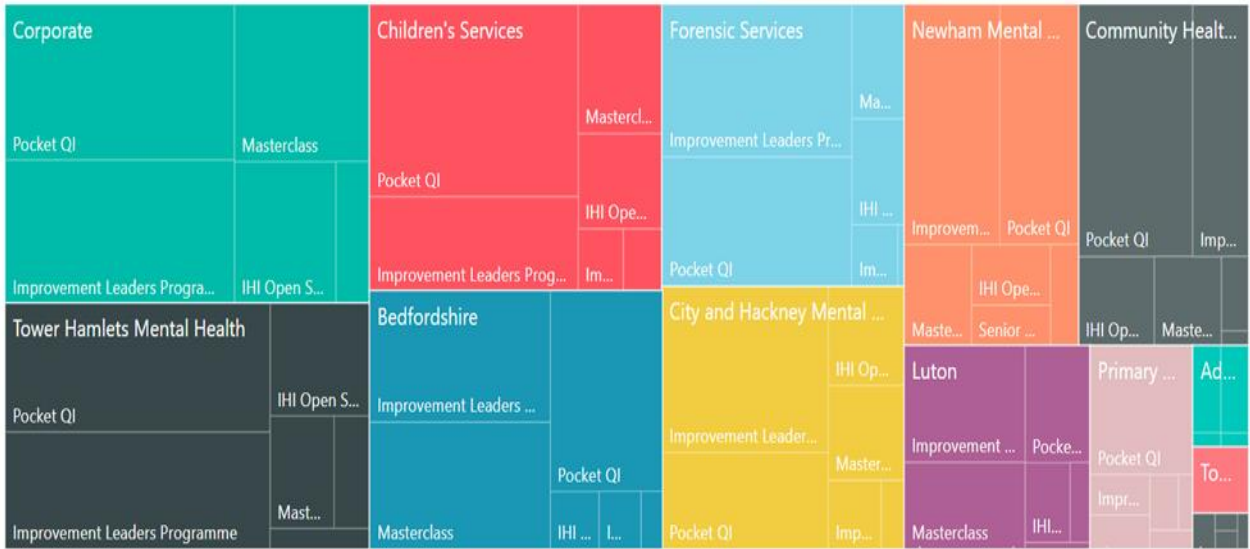
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- Strengthening and further development of a balanced quality management system
- $S + P + C = 0$
- New data visualisation advances using infographics

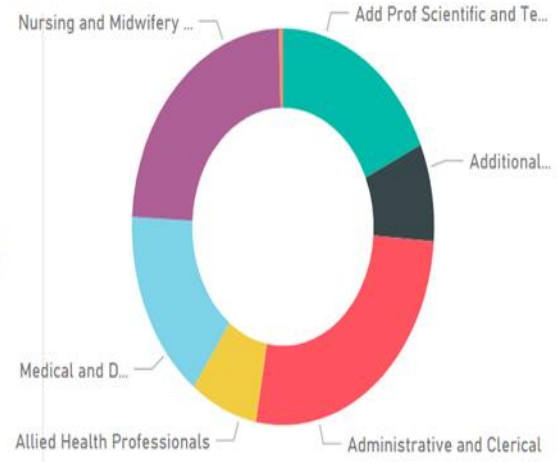
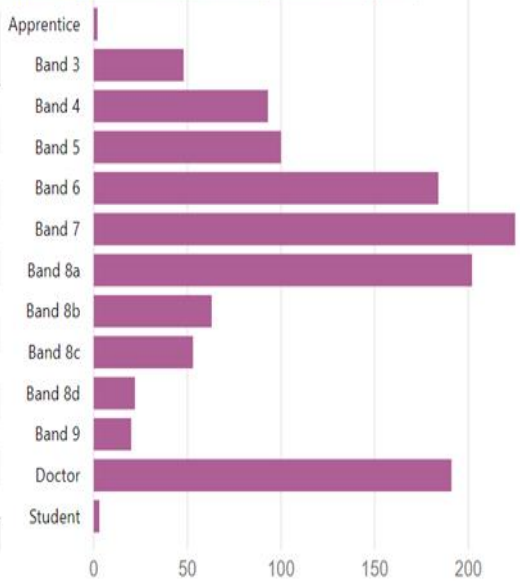


Total trained at ELFT

Student Nurses	Psychology Trainees	Intro to QI SU & Carers	IHI Open School	Pocket QI	Masterclass	Improvement Leaders Programme (ILP)	Improvement Coaches Programme (ICP)	Senior Clinical Leaders Programme (SCLP)	Total Trained
244	59	95	257	834	342	781	87	35	2734
Total number of current employees trained (based on filters applied)			168	617	252	549	70 Trained 48 Active	32	1224



Band	% IHI Open School Trained	% Pocket QI Trained	% Masterclass Trained	% ILP Trained	% Coaches (ICP) Trained	% SCLP Trained
Apprentice		1.82%	1.82%			
Band 3	0.36%	4.68%	0.48%	1.32%		
Band 4	1.31%	11.09%	2.28%	3.26%	0.49%	
Band 5	1.63%	9.26%	1.88%	2.50%	0.38%	
Band 6	1.69%	12.99%	3.80%	6.02%	0.95%	
Band 7	2.44%	16.53%	4.34%	13.01%	1.36%	
Band 8a	9.70%	17.41%	12.19%	31.34%	5.72%	
Band 8b	9.17%	15.00%	20.00%	34.17%	8.33%	2.50%
Band 8c	14.49%	26.09%	30.43%	46.38%	8.70%	7.25%
Band 8d	10.71%	3.57%	28.57%	57.14%	7.14%	10.71%
Band 9	30.00%	5.00%	15.00%	100.00%	5.00%	
Doctor	10.30%	17.09%	8.04%	27.64%	0.75%	5.28%
Student		8.33%				
<b>Total</b>	<b>3.31%</b>	<b>11.95%</b>	<b>4.71%</b>	<b>10.83%</b>	<b>1.38%</b>	<b>0.63%</b>



\*\* Click on a visualisation to filter data, click on the same visualisation again to remove the filter or click on another visualisation to change the filter.

# So What's Next?

Violence  
Reduction

Improving  
Access & Flow

Value for  
Money

Enjoying work

Reshaping  
Community  
Services



Search people, content, services & more...

- Home
- Staff, Services & News
- Clinical & Patient Care
- IT & Systems
- HR & Training
- Corporate & Governance

100



James Innes  
My account and settings

# Have you had a good day at work today?

Sign-up for your team to work on improving this



- 18/04/2018 **NEW** **Massage Sessions For Staff**
- 18/04/2018 **NEW** **ELFT is Launching its 5 Year Strategy - Join...**
- 18/04/2018 **NEW** **Affordable Exercise Sessions in Bedford**
- 16/04/2018 **NEW** **Go ELFT Marathon Runners on 22 April**

[more news >](#)

**Find a document**

**Find a person**

**Find a Service**

Staff noticeboard

My favourites

**Learning Sets**  
4 face-to-face workshops will run in some of the Trusts' boroughs.

**Projects**  
Teams will be supported to test the changes and methods in their services.

**Support**  
From local QI Sponsors, Coaches, HR Business Partners, Improvement Advisors and the Trust Board.

# Have you had a good day at work today?

Sign-up for your team to work on improving this.



Staff experience is one of the four priorities linked to our new Trust mission.

We need to look after each other so we can better look after our service users.

The 2017 annual staff survey highlighted:  
58% of staff felt unwell due to work related stress (3-year low)

**Cutoff dates for 2018 Learning System**

Expressions of interest  
**30 April**  
[CLICK HERE](#)

QI Forum/ directorate approval & commitment  
**30 May**  
[CLICK HERE](#)

Learning Sets  
**June to Nov 18**

Is your team committed to building on its strengths & improving in any of these areas?

**Aim**

- Teamwork
- Trust
- Embracing new ways of working
- Meaning

Learning Sets every 6 weeks with peers & sponsors over 6 months.

Join a QI learning system which brings together methods, resources and peers to help improve the experience of staff.

See what other teams have already been doing:  
[CLICK HERE](#)

Access to expert faculty, QI tools, leadership & team development resources, tools & methods.

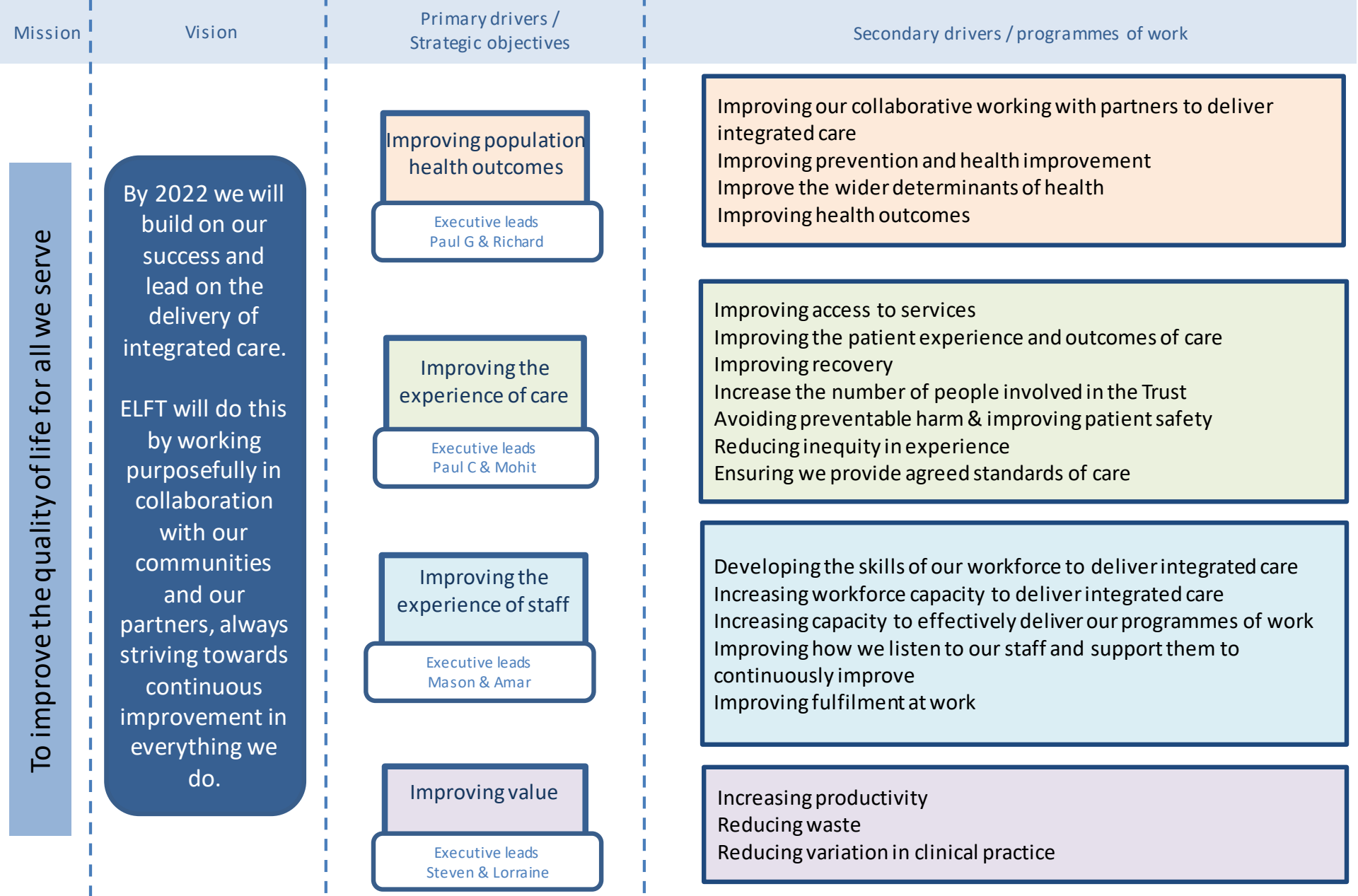
For further information:

Auzewell Chitewe  
auzewell.chitewe@nhs.net

Marco Aurelio  
m.aurelio@nhs.net



Enjoying Work  
A Trust QI Priority

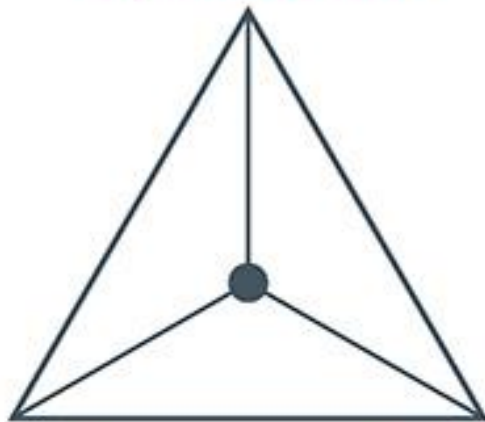


<b>Our values</b>	<i>How do we want to behave?</i>	<b>We care</b>	<b>We respect</b>	<b>We are inclusive</b>
<b>Organisational treasures</b>	<i>Our assets that we want to build on</i>	Service user and carer involvement	Committed and caring staff	Quality improvement Clinically led Inclusion and diversity Mental health and recovery focus

# The Triple Aim

## The IHI Triple Aim

Population Health



Experience of Care

Per Capita Cost

Barts Health **NHS**

NHS Trust



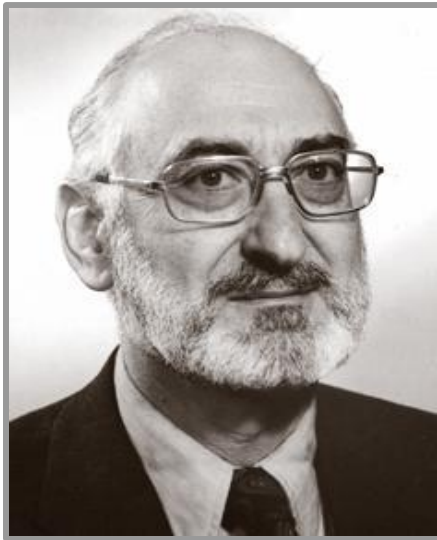
TOWER HAMLETS



**NHS**

**Tower Hamlets**  
Clinical Commissioning Group





**Dr. Avedis Donabedian**  
(1919 – 2000)

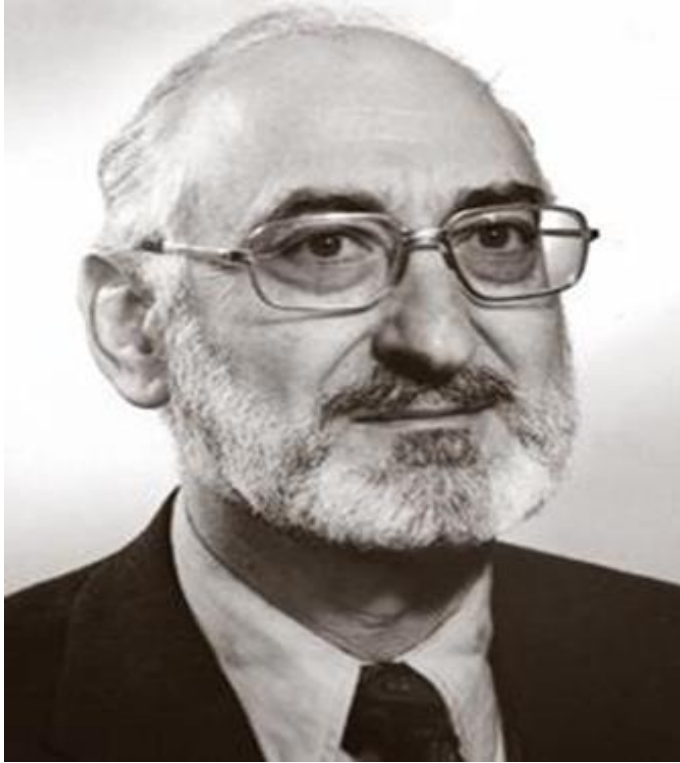
**S + P + C = O**

STRUCTURE

PROCESS

CULTURE

OUTCOMES



Ultimately, the secret of quality is ***LOVE***..... If you have love, you can then work backward to monitor and improve the system.

LOVE





WELCOME TO GLOBE WARD  
NOMINATED FOR TEAM OF THE YEAR AWARD 2018

- It gives communicable meaning to a concept
- It is clear and unambiguous
- Specifies measurement methods and equipment
- Identifies criteria

[qi.elft.nhs.uk](http://qi.elft.nhs.uk)

[elft.qi@nhs.net](mailto:elft.qi@nhs.net)

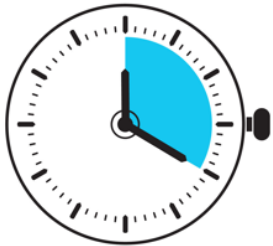
 @ELFT\_QI



# BREAK TIME



20 MINUTES



#QIconf

# Take a look at your badge...



**FIRSTNAME**

**SURNAME**

**JOB TITLE**

**ORGANISATION**

## Breakout Session 2

Take a look at which room you are in for the Session 2 World Café...

Breakout	Title	Room
Session 1	World Care A	23-24
Session 2	S+P+C=O	Plenary Hall

Afternoon Workshop:

14.00-16.00	Leadership for Improvement	23-24
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- Please leave the Exhibition Hall in sections
- Back of the room first, then middle, then front
- Use all available doors, both sides of the room
- Follow the signs for your session 2 room
- Session 2 S+P+C=O delegates to enter Plenary Hall

