# Welcome and Introductions

**Dr Amar Shah**
Associate Medical
Director for Quality

@ELFT_QI
#Quality2017

**WIFI DETAILS**
Network: LBTH Eco
Password: **E**co#2014

qi@elft.nhs.uk
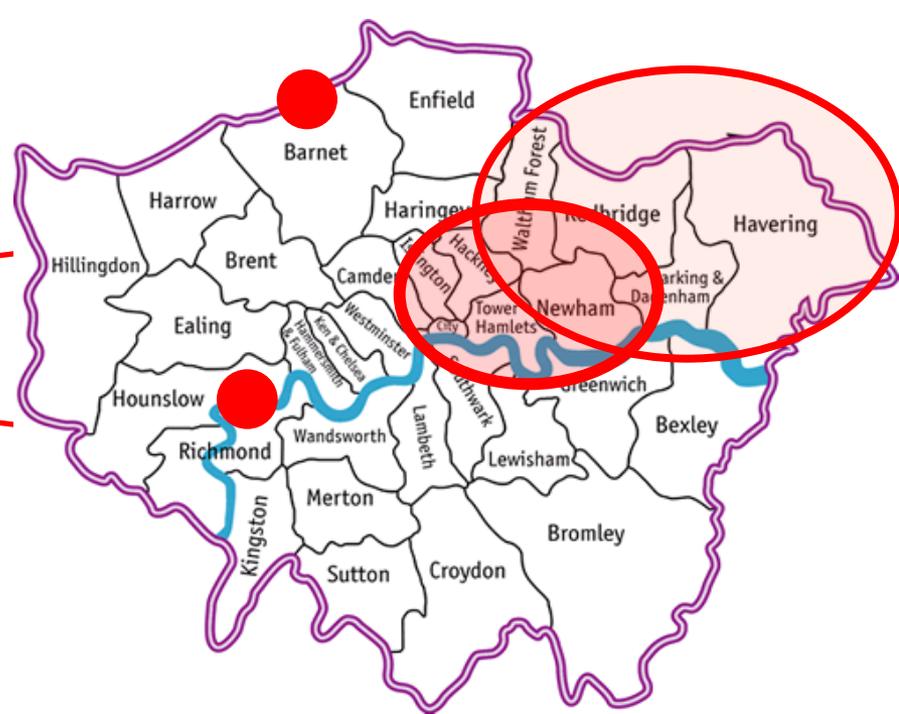
https://qi.elft.nhs.uk

# The ELFT QI Journey

with **Dr Kevin Cleary**
(Chief Medical Officer)

**Prof Jonathan Warren**
(Deputy Chief Exec & Chief Nurse)

**Mental health services**
*Newham, Tower Hamlets, City & Hackney, Luton & Bedfordshire*

**Forensic services**
*All above & Waltham Forest, Redbridge, Barking, Dagenham, Havering*

**Child & Adolescent services, including tier 4 inpatient service**

**Regional Mother & Baby unit**

**Community health services**
*Newham*

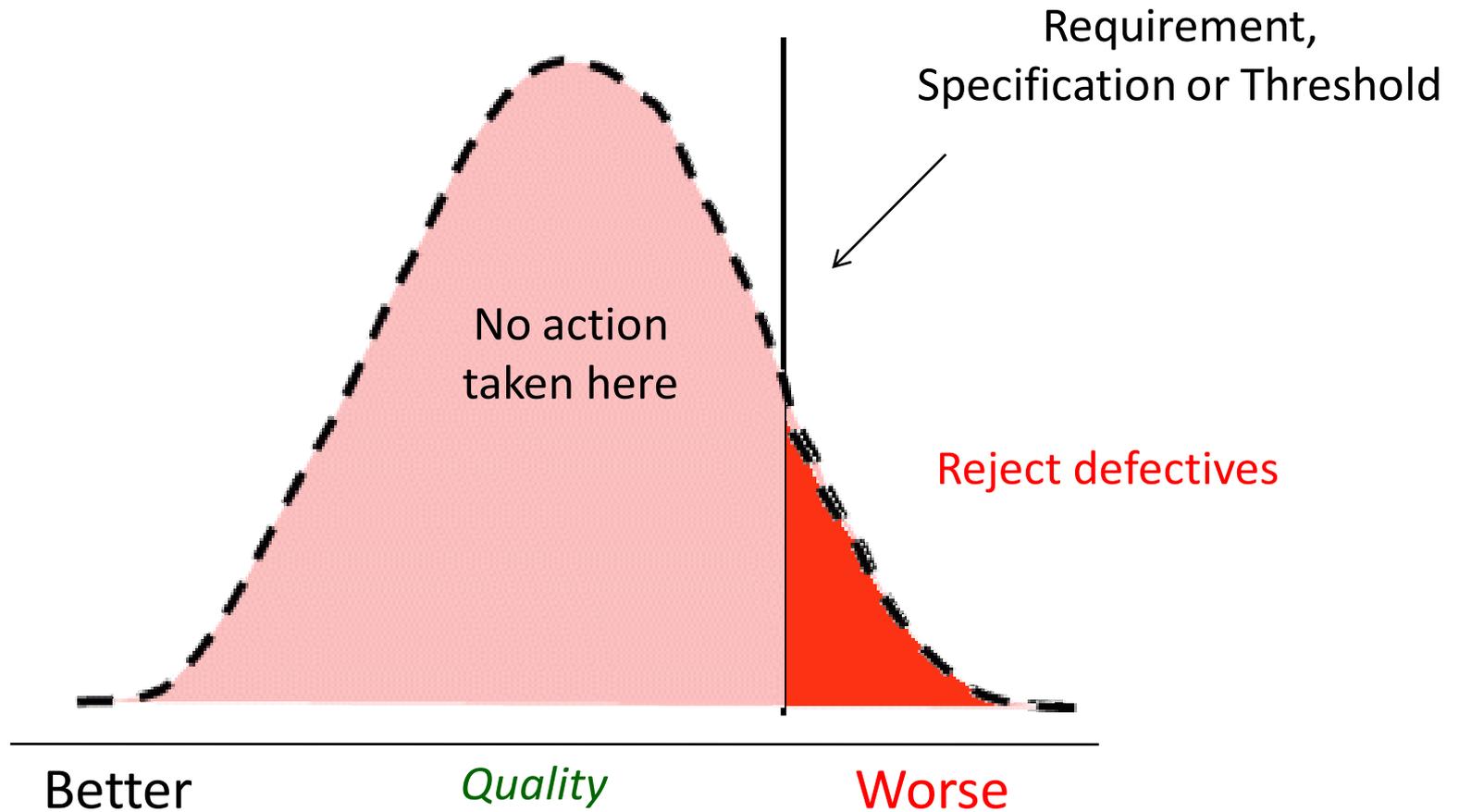**IAPT**
*Newham, Richmond and Luton*

**Speech & Language**
*Barnet*

East London

**NHS**

NHS Foundation Trust

OUR STORY

# 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 |
|---|---|---|---|---|---|---|
| **Monitor Targets** | | | | | | |
| 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 | ⇒ | |
| **Other National/CQC Targets** | | | | | | |
| Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date) | 85% | 98.1% | 97.3% | 97.3% | ⇒ | Local target 95%. |
| 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. |
| **PCT Contract and Mandatory Targets** | | | | | | |
| 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. |
| **Patient Experience - Community** | | | | | | |
| 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% | ⇒ | |
| **Patient Experience - Inpatients** | | | | | | |
| Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave) | 95% | 95.3% | 98.3% | 97.3% | ⬇ | See graphs overleaf for more detail. |
| **Information Governance/Assurance** | | | | | | |
| 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

f   y   ✉   p

🕐 This article is 4 years old

Save for later

Union warned that bud

# Spike in mental health patient deaths shows NHS 'struggling to cope'

# The culture we want to nurture

A listening and learning organisation

Empowering staff to drive improvement

Patients, carers and families at the heart of all we do

Increasing transparency and openness

Re-balancing quality control, assurance and improvement

BREAK TIME
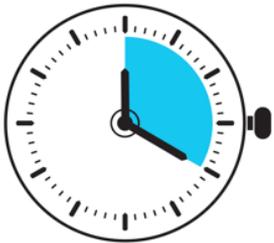
#MHImprove

# How we are delivering the QI Programme

**Auz**
**Senior QI Lead**

## Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community-based staff, Bedfordshire & Luton staff)
2. Sharing stories – newsletters, microsite, presenting internally
3. Celebration – awards, conferences, publications, internal presentations
4. Share externally – social media, Open mornings, visits, microsite
5. Work upstream – trainees, regional partners, key national and international influencers

## AIM
To provide the highest quality mental health and community care in England by 2020

## Developing improvement skills

1. Pocket QI for anyone interested, extended to Beds & Luton
2. Refresher training for all ISIA graduates
3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners
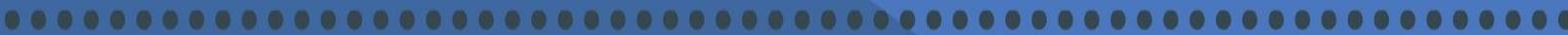
## Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
3. Job descriptions, recruitment process, appraisal process
4. Annual cycle of improvement: planning, prioritising, design and resourcing projects
5. Support staff to find time and space to improve things
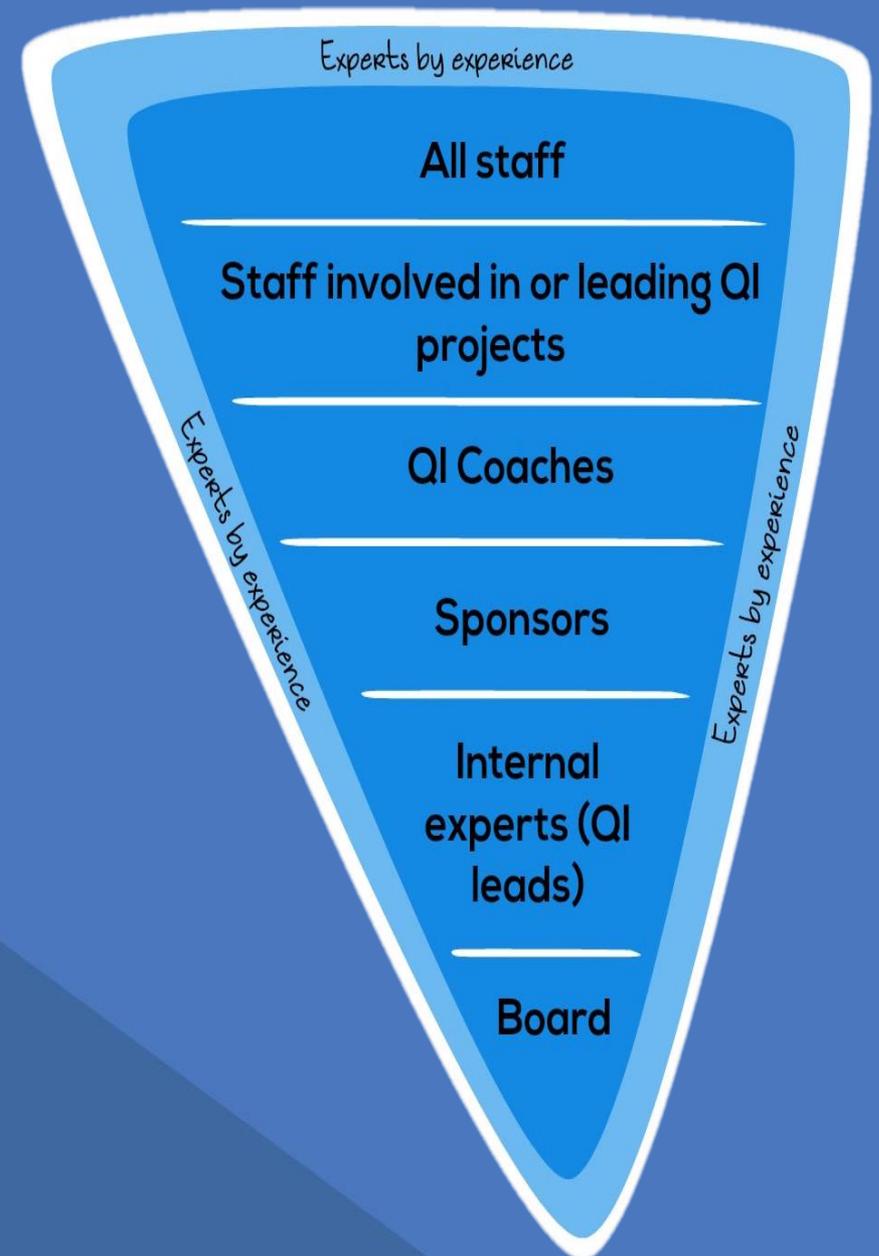6. Support deeper service user and carer involvement

## QI Projects

**Directorate-level priorities**
- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

**Trust-wide strategic priorities**
1. Reducing inpatient physical violence
2. Improving access to community services
3. Enjoying work
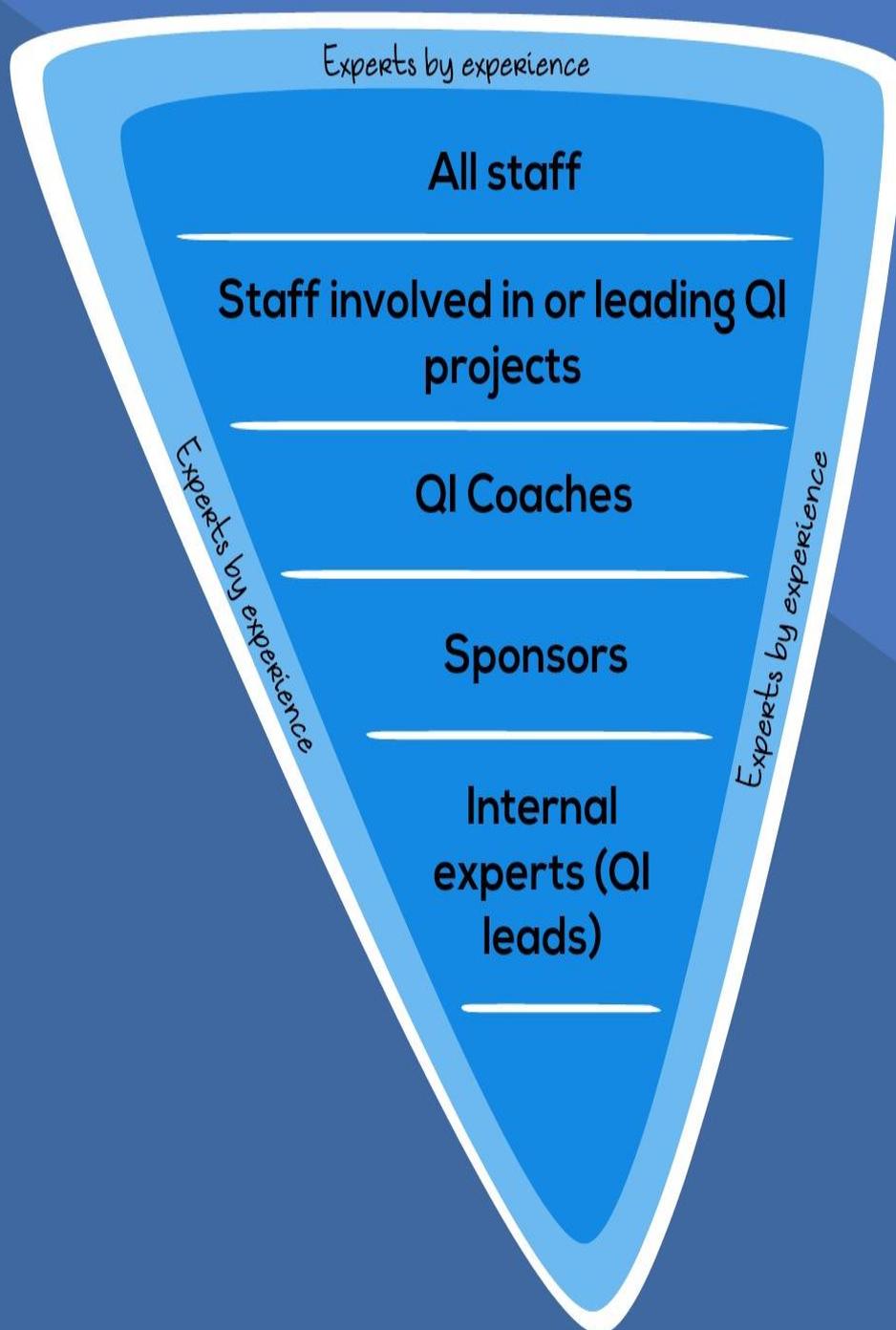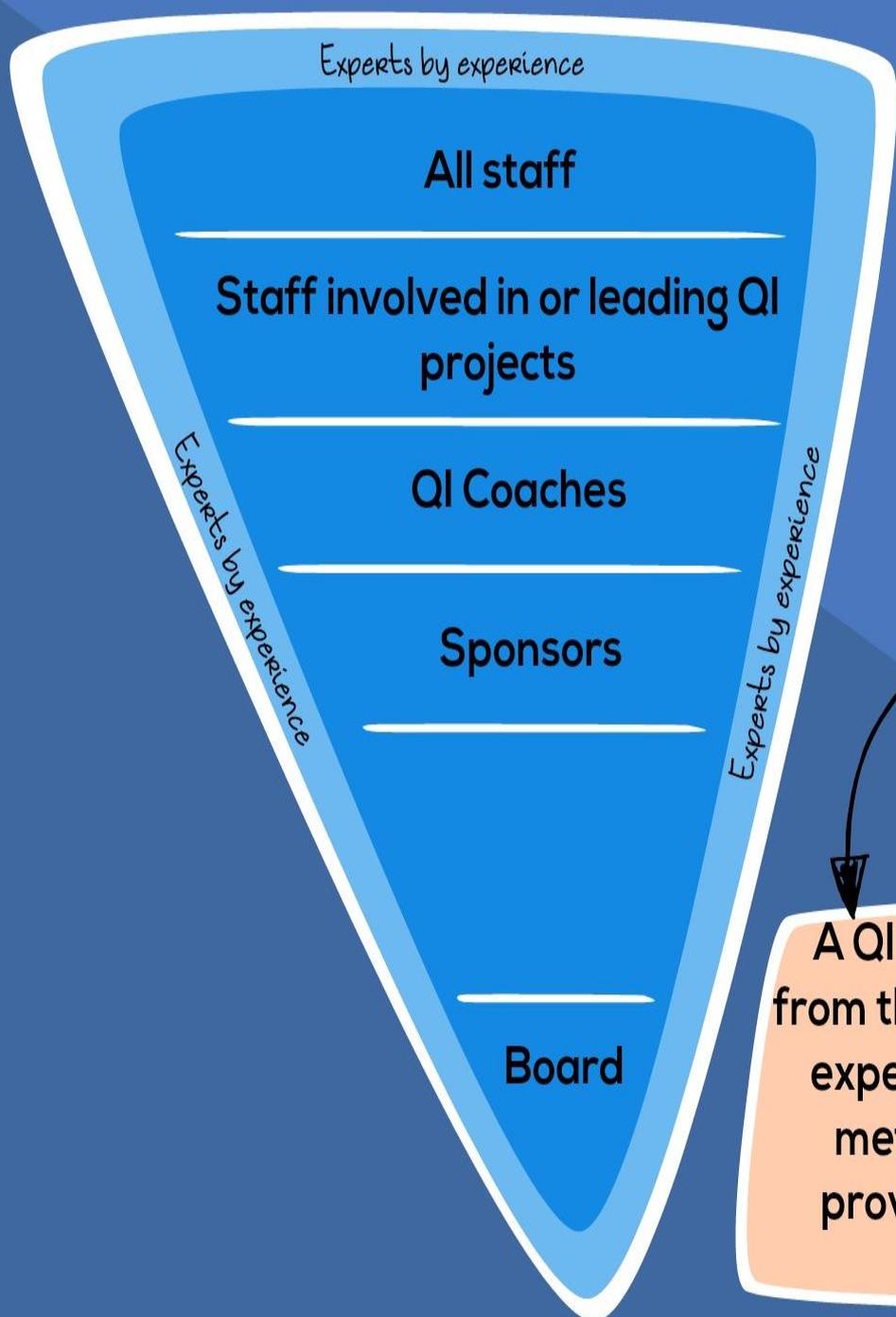4. Shaping recover in the community
5. Value for money

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NHS
East London
NHS Foundation Trust

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**NHS Foundation Trust**

# DEVELOPING IMPROVEMENT SKILLS

Experts by experience

**All staff**

**Staff involved in or leading QI projects**

**QI Coaches**

**Sponsors**

**Internal experts (QI leads)**

Experts by experience

Experts by experience

**Board**

All Executives have completed the 6 month Improvement Science in Action (ISIA) programme. They have an annual board session with the Institute for Healthcare Improvement (IHI) & regular development sessions.
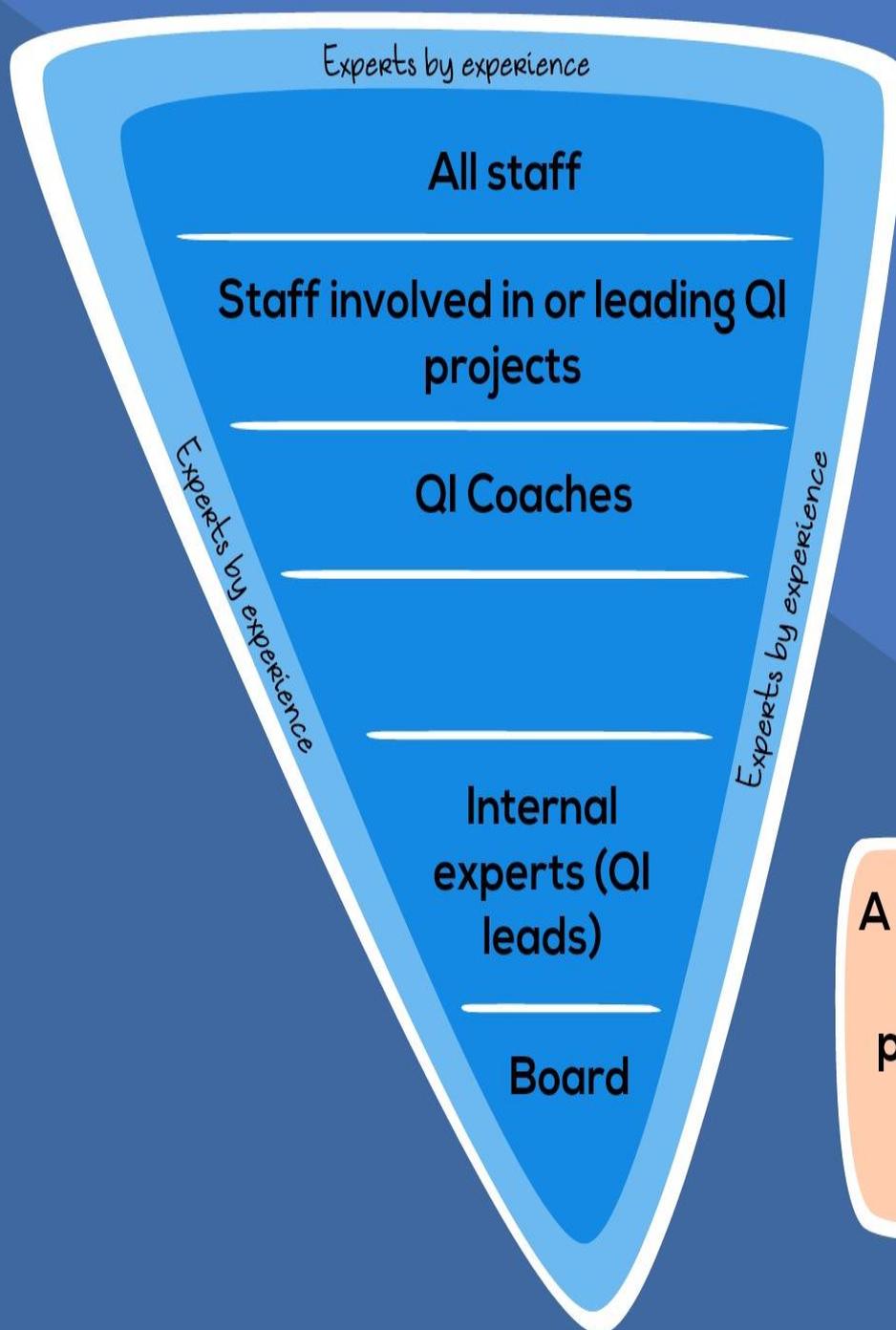
Building Capability in QI

Experts by experience

All staff

Staff involved in or leading QI projects

QI Coaches

Sponsors

Board

Experts by experience

Experts by experience

Internal experts (QI leads)

Currently have 6 improvement advisors, with 3 further QI leads in training

A QI lead lead is someone from the central QI team with expertise in improvement methods and tools who provide extra support to project teams

Experts by experience

**All staff**

**Staff involved in or leading QI projects**

**QI Coaches**

Experts by experience

Experts by experience

**Internal experts (QI leads)**

**Board**

Sponsors

58 current sponsors. All completed the 6 month ISIA programme with regular refresher training.

A sponsor is a senior member of staff keeping an eye on project progression, helping unblock barriers and championing the work

# Improvement Science in Action

**A 6 month programme of learning involving face-to-face teaching, reading and online modules**

**690 TRAINED**

**For project leads, project team members and anyone in a management role**

**6 waves of training completed**

**Applying learning to a real life project in their team**

**52 hrs of QI training spread over 6 and half days**

Building Capability in QI

Working Upstream

Experts by experience

- All staff
- Staff involved in or leading QI projects
- QI Coaches
- Sponsors
- Internal experts (QI leads)
- Board

Experts by experience

Experts by experience

Working with future workforce to embed QI into their training

# Nursing Students

**124** TRAINED

**3-5 Hrs** of QI training

An introductory session to QI

Within undergraduate and postgraduate curricula

All students embedded in QI projects during their placement at ELFT

CITY UNIVERSITY LONDON

University of Bedfordshire

**Nynn**
**QI Lead**

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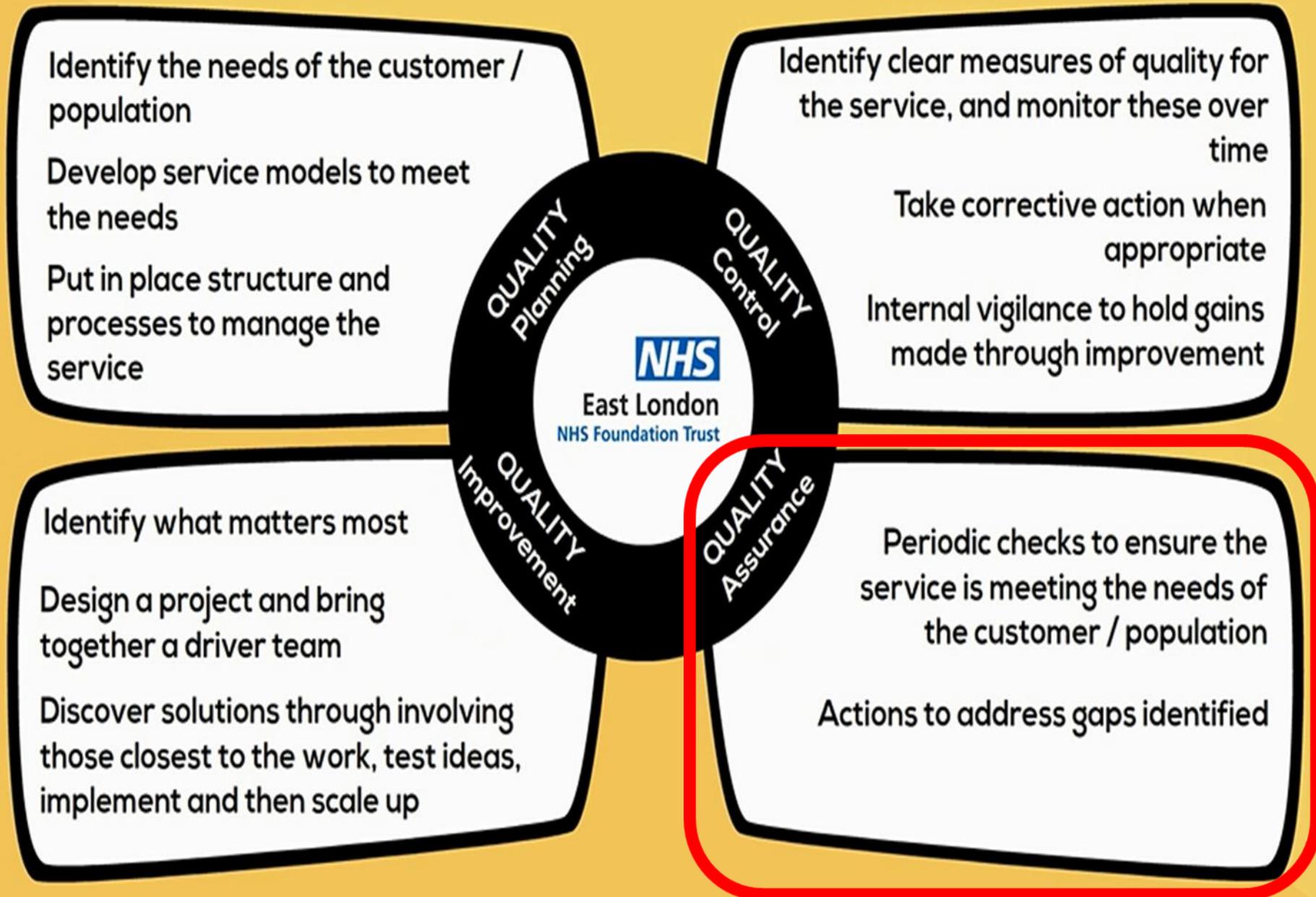4. Shaping recover in the community
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**NHS Foundation Trust**

# Embedding QI into daily work

# Our Holistic Quality System

**QUALITY Planning**
- Identify the needs of the customer / population
- Develop service models to meet the needs
- Put in place structure and processes to manage the service

**QUALITY Control**
- Identify clear measures of quality for the service, and monitor these over time
- Take corrective action when appropriate
- Internal vigilance to hold gains made through improvement

**QUALITY Improvement**
- Identify what matters most
- Design a project and bring together a driver team
- Discover solutions through involving those closest to the work, test ideas, implement and then scale up

**QUALITY Assurance**
- Periodic checks to ensure the service is meeting the needs of the customer / population
- Actions to address gaps identified

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NHS Foundation Trust

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NHS East London NHS Foundation Trust

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QI Sponsor

QI Coach

QI Team

Project Team

Support with involving service users and carers

QI Forums

Learning Systems

# Support with involving service users and carers

Service user involvement in all our projects is a very high priority

Involvement with a Little i means asking the people who use our service, what could we work on, ideas that might make a difference or whether they have noticed any improvements. This can be done via survey, focus groups etc.

Little i

There are two types of service user involvement

Involvement with a Big I means involving service users and carers directly in a project, QI development and delivery.

Big I

# Learning Systems

## Three different systems to help support learning

QI Microsite

Quality and Performance Dashboard

QI Life

Information on
key directorate
contacts

QI Microsite

www. qi.elft.nhs.uk

Tips on running
successful
projects
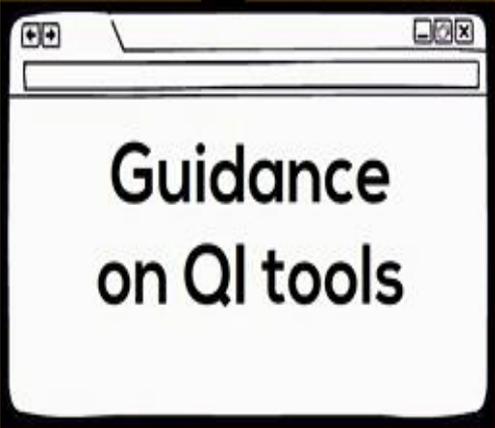
Guidance
on QI tools
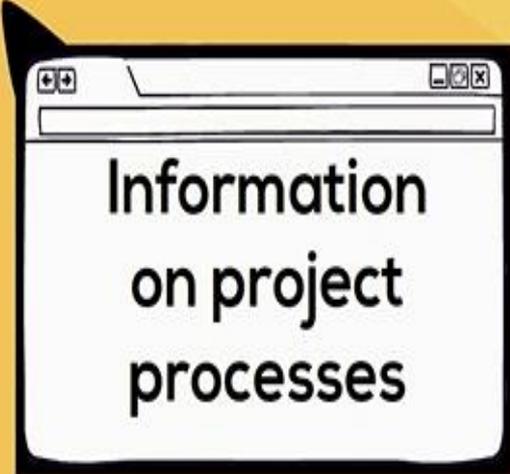
Information
on project
processes

# Quality Dashboard



**Data on key aspects of quality and performance in one place**

**Allowing staff to access data to support their project work as and when required**

**Ability to drill-down data to directorate and ward/service level**

**Real-time data through time series analysis**

**Accessible to anyone in the trust**

Projects    Programmes    Connect    Resources    Analytics

# Forensic Violence Reduction - Bow Ward

PDF

**General**    Driver Diagram    Change Ideas    PDSAs    Measures    Charts    Documents

## General Information

Edit    Close Project    Submit Monthly Report

Project ID: 101692 – Programme: ELFT's Forensic Violence Reduction Collaborative

Title:

Forensic Violence Reduction - Bow Ward

Status:

Active

Aim:

To reduce the violence incidents on Bow Ward by 30% by October 2017

Location:

Bow Ward John Howard Centre

Start:

14/10/2016

End:

31/10/2017

Rationale:

Tags: (A few key words that relate to this project)

# Forensic Violence Reduction - Bow Ward

PDF

General    Driver Diagram    Change Ideas    PDSAs    Measures    **Charts**    Documents

## SPC Charts  Learn More

Add New SPC Chart +
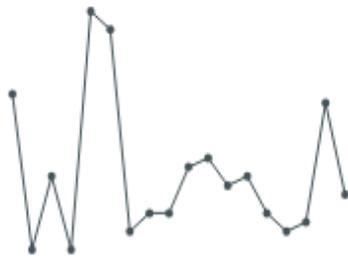


Bow - count of incidents of non physical violence
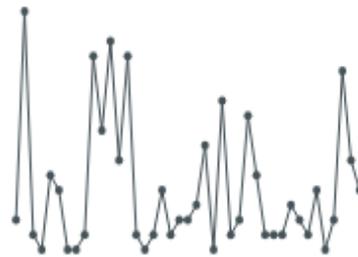
Open ▶



Bow - count of incidents of non physical violence (orange dot) every 3 days

Open ▶
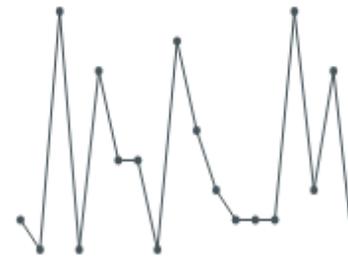


Bow - count of incidents of physical violence
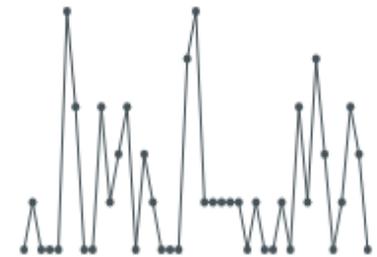
Open ▶



Bow - count of incidents of physical violence (red dots) every 3 days

Open ▶

Projects | Programmes | Connect | Resources | Analytics

Check out the new Learning Centre to find tips on using Life. Visit the learning centre

# My Organisation's Projects

Start a QI project ⊕     Start a scale up/spread project ⊕

My Projects | My Organisation's Projects | My Region's Projects | All Projects | Project Library

Type here to search... 🔍     Active ▾     1 - 15 of 206     1 2 3 4 5     Sort: Title ▾     Up ▾

Show Advanced Search 🔍   Export Project Summaries 🔗   Export Successful Projects 🔗   Export Closed Projects 🔗

1.0     1.0     0.5

"improving access     "To reduce the     • Reducing
to the needle     number of falls on     attrition rate from

Projects | Programmes | Connect | Resources | Analytics

# Dashboards

Dashboards | Reports | Monitoring

## No. of ELFT QI Projects (broken down by status)

| | All Projects |
|---|---|
| Active | 162 |
| Completed | 52 |
| Total | 214 |

## No. of ELFT QI Projects (broken down by status)



- Active (162)
- Completed (52)
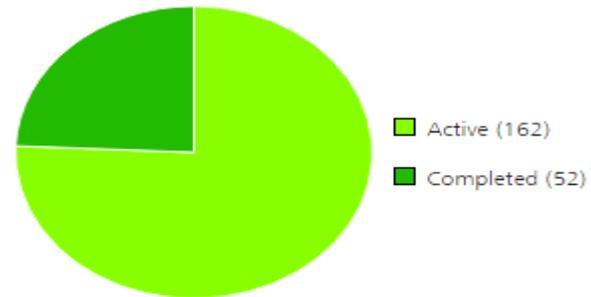
## No. of ELFT QI Projects (broken down by status and progress score)

| | 0.5 | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 | 4.5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|
| Active | 10 | 29 | 22 | 36 | 42 | 15 | 7 | 7 | 4 | 0 |
| Completed | 0 | 0 | 0 | 0 | 0 | 16 | 7 | 4 | 20 | 5 |
| Total | 10 | 29 | 22 | 36 | 42 | 31 | 14 | 11 | 24 | 5 |

# A learning system helps us to…

**Observe existing performance**
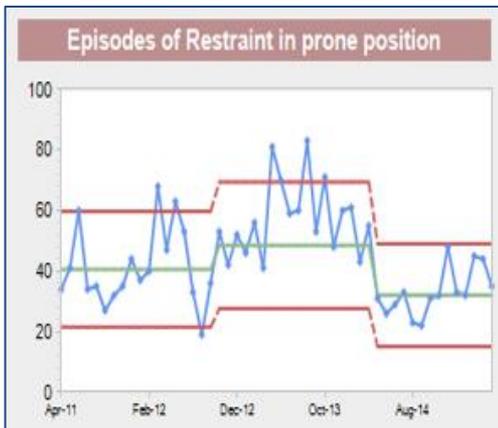
**Connecting people, developing relationships & networks**
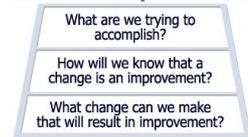
**Share & scale up improvement across the organisation**
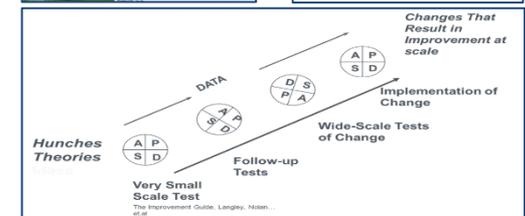
**Francisco**
**QI Lead**

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Qi

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# ENGAGING, ENCOURAGING & INSPIRING

Project teams sharing their work at every trust board meeting

Project presentations during QI training events

Learning forums and celebration events in each directorate

QI PROJECT

**Internal Presentations**

# Qi Newsletter
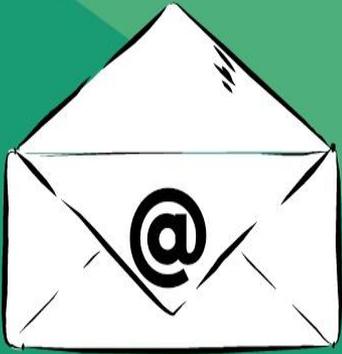
Monthly e-Newsletter

Sent to 5000+ staff members

Quarterly paper newsletter

Sent to all our sites and partner organisations

237 Sites
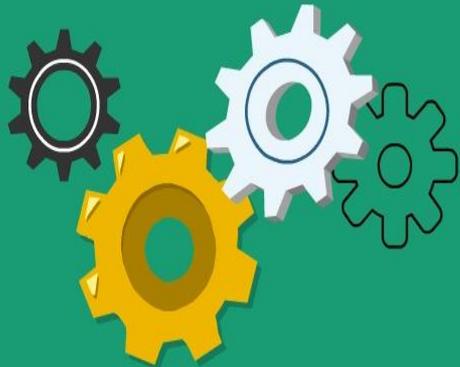
Social Media

twitter
@ELFT_QI

1791 Followers

2139 Tweets

Daily QI news

Sharing stories and data

Sharing tools and resources

Live streams from ELFT events

Videos on QI methodology

How to use data for improvement

YouTube

View Active QI Projects

View published work

Service User / Staff stories

QI resources

QI Microsite

Guidance on QI tools

Posters of all completed projects

Vlogs

Top Visitors

# 267,920 Page Views

from all over the world

Hosting visits for people to learn about our QI system

NHS Improvement

Connecting with External partners

The Point of Care Foundation

SCOTTISH PATIENT SAFETY PROGRAMME
EVERY PERSON EVERY TIME

NHS England

PS!
Dansk Selskab for PatientSikkerhed
Danish Society for Patient Safety

HARVARD BUSINESS SCHOOL
VE RI TAS

Care Quality Commission

National Voices

Awards

CELEBRATING

SUCCESS

8 awards
won since
summer-2014

Qi

Qi

Including

**HSJ**
FOR HEALTHCARE LEADERS
Staff Engagement
Award 2015

HE NCEL

**HSJ**
FOR HEALTHCARE LEADERS
Trust of the Year
Award 2016

PATIENT
SAFETY
Trust of the Year
Award 2015

UCLPartners

BMJ

Nursing
Times
Awards
2015

FOR HEALTHCARE LEADERS
**HSJ**

Sharing learning at conferences

Connecting with External partners

2014
2015
2016

EVERY PERSON — 24/7 — EVERY TIME
SCOTTISH PATIENT SAFETY PROGRAMME

International Forum on QUALITY & SAFETY in HEALTHCARE

2014  2015  2016

16th International Conference on Integrated Care
23–25 May 2016, Barcelona

26th
27th  28th

Institute for Healthcare Improvement
National Forum

2016

PS!
Dansk Selskab for PatientS!kkerhed
Danish Society for Patient Safety

# QI Project Meeting

**WIFI DETAILS**
Network: LBTH Eco
Password: **E**co#2014

@ELFT_QI
#Quality2017

qi@elft.nhs.uk

https://qi.elft.nhs.uk

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# AGENDA

- Welcome  - Daniella,  Racheal and Thana

- What is People Participation and Service User Engagement?

- QI (Quality Improvement) and Service User Engagement- progress?

- **Case Study** : Introduction to Role Play : Good and the Bad Scenarios
    – with **BAFTA Cast** : Graham, Andrea, Racheal, Erayna

- Role Play Scenarios : Project Team Meeting

- QI Project Presentation :  Lucy and Andrea

- Summary and Close with Q&A Session: How can we improve the engagement? - Su

*We care*         *We respect*         *We are inclusive*
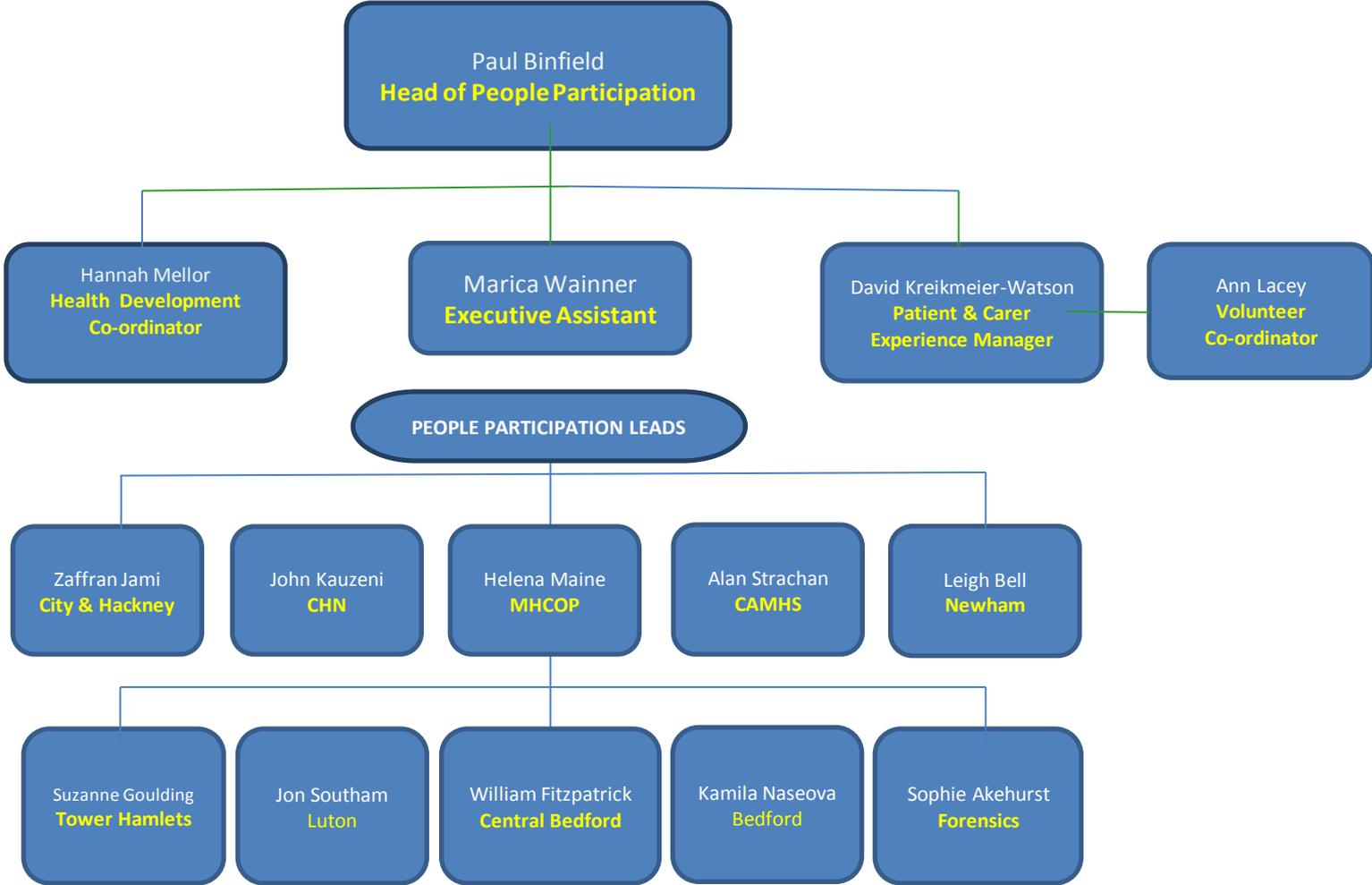
# ENGAGEMENT PROJECTS

# Staff Recruitment Policy

- **Service User** and **Carer** input into all posts but priority will be given to posts with clinical contact and direct daily service user contact.

# Staff Training

- Service User/Carers deliver **new staff induction** sessions

- Input into all levels of **staff development** programme

- Rolling out new **Care Plan** process staff /service user training teams

# PERSONAL JOURNEY

Reaching There !!!

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So HOW did I engage on my
Recovery Journey?

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Project Engagement - Thana

# PEER SUPPORT AND RESEACH PROJECTS

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# Peer Support

- Expansion of our **Peer Support** across all areas.

- Inpatient and Community (including enhanced primary care)

- **Carers Mentors** being developed

- ENRICH research project (Peer Support)

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# Research

- Linking in service users/carers with academic research projects. Report due this year.

- People Participation team is conducting research (employing 3 service user researchers) to measure the **potential impact** of People Participation on **Recovery**.

- Prestigious **World Health Organisation (WHO) Collaborating Centre –** based in Newham**.**

# Quality Improvement

- We have 85 service users/carers trained in QI methodology.

- Active in many QI projects as team members.

# QI – WALL PROJECT
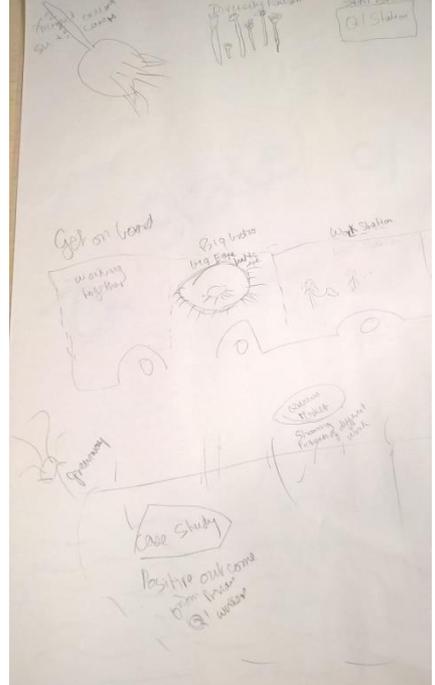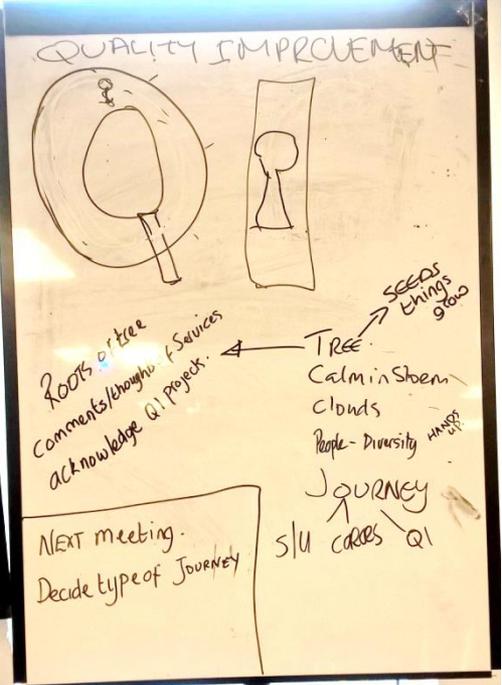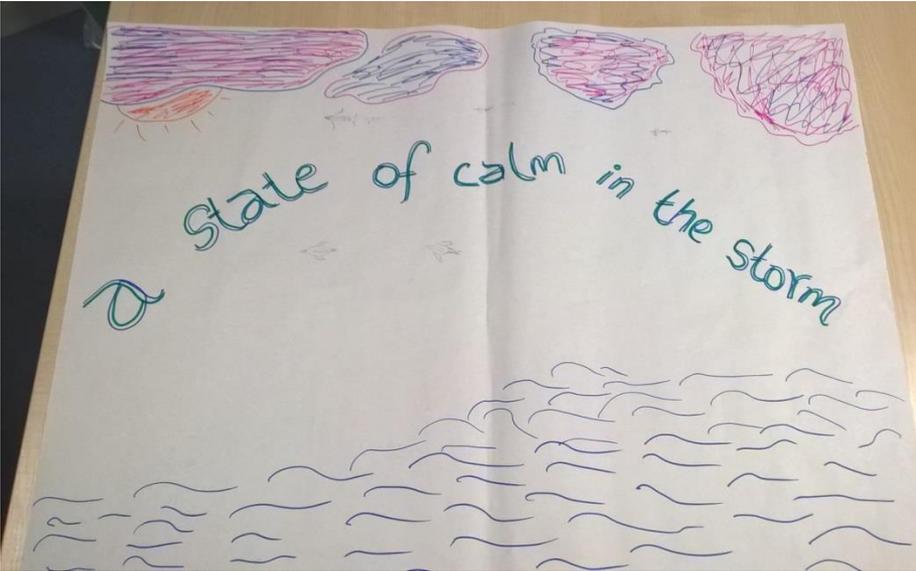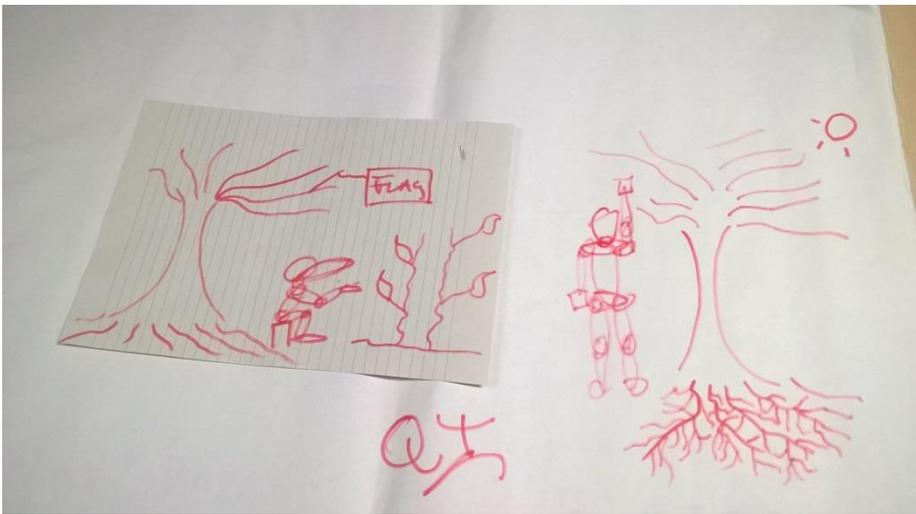
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We care          We respect          We are inclusive

Our Journey of Improvement...

How can we improve?
Share your ideas with us.

Local leaders will help
you develop these ideas.

Get going and help us improve!

GREENWAY

Current QI Projects

Completed and
Successful QI Projects

Achieved

Reduced

Achieved

Reduced

Learn more about QI in Newham

Current QI Projects

Completed and
Successful QI Projects

Our local QI leaders include:
Sponsors

Coaches

We're Quality Improving!

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# QI – INFORMATION DESIGN

## PSYCHOLOGY DEPARTMENT

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# The Team
## NEWHAM PSYCHOLOGICAL SERVICES
### Dr Amra Rao

## Confidentiality

During your assessment you will be asked to consent to information sharing on a need to know basis. Confidentiality is within the Trust and there may be times if there are concerns about risk, when your therapist will consult with another professional to further assist you. This may be your G.P. or a psychiatrist or care coordinator. It is important that throughout our contact with you we meet your needs as best we can. You will be informed if this happens.

## What if you need an Interpreter?

Newham is a multicultural borough and we regularly see service users from many racial, ethnic and cultural backgrounds. We pride ourselves on being an accessible psychological therapies service therefore we always use an interpreter when required. If an interpreter is needed, we will book an interpreter for you and will use the same interpreter so that you feel secure talking about your concerns during sessions. We are open to any feedback you have regarding the interpreter so that we can ensure it helps your therapy. Interpreters are bound by confidentiality.

ADDRESS:      Secondary Care Psychological Services
409. Stratford High Street
Stratford
Newham
London E15 4QZ

TELEPHONE:  0208 221 6000

East London **NHS**
NHS Foundation Trust

Secondary Care Psychological Services Newham

East London **NHS**
NHS Foundation Trust

# Psychological Assessment and Therapy

**Information for service users referred to the service**

## Practical Information

We are open Monday to Friday and offer evening appointments from Monday to Wednesday. Services are mainly provided from our office in Stratford.
If required, we can arrange free interpreters who are bound by confidentiality.



## Information about Mental Health

East London NHS Foundation Trust: www.elft.nhs.uk
The mental health charity Mind: www.mind.org.uk, T: 020 8519 2122
The mental health charity Rethink Mental Illness: www.rethink.org, T: 0300 5000 927
Free advocacy Voiceability: www.voiceability.org, T: 020 3355 7142
Newham Carers' Network: www.newhamcarers.org.uk, T: 020 8519 0800

## Crisis Support

Our service does not provide crisis support. Please contact your GP or referrer for support during office hours.

Outside Office Hours, please call the following Crisis number: 020 7540 6782.

## Service Users Forum & Quality Improvement

We are keen to engage service users in shaping our service. We hold forums twice a year inviting service users and their family to discuss their experiences with us. All current service users are notified about upcoming meetings.
You can also help us improve the service and get engaged with our quality improvement programme: www.qi.elft.nhs.uk. We look forward to hear from you if you are interested.

East London **NHS**
NHS Foundation Trust

East London **NHS**
NHS Foundation Trust

## Welcome to
## Newham Secondary Care Psychological Services



**409 High Street, Stratford, E15 4QZ**
Tel: 020 8221 6000 | Fax: 020 8221 6001 | www.elft.nhs.uk

Newham Psychological Services provide a variety of interventions, such as assessment, consultation and talking therapies to individuals, groups, couples and families affected by longstanding and complex mental health needs.

This leaflet contains information about our service, the assessment process and treatment options. Please call us to clarify any information in this leaflet or if you have any further questions.

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## Our Initial Meeting

Following a referral you are invited to an assessment meeting. This is to work with you to decide how best to help you as we offer a range of interventions.

### What happens in the assessment?

- You can be assessed alone or with people important to you.
- You will be asked about the problems you would like to work on, about you as a person and your life experiences. This may include talking about distressing events. We appreciate this can be difficult and we aim to ensure you are treated with dignity, respect, and compassion.

If together we agree that therapy is the right option, you will be placed on the waiting list for the agreed treatment . You will be asked to complete a 'Permission to Use and Share Information' consent form, with information about our health recording system and confidentiality policies.

*OUR TEAM*



### What if I or the assessing clinician feels therapy is not the best option?

We understand that not everyone is ready to engage in therapy. For instance you may feel uncertain about your goals for change and what to work on in therapy, or you may not be able to attend regular sessions. In such cases, we would discuss alternative options that could be helpful.

### What if I cannot attend my assessment appointment?

- Please phone us on 020 8221 6000 to cancel or reschedule as soon as you are aware as we may be able to offer it to someone else.
- If an assessment appointment is cancelled or missed we offer one replacement session. To ensure fairness to others on our waiting lists we will close a case if the replacement session is missed. You can be re-referred in the future if your circumstances change.

## Choice for Therapies

We offer a range of evidence-based therapies & a range of workshops.

**Cognitive Behavioural Therapy (CBT)** Focuses on how you think, feel and behave, and how these aspects influence and interact with each other. Therapy helps you change behaviours and the way you think about your difficulties

**Integrative Therapy** which combines a number of therapeutic approaches, either at the same time or one after the other

**Psychodynamic psychotherapy** focuses on problematic patterns of behaviour that evolved from past relationships and life experiences. Psychodynamic psychotherapy might be provided in individual or group settings.

**Systemic Psychotherapy** which provides support for service users and people close to them, e.g. partners or family members, to help them improve communication, relationships and mutual understanding. Carers might also be seen for therapeutic support without the client.

Therapy sessions are usually 50-60 minutes, once weekly.

### Attendance

Therapy is a commitment and progress will rely on your attendance and engagement. Text reminders for appointments can be arranged. If you consistently miss appointments, we may discharge you from the service. At various times we will ask you to complete questionnaires, to help us assess your progress and improve the service offered to clients and carers.

### Starting Therapy

After assessment, you are likely to have to wait until a therapy slot can be offered to you. Your assessor can tell you the current estimated waiting time. When you reach the top of the therapy waiting list, you will be contacted by us to arrange sessions for individual or group therapy.

We also offer a number of ways to begin working on your therapy goals as well as developing wellbeing skills in advance of these sessions in the following workshops. Let us know if you would be interested to join them.

Wellbeing Workshops: These provide information and skills on managing anxiety and worries, dealing with depression, and poor sleep.

Relationship Skills Workshops: These focus on relationship and communication skills and are open to service users, their partners, family members and carers.

Brief Family Support: This involves five sessions of couple or family work to explore how best to support each other for mental health recovery.

# QI – BRAINSTORM SESSIONS

## ADDRESSING INCREASED DEMAND BY REVIEWING EXISTING PROCESSES
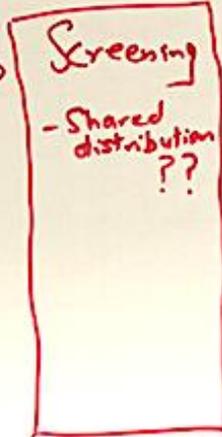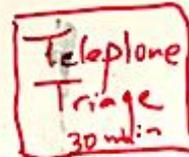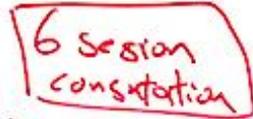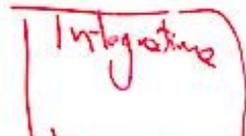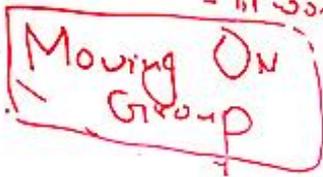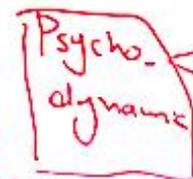
# BOROUGHWIDE SPECILIST PSYCHOTHERAPIES – BW PROCESS MAP REVIEW TO ABSORB DEMAND

## Value Streaming Mapping Initial Discussion
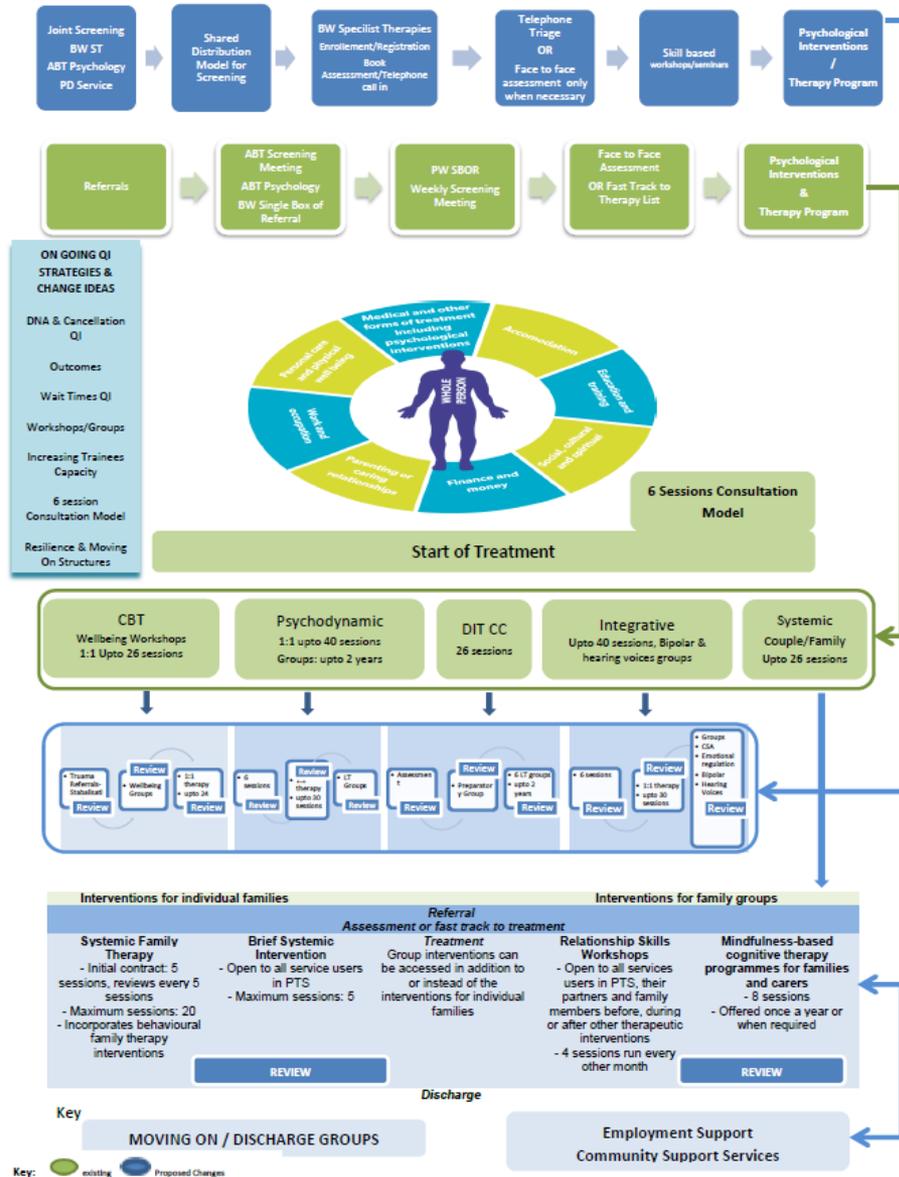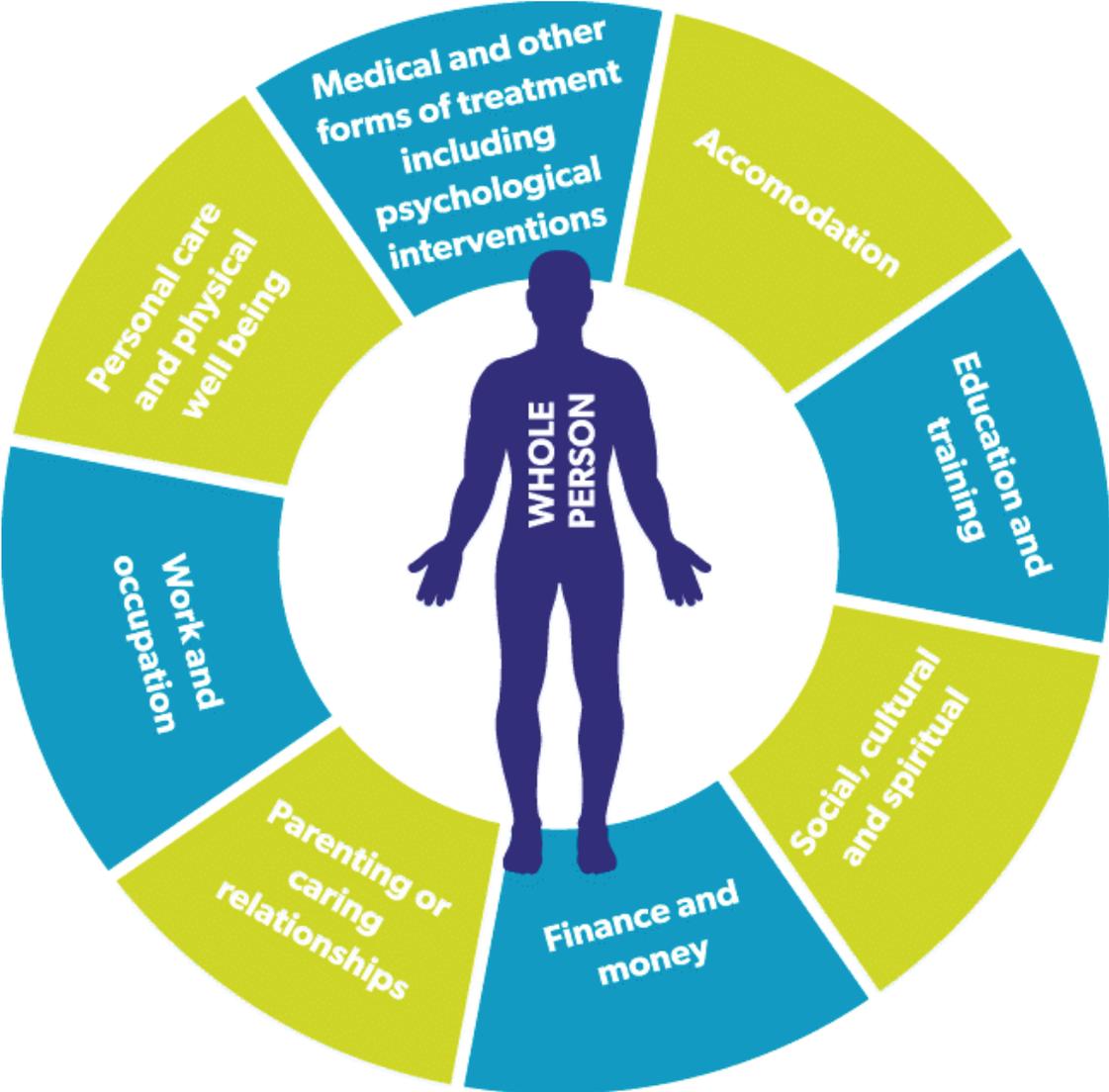


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Social Resilence Project : Whole Person Approach

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# The "A" Team
## NEWHAM PSYCHOLOGICAL SERVICES
### Dr Amra Rao

# How Are We Doing?

| Category | Indicator | Performance |
|---|---|---|
| NHS Improvement | Finance risk rating (on a scale of 1-4, with 4 being the best) | 2 |
| NHS Improvement | Governance risk rating (on a scale from green to red, with green being the best) | Green |
| NHS Improvement | Single Oversight Framework – shadow rating (1-4, with 1 being the best) | 2 |
| Care Quality Commission CQC | Overall rating (inadequate, requires improvement, good, outstanding) | Outstanding |
| National Targets | National targets relevant to mental health and community services | Fully compliant |
| National Staff Survey | National ranking for overall staff engagement score | 1st |
| National Community Patient Survey | Overall national ranking | 3rd |

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# Roleplay

- **Example** : The "Bad and the Good"  of Quality Improvement (QI) Projects.

- How not to and how to **involve people** in your QI projects!

# The Cast



Could the cast please enter the stage….

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Weekly Assessment slots offered
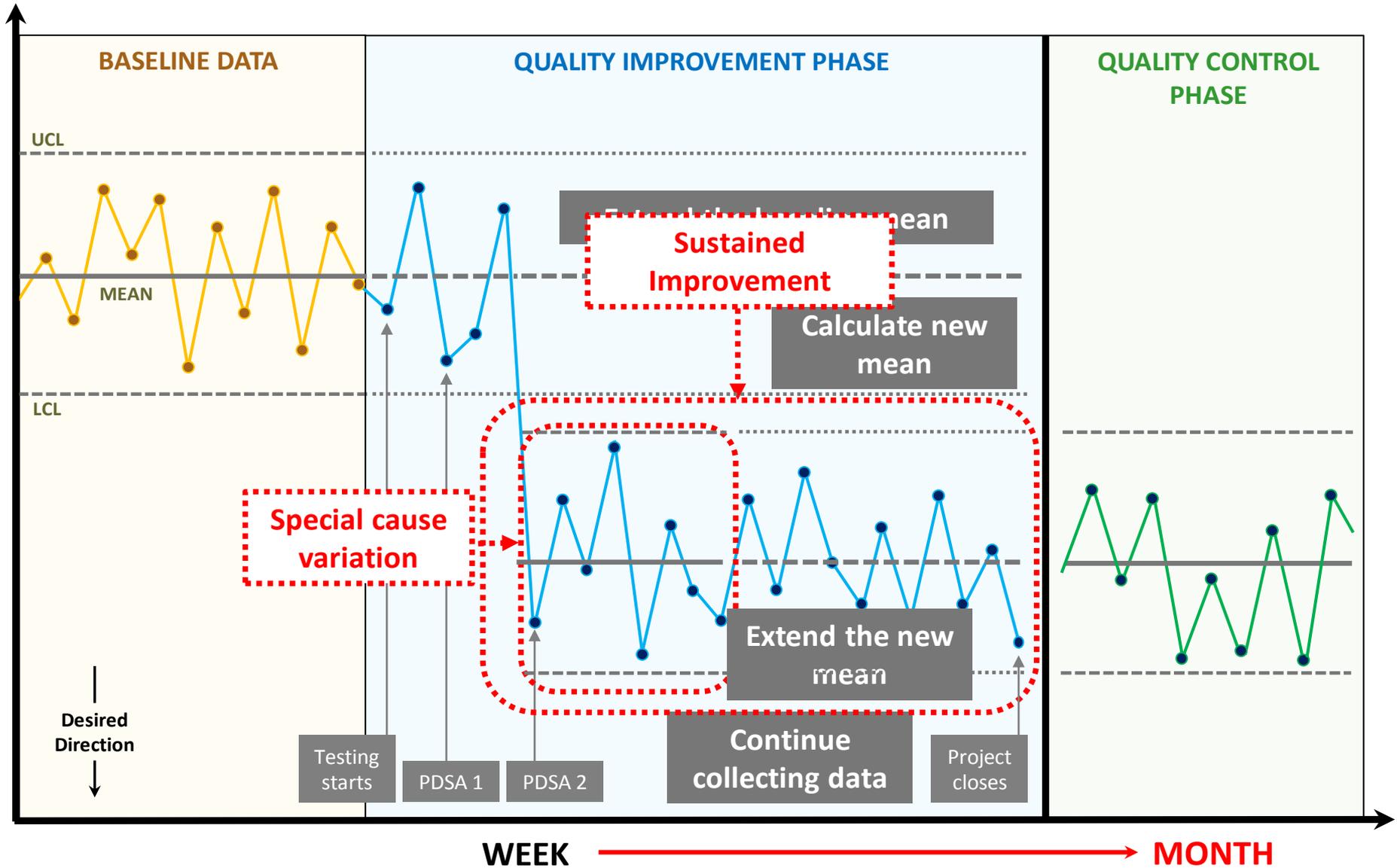


P chart: Call and Book Percentage Answered based on # of patients called

# Control Chart

# QI Project Meeting

**WIFI DETAILS**
Network: LBTH Eco
Password: **E**co#2014

@ELFT_QI
#Quality2017

qi@elft.nhs.uk

https://qi.elft.nhs.uk

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# Improving the Complaints Process in Tower Hamlets

**Andrea Burke and Lucy Boden**

**ELFT Experience Day – Wednesday 26 April 2017**

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# PROJECT AIMS

- For **60%** of all complaints received by Tower Hamlets to be **resolved locally** by **December 2017**.

- We also intend for **100%** of these complaints to be **investigated within the timeframe** by **December 2017**.

# PROJECT TEAM





- **Lucy Boden** (Clinical Governance Co-ordinator) – Project Lead

- **Andrea Burke** (Service User)

- **Tracey Upex** (Deputy Borough Director)

- **Chris Kitchener** (Associate Director of Assurance)

- **Nilusha Phigera and Kathryn Greenwood** (Complaints Advisors)

- **Samantha Mosharaf** (Complaints Manager)

Sub-team:

- Toby Nathan (Community Mental Health Nurse)

- Greg Lauranis (Inpatient Ward Manager)

# WHY IS THE PROJECT NEEDED?

**To help both staff...**                    **...and the complainants**

# ANDREA'S INVOLVEMENT
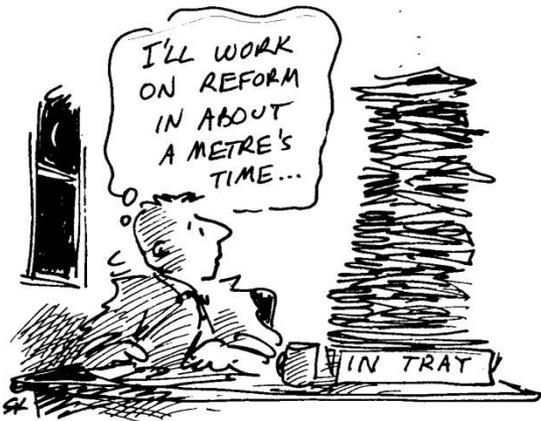
# ANY QUESTIONS?
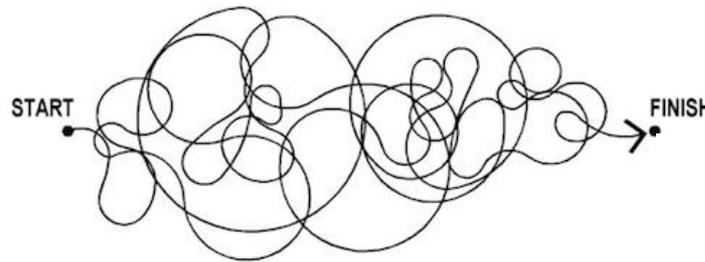
# Is it making a difference?

**James Innes**
Associate Director of QI

# QI Projects

**235**
**Projects**

NHS
East London
NHS Foundation Trust
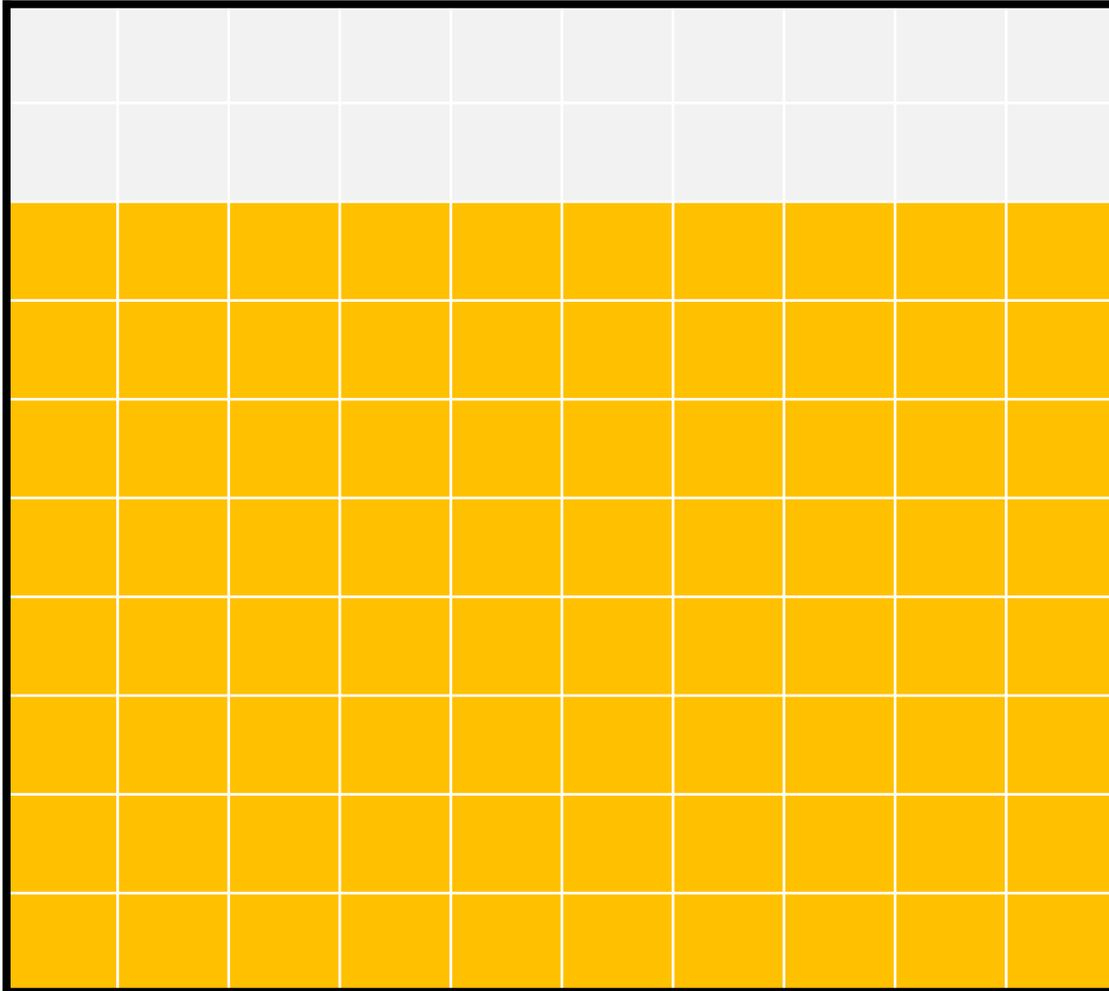
# QI Projects



**187**
Active
projects

# QI Projects

**48**

**Completed projects**

# QI Projects



**51**
Projects showing improvement

# QI Projects



**28**
Projects showing significant improvement

NHS
East London
NHS Foundation Trust
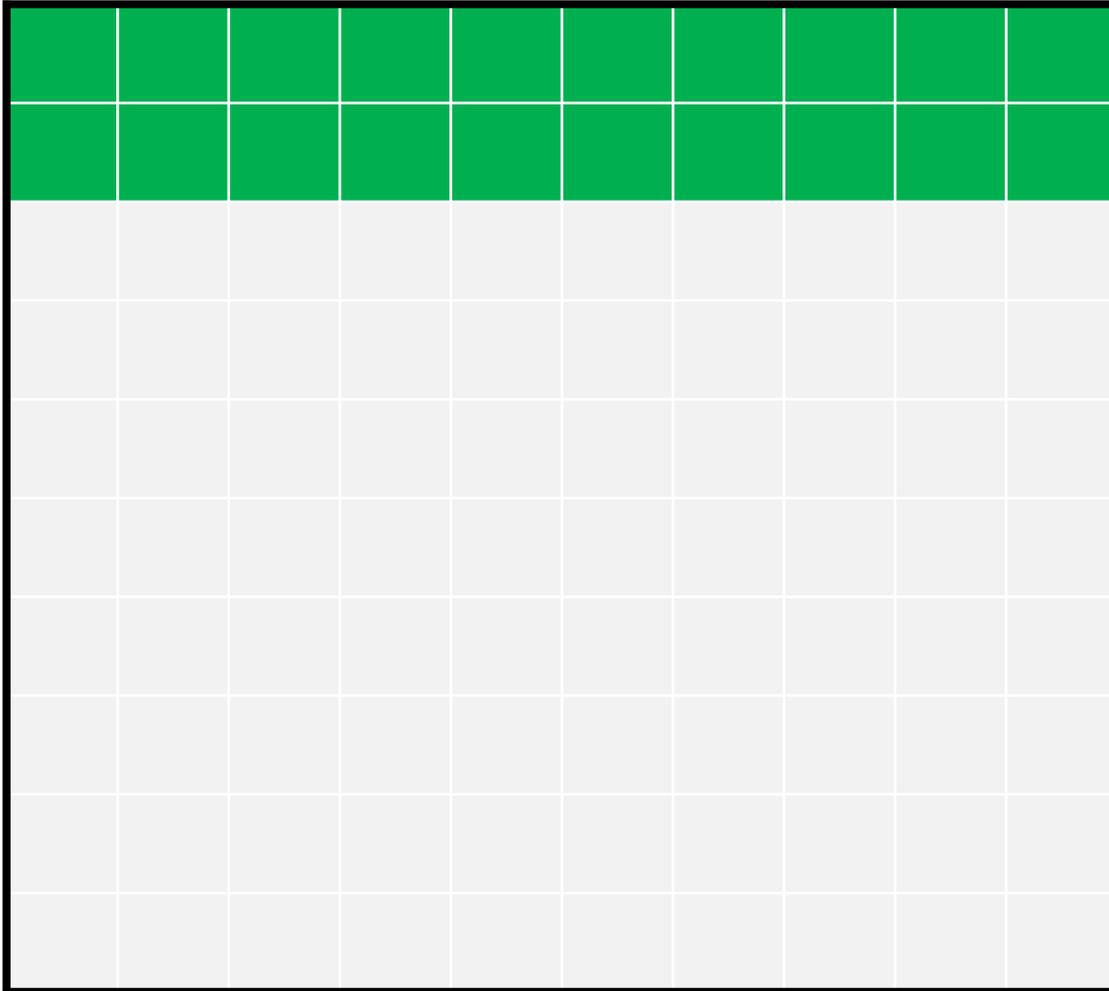
# The Bridge Club



Number of self-directed community engagement hours (football)
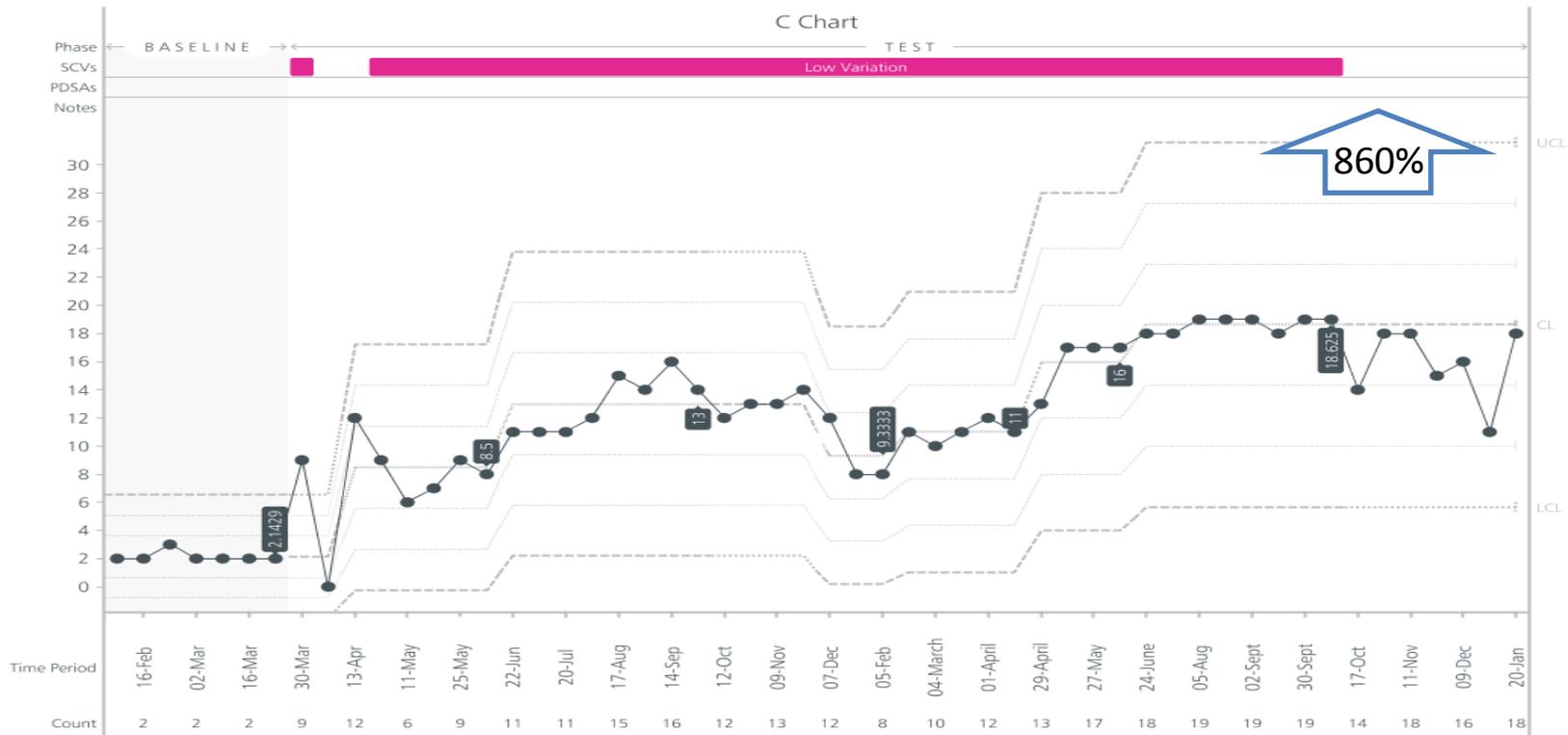
# Reducing Handcuff Usage



**Incidents of handcuffing, every 10 days**
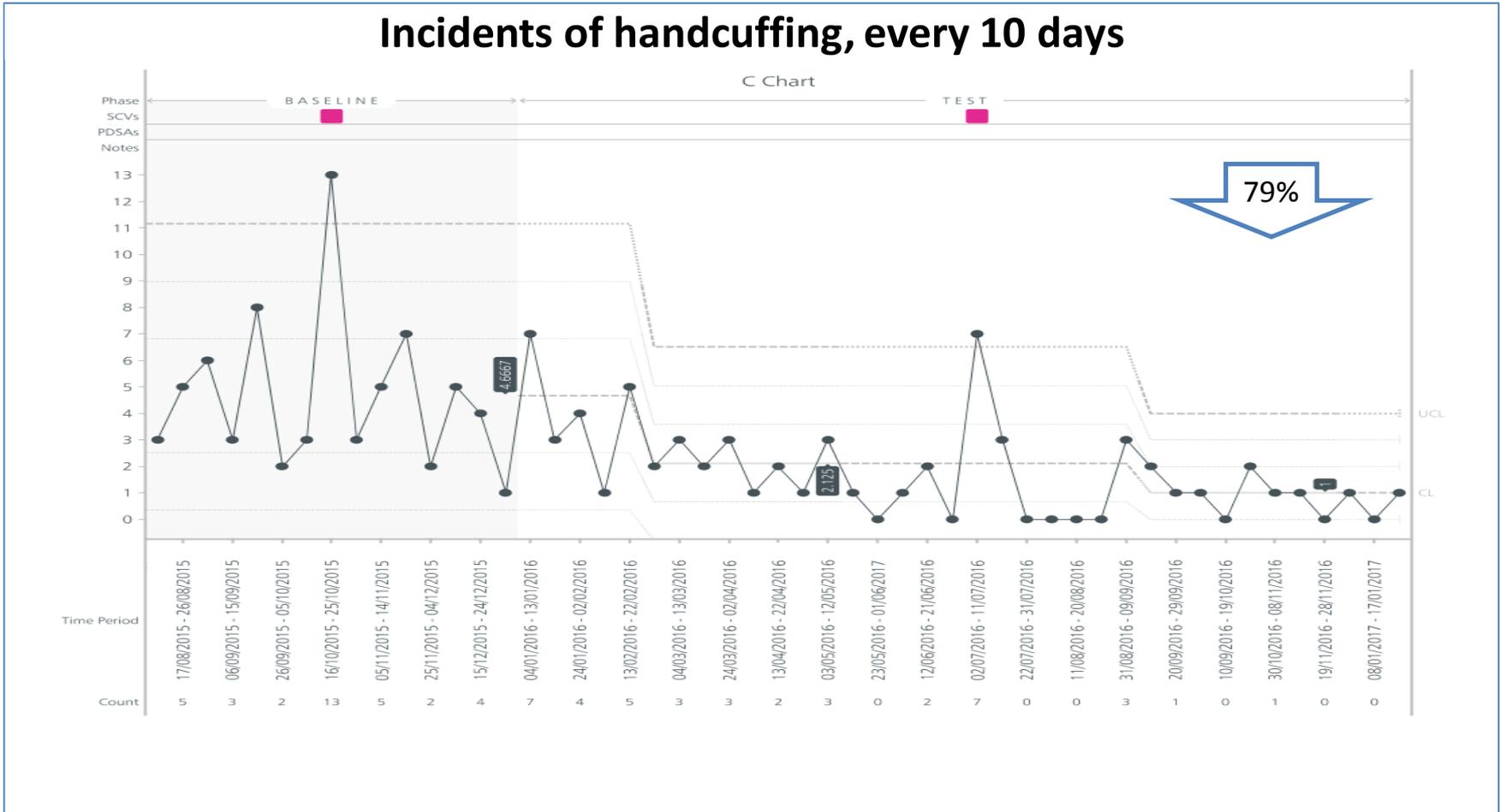
Reducing Time to Complete Neuropsychological Assessments in Memory Assessment Service
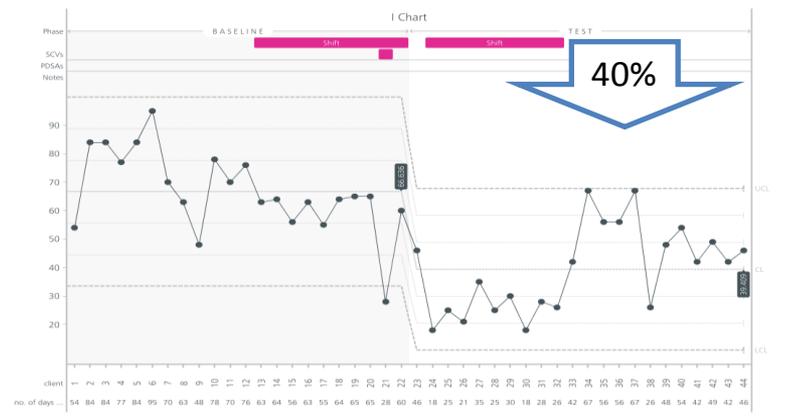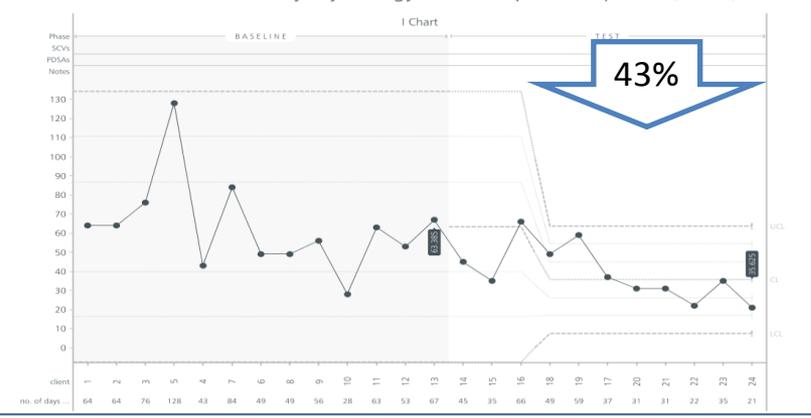
# Reducing the time it takes to complete the disciplinary process



Number of days taken to complete the disciplinary process
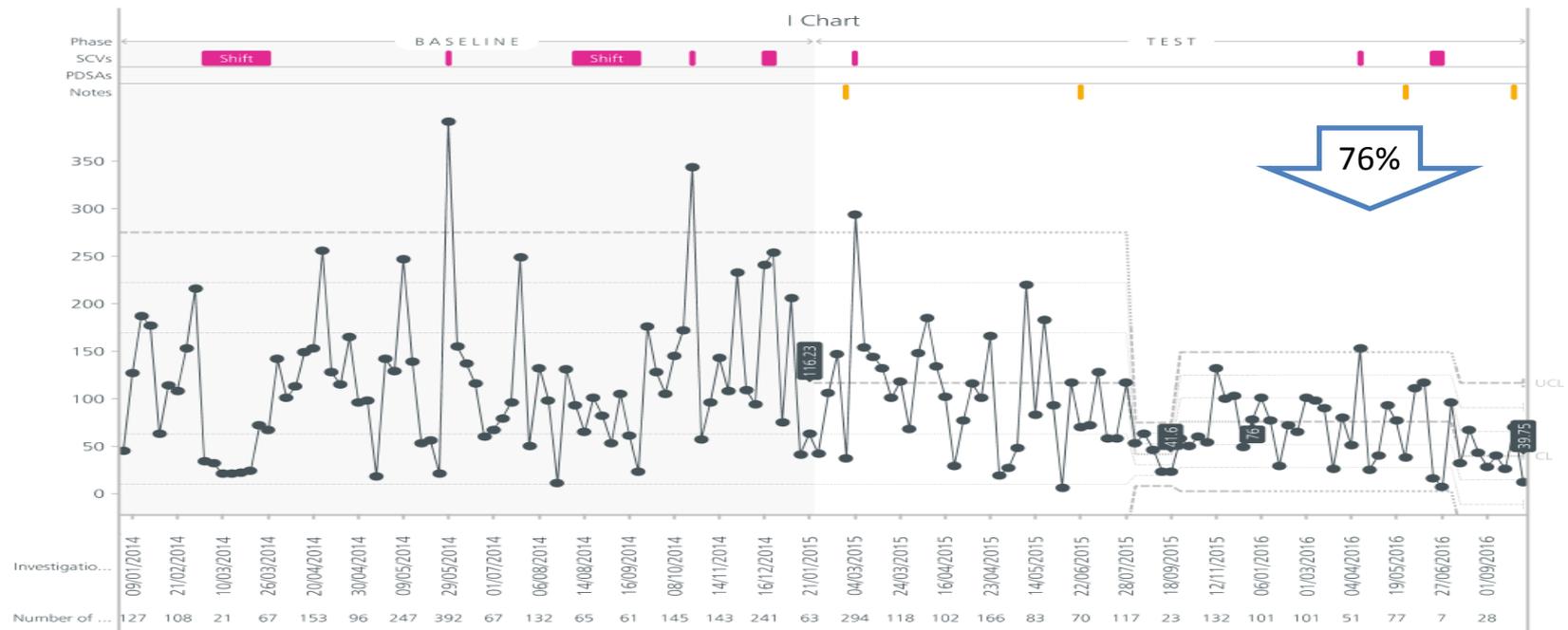
Notes:

11/02/2015 – 1st March 2015: Introduction of two hearing dates
22/06/2015 – 1st July 2015: New documentation and folders introduced.
26/05/2016 – 1st June 2016: New Disciplinary Policy and agreed outcomes process introduced.
16/09/2016 – 26th September 2016: New Investigating Officer Training introduced.

# Reducing Pressure Ulcers



Grade 2 Pressure Ulcers - C Chart



P Chart - Data collected through Waterlow Audit
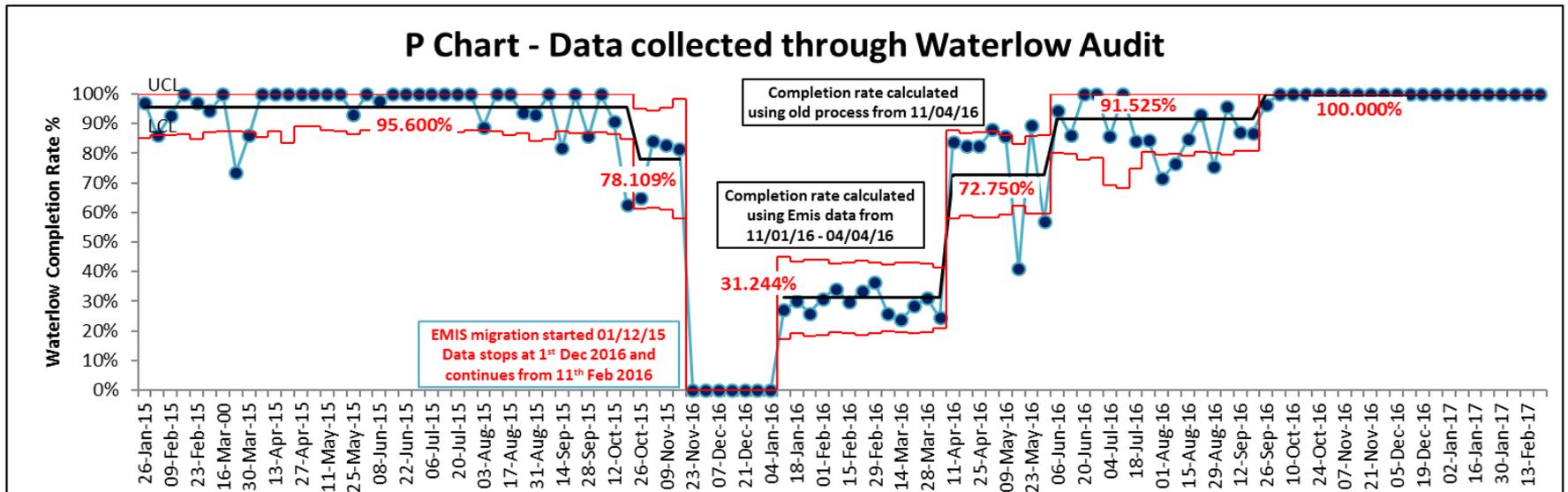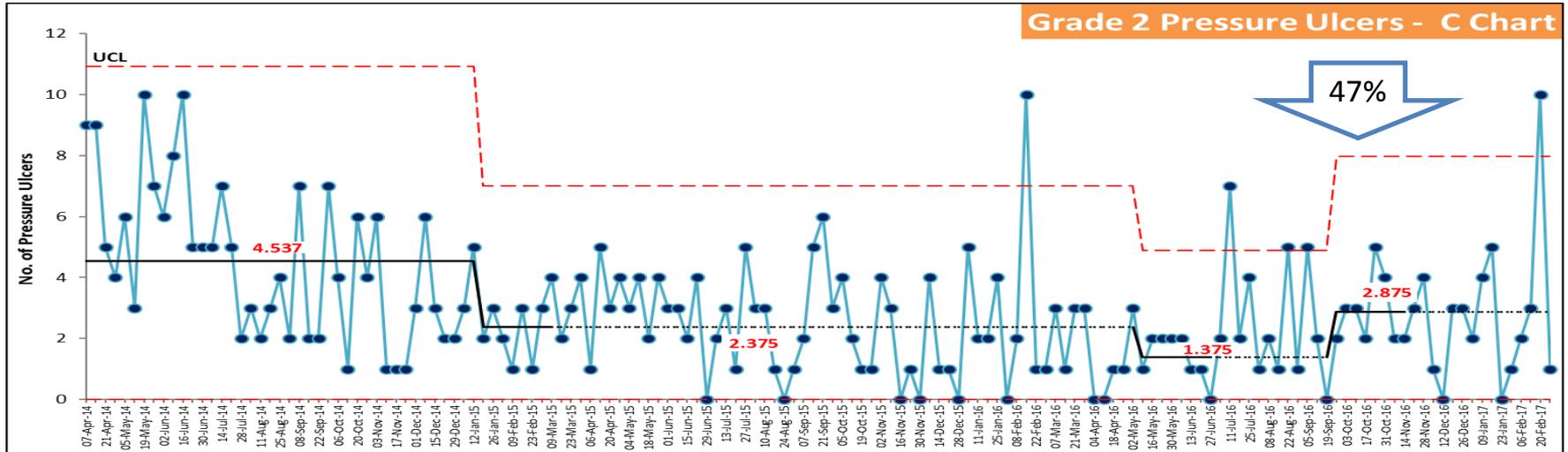
# Reducing length of stay on Leadenhall Ward

Medication safety across all 6 older adult mental health wards

Missed doses of medication on the MHCOP wards (P' Chart)

95%

Bulletin about missed doses issued

1st league table published

1st issue of individualised ward poster, along with league table

Percentage missed doses
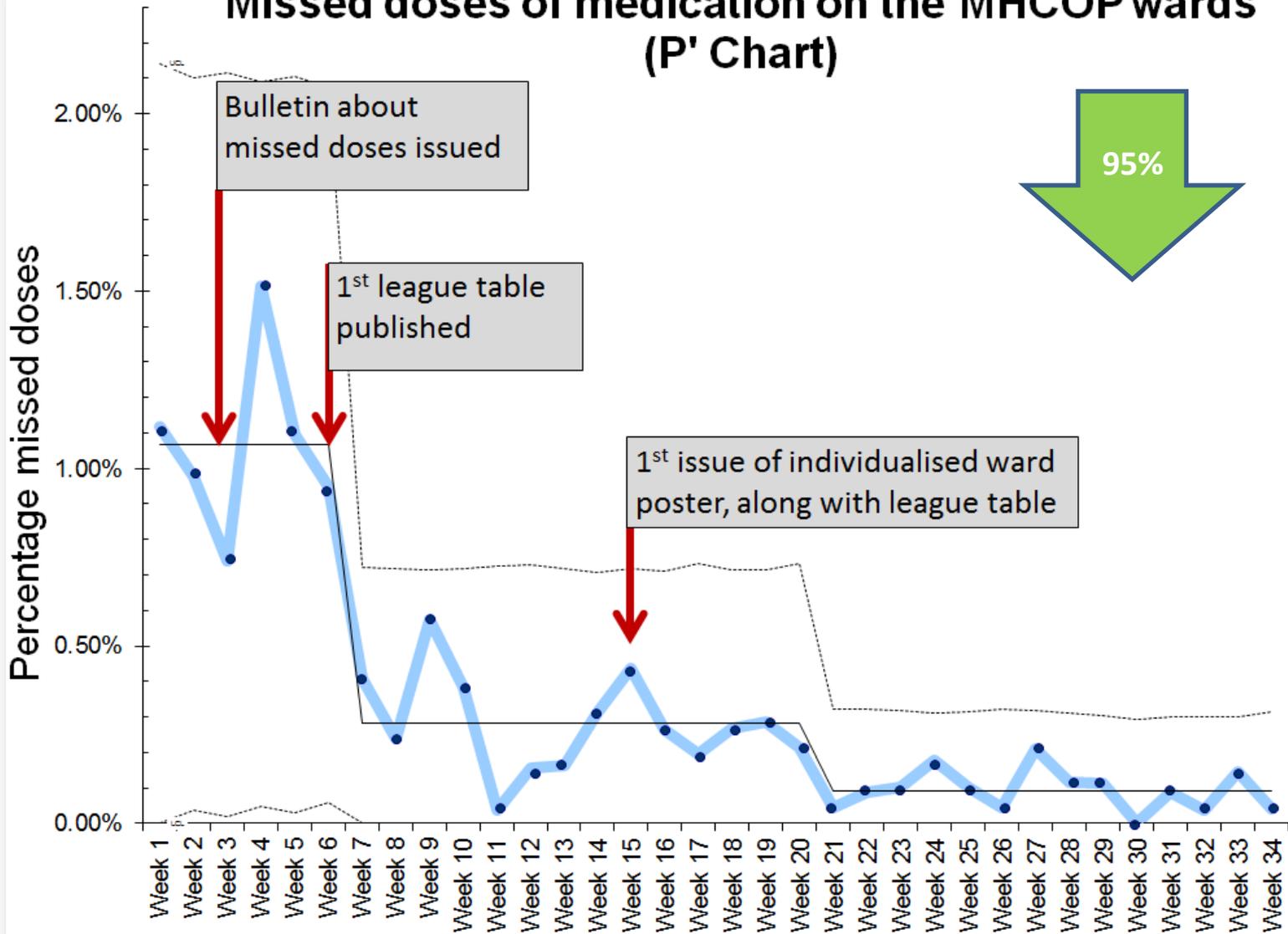
Improving clozapine results handling in City & Hackney
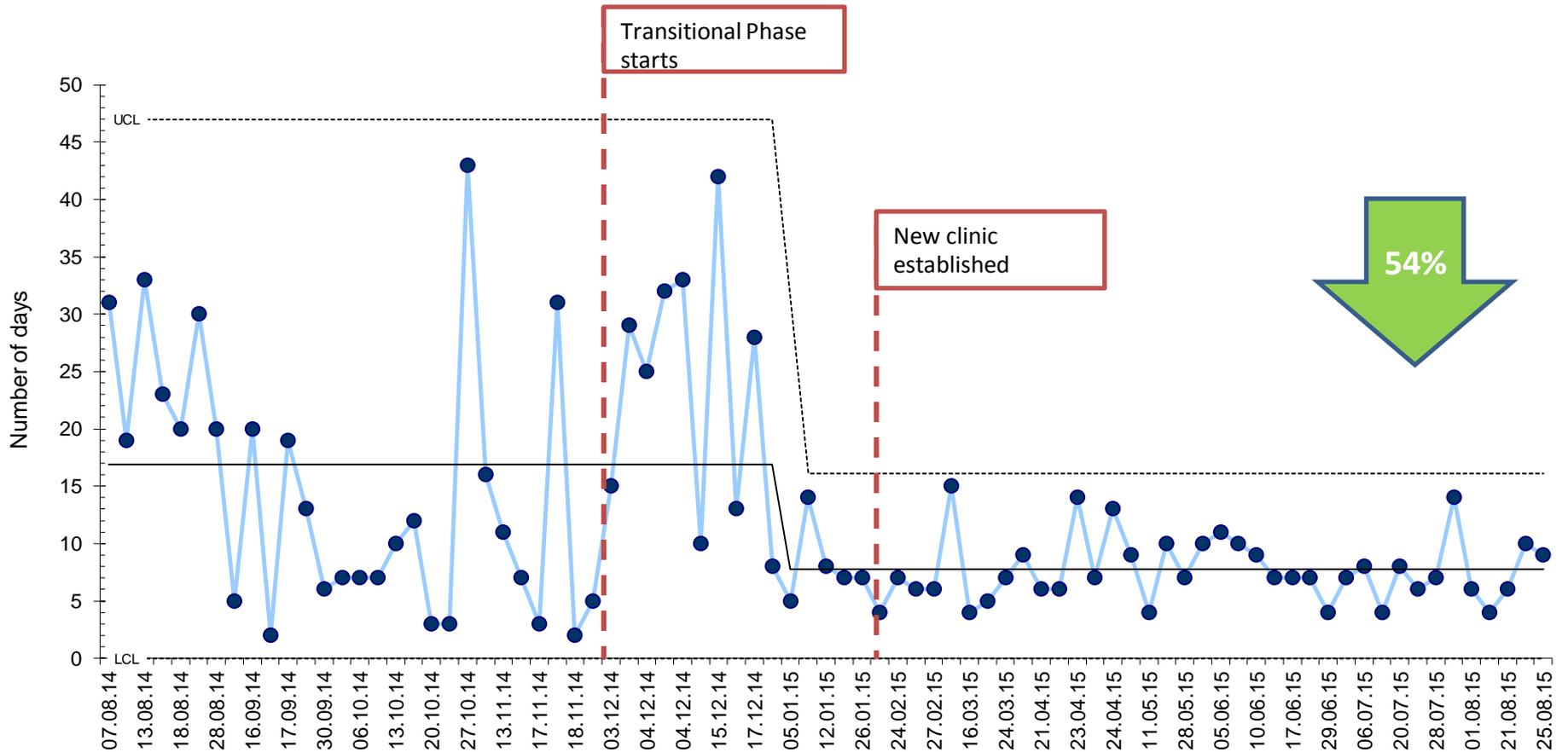
# Incidents resulting in physical violence
## (ELFT excluding Luton and Bedfordshire) - C Chart

UCL

LCL

175.462

102.625

42%

**No. of Incidents**

Jan-13, Feb-13, Mar-13, Apr-13, May-13, Jun-13, Jul-13, Aug-13, Sep-13, Oct-13, Nov-13, Dec-13, Jan-14, Feb-14, Mar-14, Apr-14, May-14, Jun-14, Jul-14, Aug-14, Sep-14, Oct-14, Nov-14, Dec-14, Jan-15, Feb-15, Mar-15, Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16, Apr-16, May-16, Jun-16, Jul-16, Aug-16, Sep-16, Oct-16, Nov-16, Dec-16, Jan-17, Feb-17
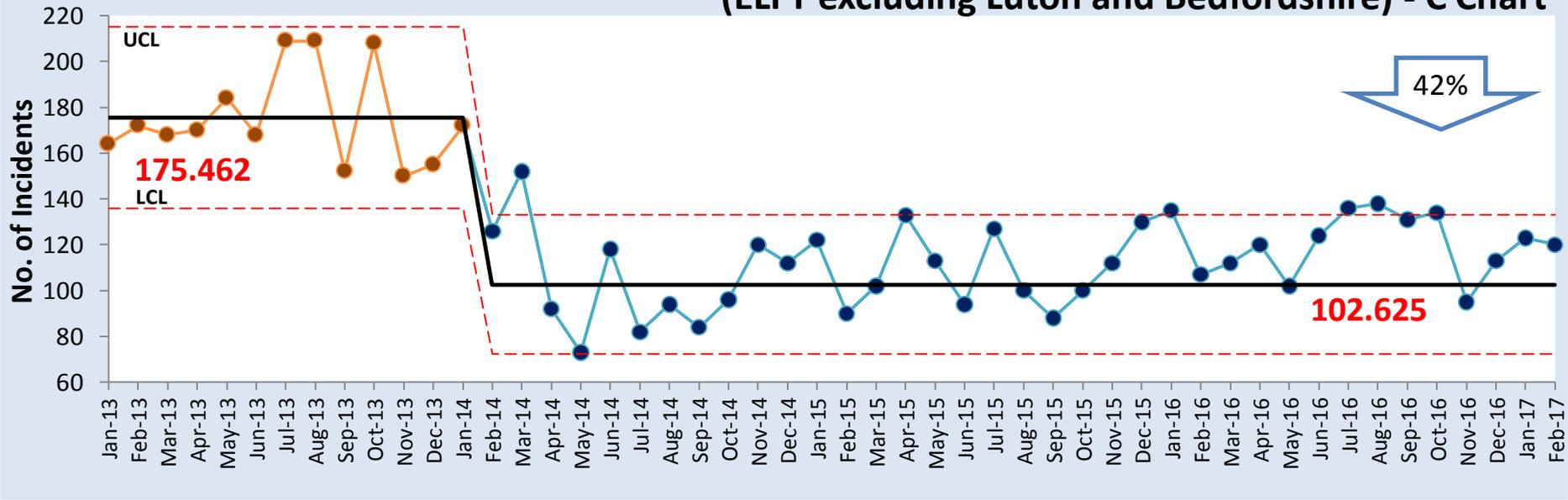
## Physical violence to patients (per 100,000 occupied bed days)

**No. of Incidents**

2013, 2014, 2015, 2016
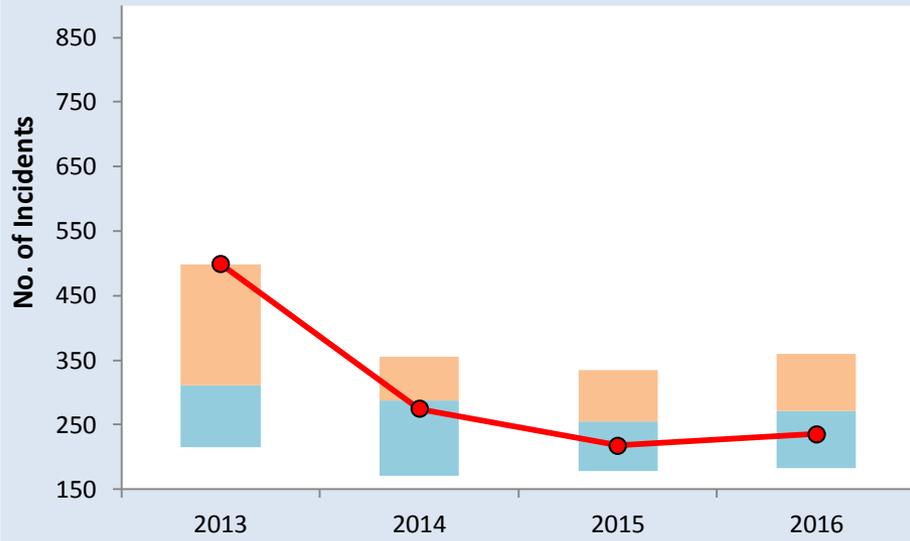
## Physical violence to staff (per 100,000 occupied bed days)
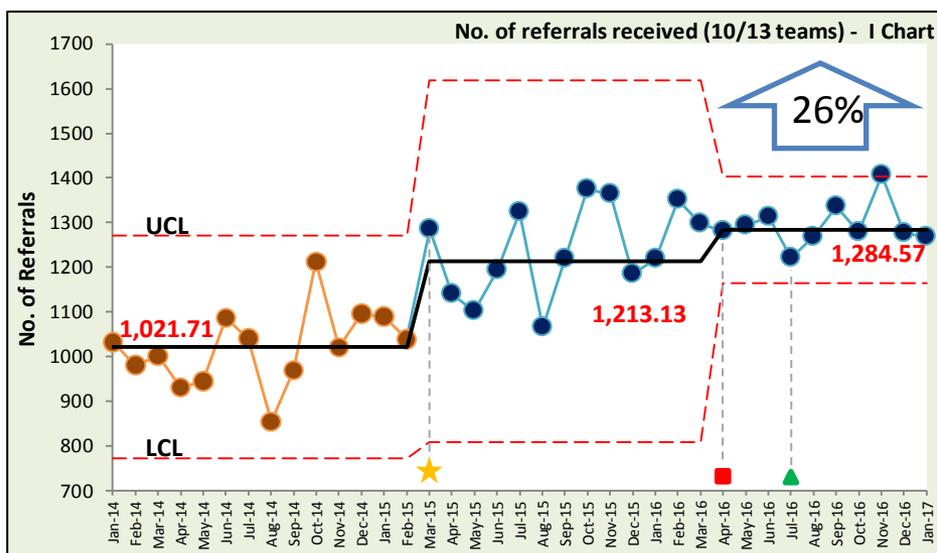
**No. of Incidents**
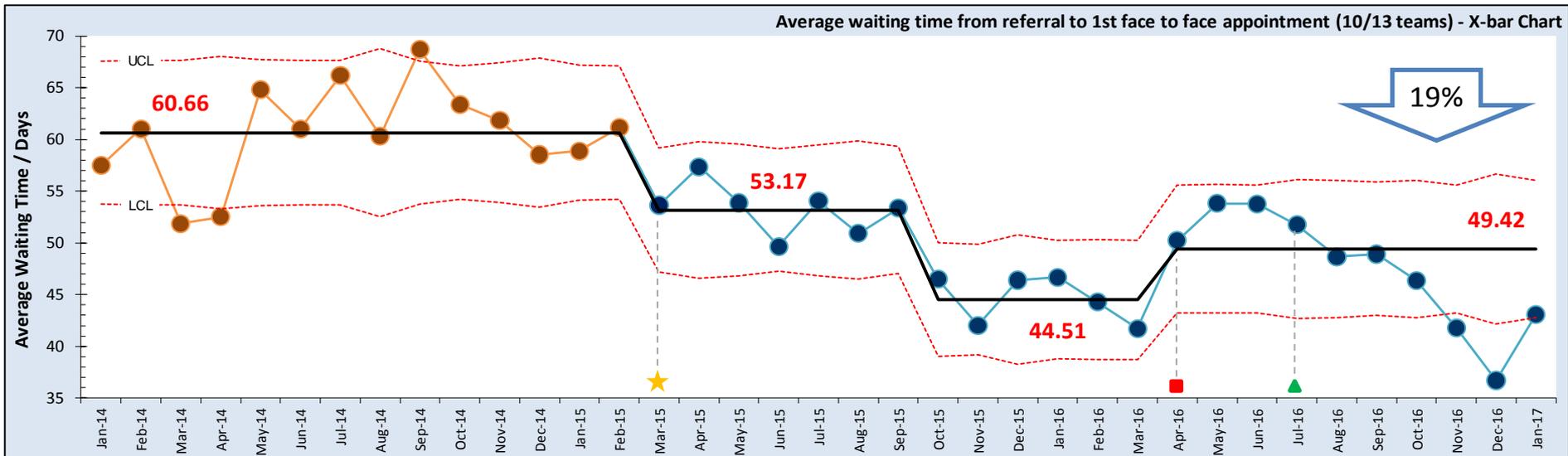
2013, 2014, 2015, 2016
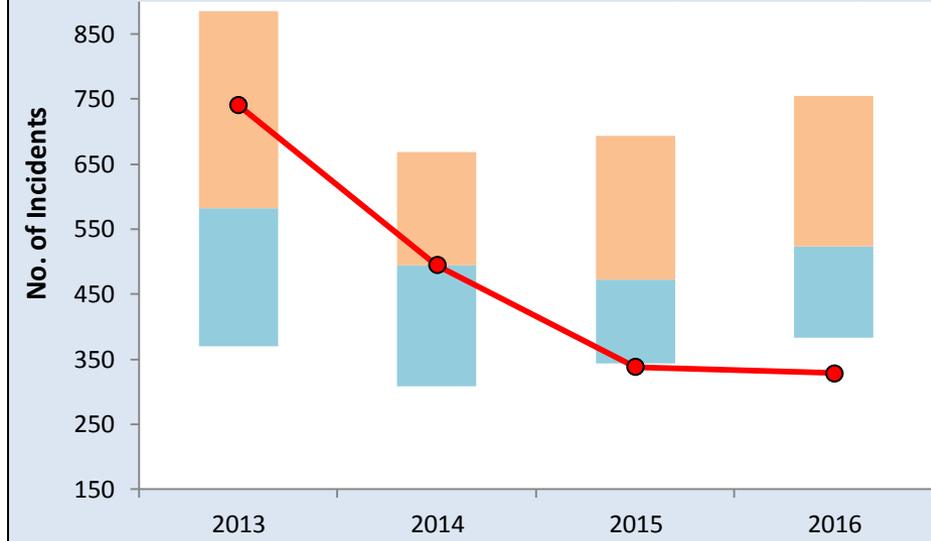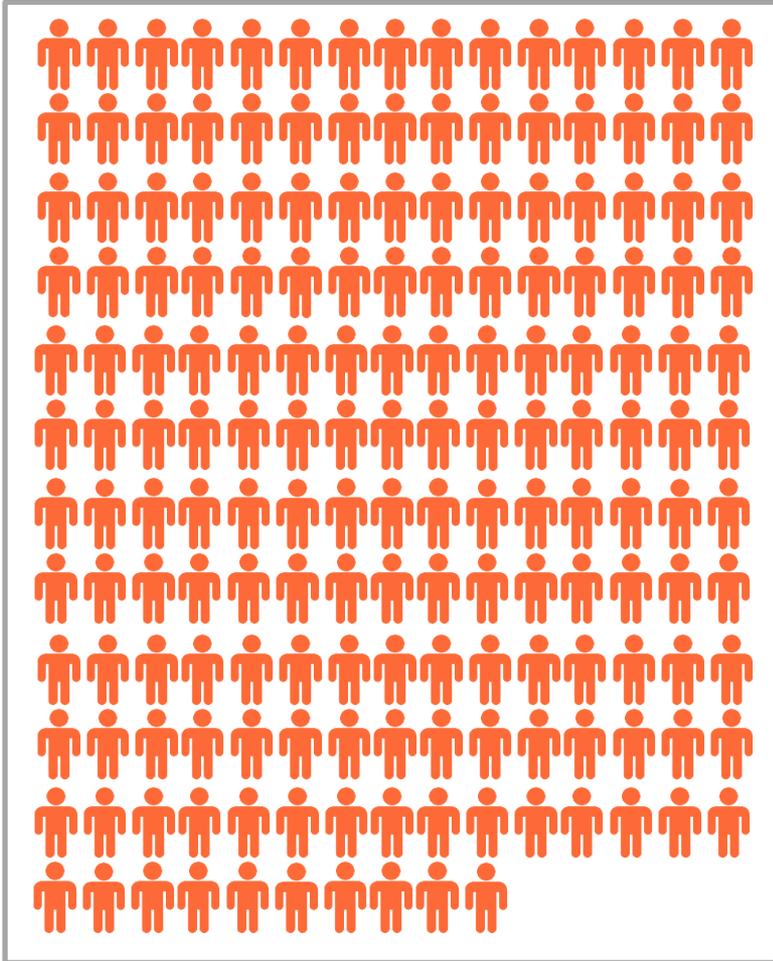
# 175

**Average number of physical violent incidents per month**
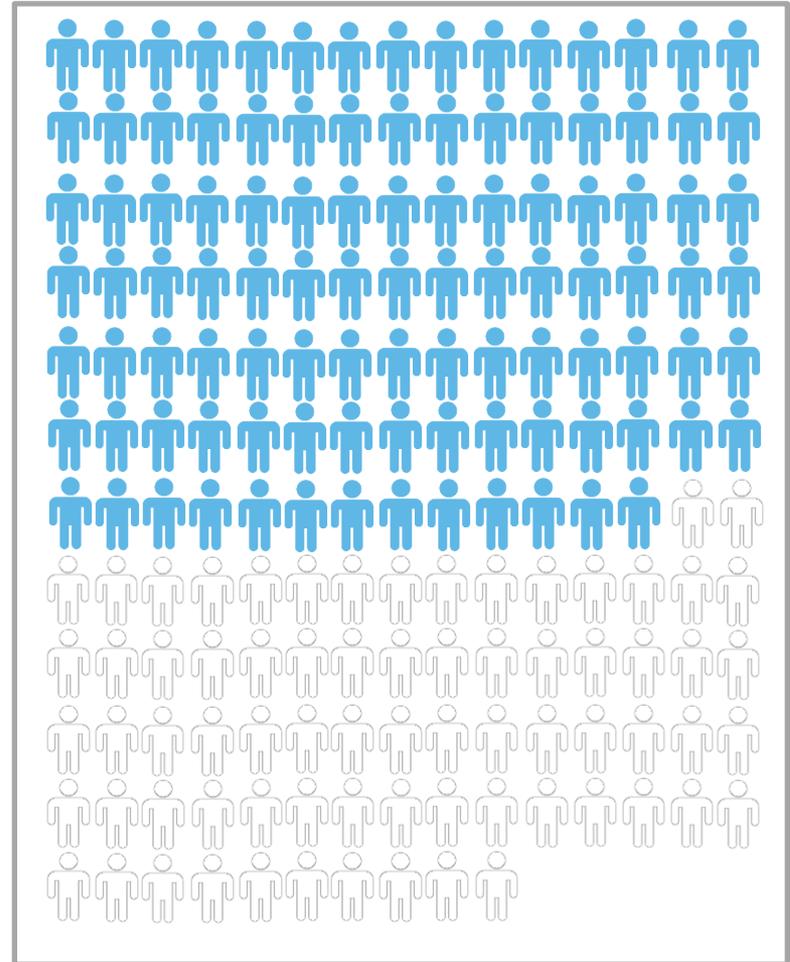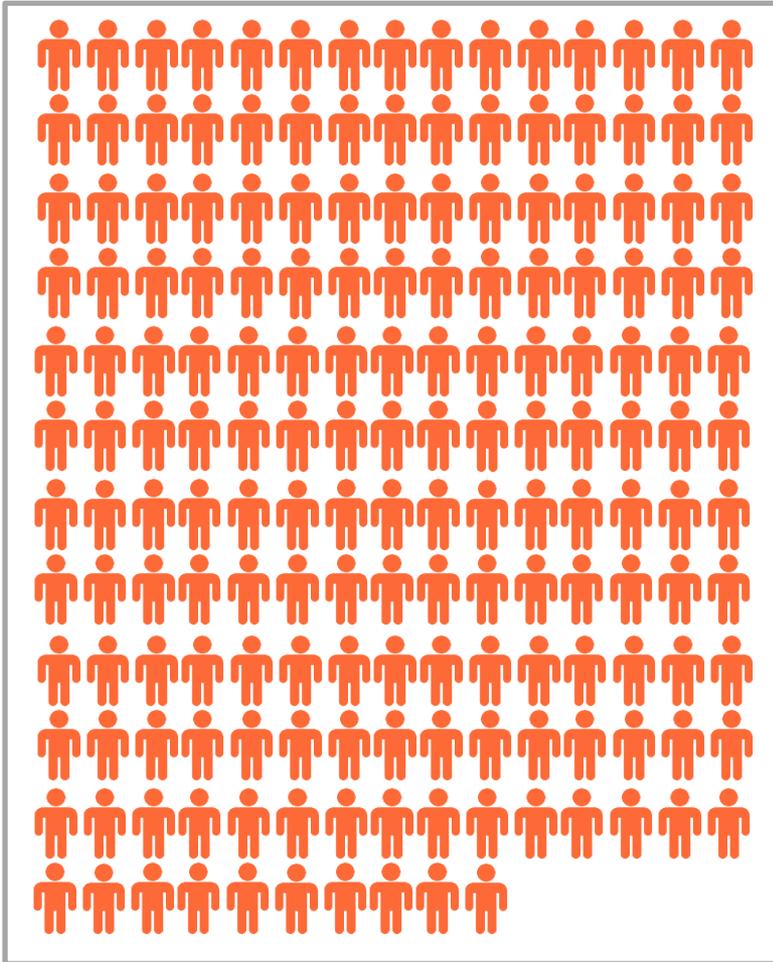
**175** ➔ **103**

**Average number of physical violent incidents per month**

# Access to Services Collaborative



**Average waiting time from referral to 1st face to face appointment (10/13 teams) - X-bar Chart**

60.66
53.17
44.51
49.42
19%

**No. of referrals received (10/13 teams) - I Chart**

1,021.71
1,213.13
1,284.57
26%
UCL
LCL

**1st face to face appointments non-attendance (10/13 teams) - P Chart**

31.73%
24.38%
23.52%
20.32%
36%
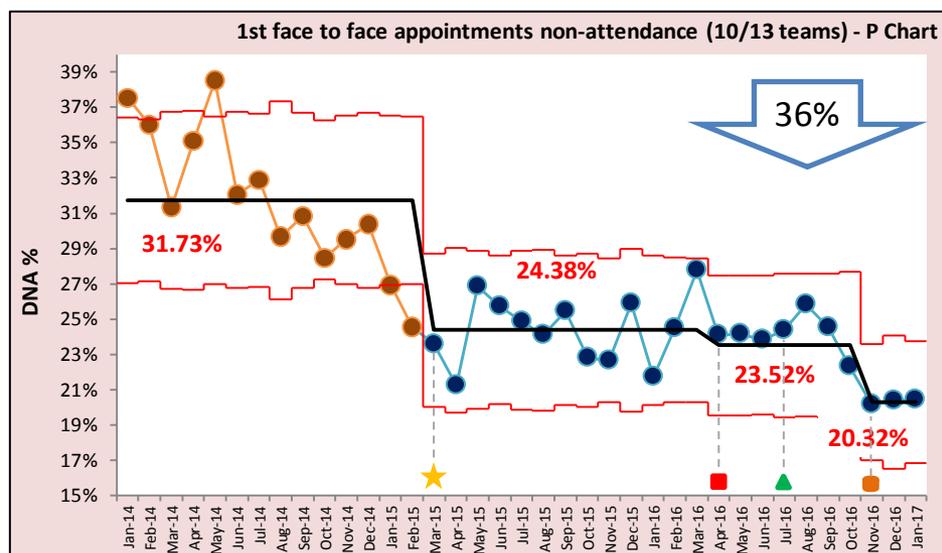
**Legend**
- ⭐ - Testing begins
- 🟥 - 2 new teams join the collaborative
- 🔺 - 3 teams leave the collaborative
- 🟧 - New DNA operational definition

**NHS**
**East London**
**NHS Foundation Trust**

| | CAMHS | Community Mental Health Teams (CMHTs) | | Psychological Therapy Service (PTS) | | | Mental Health Care for Older People (MHCOP) Memory Service | | | Other | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Tower Hamlets | City & Hackney | Tower Hamlets | City & Hackney | Tower Hamlets | Newham | City & Hackney | Tower Hamlets | Newham | Enchanced Primary Care Liason Team Clinic | MSK Physio | Specialist Health Visiting | Sexual and Reproductive Health Clinic |
| Waiting Times from referral to 1st appointment | ↓ 37% | ↓ 52% | ↓ 50% | ↓ 23% * | ↓ 63% * | ↓ 18% | ↓ 32% | ↓ 52% | ↓ 60% | - | - | - | - |
| No. of referrals received | - | ↑ 129% | ↑ 25% | ↑ 25% * | ↓ 18% | ↑ 27% | - | ↑ 62% | ↓ 16% | - | - | - | - |
| First appointment non-attendance | ↓ 44% | ↓ 36% | ↓ 18% | - | ↓ 35% * | ↓ 49% | - | - | ↓ 34% | - | ↓ 43% | ↓ 22% | ↓ 21% |
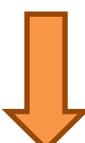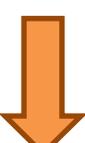
# Logistics for your site visits

**James Innes**
Associate Director of QI

# Further Information in your Site Visit Packs!

## City & Hackney Centre for Mental Health
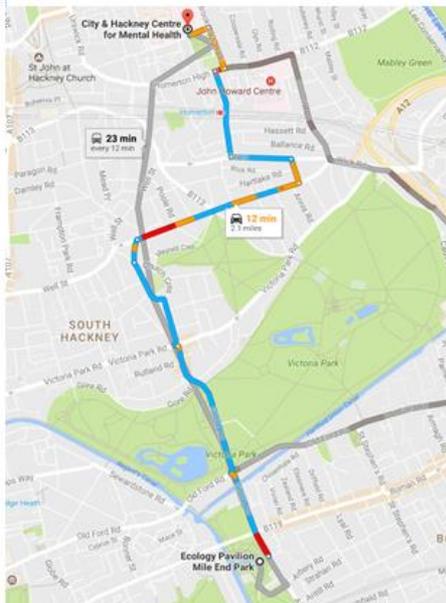
### Chaperone

Jen Taylor-Watt

**Mobile number:**

07733264623

### Transport

Taxi



**Travelling from the Ecology Pavilion to City & Hackney Mental Health Services** Homerton Education Centre, Homerton Row, London, E9 6DJ

At the end of the visit your chaperone will return you to Homerton Overground (railway) station for connections east and west

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East London Foundation Trust Experience Day

## City and Hackney Mental Health Services

Homerton Education Centre, Classrooms 4 & 5

26th April 2017, 2:30pm – 4:30pm

| Time | Activity |
|---|---|
| 2:30pm – 2:45pm | Welcome and introduction to our services and overview of QI in City and Hackney<br><br>Dr David Bridle, Clinical Director |
| 2:45pm – 3:45pm | City and Hackney World Café<br>*Gold Standards Project*<br>*City and Hackney Violence Reduction Collaborative*<br>*Improving information to our service users on the Mother and Baby Unit*<br>Rotate delegates around tables |
| 3:45pm – 3:50pm | Walk to Gardner Ward |
| 3:50pm – 4:30pm | Party on Gardner Ward<br>Hosted by the Gardner Ward team and led by Linnea Landin |

# Time for Lunch!