



# QUALITY IMPROVEMENT



East London  
NHS Foundation Trust

## Leadership for improvement



@ELFT\_QI



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# Introducing the ELFT Team



Navina



Steven



Paul



Paul



Amar

# Objectives of the workshop

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

Let's get to know each other



# Preliminary Improvement Plan

The PIP is built on six themes for IMMEDIATE action:



**inspiring  
improvement**  
#improve365

Plus, working within existing recovery plans



By engaging with staff at the Ask and Act workshops the Preliminary Improvement Plan will

grow in Quality Imp

Measurable Key Performance Indicators

Robust governance and accountability for action

First, let's define what we mean by...  
**Quality improvement**

TheKingsFund> Ideas that change health care

## Improving quality in the English NHS

A strategy for action

NHS quality

Domain 1: Preventing people from dying prematurely

Commissioning Outcomes Framework

Commissioning Guidance

Provider payment mechanisms

Tariff Standard Contract QQUIN QOF

Update

Colchester Hospital University NHS Foundation Trust

NHS

## NHS Operational Planning and Contracting Guidance

2017-2019

and NHS Improvement

Our quality improvement plan

Our 2020 Vision

Our strategy to improve patient care over the next five years.

Patient care

Our vision: Outstanding care and treatment you can be confident in.

Improving Quality

improving  
quality

≠

quality  
improvement



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

What would others see in our behaviours?

What is our approach to problem-solving?

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

Use of data to guide decision-making

Stop solving problems at the top

Give people time and space to solve complex problems

“Go see”  
“Gemba”  
Executive WalkRounds

Change in leadership behaviours

Paying personal attention

Manage the expectations

**ROLE  
MODELLING**



The image features a circular graphic with a red and orange gradient background. Inside the circle, there is a globe with a textured, slightly grainy appearance. The globe is tilted, showing the Americas on the left and the Pacific Ocean on the right. The text "WHAT MATTERS MOST" is written in bold, yellow, sans-serif capital letters across the center of the globe. The background of the entire image is a solid yellow color.

**WHAT  
MATTERS  
MOST**

1. Create the right context for continuous quality improvement

2. Build capability and capacity

3. Inspire and empower people to lead improvement

4. Create an infrastructure to support improvement

5. Align the work around improvement priorities

– clear priorities, stop other stuff, redesign systems built for assurance

6. Constancy of purpose

– relentless focus, shield teams from distractions

### Driven by Persons and Community

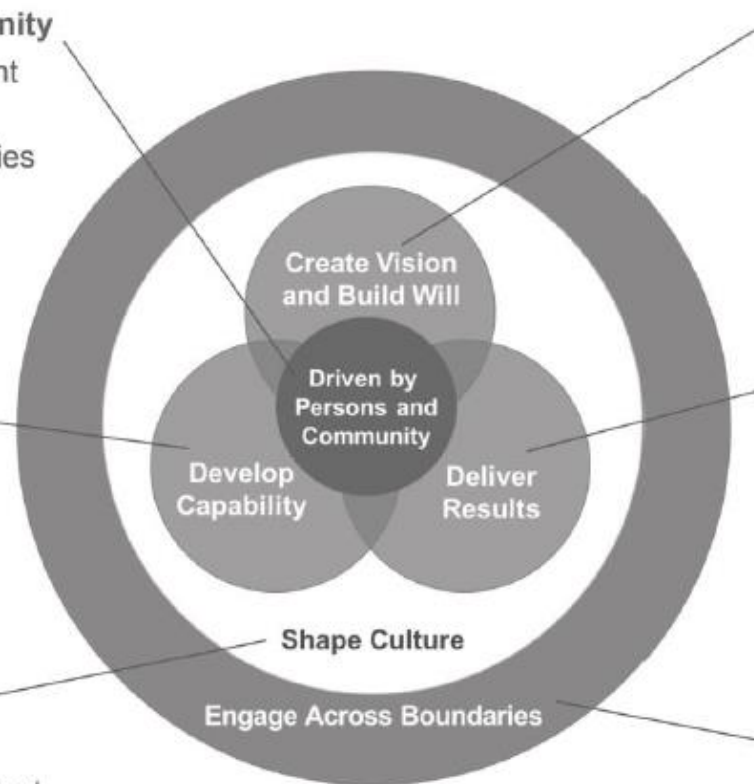
- Include patients on improvement teams
- Start meetings with patient stories and experience data
- Use leadership rounds to model engagement with patients and families

### Develop Capability

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

### Shape Culture

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



### Create Vision and Build Will

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

### Deliver Results

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

### Engage Across Boundaries

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

# Key Elements for Innovation



# Creating a culture and mindset of continuous improvement

with **Dr Navina Evans**  
(Chief Executive Officer)



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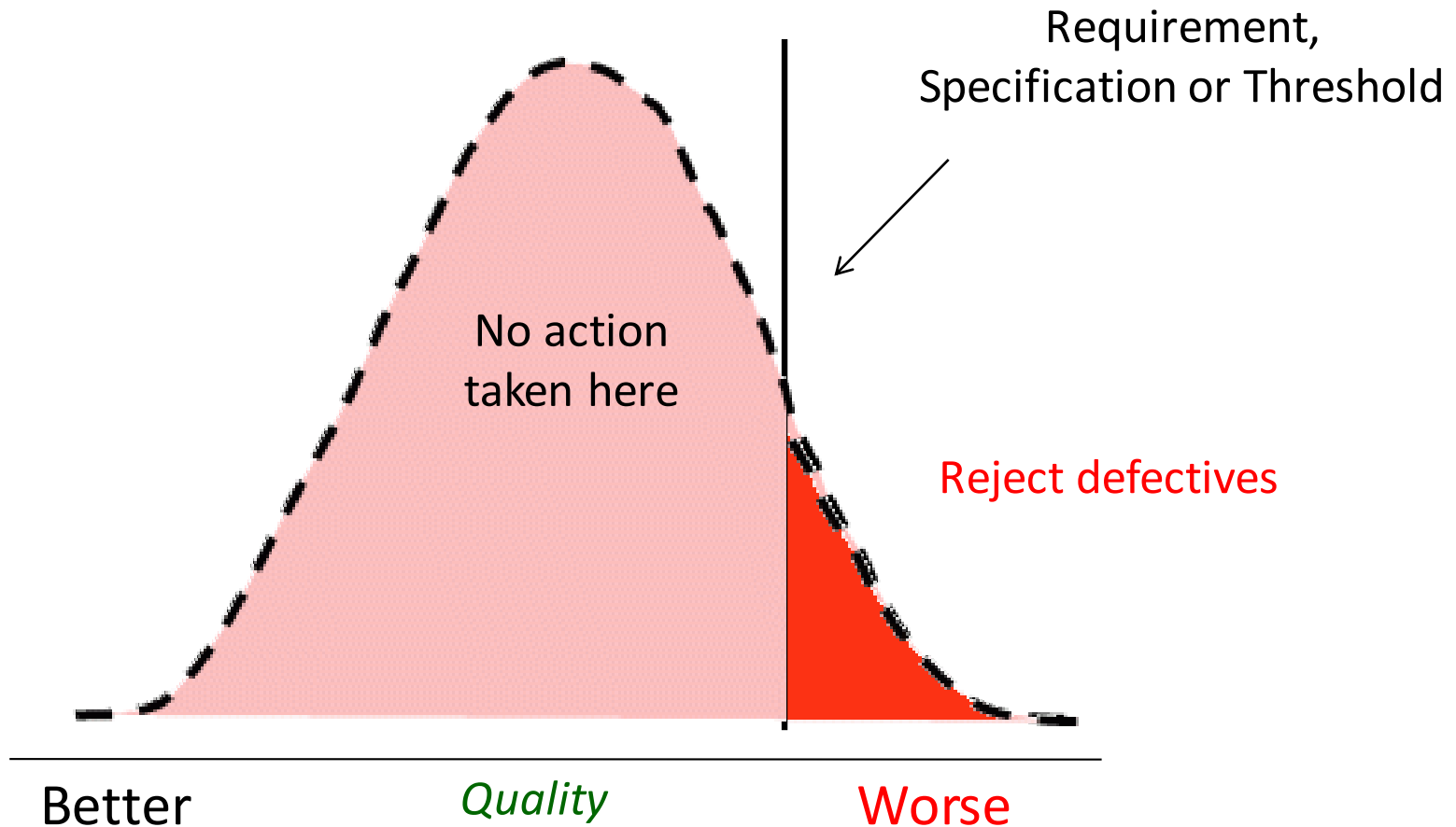






**10**  
**YEARS AGO**

# The old or only way we knew (Quality Assurance)



# Performing well?

## Trust Board Scorecard Q4 2009/10

KEY MONITOR, NATIONAL, PARTNER AND LOCAL TARGETS	2009/10 Target	2008/09 Actual	2009/10 Q3	2009/10 Q4	Trend Q3-Q4	Comment
<b>Monitor Targets</b>						
Annual number of MRSA bloodstream infections reported	0	0	0	0	↔	
Reduction in C. Diff	0	0	0	0	↔	
CPA inpatient discharges followed up within 7 days (face to face and telephone)	95.0%	99.5%	99.0%	99.1%	↔	
Patients occupying beds with delayed transfer of care	7.5%	3.5%	1.8%	1.8%	↔	CQC Indicator definition covers only April-Aug 2009
Admissions made via Crisis Resolution Teams (end of period)	90.0%	98.3%	99.0%	96.7%	↓	
Number of Crisis Resolution Teams	7.1	7.3	7.3	7.3	↔	
<b>Other National/CQC Targets</b>						
Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date)	85%	98.1%	97.3%	97.3%	↔	Local target 85%.
Completeness of Mental Health Minimum data set – PART ONE (As per 2008/9)	99%	97.6% Underachieved	99.4%	99.4%	↔	Target assumed 99% as per CQC threshold 2008/9. MONITOR have confirmed 99% threshold for 2010/11 for this indicator.
Completeness of Mental Health Minimum data set – PART TWO (New – confirmed 22/12/2009)	TBA	Not Used	45.0%	45.0%	↔	No threshold set by CQC or MONITOR for 2009/10 therefore cannot assess compliance.
Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set	80%	99.6%	93.2%	93.2%	↔	
CAMHS - National Priorities - Six targets graded 1 (lowest) to 4 (best)	24	22	22	24	↑	Maximum Score 24
Annual Staff Survey (Job Satisfaction)	Benchmarked	Satisfactory	N/A	TBC		Survey based - Annual, threshold not available yet
Patient Survey	Benchmarked	Below Average	N/A	TBC		As above
Drug Misusers in effective Treatment	90.0%	95.5%	92.9%	92.9%	↔	
Access to healthcare for people with a learning disability – report compliance to CQC	Yes	Not Used	N/A	Yes		
Best practice in mental health services for people with a learning disability – Green Light Toolkit Score	48	40/48 Underachieved	42	46	↑	Max Score 48
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98.0%	97.5%	98.3%	98.3%	↔	Partner target for acute trusts. This will be excluded from future reports.
<b>PCT Contract and Mandatory Targets</b>						
Number of Early Intervention Services Teams	3	3	3	3	↔	
Early Intervention Services Caseload	511	569	534	544	↑	
Newly diagnosed cases of first episode psychosis receiving Early Intervention Services	176	243	199	248	↑	
Number of patients receiving Adult Crisis Resolution Services (Episodes for Year to date)	2280	2,346	1874	2552	↑	
Specialist Addictions – % of discharges retained 12 weeks or more	85.0%	96.1%	92.9%	92.9%	↔	
Specialist Addictions - Number of drug misusers in treatment (snapshot at period end)	678	710	780	776	↓	
CAMHS Service protocols	12	12	12	12	↔	Maximum Score 12
Mixed Sex accommodation breaches	0	0	0	1	↑	Reported as required to PCTs, no penalties or compliance issues.
<b>Patient Experience - Community</b>						
Assessment within 28 days of referral	95%	Not Used	88.2%	92.8%	↑	Local target of 95%
CPA patients - care plans in date	95%	93.1%	93.3%	94.2%	↔	
<b>Patient Experience - Inpatients</b>						
Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)	95%	95.3%	98.3%	97.3%	↓	See graphs overleaf for more detail.
<b>Information Governance/Assurance</b>						
Information Governance Toolkit score	90.0%	87.0%	87.0%	90.9%	↑	Next assessment expected October 2010

# Mental health Three patients die on psychiatric ward

Three patients have died within 12 months on the same ward following warnings from unions about budget cuts

Mark Gould

Tuesday 12 April 2011 13.10 BST



This article is 4 years old

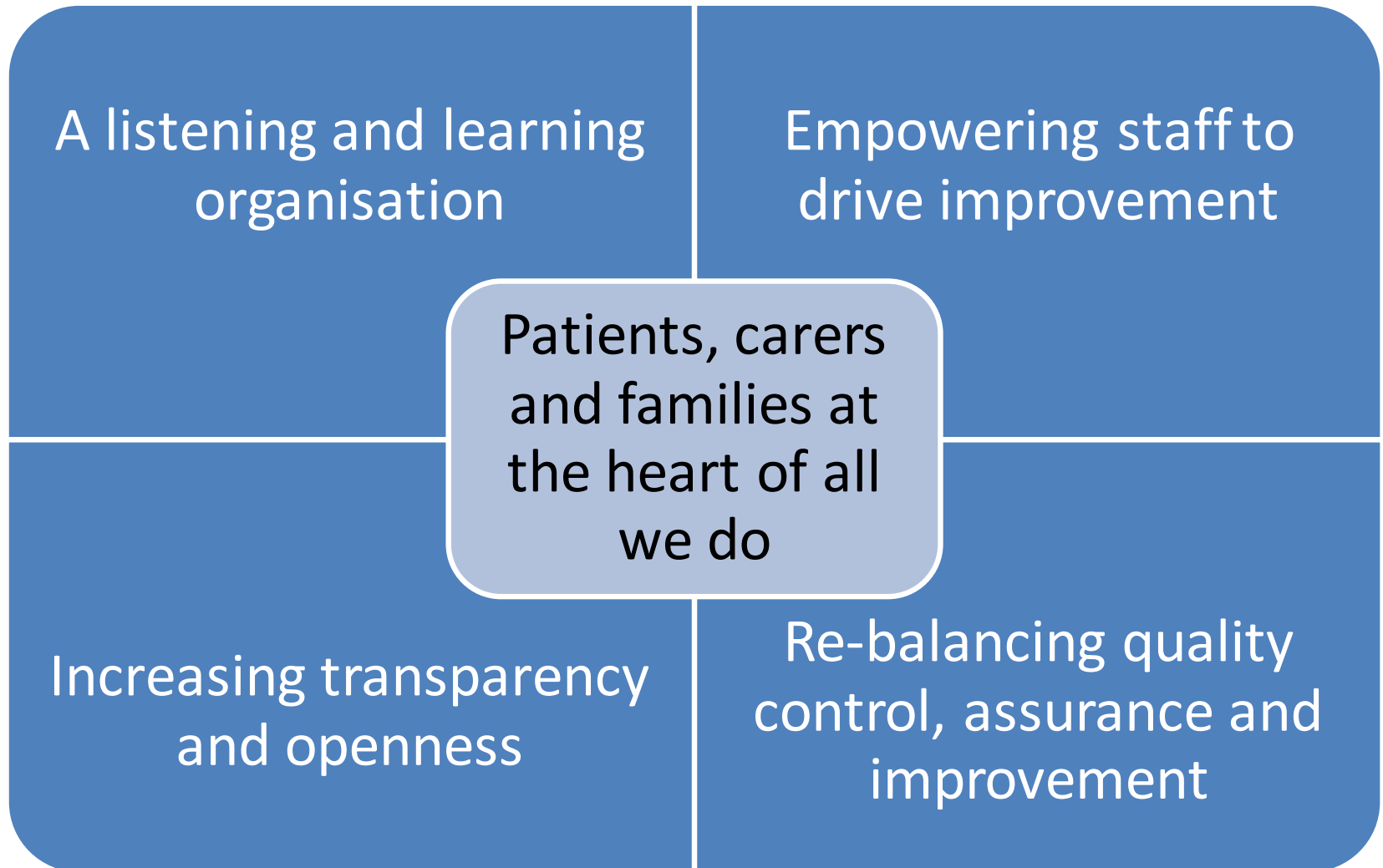


### Most popular



Star architect Zaha Hadid dies aged 65 from heart attack

# The culture we want to nurture



A large, teal-colored number '6' is centered on a light blue background. The number is partially obscured by a horizontal white band that contains the text 'YEARS AGO' in a teal, sans-serif font. The text is positioned across the middle of the number's vertical span.

6  
YEARS AGO

# Building the case for change

Three patients die on psychiatric ward

Three patients have died within 12 months on the same ward following warnings from unions about budget cuts



Unions warned that budget cuts would compromise staff and patient safety. Photograph: Gary/PhotoBank

**Sentinel event**



**Visits to other organisations**



**Trust board bespoke learning sessions**



**Early small scale tests**



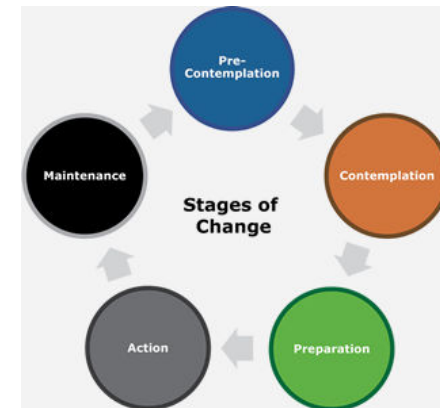
**Developing the strategy through engagement**



**Long-term business case approved**



**Identify strategic partner**



**Assess readiness for change**

# Clinically Led, Management Partnered, Patient Driven





## Contribution to

Better outcomes

Better satisfaction

Value for money

Better population health

## We know how to

Focus on recovery

Work with hope

Work with families

Work in systems

Promote resilience

Promote positive behaviour change

# QI & finance

## – the business case for quality

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



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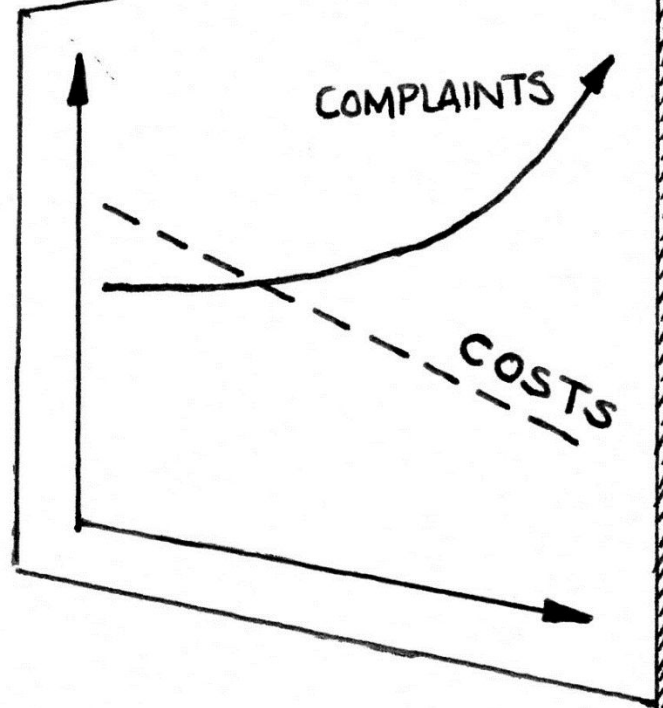


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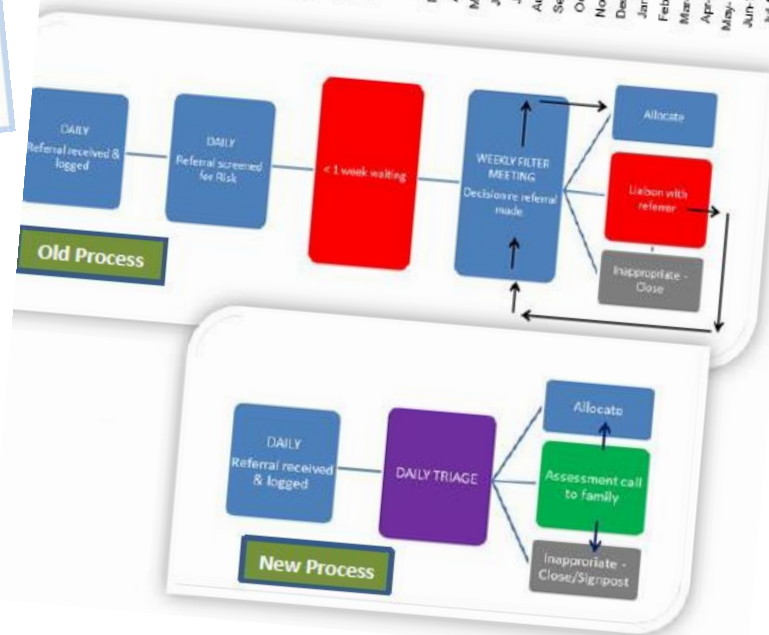
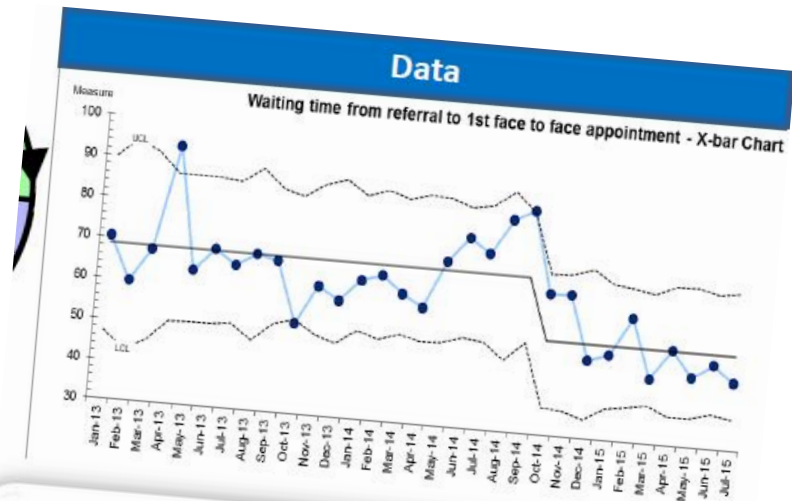
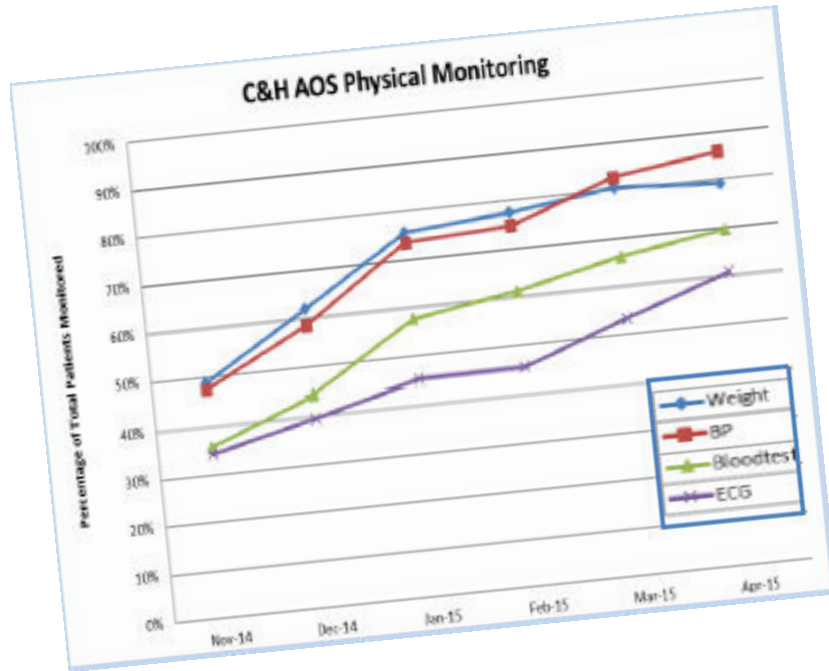
I'm pleased to be able to report considerable efficiency savings...



© J 2010



# Focus on the solution, not just the problem.....



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

- Shaping strategy and vision



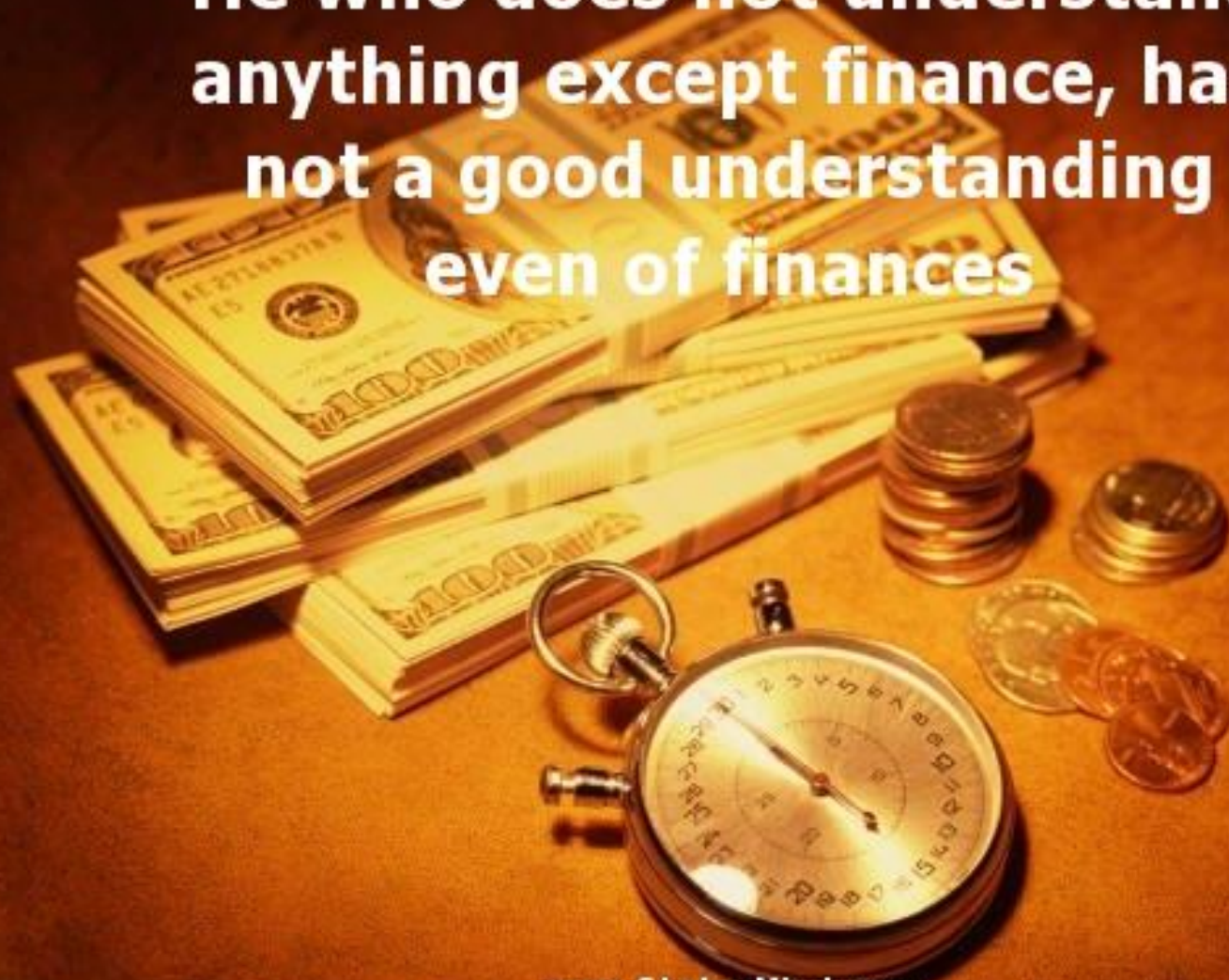
- Balance



- Sometimes .....Just do it



**He who does not understand  
anything except finance, has  
not a good understanding  
even of finances**



# Engaging clinicians in quality improvement

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



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# Integrating improvement with operations

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



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# Some time to reflect at your tables

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



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

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

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