IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Category 1: Leadership for Improvement

Response	Why did you choose this option?
Beginning	Assume this option equates to developing, in reality I judge us to be between developing and making progress.
Making progress	As a new organisation, leadership is being embedded into the day to day clinical activities. However, I am not clear whether there are systems to monitor and support the goals.
Significant impact	I would realistically say that the Trust is in between levels of Significant Impact and Exemplary. Whilst the Trust strives to demonstrate its improvements from an organisational perspective, does it really consult with staff at a grass root level? What happens when the Trust achieves the Exemplary status? How will it ensure that it remains at this level and still motivate staff?
Making progress	The Trust has some clear priorities for improvement and encourages and supports innovation but is only starting to think about how this could be systematised to enable the adoptability of innovation across services and to promote learning from improvement activities.
Making progress	Goals of the organisation are not clear across the board. Even where the goals are clear, the attainment of those goals seem at times to be a 'tick box exercise' Staff especially at the grass roots level need to be more involved, their views listened to, and implemented (not just listened to). A key element of this is that staff has to feel valued (and there are different ways of doing this, which can be elaborated upon if needed). Secondly, leadership should be promoted at different levels of the organisation and in an equitable fashion which should also reflect the ethnic groups as well as the professional bodies that are represented in the trust. This speaks tons of an organisation that is ready to evolve and grow. Etc. (just a snap shot and there is more on how cost savings could be done, effectively and in an efficient manner).
Just beginning	The maturity of the organisation insofar organisational objectives is maturity level 4/5 - excluding a number of teams who consistently fall far short (HR/Safeguarding). However for quality improvements this is clearly just the beginning for ELFT (& its leadership) with most improvements at the local level with competing demands not yet prioritised other than at the DMT level where these align with 'annual' or 'focus of the SDB' organisational objectives.
Beginning	East One is a hierarchy, mostly having internal conversations with themselves. i have experienced leadership as stop start, full of aspirations but less good at following up on goals.
Making progress	I believe it states where we are as an organisation
Making progress	I think the organisation has made it clear which goals it would like to pursue, and does support some local leaders in their effort to contribute to meeting these goals. However, I do think there are some local leaders who do not feel particularly well supported- so at the minute the support is maybe a little patchy. I think some of the learning from these projects is shared, but I also think there are some for which the learning is not particularly well disseminated. Again, sharing of learning seems to be a little sporadic.
Making progress	Because there has been no central coordination of improvement goals to date and improvement activities are shared at a directorate level but not systematically at an organisational level

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Making progress	we are mid-point in our journey
Making progress	because while many aspects of the organisational role are close to 'exemplary' other broad systems of control unwittingly operate to inhibit initiative and innovation.
Beginning	At the moment the support from above is a bit tokenistic. Lots of requests for reports, to attend meetings, which are actually a pain without getting much helpful assistance back!
Beginning	Wanted to select "Developing" that option not showing in the pick list. No clear defined management development programmes to address leadership functions trust wide.
Making progress	The Trust is clearly focusing on Quality Improvement and wishes to empower staff to look at processes and procedures and strip out the unnecessary elements. It is at the beginning of this programme.But the Trust is not starting from a standing position. It has always run 'Learning the Lessons' seminars for large groups of clinicians to learn from incidents, training about processes such as ward handover, MAPA training, etc.
Making progress	Trust has mechanisms to facilitate improvement which are working well eg Electronic Systems Board and Mental Health board (these are ones I am familiar with). Trust has made headway in advertising goal of Quality improvement and we are pretty much all aware of this now. The Learning Lessons initiative has been effective in highlighting learning from serious incidents amongst Consultants and we are trying now to also highlight this locally via ward away days which are now mandatory and time set aside on two monthly basis for ward teams to reflect on progress and learning.
Making progress	There are some clear directions in the trust, however I'm not sure how well they are fed down from management to staff on the floor.
Just beginning	Because leadership is very much focused on the mental health trust. I feel that CHN is an after thought and any management decisions are made without consultation and without a good understanding of services
Significant impact	I think the directorate management team and senior staff are keen to support improvement goals, but perhaps the sharing and learning can be lacking on an organisational/formal level.
Making progress	closest description to the current position as I experience it.
Beginning	Goals are unrealistic as there is inadequate support put in place to achieve those goals.
Just beginning	Self-evidently the case Roadshows are ongoing at present and many staff as yet unaware Departments and individuals being made aware of QI but has not got beyond this yet Some isolated projects published but no clear forum for sharing and learning yet Other projects already begun before official QI launched - some showcasing of some of these but no clear 'spread' coordinated as yet
Significant impact	We have a defined QI programme and have shown success across a range of markers
Beginning	i have not seen evidence coordination of improvements across the services, there are no clear systems for sharing learning

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Making progress	Hi I think there is a commitment but I think poor communication throughout the trust which means they cant learn effectively
Beginning	Whilst there are clear priorities, and appetite ,there has been no training to support a consistent approach to leadership and implementation of the programme
Making progress	There are a number of key individuals who have a vision but it doesn't seem shared.
Making progress	The desire to do this is well communicate and implemented in some areas. However, there remain significant areas of services, where (for example) capacity to undertake QI work is not adequately supported. The organisation also continues to make or support some decisions that are at odds with the QI principles. These are sometimes related to commissioner demands (eg: CQUINS - ironically)
Making progress	No comment
Making progress	No comment
Making progress	No comment
Making progress	It is evident that there are pockets of leadership development where the organisation is supporting "some" local leaders improve services. There is progress towards, but not yet engrained, systems for sharing learning from improvement activities; in particular the BMJ partnership and the QI intranet page.
Making progress	No comment
Making progress	I feel there is some good leadership within children's services
Beginning	I am aware that this process is being developed but do not feel fully informed so seems to me that there is need for the organisational development to improve and facilitate better communication
Just beginning	So many reorganisations and consultations, and seems to be insufficient concern for the well-being of staff under pressure, or responding sensitively to the concerns .
Significant impact	Systems are in place via the intranet keeping all personnel up-to-date with the organisation matters.
Beginning	Things are now starting to develop and make sense
Beginning	I feel that we are bit yet achieving the making progress items systems not yet established to share teams are not yet fully supported and trained
Exemplary	There is a strong leadership which work across the Trust with clear improvement strategies, goals, expectations, priorities and accountability.
Beginning	I don't feel much grassroots thought goes into change within the organisation. Change is not based on a real world basis. Communication and planning can be very poor and stall and hamper positive changes also affecting staff morale. Things feel reactionary, rather than preemptive.
Just beginning	I think the Council of Governors really hasn't got much insight into the work of the QI programme, nor into what it might mean for the CoG to undertake their own improvement project.
Exemplary	The Organisation is doing the best they can to integrate the system of work for the benefit of all the people who need the service.

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Beginning	clear strategy been communicated tentative moves forward based on limited knowledge of methodology
Beginning	I feel much more could be done to identify learning form teams and translate and share across teams and with higher management partnership. Higher management appears as quite distance, and needs to be on the ground at clinical team level more.
Significant impact	The leadership has been engaging with the service at the ground level and listening to the ideas, concerns and suggestions from the staff delivering the service
Making progress	There has been investment in Leadership. Nursing Development Steering Group is a good forum for sharing information.
Exemplary	clear focus on patient experience - to learn from feedback etc. monthly meetings to ensure all staff are up to date on service issues/ areas for improvement / share lessons learned etc. clear individual job plans with appraisals - all staff clear on what is expected
Making progress	I thought about this carefully and decided that we probably thought we were doing better - say significant progress - but that the QI process is really establishing a better baseline. The real difference for me is that our ambition is about total engagement which is significantly broader than we have been achieving.
Beginning	No comment
Making progress	In MHCOP in Tower Hamlets we have started to use the QI principles and systems to implement changes in care delivery. There has been a lot of support from the QI team to do this. I think it is early days with positive signs of progress.
Making progress	as i am currently on process of understanding these
Beginning	The organisation has clearly stated its commitment to QI in a range of forums and all teams are encouraged to identify projects. However, it has not yet become an engrained within the system while support and sharing seems ad hoc rather than formalised processes.
Making progress	as I feel i am progressing to the next stage of leadership
Just beginning	i have just started my career
Making progress	i feel that i have some leadership skills but need to work on improving my leadership skills by gaining confidence and delegating more tasks
Significant impact	Discussions in MDT meetings, management meetings, nurses Forum, staff meetings and handovers.
Making progress	Leadership does priortise some organisation level improvement goals and has improved in the sharing of it's learning. However I feel disconnected from the leaders of the organisation and therefore do not feel frontline staff input into setting priortise. I think leaders could benefit from spending real time with frontline staff not just walking round or sitting in meeting rooms with them.
Beginning	we have collated different projects and noted areas to be targeted for improvements as well as publicizing to staff on the shop floor
Making progress	The Trust has recently embarked on the quality improvement initiative and the directorate is driving it and encouraging managers at all levels to identify areas for quality improvement projects within their areas.
Beginning	As I am still relatively new to the job

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Category 2: Results

Response	Why did you choose this option?
Just beginning	This seems to me where we are, it is too early to be able to demonstrate sustained improvements from the work underway.
Just beginning	No comment
Developing	No comment
Developing	I think the Trust is just beginning to embrace and adopt improvement methodologies which enable this goal.
Making progress	At times managing current resources efficiently and effectively can be more efficacious than being seen to be conquering the whole world with little or no substance. It turns to chaos within even though the might of the empire may seem scary! Again more light on how to scale this down and become more profitable, can be thrown if needed.
Developing	Some teams have developed, implemented & delivered sustained improvement all be it at the local systems level. ELFT desperately need an improvement 'assurance' activity/function as I've seen far too many suggested 'improvements' which really are nothing more than cyclic/environmental variation demand 'improvement' & never sustained. Engagement in the QI programme will rapidly fall/diminish if staff don't believe in the results/praise/accreditation/award. Maybe project sign-off in results/benefits delivered is part of the full training certification process? (if not already?, i.e. the practitioner has to deliver 2 projects over a minimum value to be properly certified IHI qualified?).
Developing	lack of measurements that are valid and reliable, and constant moving of the goalposts. the two weakest departments in ELFT are HR and the Training Dept. without these working efficiently, there is a race to the bottom for new staff in terms of doing the least to get by.
Significant impact	No comment
Making progress	There have been clear organisation-wide improvements in certain areas, and these improvements have often become embedded parts of the culture. There are still some areas in which improvement has not been sustained.
Significant impact	The quality data an performance data shared at SDB level reflect this descriptor
Making progress	it is a mixed picture
Making progress	fair representation of what we have achieved and what we have yet to achieve
Developing	The Trust definitely has improved the quality of inpatient care learning from the SIs in Hackney and THs in 2009/10. The actual Improvement Projects themselves developed in the last 18 months have not achieved much with one or two honourable exceptions.
Developing	No comment
Developing	Some areas have demonstrable measures. Others are more abstract
Making progress	Eg is the LIPS initiative re reducing violence on in-patient wards. I was involved in this project but it has provide difficult to sustain in Newham albeit more successful in TH. However, I would say that the introduction of RIO use has improved the quality of documentation, communication and performance of staff in a sustained way as staff could no longer hide behind poor writing and instantly became more visible to wide variety of other disciplines. I think this has been a significant nudge towards improving patient care as now with little effort our work is visible to many.

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Category 2: Results

Developing	Not sure how well the trust deals with sustainability and transferring feedback into practice.
Just beginning	the methods used for measuring improvement in our service are do not measure the improvement within the team or to service users. A example would be measuring non face to face contacts - It is not clear as to what counts as non face to face contact and this is different across all teams which should be the same. Also putting every non face to face contact on RIO has a massive impact on therapy time and the number of children being seen So increased number of face to face contacts recorded on RIO would show an improvement when all it actually means is more time on the computer and less time seeing patients!
Making progress	I was forced to choose an option, but I'm not sure I can comment on improvement across all departments and areas. - I went for the middle of the road because not answering wasn't an option. I think some things that we have to measure aren't necessarily always linked to improvements of services, for example some CQUIN targets.
Developing	No comment
Developing	No comment
Just beginning	Same as above Some initiatives look very promising in terms of level of engagement and/or initial changes in outcomes All too early to comment on sustainability yet though
Making progress	We could do better
Developing	only some services can demonstrate sustained improvements over time
Making progress	No comment
Just beginning	Because we are just beginning
Just beginning	Staff and teams still unsure of Qi process
Developing	Our performance indicators are unreliable in my experience and often require large amounts of time to investigate and correct. In my view this is not a problem of the reporting team, but a largely related to the inadequate recording systems in our current electronic record.
Developing	No comment
Making progress	No comment
Making progress	No comment
Developing	Some priorities seem to be mutually exclusive and tend to lose momentum once the focus moves to other projects/priorities. It's not unusual either for new priorities to destabilize and undermine achievements of recent initiatives.
Making progress	No comment
Making progress	No comment
Significant impact	From the area that i work in this seems to be the case. services are functioning well and the care I see delivered is of a good quality and is sustained
Developing	The changes measured may not be improvements in systems or service for clients.
Significant impact	Because through meetings the results are given where improvement is clearly noted. There are also notice boards on wards and results are feedback to the teams within their team meetings held on a weekly, monthly and quarterly basis where necessary.
Just beginning	Not hearing much of what has been done

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Category 2: Results

Developing	I feel we are still learning how to do this and what it means to measure and be able to so improvement over time Need support from QI team to understand and move forward
Significant impact	Results of improvement are achieved by 80% of services
Developing	Hard to quantify improvement without relying on pure numbers, often which don't reflect a wide variety of issues.
Just beginning	Just beginning was the lowest I could pick but I think we're not even at that stage.
Significant impact	the impact of the progress is good
Developing	limited trust wide discussion forums
Developing	The focus has been on audits and over a considerable time that showed improvement.
Making progress	Evident in some services but not across all areas.
Significant impact	No comment
Significant impact	Again, I think we do some things really well but that sustainability across the whole agenda is beyond us at present. I think we are nearer significant impact than making progress but it's a bit flattering.
Developing	No comment
Just beginning	I do not think that there has been enough time with regards to the implementation of QI for MHCOP services to be able to demonstrate sustained improvement.
Significant impact	felt it suites me best
Making progress	The organisation is good at thinking about improvements and redesigns that cross a range of services and the improvements can be sustained. Eg improvement of community dementia care has resulted in reduced need for beds. & Clinician involvement in developing electronic patient records.
Making progress	No comment
Developing	need to develop further
Making progress	the organisation is making some progress but there are some areas that need to be improved on further.
Significant impact	No comment
Developing	I'm sure that the trust does measure improvements but I do not feel that this is really feedback.
Developing	need to systematically appraise the projects
Making progress	In the past improvement projects were encouraged and the results would be disseminated to other departments to encourage standardisation but improvement initiative seemed to be hit and miss in terms of its sustainability but the current drive by the Trust is encouraging systems being set up to ensure that the whole system improvements are measurable and sustained
Developing	I am still learning many aspects of the job

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Category 3: Resources

Response	Why did you choose this option?
Developing	Bit of a guess, but this seems to be where we are.
Just beginning	No comment
Developing	I think the Trust can fit into all the levels as it does really well in some areas and fundamentally fail in others. There is no consistency across the board. There is lack of clear communication of the resources we have and staff grapple when they shouldn't. True case of left hand not communicating with the right.
Making progress	I think this is just being established within the Trust.
Making progress	It is not every project that must be carried through. And projects could be done based on the impact they would have to the service, not on who brings up/designs the project. In this case, projects need to be screened properly before they go through the project board. This prevents some of the bottomless pit projects that do not seem to be cost effective, and yet because they have already been commenced, are difficult to abandon.
Just beginning	ELFT have a lot of interest & capable staff to deliver improvement activity, however with 2 existing fundamental barriers to engagement being (1) time, most staff are so busy (& consistently working extra hours - see NHS survey or ask DMTs), & the day job has to come first or there is a patient/performance/financial impact; & (2) 'Corporate blindness', local teams are usually able to improve local team issues as they have the capacity/capability to adjust local resources & activities. However many improvements are constrained & fatally stalled due to (i) absolute corporate adherence (or delay in discussion on changes) to inflexible gold-standard trust wide policies (rather than taking a common-sense risk based approach), (ii) lack of engagement by corporate teams (as they are too busy satisfying external stakeholders at the expense of providing internal support/efficiency improvements/leadership), & (iii) corporate systems (IT/Informatics/ESR) working against efficient workflow with minimal desire for (rapid?) system change/improvements that fully support local staff.
Significant impact	Impressed by colleagues in the business unit, many in middle management and information support (Steve Pilkington)
Significant impact	No comment
Developing	It feels as though the availability of resources is definitely improving, but I suspect there are still a few services which feel like they do not have the resources that they need.
Developing	The co-ordination of activities is only now being put in place through the QI initiative
Developing	we need to do more to help our teams
Significant impact	Potential for greater longer term planning
Making progress	Resources are not a great issue but I can't see much evidence so far of a coordinated organisational, as opposed to local, approach
Making progress	Only tend to be focused on areas of concern then probably retracted thereafter when action plan "achieved".
Developing	Some areas are well managed and have investment. Others have been neglected somewhat or not had skilled empowering managers. The majority of our services are community rather than hospital based. This questionnaire seems skewed towards hospital services if you don't mind me saying!
Significant impact	Trust is investing heavily in training staff and prioritising quality improvement.

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Category 3: Resources

Making progress	Resources are available however I'm not sure how widely available they are to all staff
Developing	Resources seem to be available for mental health but few and far between in CHN. There sis lack of understanding on what is needed to improve services and therefore appropriate resources or time are not being made available
Making progress	The Trust clearly has resources to invest in the QI Team and the QI programme, however the overall message is 'do more with less' which implies that resources are limited to spend on actually improving services.
Making progress	No comment
Just beginning	Resources available in specific areas but not admin.
Just beginning	As above A number of QI licenses have been procured which is very encouraging but most of these have not yet been allocated A novel local engagement programme is in place and several promising project ideas generated. Some projects have already started but for the main part these have been supported through local services. This is no bad thing but it remains to be seen how larger scale projects or simply a greater number of small projects will be supported though it is hoped the BMJ licenses and expert advice from the QI team will provide this.
Developing	We need more resources
Making progress	resources seem to be generally available, although I am not sure about coordination.
Developing	No comment
Just beginning	Recruitment to key support roles is in progress
Just beginning	Need to use existing resources a lot smarter
Developing	Trust-wide there is significant work, but where it is most needed it tends to be lacking or poorly implemented. This is often a capacity issue.
Developing	No comment
Developing	No comment
Making progress	No comment
Making progress	It's positive to see that the organisation is making progress in this area through the Quality Improvement programme.
Significant impact	No comment
Making progress	No comment
Making progress	My experience and my understanding of services i work with is that resources are there but most services seems to be under resourced in term of staffing and in need of improvement in this area
Just beginning	My workplace is not a hospital.
Significant impact	Because there is good contact with other teams for resources needed for support when improvements across the organisation are being implemented.
Just beginning	Just starting to seeing training places available.
Developing	No comment
Significant impact	Resources are not equally available across the organisation
Developing	Issues of Resources that are too difficult to address are left alone to focus on smaller easier targets. Sometimes missing opportunities for real improvement.
Just beginning	We may have resources?? I am not sure. We certainly don't have a way to speak to other governors in between Council meetings to discuss anything or keep things on track.

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Category 3: Resources

Exemplary	resources are available and well coordinated in the organisation
Developing	there is an identified team, but resources for widespread support are not yet in place
Making progress	No comment
Significant impact	There has been a lot invested in the organisation and various services
Just beginning	Community based
Exemplary	focus on efficiency - utilising resources and technology to improve efficiency (eg, Dragon, Skype) good use of accessible community resources - venues (clinics, libraries, churches etc)
Making progress	Again part of embracing the new approach is to recognise what we are not and that we can improve. So we have made essential first investments and appointments and begun an engagement process but the co-ordination is in its early stages.
Just beginning	No comment
Developing	I cannot talk about the rest of the organisation but for MHCOP services there have not been any issues with regards to resources for improvement projects. We are just at the beginning of QI development so it is difficult to comment on future resource requirements and availability.
Just beginning	not much available
Making progress	The Trust do provide good help and support with QI, in particular using new technology to good effect. This is continually being encouraged and new technology is piloted then rolled out (Eg Dragon). We used digipens to good effect and the Trust helped with developing and monitoring the system and were there to help when issues arose.
Developing	limited to what we have available
Just beginning	not sure
Developing	needs further development in resources around supporting staff and improving team work. needs better communication across the organisation
Significant impact	Level of staff vacancies very low, Interviews to recruit ongoing.
Making progress	I have found this varies i.e. the ward I am currently working on seems to have resources to support improvement. However on a previous ward it was far more difficult to access resources to support improvement.
Developing	need to coordinate the resources and target quick wins in projects that are sustainable
Significant impact	With the recent push the Trust has ensured that resources are available to support quality initiative projects through training, mentoring, coaching and also by creating a quality improvement team. Extra resources have also been availed to staff on request to support the initiative
Making progress	Resources are generally available but when they are not necessary adjustments are made

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Category 4: Work Force and Human Resources

Response	Why did you choose this option?
Just beginning	I don't really know the answer to this.
Just beginning	No comment
Developing	No comment
Just beginning	I don't think this is systematic and universal as of yet.
Making progress	The organisation could do more in making sure that the right people are employed in the right jobs and above all be able to retain its best workers who are like it's 'cash cows' as they have been either trained in the trust or have gained valuable experience needed to take the organisation to the next level. More can be offered/elaborated here if necessary. And if those institutional ills are gotten rid of, the trust would straight away become an exemplary one
Just beginning	Generally local improvements initiated (although locally led in a few DMTs), although with competing demands, resource constraints & difficult engagement with corporate services in implementing efficiency improvements.
Just beginning	QI is all talk, no trousers.
Making progress	No comment
Developing	I think this is another developing area of work in the Trust. I would say that the majority of services undertake improvement work of some kind, but that they are not always linked in with the wider Trust in a coordinated way. However, it feels as though improvements are becoming more coordinated.
Just beginning	I am not aware of the named person responsible for improvement work in my service so this implies that others must be in a similar position
Just beginning	i am not aware at a team level of responsibilities
Significant impact	much achieved but more to do. my response influenced by v good local practise.
Developing	The reporting and ownership is a bit ad hoc at this stage.
Making progress	This expectation will be imbedded in most managers JD's, however is in amongst a range of list of responsibilities and is left to the post holder to determine its ranking of importance with other remits. Perhaps this element needs to be a standing item in appraisal across the trust assuming the current appraisal process is overhauled to link to trust priorities.
Developing	Not a cohesive approach. Pockets of goodness but often local impact.
Developing	I am involved in improvement work but I do not report directly to senior leader. Also my experience of a lot of the community QI initiatives is that they are rather disorganized and not properly supported. There is pressure on OTLs to say something sensible at HCG meetings but no systematic collection of data that can be fed back to team in supportive way. Most of the time the CMHTs appear to be just dealing with crisis and high workloads albeit some of the time doing really great work for individual patients.
Making progress	There are people leading projects and departments however not sure how effectively this chain of command works or how accessible people feel to those allocated.
Developing	No comment
Significant impact	I think the description of this option best describes my perception of leadership roles and responsibilities.
Developing	No comment

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Category 4: Work Force and Human Resources

Just beginning	No comment
Just beginning	As above Anyone and everyone is being encouraged to get involved which is to the organisation's credit. Local supports seem to be forming. Some key central roles have only recently been appointed to. The direction of travel is positive - simply at an early stage.
Making progress	We have a clear QI accountability structure
Just beginning	I am not aware of identified people responsible for improvement work
Developing	No comment
Just beginning	The current projects do not represent the breadth of services across different sites and services.
Just beginning	Not seen much evidence of this.
Developing	There are individuals in the organisation with these roles, but it is not yet integrated into all roles/work plans.
Making progress	No comment
Developing	No comment
Making progress	No comment
Just beginning	Unaware of the current arrangement within different departments.
Making progress	No comment
Significant impact	I feel we have good HR support within CHN
Developing	I do not feel I know much about this across the organisation
Just beginning	I am not aware of a person/persons appointed.
Significant impact	Because all contacts are found within the in house email system or via mobile phones. Leads for improvements have seniority to facilitate changes.
Developing	Things starting to get in place
Just beginning	No comment
Exemplary	All work force understand the need of improvement across the organisation
Just beginning	I haven't heard of anyone being identified as a person responsible for improvement work, so i question how wide spread it is.
Just beginning	We have two Governors involved with the QI project plus perhaps two who have shown interest.
Exemplary	the organisation set the clear type of leadership and improved the quality of service provided
Just beginning	there is no identified lead for different services
Making progress	No comment
Significant impact	There is a defined hierarchy, leadership and accountability for each service
Just beginning	Not aware of anything above this stage
Making progress	good use of senior colleagues for improvement work, however, it is recognised that there is little available time (huge service demand) for most staff to contribute meaningfully to improvement work
Making progress	Really hard to say - improvement leadership roles are in place, but the remaining indicators are not met - but don't think we have quite cracked significant yet.
Just beginning	No comment
Making progress	I am aware of the Trusts QI assurance systems and groups which appears robust. It is early days.

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Category 4: Work Force and Human Resources

Developing	trying to understand theses
Developing	No clear chain of command for QI but it feels that momentum is moving towards this very soon.
Developing	only info on internet
Just beginning	getting to know
Making progress	I am working within my job description and am working to the best of my abilities. i am striving to improve my work and am going on relevant training.
Significant impact	Modern matron, Lead Nurse and the Director of service are all accessible to staff.
Significant impact	From a personal perspective I have felt supported to develop and in that since I feel I have been rewarded by the organisation. However I do not feel financially rewarded for my increased skills and responsibility.
Developing	still establishing how to support and leaders to be involved in the training for
Significant impact	There is a current drive to ensure that the entire organisation is focusing on quality improvement projects. Local leads have been encouraged to lead in this area and instill this agenda within their services and all departments have access to support in this area
Making progress	No comment

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Category 5: Data Infrastructure and Management

Response	Why did you choose this option?
Making progress	I think this is an area where we are moving forward
Just beginning	No comment
Making progress	No comment
Developing	I think work is now underway to try and fully meet this objective via the QI Programme.
Making progress	Choosing the right infrastructure in the first place is vital in attaining the organisational goals. At present, are the Data infrastructures the best for the organisation?????
Developing	E1 Informatics have historically concerned themselves with data, at the expense of not providing 'information' (to inform & drive behaviour). It is good to see the seeds of transition to 'analysis' although this is piecemeal & based on individual colleague competence & availability. The journey is usually reporting>>analysis>>forecasting/modelling, however most of the team/trust are still on 'reporting/reading' data, enormously stifled by the technology (reporting services) they are currently having to work with.
Developing	starting to produce intelligible data
Exemplary	No comment
Developing	Good examples of data use do occur, but currently not in a particularly coordinated way.
Making progress	We collect a lot of data that is not widely shared or easily accessible. The recent development of including an icon on the desk top to improve this interface with staff is a good beginning. data is not yet routinely and systematically managed at team level
Making progress	getting there
Developing	systems do not always work well and do not speak to each other. heavy dependence of manual collection - often by clinical staff. Information requirements from commissioners and turnaround times increased markedly meanwhile. Would benefit from more capacity to generate information that would be useful for future business development long wait for announcement of replacement for RiO is inhibiting progress in adding clinical components to system. I think this is a major area for improvement
Making progress	No comment
Developing	No comment
Making progress	I think there is suddenly a lot of data available but staff are busy with the day-to-day stuff and these new systems need time to get to know them.
Just beginning	I think we have very rudimentary data and no way of feeding this back in real time to staff. It would be great to give positive feedback as well but we lack resources to collect this reliably as clearly our frontline staff are focused on delivering care so getting the Friends and family data though often very favourable takes second place to ensuring patient has had correct referrals made, medications sorted etc.

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Category 5: Data Infrastructure and Management

Making progress	There is still much work to be done in this area
Just beginning	the methods used for measuring improvement in our service are do not measure the improvement within the team or to service users. A example would be measuring non face to face contacts - It is not clear as to what counts as non face to face contact and this is different across all teams which should be the same. Also putting every non face to face contact on RIO has a massive impact on therapy time and the number of children being seen So increased number of face to face contacts recorded on RIO would show an improvement when all it actually means is more time on the computer and less time seeing patients! Senior management need to have a clear understanding of service before identifying an appropriate way to measure performance. All of the restrictions placed on teams now regarding measuring performance has resulted in demotivated work force and limited time spent with patients
Significant impact	I expect that the organisation shares information with key partners and stakeholders. A lot of data is used under the guise of measuring performance, but I'm not convinced that performance can always be usefully measured by the data that is gathered, or perhaps by any data. For example, a report is compiled quarterly on compliance with a CQUIN target, which involves a service user completing a tool. The CQUIN target is only met if the service user completes all sections of the tool. No merit or recognition is given to the staff time spent and engagement with the service user in completing the tool unless it's done to the CQUIN satisfaction, which does not necessarily correspond to clinical usefulness and engagement.
Developing	No comment
Just beginning	Data is now being collected but not meaningfully analysed or reviewed.
Just beginning	As above This has been demonstrated for a handful of projects so far The process and priorities of audit are being reviewed and this should enable the processes for supporting to QI to be developed and used with a QI focus. So again very early days but a start has been made.
Just beginning	Data support is rudimentary
Developing	there is some data to measure performance but not across the system as a whole.
Developing	No comment
Developing	It reflects my perception of the current position
Developing	Structure and support are in place mostly but people are unaware.
Developing	I have seen some good initial work, demonstrating what is possible. However, see comment above re performance measures
Making progress	No comment
Making progress	No comment
Significant impact	No comment
Developing	Some department are starting to improve or establish data systems to aide improvement work. The informatics department seem very capable of doing this if given sufficient specification. Some clinical leaders have very clear ideas about where improvement is needed and how data has a significant role in supporting improvement.
Significant impact	No comment

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Category 5: Data Infrastructure and Management

Significant impact	Very good system
Developing	I understand that RIO helps with this but do not have a clear understanding o how. I also understood that Rio is due to be upgraded so improvements can be made in this area
Just beginning	Masses of Data. Not always feel it is reliable. Is not always presented to encourage what has been achieved, rather to identify where staff have fallen short.
Exemplary	Because the organisation shows on a monthly basis documented quality improvement in different areas within the hospital . There are also meetings held monthly to discuss improvements and feedback information and improvements where necessary.
Just beginning	No comment
Just beginning	No comment
Significant impact	Data are used for performance measures
Developing	I feel much of the data infrastructure and management to be repeated several times and not clearly focused, so somewhat cumbersome and time consuming.
Just beginning	There is no ability for Governors to communicate information amongst each other that is independent of the Membership Office.
Exemplary	the used of the high technology systems works and improving for better future service for the people
Developing	the importance of using data is being discussed systems are developing
Developing	No comment
Just beginning	There is a lot of data collected from services such datix, audits, report but this does not make its way back to the front line in analysed formats to share learning with front line staff.
Making progress	I understand that data sets influence practice.
Significant impact	monthly performance report for individual staff and for the service as a whole monthly feedback of service performance
Making progress	We do not deliver the second requirement of significant impact and it has taken considerable effort and time to make progress.
Just beginning	No comment
Developing	I am not fully convinced that the few projects we have started with can always be supported by the data the Trust collects. Datix reports can reduce by improving the quality of practice but can increase by educating staff about reporting responsibilities. Assurance around best practice is very important.
Developing	No comment
Developing	Working across two trusts it is not clear that data is as yet effectively monitored and used. RIO is a poor system for QI work as the quality of data is not strong enough to support improvements in quality, just performance.
Just beginning	need more developing
Just beginning	just understanding

Category 5: Data Infrastructure and Management

Developing	the trust is dedicated to improving care with the help of CQC and patients feedback groups.
Significant impact	Audits
Developing	With the introduction of electronic records this area is developing but it can still be slow and cumbersome and feels a bit outdated. With regards to analyses I'm sure the trust does do this but I do not feel it is feedback to me.
Making progress	No comment
Significant impact	The Trust is promoting the use of data to measure performance and identifying areas of improvement so all departments have been encouraged to follow suit
Making progress	No comment

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Category 6: Improvement Knowledge and Competence

Response	Why did you choose this option?
Developing	No comment
Just beginning	No comment
Just beginning	No comment
Just beginning	It is my understanding that the Trust is in the early stages of this process.
Developing	The trust may be providing mandatory training to the staff, but is that the training needed by staff to provide an exemplary service?/ I doubt. Mandatory train is synonymous to the 'rights' or to what staff ought to have to function at the basic levels but in order to be exemplary, they need more to develop the skills either in their specialist area or to develop new skills. This is what is needed to retain more staff, motivate and empower them. More on this are and ways of sourcing funding...
Just beginning	Again, some local teams may be higher maturity but organisationally the Trust is starting its journey providing improvement methodology training & awareness in due course. I'm sure your intention is to undertake this maturity survey again in 12mths or so and see whether the Trust has improved!
Developing	where i am impressed by individual teams, this is happening without QI
Making progress	No comment
Significant impact	Some improvement projects have had significant effects at a Trust-wide level.
Just beginning	I am aware that a programme to support this activity is in the early stages of development
Developing	i feel its our current position
Making progress	much done and much still to do particularly regarding intelligent dissemination of achievements in both qualitative and quantitative ways
Developing	not sure about the measureable outcomes and the extent of mdt working.
Just beginning	No comment
Developing	I am aware of several projects to reduce harm which have been in existence for over a year.
Making progress	I think or LIPS project to reduce violence has been effective. Also the roll out of RIO albeit not full RIO has lead to significant improvements. I may be biased here as I was involved in both of these projects.
Just beginning	There is some research in the trust however I would not say they are focused specifically around quality improvement
Just beginning	Children's therapies combined about 18 months ago. There is still no clear MDT pathways apart from seating. Somebody needs to project manage combining these services to ensure efficient and effective MDT working
Making progress	I'm not sure the Trust as a whole is particularly good at sharing learning from QI projects across the Trust. Within directorates it's probably better, but not between directorates.
Developing	No comment
Just beginning	No comment
Just beginning	As above Those projects which have been completed seem to have started before Trust-wide QI was launched. Some projects may be underway and following such a framework but if so this is not generally known at present. Early days again.

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Category 6: Improvement Knowledge and Competence

Making progress	No comment
Just beginning	I have attended training but not aware of quality projects underway.
Just beginning	No comment
Developing	From observation and feedback from the harm free care group
Just beginning	We are at the beginning of our QI journey
Developing	I am aware this is happening, but not yet been engaged myself.
Significant impact	No comment
Making progress	No comment
Making progress	No comment
Just beginning	Language around improvement projects is just starting to cascade among more senior members of staff.
Making progress	No comment
Making progress	No comment
Making progress	I am aware of this being around but no direct experience
Just beginning	I am not aware of such projects.
Significant impact	Through meetings, weekly, monthly or quarterly and team specific away days, quality improvement is shared, discussed and improved upon.
Developing	No comment
Developing	No comment
Significant impact	The work is underway, the Trust wants to engage with improvement and quality in all areas of work.
Developing	I realise the trust is keen to have quality improvement, but i feel this push is a new thing.
Just beginning	There is no QI project under way. I have raised at the previous meeting that I would like to see at least one.
Significant impact	the learning opportunity provided is very good and helps people to improved more
Just beginning	some teams are more developed than others
Making progress	From my own experience I do no feel we identify and utilise the skills and potential of all staff even though IPRs are carried out.
Just beginning	QI is new to the Trust
Just beginning	No comment
Significant impact	No comment
Making progress	I think the roadshows have been energising but the new wave of QI is at an early stage - examples of quality improvement given at the roadshows are strong but limited as yet.
Just beginning	No comment
Developing	This has been my experience exactly.
Making progress	No comment

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Category 6: Improvement Knowledge and Competence

Making progress	I can think of a number of QI projects that are underway and producing effects. All teams are tasked with generating QI projects and these are reported back on via Clinical directors.
Developing	I am aware of what i need to improve
Just beginning	beginning to understand
Making progress	continues to make progress around quality improvement programme
Exemplary	Appraisals, management supervision.
Developing	I know a number of quality improvement projects are underway but I don't know if they have achieved measurable improvements.
Significant impact	No comment
Making progress	The Trust is trying to embed quality improvement in all work areas Various departments are in their infancy as regards to starting projects The Trust is providing training to support the initiatives and equip staff with skills to undertake them
Making progress	Communication has helped to implement improvement

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Driving Forces, Barriers and Possible Solutions

What forces are driving us to move forward with building improvement capability and capacity?	What barriers or forces are holding up back from building improvement capability and capacity?	What actions could we take to reduce these barriers?
a commitment to the methodology and ethos a desire to deliver more with less	I'm not sure if there are significant barriers holding us back, but I wonder if chasing new business is a distraction. clearly there is a big job to do in communicating with and educating a large staff group I also think there is work to do in clarifying, articulating and getting staff engaged with the Trusts vision.	good question! I think the trusts vision and values need to be packaged and marketed in a way that fires staff enthusiasm. Personally I would have a moratorium on chasing new business and focus on improving the services we have.
Client and public expectations. Public health needs are more complex than ever before.	Work force is inundated with work, not enough resources to support dynamic practice.	Early staff engagement in projects.
The need to achieve financial cost savings seems to be the driving force. There seems to be a wave trying to get staff to working smarter than harder.	Lack of capacity - especially in clinical areas Lack of training on soft skills	Lack of training on soft skills - Aligning training on building capacity especially for middle managers. Research if staff are under performing within their roles. Look at equipping managers with skills to better manage their employees. Clear communication - improving the quality of what staff need to know. Introduce an appreciative culture/fully engage with the employees/Have a learning culture - coaching, mentoring etc Consult with employees - the Trust has valuable resources i.e. their staff. Have meaningful consultation.
Ability to function as a foundation Trust and be seen to be doing well. But is that sustainable in a long run??	Lack of 'Open mindedness' Not having the right people in the right jobs Some of the employment practices Lack of enablement Inability to identify the right people with the right skills. ETC could name and elaborate more	'Thinking outside the box' doing more to have every profession represented in a balance fashion at all levels or the organisation, and all ethnic origins represented equally at all levels also, A change in the organisational structure and above all Behaviour would be of help, And more can be provided if needed.

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Driving Forces, Barriers and Possible Solutions

The health care economy is becoming much more challenging and competitive requiring us to think more deeply and creatively about how we use resources to maximum effect. The concept of quality improvement is starting to embed itself and gain momentum which I think is starting to empower staff to create change for improvement sake in the belief that they can improve both patient care and staff working experience.	Competing priorities. Increased demands from commissioners and a more competitive health care economy place additional pressure upon the Trust, managers and other staff.	Clear prioritisation of objectives and mapping the relationship between objectives/goals and the reasons they are objectives. Often people don't understand which things are prioritised the way they are and draw cynical conclusions. Better organisation of deadlines etc. so people are not overwhelmed by unexpected demands upon them at the last minutes. A calendar or timeline for all major activities which illustrates a more coordinated approach.
Our patients drive us as clinicians to do the best for them and use public money wisely; all clinicians are motivated to adapt how they work to improve their capacity to make a difference.	Poor communication and stop-start initiatives from top of the Trust to front line staff;	Let's see some QI in HR, Training Department and from top medical managers.
The change increase in clients as more people access the service	Lack of funding	Ensuring there is proper training and techniques to ensure what is learnt is maintained.
Staff that are motivated to make a difference to patient care. A shared vision for what good care looks like. The focus of senior management on quality improvement. Patient demand for high quality service.	The feeling that quality improvement will take more time and effort than staff members are able to allocate to it- that it is something that is complicated and hard to effect. The feeling that quality improvement is something that has to be "tacked on" to your usual day-to-day working responsibilities.	Support people in how to apply improvement methodology. Support more junior staff in being able to implement changes that they think might improve care.
The need to become more efficient whilst delivering a quality front line service to patients	A lack of a Trust wide systematic approach to improve capability and capacity A dislike of adopting trust wide core standards.	provide a clear expectation of what baseline expectations of all areas are so that a more federalist approach can be adopted when looking at local quality improvement
To be the best!	Staff work loads	Reduce workloads (as we are doing)

Driving Forces, Barriers and Possible Solutions

Staff colleagues desire in reducing the daily frustrations in inefficient & burdensome working practices & intrinsic personal desire to provide better service for patients.	1. As above, (i) time & (ii) corporate engagement/capability/desire for changes to technology/policies/guidance. Needing to move to '...How can we do this better for you?' rather than 'This is it, you simply need to adhere'. 2. An effective & visible organisational development strategy. For improvement to initiate, embed & become 'the way we work around here' (i.e. become organisational culture) a parallel programme that is VITALLY as important to the IHI improvement training & implementation needs to focus on communicating & rewarding the expected values & behaviours (& initially led by Executive Leaders) providing the belief why these are necessary. The NHS Institute have a few development packs for this but I quite like Bolton NHS Foundation Trust QI Strategy document which includes exactly what is required, although Sheffield Teaching Hospital's PROUD values & behaviours (using the acronym) is very clever & subliminal marketing!	1. Reduce non-value-add activity (easier said than done as local teams are constrained by corporate demands and therefore are told 'it is necessary to be done' - HOWEVER, it could be reduced by completing in a different manner, using technology to make it easier, standardisation or simply eradicating). 2. Naming corporate service leads to drive improvement for their functions & held accountable. 3. Introducing the requirement to complete (or be involved) in at least 2 improvement projects during the year into each staff members annual objectives (& pay progression). 4. Improve IT/Informatics/HR technologies (possibly ERP?) Example: When using Trust laptops, why do we have to use 'remote working'? Other secure organisations have laptops that you open & connect direct via wifi. Example: When using Reporting Services, why can't staff slice & dice the data or create graphs to undertake local analysis. Back to basics, why can't we print direct from the application? Example: Why do we capture Supervision in local spreadsheets when we have a system called MAPS that can achieve this? 5. Introduce an effective & visible organisational development strategy, covering desired & rewarded values & behaviours, augmented through leadership, objective setting & support.
desire to improve services for patients and improve working conditions for staff. Information from SU engagement; staff survey 'family and friends' test. Financial pressure for increased efficiency and critical analysis of benefits derived. Climate of public concern about safety and quality of NHS	some infrastructure issues. IT & procurement in particular	the initiative about removal of unnecessary actions should assist (for example by refinement of number of approvals required as a control for legitimate, modest expenditure by budget holder)

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category
Driving Forces, Barriers and Possible Solutions

There is a real enthusiasm for improvement and a lot of interest on the ground.	The capacity of front line Managers to devote the time to provide local leadership	It is difficult. The front line managers don't need more urging from above. We probably need to create more acting up/ secondment opportunities from below to ease the burden on the Band 7 and 8a staff.
Financially driven service efficiency, and reduced resourcing. Patients deserve and need best quality in their experiences during NHS care, all trusts taking heed to Francis Report.	The above can sometimes be conflictory if we continue to target staffing costs as the predominate resource expense to achieve financial savings, but then still want quality in service provision to remain, with apparently no linked workforce development plan to guide decisions first. Not enough post review of restructures/service reconfigurations already undertaken to determine the safety of whether those areas can be hit again via CRES. if this is in place, then the results need to be shared more widely. Staff need to be feel more empowered to put forward suggestions without recourse. Are we doing enough to support clinical staffs frustrations around electronic patient systems? Notwithstanding the few IT phoebes out there, I'm not sure how staff experience is measured in this area to ensure the systems we use are fit for purpose.	More work on staff engagement and re-focus on management development needs and expectations.
Damning experiences like Mid Staffs bring home to us how easy it is to go off track. Complaints. SUI and near misses Poor outcomes. Low staff morale	Unskilled middle managers not unleashing staff potential Uninspiring managers Poor clinical leadership Bullying and undermining in some areas. Doctor power - sometimes good but can seriously hold back innovation.	Massive training programme to help managers to manage effectively Master classes to share knowledge, approaches, etc. Seminars and knowledge sharing forums Visiting sites and areas which are exemplars

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East London Foundation Trust Written Comments by Response Category

Driving Forces, Barriers and Possible Solutions

Need to survive in competitive environment introduced by Health and Social Care bill. Wanting to be the best so that our patients already disadvantaged in life through no fault of their own not further disadvantaged by poor mental healthcare. I think Trust has been able to recruit very able and motivated individuals in recent years due to desire to work in London. Naturally they want to improve the organisation as a whole so that patients can benefit as patient progress is rewarding in itself.	Lack of dedicated time as pressure of work is very high with most staff (at least in Newham as this is my experience) working well above the contracted hours. I think that there should be monetary rewards for exceptional work amongst staff groups other than doctors.	Allow staff dedicated time for service improvements. Reward staff for exceptional work with monetary rewards as well as recognition. Offer training to more staff in service improvement.
Trust initiatives	Lack of communication and ownership throughout all levels of staff in the trust	Improve communication and ownership, distribution of responsibility and tasks throughout the organisation
CQUIN PbR / Tariffs Directorate management team ambition to be "the best service" - whatever 'the best' is! Commitment of staff to provide a high quality service	'Do more with less' is sometimes hard on morale - staff can already feel that they're doing their best, yet the screw is continually turned with the expectation that staff can always do more. There will be a point when staff cannot do anymore! Some policies restrict potential to improve	Have more scope to revise policies I know money doesn't grow on trees, but if clinical staff didn't hear of it being squandered at a corporate level (paying large sums for outsourcing where a meeting is held, rather than having it in-house, for example) it might help to know that money everywhere is being spent sensibly and that it's not just at the coal face that the screw is always getting tighter.
Trust commitment to Quality Improvement	Lack of knowledge of QI tools and techniques amongst staff in the organisation. Lack of time and capacity for Teams to engage in QI Support infrastructure for QI still in development	Training in QI tools and techniques
Greater efficiency, and manageable workload	Not enough consultation with frontline workforce, in order to get a better understanding of problems and needs.	Better communication with frontline staff

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East London Foundation Trust Written Comments by Response Category
Driving Forces, Barriers and Possible Solutions

Some key individuals and supportive teams taking a pro-active approach to improvement and demonstrating effectiveness. Underlying this will be more general forces including SI rates, sheer volume of morbidity and referrals, pressure on budgets, quality of staff clinical, technical and communication skills, sense of personal responsibility and ownership in needing and wanting to try and make changes for the better.	Cultural factors - notions of responsibility ('it's not my job'), perceived line management responsibility (I need authorisation'), waiting to be told to do something. Resources - time, time, time (and sometimes money or staff). Skepticism - older staff have lived through reorganisations which seldom improve anything, evidence may not convince academically entrenched views, fear of any local successes setting us all up to fail in future. Ownership - will individuals/local teams get credit for innovation? And is this truly based on local initiative or is it more top-down driven change?	1) Making People Better programme deals with the cultural factors, stimulates ideas and turns pessimism into optimism by taking a solution-focused approach rather than a problem-focused one - it also engages everybody and not just seniors and shows what can be done in a very short space of time 2) The Pareto principle ('80:20') of giving people with demonstrated commitment some ring-fenced time to experiment with innovation (accepting that many may not succeed) would support QI programme individuals and their teams (whether those be their daily working teams or those who are part of their QI projects) 3) rewarding QI innovators - publication, presentation, prizes etc. and give successful innovators a role in communicating success and starting other projects
Commissioning, clients, need for efficiency	Poor data support, reduced resources, cuts to services	allocate time to QI
the forces driven by the Trust to become a good provider of care	the cultural shift that needs to happen. Perceptions of people's time management.	provide support to staff to enable them to participate in such projects.
at the moment it feels management led	fear of failure skepticism	examples of improvement being shared
Trust priorities to improve patient outcomes and experience, staff feedback , clinical risks identified through analysis of data	Training in implementing QI methodology	Training and Facilitation/support
Service users and careers Individual staff members	Defensiveness, resistance, lack of understanding	Awareness, training and letting people get on with it.
Post Francis- Need to integrate quality projects within front line teams rather than impose top down. Resource reduction Ensure we get the best possible work from our staff & best service for service users Ensure we are service user needs led rather than top-down process led	Lack of available capacity due to other demands Poor clinical record system capability for performance measurement Still struggling to get data to serve the service user/staff rather than staff serving the data Cross-organisational data issues	Always ensure that our expectations and systems allow data to be recorded as an integrated part of clinical record keeping, rather than an add-on. My view is that this would be best done with a service user centered system - I'm not convinced on this basis that we have chosen the right option in our 2015 system selection. Need to enhance leadership and/or capacity in certain critical parts of the organisation.

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East London Foundation Trust Written Comments by Response Category

Driving Forces, Barriers and Possible Solutions

Passionate staff Better for patients & staff Saves wasted effort and resources	Traditional ways of working Fear of change Professional silos	Ensure MDT involvement Sell benefits of change to staff Thank staff when change goes well
Competition and rapid change within the NHS	Culture	what we are doing now - getting people to think differently, training in QI methodology
competitive market	Lack of resources (financial, trained workforce, time)	Train and invest in staff
Organisational conscience to give high quality care.	Cash Releasing Efficiency Savings have led to increased workloads which reduces staff's capacity to engage. Staff unaware of resources available to them to engage in improvement projects.	Continue on the current journey towards building capability across all sections of the organisation. Aid junior clinical staff, service users and careers to build capability and confidence to "Lead" improvement projects.
QI programme, Clinicians, Commissioners, Decreased Funding	Need to up skill staff in QI theory	Continue with QI training
The need for us to work better and more effectively	Sometimes lack of staff - due to sickness or leave, can cause problems when trying to make work system capable.	More stress awareness for staff
Service user care, ensuring we are an up to date service, working in line with government policy Supervision and Appraisal	Funding impacting on services ensuring that we have a relationship with the education providers of our staff Access to suitable ongoing training Having a structure within services to skill share	Improved skill sharing across the organisation
A	Pressure of targets, and changing targets. Efforts to manage these detract from improvements in service.	A
the main forces driving us to move forward are ourselves alongside the commissioners who want improvement capability and capacity in the service to be at its best.	Sometimes training is delayed because it is hard to complete due to the workload although supported by management if necessary.	Effective communication always keeps the team informed and on the same working page for the organisation and the community.
Central drive at present	Need to move drive to local	Will take time.

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East London Foundation Trust Written Comments by Response Category

Driving Forces, Barriers and Possible Solutions

Organisation's leaders are motivated in the trust to improve quality; recent damning reports of the NHS patients	Time, money, support and training	Real commitment in form of people in each site guiding and supporting the process helping to identify ways of working to fit this into regular working week Trust commitment in form of a QI budget for new ideas and quality improvement!
Training and projects	Combine targets and achievable outcomes	Good Planning
I think the trust is clearly wanting to continue being a well-regarded trust.	Lack of engagement with individual staff. Roadshows and staff questions are one thing, but discussions with staff on the ground in their individual workplaces can help bring about change that would improve their environment and workplaces which would then have large impact on interactions, motivation and care of patients. Changing small things can have vast improvements. Changing Large things without doing it carefully and properly, can have just as big an impact but in a negative way.	Better communication with staff, not in a coverall weekly trust wide update kind of way, but in a smaller more focused way, making staff feel that their day today issue are listened too and not swept aside if they are deemed too difficult.
The CoG has increased responsibility. We're not able to fulfil these in my view. If the CoG is an integral part of the Trust, and if we wish the Trust to be the best performing Trust in England in six years' time, it seems imperative and logical that we must also have the best performing Council of Governors by then.	Inertia Variability of Governors' qualification, capacity, interest Lack of direct channels of communication between Governors	I'd like to hold a focus group of Governors, led by an external facilitator. Raise issues we're concerned or frustrated about, issues we'd like to improve on, and turn these into a QI programme.
care and concern for people's needs	lack of knowledge of the use of new system in place	provide more training and opportunity to face change
need for sustained improvement efficiencies All staff member involvement	Busy staff teams Lack local leadership of projects Lack in-depth knowledge	Training Job planning to incorporate leadership role for QI
We are probably more driven my CQC which is important, but we need to link improved quality of care with the development of staff.	Constant re-organisation and consultations. it is hard for team and staff to plan ahead with so many occurring.	Only re-organize if absolutely necessary.

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East London Foundation Trust Written Comments by Response Category

Driving Forces, Barriers and Possible Solutions

Quality of care, cost of care, sustained service development	QI is new not all staff understand it; conflicting priorities; poor staff retention and limited incentive for front line staff	IQ awareness Reduce conflicting priorities
Improve quality and performance Maintain or reduce resources both financial and individuals Competition with the Private Sector. Accountability	Lack of understanding Not sharing success stories that have made a difference and are relevant to specific areas	Increase profile Make it meaningful
clear leadership and commitment to service improvement	available time/ skills at band 7 level - for meaningful engagement across all levels for improvement work currently only senior colleagues involved in improvement work	canvas band 7 for interest in quality improvement work allocate protected time for improvement activities
Firstly our three key aims as a Trust, secondly the increasingly competitive health market.	A mixed culture - many people feel overburdened, parts of our service are firefighting, significant numbers of people do not care or are struggling to deliver the purpose of their role for a variety of reasons.	Help create space for people to understand how they can better manage their role, including that it is quality not task driven, and by building on strong recruitment and management practice to ensure we recruit well, support and manage well and enable people to fulfil their roles well rather than impeding them in this task - and by removing people who cannot recognise this is the way forward.
not many, management or some senior nurses	financial constraints and lack of staffing	reduce absence and spend the money from the numerous investigations and disciplinaries and put it into better qualified staff. Increase grades to attract staff
Ensuring quality services and care for patients. Job satisfaction. The need to be able to demonstrate quality to service users, the public, commissioners and quality monitoring organisations.	Normal resistance to change and new ways of working Educating a large number of people and changing organisational culture	Seems to be happening.
self-motivation and team work	not having enough time off the ward or clinical settings to focus on self	having some self reflective time

IHI Improvement Capability Assessment Tool
East London Foundation Trust Written Comments by Response Category

Driving Forces, Barriers and Possible Solutions

Cost/ budgets. Efficiency. Effectiveness. Francis report. Politics.	Lack of understanding of QI. But most clinicians understand what it is and why it's important. Clear chains of command.	Train more front line staff (who often know what is required). develop skills in maintaining QI projects in the long term. This is hardest thing.
my PDP	need time	limited to time from clinical area
I am excited and hope to become novice level	ward is quite busy sometimes	find time and talk in supervision
my PDP and my need to perform my job to the best of my abilities	lack of time lack of staff	employ more staff
Dedicated staff and good leadership.	The use of bank staff.	Recruit to vacancies.
Financial savings.	Lack of discussion with service users with regards to what they need. Lack of discussion with frontline staff with regards to what they need to improve the service they provide. Financial constraints. Time.	Listen to what service users and frontline staff have to say. In the short term the figures may stack up on paper but in the long term the quality of the service you provide will reduce.
awareness of projects as well as quality improvement	culture of accepting being good enough	Awareness of importance of leaving innovation in a competitive world
Need to improve patient care and experience Implement value for money initiatives and interventions	It needs to be embedded in our practice at all levels of the work force	Training and responsibility for QI projects to be spread out throughout the MDT as it is it appears to be more Nurse led, and other disciplines appearing to have a role of supporting rather than leading on initiatives
Peoples needs and care	Budgets	Don't know!