



S + P + C = 0

with

James Innes,
Associate Director of QI



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qi.elft.nhs.uk



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

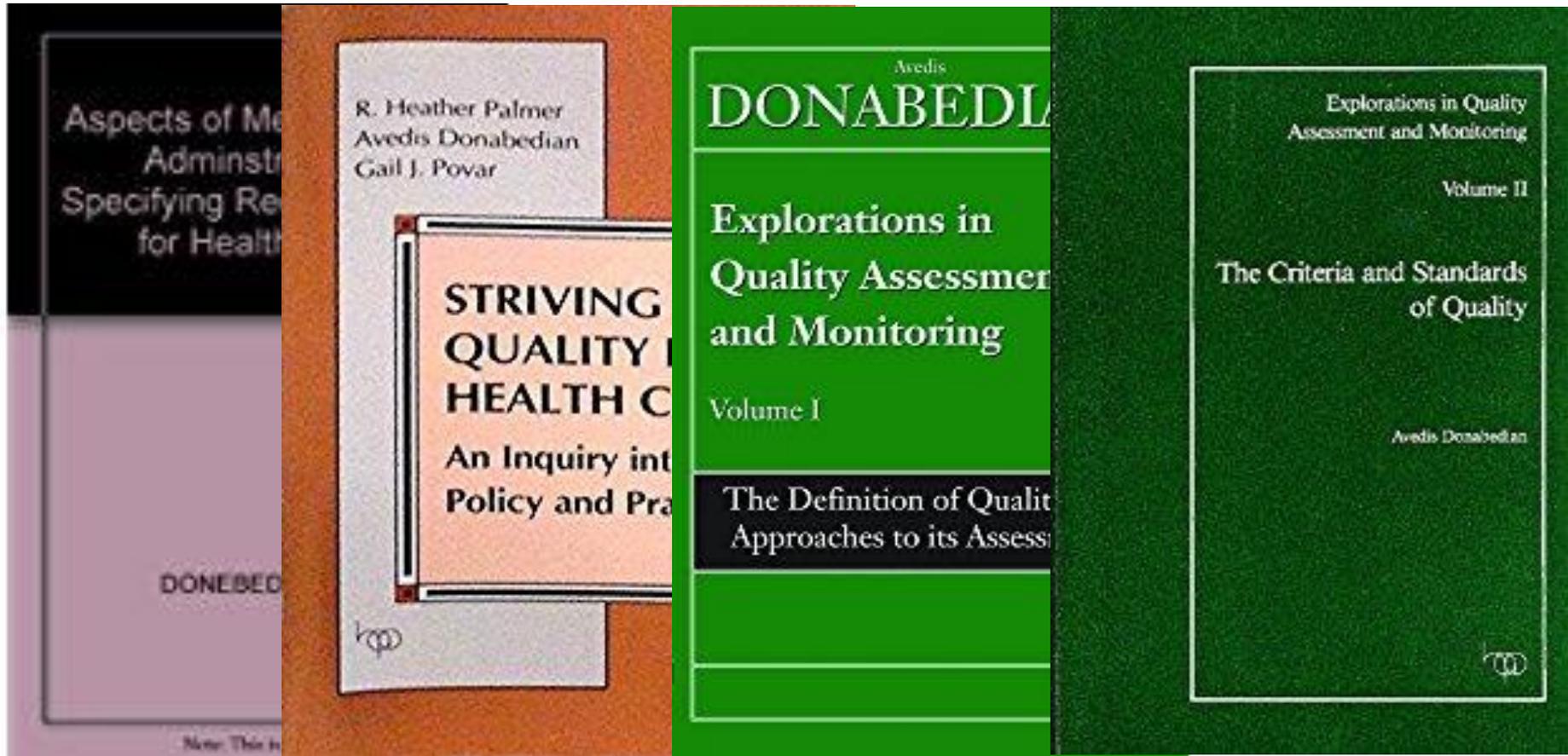
Dr Avedis Donabedian



1919-2000



A thought Leader...



A thought Leader...

Evaluating the Quality of Medical Care

AVEDIS DONABEDIAN

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

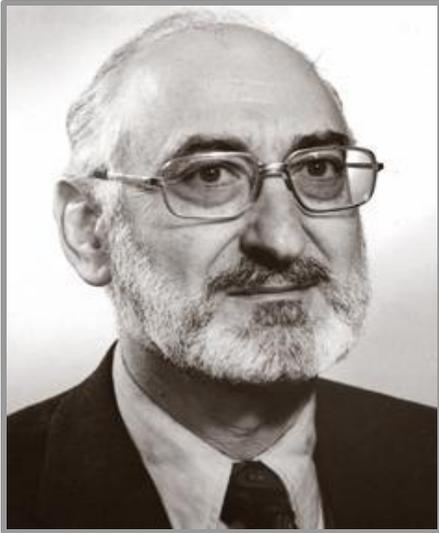
This is not an exhaustive review of the pertinent literature. Certain key studies, of course, have been included. Other papers have been selected only as illustrative examples. Those omitted are not, for that reason, less worthy of note.

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

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

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Dr. Avedis Donabedian
(1919 – 2000)





STRUCTURE



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

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

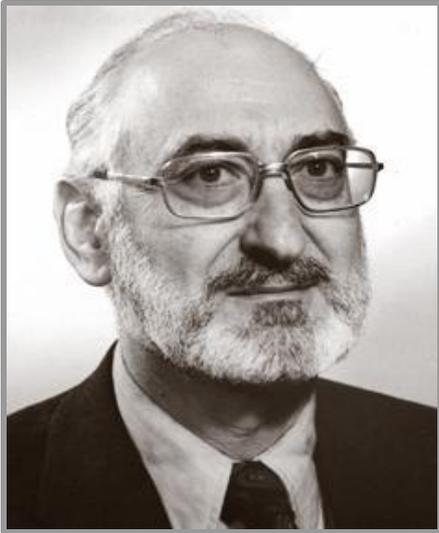


PROCESS



Sum of all actions that make up healthcare

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



Dr. Avedis Donabedian
(1919 – 2000)

$$S + P + C = O$$

STRUCTURE

PROCESS

CULTURE

OUTCOMES



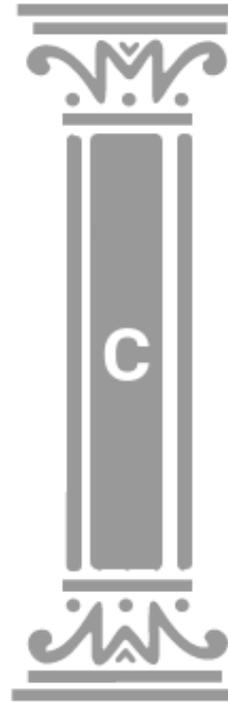
CULTURE

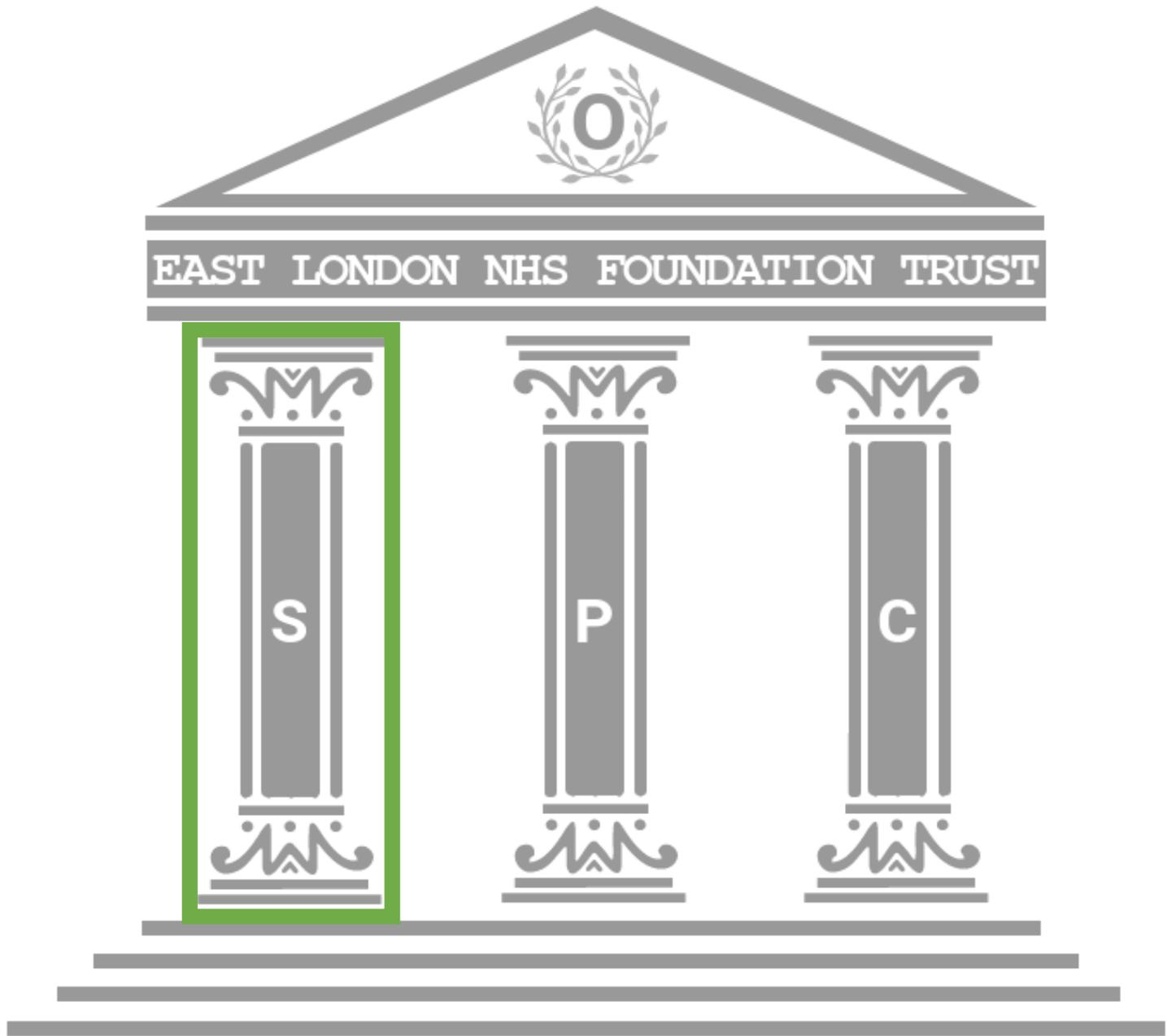


- Hugely important to quality of care that is delivered
- Wide body of research that links staff engagement to clinical outcomes

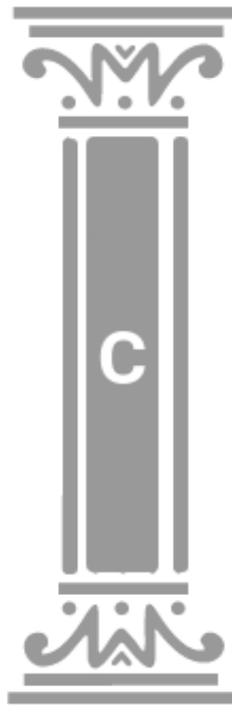


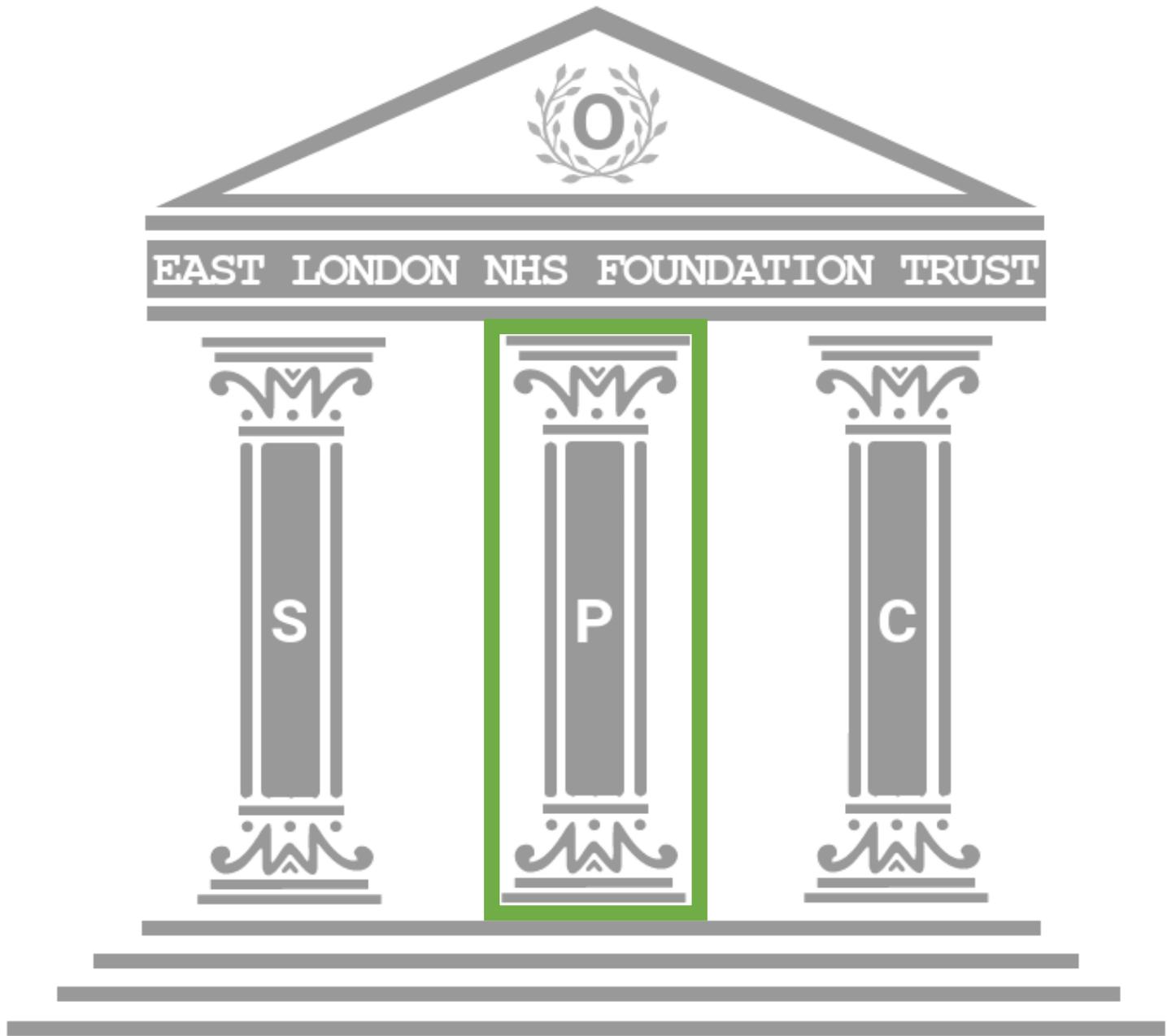
EAST LONDON NHS FOUNDATION TRUST





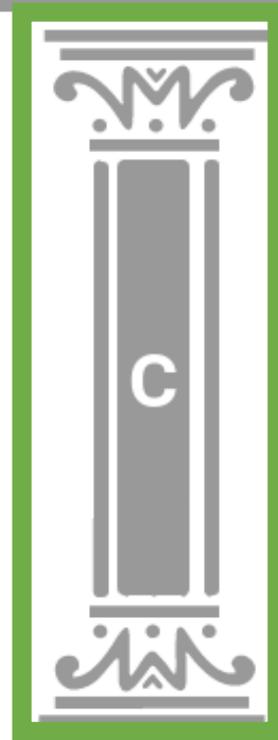
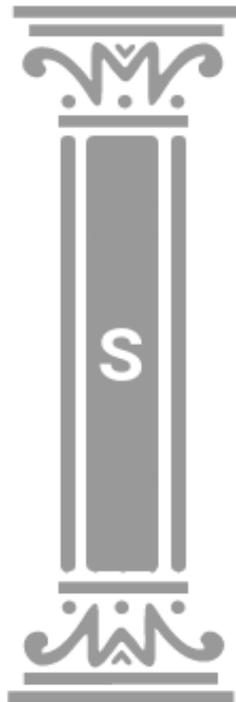
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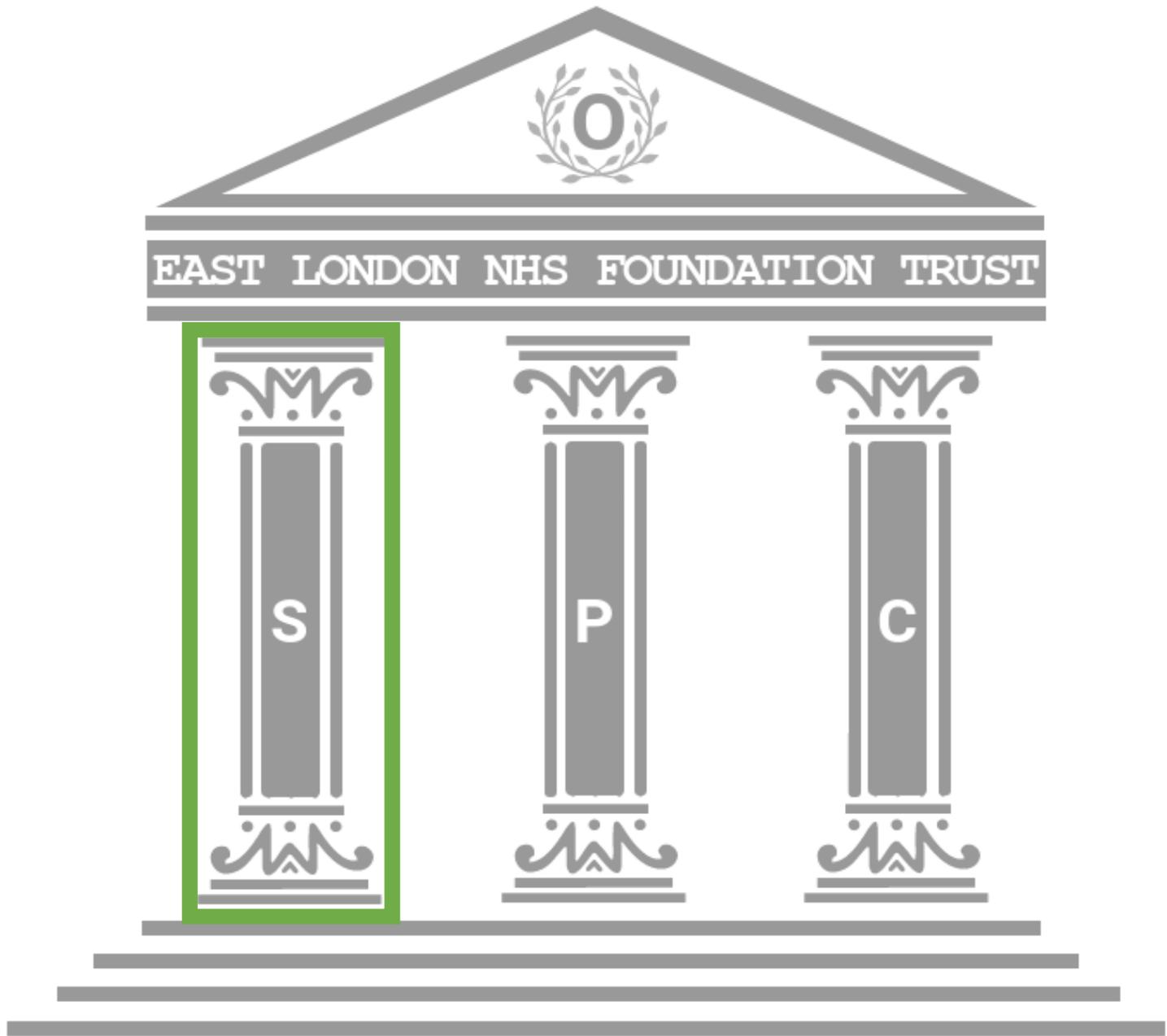




EAST LONDON NHS FOUNDATION TRUST







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S



P



C





STRUCTURE



Quality Committee

Service Delivery Board

QI Forums

Directorate Management Meetings

People Participation meetings

QI Programme Board

Acute Care Forums

Trust Board

CEO Quarterly Quality Sessions

High Priority QI Project Learning Sessions

High Priority QI Project Boards

QI Coach Support Sessions



STRUCTURE



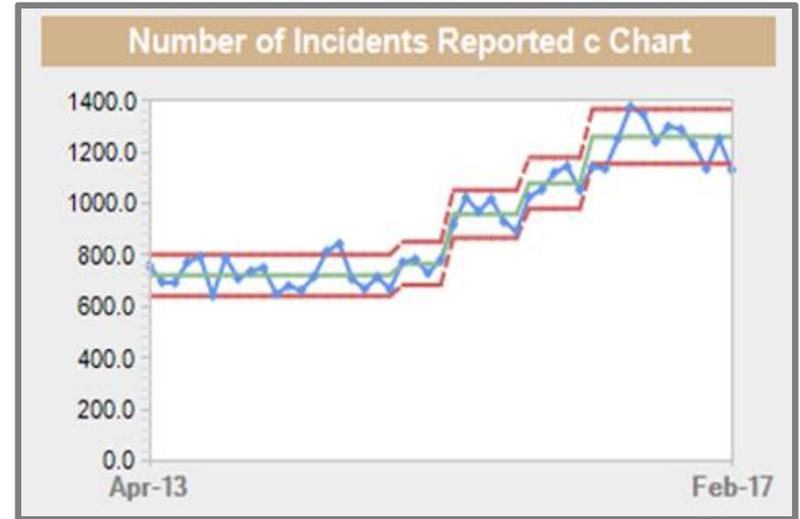
NHS
East London
NHS Foundation Trust

LifeQI Home Features Subscribe Security News Learning Login → Free Trial →

Quality improvement software for healthcare

Join your colleagues today...

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QUALITY IMPROVEMENT PROGRAMME

East London NHS Foundation Trust

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Join us in March 2017 for our Annual QI Conferences in Bedfordshire & London

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Forgotten password? [Contact us](#)



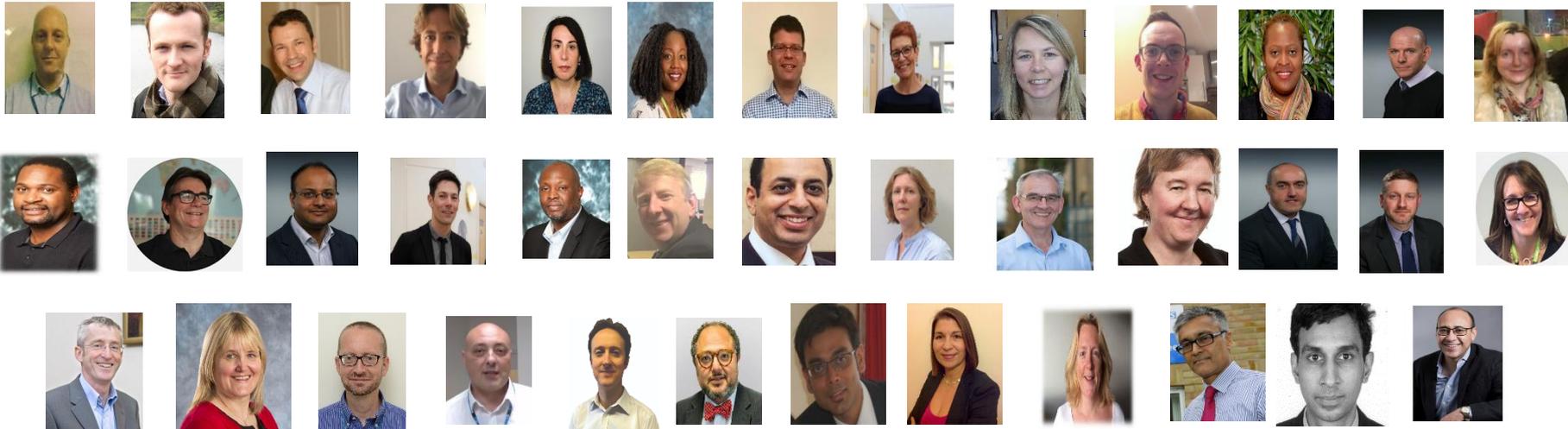
STRUCTURE



Active QI Coaches at ELFT



STRUCTURE



QI Sponsors in the Organisation



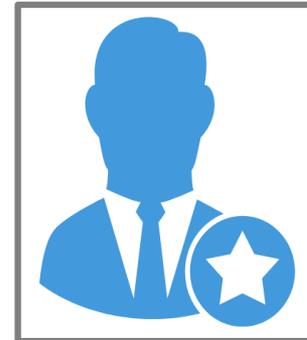
STRUCTURE



Central QI and QA Teams



STRUCTURE

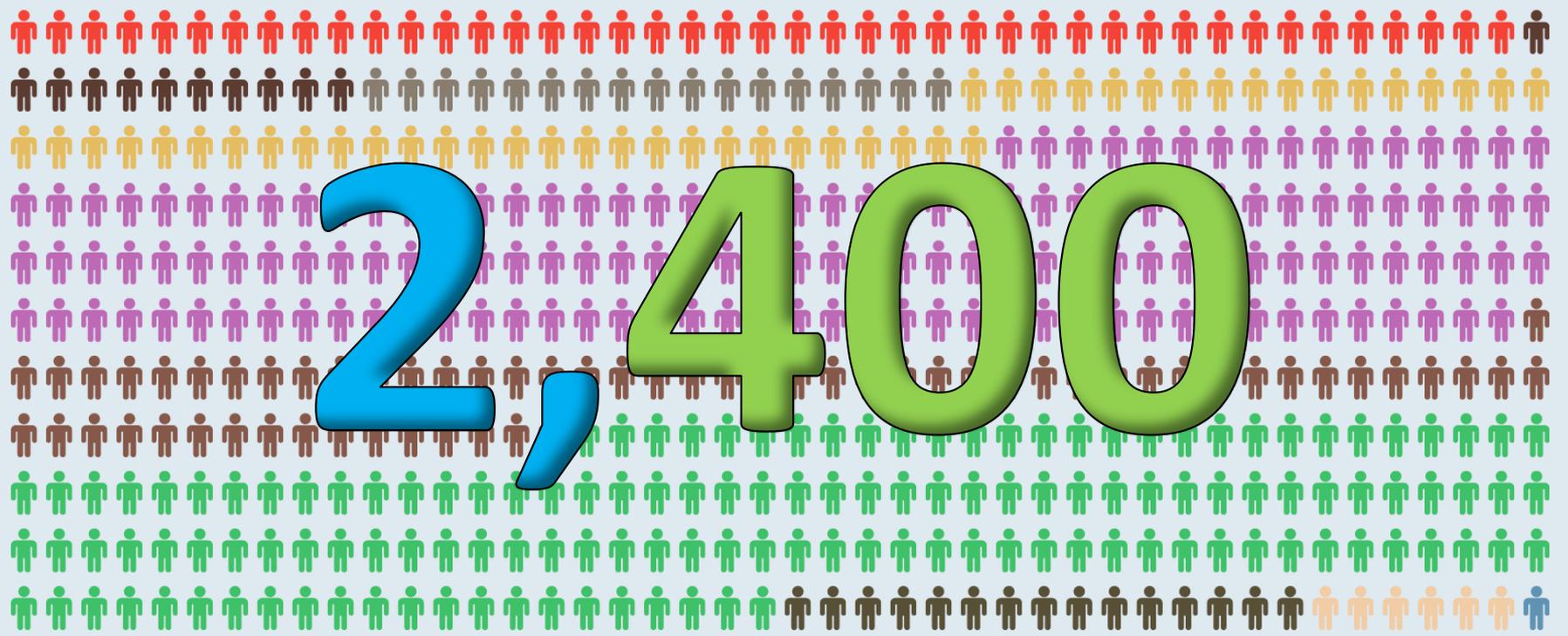




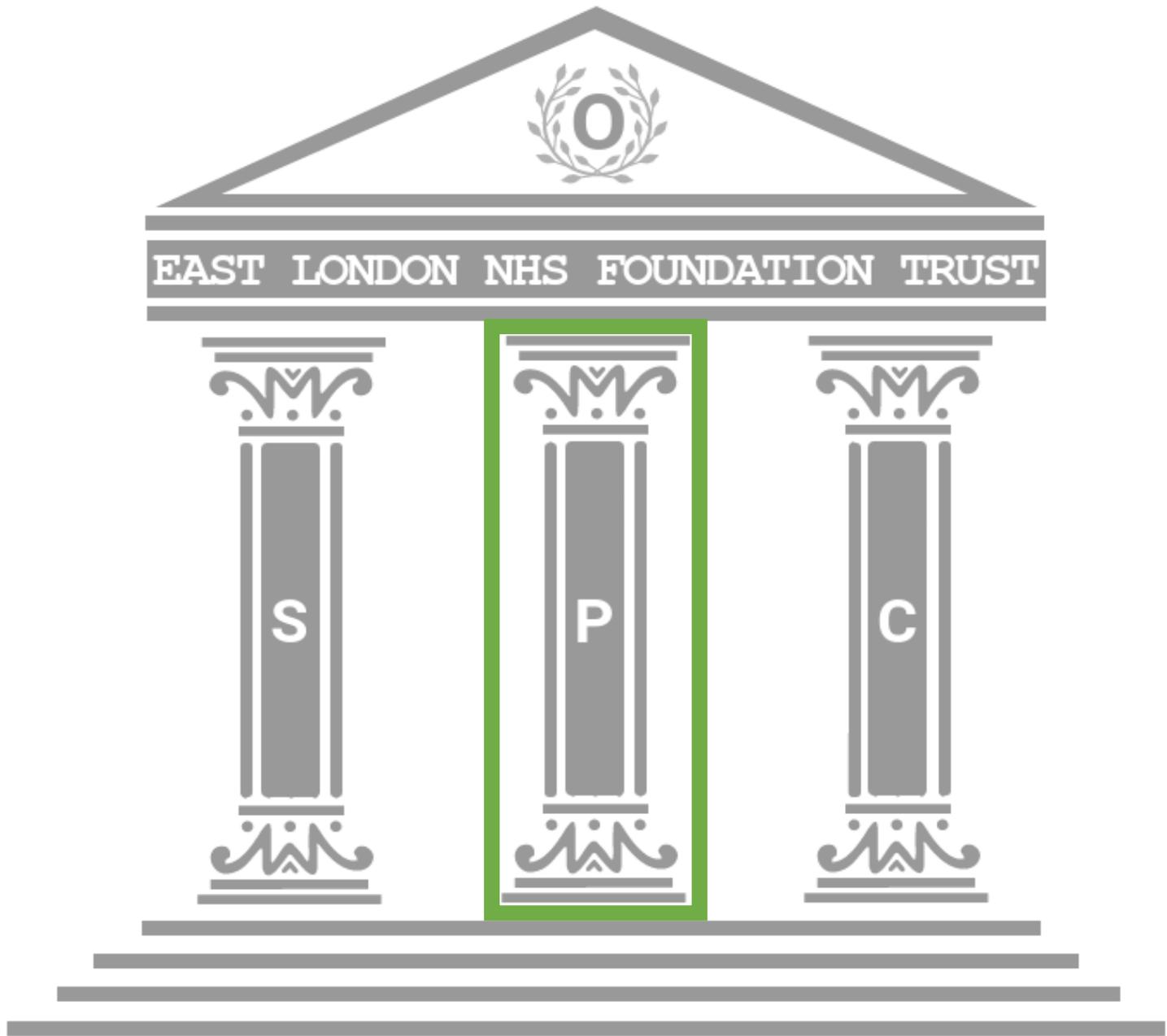
STRUCTURE



Number of people trained

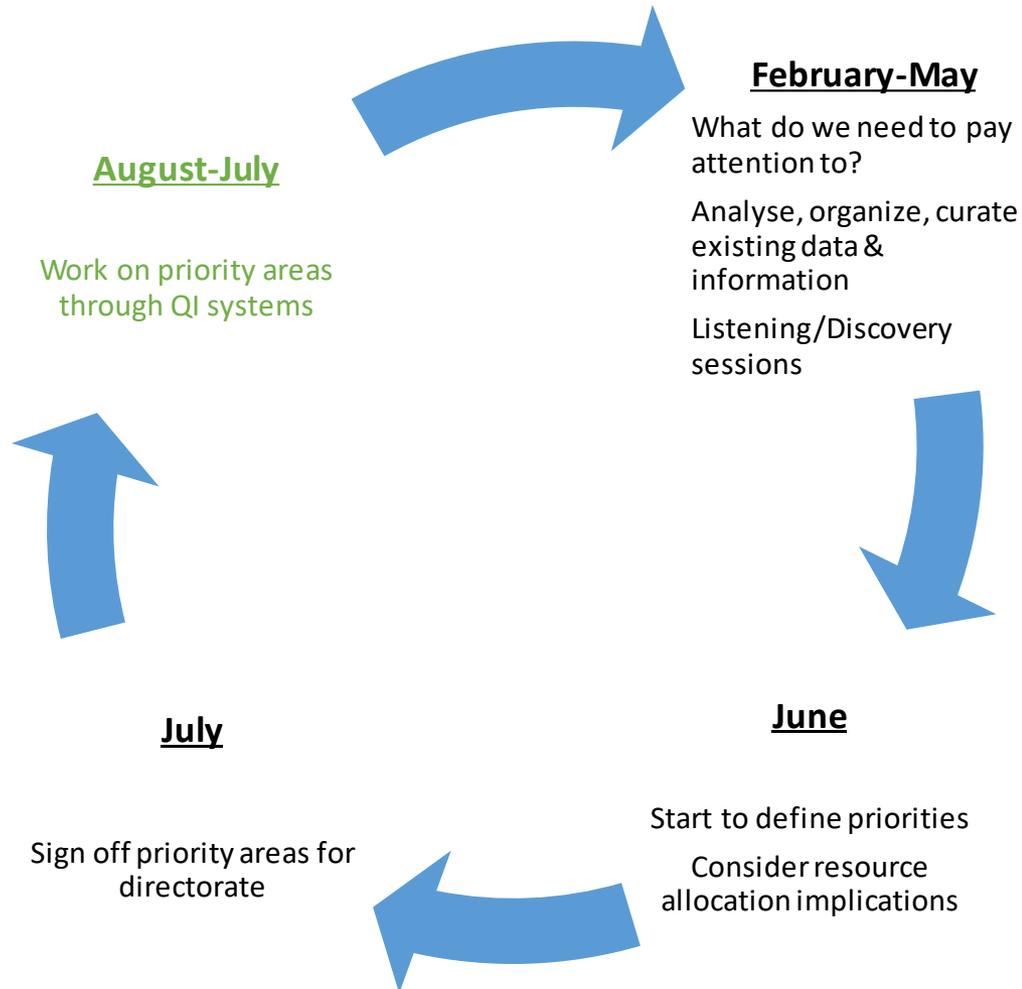


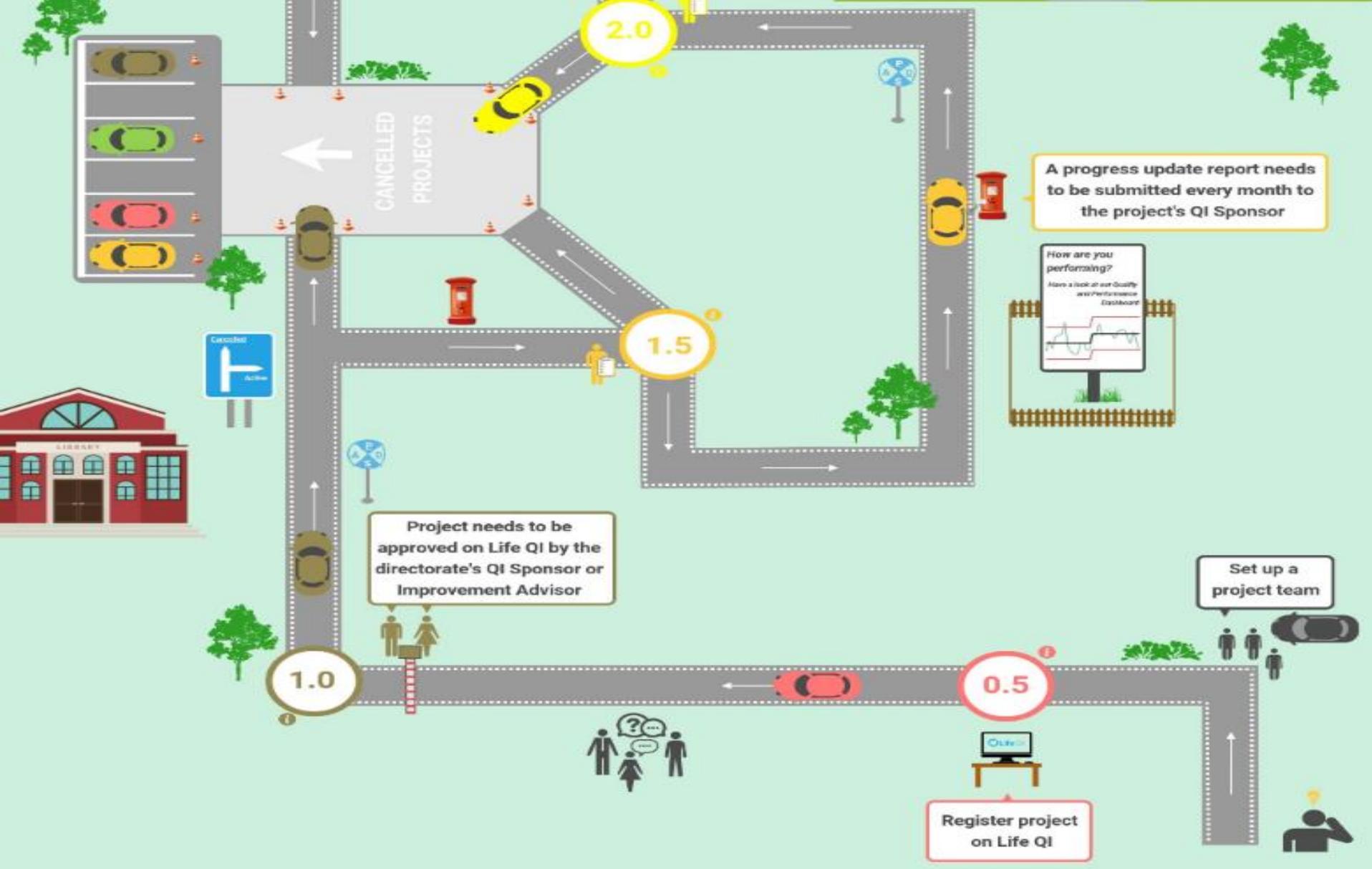
- Student Nurses
- Psychology Trainees
- Introduction to QI for Service User and Carers
- IHI Open School
- Pocket QI
- Masterclasses
- Improvement Leaders' Programme (ILP)
- IHI Improvement Coaching Programme (ICP)
- Senior Clinical Leaders' Programme (SCLP)
- IHI Improvement Advisor Programme (IAP)





PROCESS





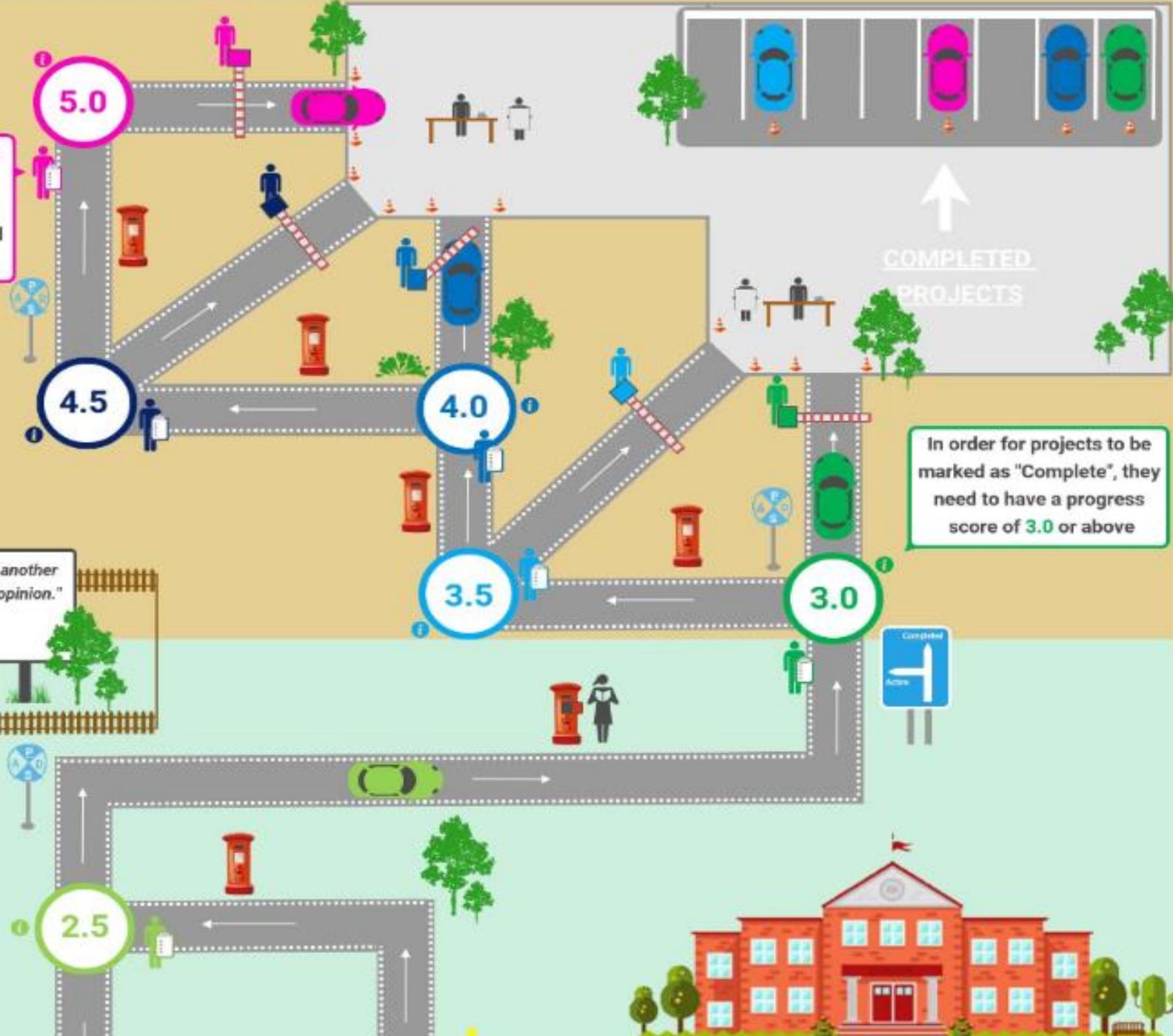
An interactive infographic illustrating the different processes involved in running a quality improvement project at ELFT

Key

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

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

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

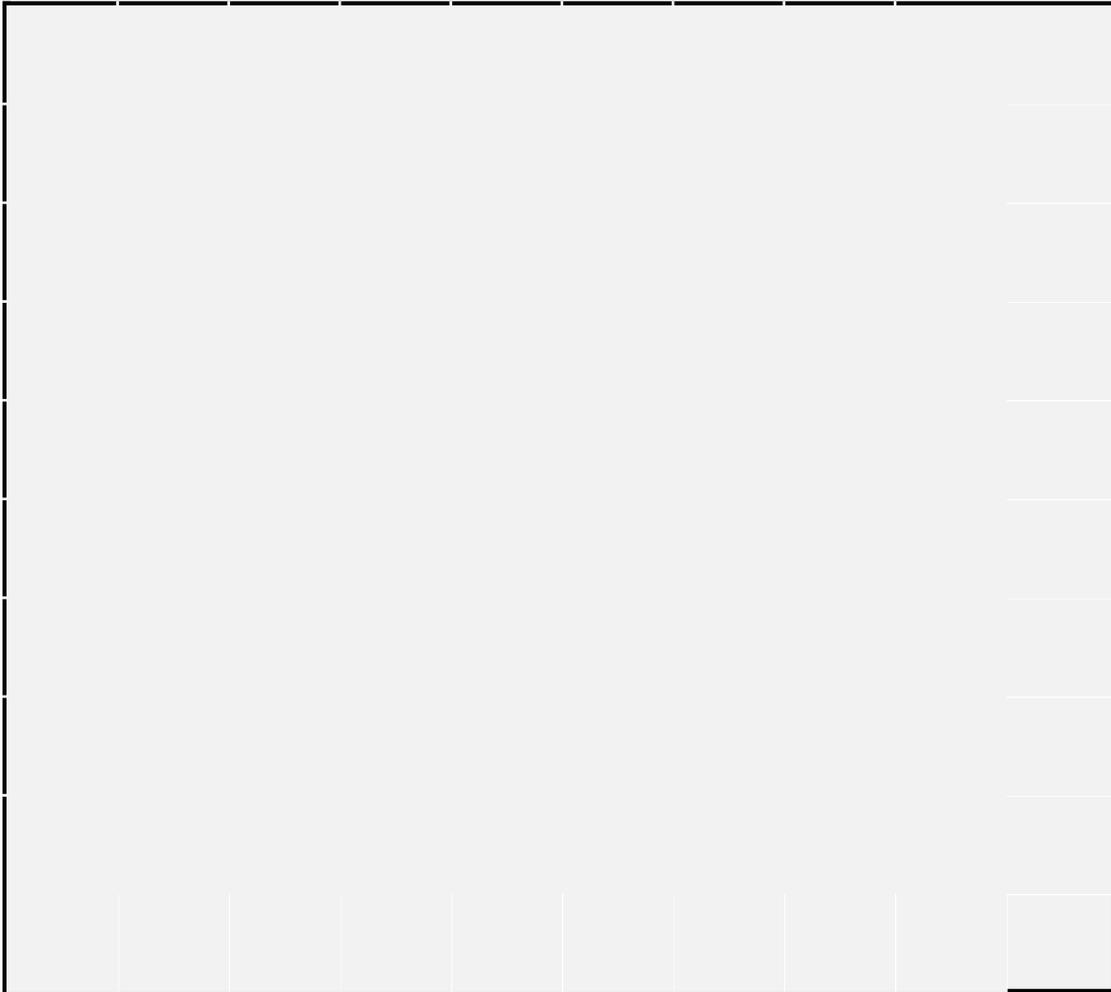


In order for projects to be marked as "Complete", they need to have a progress score of 3.0 or above





PROCESS



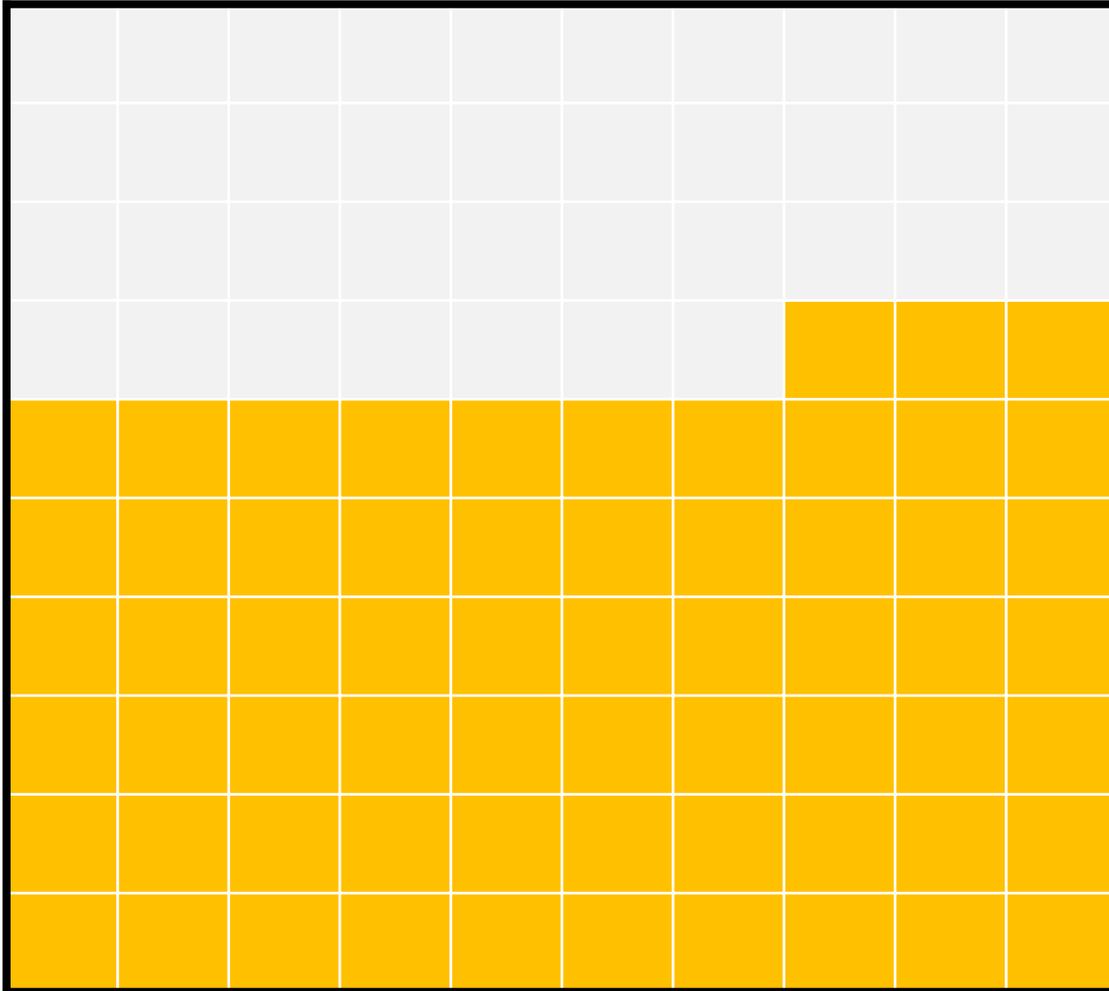
221
Projects



PROCESS



NHS
East London
NHS Foundation Trust



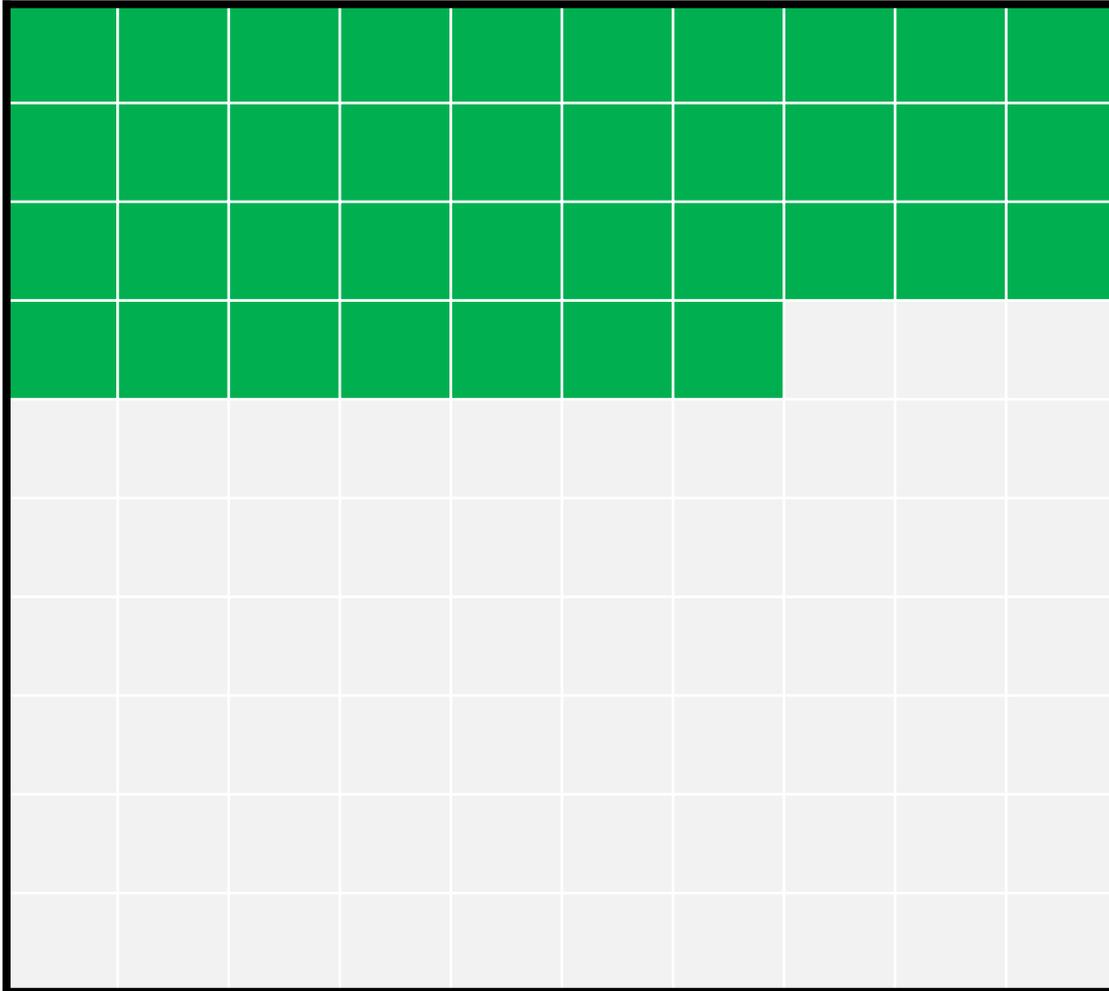
139
Active
Projects



PROCESS



NHS
East London
NHS Foundation Trust



82
Completed
projects

Trust-wide
priority areas

Violence
Reduction

Improving
Access &
Flow

Reshaping
Community
Services

Value for
Money

Enjoying
work



Directorate
priority areas

Tower
Hamlets

Newham

City &
Hackney

Forensics

Primary
Care &
Specialist
Psychologic
al Services

Children s

MHCOP

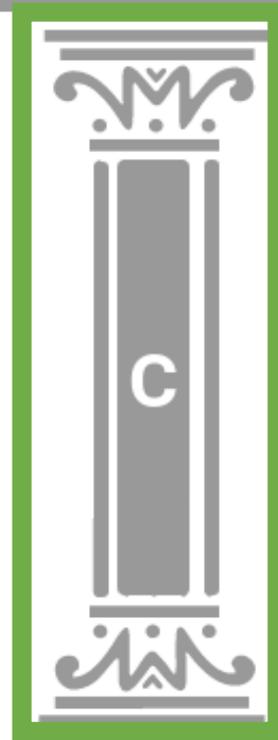
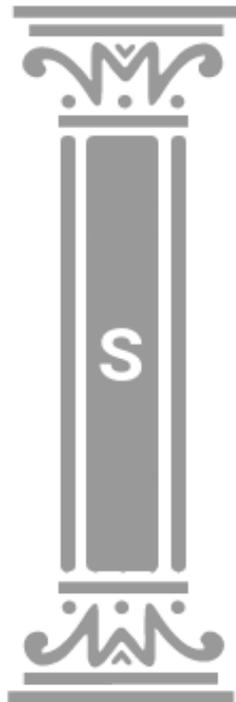
Luton &
Beds

Community
Health
Newham

Corporate



EAST LONDON NHS FOUNDATION TRUST





CULTURE



NHS
East London
NHS Foundation Trust

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

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

We care

We respect

We are inclusive



CULTURE



NHS
East London
NHS Foundation Trust

Involvement
with a **little i**

or

Involvement
with a **BIG I**





CULTURE



NHS
East London
NHS Foundation Trust



30 Executive WalkRounds per Month





CULTURE



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East London
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CULTURE



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East London
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INNOVATIONS

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

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

ABSTRACT

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

BMJ Quality Improvement Programme

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

Aaron O'Leary

ABSTRACT

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

BMJ Quality Improvement Programme

Developing psychological services following facial trauma

Debra Choudhury-Peters, Vicky Dale

ABSTRACT

This study aimed to develop psychological services following facial trauma. The intervention included staff training, patient education, and environmental changes. The results showed improved psychological services and increased patient satisfaction.

BMJ Quality Improvement Programme

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

Helen Thompson, Jan Hall, Anwar Shah

ABSTRACT

This study aimed to improve physical health for people taking antipsychotic medication in the Community Learning Disabilities Service. The intervention included staff training, patient education, and environmental changes. The results showed improved physical health and increased patient satisfaction.

BMJ Quality Improvement Reports

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

Abstract

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

BMJ Quality Improvement Programme

Richmond Wellbeing Service Access Strategy for Older Adults

Susan Gilling, Anita Palmer, Catherine Hall, Ruth Robinson, James Shorrock, Hannah Shortland, Claire Dale

ABSTRACT

This study aimed to develop a service access strategy for older adults in the Richmond Wellbeing Service. The intervention included staff training, patient education, and environmental changes. The results showed improved service access and increased patient satisfaction.

BMJ Quality Improvement Programme

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

Walter Kufu, Amar Shah

ABSTRACT

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

BMJ Quality Improvement Reports

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

Abstract

This report describes the implementation of a service to improve access to competitive employment for service users in forensic psychiatric units. The intervention included staff training, patient education, and environmental changes. The results showed improved access to employment and increased patient satisfaction.

BMJ Quality Improvement Reports

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

Abstract

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

BMJ Quality Improvement Reports

Low atmosphere environments: reducing noise levels in continuing care

Abstract

This report describes the implementation of a service to reduce noise levels in continuing care environments. The intervention included staff training, patient education, and environmental changes. The results showed a significant reduction in noise levels and increased patient satisfaction.

BMJ Quality Improvement Reports

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

Abstract

This report describes the implementation of a service to improve the physical health monitoring of City & Hackney Asmetive Outreach Service patients. The intervention included staff training, patient education, and environmental changes. The results showed improved physical health monitoring and increased patient satisfaction.

BMJ Quality Improvement Reports

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

Abstract

This report describes the implementation of an automated dispensing cabinet to improve the safety and efficiency of nurse medication rounds. The intervention included staff training, patient education, and environmental changes. The results showed improved safety and efficiency of medication rounds.

BMJ Quality Improvement Reports

Psychological Medicine in Bart's: improving access and awareness

Abstract

This report describes the implementation of a service to improve access and awareness of psychological medicine in Bart's. The intervention included staff training, patient education, and environmental changes. The results showed improved access and awareness of psychological medicine.

BMJ Quality FOR HEALTHCARE LEADERS
HSJ

British Journal of
Mental Health Nursing

THE LANCET **OXFORD ACADEMIC**

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CULTURE



NHS
East London
NHS Foundation Trust



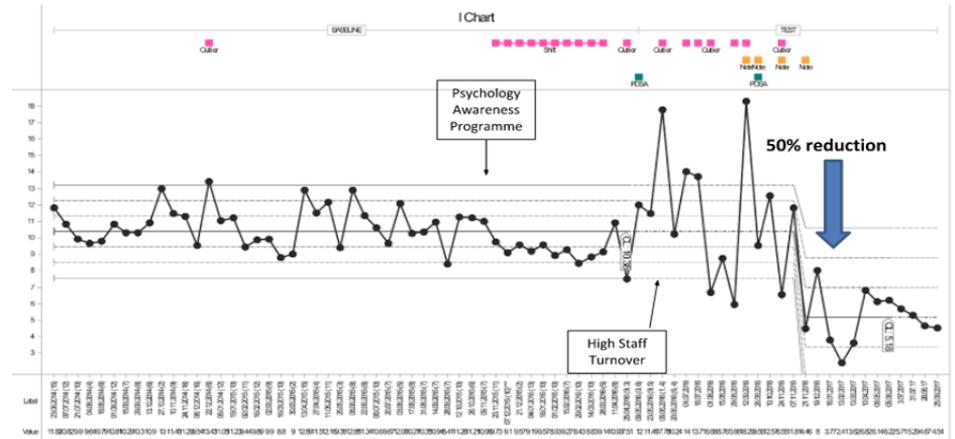




OUTCOMES



Reducing waiting times at Luton CMHT Psychology service





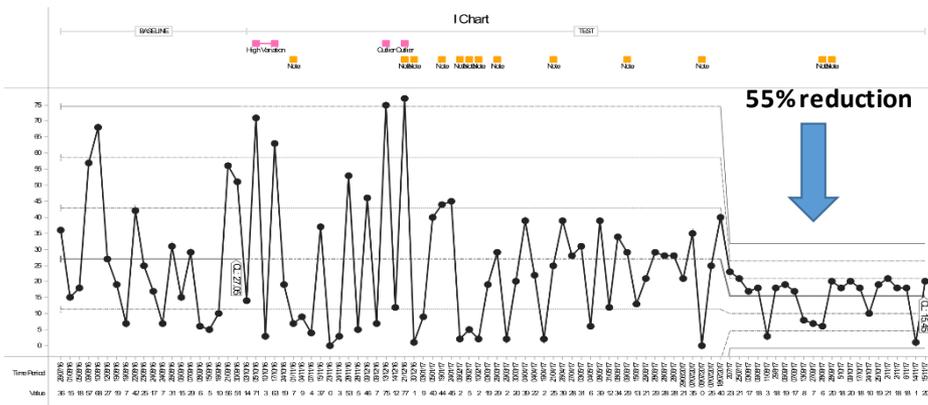
OUTCOMES



Improving Patient Flow in Memory Clinics



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

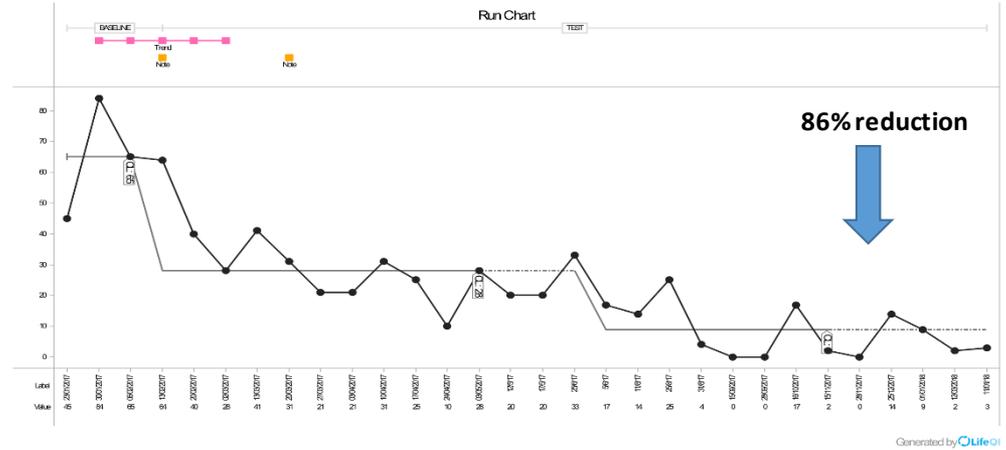




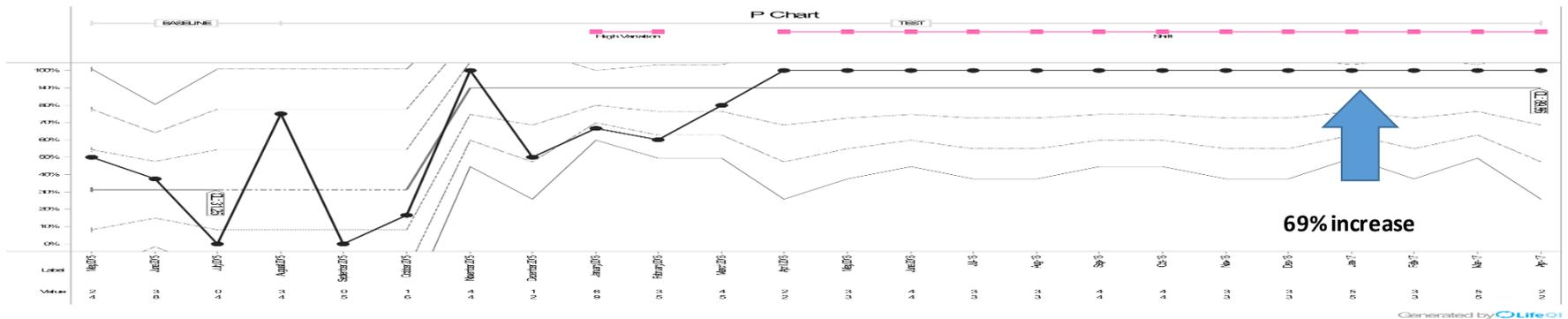
OUTCOMES



Reducing the rate of undocumented medication doses in Hackney HTT



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

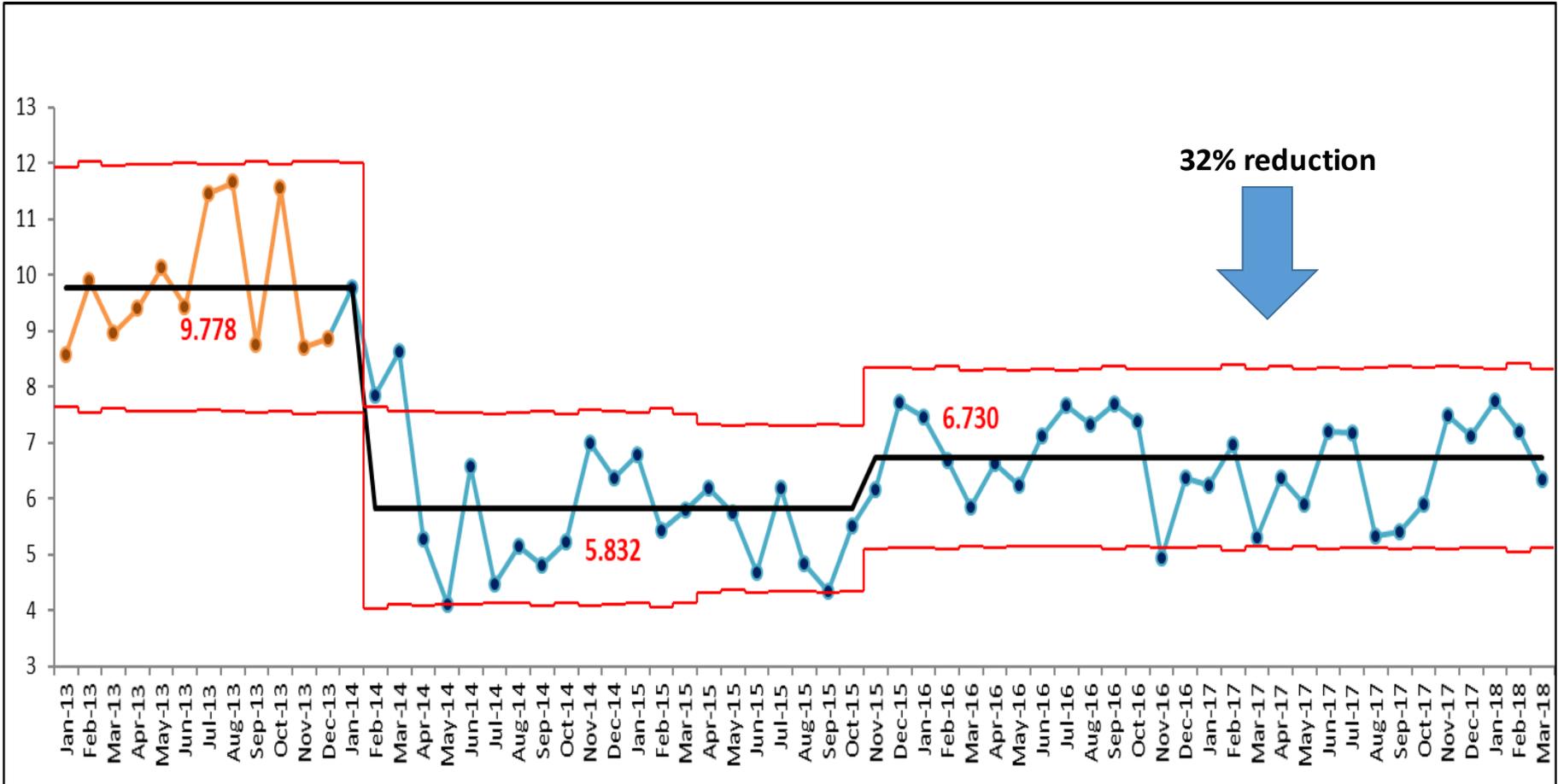




OUTCOMES



Incidents Resulting in Violence Across the Entire Organisation

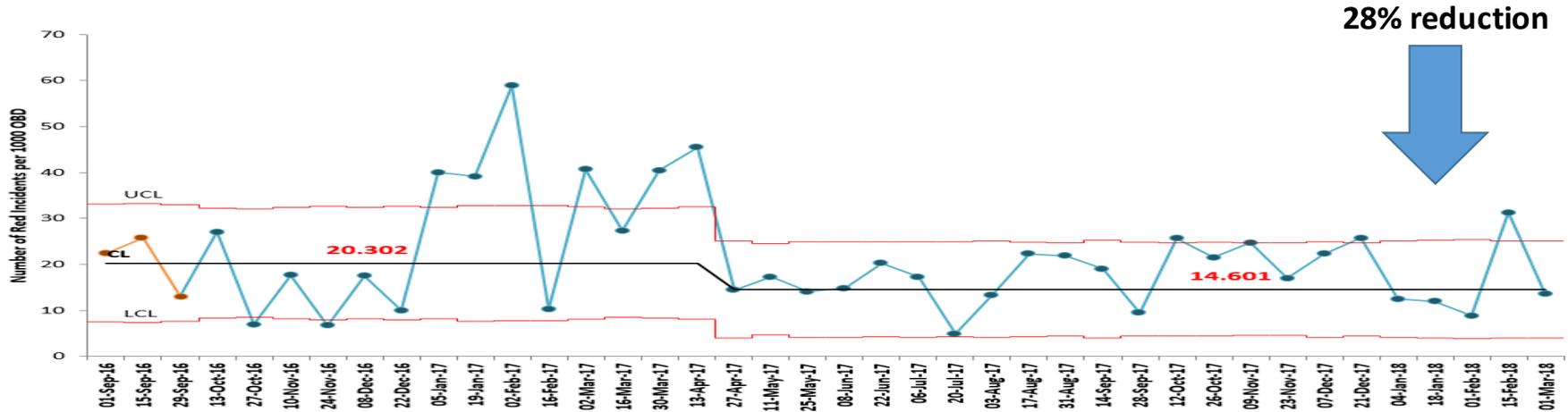




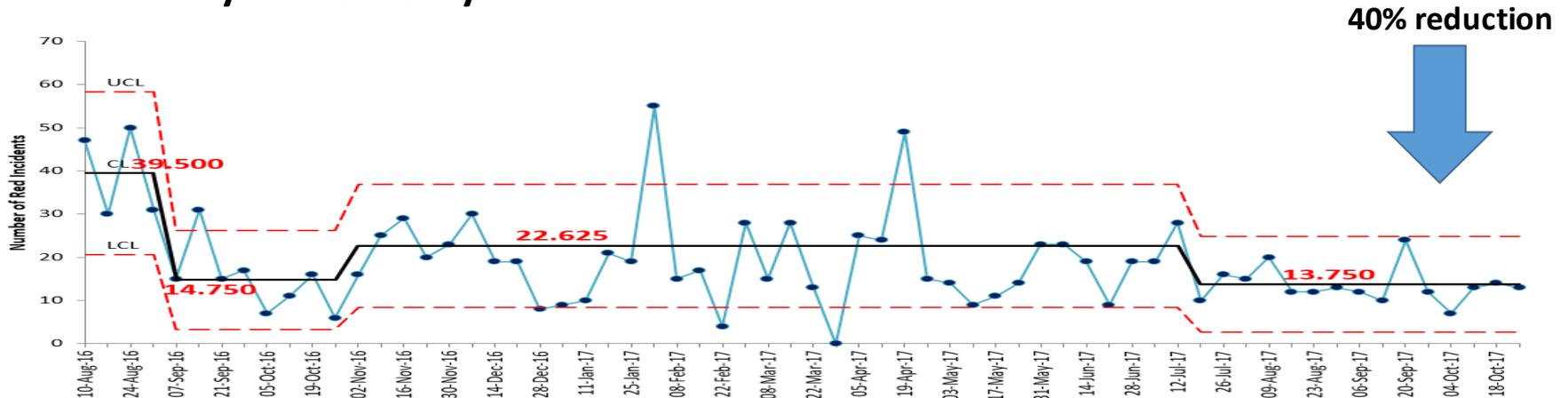
OUTCOMES



Newham Violence Reduction Collaborative



City and Hackney Violence Reduction Collaborative



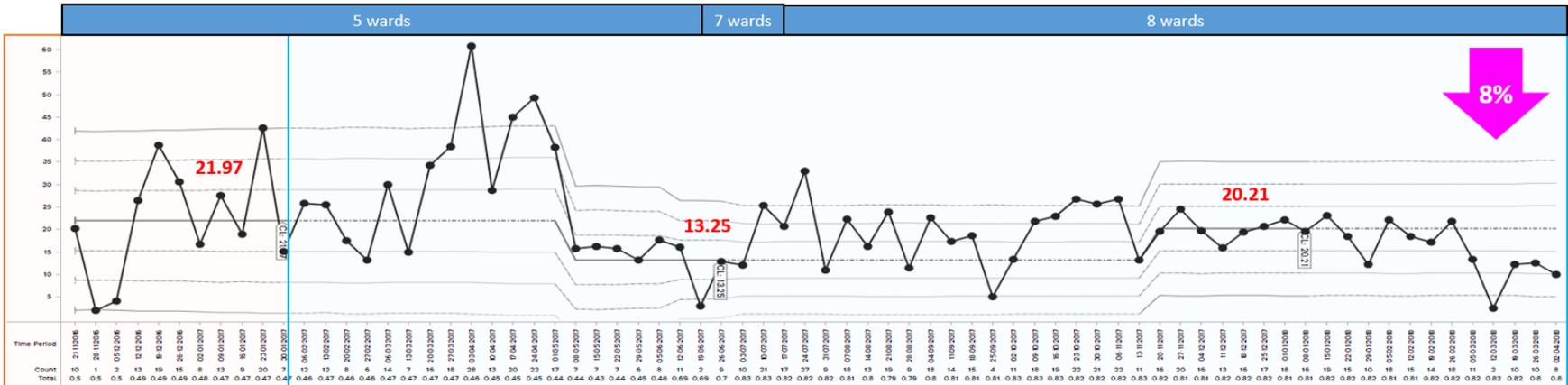


OUTCOMES

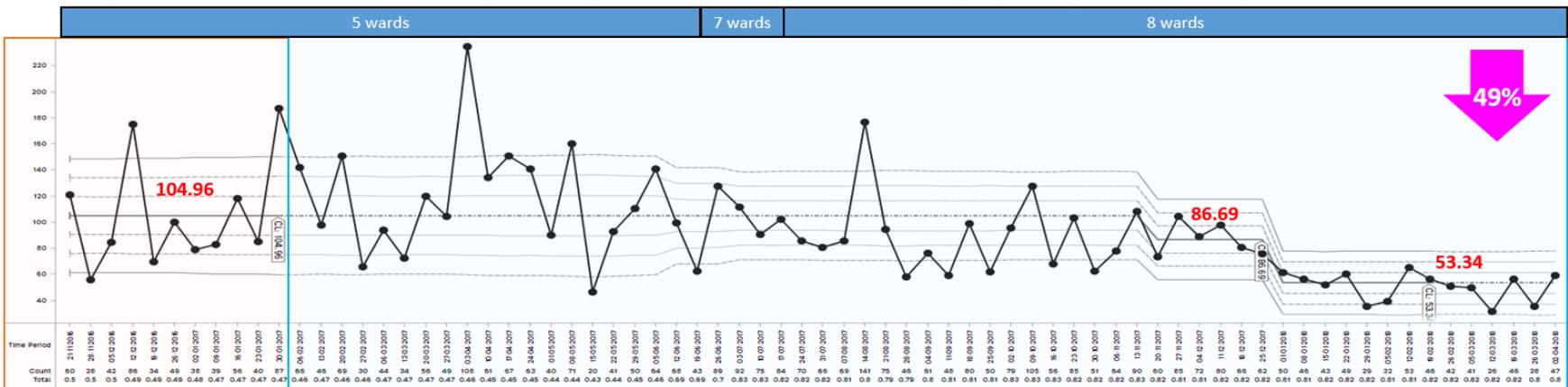


Forensics Violence Reduction Collaborative

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



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

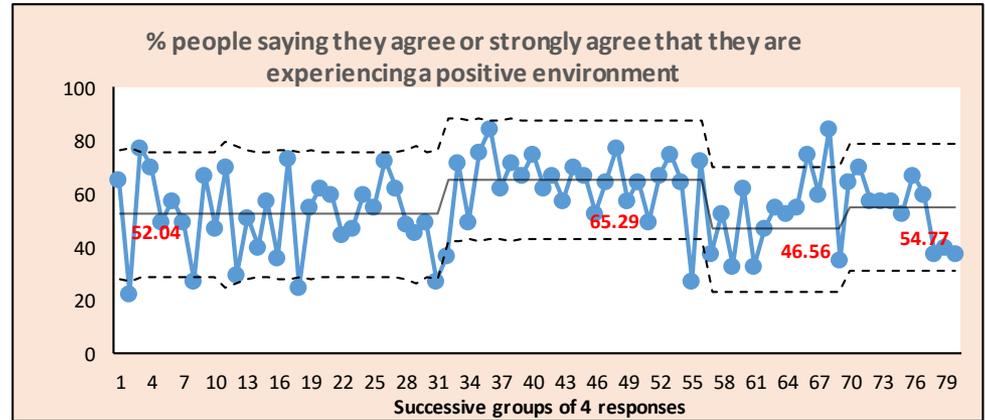




OUTCOMES

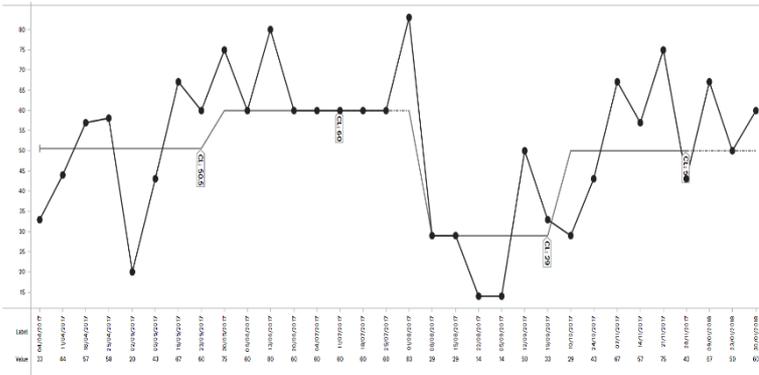


Gardener Ward-Gold Standards

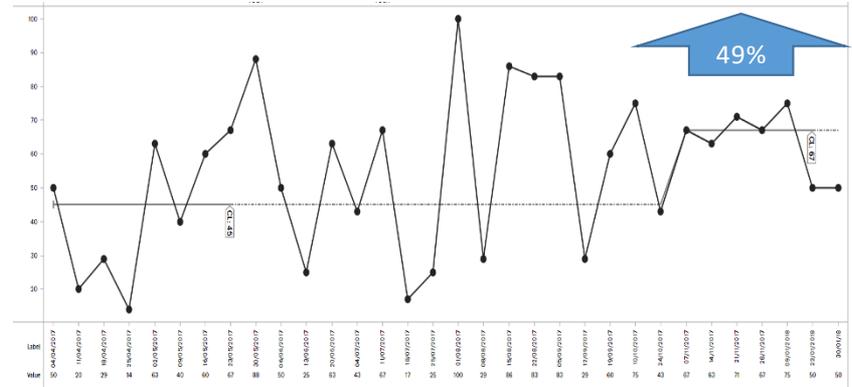


I Love My Ward Round-Clerkenwell Ward

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



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

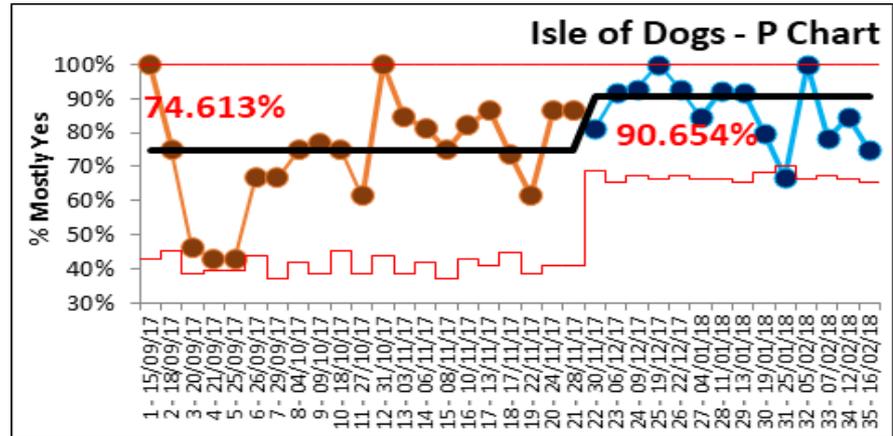




OUTCOMES

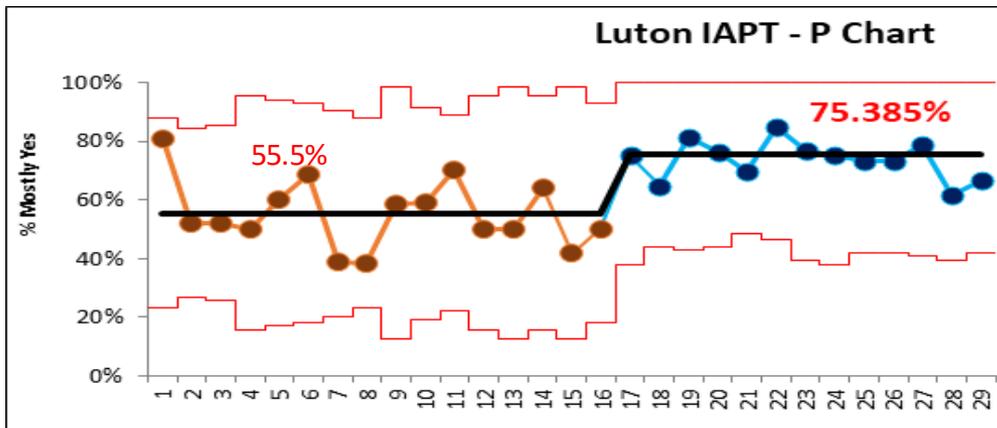


Isle of Dogs-Enjoyment at Work

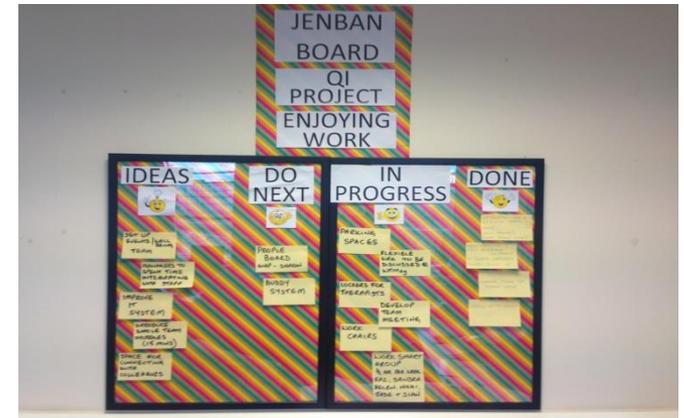


21%
increase

Luton IAPT-Enjoyment at Work



35%
increase





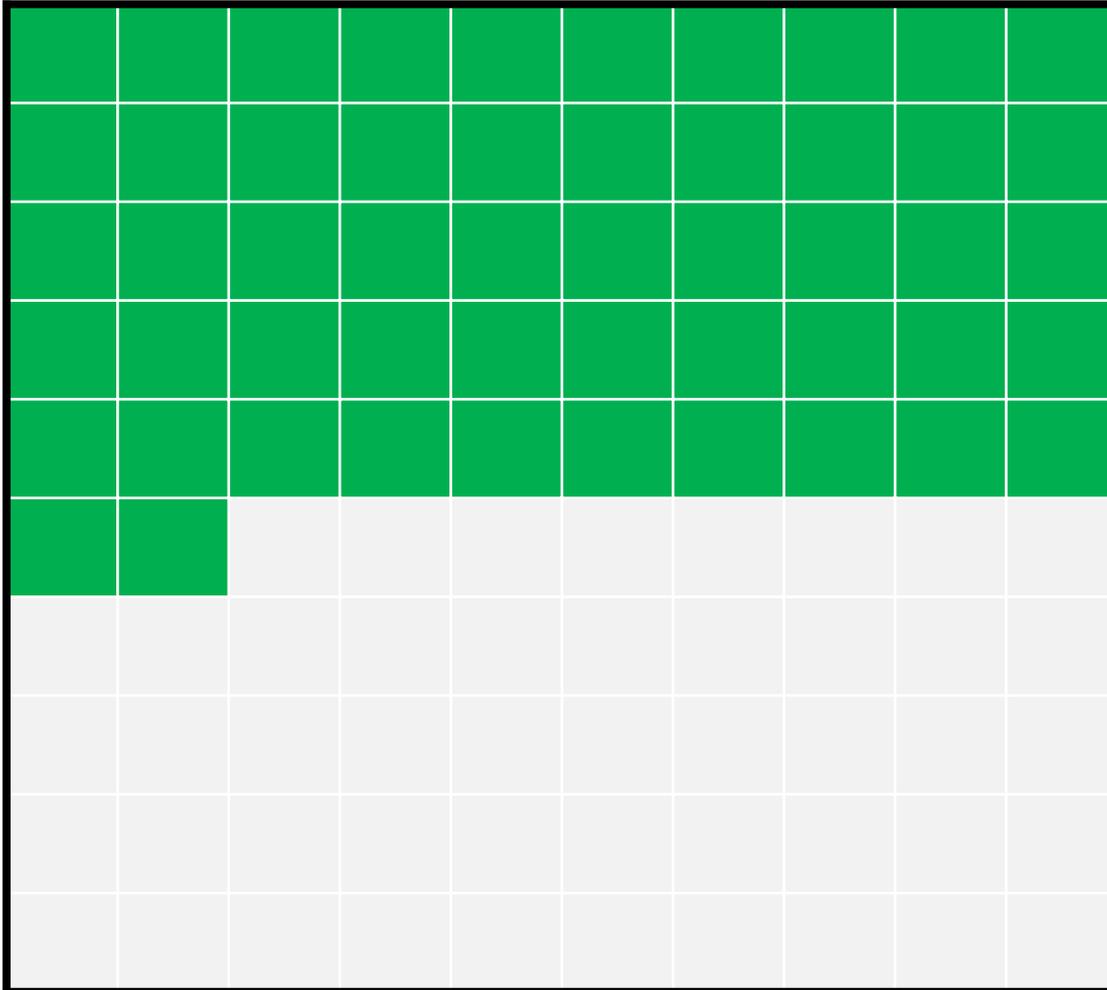
OUTCOMES



222
Projects



OUTCOMES



116
Showing
improvement
or
completed

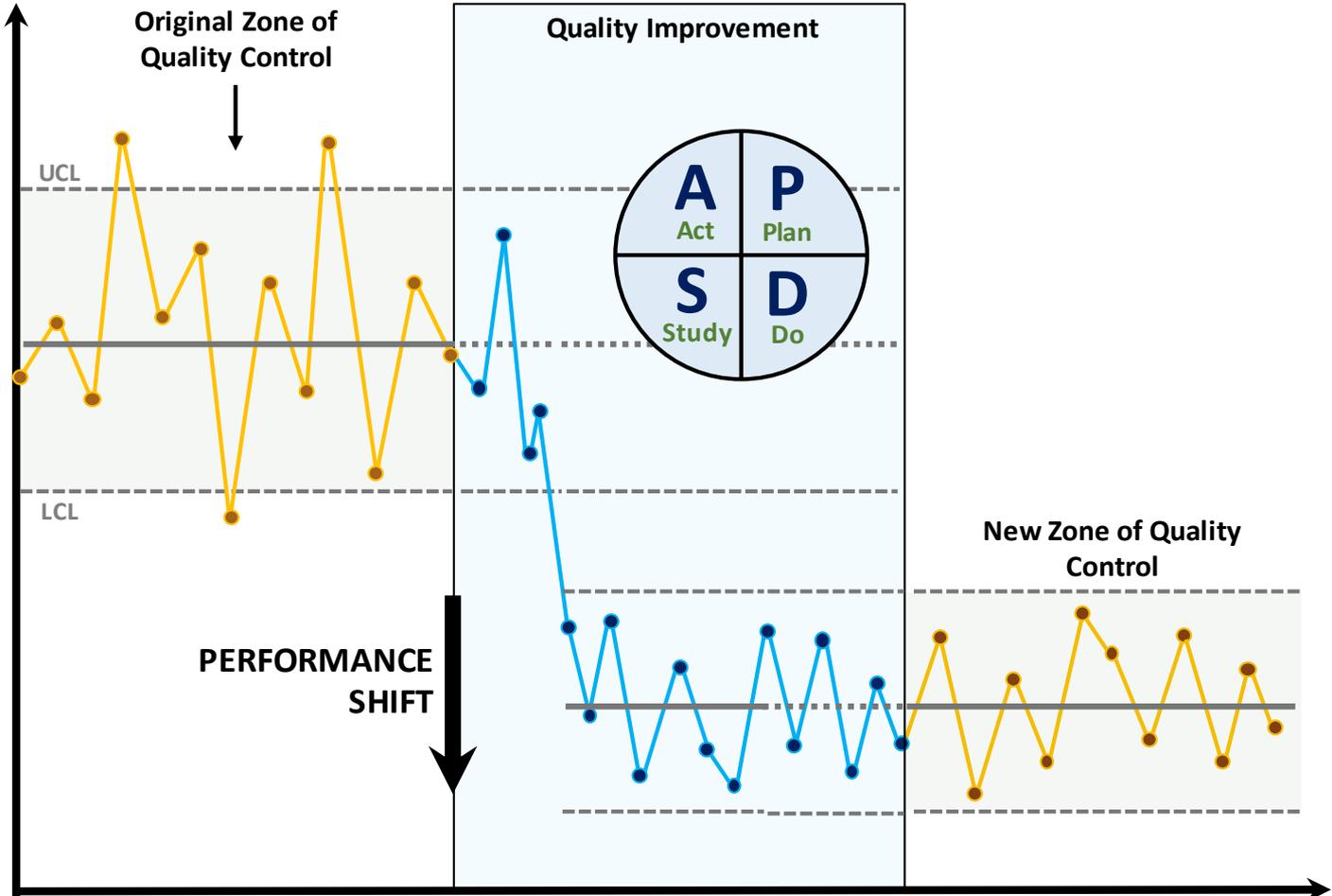
DESIGN

CONTROL

IMPROVEMENT

CONTROL

QUALITY PLANNING



MONTH

WEEK

MONTH

LESSONS LEARNT



This project has been proudly supported by the ELFT QI Team



This project has been proudly supported by the ELFT QI Team

Creating a Balanced Quality System

with

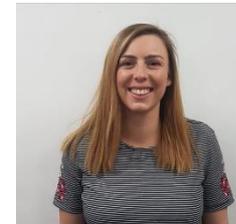
Jane Kelly,
Associate Clinical Director



Steve Terney,
Patient Liaison Worker



Laura Shrieves
Modern Matron



Jack Murphy
Life Skills Recovery Worker

Making the decision
to start Quality
Improvement Work

ELFT Safety Culture Bundle

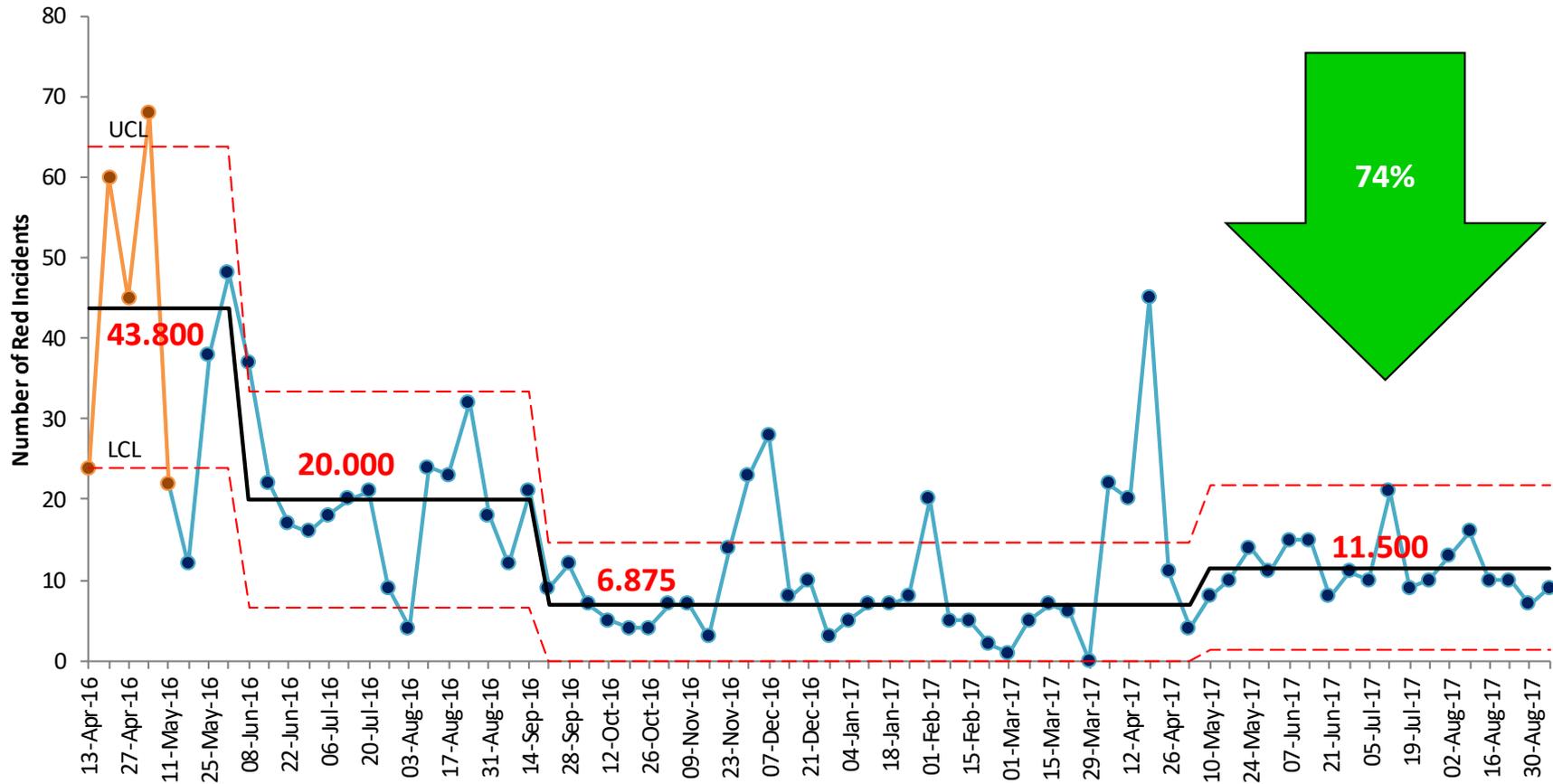
Broset Violence
Checklist

Safety Cross

Safety Huddles

Safety discussion in
community meetings

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

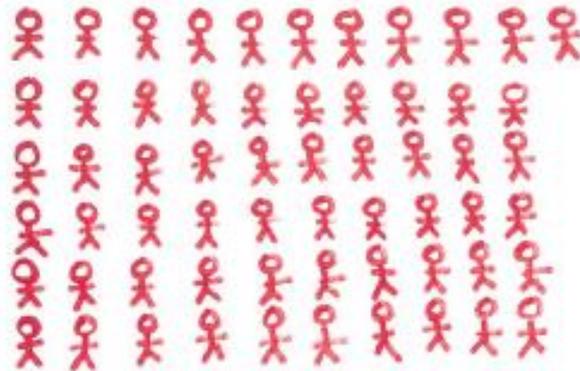


NOTES: The charts in this grey section use data from Safety Crosses, which staff are using to record incidents of violence and aggression on the wards. They include data from the acute wards only.

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

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

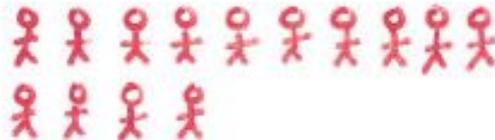
BEVAN



61

mid August - Mid September
2016 (4 weeks)

BEVAN



14

Mid August - Mid September
2017 (4 weeks)

Making things
'business as usual'

Moving into Quality Control

City and Hackney unit-wide safety huddle

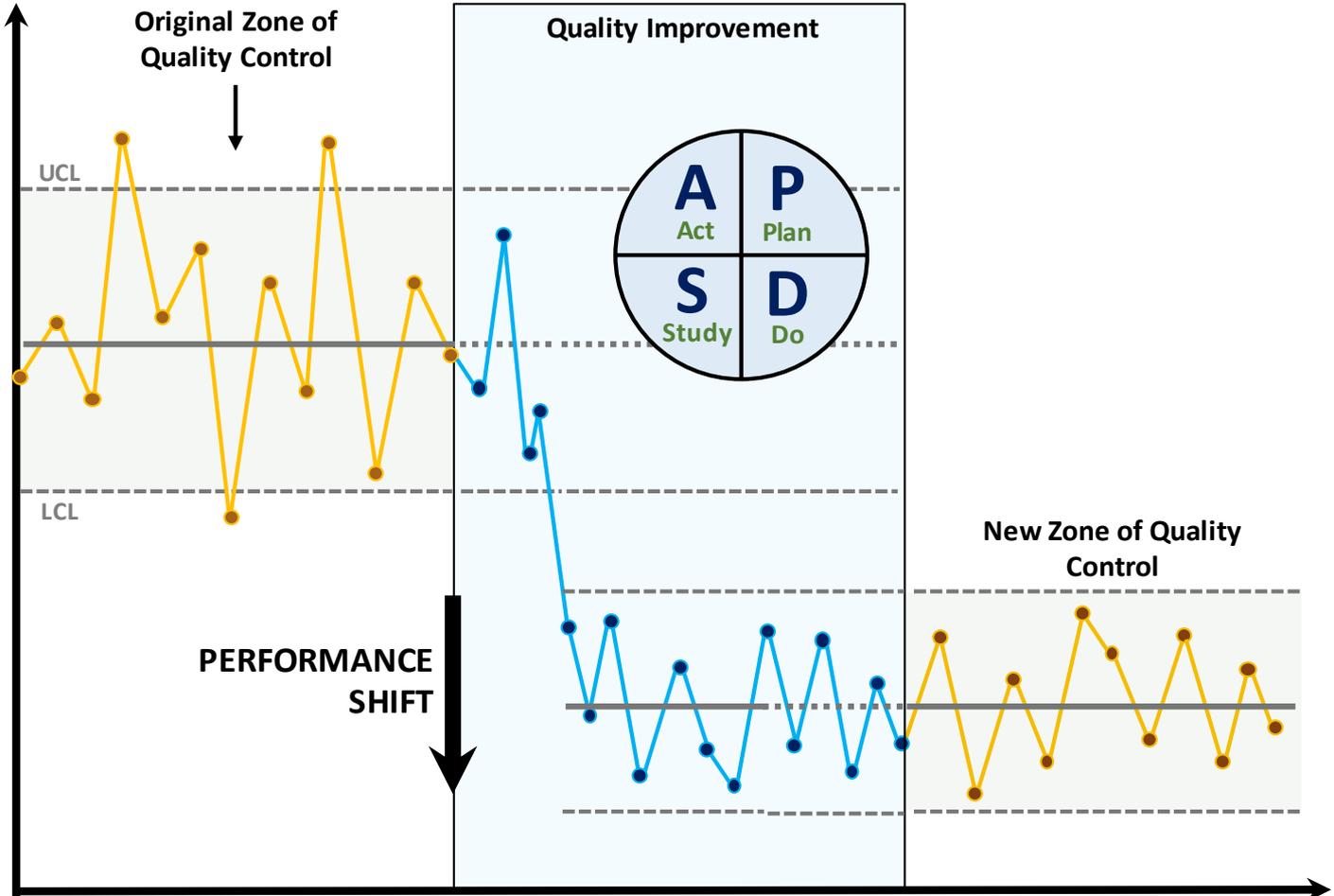
DESIGN

CONTROL

IMPROVEMENT

CONTROL

QUALITY PLANNING



MONTH

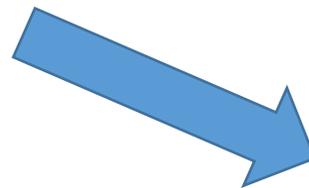
WEEK

MONTH

LESSONS LEARNT

Creating a Quality Control system

Make successful change ideas business as usual



Assess



Analyse

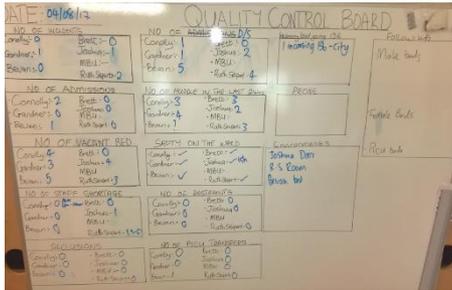
Quality Control
Cycle



Act



Creating a Quality Control system

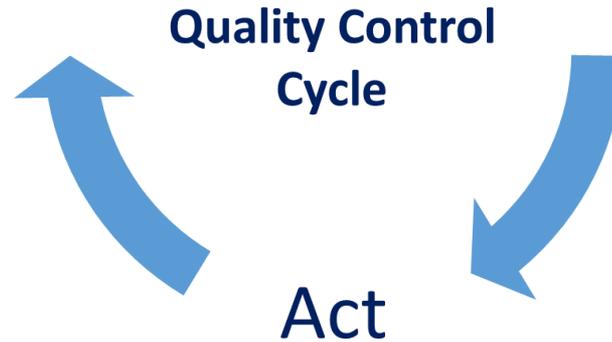


NO. OF INPATIENTS		NO. OF ADMISSIONS		NO. OF VACANT BEDS		NO. OF STAFF COMPLAINTS		NO. OF PATIENT COMPLAINTS		NO. OF PROBLEMS IN THE LAST 24 HRS		SAFETY ON THE WARD		NO. OF DEFENDERS	
Consultant	0	Consultant	0	Consultant	0	Consultant	0	Consultant	0	Consultant	0	Consultant	0	Consultant	0
Specialist	1	Specialist	0	Specialist	0	Specialist	0	Specialist	0	Specialist	0	Specialist	0	Specialist	0
Resident	0	Resident	0	Resident	0	Resident	0	Resident	0	Resident	0	Resident	0	Resident	0
GP	0	GP	0	GP	0	GP	0	GP	0	GP	0	GP	0	GP	0
Other	0	Other	0	Other	0	Other	0	Other	0	Other	0	Other	0	Other	0
Total	1	Total	0	Total	0	Total	0	Total	0	Total	0	Total	0	Total	0

Assess



Analyse



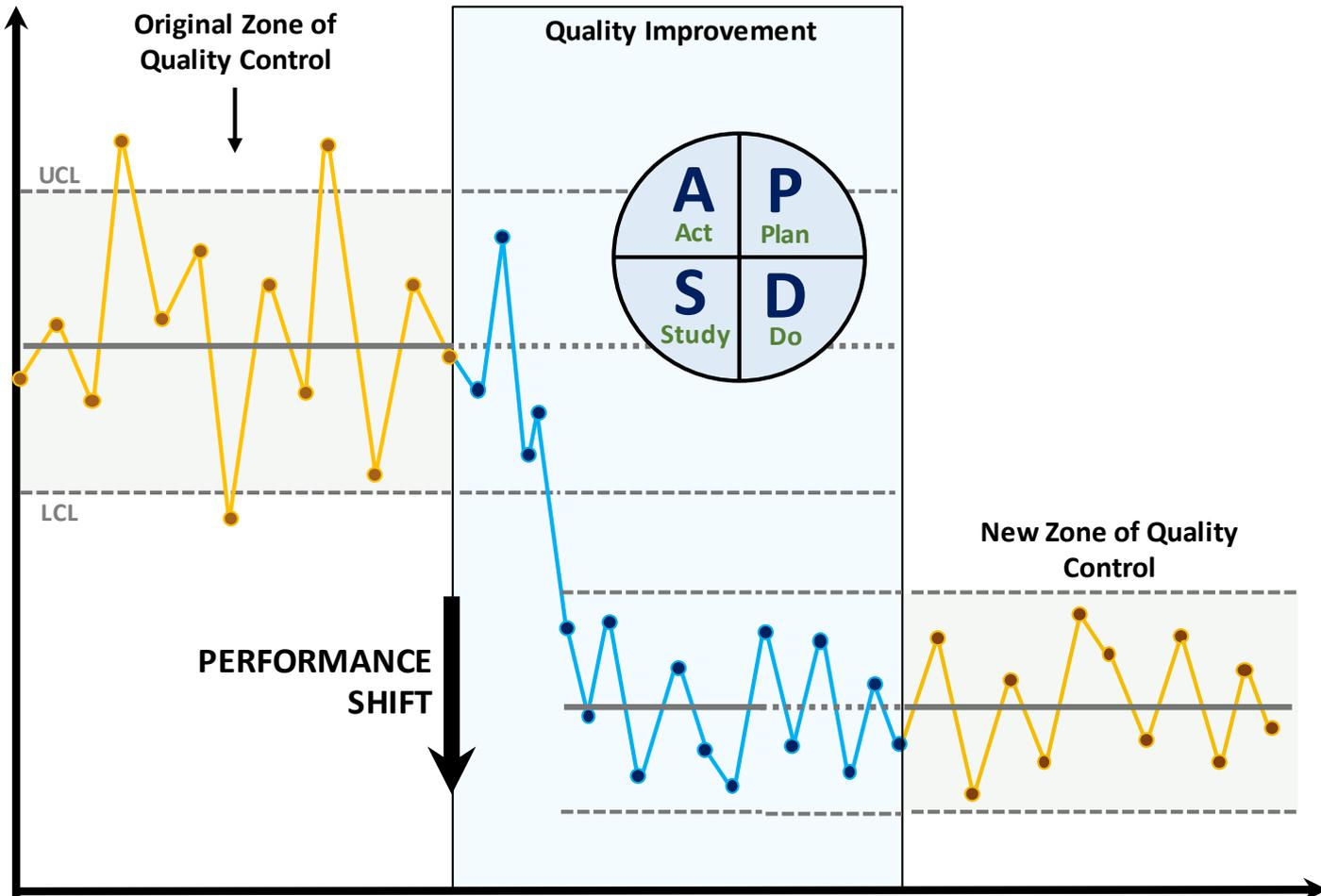
DESIGN

CONTROL

IMPROVEMENT

CONTROL

QUALITY PLANNING



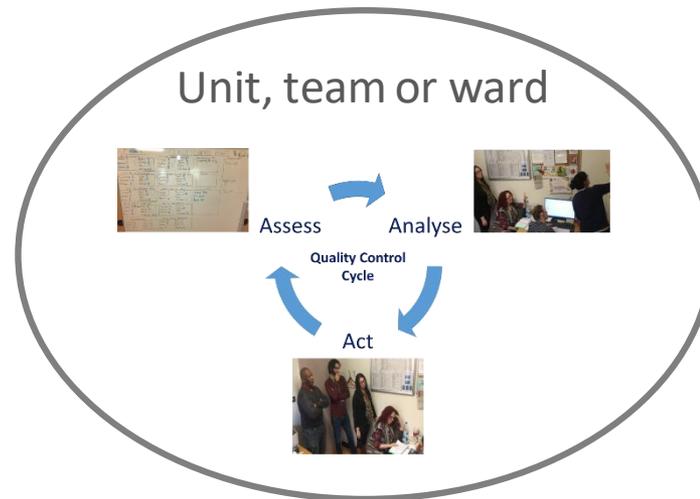
MONTH

WEEK

MONTH

LESSONS LEARNT

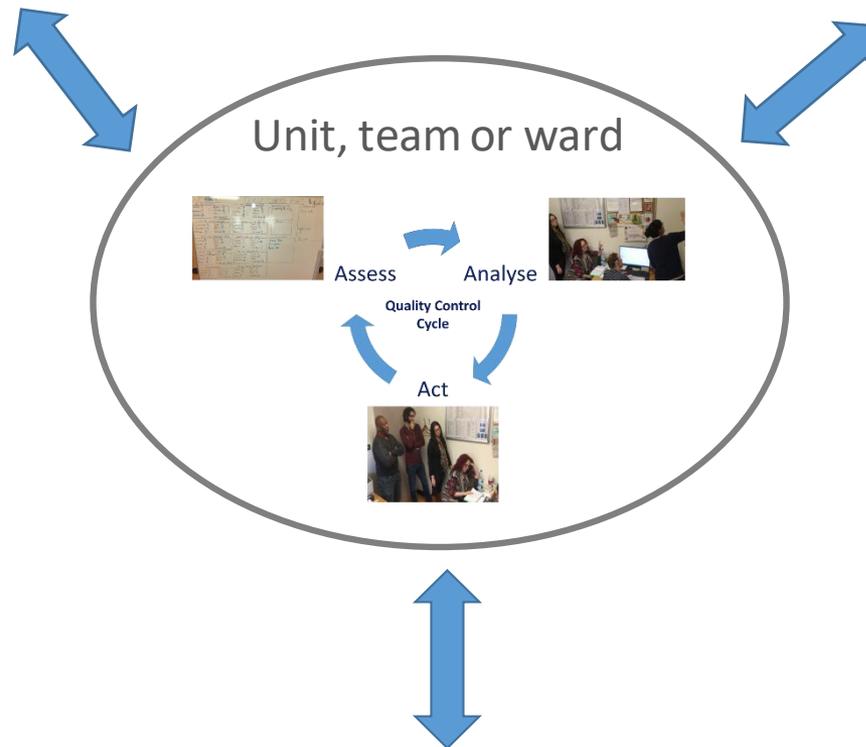
Creating a Quality Control system



Creating a Quality Control system

Directorate Management
Team

Local Learning Systems e.g.
Time to Think Groups

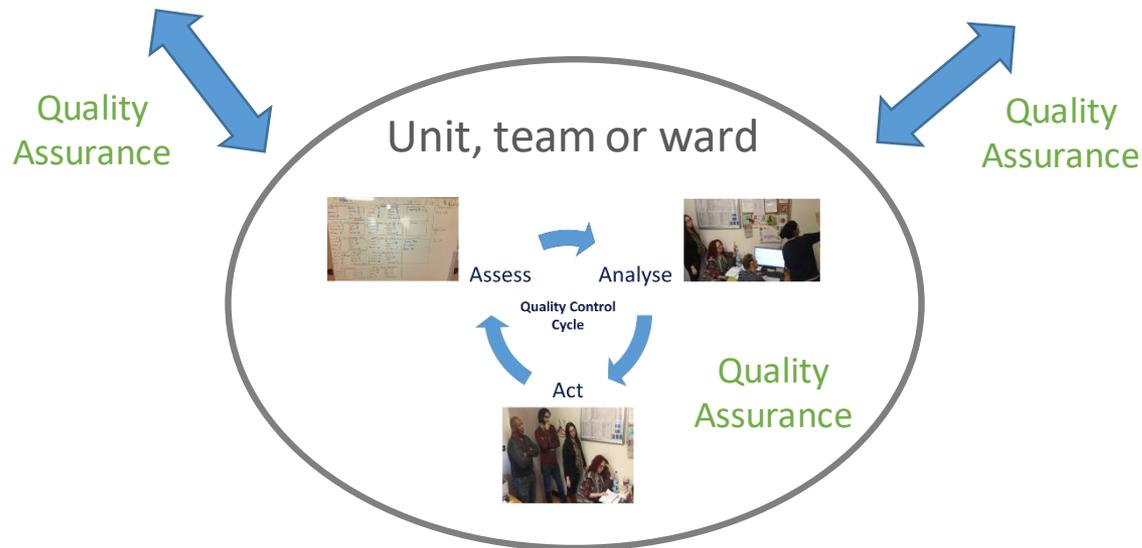


Trustwide learning system
groups e.g. safety summits

Creating a Quality Control system

Directorate Management
Team

Local Learning Systems e.g.
Time to Think Groups



Trustwide learning system
groups e.g. safety summits

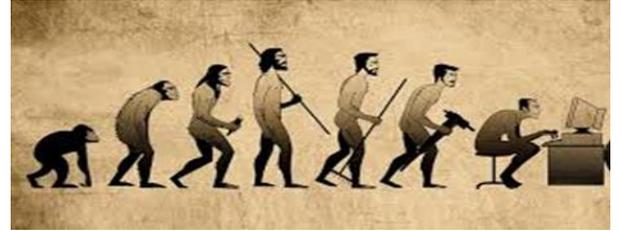
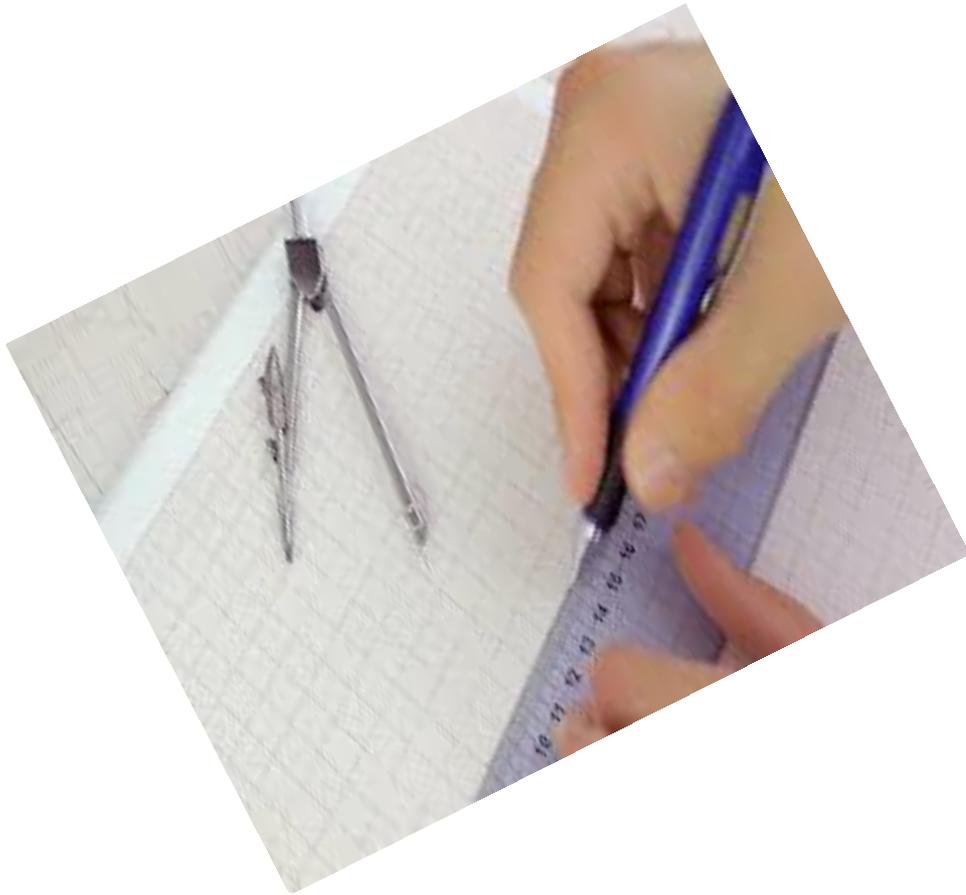
The Evolution of Quality Assurance

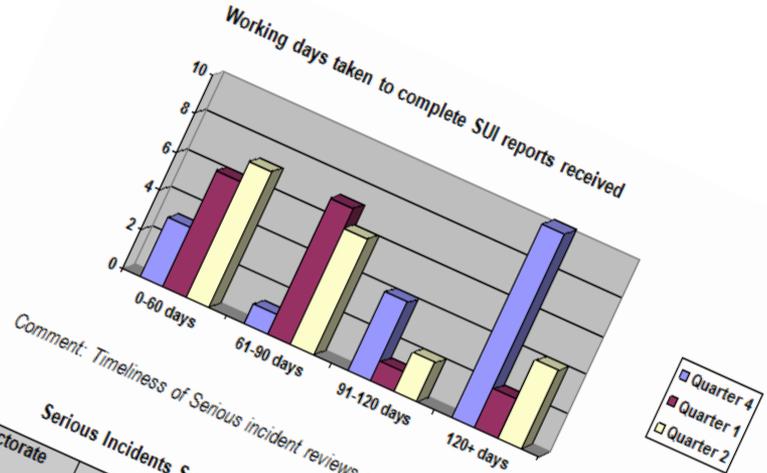
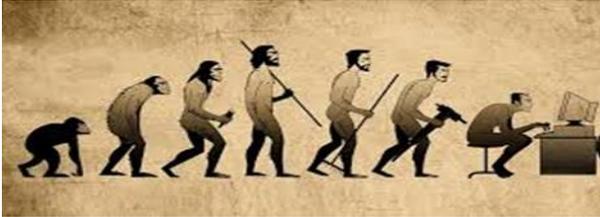
with

Duncan Gilbert,
Head of Quality Assurance





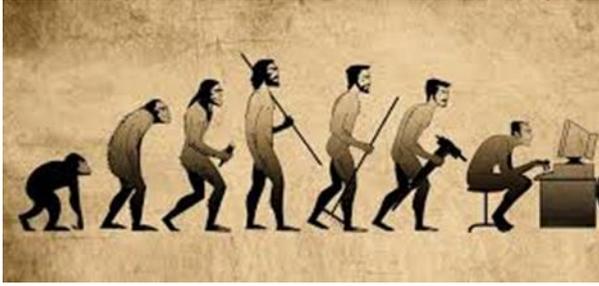




Serious Incidents Sept 2010 to date – Action plan monitoring

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

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





So What's Next?

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

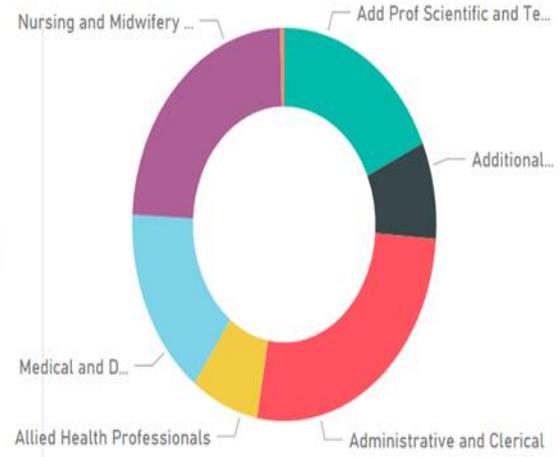
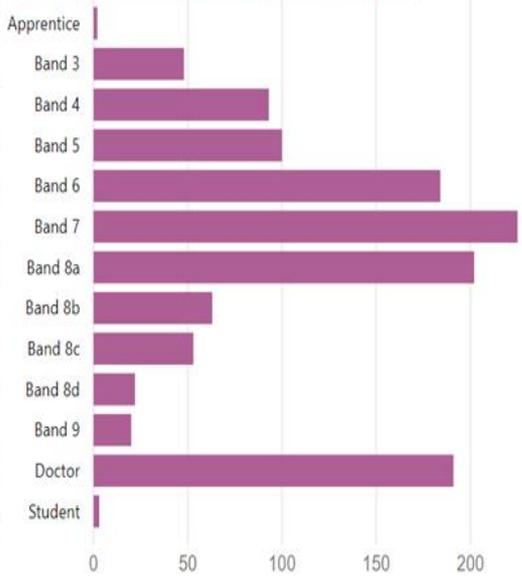


Total trained at ELFT

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



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



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

So What's Next?

Violence
Reduction

Improving
Access & Flow

Value for
Money

Enjoying work

Reshaping
Community
Services

Search people, content, services & more...

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

100



James Innes
My account and settings

Have you had a good day at work today?

Sign-up for your team to work on improving this



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

[more news >](#)

Find a document

Find a person

Find a Service

Staff noticeboard

My favourites

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

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

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

Have you had a good day at work today?

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



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

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

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

Cutoff dates for 2018 Learning System

Expressions of interest

30 April
[CLICK HERE](#)

QI Forum/ directorate approval & commitment

30 May
[CLICK HERE](#)

Learning Sets

June to Nov 18

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

Aim

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

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

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

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

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

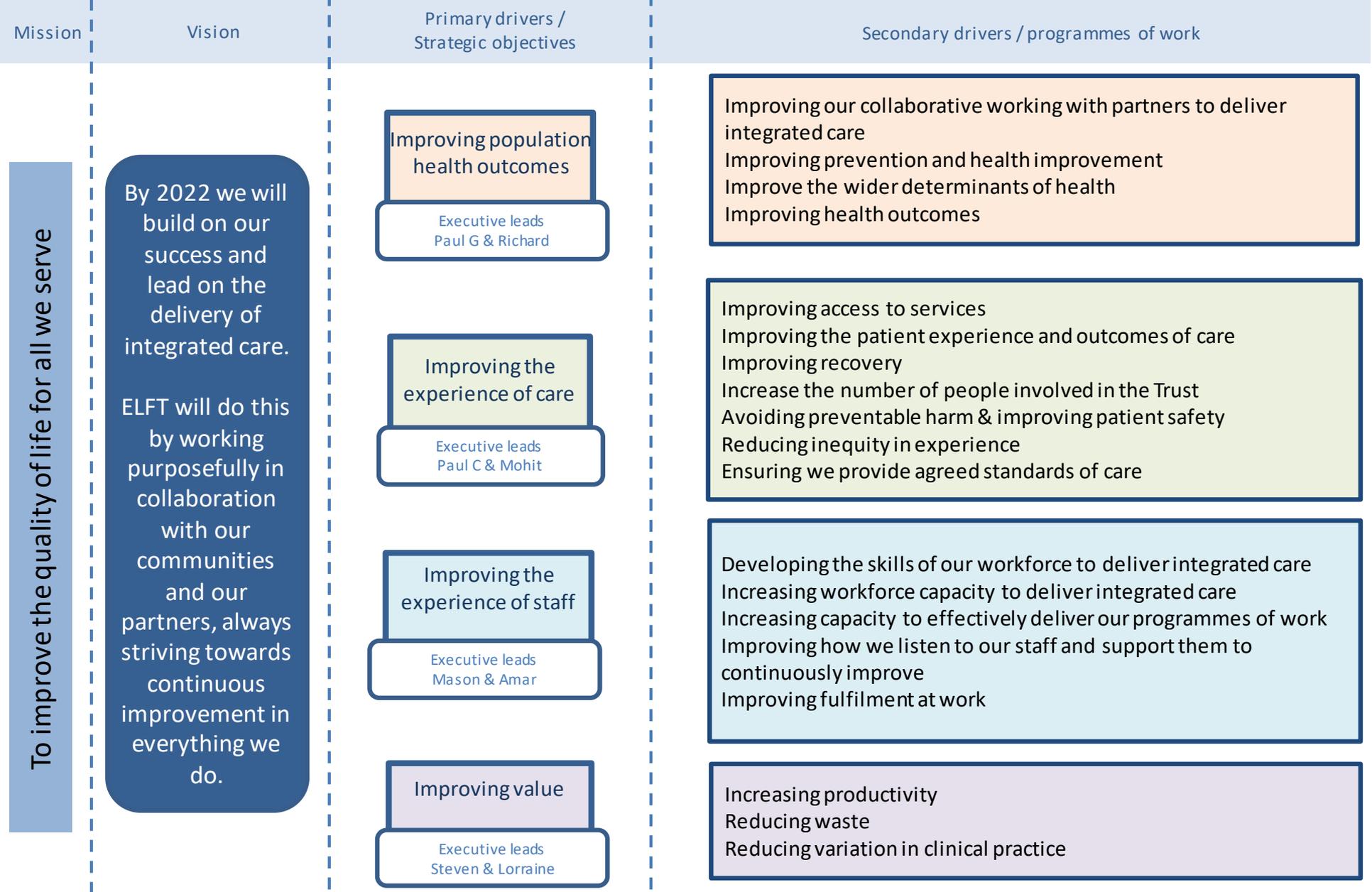
For further information:

Auzewell Chitewe
auzewell.chitewe@nhs.net

Marco Aurelio
m.aurelio@nhs.net



Enjoying Work
A Trust QI Priority

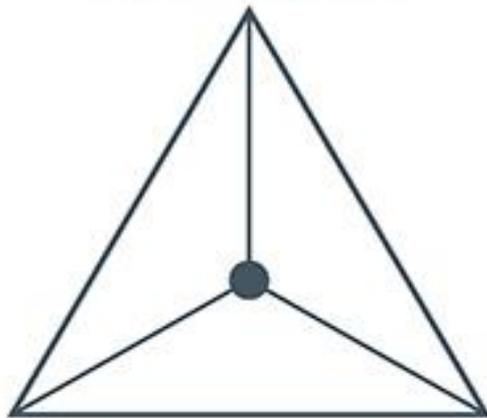


Our values	How do we want to behave?	We care	We respect	We are inclusive
<p>Organisational treasures</p>	<p><i>Our assets that we want to build on</i></p>	<p>Service user and carer involvement</p>	<p>Committed and caring staff</p>	<p>Quality improvement</p> <p>Clinically led</p> <p>Inclusion and diversity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

The Triple Aim

The IHI Triple Aim

Population Health



Experience of Care

Per Capita Cost

Barts Health **NHS**

NHS Trust



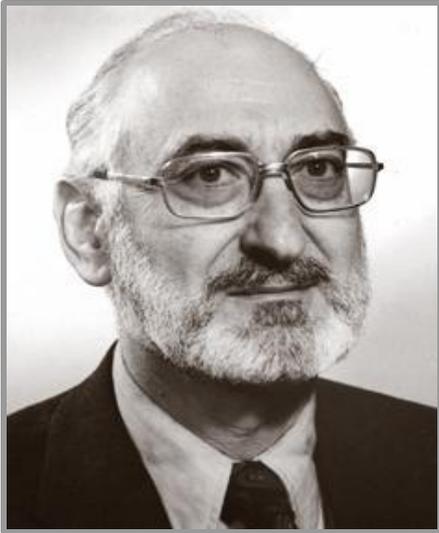
TOWER HAMLETS



NHS

Tower Hamlets
Clinical Commissioning Group





Dr. Avedis Donabedian
(1919 – 2000)

$$S + P + C = O$$

STRUCTURE

PROCESS

CULTURE

OUTCOMES



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

LOVE





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

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

qi.elft.nhs.uk

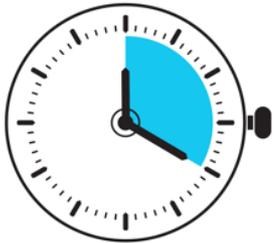
elft.qi@nhs.net

 @ELFT_QI

BREAK TIME



20 MINUTES



#QIconf

Take a look at your badge...



FIRSTNAME

SURNAME

JOB TITLE

ORGANISATION

Breakout Session 2

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

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

Afternoon Workshop:

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

