

Fostering an Improvement Culture

Learning from East London NHS Foundation
Trust's Improvement Journey Over 10 Years

Acknowledgments

East London NHS Foundation Trust (ELFT) is thankful to the staff, service users, carers, leaders, and partners whose hard work and dedication has contributed to the adoption of quality improvement throughout the organisation to positively impact the experience of care and create a culture of improvement. We particularly thank all those who were interviewed and informed the learning described in this publication, and Hannah Leinmuller and Janet Flaherty, who conducted and transcribed all the interviews, and developed the first draft narrative for this publication. The Trust is grateful to the Institute for Healthcare Improvement for its partnership, guidance, and friendship over the last decade in supporting our learning and improvement journey.

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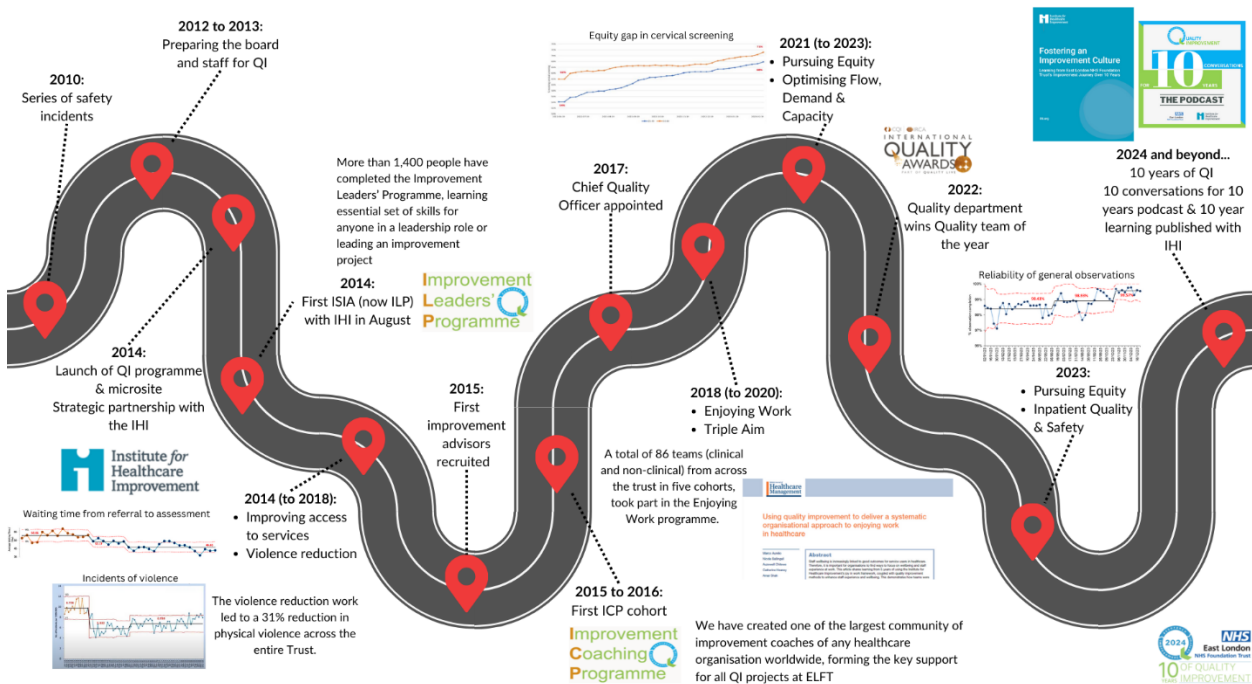
Introduction

East London NHS Foundation Trust (ELFT) is a provider of community health, mental health, primary care, and specialist services in England to a population of approximately 1.7 million people across Bedfordshire, Luton, and East London.

ELFT has changed and evolved over the last decade, growing and diversifying. In 2009, the Trust provided purely mental health services in East London. At the point of formally launching a quality improvement programme in 2014, ELFT was providing community health services in London and from 2016 extended its services into Bedfordshire and Luton. The growth into primary care was precipitated by a new strategy in 2017 that explicitly named population health as a new strategic objective for the Trust.

This publication describes ELFT's 10 years of experience with learning how to apply quality improvement throughout the organisation and embed a culture of improvement, in partnership with the Institute for Healthcare Improvement (see Figure 1). Over this period, ELFT has seen gains across all areas of organisational performance: improvements in the most complex and frequent safety issues, such as physical violence on inpatient wards; better access and reduced waiting times in community services; and increased staff satisfaction and engagement. Services have become more productive and efficient, and the financial position has improved through cost avoidance, cost reduction, and growth based on the organisation's reputation for quality.

Figure 1. 10 Years of Quality Improvement at East London NHS Foundation Trust



The impact of improvement efforts on quality of care has been recognised by the Care Quality Commission, the quality regulator in England, which awarded ELFT three consecutive “Outstanding” ratings – the first organisation of its type to attain this achievement. The improvement work at ELFT has made a difference not only for staff and service users, but also for local communities and beyond – inspiring similar improvement journeys in other health and care organisations.

Good improvement relies on reflection and learning and celebrating small wins – and so it felt important to take stock at this 10-year milestone in our improvement journey to see how far we've come, what has led us to this point, the stumbling blocks and barriers as well as the enablers and accelerators, and the work that still lies ahead. As with most organisational improvement journeys, it has not been a straight path. Sustaining the focus on quality improvement as a key vehicle for change, alongside people participation and clinical leadership, has been instrumental.

This publication reflects on the improvement journey and learning thus far, informed by interviews with nearly 30 people, in a range of roles, who have been part of the 10-year journey in some form – both within and outside the organisation. We share ELFT's experience in the hope that it may provide inspiration and ideas for other health systems around the globe who are on a similar pursuit of continuous improvement.

Dr. Amar Shah
Chief Quality Officer
East London NHS Foundation Trust

1. Origins of Quality Improvement at ELFT

In 2007, East London NHS Foundation Trust (ELFT) achieved foundation trust status – external recognition that the organisation demonstrated good clinical standards and financial management. The Care Quality Commission (CQC), which regulates and monitors health and care organisations in England, determined that ELFT was satisfactorily meeting national and local key performance indicators.

In addition, ELFT had a reputation as an organisation that was clinically led, focused on service users, and strove to improve its services and innovate. Yet, ELFT leaders had a sense that this was not always the experience for service users.

Then, in 2010, a series of safety events made headlines locally and nationally: an inpatient killed another inpatient on a hospital ward, followed by two further deaths on the same ward. These incidents were a shock to the organisation and its leaders. Despite some acknowledged challenges, overall ELFT services were thought to be stable. Nevertheless, these incidents showed that fundamental change in the existing approach to managing quality was needed.

“Quality and improving services for users was always the bedrock of the Trust,” notes Fred Inman, Chief Operating Officer (2008–2011). “Like other NHS Trusts, we had financial challenges and huge pressure on our bed capacity. We also felt morale was low in clinical services. These serious incidents were a wake-up call. There was an imperative to do better and do more.”

Learning from Other Health Care Systems

This series of tragic events prompted Trust leaders to look at how the highest performing health care systems around the world delivered quality care. The ELFT Board wanted to develop a workforce that was curious, looked beyond the immediate situation to gain broader understanding, and were confident to try different approaches to meet the needs of service users and their families. In 2011, Dr. Kevin Cleary became the Medical Director and soon thereafter Dr. Amar Shah began serving as Associate Medical Director. Both had expertise in quality improvement (QI) and were eager to apply its principles at ELFT.

“When we visited other organisations, the successful ones all had someone involved with real expertise around improvement, and the ones who thought they could do it themselves often failed.”

To learn more about how other sites were applying QI, the ELFT leadership team, including board members, senior clinicians and operational leaders, visited Great Ormond Street Hospital, Tees, Esk and Wear Valleys NHS Foundation Trust, and NHS Scotland. In doing so, they recognised the value of a systematic approach to quality that supported staff and service users to identify and solve quality issues. This was starkly different from the prevailing approach at ELFT, which was largely traditional project management, with problems solved by the most

senior people. Whilst speaking to other health care systems about their improvement journeys, ELFT leaders also realised the value of having a long-term strategic partner with deep expertise in applying quality improvement approaches.

“When we visited other organisations, the successful ones all had someone involved with real expertise around improvement, and the ones who thought they could do it themselves often failed,” notes Professor Jonathan Warren, Chief Nurse (2010–2017). “Quality improvement is a skill and it’s quite complex. It’s about having a culture that’s receptive to improvement. You need to be brave enough to allow staff to make decisions and be willing to tolerate that things might go wrong. New ideas don’t always work, but part of QI is encouraging this process of trying things out, failing, and then trying something else.”

Selecting a Strategic Partner for Quality Improvement

By 2014, the Trust had made a long-term commitment to QI. The ELFT leadership team, however, recognised that it did not have the capacity, capability, or knowledge to manage and deliver change of this magnitude, and thus sought a suitable partner to help accelerate and guide their improvement journey over many years. In seeking a partner, ELFT found several such organisations had supported change in acute general hospitals, but few had experience with a mental health and community health provider organisation such as ELFT.

Through a competitive tender process, ELFT chose to partner with the Institute for Healthcare Improvement (IHI), a not-for-profit organisation in the US with a track record of supporting large health systems to improve outcomes for populations. IHI brought a wealth of global experience, which felt aspirational. In 2015, ELFT became an IHI Strategic Partner.

“IHI was a good fit for us,” says Dr. Navina Evans, Chief Executive (2016–2020) and Chief Operating Officer (2011–2016). “You need a body that can challenge you and ‘mark your homework.’ NHS England could possibly have done this, too, but there was a power element in that relationship. In partnering with IHI, we were buying challenge. It was built into the contract and if you didn’t make use of that, you were wasting the opportunity. We were an ambitious organisation and we wanted to go to the next level and build on our foundations and service user involvement.”

IHI had not previously collaborated with a mental health provider organisation like ELFT, nor worked with service users to the extent that ELFT does, so were keen to partner. IHI was integral to providing technical expertise and in leading large-scale education in the QI methodology throughout ELFT in the early years, with the shared aim of ELFT becoming independent in leading its own improvement work over time.

Pedro Delgado, IHI Vice President, says, “The opportunity to partner with an organisation that was keen to embed continuous learning and improvement across their daily work – partnering with staff and service users in service of results for and with those they serve – was extraordinary. Over time, the commitment to co-production and co-design has been sustained, which is uncommon for organisations. There is something special about ELFT and its approach to partnerships. The bottom-up approach led by People Participation has helped keep QI real and present. The whole organisation is committed, not just the executive team.” (People

Participation is a department within ELFT that enables and supports the involvement of people with lived experience in all aspects of ELFT's operations – from training, to research, to recruitment panels, to quality assurance and quality improvement.)

Making the Business Case for Improvement

To adopt quality improvement at scale throughout the organisation, ELFT knew it would have to commit a substantial investment – both financially and in leadership capacity. Fortunately, ELFT enjoyed good financial management alongside outstanding clinical leadership from its then CEO Dr. Robert Dolan. Jitesh Chotai, Chief Financial Officer (2010–2015) saw the possibilities of QI from the beginning: evidence that getting things right the first time could save money. Both the CEO and CFO embraced the idea of investing in QI as value for money instead of programmes that deliver efficiencies and savings.

“Often, quality improvement is interpreted as having a financial focus,” notes Steven Course, Chief Financial Officer (2015–2022). “People think it is about making savings. In my experience, if you drive up quality, the money will follow. If processes are more streamlined, there will be fewer errors. If we advocate for a more thoughtful approach, it follows that we will work smarter and get greater value from our resources.”

The time taken to ensure sufficient belief and commitment in the quality improvement approach has been instrumental in the longer term.

It took many rounds of discussion amongst ELFT leaders and board members, along with several revised business cases for improvement, to be able to fully commit to a long-term quality improvement approach. This process, and the time taken to ensure sufficient belief and commitment in the approach, has been instrumental in the longer term.

Beyond funding, it was also important for the Trust Board to recognise that the way it functioned would also need to change to become more improvement-focused, and that the organisation's operating model needed to shift. Critical to ELFT's eventual commitment to an organisation-wide QI approach was Marie Gabriel, Board Chair (2012–2020), who recognised the potential that quality improvement offered and championed this within the board.

The challenge of developing a long-term business case for this type of change, along with a limited evidence base within England, led ELFT to publish its own return on investment framework in 2018 to support other health care providers in doing this work more easily.¹

Creating a Movement for Improvement

From 2012 to 2014, the 18 months it took to “make the business case” for the proposed QI approach at the board level, also provided opportunity for discussion and debate with ELFT staff, service users, and other key stakeholders across the organisation.² Whilst there was no actual QI team at this stage, during this timeframe Trust senior leaders used a range of opportunities – including workshops with staff and meetings with consultant physicians,

nurses, and other multidisciplinary professionals – to engage in conversations about the proposed introduction of quality improvement and what it might offer. It was important to provide time for staff to understand the new QI approach, ask questions, and form their own opinions before the Trust made the decision to begin the work. Those who have committed to a career in supporting vulnerable people will generally be receptive to improvements that benefit the people they care for, which ELFT found to be the case when proposing the new QI approach.

“In many ways QI is an easy sell,” says Jonathan Warren. “It’s about giving those involved in direct care and our most junior staff decision-making power to make changes that they want to make and providing them with tried and tested tools and techniques to do this in a sustainable way.”

The ELFT leadership team was aware that there were plenty of sceptics and questions about how improvement methods emerging from the automotive industry could be applicable in the mental health field, where so much rested on compassion and relationships. In these early days of implementing QI at ELFT, however, there was a small cadre of early adopters, called the Q20, who helped frame and design the engagement activities and spread the word.

“[Persuading clinicians] wasn’t that difficult,” recalls Dr. Kevin Cleary, Chief Medical Officer (2011–2017). “You share your thinking and find out what is important to them: reducing violent incidents and improving quality of life on wards. We wanted to support a bottom-up approach. We were initially advised not to take this approach, but we knew it would work for our Trust. We had an honest conversation with our consultants [physicians] about the direction and were clear that it might not suit everyone, but people were up for it.”

Senior Leader Commitment

The ELFT leadership team is very clear about one critical element for organisations embarking on their QI journeys: you must have executive commitment and senior leaders who “own” QI. Undertaking this type of wholesale change in operating model to implement an organisation-wide QI approach is unlikely to be effective without the key influencers authentically talking about the benefits and role-modelling the application of QI to their own daily work and behaviours. At ELFT, the journey did not, and could not, begin until the chief medical officer, chief nurse, chief operating officer, and chief finance officer were fully committed to the improvement approach.

The ELFT leadership team is very clear about one critical element for organisations embarking on their QI journeys: you must have executive commitment and senior leaders who “own” QI.

It is vital that the leadership team and board have collective responsibility for QI and that it doesn’t reside in one director’s portfolio. Leaders need to be trained in QI methodology themselves to understand the new approach to problem-solving, and to be able to support and encourage teams to adopt this method for testing and learning.

Key Learning Points

- Take time at the start to ensure that key stakeholders, especially senior leaders and board members, are ready to commit to the organisation-wide improvement approach. The time invested up front will pay off in the long term.
- View quality improvement as a transformation in the way the entire organisation, including the board, will operate, not as simply a programme or set of projects that can be managed through one executive director.
- The choice of improvement method and engaging a long-term partner with improvement expertise are important decisions that enable the approach to accelerate rapidly and to last for many years.

2. Develop an Improvement-Focused Board

In 2012, the arrival of a new ELFT Board Chair, Marie Gabriel, brought greater focus on patient and service user involvement and improving quality, as well as an opportunity to consider high-quality services from their perspectives.

Mary Elford, Non-Executive Director (2014–2020) and Board Vice Chair (2017–2020), notes, “I think it’s fair to say that we started shaping our own future and standards as a high-performing organisation in a joint approach with service users, governors, and clinicians.”

ELFT leaders visited other high-performing health care organisations to see best practice in action and learn from their experiences with QI. ELFT Board members were also paired with individuals in similar roles within organisations that had adopted quality improvement for many years. Partnering with IHI enabled the ELFT Board to host development sessions that exposed the Trust to learning from across the world and enabled board members to learn about the quality improvement approach themselves.

Marie Gabriel notes, “The IHI were experts on health and care improvement but had little experience within the field of mental health and community health, so we learnt together. [The ELFT] Board had been focused on national targets we had to meet and benchmarking that compared us with other mental health Trusts. But embarking on this QI journey with an international partner [IHI] made us think of others out there that we would want to benchmark with, not just our neighbours, which made us more aspirational.”

Board Meeting Structure and Content

Whilst the ELFT Board had an important quality assurance function, it was actively seeking to also learn about the board structure and activities for a quality-improvement-focused organisation. One early change in 2012 was the way in which the board received and reviewed reports. Data were presented in a variety of ways, including scorecards with colors and tables containing data, and board members often struggled to make sense of the data in order to ask the right questions to support assurance.

A group of diverse stakeholders, including clinicians, governors, board members and service users, helped restructure the quality report into meaningful sections and defined Whole System Measures of quality that could be reported consistently. The initial quality report included line graphs and narrative, then later evolved to include run charts and eventually control charts. This structure then extended to other reports for performance, human resources, and finance.

The board meeting agenda also changed: discussion of the quality report occurred earlier in the meeting and stories were introduced – both a patient story and an improvement story, in which a team presented their QI work. This practice has continued over 10 years, helping the board remain grounded in the real experiences of ELFT service users and connected to teams applying QI to solve complex issues.

Changing the way data are presented at board meetings has influenced the conversation, attention, and decision-making, which is now informed by an awareness of variation. Over 10 years, there have been many iterative changes to the measures that the board reviews, always co-designed with a range of stakeholders. By 2023, the board was reviewing Whole System Measures of performance using the IHI Triple Aim framework³ – paying attention to measures of health outcomes, quality of care, and value for the populations it serves. These measures enable a greater focus on quality of life for service users, aligning key performance measures with ELFT's mission.

“This focus came from service users, raising issues underlying what would make a difference to their recovery,” says Marie Gabriel. “They drove our focus on quality-of-life measures such as employment, social interaction, the quality of their housing, feeling safe in their own home, etcetera. I think that was unique at the time. Having that increasingly strong voice helped the board make the shift [to Whole System Measures] and consider what role ELFT could play as a partner and system player.”

Board's Role in Supporting Improvement

For this change of culture to be successful, the ELFT Board had to create the conditions to give managers, staff, and service users the time and space to think about needed service improvements. In doing so, teams could use the QI methodology to consider the challenges and opportunities.

The board also understands that a key part of its role is to model QI in its own activities and outputs, such as to inform its own decision-making and incorporating a service user story and a QI project at every board meeting. Inviting service users and staff to present to the board reinforces this vital partnership and the expectation of co-production in QI projects. Service users are involved in the majority of QI projects, which ensures that projects focus on what matters most to them and benefit from the ideas and wisdom of those with lived experience.

The board understands that a key part of its role is to model QI in its own activities and outputs. Another important step in the board's journey was recognising the importance of having quality management expertise at the board level.

“The constancy of purpose the ELFT Board has demonstrated is remarkable,” notes Pedro Delgado. “In the NHS, with the constant change of structures and policies, the ongoing pressure to meet imposed targets, alongside staff and executive turnover, it's challenging for organisations to commit to a continuous learning and improvement approach over time. The ELFT Board has chosen to hold their nerve and sustain their efforts. This continues to lead to organisational results. Further, they have worked to ensure that improvement is not a separate component of quality, but rather one of the complementary components of an overall quality management approach that includes quality planning, improvement, and control – or what IHI calls Whole System Quality⁴.”

Another important step in the board's journey was recognising the importance of having quality management expertise at the board level. ELFT created the first chief quality officer role within a provider Trust in England in 2016. This role ensures that the board benefits from expertise in improvement methods, developing a learning organisation and incorporating systems thinking, and ensuring that improvement is embedded throughout the organisation as part of a consistent quality management system.

Key Learning Points

- Observe, reflect on, and discuss how to ensure that the board is focused on improvement and role modelling the QI approach.
- Ensure that the board has the appropriate expertise to lead an organisation-wide quality improvement approach since QI influences all aspects of how the organisation functions.
- Revise board agendas and reports to focus on quality improvement work, and demonstrate that the board is making improvement-informed decisions.
- Co-produce with service users and staff, both the measures that the board reviews and the organisation's approach to introducing and scaling quality improvement.
- Consider the benefit of external improvement guidance and support, as implementing an organisation-wide QI approach is a long journey.
- Frame your commitment to improvement over a long time horizon.

3. Foster an Improvement Culture: Senior Leadership

Develop an Organisation-wide QI System

ELFT's CEO and executives role-model the behaviours needed to create a culture of improvement and actively sponsor improvement efforts to address the organisation's thorniest challenges. In the first years of implementing the QI approach, the ELFT executive team continually reinforced with staff that quality improvement is the long-term strategy, identifying ways in which QI might help staff accomplish their team or service goals.

A first step was for the ELFT executive team to undertake QI training themselves – to “walk the walk,” which meant applying QI methodology to their own decision-making and activities. In 2014, CEO Dr. Robert Dolan, COO Dr. Navina Evans, CMO Dr. Kevin Cleary, and Chief Nurse Professor Jonathan Warren attended the first Improvement Science in Action programme for ELFT staff, delivered by IHI. Beginning in 2014, when the first large-scale quality improvement programmes were initiated at ELFT (on the topics of reducing physical violence, reducing pressure ulcers, and improving access), each project had an executive sponsor who had received QI training.

Dr. Paul Gilluley, Chief Medical Officer (2018–2022), recalls, “When I joined the executive team, I could see how the QI methodology was being used to solve other things at board level. For example, we used QI techniques to improve doctor recruitment. It becomes a way of thinking, a logical approach – and when staff are empowered, you start to see things happening and build momentum.”

Create Constancy of Purpose

In the first two years of this journey, the executive team leveraged all opportunities to talk about QI with staff and service users – to describe the approach, talk about its ambitions, and discuss its benefits for both staff and service users. There was a deliberate effort to avoid any other large-scale programme during this period, to give quality improvement an opportunity to embed itself without other conflicting priorities or messages.

“The role of the executive team is to ensure that staff feel empowered and supported through the QI infrastructure, that teams know that they can take action and make a difference. Local leadership is key.”

“It involved a lot of shoe leather, going around talking to people, explaining QI and how it can help us to understand themes and trends in teams,” notes Richard Fradgley, Executive Director of Integrated Care and Deputy CEO (2017–2024). “Any clinical or non-clinical team in the Trust will be able to have a conversation about QI or a live QI project. The role of the executive team is

to ensure that staff feel empowered and supported through the QI infrastructure, that teams know that they can take action and make a difference. Local leadership is key.”

Improvement in the Daily Work of Executives

Every executive director is connected to quality improvement work, either through sponsoring large-scale programmes or QI projects within their portfolios or teams. Within the first year in their role, every executive also has to undertake the Improvement Leaders' Programme (ELFT's successor training to IHI's Improvement Science in Action programme). This action-oriented training helps executives learn alongside a team how to apply quality improvement to real issues and gain an understanding of the benefits and challenges of QI in practice.

A key aspect of the transition in culture was a shift in executive leadership attitudes and behaviours – from feeling responsible for solving problems to a role of framing issues, asking questions, and creating an environment where those closest to the issues (service users and staff) could discover and test ideas.

Pedro Delgado says, “From the start of IHI's work with ELFT, the executive team demonstrated curiosity and humility, understanding that leading improvement entailed letting go of the belief that they needed to ‘have all the answers.’ Leaders were also open to actively participating in trainings to develop improvement skills and conducting structured Leadership WalkRounds⁵ to see firsthand the improvement work occurring throughout the Trust.”

A key aspect of the transition in culture was a shift in executive leadership attitudes and behaviours – from feeling responsible for solving problems to a role of framing issues, asking questions, and creating an environment where those closest to the issues (service users and staff) could discover and test ideas. Critical to this transition were regular calls with IHI senior faculty, who provided a safe space and strategic guidance to the ELFT leadership team as they navigated this change in leadership.

“QI needs to be the thread that runs through everything in how the organisation works,” notes Paul Calaminus, Chief Executive (2020–2023). “It's a statement that says, ‘[QI] is our method!’ When you visit teams across the Trust, you will see driver diagrams everywhere. It is our language.”

The introduction of executive WalkRounds in 2010 became standard practice for senior leaders. The process, which evolved over the years, currently involves an executive visiting a different team each week (with a total of 200 to 250 conducted per year). WalkRounds are structured around four open questions: What is the team proud of? What is the team working to improve? What is getting in the way of the team doing the best it can? How is the team taking care of themselves? Executive WalkRounds have enabled senior leaders to learn and practice curiosity and listening to understand, and reinforced teams' agency and autonomy to tackle the challenges they are facing.

Paul Calaminus says, "When [leaders] do an informal walkabout or meet with staff, the language we use is important. It's not just words. It's important to ask, 'What are you trying to improve?' It's a different conversation than when you just ask, 'Are you hitting targets?' The word 'improvement' is important."

Leadership Challenges

In the first one to three years of introducing the new organisation-wide QI approach, ELFT leaders encountered several common challenges. Whilst improvements have been made over the years, leaders continue to monitor these ongoing challenges.

- **Momentum:** After establishing the Trust's QI approach, one challenge was maintaining momentum to continually improve. Once an issue is resolved by a QI project, there is a risk that people stop paying attention to the issue without establishing structures and processes to sustain the gains.

To sustain a multi-year improvement effort, there needs to be regular reflection, celebration, and re-energising. To sustain momentum at ELFT, particularly in the early years, it was critical to hold an annual organisation-wide QI conference to review and celebrate the year's QI projects and results. In addition, an annual strategic visit from IHI enabled all parts of the organisation to reflect on progress and plan for the year ahead.

"[We needed to] work out how to move on from quality improvement to continually improving," recalls Paul Gilluley. "Keeping the momentum has been key. I compare it to mountain climbing. Often, you are only looking at the immediate course ahead. You need to pause, stop, and turn 180 degrees to see what you have achieved and what is needed next. You have to evaluate and keep up the energy, otherwise people can feel disheartened."

- **Staff Turnover:** ELFT needed to plan for key people leaving the organisation, especially executive team members and QI department staff. The selection process for all executive roles, and particularly for the CEO and Board Chair, incorporates an assessment of quality improvement belief and experience. Steven Course notes, "It is important to hold on to constancy of purpose, helping people to get on board."
- **Sceptics:** In the early days especially, not everyone supported the QI approach: it was new and unknown, made some staff feel a loss of control, and others believed it was "cultish" as an approach. To navigate the scepticism about QI, it was important to have multiple people share their own experiences, using data and stories, about how a systematic approach to problem-solving is helpful to staff and service users.

Storytelling, in a variety of ways and places, continues to be a critical component of ELFT's approach to embedding QI throughout the organisation. Demonstrating improvement in a robust way through data and stories, and hearing this directly from service users and clinicians, has been the most powerful way to capture hearts and minds. "Go first to the people who are least resistant," advises Steven Course. "Recruit them. Engage them. The others will follow later and some may never come around to the idea of QI."

- **Time and Money:** At the outset, it was important for leaders to directly address concerns that staff do not have time for QI work or that the QI approach was about saving money “by stealth.” In 2013, the executive team led a campaign to encourage teams to identify activities they might stop doing or do differently, thereby reducing lower-value work to free up time to focus on improvement. This was reinforced by a “Breaking the Rules”⁶ campaign in 2016, modelled on the IHI Leadership Alliance initiative.

At the launch of the QI approach in 2014, leaders explicitly communicated that the focus and intent was solely on quality and not on cost. Ten years of this work has clearly demonstrated that improving quality also reduces cost, and ELFT's organisation-wide QI approach has evolved as staff directly experience that the method positively impacts productivity, cost avoidance and removal, and revenue.

“ELFT was five years into its QI journey when I arrived at the Trust, but there were still people who weren't sure why we were doing quality improvement,” recalls Eileen Taylor, Board Chair. “[QI] was considered to be a device to save money and when it didn't, its validity was questioned. I don't hear that anymore. I think people realise [that QI] is helping [ELFT] achieve our Triple Aim and improving the quality of people's lives.”

Richard Fradgley notes, “An example of this [collaboration] is the Asthma Triple Aim project in Tower Hamlets Vanguard, which had a big impact on reducing admissions and costs associated with admissions. The [QI team] drilled down into the reasons for admission and produced a brilliant driver diagram. [The QI project] reduced the number of children coming through A&E [Accident & Emergency] with exacerbation of asthma and was a great example of what we can do together across systems and organisations.”⁷

Culture of Improvement

An obvious benefit of ELFT's QI approach thus far has been recognition by the Care Quality Commission (CQC), which awarded ELFT with three consecutive “Outstanding” ratings in 2014, 2018, and 2021 – the only organisation of its kind in the UK to have attained this standing. CQC inspectors review a range of information and interview staff, service users, and stakeholders to obtain an all-around picture of the Trust's performance and leadership. The CQC ratings are indicators of an organisation's safety systems, culture, and leadership. Each CQC report on ELFT has mentioned the critical and prominent role of quality improvement.

There is an expectation that all teams apply QI to reflect on performance, identify and solve problems through co-production with service users, and test new ideas. A culture of improvement has become the ELFT way.

Eileen Taylor, notes, “The Trust recognises that it is not outstanding everywhere and must be centered on that. There is a spirit of learning and wanting to improve. [ELFT] won't always get everything right, but the board knows there are many benefits for its communities and staff.”

Adopting this quality improvement approach has empowered staff to question what happens in their services, review feedback and outcomes, and consider steps to be more effective. All ELFT staff have two jobs (a concept ascribed to IHI President Emerita Maureen Bisognano⁸): the role they applied for and the role of continually improving their service. There is an expectation that all teams apply QI to reflect on performance, identify and solve problems through co-production with service users, and test new ideas. A culture of improvement has become the ELFT way.

"QI runs through everything that we do and talk about, from financial value to improvements in clinical services," says Deborah Wheeler, Non-Executive Director and Vice Chair of the Board. "It's about people identifying the problems in their own areas and then having the tools to start to make changes and test them out."

A by-product of this approach has been a growing reputation for quality improvement that is attractive to potential staff, enabling the Trust to source and retain talent and grow new talent. Staff are encouraged to be curious and daring, not to accept limitations, explore difficult challenges, and use QI methodology to tackle big issues by breaking them down into smaller ones.

Key Learning Points

- The executive team needs to clearly communicate that the QI approach is the long-term strategy, and that the approach will address the issues that are getting in the way of providing the best possible care.
- Create regular space for the executive team to reflect on their own leadership behaviours and modelling QI in practice, ideally with some expert guidance and coaching.
- Introduce regular practices and habits for the executive team, such as structured WalkRounds, that enable every executive to practice and reinforce the key leadership behaviours that create a culture of continuous improvement.

4. Establish an Infrastructure for Improvement

QI Department Structure and Function

Over the past 10 years, the number of staff and capabilities within the ELFT QI department have changed as the QI work has grown and developed. At the beginning, between 2012 and 2013, there was no QI team or department. Dr. Kevin Cleary, Medical Director, and Dr. Amar Shah, Special Advisor to the Medical Director, led the preparatory work to engage the board, staff, and service users across the Trust in learning about QI and implementing the approach.

When the QI approach first launched in February 2014, the team included two full-time staff, Tim Gill as project support and James Innes as project manager, and half of Dr. Shah's time (alongside his clinical role). During the first six months of implementation, the small core team conducted a "roadshow," engaging with 1,500 staff across the Trust within three months. The team was focused on "winning hearts and minds," understanding more about QI, and testing the approach. This work led to the first Improvement Science in Action training, delivered by IHI, in Summer 2014. From 2013 to 2015, the first three ELFT staff attended IHI's Improvement Advisor Professional Development Program.

Appointing a data analyst, Mohammad Forid Alom, in 2014 was instrumental in adding rigor and structure to the improvement work underway. Since data is an integral part of QI, it was important to have expertise and dedicated capacity to support this area. The data analyst also helped develop early structures and formalised processes for approving QI projects and tracking progress.

Internal Communication and Engagement

The small core QI team worked quickly to create an infrastructure and processes to engage and support the first cohort of improvement projects, including developing a website to serve as a central hub for the QI work and resources. Since engaging corporate resources to develop the website was costly and projected to take six months, the small QI team decided to build the website themselves using WordPress, completing the project in four weeks for a cost of £250. The team also utilised social media, a rarity within the Trust at that time, to directly engage staff in the QI work and communicate about opportunities to improve ELFT services for users and staff.

Growing a movement, which is what the QI journey at ELFT has been, is a delicate balance. It is important not to overwhelm staff but inspire them to want to be part of the journey. For staff and service users to be able to invest in QI emotionally and intellectually, they need to know what is in it for them, how QI will make a difference, and that the work has senior leader endorsement and long-term organisational commitment.

Hearing about quality improvement work directly from the service users and staff involved is a key way to inspire and ignite interest from others. This type of communication is a core

component of the QI department's work: identifying, harvesting, packaging, and disseminating these stories, and supporting staff to tell their stories in a variety of forums.

Hearing about quality improvement work directly from the service users and staff involved is a key way to inspire and ignite interest from others.

Katherine Britten, Associate Director of Quality Improvement (2019–2024), notes, “A key skill I learnt during my time at ELFT is the importance of telling engaging stories to spread the word and explain the change journey. My first thought now is to have a communication strategy to share project outcomes. Stakeholder mapping and analysis is part of this [strategy], to consider how we do this [work] and who [we need] to enlighten and influence.”

“[The QI department] always tried to keep the creativity and fun around the [improvement work],” recalls Tim Gill. “But it was also about rigor and demonstrable results and showing the impact of QI so that people can't say it's a waste of money and other resources.”

Evolving from Centralised to Decentralised Improvement Expertise

In Summer 2014, ELFT recruited two to three QI Fellows, on fixed term contracts from fields such as medicine and pharmacy, as members of the small core QI team who learnt improvement skills during the fellowship to support projects across the organisation. From 2015 onward, these fellowships evolved into three substantive full-time roles, open to clinical and non-clinical applicants. The role title for QI Fellows changed to Improvement Advisors (IAs) in recognition that the core QI team's function is to guide, advise, and coach. The IA role and responsibilities also align with IHI's terminology and teaching.

By 2017, the small core QI team grew to approximately six full-time staff and became a QI department, evolving to an integrated corporate function. Initially, the small core team carried out multiple functions. As new people were recruited to the team, these responsibilities became more widely distributed, including dedicated roles for communications and events (given the emphasis on storytelling as a key communication mechanism and the numerous events and trainings organised throughout the year), a dedicated role for capability building, and more recently a dedicated role for the design and delivery of large-scale improvement programmes.

“At the beginning, it was a ‘let 100 flowers blossom’ approach,” recalls James Innes, Associate Director of QI (2015–2019). “We started different [improvement] projects, tried different directions, and gained confidence in the method. Over time and with the help of IHI, we became more strategic in picking what matters to the organisation and building governance structures around this.”

Bringing people together, creating safe spaces for learning and sharing, and providing opportunities to reflect and celebrate often have been key components of the QI department's work. The team has become adept at event management and in the design of learning systems.

Tim Gill notes, “The conferences that [the QI department organised] helped to bring a lot of energy to QI and motivate people. We talked about achievements and learnings. This acted as a bit of a reset to go forward and tackle fresh challenges and build on what we’d accomplished.”

As more staff undertook training and the number of QI projects grew, it was important for the QI department to nurture and guide staff in their projects and provide support for adhering to the methodology, navigating obstacles, staying on track, and keeping the overall aim in mind. In early 2015 it became clear that supporting organisation-wide improvement projects at this scale would never be achieved by a central QI department, no matter how large it became. This led to the development of a more distributed network of improvement expertise and the introduction of the QI coach role beginning in 2016.

The QI department has largely remained stable in size between 2019 and 2024; the department currently comprises approximately 18 staff who provide support for 6,500 staff organisation-wide (see Table 1).

Table 1. QI Department Staff

Role	Responsibilities
8 Improvement Advisors (IAs) (with a range of clinical and non-clinical backgrounds)	<ul style="list-style-type: none"> • Support and guide clinical and corporate directors to build improvement maturity within the system • Work with clinical and operational leads to build structures and processes to ensure that QI work is appropriately initiated, resourced, supported, and governed • Teach intro-level QI training, which reaches approximately 1,000 staff per year • Coach a small number of QI projects aligned with strategic priorities
2 Senior Improvement Advisors	<ul style="list-style-type: none"> • Similar to the IA responsibilities above • Supervision and guidance for the team of IAs
2 Heads of improvement capability and large-scale improvement programmes	<ul style="list-style-type: none"> • Trained IAs with deep technical expertise • Responsible for designing and running the Trust’s improvement capability offerings and the large-scale, organisation-wide improvement programmes
2 Associate directors	<ul style="list-style-type: none"> • Trained IAs with deep technical expertise • Lead the corporate QI department • Build partnerships with senior clinical and operational leads • Responsible for delivering the organisation’s annual improvement plan
4 Programme support team members	<ul style="list-style-type: none"> • Expertise in communications, event planning, project management, and data analytics
Total: 18 QI department staff	

Avoiding Burnout

Burnout is a potential unexpected “side effect” reported by QI department team members. QI work is exciting, often groundbreaking, and attracts staff that have energy, drive, and enthusiasm. Given these dynamic qualities, it is easy to get carried away with continuously working on projects – even if just working through processes mentally. It is important that staff are rested and make the most of their free time to balance the intensity of QI work.

Auzewell Chitewe, Associate Director of QI (2019–2024) recalls, “We were in danger of being burnt out at the beginning. [The QI work] was quite addictive. You have to prioritise and remember it’s a marathon, not a sprint. You can’t spread yourself too thinly to be able to focus and support others with improvement.”

Key Learning Points

- The size of the QI team (or department) is less important than what the team focuses on in order to have impact.
- Be intentional about the three to four areas of focus that will enable the organisation to build momentum and demonstrate results. The ELFT QI department focuses on four areas: building will, building capability, aligning improvement with operations, and supporting improvement projects.
- Grow the QI team only as the work grows and as the team demonstrates the benefits of investment. Recognise at the same time that a centralized QI team is too removed to be the first point of support for teams. Build an infrastructure that creates skilled improvement support within arm’s reach of teams.
- Be prepared to invest in creating deep expertise in quality improvement within the central QI team, as they will be better equipped to guide the organisation and to design large-scale improvement programmes to tackle strategic challenges.

Supporting Improvement at Scale

Health care organisations have well-developed, hierarchical structures that make them excellent at cascading information up and down the organisation, but less adept at innovation and improvement. When an organisation transitions to become more improvement focused, with locally-led problem solving and innovation, it needs a slightly different structure to support and enable teams to rapidly test changes and learn from them. This is described by Kotter as a “secondary operating system.”⁹

Within a year of launching QI, ELFT developed and articulated an infrastructure that includes specific roles to support continuous improvement at scale.

QI Sponsors

Each approved improvement project is allocated a QI sponsor – a senior manager within the department or ward where the project is occurring who can address barriers that the team encounters, champion the work, and align the project with organisational priorities. The sponsor does not need to attend every project meeting, but must remain close to the work, learning and supporting the testing of creative ideas.

QI Coaches

From 2016 onward, ELFT started developing QI coaches with a range of backgrounds who wanted to devote two to four hours per week coaching and supporting one or two improvement teams in their part of the organisation. Each year, more QI coaches are trained to replenish and deepen this pool, which has become the first-line support for most QI work at ELFT. As of January 2024, there are more than 200 QI coaches in the organisation.

QI Forums

Operations at ELFT are organised within directorates, each led by a clinical and service director. In late 2014, during the QI approach implementation, the core QI team worked with these senior clinical and operational leads to create a new QI forum within each directorate. Chaired by the most senior clinician (the clinical director), these monthly QI forums provide a mechanism to review new improvement project ideas and assess their alignment with operational priorities, and to share progress on projects already in progress. Once new projects are approved, the QI forum allocates a QI coach and a project sponsor. This structure has continued and strengthened, with many QI forums now chaired or co-chaired by service users.

“We built QI forums chaired by the local clinical director and sponsor in each division,” says James Innes. “These forums happen monthly and are used to make decisions about what matters most to the local area. It was important to make sure that we had a central QI team, but also that QI is locally owned.”

“One of the unique features of the ELFT infrastructure is its distributed nature... This hub-and-spoke approach allows for central oversight and local ownership, setting strong foundations for improvement to work at scale.”

Pedro Delgado notes, “One of the unique features of the ELFT infrastructure is its distributed nature. Whilst a central QI team exists, every division hosts their own QI forums, which use a similar agenda and learning tools (e.g., dashboards to track and learn from improvement work). This hub-and-spoke approach allows for central oversight and local ownership, setting strong foundations for improvement to work at scale.”

People Participation

People Participation enables and supports the work of co-production by engaging service users with lived experience in improvement work. ELFT has a long-established history of service user involvement and leadership in many aspects of the organisation's operations – from involvement in committees and decision-making, to staff training, to research, to staff hiring interviews, to service planning and delivery. A deep infrastructure, called People Participation, enables patient and service user involvement across this wide range of activities, with a dedicated central team and a dispersed network of People Participation leads in all operational directorates – much like the infrastructure for improvement. Every QI project at ELFT is encouraged and supported to engage service users on the team. Teams can struggle with doing this in a meaningful way and need some expert help and support, which is provided by the People Participation central team and leads.

Learning Resources

The QI website, a key component of the improvement infrastructure, collates improvement stories and provides online learning resources and support for people applying QI in their daily work. The website's QI resources are accessible to ELFT staff, service users, carers, and local partners. The site also provides a simple way for staff and service users to register for ELFT's QI trainings, such as the Pocket QI course and the Improvement Leaders' Programme.

Key Learning Points

- Consider the support that teams will need as they tackle the organisation's most complex quality and safety issues.
- Build infrastructure to support improvement into operational structures to ensure a direct connection between the daily work of senior operational and clinical leaders and opportunities to use quality improvement to solve challenges.
- Create discrete roles for senior leaders in support of quality improvement work to reinforce the key leadership behaviours and skills needed to support a culture of testing and learning.

5. Build Improvement Capability

Recognising that the organisation had little internal improvement expertise at the start of the QI journey in 2014, ELFT's partnership with IHI enabled the rapid introduction of programmes to help people learn and apply quality improvement. IHI also supported ELFT to become self-sufficient by 2016 and to build its own plan to reach people with the right level of QI skills needed for their roles.¹⁰

Teaching the science of improvement alone will not produce improvement; it must be combined with application to everyday work. So, how does ELFT help staff not just learn QI, but also apply it in practice?

"Whilst people are learning QI, they have to [apply what they're learning in an improvement] project," says Auzewell Chitewe. "They [develop] a driver diagram to share with the team about how to effect change. We have a huge focus on storytelling and use real examples; we ask staff and service users to tell their stories."

Evolving Improvement Capability Training Over Time

Improvement Science in Action was the first training offered, taught by IHI onsite from Summer 2014 onward. The programme combined QI learning and real-time application of newly acquired skills over the course of six months. The ELFT core QI team quickly realised that this six-month programme was not necessary for all staff and different levels of training were needed.

Robert Lloyd, IHI Vice President, calls this the QI "dosing" approach.¹¹ "Just like we dose medicines differentially, we also need to dose QI training in an organisation based on individual needs," says Bob Lloyd. "Not everyone needs to attend a two-day, three-day, or week-long training course. The dose of the science of improvement should be properly designed to help individuals successfully carry out their role in the QI journey."

- **Pocket QI Course:** The ELFT team designed a one-day introductory Pocket QI course, a highly interactive and classroom-based training aimed at giving people the basic QI concepts, methods, and tools. All new staff at ELFT are asked to complete this training within the first three months of their employment. Pocket QI is delivered every month in different locations throughout the Trust, with approximately 40 to 50 people attending each offering, including staff, service users, and carers engaged in QI.

"Pocket QI was a great initiative to get people on board and trained quickly," notes Steven Course. "It created a buzz and made people want to head to the buzz. We were mindful of coming across as a QI cult, but there has been a huge appetite for QI from staff because they see the results. Despite the natural turnover of staff, the momentum continues."

- **Improvement Leaders' Programme:** The Improvement Science in Action training, which transitioned to being fully delivered by ELFT after 2016, was converted to the Improvement Leaders' Programme. A large proportion of ELFT's QI work is now being designed and supported through this programme. Offered once per year, aligned to the

annual planning cycle, between 130 to 200 people attend each programme one day per month over five months. The programme enables teams and directorates to bring a real quality issue, aligned to priorities and approved at a QI forum, and utilise the Improvement Leaders' Programme to support delivery of results. Anyone in a leadership role at ELFT or leading a QI project is encouraged to attend this training.

- **Improvement Coaching Programme:** Within a year of beginning its QI journey, ELFT realised that the scale of work could not be supported by a central team. There needed to be depth of improvement skill closer to the teams. Together with IHI, ELFT developed the Improvement Coaching Programme, which enabled people to gain significant depth of expertise in both improvement and coaching skills. Improvement coaches are not full time – they offer two to four hours per week, as part of their job, to coach one or two teams in their local area.
- **Improvement Advisors:** In addition to improvement coaches, ELFT continues to develop Improvement Advisors within the central QI team – full-time improvers who complete IHI's year-long Improvement Advisor Professional Development Program. Improvement Advisors provide monthly supervision for the QI coaches, deliver Pocket QI, guide clinical and operational leaders in building improvement maturity in each part of the organisation, and coach a small number of strategically important projects.
- **QI Training for Service Users and Board Members:** A bespoke introduction to QI for patients, service users, and carers is co-produced by service users and staff. Service users may attend any ELFT QI learning programme. Board development sessions continue at regular intervals to ensure that board members continue to have support to reflect on their role in guiding and leading the QI journey.

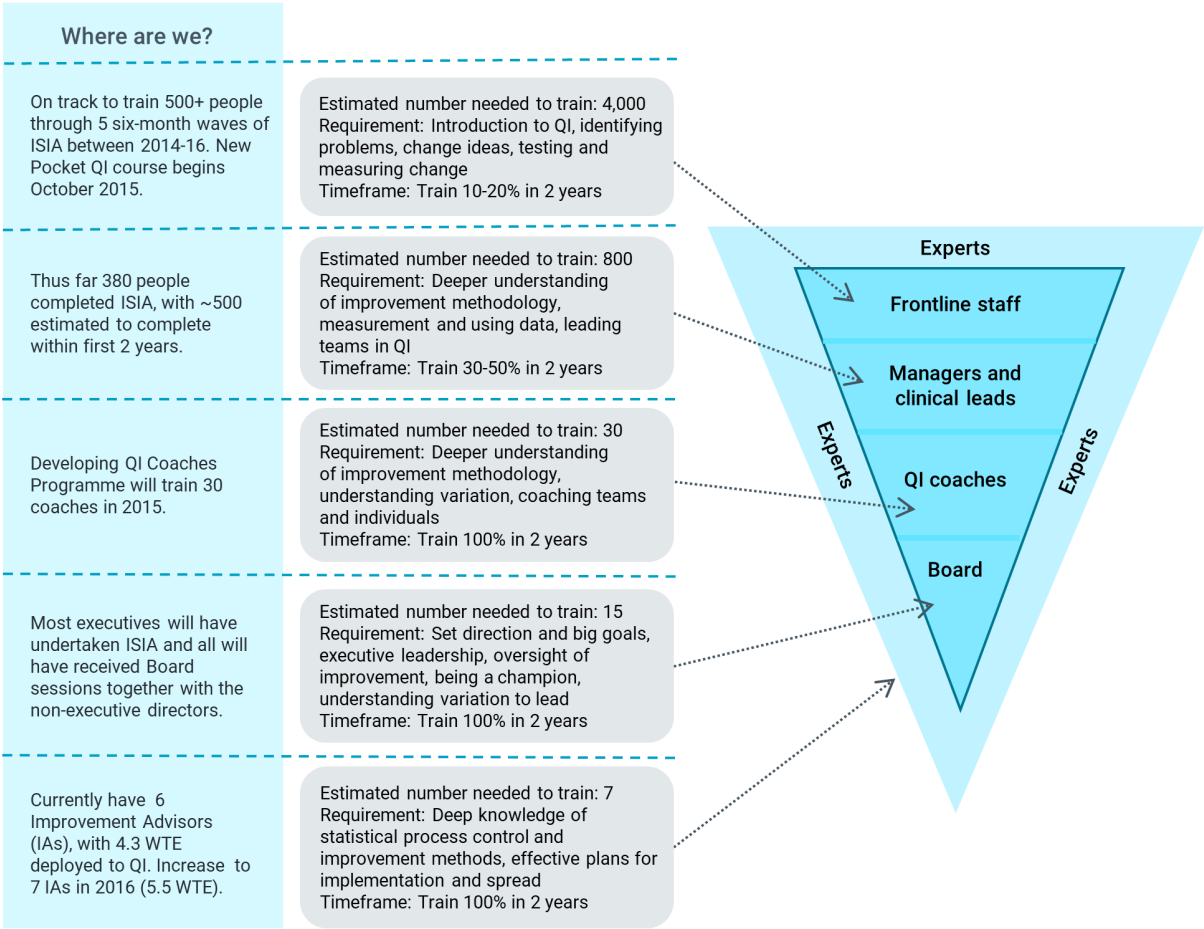
Each year, ELFT reflects on progress with building improvement skills across and beyond its workforce and develops a plan for the following year. With natural staff turnover, and the growth in volume and depth of improvement work, building internal QI capability has remained a critical area of work that has accelerated over time (see Figure 2).

James Innes notes, "We used the upside-down triangle as a concept, as well as the [QI] 'dosing approach' [developed by IHI's Bob Lloyd]. This helped us to identify stakeholders like board members, senior leaders, staff, and service users. We were able to understand how many people were in each group and [identify] what different groups needed in terms of [QI] training. It was also great that people got to learn through projects and experience instead of generic trainings, which made their learning more sustainable."

Each year, ELFT reflects on progress with building improvement skills across and beyond its workforce and develops a plan for the following year... Building internal QI capability has remained a critical area of work that has accelerated over time.

Figure 2. Evolution of Building Improvement Capability at ELFT (2015, 2019, 2024)

Building Improvement Capability at ELFT: 2015

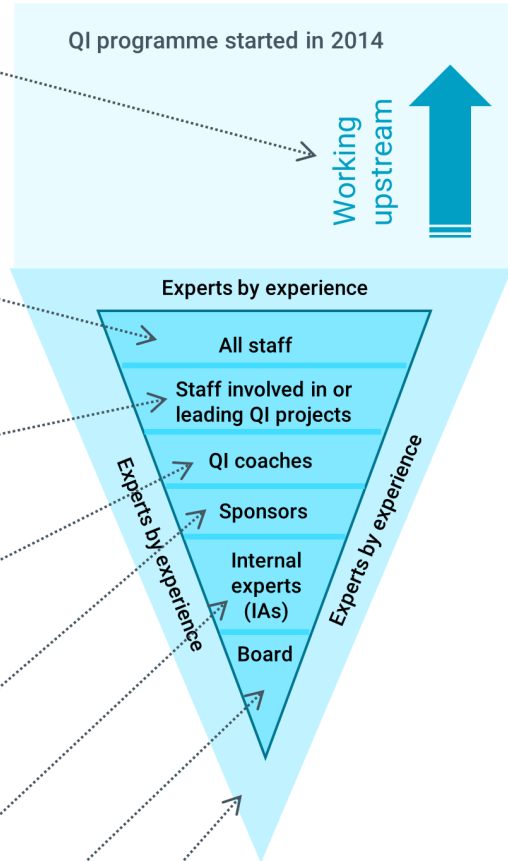


ISIA: Improvement Science in Action training
 WTE: Whole Time Equivalent

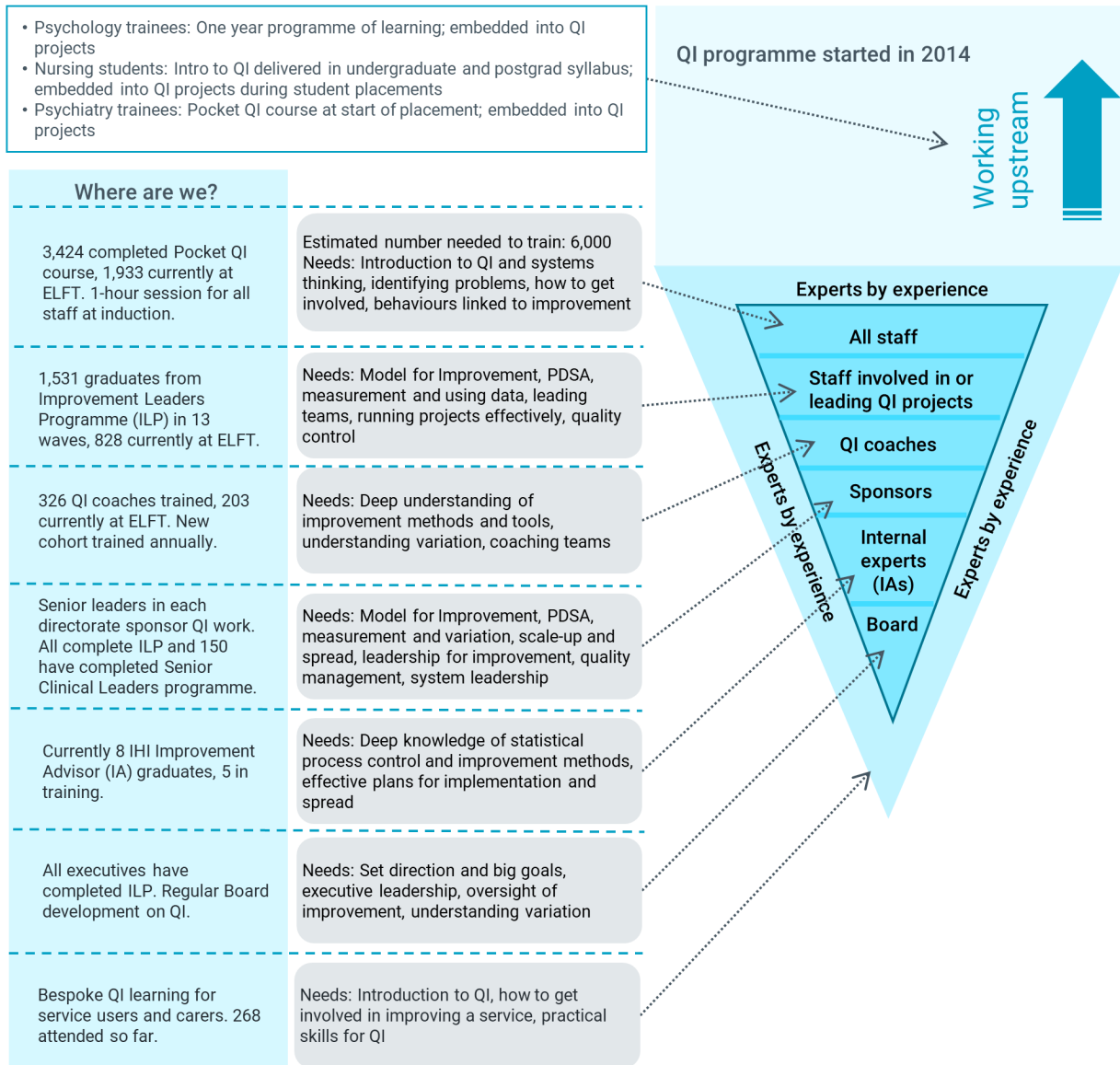
Building Improvement Capability at ELFT: 2019

- Psychology trainees: One year programme of learning; embedded into QI projects
- Nursing students: Intro to QI delivered in undergraduate and postgrad syllabus; embedded into QI projects during student placements
- Psychiatry trainees: Pocket QI course at start of placement; embedded into QI projects

Where are we?	
1,044 completed Pocket QI course, 1-hour session for all staff at induction. New half-day induction course on improvement behaviours starting in Jan 2019.	Estimated number needed to train: 6,000 Needs: Introduction to QI and systems thinking, identifying problems, how to get involved, behaviours linked to improvement
979 graduated from Improvement Leaders Programme (ILP) in 8 waves. New wave annually. Refresher training for grads.	Needs: Model for Improvement, PDSA, measurement and using data, leading teams, running projects effectively, quality control
117 QI coaches trained. All QI coaches half day per week. New cohort trained annually.	Needs: Deep understanding of improvement methods and tools, understanding variation, coaching teams
58 current sponsors. All completed ILP. 35 completed Senior Clinical Leaders programme.	Needs: Model for Improvement, PDSA, measurement and variation, scale-up and spread, leadership for improvement, quality management, system leadership
Currently have 10 Improvement Advisors (IAs), with 2 further IAs to be trained in 2019.	Needs: Deep knowledge of statistical process control and improvement methods, effective plans for implementation and spread
All executives have completed ILP. Annual Board session with IHI and regular Board development.	Needs: Set direction and big goals, executive leadership, oversight of improvement, understanding variation
Bespoke QI learning for service users and carers. 115 attended so far.	Needs: Introduction to QI, how to get involved in improving a service, practical skills for QI



Building Improvement Capability at ELFT: 2024



Building Improvement Capability and Capacity at Scale

An important part of transitioning to an improvement-focused organisation is helping people to both learn and apply quality improvement to their work. Without application, and a good support structure to enable this, training people will be ineffective at achieving organisational transformation.

In many organisations, QI teams are often small so it is important to recognise limitations and agree what is possible with the resources and investment available. Build on what you have by identifying high-impact training programmes that will deliver improvement, not just train people, and create a rhythm and pace around this. As previously noted, determine the level of QI skills

required by different groups of people – not everyone needs the same level of improvement fluency, so organisations will likely need to seek or develop a suite of training opportunities.

“Develop a standardised approach to running your [training] programmes and iterate it over time,” advises Marco Aurelio, Head of Improvement Programmes (2023–2024). “Don’t reinvent how you do it each time you tackle a new problem as you’ll ended up spending all your energy on that and not the real skills that improvers bring.”

Key Learning Points

- Identify existing assets for improvement capacity and capability as you start this journey and leverage these valuable resources.
- Be intentional around your aspirations for building improvement capability and capacity over time. The “dosing” approach provides a helpful framing for determining the number of people who need training at different levels of expertise.
- Make it easy for people to access improvement trainings and ensure that access includes staff at all levels as well as service users.

6. Design and Deliver Large-Scale Improvement

When ELFT first introduced the QI approach in 2014, the organisation considered various design options, including aligning QI work with a small number of organisational strategic priorities, as recommended by IHI. ELFT chose instead to prioritise broad involvement and engagement. Teams were given two overall themes on which to focus their QI projects: “Reducing Harm” and “Right Care, Right Place, Right Time.”

The design at the start, which in many ways still exists, enabled all teams throughout ELFT to apply quality improvement to a topic of their choice, provided three conditions were met: 1) the chosen topic focused on what really matters to staff and service users, 2) the entire team, including service users, discussed and agreed on the biggest opportunity for improvement, and 3) the QI project was undertaken as a whole team, not by individuals or just one professional group. This design led to a diverse and rapid uptake of QI on a wide variety of topics throughout ELFT.

The current standard design and delivery process for large-scale improvement programmes developed by the QI department includes five stages: scope, design, recruit, deliver, and evaluate.

Over the years, the design and delivery process for large-scale improvement programmes at ELFT has changed and matured. The early design developed in 2015 evolved from 2017 onward into the current standard process developed by the QI department that includes five stages: scope, design, recruit, deliver, and evaluate. Each year, ELFT carefully chooses the topics for large-scale QI programmes based on strategic challenges across the organisation and topics that generate interest and energy within teams.

“If it’s a problem that many teams are facing or that the organisation is deliberately looking to work on, then the support and extra infrastructure that a large-scale [QI] programme brings is important,” notes Marco Aurelio. “The real benefit is being able to test different ideas in multiple teams under different conditions and then coming together to see what works – this can help [the organisation] see improvement more quickly.”

The current process for design and delivery of a large-scale improvement programme encompasses the following elements:

- Each large-scale QI programme develops an aim, theory of change, measurement plan, and a learning system design with a range of stakeholders.
- There is a recruitment period to engage teams and leaders across the organisation and identify teams to work on the topic.
- A sponsor from the local directorate is identified for each team, and there is at least one executive sponsor for each large-scale improvement programme.

- Once the QI programme commences, there is dedicated improvement support (alongside other types of support, as needed, such as public health, People Participation, data analytics) for each team.
- The teams' progress is tracked closely by the central QI department, with interventions to ensure that challenges are addressed.
- Learning opportunities (in person and virtually) bring together all participating teams at regular intervals (e.g., every two months), along with the improvement support and sponsors, to share learning, problem-solve together, and plan the next action period.

Also key to the design process is a robust learning system that enables teams to see connections to a shared purpose, build relationships with other teams working on similar topics, develop standard measures, and obtain skilled improvement support from a dedicated improvement coach or Improvement Advisor.¹² Marco Aurelio says, "This [process] includes developing a shared vision, having a common language, having data, bringing teams together, shared leadership – all of these are essential for running large-scale QI programmes [and the structure was] developed over many years."

Bottom-Up vs. Top-Down Improvement

With the initial design in 2014, one might assume that allowing teams to choose the focus of their QI projects using a bottom-up approach would lead to a large, amorphous set of projects unaligned with the organisational strategy. ELFT discovered that the opposite was true: Team-selected projects were largely aligned with strategic priorities identified by the board. The role of the QI department in this project-inception process was to identify themes amongst all projects and bring the themes together into large-scale learning systems, with additional support and rigor, to deliver results at scale.

Violence reduction became the first large-scale improvement programme at ELFT since this was the most reported safety incident Trustwide and violence had a large impact on both staff safety and user recovery. The violence reduction work emerged from a delicate balance of bottom-up agency and top-down shaping. Similarly, prevention of community-acquired pressure ulcers, the second most commonly reported safety incident across the Trust, was an improvement area selected by district nursing teams. It became apparent to ELFT that bottom-up versus top-down selection of QI projects was a false dichotomy, reinforcing that the design of QI work needed to focus foremost on what matters most to service users and point-of-care staff.

James Innes recalls, "It's a constant balancing act and we had to keep adjusting. It's important to try to strike a balance. When it comes to impact, there is value in being more strategic and top-down. When we tackled violence across the whole Trust, we moved from the top quartile for violence in wards to the bottom quartile through our QI efforts."

Aligning Improvement with Planning

Over time, and with the introduction of the chief quality officer role (which spanned improvement, assurance, planning, performance, and analytics), the quality improvement work became part of a quality management system. The planning cycle became more rigorous, with five yearly strategy development cycles and an annual planning process to support organisation-wide priority-setting. Quality improvement work became more connected to delivery of the annual plan, for each part of the organisation and for the Trust as a whole.

Starting in 2017, the Trust moved away from having a separate quality strategy to a single strategy, with the quality plan being one aspect that enabled delivery of the single Trust strategy. Within the annual plan are two strategic priorities delivered through large-scale quality improvement programmes. Over the years, these QI programmes have included topics such as access and flow,¹³ equity, inpatient safety, violence reduction, and enjoying work.¹⁴ Each large-scale QI programme priority is determined through a careful balancing of topics that matter to the executive team, board, staff, and service users.

Starting in 2017, the Trust moved away from having a separate quality strategy to a single strategy, with the quality plan being one aspect that enabled delivery of the single Trust strategy.

Marco Aurelio notes, “Increasingly we are using large-scale [QI] programmes where we try to align what’s important to service users and teams to inform and deliver what strategically gets tackled. We’ve tackled violence, waste, enjoying work, physical health, pressure ulcers, access and flow, equity, and population health. Not everything we’ve done has worked. You stop, reflect, try something different. But there might come a point when there isn’t really the energy or will to tackle an issue at that time. Admitting this can take courage, but it’s important when resources are limited and spreading your improvement efforts too thin isn’t really helpful.”

Learning How to Improve at Scale

At the start of this journey, the QI team quickly discovered that one approach did not work for all large-scale projects. A successful project in one area did not always translate or transfer successfully to another team. ELFT realised this with one of its largest and most effective QI projects: the Violence Reduction Collaborative. Despite positive results, staff in some areas were surprisingly resistant and reluctant to adopt the improvements proven to reduce violent incidents on other wards. The QI team had to understand what was happening and accept that each team needed to review and assess their situation before adopting new processes.

“When spreading learning and new approaches from the Violence Reduction Collaborative, we found safety tables [that show the frequency of incidents] to be a useful way to engender interest because no one wants to [have the highest number of incidents],” recalls Andy Cruickshank, Director of Nursing (2017–2022). “When [other teams] started to see the results, it

all changed. We could show them the results in different ways, such as how many injuries have [been avoided]. It was a blueprint.”

This project also yielded some unexpected benefits. Without a formalised system or approach to addressing violence on wards, ELFT staff were aware that they sometimes ignored troubling behaviour, which invariably led to a more serious incident. This left staff feeling somewhat helpless to manage such incidents. The Violence Reduction Collaborative gave them a sense of control and legitimacy to call a safety huddle to consider an immediate strategy to prevent a violent incident. This Collaborative demonstrated the potential and power of quality improvement at ELFT – being able to test new ideas that came directly from service users and staff, demonstrating that physical violence can often be predicted and prevented, and then taking this set of ideas to scale. This work is now recognised as standard practice in England’s National Institute for Health and Care Excellence (NICE) guidance on managing violence and aggression.

The Violence Reduction Collaborative, the first of many large-scale improvement programmes at ELFT, took five years to spread Trustwide, from learning how to predict and prevent violence in a single adult mental health ward to scaling up a set of safety culture interventions across all 50 wards and seeing demonstrable reduction in physical violence.¹⁵

“The opportunity to work with ELFT on the intentional design of scale-up and dissemination has been very special, given the number of organisations that IHI sees struggling with ‘pilotitis’ or leaving many of their efforts unsupported after a single improvement project, usually misaligned with organisational priorities,” remarks Pedro Delgado. “Building on the violence reduction QI programme experience, ELFT has spread their intentional approach to other priority areas.”

Key Learning Points

- Consider carefully how to design your quality improvement work.
- Capitalise on people’s intrinsic desire to improve the system they work in and to work on topics that they really care about.
- Delivering results at scale takes time, as well as significant capability and capacity. Approach this work with strategic intent, apply best practices in the design of large-scale QI programmes, and allow sufficient time for results to be delivered.

7. Meaningfully Engage People in QI

The ELFT quality improvement approach has always included a focus on building will and engaging people in a meaningful way – from the beginning of the work in 2014 and continuing into what is now the tenth year. A range of ideas and interventions are designed to engage stakeholders throughout the Trust in improving the system.

Storytelling and Events

Peer-to-peer storytelling is an important way ELFT engages people in quality improvement and a central part of the large-scale improvement design. Hearing about someone's direct experience with using QI and the impact it had is more powerful than any other form of communication or promotion.

Peer-to-peer storytelling is an important way ELFT engages people in quality improvement and a central part of the large-scale improvement design.

James Innes recalls, "Activating people and convincing them is an art. It's about telling a story, but also about getting hard results and sharing those. Amar [Shah] and I spent a lot of time in the first year just talking to people. We made sure to focus on the bright spots so that people could infect others and be motivated."

The infrastructure for QI ensures a line of sight to every improvement effort across the organisation, through both Improvement Advisors and improvement coaches. The central QI department works closely with teams to help them identify and tell their stories in a variety of ways: presentations at board meetings, in clinical forums and academic sessions, and even in the informal setting of a Curry Club (discussions whilst eating a curry in the evening after work); written and video stories posted on the public website; and the monthly all-staff newsletter (which has remained a constant drumbeat of improvement stories for a decade) – quality improvement stories have become part of the standard agenda for formal and informal structures.

Harvesting, packaging, and sharing stories is vital to the improvement culture; so is the impetus to develop creative ways to continually engage people in QI – to keep it fresh, new, and energising, particularly for staff and service users involved in the QI journey for many years. ELFT holds annual conferences, which enable storytelling in a world café format and also exposes ELFT to learning and expertise from other parts of the world. Visibility walls, an illustrated guide to QI, and rapping about QI all represent innovative and unique ways to connect people to improvement in creative ways.

"At our launch, we were encouraged to write on the tablecloths," recalls Auzewell Chitewe. "It was really engaging and interactive. We used voting devices too – all of which makes it memorable and makes it feel different. It's important that people don't feel 'talked at.' The

feedback from service users is that the training and events feel different from anything else they have done.”

Clear and Consistent Approach

From the outset, ELFT recognised the value in keeping the message about and ambition of its QI approach simple, clear, and consistent. It was important for staff and service users to know that they had the autonomy and tools to test new ideas to improve the experience of care. The Trust learnt early on that a key question to ask staff and service users is, “What matters to you?”¹⁶ This simple question is now the foundation for all QI work at ELFT.

ELFT’s structured QI approach has remained consistent for a decade: using the Model for Improvement and ELFT’s sequence of improvement to address all challenges.

In addition, ELFT’s structured QI approach has remained consistent for a decade: using the Model for Improvement¹⁷ (the framework that IHI uses to guide and accelerate improvement) and ELFT’s sequence of improvement (identify and understand the quality issue; develop a strategy and change ideas; test; implement) to address all challenges, from quality and performance to population health, equity, and cost.

“The pedagogy of improvement training matters hugely and sets the tone for horizontal relationships – an ‘all teach, all learn’ environment that IHI promotes,” says Pedro Delgado. “Start with inviting questions to get people thinking and create a welcoming environment where they can share their ideas and visions. Make sure that people are active and encourage them to put something together with their hands, their voices, pen and paper, and then build from there. This method converged well with ELFT’s appreciative inquiry approach and supported their world-class efforts to engage service users in all improvement work.”

Adaptability

Flexibility in approach is vital to engage people. The QI department was aware that QI could feel overwhelming, especially at the start. Being too rigid could frighten off and alienate people. Thus, it was important that the training and systems used to implement the QI approach were accessible and understandable and that close, skilled improvement support was available to people as they learnt and applied QI to something that mattered to them.

Millie Smith, Head of People Participation, notes, “At the beginning it felt very structured and formal. But now it feels like there is more emphasis on human connection and it’s great that service users and staff members are on an equal footing.”

Support for Service Users and Carers

ELFT has a long history of service users being involved in and leading many aspects of the Trust's work, including training, interview panels, service planning, quality assurance, and even service delivery. Engaging users and carers in QI projects is critical since they are experts with lived experience of the service. Over 10 years of its QI journey, ELFT has learnt how to better and more meaningfully involve service users and carers in quality improvement work, and how to move from occasional involvement through interviews, surveys, and focus groups to full involvement, from start to end of a QI project, as equal members of the team.

Engaging users and carers in QI projects is critical since they are experts with lived experience of the service. Over 10 years of its QI journey, ELFT has learnt how to better and more meaningfully involve service users and carers in quality improvement work.

In 2019, after five years of quality improvement, ELFT conducted a retrospective analysis of its more than 500 completed QI projects. Data showed that projects with full involvement of service users were 2.8 times more likely to achieve their aim than projects that either had no or occasional service user involvement.¹⁸ Over half of all QI work at ELFT is now conducted with service users engaged at every level as equal partners, serving as experts, coaches, or support to the improvement project.

"When you look at any problem, no matter what it is, if you don't bring in the patient perspective, you're not going to see the 360 of it," observes Paul Binfield, Director of People Participation. "It's about QI engaging with our work instead of the other way round. We've done a lot to make sure that QI is accessible to service users. We looked into what roles service users can take in QI projects and designed role descriptions and templates, as well as payment structures. We've also looked at how we can bring some lived experience [into] roles [like] QI coaches and mentors."

The growth of QI within ELFT brought positive changes and created opportunities for service users, with some becoming QI coaches and others completing year-long fellowships in the QI department. The ongoing collaboration between the People Participation department and the QI department fostered mutual understanding of respective talents and perspectives and, importantly, an intentional decision to engage service users in all QI projects at the start.

Service users have a vital role in challenging the Trust and seeking greater focus on aspects of care that matter to people who are unwell and receiving care, rather than on performance indicators or national targets that a service or team might elevate as most important.

"Service users and carers bring a very valuable perspective," says Paul Binfield. "They have a different definition and experience of quality. Often, QI projects focus on quantity rather than quality – like the number of assessments or referrals. But focusing on percentages doesn't really tell you about the person behind the issue, and that's one of the reasons why having

someone with lived experience [involved] in QI projects is so valuable. They can provide a critical perspective [and tell you], 'Hold on, that still doesn't make much of a difference to me.'"

Service users bring a range of skills from their careers, education, and life experiences, not just their lived experience of health care. The People Participation department is a strong supporter of the arts and the value it brings to QI work, for example, engaging a theater company to teach service users skills to help with their role in medical education (e.g., supporting simulation training). People Participation also provides creative outlets for service users such as newsletters, poetry, and photography to encourage creativity in the approach to problem solving.

Millie Smith notes, "People Participation has a creative approach because we do things very differently to what is known as the 'norm' and don't always stick to established structures. We work outside of the box all the time and see problems as opportunities for change. We don't let anything stand in our way of trying to make positive changes and try to find solutions for the good of our people. You could say that we are feather rufflers or mavericks!"

Key Learning Points

- Start your quality improvement work by asking both service users and staff what matters most to them.
- For quality improvement teams, make storytelling a core part of the work – it's perhaps the most effective way to engage people.
- Be creative in the way that you engage people in QI opportunities.
- Involve service users, patients, and carers in quality improvement work from the very beginning. Try to have at least two service users with lived experience of the problem or service you are working to improve on the team.
- Test and learn your way into co-producing improvements with service users. Developing true co-production of improvement at scale is a complex issue and likely will require new ideas and new ways of working. Apply quality improvement to this process!
- Recognise and value the time that service users and informal carers devote to improving the health and care system.

8. Use Data for Learning and Improvement

Between 2012 and 2014, ELFT's use of data was rudimentary: most people couldn't access the data they wanted; data were presented and used mainly for quality assurance; there was an over-reliance on measures defined by others, usually for performance purposes; and staff had to search for data in many different places.

"At the start of this journey, ELFT was like many other NHS Trusts in terms of the use of static, single-point-in-time comparison [rather than dynamic, over time] use of data," recalls Pedro Delgado. "Their approach to rapidly embrace understanding data over time and variation to foster learning conversations across the Trust at all levels was impressive."

With the advent of quality improvement at ELFT, which helps people recognise the utility of data to guide learning and improvement, staff started to see how the right data, presented in a particular way, could be helpful. This sparked a seismic shift. Staff became more data-literate through adopting QI methodologies and seeing how data can tell a story and highlight variation – they have become increasingly confident in working with data.

Thomas Nicholas, Associate Director of Business Intelligence and Analytics, notes, "It's been a sea change over the 10 years. If we look back at how we used data then compared with now, it might feel like 100 years! We used RAG [red/amber/green] rating with colours: red was bad, green was good... it was a very trivial way of looking at data. Now, people have much more meaningful conversations about data. They are data-literate, looking at relationships in the data and times periods."

"The Trust has done a lot of work in the background to enable easy access to data," says Akkash Purani, QI Programme Manager. "Now it's pretty much self-service, which is more accessible and a lot quicker. This has helped a lot of people to view data and start using that data over time. As people come into the QI training programmes, we're getting more and more people interested in using data for decision-making."

Data Access and Display

The first change in data access and display occurred in reports for the ELFT Trust Board. Previously the board reviewed myriad data in different reports, presented in numerous ways. In 2013, a new quality report presented data for consistent quality measures in line graphs, and later in run charts, together with narrative text to explain any notable variation.

From 2013 to 2017, the QI department and the informatics department worked together to create rudimentary run charts from routinely collected data, built in the existing business intelligence platform using SQL code, and made this data available to teams and directorates. This improvement, however, was not sufficient to keep up with the huge demand for data and offered a poor user experience.

When the Trust's chief quality officer role was created in 2017, business intelligence became part of this board portfolio, enabling a more wholesale redesign of data storage, organisation, and presentation. Through consultation with a range of staff and service users, the Trust chose

a new front-end visualisation platform, PowerBI, and also undertook a large programme of work to redesign the Trust's data architecture from more than 15 different data sources into a single integrated data warehouse, stored in the cloud for greater resilience and access.

In 2018, ELFT's business intelligence and informatics team partnered with a Microsoft Gold Partner to create statistical process control (SPC) charts in PowerBI, which did not exist at that time. This enabled ELFT to start designing apps for each type of service within the organisation, integrating data from multiple sources into a single place – accessible from any device, including mobile, and presented as SPC charts. The new platform enabled hundreds of thousands of control charts to be available on demand, at any level of the organisation, for all services, and from any data source (e.g., HR, finance, clinical, safety, patient experience feedback).

Thomas Nicholas notes, "We want to supply data that help staff to understand the pressure on their departments, presented in the right way for them, not just for QI. We provide these techniques to all staff so they can see trend analysis in their own service, drilling through to the data, to see the relationship between metrics."

"In the NHS, we collect so much data but it goes into a black hole and getting the data takes so long and is really difficult," says Mohammad Forid Alom, Strategic Lead for Information Analytics (2014–2023). "So, we came up with integrated analytics as a concept. We created a single point of entry whereas before staff had to go through different systems to get all their data. Now you can see all your data in one place (finance, HR, clinical, etcetera.). It was a lot of work to set up the infrastructure for that, but it saves a lot of time for staff and makes data more accessible. Putting data in the hands of our staff to do what they want, how they want to do it, that's vital and that's made the biggest impact."

It was important that this newfound access to data was embedded into clinical work and not seen as an add-on. In initial discussions with teams, the business intelligence team found that whilst charts and graphs were of interest, staff on mental health wards, for example, didn't have the time to review and reflect on the data presented or apply it to their work. So, the business intelligence team developed visual control boards that could be displayed within the busy clinical environment. These boards consisted of a table or one-screen view of the ward's day-to-day work – digitalising their whiteboard or "to-do" lists, enabling the team to see real-time data for inpatients, including completion of tasks necessary for safe and effective care.

Mohammad Forid Alom notes, "Trying to understand someone's need and catering to it is essential to complement someone's work – moving from 'I do the core part of my job... and when I have time, I look at data' to 'How do I use data to do my job?' We want to know what people would like to do instead of just giving them solutions or creating more work for people."

"It's the conversations that come from the data... It's how people talk about the work now that they are data-literate, interpreting charts. It's joyful to see!"

"It's the conversations that come from the data," notes Thomas Nicholas, that are most powerful. "Previously these were simple conversations – pass or fail – or misleading conversations about doing better or worse. Now, detailed conversations happen even without the input of informatics. It's how people talk about the work now that they are data-literate, interpreting charts. It's joyful to see! They are looking at data and testing their assumptions – and not looking at one measure but looking at [several] – checking that there are no unintended consequences or pressure in another part of the system. These types of conversations would not have happened ten years ago."

From this foundation, ELFT is now exploring more advanced analytics, beyond simply giving people better access to data about their service that already exist. New innovation includes the development of early warning systems for wards, converting data from six or seven safety and staffing indicators displayed as SPC charts into a simple visual that shows unusual patterns on wards that might help them predict and prevent serious incidents. Further developments include the use of natural language processing to help teams use large volumes of patient qualitative feedback to understand themes and sentiments.

Key Learning Points

- Consider and develop the data strategy alongside the quality improvement strategy. From 2018 onward, ELFT had to play catch-up and redesign the way in which data were stored, organised, and accessed. In hindsight, it would have been preferable to invest in data infrastructure improvement alongside the QI approach launch in 2014.
- Encourage the board, executive team, and other leaders to role model using data for learning and improvement, and to underscore the importance of understanding variation to guide decision-making.
- Ideally, develop systems that give teams access to all their data in a single place, from any device, and with a design that's easy to understand.

9. Engage External Partners in QI

The initial quality improvement work at ELFT was largely internal, engaging staff and service users to improve ELFT services. By 2024, this focus has evolved to approximately half of all quality improvement work involving external partner agencies on project teams, including other Trusts, commissioners, local authorities, care homes, acute care providers, primary care services, charities, and voluntary sector bodies.

“Seeing QI in action is a key way for others to learn about it,” notes Dr. Angela Bartley, Director for Population Health (2019–2023). “When the Perinatal Mental Health Team in London looked at inequalities in their patient group, Barts Health Trust and Homerton Hospitals Trust were on the project team. Taking part in the work, seeing the process ELFT follows and how the outcomes are illustrated shares the tools and increases familiarity with [QI]. Other examples include the cervical screening project with homeless women registered with an ELFT GP practice, and a project to provide a financial advisor to families with sick and/or disabled children. Sometimes an ambition like reducing health inequalities can seem so huge that you are almost paralysed as you don’t know where to begin. QI enables you to take that first step.”

An important turning point for ELFT was the inclusion of population health as a new strategic objective in the 2017–2022 organisational strategy, alongside three existing objectives: quality of care, staff experience, and value. As the Trust started to grapple with also being responsible for improving the health of the population it served, the People Participation and QI departments became key vehicles to support delivery. Staff and service users were already familiar with People Participation and quality improvement, so it was only natural to apply them to the topic of population health.

Angela Bartley notes, “An example of [applying QI to improve population health] is our ambition to increase the employment prospects of local communities. In Luton, we have been working with an employment service to get more people into the labour market. QI helps us break down these big objectives into smaller, tangible pieces of work.”

“ELFT’s proactive approach to partnering locally has made improvement accessible to others and added a useful tool for their partners in their efforts to achieve the best possible results for and with their populations.”

“Population health inequities abound and often the causes go way beyond the boundaries of a single organisation,” remarks Pedro Delgado. “ELFT’s proactive approach to partnering locally has made improvement accessible to others and added a useful tool for their partners in their efforts to achieve the best possible results for and with their populations.”

It was not always easy to adopt a common approach across partner organisations because many were not familiar with QI, did not have the conditions or infrastructure to approach their work in this way, or had a different philosophy or approach to change. An example of this is the Asthma Triple Aim project in Tower Hamlets Vanguard, which ultimately had a big impact on reducing admissions and reduced the costs associated with admission. Initial attempts to

support all partners in Tower Hamlets in applying QI were difficult, with mixed outcomes. However, when the right conditions were in place, with leaders committed to improving outcomes and applying the QI approach, the results were remarkable.

“Often, we may not know where to start to tackle health inequalities, especially if the challenge is vast,” observes Angela Bartley. “Using QI to break [the challenge] into smaller parts can get us started and show partners how it can illustrate the various steps we need to take.”

Leveraging QI Experience to Support Others

As ELFT's reputation in QI grew, there was a demand from other parts of the country and the world to learn about the organisation's work. This led to hosting Open Mornings four times per year to give visitors a more in-depth, firsthand look at ELFT's approach to quality. Open Mornings have attracted several thousand visitors from across the health and care system, and sometimes from beyond the health care industry.

“We held Open Mornings for other organisations to hear our improvement story,” notes Auzewell Chitewe. “A common position was that they didn't have the money to follow our example. We suggest to them that they make a list of what needs to happen and just do one of those. Then scale it up and prove its effectiveness.”

The ELFT QI website is a public resource that also supports other organisations. Learning and stories are actively curated and made publicly available to help others learn from improvement work at the Trust.

Over time, an increasing number of attendees of ELFT's QI capability-building programmes come from external partner organisations. By 2023, between 20 to 25 percent of participants in the Improvement Leaders' Programme and the Improvement Coaching Programme are from external organisations, including two local integrated care systems, charities, and the voluntary sector. This is part of an intentional move to enable local partners to build their own capability and depth of improvement expertise.

“Previously in the NHS, we were individual organisations and now we are in health and social care systems, so people are in different places of maturity,” notes Dr. Mohit Venkataram, Executive Director of Commercial Development. “QI is a way of binding us to develop a culture to support change.”

ELFT also provides QI expertise and capacity to its partner organisations in the local health and care system to support delivery of large programmes. For example, in 2022 to 2024 ELFT provided improvement support to dozens of projects focused on reducing inequalities led by a range of organisations in the local communities of Bedfordshire, Luton, and Milton Keynes integrated care system, and North East London integrated care system.

Marco Aurelio recalls, “We also supported Tower Hamlets Together, a [coalition] of organisations within the borough, to run an improvement collaborative in 2017, where [ELFT] developed projects together [with local teams]. We also have two senior Improvement Advisors within [ELFT's QI] department who work externally to develop quality improvement capability

functions within the integrated care system. We also make sure to share our stories widely to help other organisations learn and grow.”

Increasing Diversity of Services

In 2018, ELFT expanded its primary care services to align with the organisation's new strategic objective around population health. Moving into primary care provided ELFT with some control over the entire patient pathway, thereby enabling the organisation to influence patient flow and marshal effective improvement interventions at an early stage. This new workstream also provided the opportunity to work with patients in the early stages of their illness or disability to, where possible, prevent deterioration and minimise exacerbation as well as involve patients in the QI work. For example, a QI project to better manage the needs of children with asthma not only benefitted children and their families, but also schools (better attendance and attainment) and A&E teams and secondary services (fewer A&E visits freed up resources for others).

Richard Fradgley, says, “It helps that people were impressed with the asthma project and interested in seeing what else this approach could achieve. It feels like we have our hands on the levers of change. I think that there are two elements to QI. There's QI as a method for quality problems and QI as a mindset, whereby you can apply the principles of QI across systems. These cross-system projects may not lend themselves to a formal adoption of QI methodology, but you can use the mindset/philosophy of QI to achieve results.”

“There is a message in this for local residents in understanding what they want from us,” says Mohit Venkataram. “Talking about improvement and leadership gives confidence to the public – they know we are striving to keep them safe.”

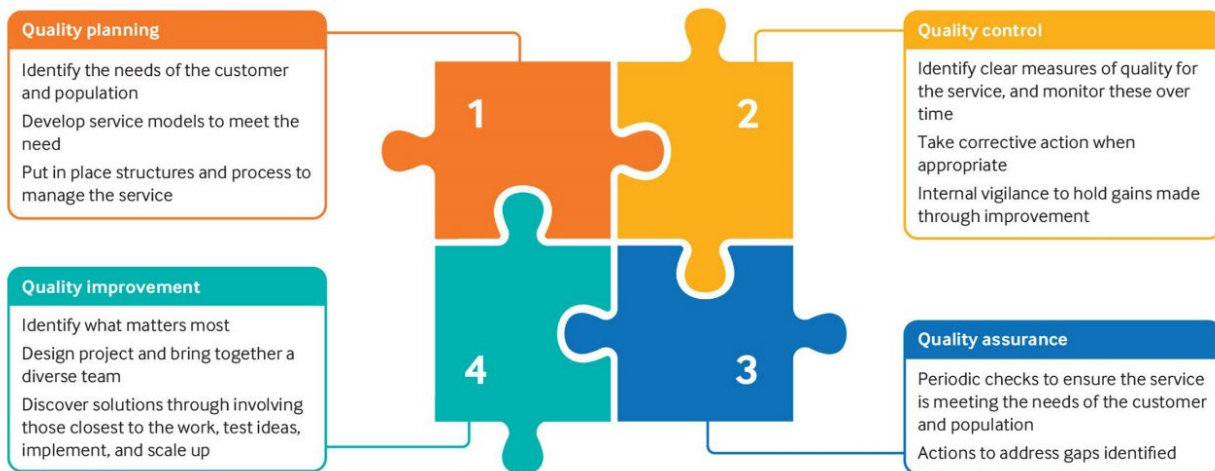
Key Learning Points

- Encourage improvement project teams to consider up front which organisations and parts of the system might have an impact on the aim they are trying to achieve, and strive to engage them in the project at the start.
- Sponsors of QI projects have an important role in both building relationships with key partners and bringing them together with a shared purpose.
- Think carefully about the technical language used to teach and communicate about QI. Consider how to best engage partners in quality improvement by using accessible language.
- Provide opportunities for partners in local communities to learn about QI and support them in applying it.

10. Develop a Quality Management System

ELFT now has an integrated quality management system with four components: quality planning, control, assurance, and improvement (see Figure 3).¹⁹ Its evolution was a gradual process over many years. The first step involved rebalancing quality assurance (QA) and quality improvement.

Figure 3. ELFT Quality Management System



“QI was introduced to the organisation in a very intentional way, whereas the emergence of the quality management system was more organic,” notes Duncan Gilbert, Associate Director of Quality Management. “Elements like assurance have always been there, so it’s more about understanding how different parts connect to each other and work together to enable individuals, teams, and the organisation to understand the quality of what they are delivering. This allows them to plan and monitor their priorities and measure themselves against standards.”

Prior to the introduction of quality improvement in 2014, there was an over-reliance on assurance to manage quality. As part of the introduction of QI, between 2013 and 2015 a range of interventions helped balance the amount of time and effort people spent on assurance. This included a review of all clinical audits to ascertain whether they were required for internal or external reasons and to focus on a more meaningful use of audits. A campaign led by the director of operations in 2013 asked all teams at ELFT to consider activities of lower value that could be stopped or done in a different way to free up time. These initiatives gradually led to the redesign of all ELFT quality assurance activities to become more service-user-led and more meaningful for clinical teams.

“We now focus on a few priorities and doing those really well,” says Ellie Parker, Head of Quality Assurance. “We’ve reduced the frequency of audits to give people enough time to go through the whole process. This means collecting data, writing reports, teams on the ground reflecting and acting on the data we gathered, and then looking at improvements over time. When we

used to audit four times a year, people didn't have enough time to make data-driven decisions and look at their impact over time because the cycles were so short."

"QI has led us to a more structured quality management system where we can understand how parts like quality assurance, quality control, and improvement aid clarity. QI provides a culture around change and allows people to act on this information to improve services."

Duncan Gilbert notes, "Our [current] approach to quality assurance is to have some very clear, easy to use processes for the people who know their services best and to give them measurement tools they can use themselves, so QI has definitely had an impact there... In terms of automating to reduce workload, we try to eliminate duplication and asking [for] things we already have data on. There are so many demands on our services, so we want to make QA as meaningful and effective as possible and balance it with other activities."

"QI has led us to a more structured quality management system where we can understand how parts like quality assurance, quality control, and improvement aid clarity," Ellie Parker says. "QI provides a culture around change and allows people to act on this information to improve services."

Service-User-Led Quality Assurance

There has been a change in the balance of who carries out quality assurance activities at ELFT. Originally, a corporate QA team supported staff in measuring patient/service user experience. As the ELFT approach evolved, from 2016 onward service users became regarded as an extended part of the QA team and began conducting their own assurance activities. The QA team supported service users in designing an accreditation programme, identifying care standards that mattered most to users, and conducting clinical team assessment visits to provide an accreditation rating. This Service-User-Led Accreditation programme then leads into areas for improvement, for which service users also provide support to the QA team.

Ellie Parker notes, "We've always supported services in collecting feedback from service users to see if we're meeting their expectations, and service users were involved in the design of this. Now, we also have the Service-User-Led Accreditation programme centered around 30 standards that service users and carers have told us matter most to them. Service user assessors interview staff, service users, and carers and write a report as feedback to the service they visited. Depending on how many standards they meet, teams are awarded Gold, Silver, or Bronze awards."

ELFT added another element to their patient experience portfolio by joining Care Opinion, a public feedback platform that enables ELFT service users to comment on their experience and provides the opportunity for the organisation to respond.

"We want service users to shape our definition of quality," says Duncan Gilbert. "Accepting that service users have something extremely important to say about the quality of their service is a

reflection of the role of QI at ELFT. It's important for us to measure what matters to service users as much as what matters to the CQC."

Extending QI across All Functions

Quality improvement isn't only applied to challenges related to quality of care at ELFT; it's also used as a method to address complex challenges across all functions, including corporate support services (e.g., human resources, procurement, communications), finance, and performance. Board-level responsibility for performance was incorporated into the chief quality officer portfolio in 2018, and performance issues are now tackled using the same improvement methodology as quality issues.

Amrus Ali, Associate Director of Performance, notes, "In ELFT, quality and performance are synonymous. We apply the methodology to understand what is happening and everyone looks at the problem with the same tools. Local teams can understand trends quickly and focus on what is needed. It's a more engaging way to tackle issues in a way that monitoring red/amber/green ratings does not achieve. It gives a broader perspective. We can create the tools and environment, but you need local ownership to ensure success. Our approach shows a macro view of the issues that can encompass a range of areas – such as waiting times or trying to understand an equity issue from a deprivation or gender perspective – and builds a solution that empowers along the way, that builds in capability and trust – a grassroots approach. This means teams can gather momentum and engagement to not just fix something but also achieve a long-term solution, so [this approach to using QI] is a natural fit."

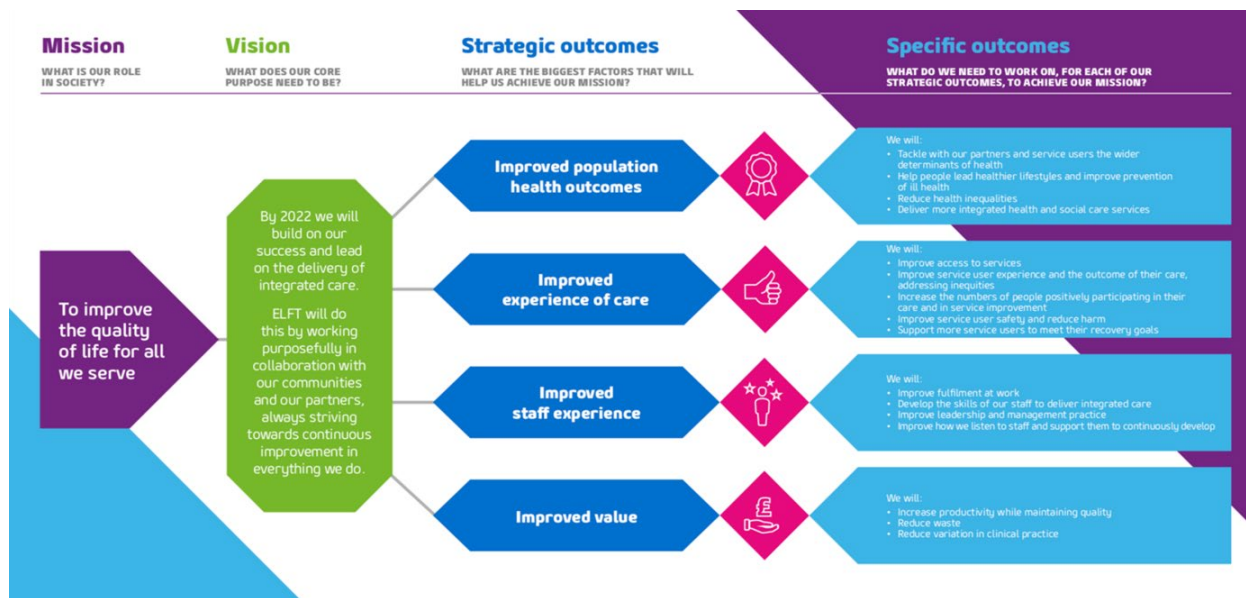
The greater use of data and analytics has enabled ELFT to tackle complex challenges and gave teams at-a-glance insights into their services. As previously described, all data, from human resources to finance to performance, is available in a single business intelligence platform (PowerBI) and visualised in a consistent way as data over time displayed in SPC charts. This approach has also supported the application of QI principles and methods to traditional performance areas.

For example, notes Amrus Ali, "We applied quality improvement to look at the 72-hour standard follow-up after the discharge of a patient, which is a national priority. ELFT wasn't doing very well with this. As a result of looking at the issues, we have nearly doubled the percentage of people now seen after they are discharged by undertaking a granular review in each area. We were also aware that some work by staff was not being measured and reflected, some of which was relevant in the success or not of when someone was readmitted."

Integrating Planning into the Quality Management System

In 2014, ELFT created and submitted an annual plan, primarily for the benefit of the national bodies – it was not meaningful for the organisation and did not guide prioritisation or local efforts. In 2017, ELFT undertook strategy development in an entirely new way. Led by the chief quality officer, the Trust engaged staff and stakeholders in every part of the organisation as part of a "big conversation" to understand the purpose, strengths, gaps, and opportunities in order to define ELFT's priorities and mission for the next five years (see Figure 4).

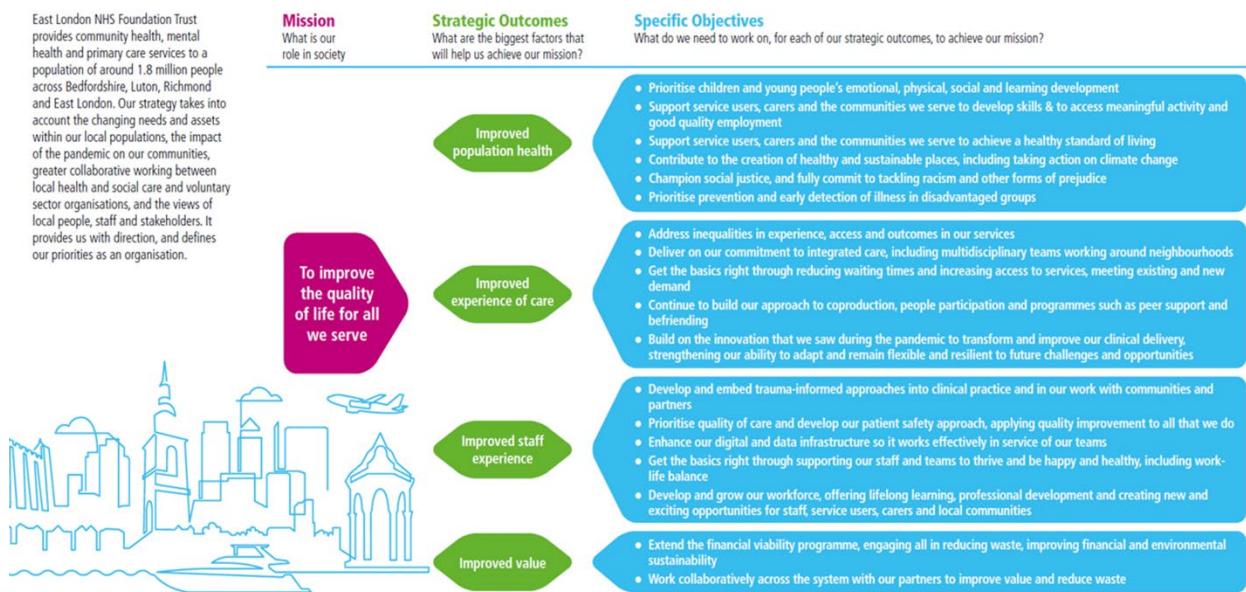
Figure 4. Driver Diagram of ELFT Strategy and Priorities (2017)



This exercise was replicated in 2021, near the end of the pandemic, to redefine the strategy for 2021 through 2026 (see Figure 5).

This shift to a single strategy has been helpful in creating a more coherent and standardised approach to organisation-wide planning. There has also been a more explicit link between plans and improvement activity.

Figure 5. Driver Diagram of ELFT Strategy and Priorities (2021–2026)



Alongside this more inclusive way of co-designing the five-year strategy, the Trust began introducing a better annual planning process. This was intended to support every part of the organisation to create an annual plan, all aligned toward the overall organisational strategy. This shift to a single strategy – with every part of the Trust creating a single integrated annual plan that incorporates workforce, finance, quality, performance, and operations in a consistent way (depicted as a driver diagram) – has been helpful in creating a more coherent and standardised approach to organisation-wide planning. There has also been a more explicit link between plans and improvement activity, as the priorities within the plan are often delivered through formally designed quality improvement work.

Strengthening Quality Control Systems

In 2022, ELFT began to strengthen its approach to quality control by making a concerted effort to standardise the use of huddles, use real-time data to spot issues that need action, and understand how and when to escalate issues for support. The creation of an integrated visual management system in PowerBI has been critical to supporting better quality control.

Key Learning Points

- Recognise that developing and implementing a quality management system requires continuous assessment and improvement over time.
- When developing a quality management system, begin with intentional activities that rebalance quality assurance and improvement activities.
- Look for ways to focus quality assurance activities on what matters most to patients and service users. Enlist them in designing the system for assurance.
- Empower the chief quality officer (or equivalent senior leader role) to ensure that a consistent QI approach is implemented across different functions throughout the organisation (e.g., a single approach to quality and performance).
- Creating a consistent quality management system requires partnering with stakeholders throughout the organisation (e.g., finance, human resources, operations, performance, business intelligence).

Conclusion

We hope that the learning shared in this publication supports other health and care organisations with applying quality improvement within a large, complex system such as ELFT – and with reaching beyond the organisation's boundaries to work with external partners to improve quality. Every journey is different. The path that ELFT has taken may not be right for others, yet there are likely some common elements that help maintain constancy of purpose, engage a broad range of people to learn and apply quality improvement, and recognise the value that this brings.

Dr. Kedar Mate, IHI President and CEO, notes, "The work of the leaders and teams at ELFT over the past 10 years has not only built the foundation and infrastructure for improving quality throughout the Trust, it also serves as an instructive and applicable model for other organizations and systems. My hope is that systems across the globe will learn from ELFT's example and commit to following a similar path."

"There is no recipe, no perfect formula, no predetermined path to sustaining organisation-level improvement efforts over time in service of best possible outcomes," reflects Pedro Delgado, IHI Vice President. "However, I trust the lessons from ELFT to date will serve to support others on the journey or seeking to get started, as they will be able to reflect on what they may wish to translate into their unique contexts."

Sustaining a journey for a decade or longer, notes Dr. Amar Shah, Chief Quality Officer, relies on integrating improvement into the way the organisation behaves day to day – partnering with many other organizational functions, including operations, planning, analytics, and assurance. It is a delicate balance, supporting leaders at all levels of the system to build and sustain belief in the method and mindset of improvement to help solve the most complex challenges, whether operational, clinical, workforce, or financial.

For others on this path, Amar Shah provides this important guidance: "Remember to take regular pauses to reflect, celebrate, and regroup. Maintaining energy is so important, for the work of continuous improvement is never done."

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