

# A look back over the first 3 years of the QI programme



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



**James Innes**  
Associate Director of QI

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

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

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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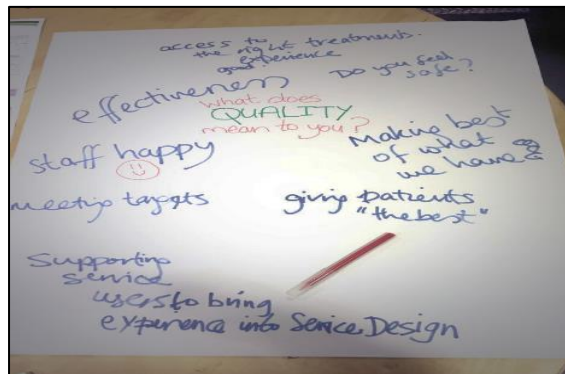
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# Engaging staff in Beds & Luton

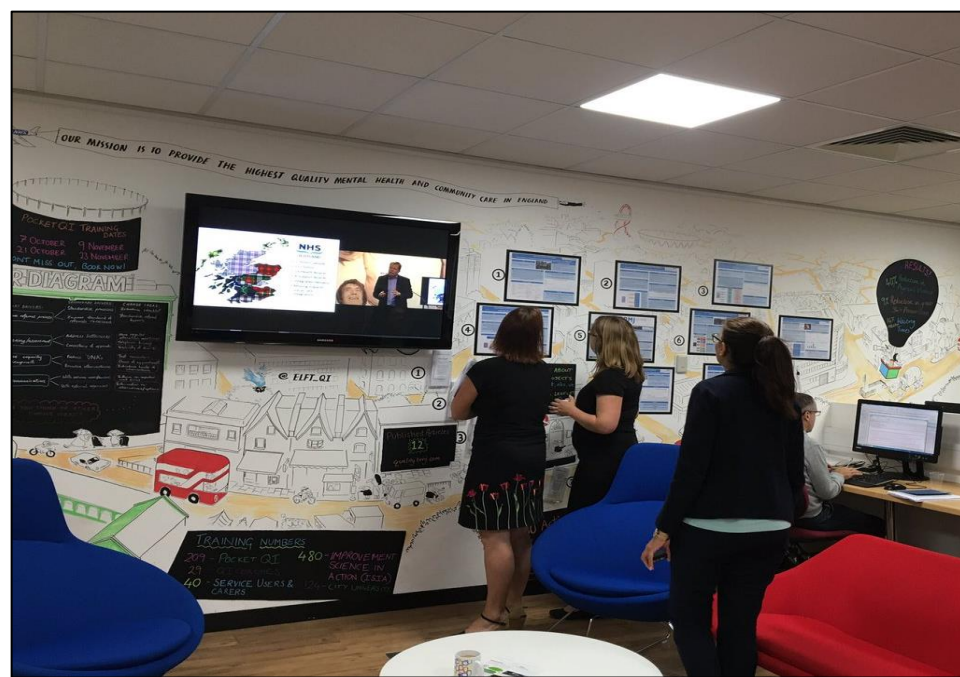




We aspire to provide care of the **highest quality** in collaboration with those who use our services.

ELFT is an organisation that embraces continuous improvement and learning. Achieving this will mean we have to think differently, be **innovative**, and give everyone, at every level, the skills they need to **lead change**.

It will not be easy to build this culture, but focusing on what matters most to our **service users and staff**, and improving access to **evidence-based care** will make our **services more effective**, give more **power to our staff** and improve patient experience and outcomes.





INNOVATIONS

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

Jan Taylor-Watt, Andy Cruickshank, James Innes, Brian Broom, Amara Shah

**AIM** Reduce physical violence and develop a safety culture across wards in East London.

**BACKGROUND** Physical violence in health care is a global problem. In the UK, it is a leading cause of injury to health care workers. The aim of this project was to reduce physical violence and develop a safety culture across wards in East London.

**OBJECTIVE** To reduce physical violence and develop a safety culture across wards in East London.

**DESIGN** A multi-site, multi-year project involving staff, patients, and families across five wards in East London.

**SETTING** Five wards in East London, including a psychiatric ward, a general ward, and a community ward.

**MEASUREMENT AND MAIN RESULTS** The project achieved a 50% reduction in physical violence incidents and a 75% increase in staff reports of safety incidents. Staff reported a 60% increase in confidence in their ability to report safety incidents.

**CONCLUSIONS** Reducing physical violence and developing a safety culture across wards in East London is possible. This requires a multi-site, multi-year project involving staff, patients, and families.

**KEY WORDS** Physical violence, safety culture, East London.

BMJ Quality Improvement Programme

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

Mark O'Flaherty

**AIM** Improve ward environments and develop skills for discharge with the implementation of self-catering on a low secure forensic unit.

**BACKGROUND** The aim of this project was to improve ward environments and develop skills for discharge with the implementation of self-catering on a low secure forensic unit.

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BMJ Quality Improvement Programme

## Developing psychological services following facial trauma

Data Cruickshank, Vicky Day

**AIM** Develop psychological services following facial trauma.

**BACKGROUND** The aim of this project was to develop psychological services following facial trauma.

**OBJECTIVE** To develop psychological services following facial trauma.

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BMJ Quality Improvement Programme

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

Robin Thomson, Ian Hall, Anne Strat

**AIM** Improve physical health for people taking antipsychotic medication in the Community Learning Disabilities Service.

**BACKGROUND** The aim of this project was to improve physical health for people taking antipsychotic medication in the Community Learning Disabilities Service.

**OBJECTIVE** To improve physical health for people taking antipsychotic medication in the Community Learning Disabilities Service.

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BMJ Quality Improvement Reports

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

Abstract

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BMJ Quality Improvement Programme

## Richmond Wellbeing Service Access Strategy for Older Adults

Sarah Gooding, Janice Phoenix, Olivera Hall, Rose Ashdown, James Broomhead, Hannah Stewart, Clive Sax

**AIM** Improve access to the Richmond Wellbeing Service for older adults.

**BACKGROUND** The aim of this project was to improve access to the Richmond Wellbeing Service for older adults.

**OBJECTIVE** To improve access to the Richmond Wellbeing Service for older adults.

**DESIGN** A multi-site, multi-year project involving staff, patients, and families across five wards in East London.

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BMJ Quality Improvement Programme

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

Walter Kuhl, Anne Strat

**AIM** Improve patient experience in the Tower Hamlets Specialist Addiction Unit.

**BACKGROUND** The aim of this project was to improve patient experience in the Tower Hamlets Specialist Addiction Unit.

**OBJECTIVE** To improve patient experience in the Tower Hamlets Specialist Addiction Unit.

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BMJ Quality Improvement Reports

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

Abstract

**AIM** Improve access to competitive employment for service users in forensic psychiatric units.

**BACKGROUND** The aim of this project was to improve access to competitive employment for service users in forensic psychiatric units.

**OBJECTIVE** To improve access to competitive employment for service users in forensic psychiatric units.

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BMJ Quality Improvement Reports

## Using legible tables to reduce missed dose medication errors on mental healthcare of older people wards

Abstract

**AIM** Reduce missed dose medication errors on mental healthcare of older people wards.

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BMJ Quality Improvement Reports

## Low stimulus environments: reducing noise levels in continuing care

Abstract

**AIM** Reduce noise levels in continuing care.

**BACKGROUND** The aim of this project was to reduce noise levels in continuing care.

**OBJECTIVE** To reduce noise levels in continuing care.

**DESIGN** A multi-site, multi-year project involving staff, patients, and families across five wards in East London.

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BMJ Quality Improvement Reports

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

Abstract

**AIM** Improve physical health monitoring for City & Hackney Assertive Outreach Service patients.

**BACKGROUND** The aim of this project was to improve physical health monitoring for City & Hackney Assertive Outreach Service patients.

**OBJECTIVE** To improve physical health monitoring for City & Hackney Assertive Outreach Service patients.

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BMJ Quality Improvement Reports

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

Abstract

**AIM** Improve safety and efficiency of nurse medication rounds through the introduction of an automated dispensing cabinet.

**BACKGROUND** The aim of this project was to improve safety and efficiency of nurse medication rounds through the introduction of an automated dispensing cabinet.

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BMJ Quality Improvement Reports

## Psychological Medicine in Bar's: improving access and awareness

Abstract

**AIM** Improve access and awareness of psychological medicine in Bar's.

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BMJ Quality FOR HEALTHCARE LEADERS

# HSJ

British Journal of Mental Health Nursing

THE LANCET

OXFORD ACADEMIC

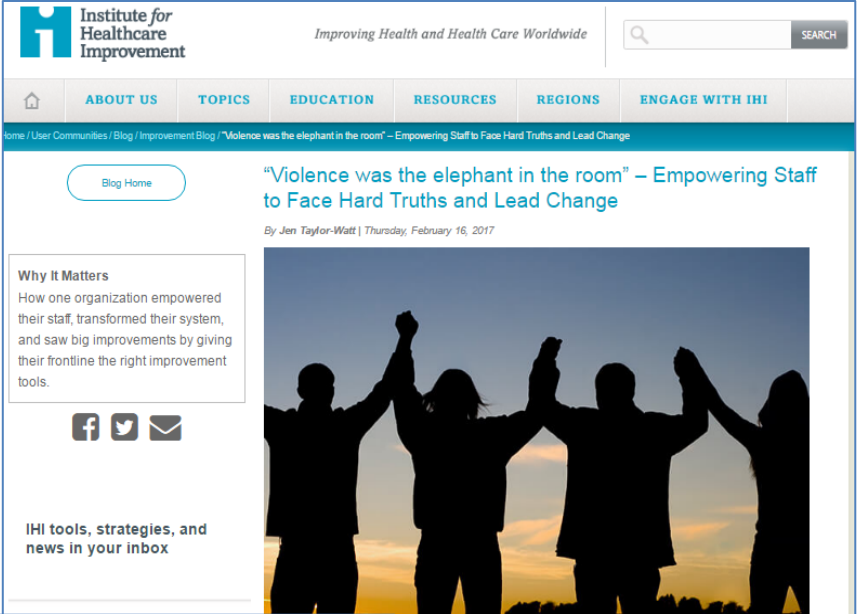
CAMBRIDGE UNIVERSITY PRESS

# Building a Culture of Improvement at East London NHS Foundation Trust

AN IHI RESOURCE

20 University Road, Cambridge, MA 02138 • [ihi.org](http://ihi.org)

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Improving Health and Health Care Worldwide

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Blog Home


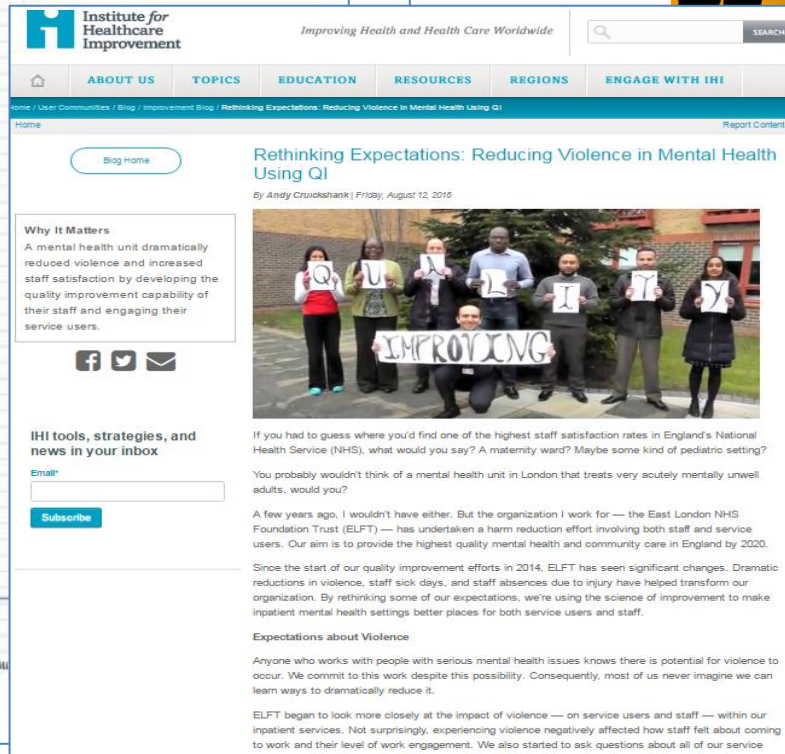
## "Violence was the elephant in the room" – Empowering Staff to Face Hard Truths and Lead Change

By Jen Taylor-Watt | Thursday, February 16, 2017

**Why It Matters**  
How one organization empowered their staff, transformed their system, and saw big improvements by giving their frontline the right improvement tools.

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Home / User Communities / Blog / Improvement Blog / Rethinking Expectations: Reducing Violence in Mental Health Using QI

Home Report Content

Blog Home

## Rethinking Expectations: Reducing Violence in Mental Health Using QI

By Andy Cruickshank | Friday, August 12, 2016


**Why It Matters**  
A mental health unit dramatically reduced violence and increased staff satisfaction by developing the quality improvement capability of their staff and engaging their service users.

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If you had to guess where you'd find one of the highest staff satisfaction rates in England's National Health Service (NHS), what would you say? A maternity ward? Maybe some kind of pediatric setting? You probably wouldn't think of a mental health unit in London that treats very acutely mentally unwell adults, would you?

A few years ago, I wouldn't have either. But the organization I work for — the East London NHS Foundation Trust (ELFT) — has undertaken a harm reduction effort involving both staff and service users. Our aim is to provide the highest quality mental health and community care in England by 2020.

Since the start of our quality improvement efforts in 2014, ELFT has seen significant changes. Dramatic reductions in violence, staff sick days, and staff absences due to injury have helped transform our organization. By rethinking some of our expectations, we're using the science of improvement to make inpatient mental health settings better places for both service users and staff.

**Expectations about Violence**

Anyone who works with people with serious mental health issues knows there is potential for violence to occur. We commit to this work, despite this possibility. Consequently, most of us never imagine we can learn ways to dramatically reduce it.

ELFT began to look more closely at the impact of violence — on service users and staff — within our inpatient services. Not surprisingly, experiencing violence negatively affected how staff felt about coming to work and their level of work engagement. We also started to ask questions about all of our service

East London NHS Foundation Trust (ELFT) has been on a journey to put the hands of those at the frontline — both our 5,000 staff, who provide mental health care, and our 65,000 service users.

Improvements and achievements over this time: reductions in waiting times, drops in restraints, and less use of restraint. We've won national awards for patient safety and we're one of only two Mental Health Trusts in the country to be classified as a national regulator, the Care Quality Commission.

What we see, alongside these achievements, is how our system is transforming into a system that is led by empowering staff to lead change.




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

Find out more

Improvement tools

QI Life

Support for Your Project

**Model for Improvement**

What are we trying to accomplish?  
How will we know that a change is an improvement?  
What change can we make that will result in improvement?

Learn more about PDSA here

QI library

Videos

**WHITEBOARD VIDEOS**

Improvement Science on a whiteboard

QI Life

What training is best for me?

Pocket QI

Improvement Science in Action

Developing Improvement Coaches

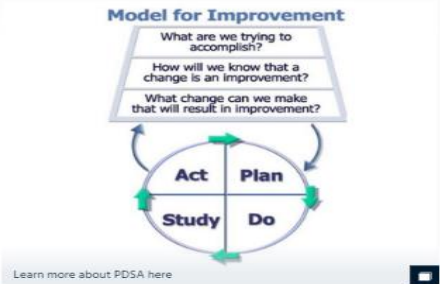
Introduction to QI for Service User Carer

**Institute for Healthcare Improvement Open School**

IHI Open School

qi.eleft.nhs.uk

300,000





“Perhaps most striking for me as an outside was the level of violence which was accepted. The recognition that this should not be the norm was the first step in changing the culture for the better for both staff and patients.”

Chief medical officer, Scotland

“Most leading health care organisations understand the value of patient engagement but you have taken this to a completely different level. You have created a culture where the service user and carer are truly at the core of the deliver system. This is the direction in which every healthcare system should move.”

Providence Health, US

“Your warming friendly approach, well-chosen examples and fantastic patient-centredness made the days so valuable.”

Jonkoping, Sweden

“I especially love how the team puts multidisciplinary care into action. We saw that in how they responded to very difficult children while we were there.”

Chief executive for mental health,  
Providence Health, US

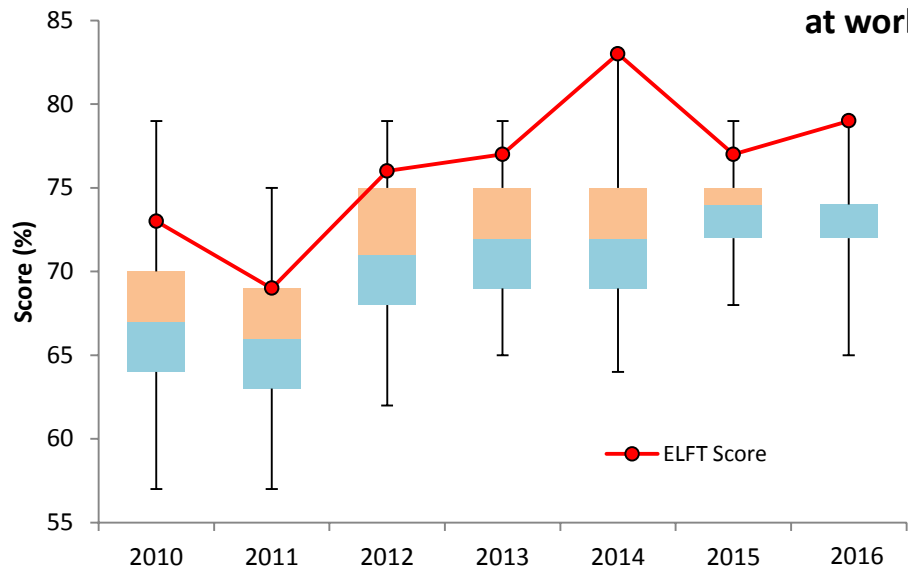
“I was particularly struck by the overall commitment, and passion, to participation of service users in everything you do. The work really demonstrated what a focus on wellbeing can look like and how an assets-based approach can be supported by people from across different sectors.”

Healthcare Improvement Scotland

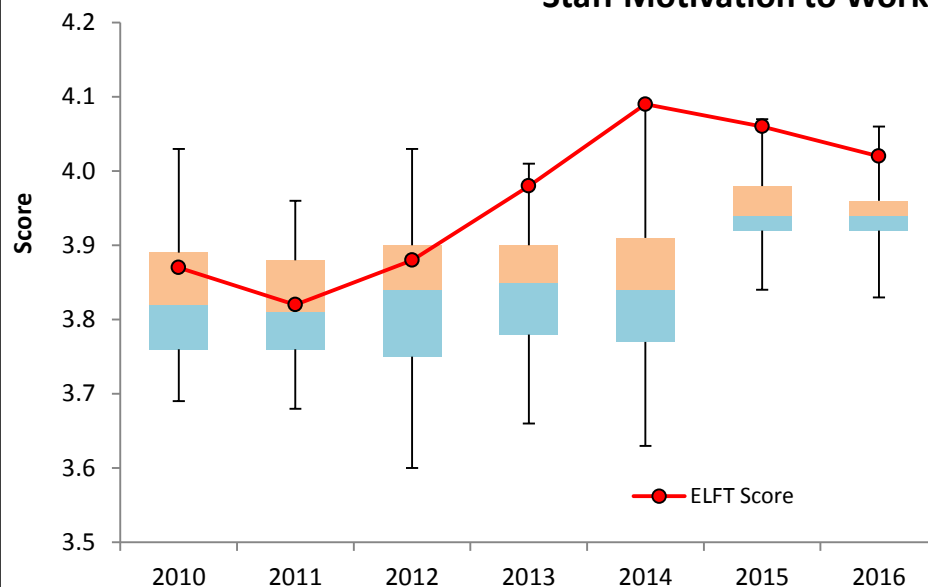


# Staff experience and engagement

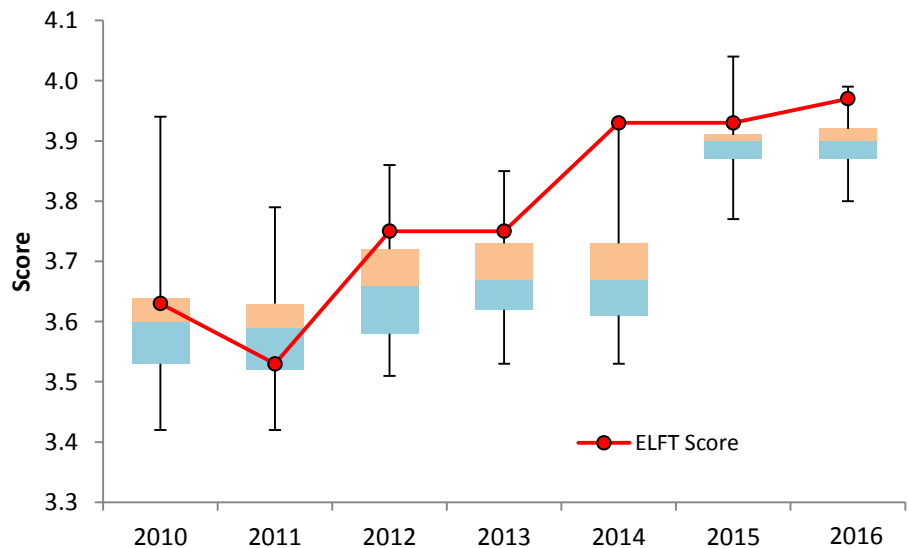
## Staff able to contribute towards improvements at work



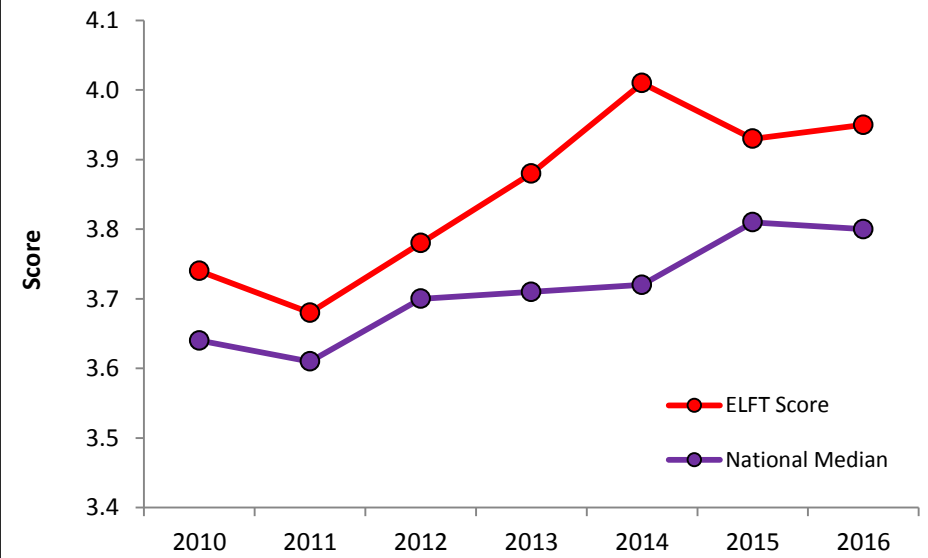
## Staff Motivation to Work



## Staff job satisfaction



## Overall Engagement Score



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**Trust-wide strategic priorities**

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2. Improving access to community services
3. Enjoying work
4. Shaping recover in the community
5. Value for money

Psychology trainees – Pocket QI, embedded into QI project teams with 4 bespoke learning sessions

Nursing students – Intro to QI delivered within undergraduate and postgrad syllabus, embedded into QI project teams during student placements

Working upstream



477 completed Pocket QI so far. All staff receive intro to QI at induction

Estimated number needed to train = 4000  
Needs = introduction to QI & systems thinking, identifying problems, how to get involved

690 graduated from ISIA in 6 waves. Wave 7 in 2017-18. Refresher training for ISIA grads.

Estimated number needed to train = 1000  
Needs = Model for improvement, PDSA, measurement and using data, leading teams

53 QI coaches trained so far, with 35 currently active. Third cohort of 20 to be trained in 2017

Estimated number needed = 50  
Needs = deep understanding of method & tools, understanding variation, coaching teams

58 current sponsors. All completed ISIA. Leadership, scale-up & refresher QI training in 2017

Needs = Model for improvement, PDSA, measurement & variation, scale-up and spread, leadership for improvement

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

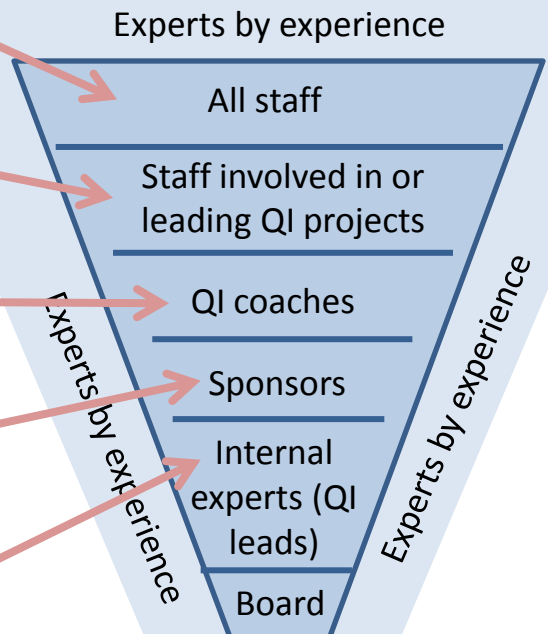
Estimated number needed to train = 10  
Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

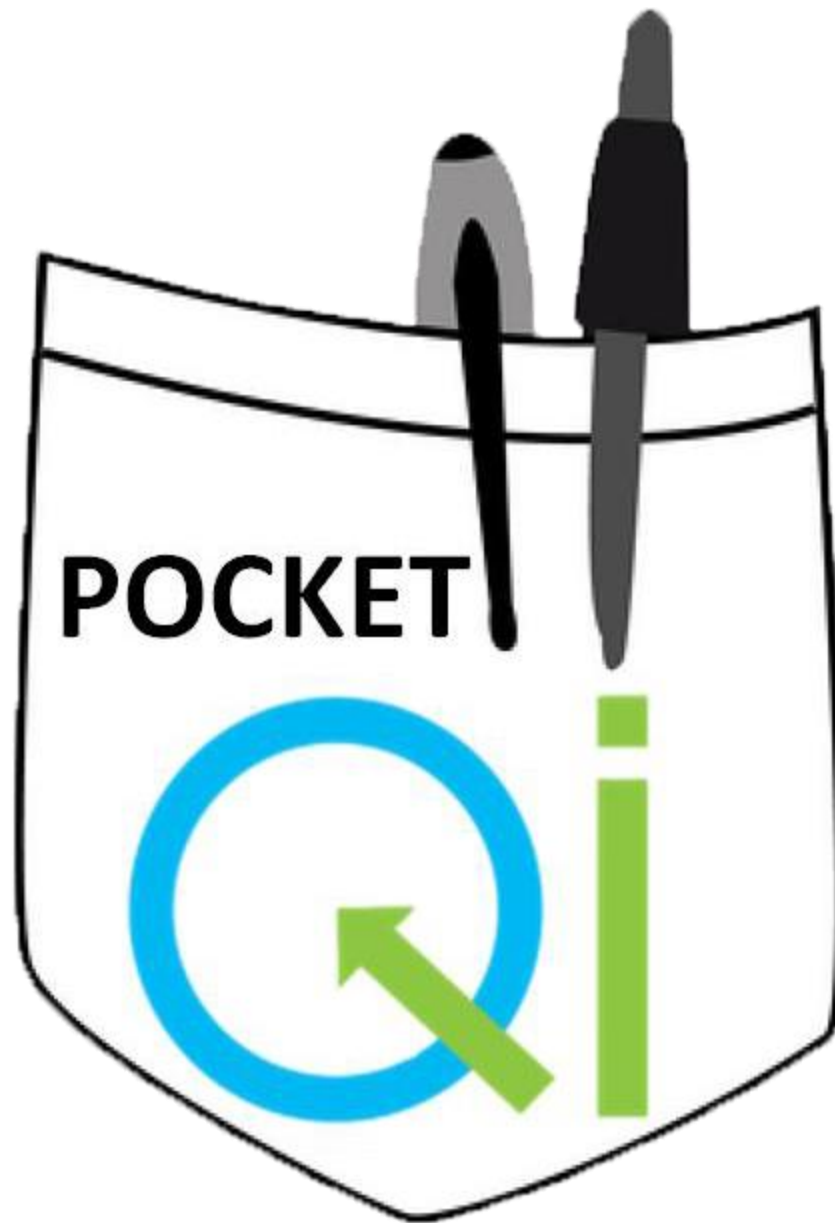
All Executives have completed ISIA. Annual Board session with IHI & regular Board development

Needs = setting direction and big goals, executive leadership, oversight of improvement, understanding variation

Bespoke QI learning sessions for service users and carers. Over 95 attended so far. Build into recovery college syllabus

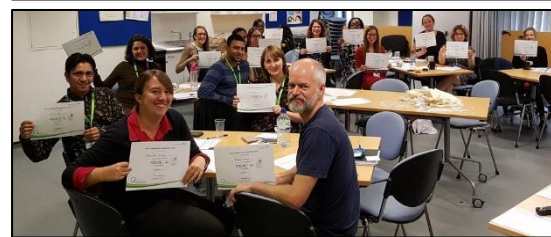
Needs = introduction to QI, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas

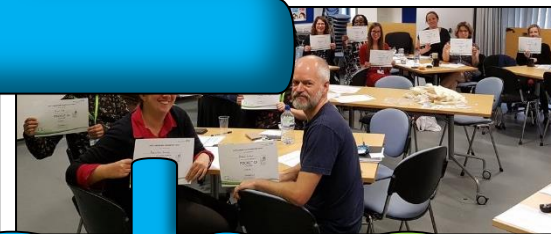




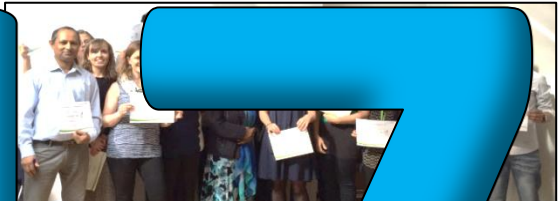








# 24 Cohorts



47  
trained

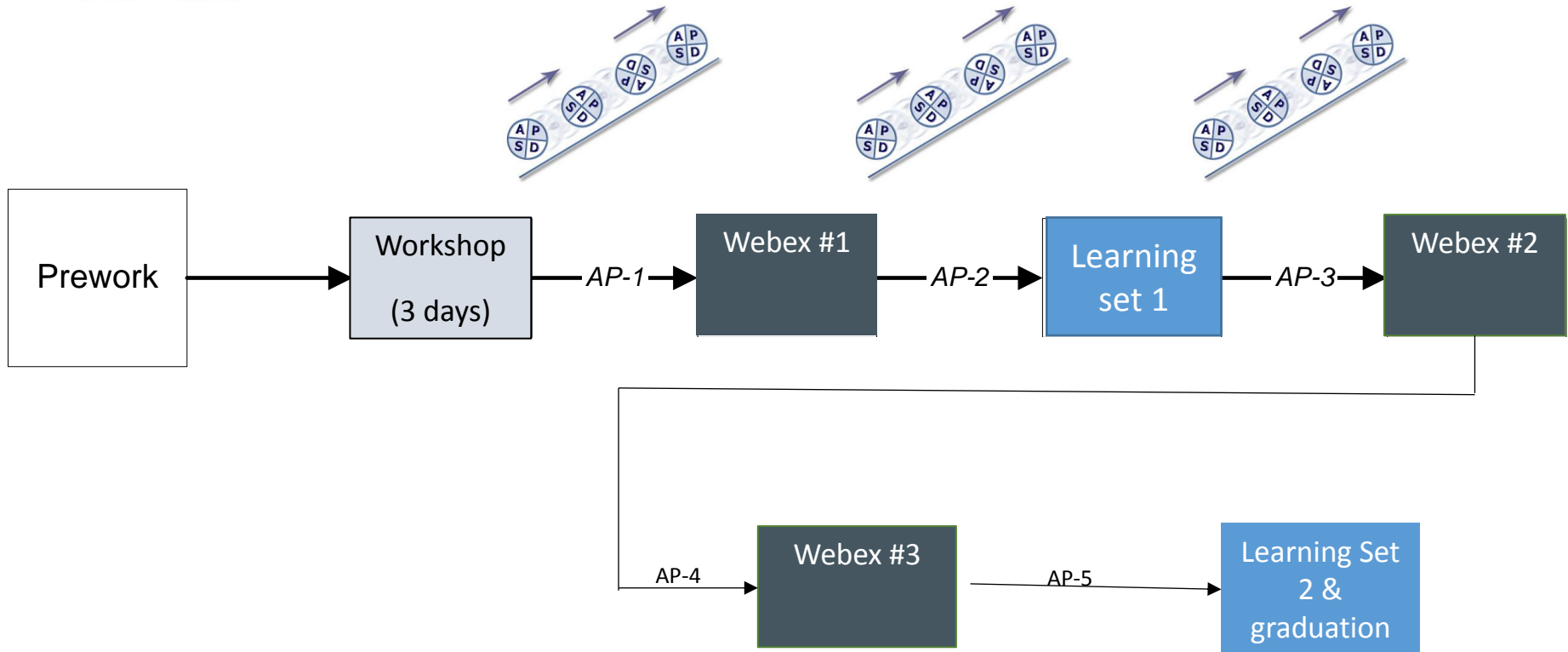


# Improvement Science in Action



# Improvement Science in Action

- 6 month learning path



The two learning sets will be focused on sharing the participants' work on their projects and learning from each other. These sessions also will reinforce the content from the Webex calls and the ISIA workshop.





6



Waves





690



trained



## **Developing Improvement Coaches**







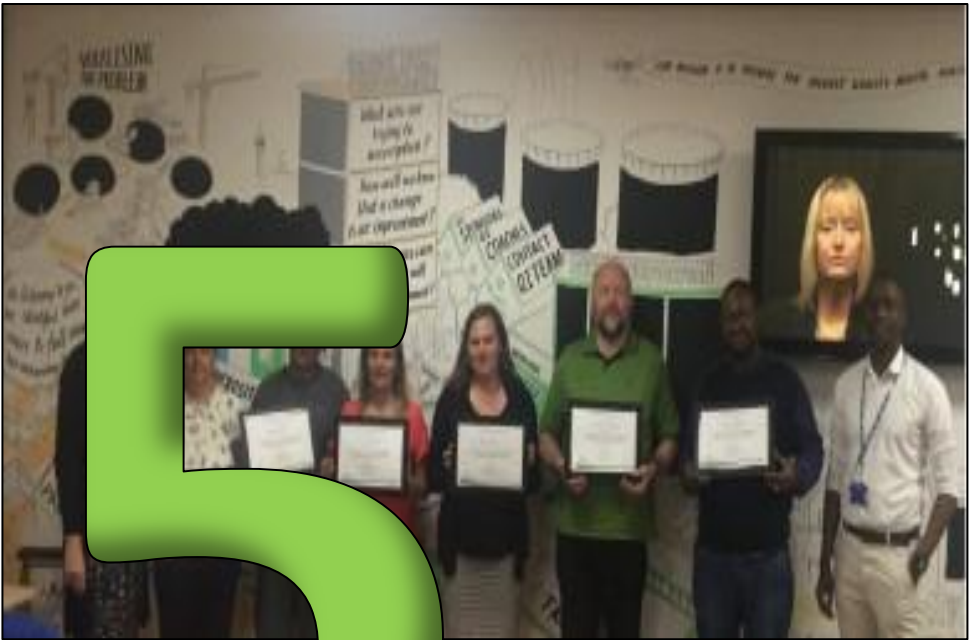
# Intro to QI for Service Users & Carers

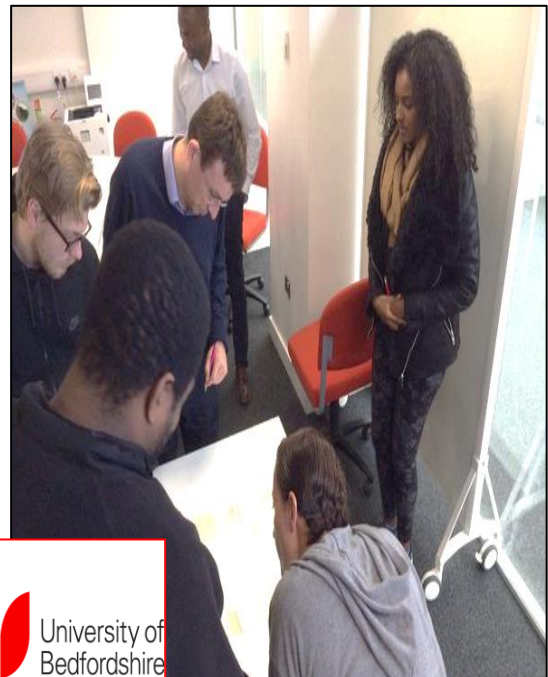






# Cohorts





**CITY**  
UNIVERSITY OF LONDON  
EST 1894

 University of Bedfordshire



# 124



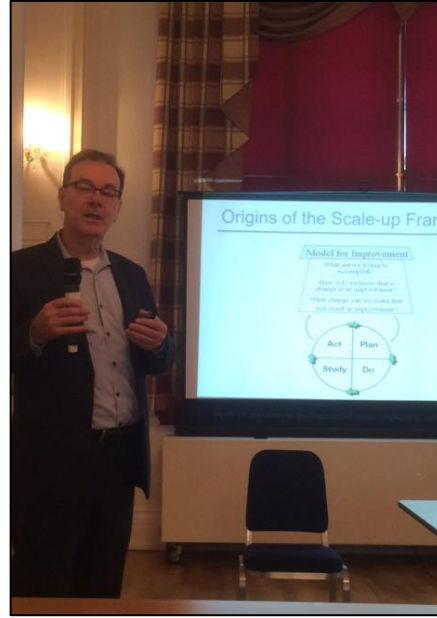
# trained

**CITY**  
UNIVERSITY OF LONDON  
— EST 1894 —



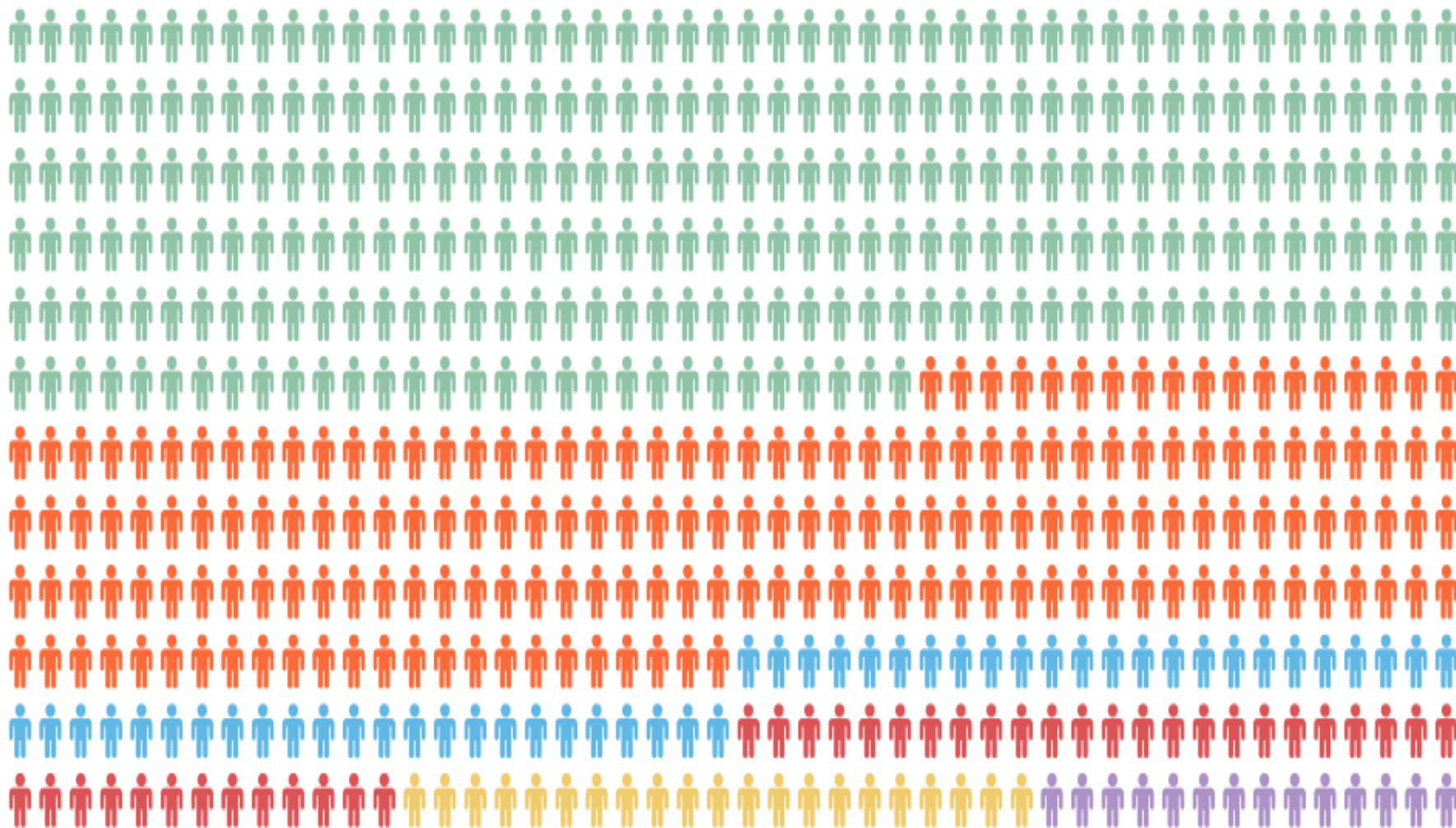
University of  
Bedfordshire

# Masterclasses

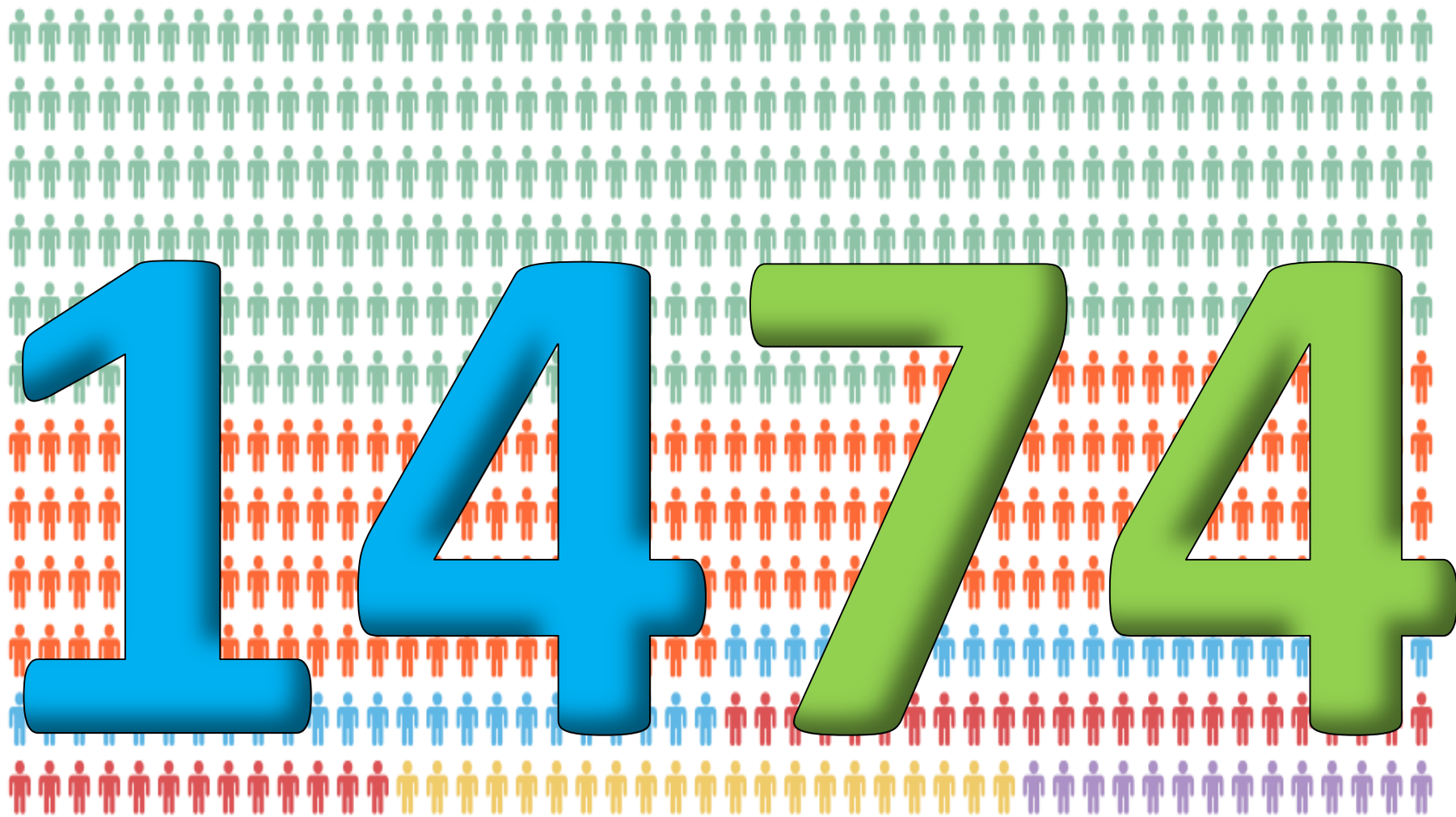


# Masterclasses





- Improvement Science in Action (ISIA)
- Pocket QI
- Nursing Students
- Service Users and Carers
- Improvement Coaches
- Psychology Trainees



- Improvement Science in Action (ISIA)
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- Nursing Students
- Service Users and Carers
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**AIM**  
To provide the highest quality mental health and community care in England by 2020

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

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

# Support around every team

## Project Sponsor



## QI Coach



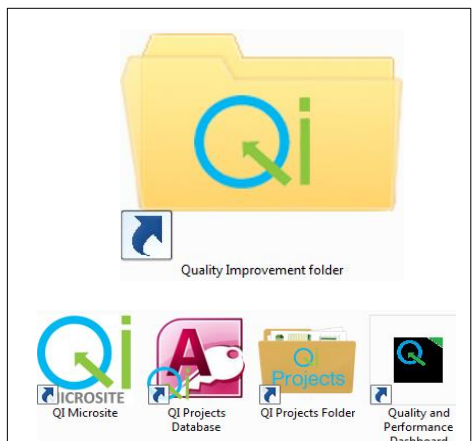
## QI Team



## QI Forums

## Service User Input

## QI Resources



Check out the new Learning Centre to find tips on using Life

FIND OUT MORE



Welcome to Life

"There's no such thing as perfect or complete...only continuous improvement"  
(Genise M Patterson)

### Login

Log In 

- ▶ [Forgotten your password?](#)
- ▶ [Don't have an account yet?](#)

### Rate Life

(bad) 1 ● 2 ● 3 ● 4 ● 5 ● (good)

Please feel free to expand upon your rating:

Email Address (optional):

Send Feedback 

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 219

1 2 3 4 5

Sort:

Title

Up

Show Advanced Search

Export Project Summaries

Export Successful Projects

Export Closed Projects

1.0

“improving access to the needle exchange at R3”

The aim would be to get 15 episodes each month by the end of April 2017 and this to continue until t...

1.0

“To reduce the number of falls on Columbia Ward by 20% by March 2017”

“To reduce the number of falls on Columbia Ward by 20% by March 2017”

0.5

• Reducing attrition rate from referral into treatment at Reset

• Reduce attrition rate by 5% by June 2017



# Dummy Project (For Demonstration)

PDF

General

Driver Diagram

Change Ideas

PDSAs

Measures

Charts

Documents

## General Information

Edit

Close Project

Submit Monthly Report

Project ID: 101993

Title:

Dummy Project (For Demonstration)

Status:

Active

Aim:

Lorem ipsum dolor sit amet, sea alterum temporibus ullamcorper et, eu his illum labores reprehendunt. Vel explicari aliquando dissentiet an, at wisi autem inductum sit. Quo veniam consulatu referrentur ea, ius ut modus dicant. Duo solet putent salutatus te, eu ius veniam copiosae, consul omnesque perpetua eos cu. Et sit sonet facilisis. Ut labitur perpetua mei, est consul lucilius cu.



Location:

N/A

Start:

14/11/2016

End:

14/12/2016

Rationale:

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

QI Code:

Approved?:

Yes

Directorate:

Progress Score:



# Dummy Project (For Demonstration)

PDF

General

**Driver Diagram**

Change Ideas

PDSAs

Measures

Charts

Documents

## Driver Diagram [Learn More](#)

Version 2

Archive

Export Diagram

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

Lorem ipsum dolor sit amet, sea alterum temporibus ullamcorper et, eu his illum labores reprehendunt. Vel explicari aliquando dissentiet an, at wisi autem indoctum sit. Quo veniam consulatu referrentur ea, ius ut modus dicant. Duo solet putent salutatus te, eu ius veniam copiosae, consul omnesque perpetua eos cu. Et sit sonet facilisis. Ut labitur perpetua mei, est consul lucilius cu.



Red



Blue



Green



Add a Colour

# Dummy Project (For Demonstration)



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

## Driver Diagram [Learn More](#)

Version 2 [Archive](#) [Export Diagram](#)

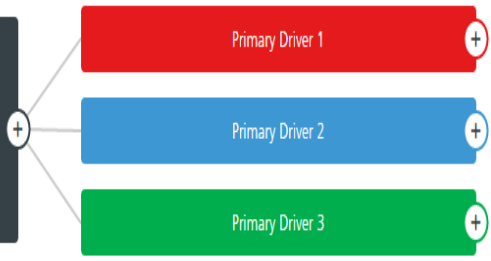
AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

Lorem ipsum dolor sit amet, sea alterum temporibus ullamcorper et, eu his illum labores reprehendunt. Vel explicari aliquando dissentiet an, at wisi autem inductum sit. Quo veniam consulatu referentur ea, ius ut modus dicant. Duo solet putent salutatus te, eu ius veniam copiosae, consul omnesque perpetua eos cu. Et sit sonet facilisis. Ut labitur perpetua mei, est consul lucilius cu.



<span style="color: red;">■</span> Red <input checked="" type="checkbox"/>	<span style="color: blue;">■</span> Blue <input checked="" type="checkbox"/>	<span style="color: green;">■</span> Green <input checked="" type="checkbox"/>
--	--	--

[Add a Colour](#)

# Dummy Project (For Demonstration)



General

Driver Diagram

Change Ideas

PDSAs

Measures

Charts

Documents

## Driver Diagram [Learn More](#)

Version 2

Archive

Export Diagram

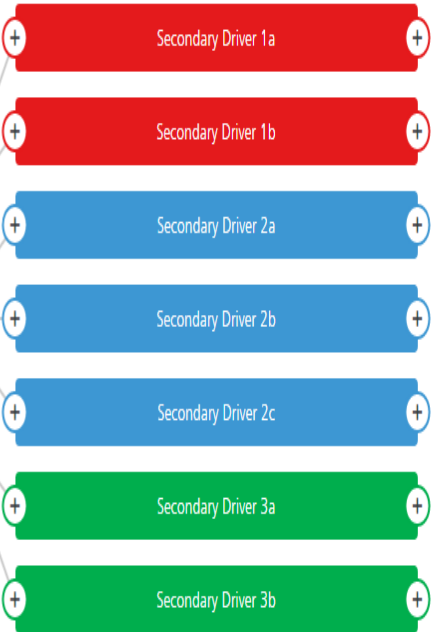
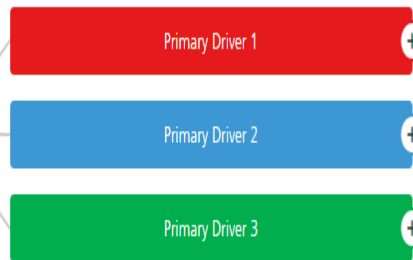
AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

Lorem ipsum dolor sit amet, sea alterum temporibus ullamcorper et, eu his illum labores reprehendunt. Vel explicari aliquando dissentiet an, at wisi autem inductum sit. Quo veniam consulatu referrentur ea, ius ut modus dicant. Duo solet putent salutatus te, eu ius veniam copiosae, consul omnesque perpetua eos cu. Et sit sonet facilisis. Ut labitur perpetua mei, est consul lucilius cu.



Red



Blue



Green



# Dummy Project (For Demonstration)

PDF

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

## Driver Diagram [Learn More](#)

Version 2

Archive

Export Diagram

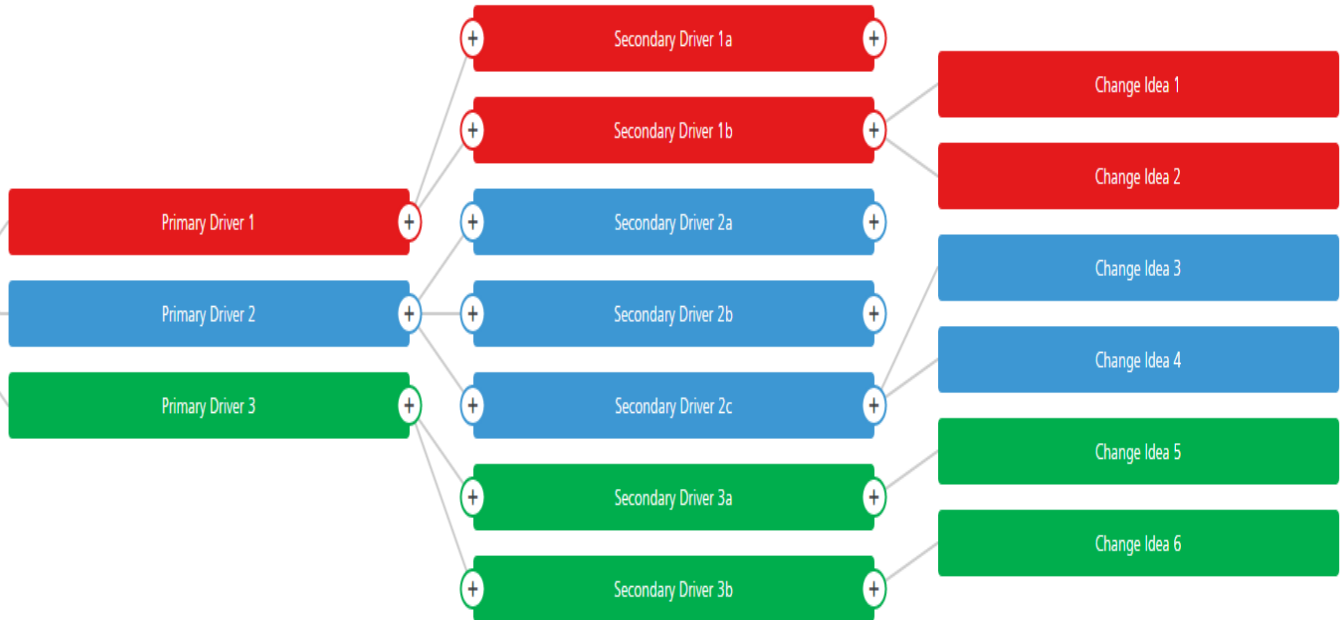
AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

Lorem ipsum dolor sit amet, sea alterum temporibus ullamcorper et, eu his illum labores reprehendunt. Vel explicari aliquando dissentiet an, at wisi autem indoctum sit. Quo veniam consulatu referrentur ea, ius ut modus dicant. Duo solet putent salutatus te, eu ius veniam copiosae, consul omnesque perpetua eos cu. Et sit sonet facilisis. Ut labitur perpetua mei, est consul lucilius cu.



Red



Blue



Green



# New PDSA Cycle

Save  Cancel  Close 

## 1 Define

Give this PDSA a title:

Type here

This field is mandatory  
Link the change idea this PDSA relates to:

Choose a change idea...

This field is mandatory  
When:

10/04/2017

Who:

Forid Alom

Where:

Type here

What is the objective of this cycle?:

Type here

## 2 Plan

Plan Overview/Notes:

Type here

Predict what will happen when the test is carried out:

Type here

List the tasks needed to set-up this test of change:

 Add a task

Measures to determine if prediction succeeds:

Search for measures to link to this PDSA cycle...

## 3 Do

Describe what happened when you ran your test, note any pertinent observations

Type here

## 4 Study

Compare the results from your test to your predictions and summarise any learning

Type here

## 5 Act

Describe what modifications to the plan will be made for the next cycle

Type here

# Dummy Project

PDF

General

Driver Diagram

Change Ideas

PDSAs

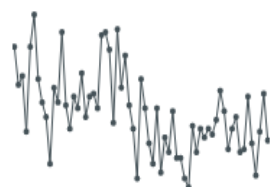
Measures

Charts

Documents

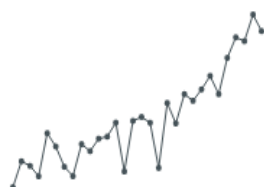
## SPC Charts [Learn More](#)

Add New SPC Chart



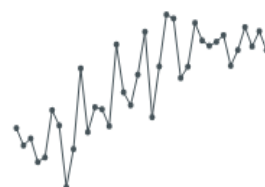
Control Chart Exercise (C Chart)

Open



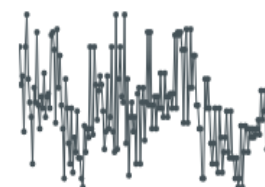
G Chart

Open



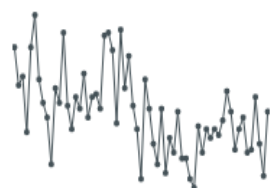
I Chart

Open

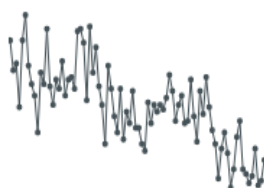


Measure 1.1 - No. of Physical Violence Incidents (Run Chart)

Open



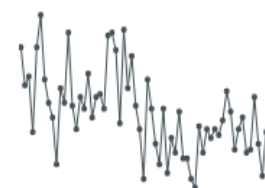
Measure 1.2 - No. of Physical Violence Incidents (Control Chart)



Measure 1.2 - No. of Physical Violence Incidents (Control Chart)

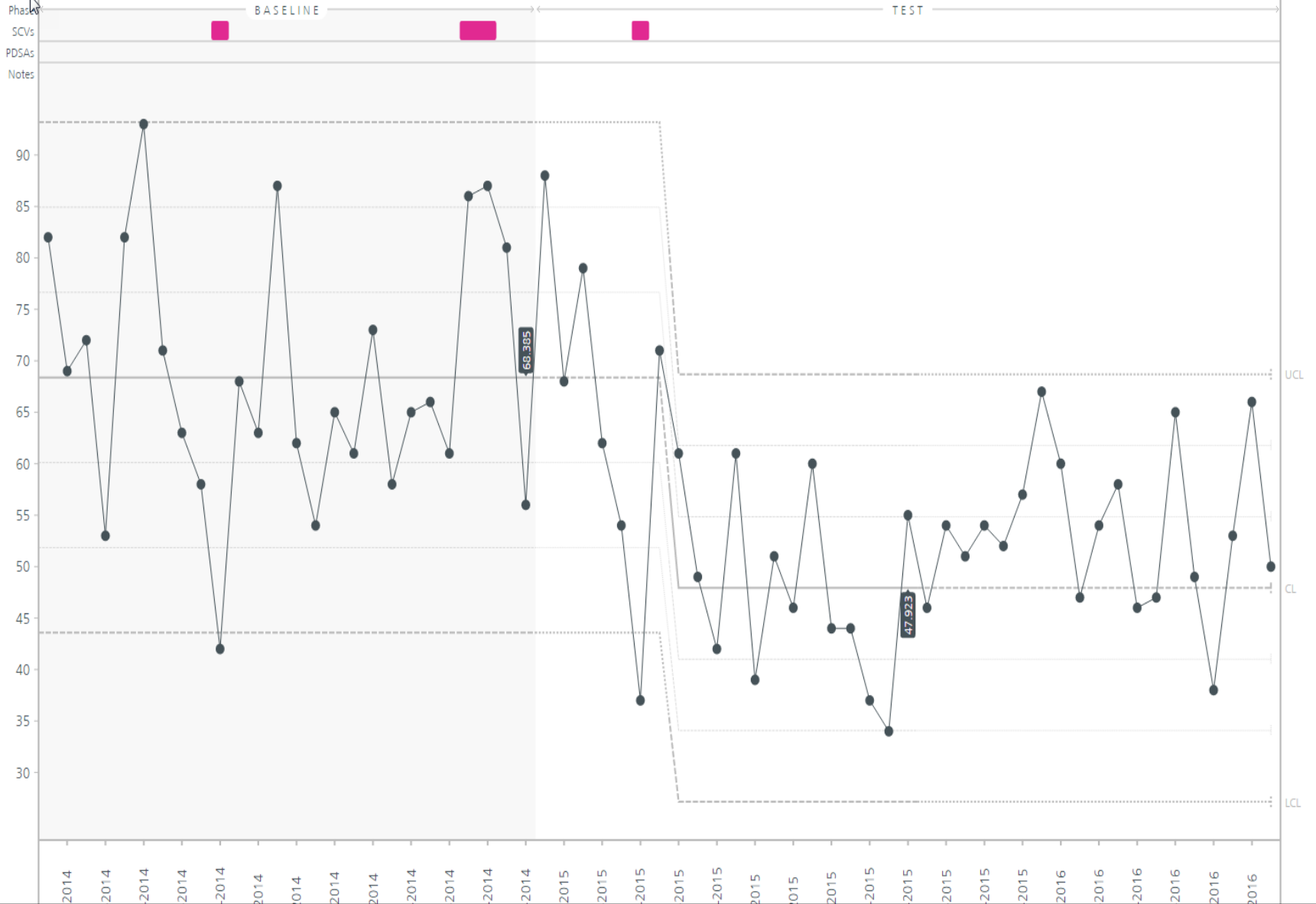


No. of incidents that took place every week



No. of physical violence incidents

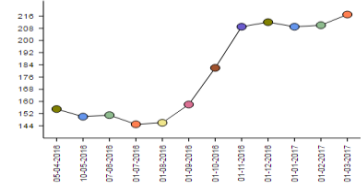
# C Chart



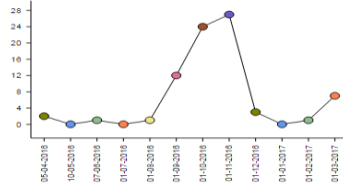
No. of Active ELFT QI Projects

186

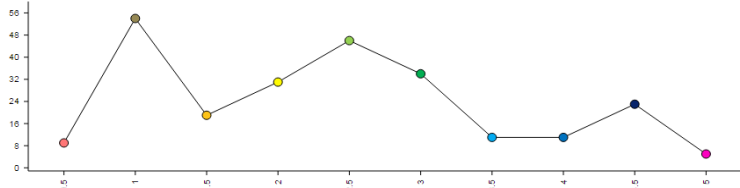
No. of Active ELFT QI Projects per Month



No. of New ELFT QI Projects per Month



No. of ELFT QI Projects (broken down by progress score)



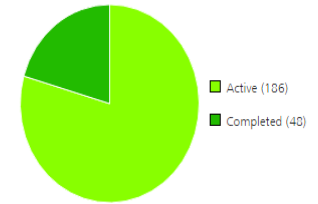
No. of ELFT QI Projects (broken down by directorate and status)

	Active	Completed
Addictions	4	0
Bedfordshire	24	0
Children's Services	23	2
City and Hackney Mental Health	25	7
Community Health Newham	16	7
Corporate	9	4
Forensics	22	6
Luton	11	0
Mental Health Care for Older People (MHCOP)	6	6
Newham Mental Health	19	4
Primary Care and Specialist Psychological Services	6	3
Tower Hamlets Mental Health	24	9
Tower Hamlets Primary Care	2	0
Tower Hamlets Together	4	0
<b>Total</b>	<b>195</b>	<b>48</b>

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

	All Projects
Active	186
Completed	48
<b>Total</b>	<b>234</b>

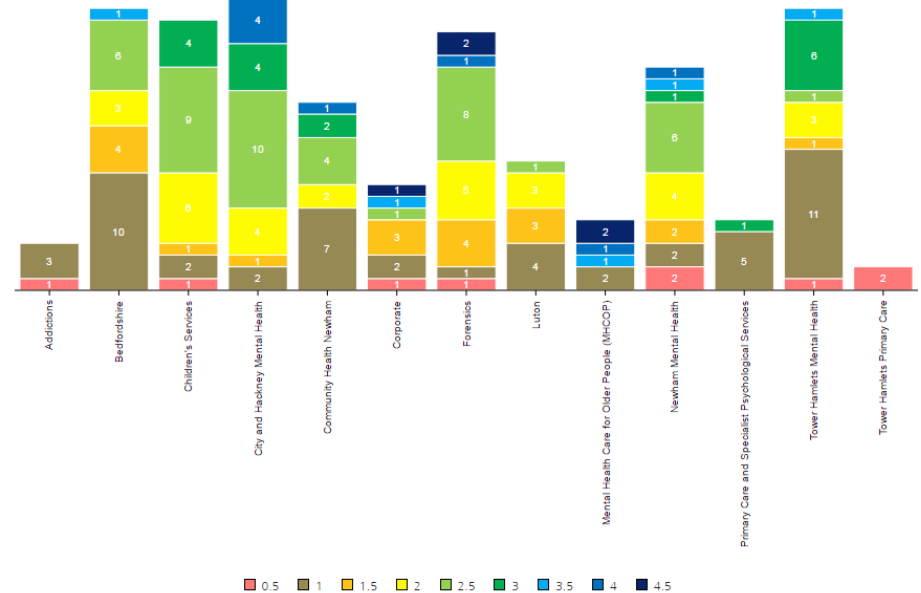
No. of ELFT QI Projects (broken down by status)

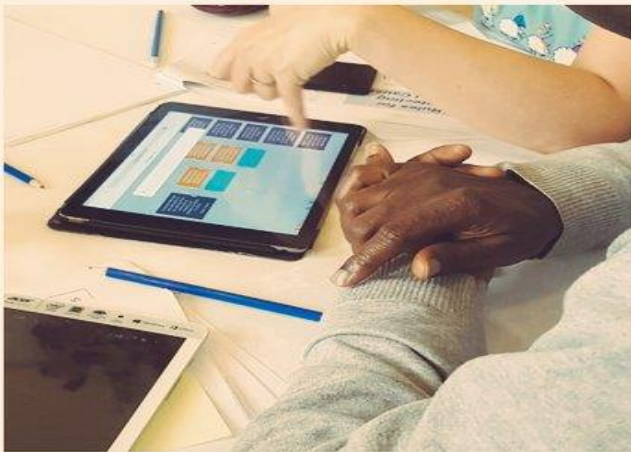


No. of ELFT QI Projects (broken down by status and progress score)

	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
Active	9	54	19	31	46	18	5	8	5	0
Completed	0	0	0	0	0	16	6	3	18	5
<b>Total</b>	<b>9</b>	<b>54</b>	<b>19</b>	<b>31</b>	<b>46</b>	<b>34</b>	<b>11</b>	<b>11</b>	<b>23</b>	<b>5</b>

No. of Active ELFT QI Projects (broken down by directorate and progress score)

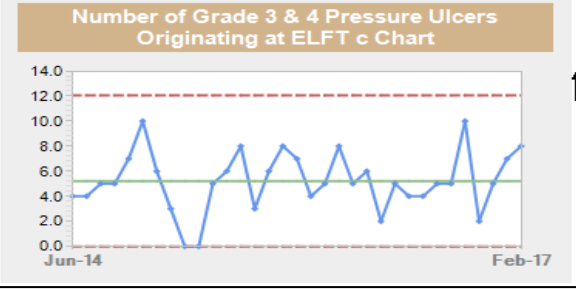
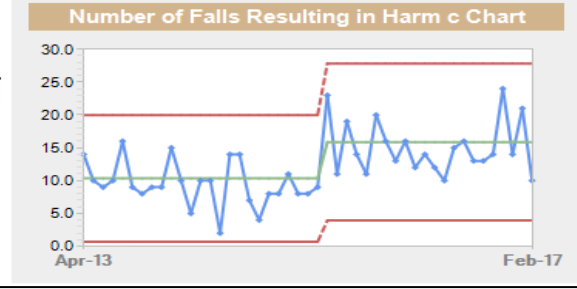
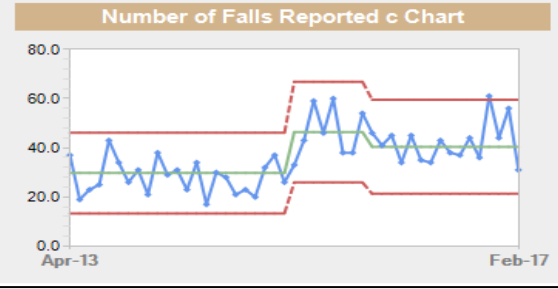
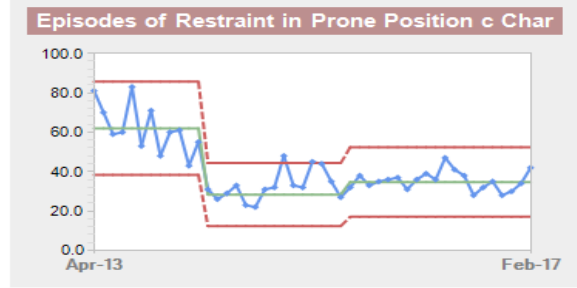
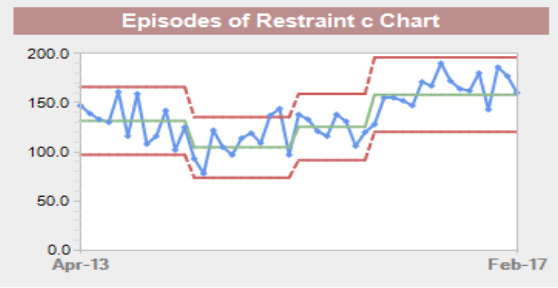
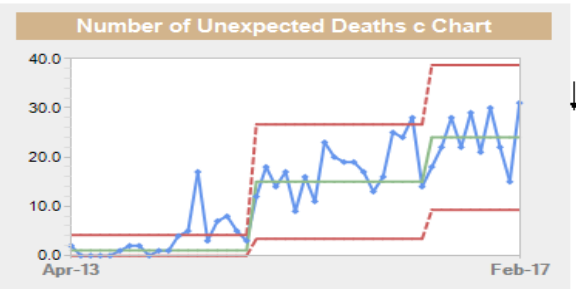
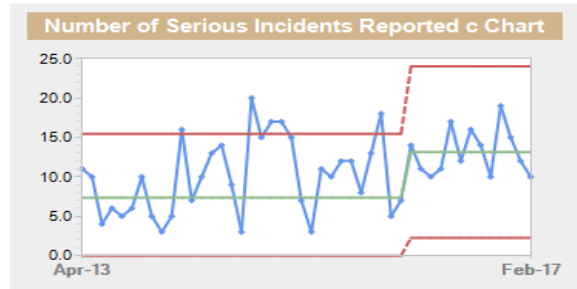
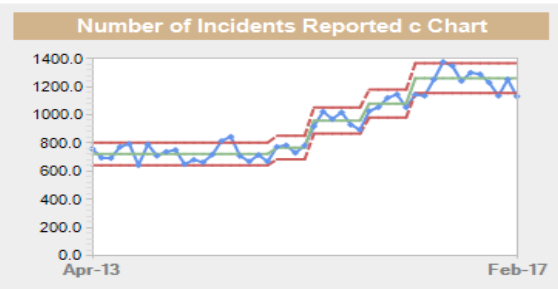




# Safety Dashboard

Desired direction of change ↑ ↓

- Safety
  - Clinical Effectiveness
  - Patient Experience
  - Our Staff
  - Violence Reduction
  - Access To Services
  - KPI
  - HitCount
  - Home
- Mental Health Act    Audit    PhysicalHealth    PressureUlcer Reduction



## MEASURES



33



503

● 2015-16 ● 2016-17

## CHARTS



16701



68390

● 2015-16 ● 2016-17



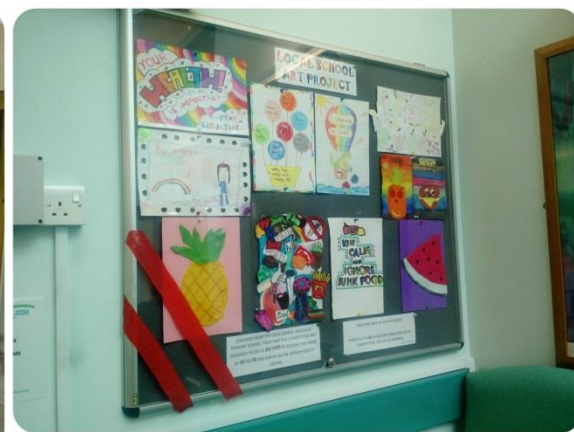
139

Average number of unique visits to the Quality & Performance Dashboard every month



342

Total number of visits to the Quality & Performance dashboard every month



**AIM**  
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Engaging, encouraging & inspiring

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2. Sharing stories – newsletters, microsite, presenting internally
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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

# Improving

care transition rounds ASD complaints  
accessibility Recovery patient  
training Communication access  
keeping ulcer management record  
admissions supervision flow responsiveness  
recruitment reporting  
prescribing interventions  
Lifestyle discharge appointments  
referrals correspondence

# Increasing

participation efficiency triage PREMS compliance self PROMS admissions  
activity service  
confidence involvement attendance physical  
consciousness capacity

# 235

# Reducing

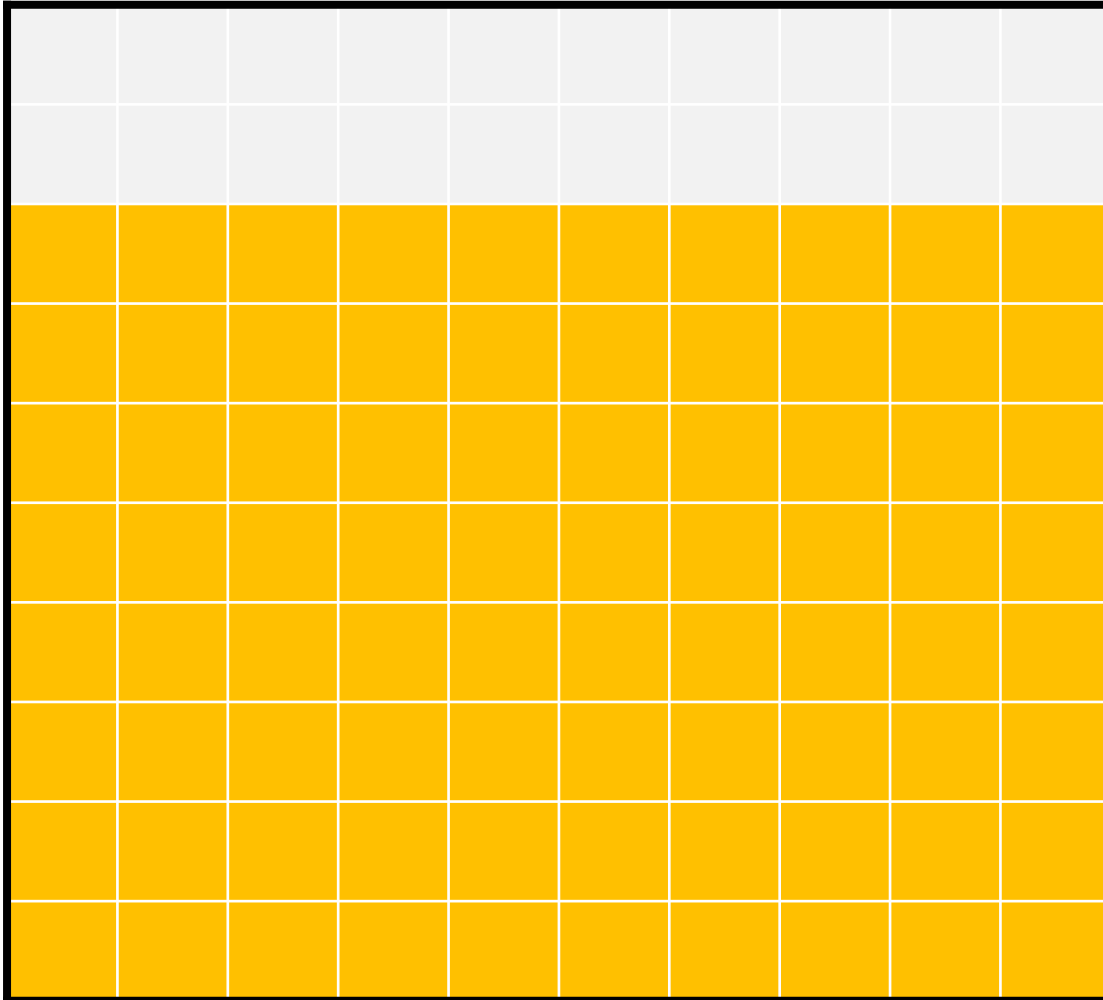
transfer violence errors  
ulcers times falls  
restraint Noise seclusion  
waste  
readmissions Paper  
DNA occupancy  
waiting attrition Complaints  
admissions

# QI Projects



235  
Projects

# QI Projects



187  
Active  
projects

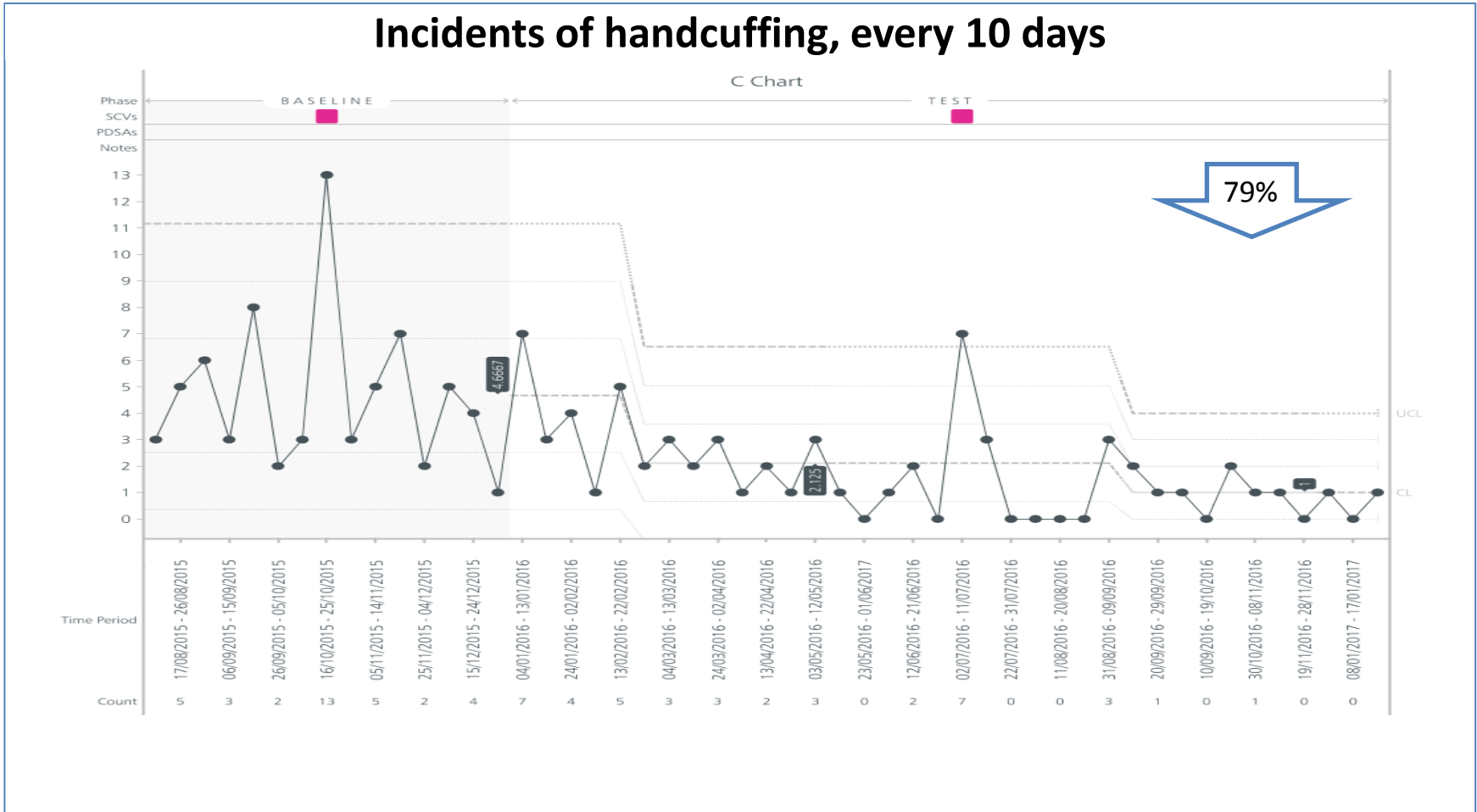






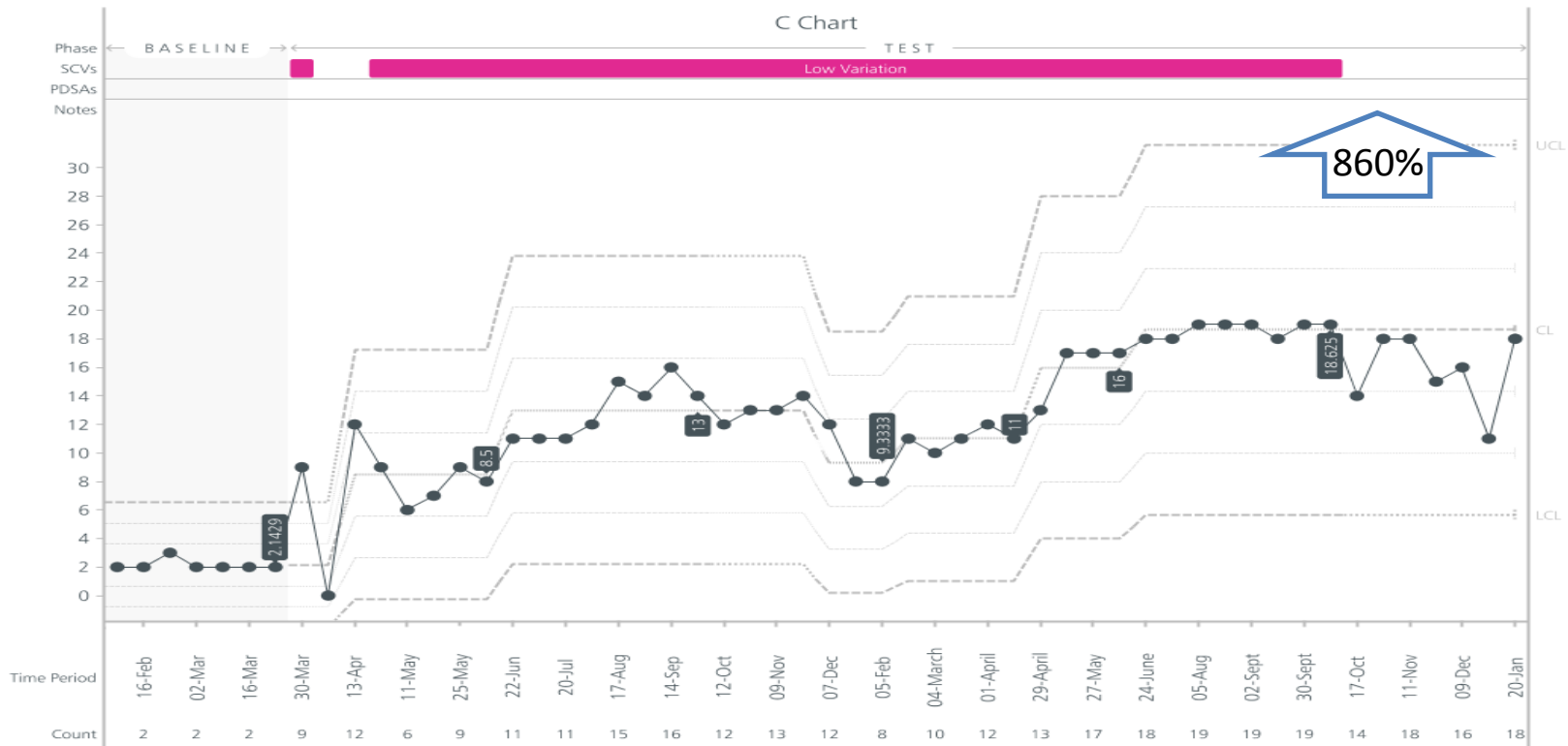
# Reducing Handcuff Usage

Incidents of handcuffing, every 10 days



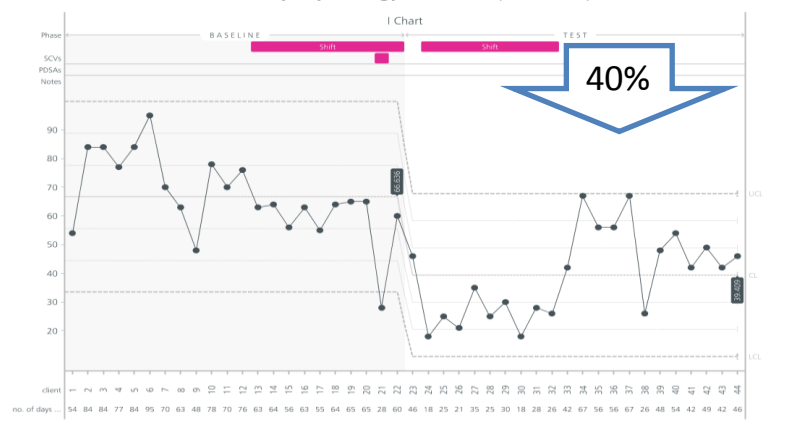
# The Bridge Club

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

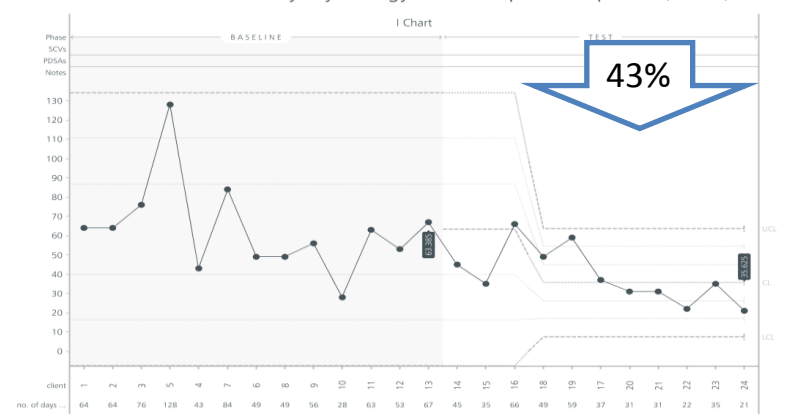


# Reducing Time to Complete Neuropsychological Assessments in Memory Assessment Service

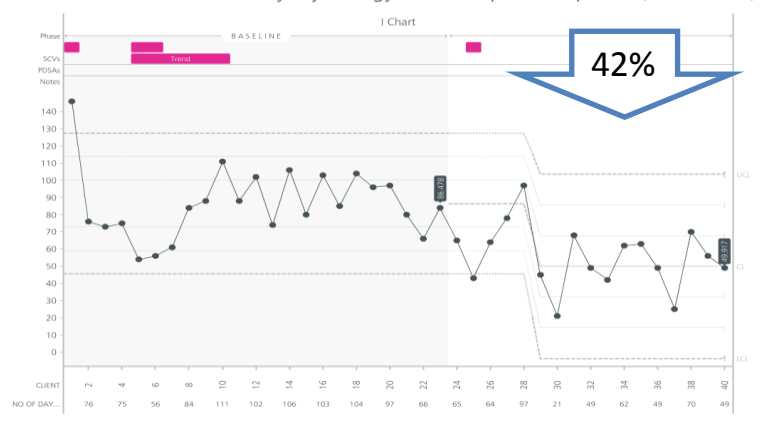
Time from referral received by Psychology to final report completed (Bedford)



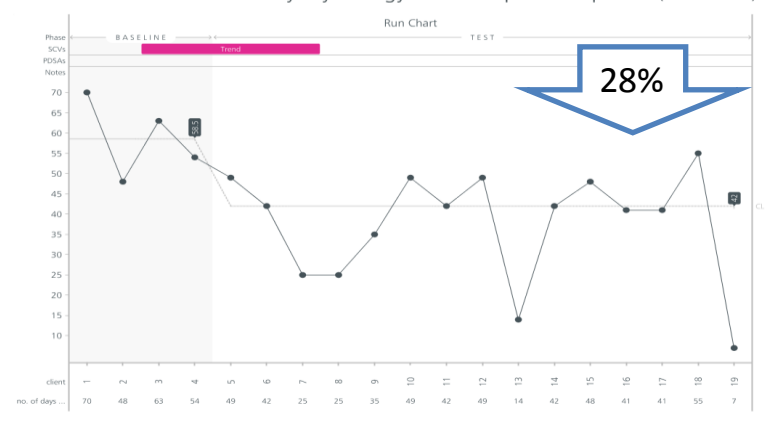
Time from referral received by Psychology to final report completed (Luton)



Time from referral received by Psychology to final report completed (South Beds)

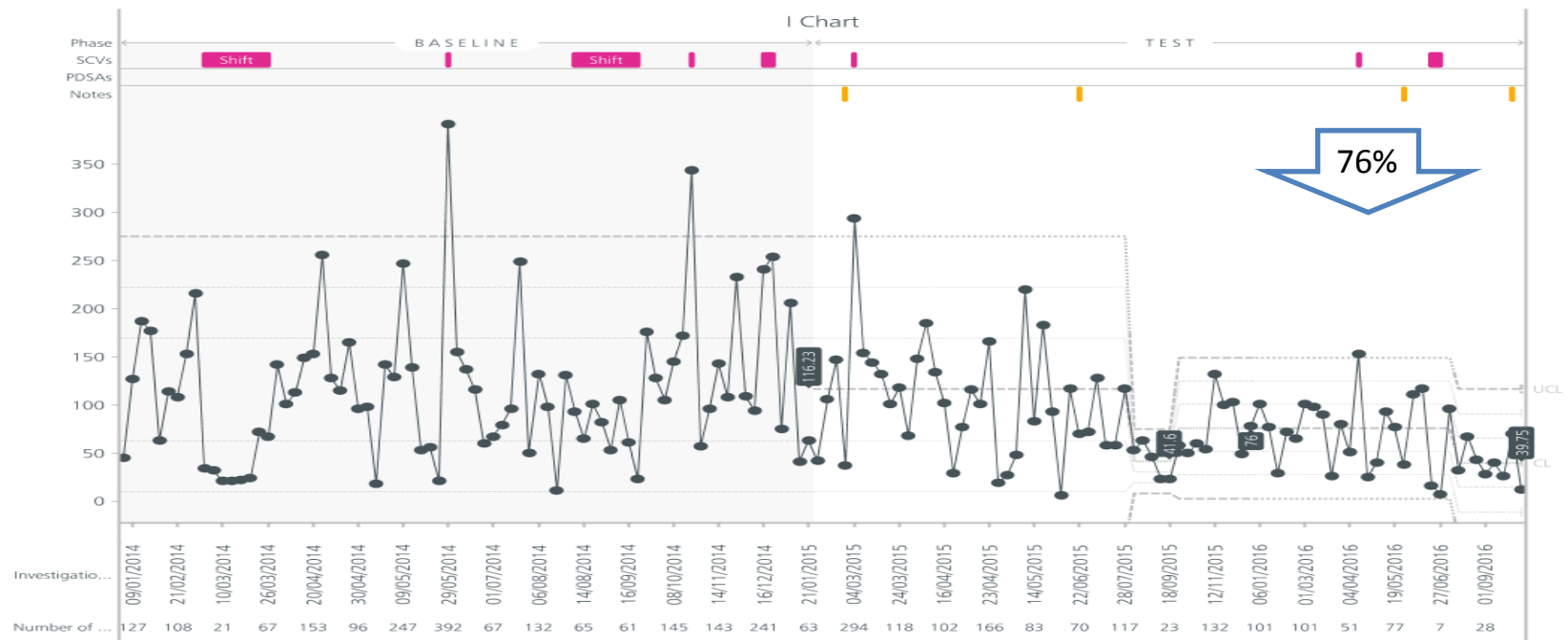


Time from referral received by Psychology to final report completed (Mid Beds)



# Reducing the time it takes to complete the disciplinary process

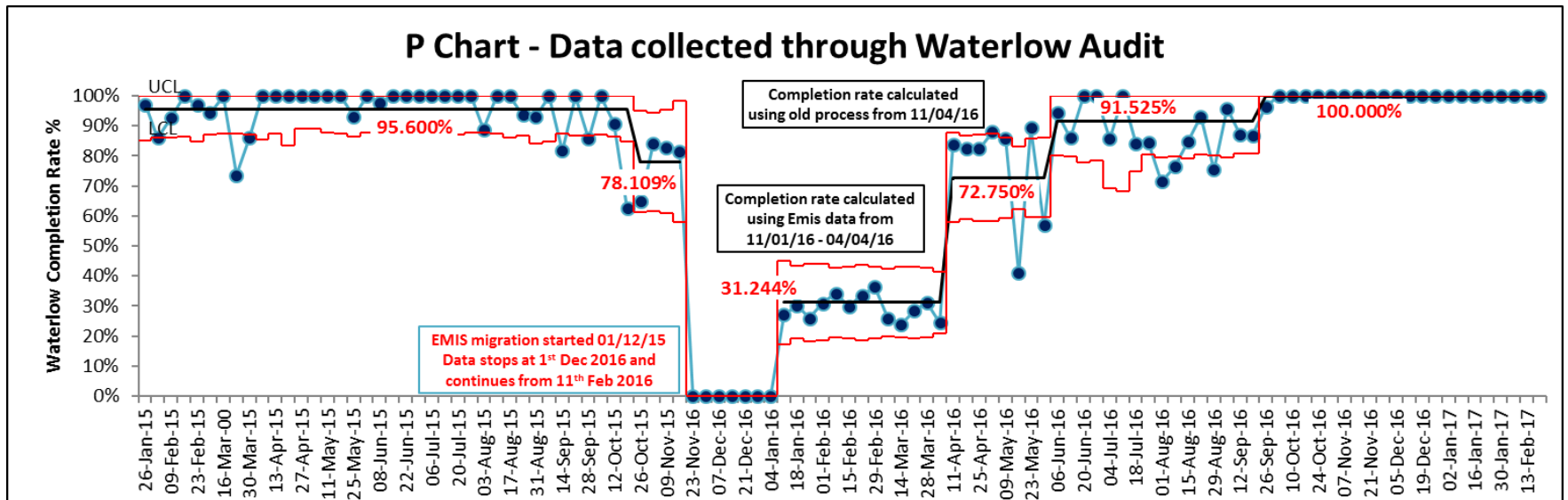
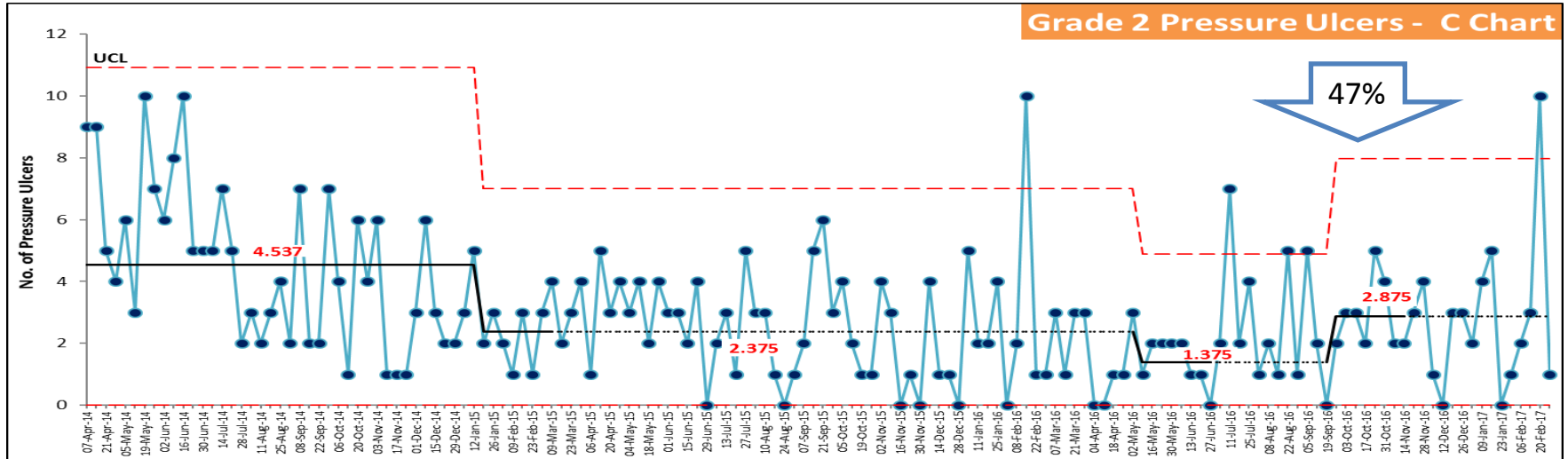
Number of days taken to complete the disciplinary process



**Notes:**

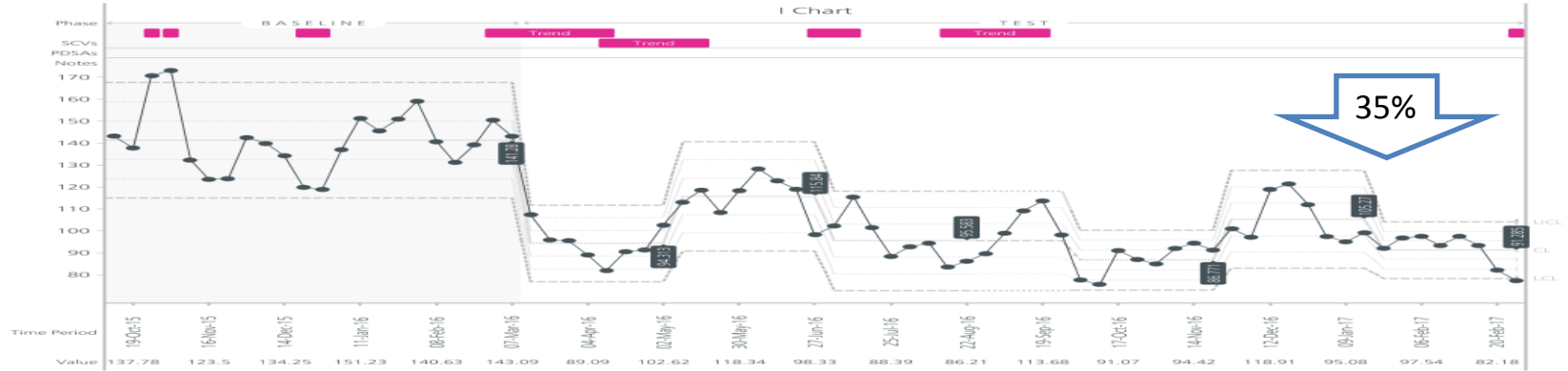
- 11/02/2015 – 1st March 2015: Introduction of two hearing dates
- 22/06/2015 – 1st July 2015: New documentation and folders introduced.
- 26/05/2016 – 1st June 2016: New Disciplinary Policy and agreed outcomes process introduced.
- 16/09/2016 – 26th September 2016: New Investigating Officer Training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

# Reducing Pressure Ulcers

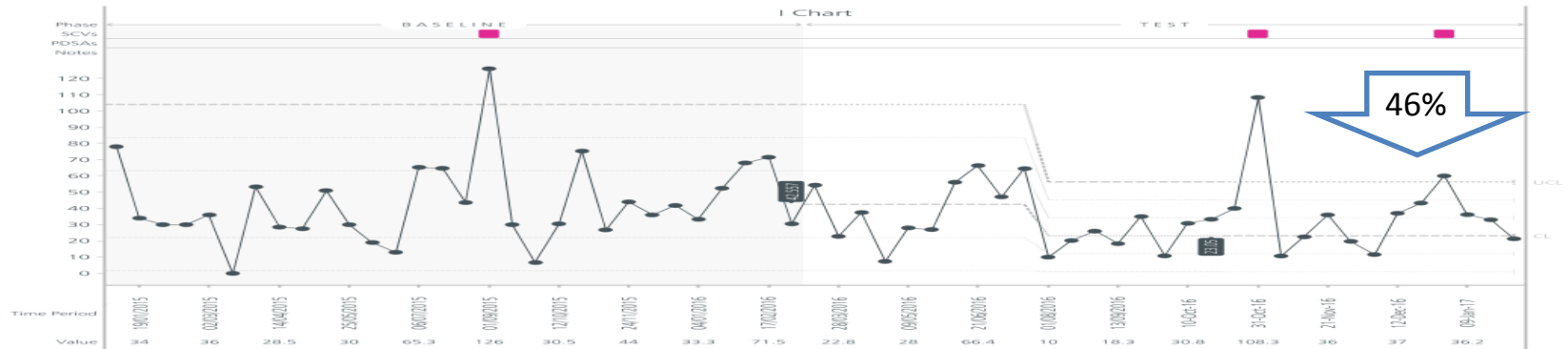


# Reducing length of stay on Leadenhall Ward

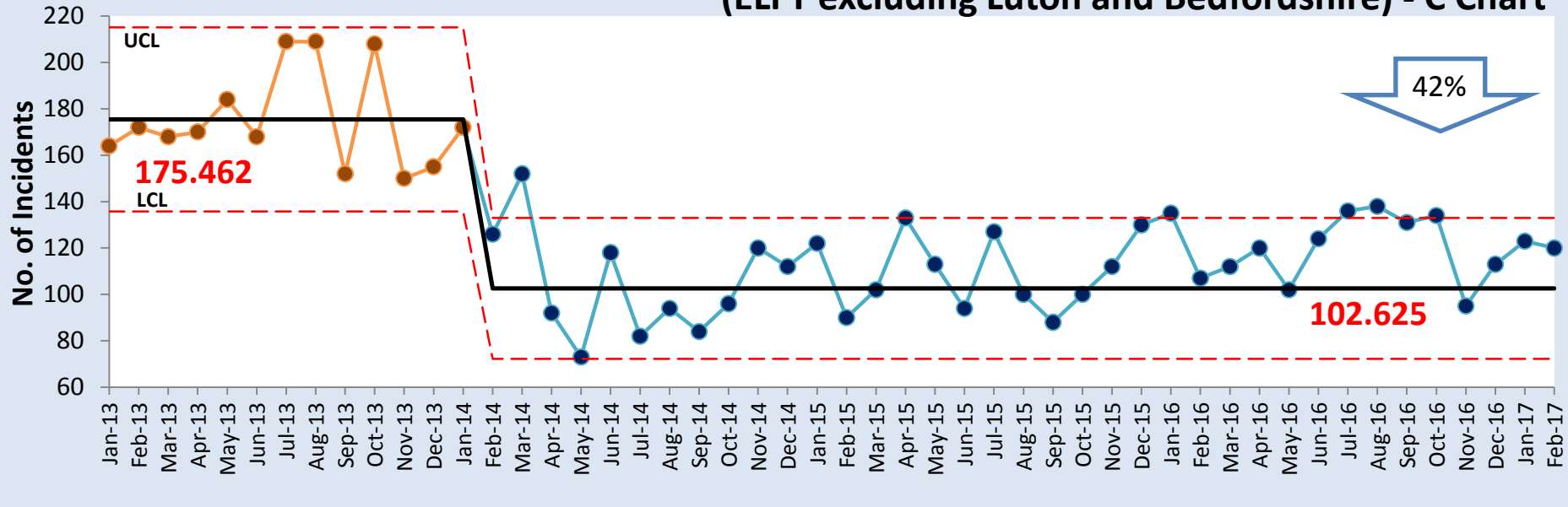
## Occupied Bed Days



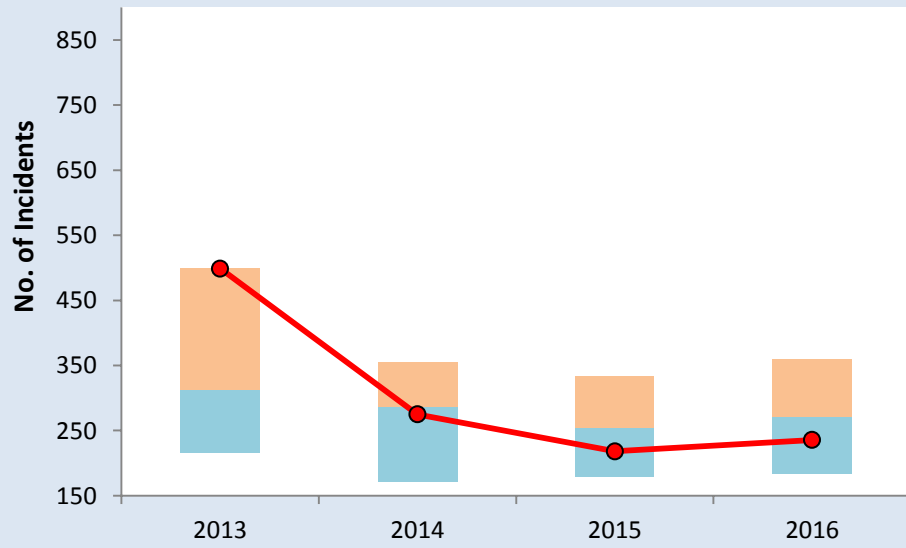
## Average LoS (Bi Weekly)



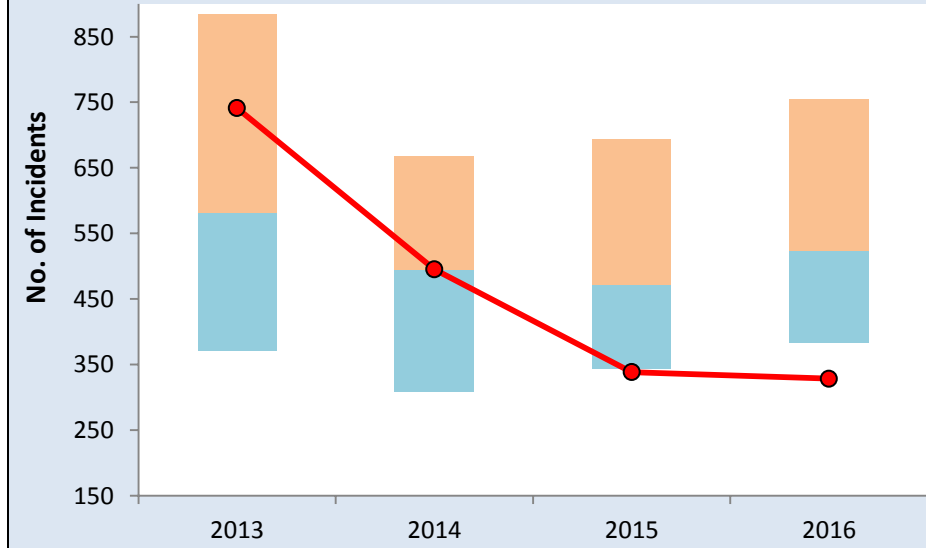
# Incidents resulting in physical violence (ELFT excluding Luton and Bedfordshire) - C Chart

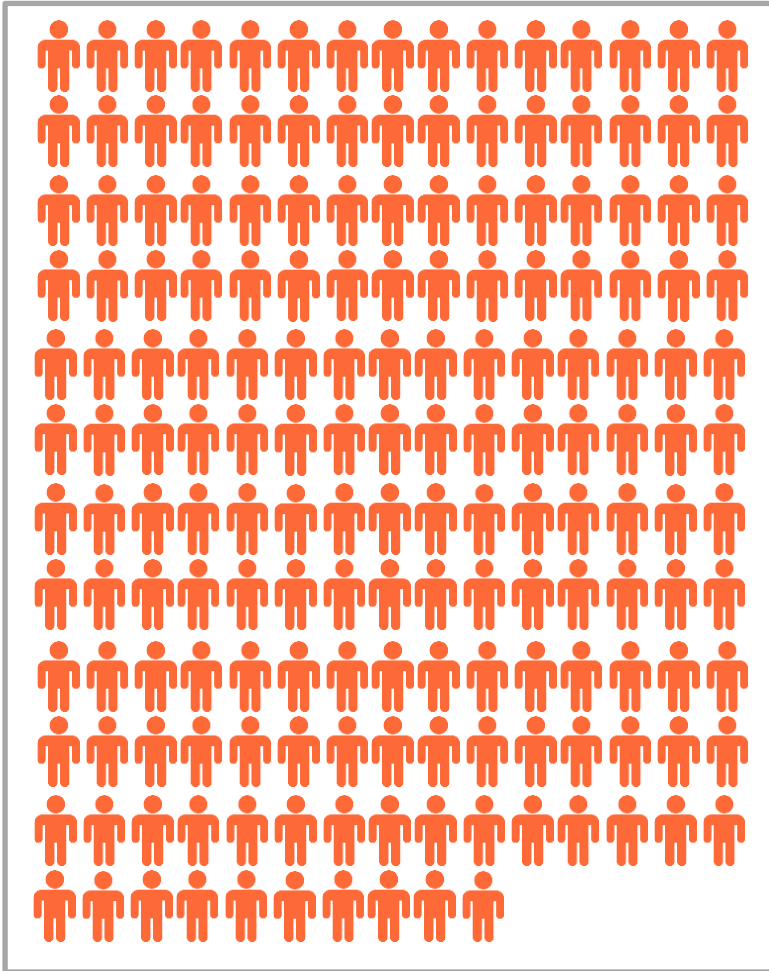


**Physical violence to patients (per 100,000 occupied bed days)**



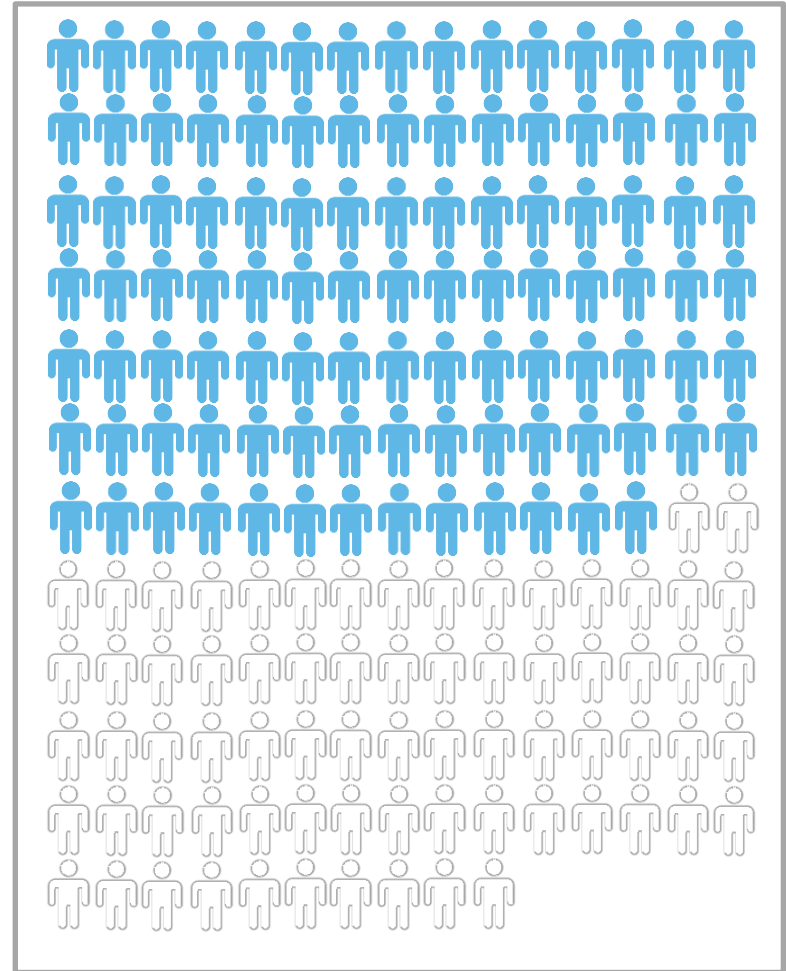
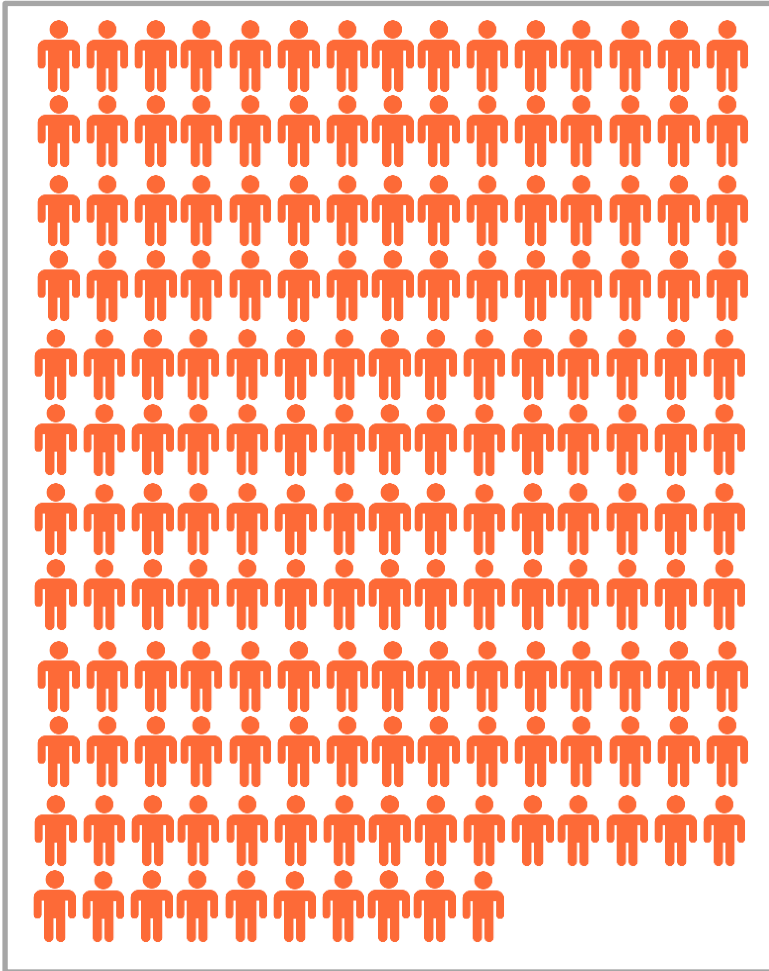
**Physical violence to staff (per 100,000 occupied bed days)**





175

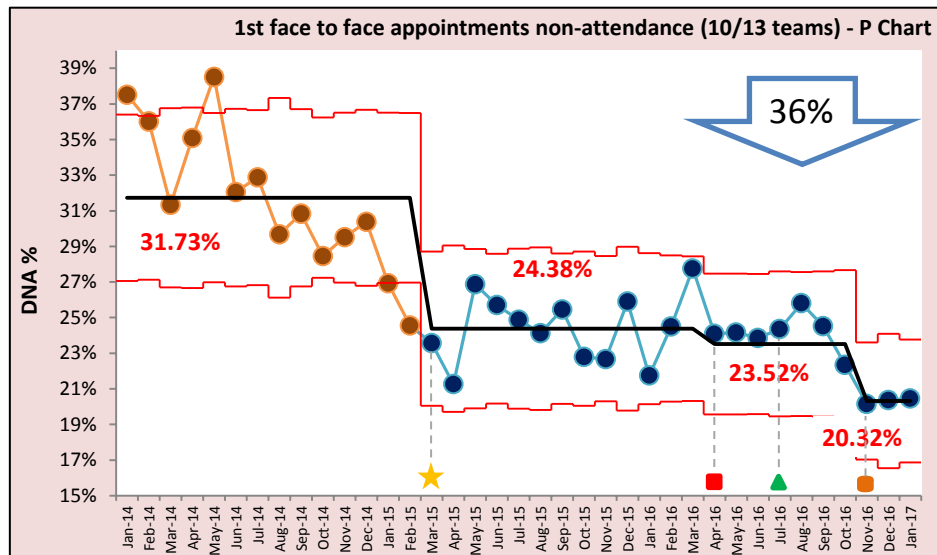
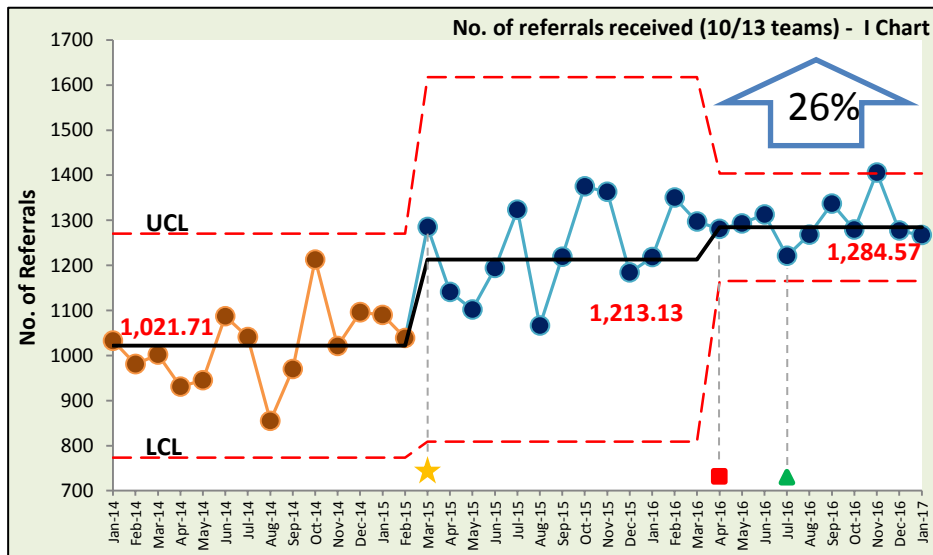
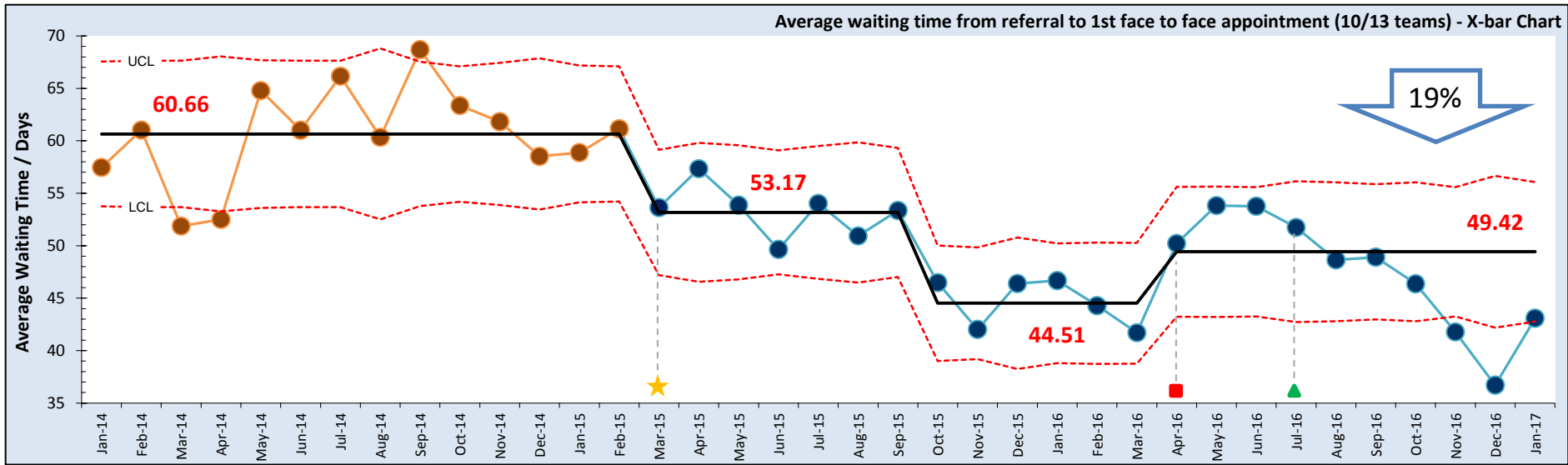
Average number of physical violent incidents per month



175  103
















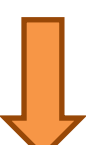









Average number of physical violent incidents per month

# Access to Services Collaborative



**Legend**

- ★ - Testing begins
- ▲ - 3 teams leave the collaborative
- - 2 new teams join the collaborative
- - New DNA operational definition

	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	Enhanced Primary Care Liason Team Clinic	MSK Physio	Specialist Health Visiting	Sexual and Reproductive Health Clinic
Waiting Times from referral to 1 <sup>st</sup> appointment	 37%	 52%	 50%	 23% <sup>*</sup>	 63% <sup>*</sup>	 18%	 32%	 52%	 60%	-	-	-	-
No. of referrals received	-	 129%	 25%	 25% <sup>*</sup>	 18%	 27%	-	 62%	 16%	-	-	-	-
First appointment non-attendance	 44%	 36%	 18%	-	 35% <sup>*</sup>	 49%	-	-	 34%	-	 43%	 22%	 21%

# ELFT Improvement Stories

# Instructions for your breakout sessions



**James Innes**  
Associate Director of QI

# Break-out sessions

**Service User  
Involvement**

**Scale up &  
Spread**

**World café**  
(where you will  
hear from 3  
project teams)

# Take a look at your lanyard...



# Take a look at your lanyard...

#QIConf

NHS  
East London  
NHS Foundation Trust

**John Smith**

Nurse

City & Hackney

**World Café** Rooms 15-16

**Service User Involvement**  
(Room 12)

QUALITY  
IMPROVEMENT  
PROGRAMME

# Break-out sessions

Two different breakout sessions:

**Breakout session 1 -09:50-10:55**

Tea break 10:55-11:15

**Breakout session 2 -11:20-12:25**

**Time per session: 65 minutes per session**

# Take a look at your lanyard...

#QiConf    
East London  
NHS Foundation Trust

**John Smith**  
Nurse  
City & Hackney

**World Café** Rooms 15-16

**Service User Involvement**  
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 QUALITY  
IMPROVEMENT  
PROGRAMME

#QiConf    
East London  
NHS Foundation Trust

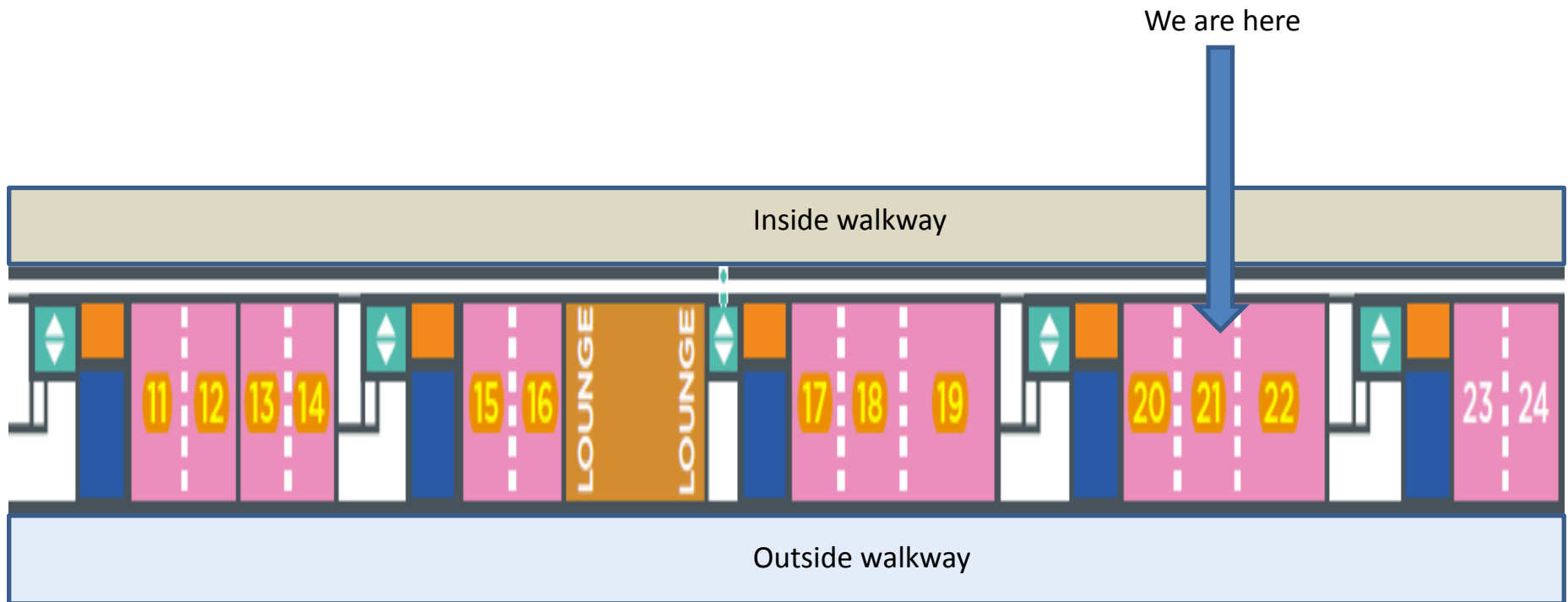
**John Smith**  
Nurse  
City & Hackney

**World Café** Rooms 13-14

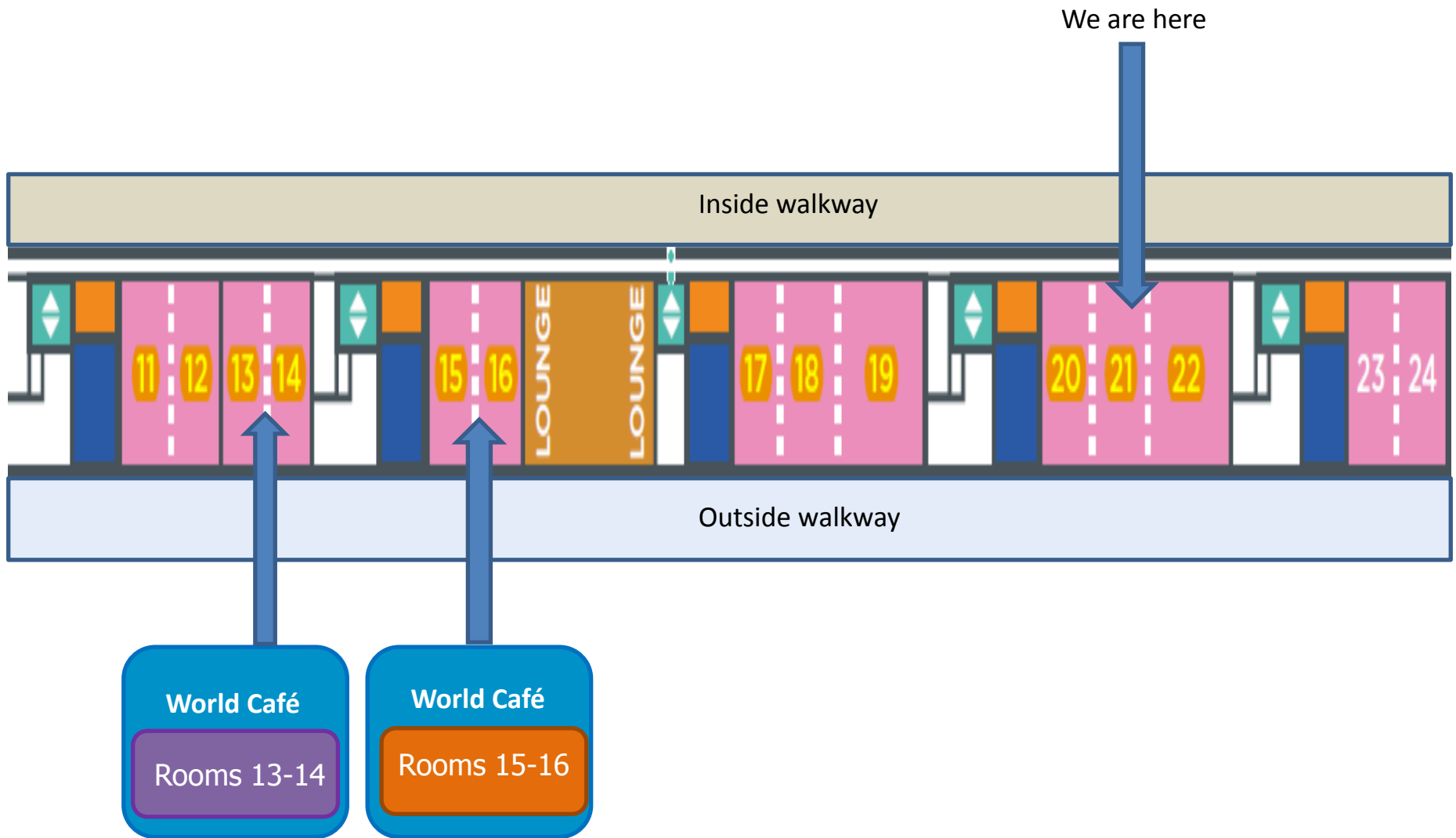
**Scale up & Spread**  
(Room 11)

 QUALITY  
IMPROVEMENT  
PROGRAMME

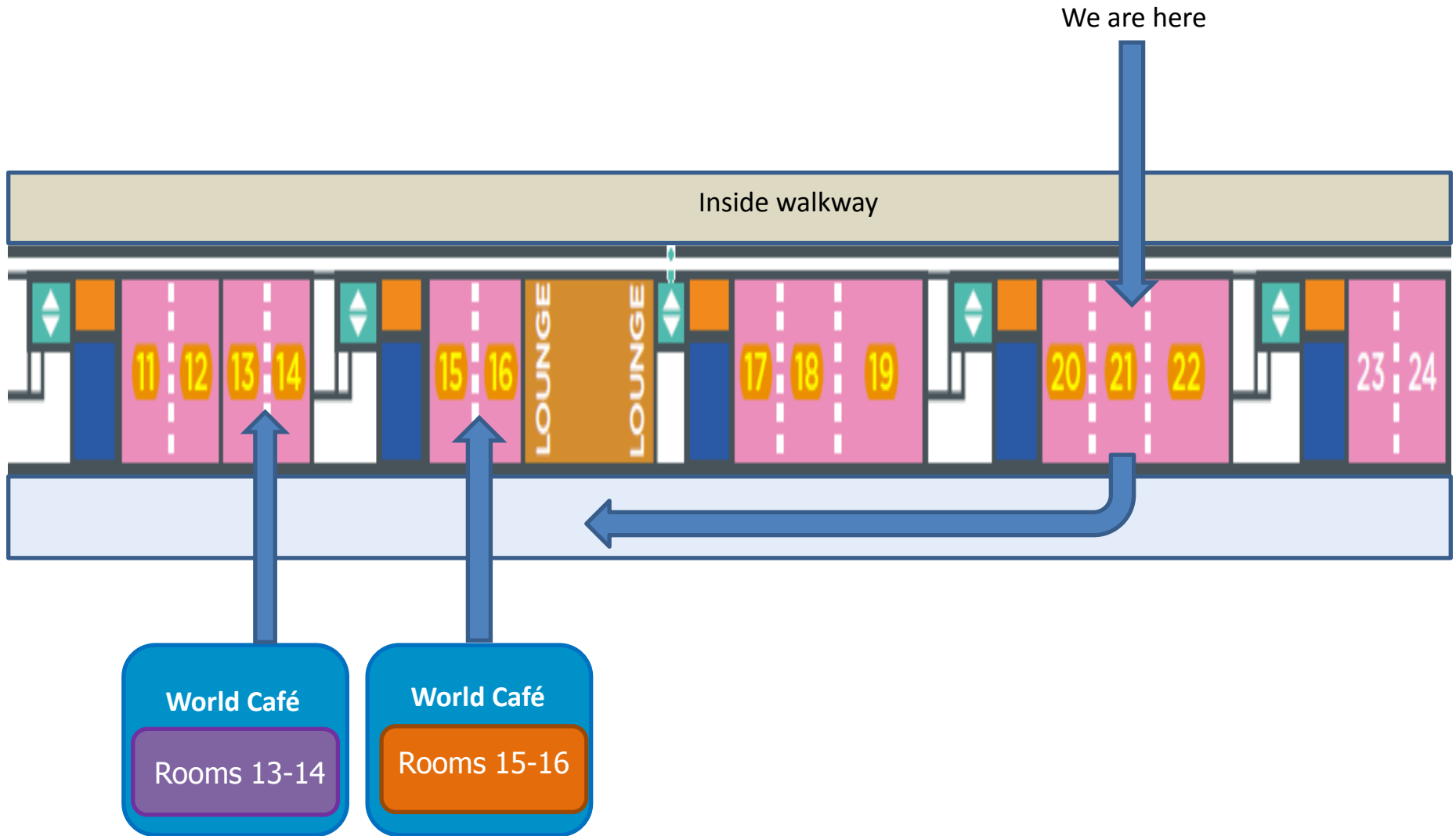
# CentrEd at ExCeL - Level 2



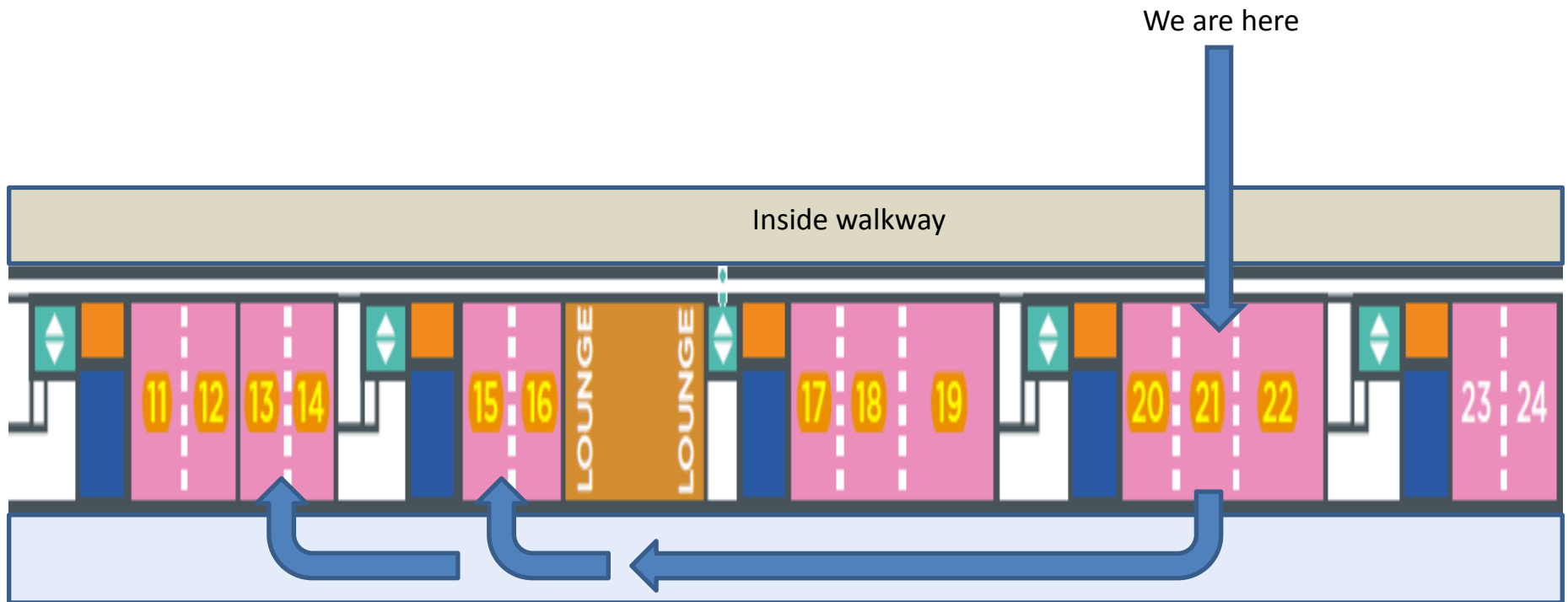
# CentrEd at ExCeL - Level 2



# CentrEd at ExCeL - Level 2



# CentrEd at ExCeL - Level 2



**World Café**  
Rooms 13-14

**World Café**  
Rooms 15-16

# Take a look at your lanyard...



#QiConf    
East London  
NHS Foundation Trust

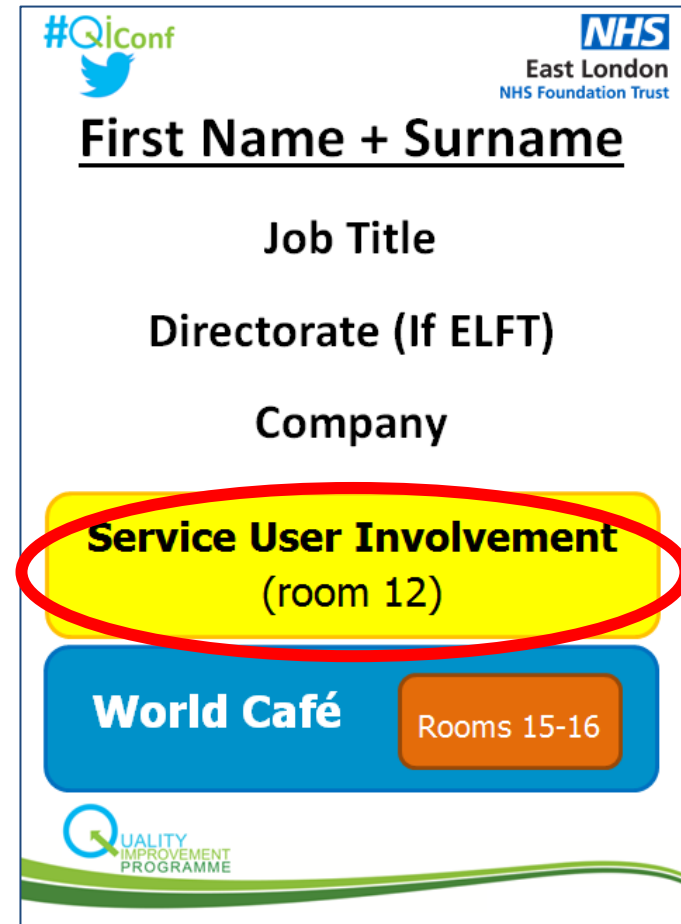
John Smith  
Nurse  
City & Hackney



**Scale up & Spread**  
(Room 11)

**World Café** Rooms 15-16

 QUALITY IMPROVEMENT PROGRAMME

This lanyard is for John Smith, a Nurse at City & Hackney. It features a red oval highlighting the text 'Scale up & Spread (Room 11)'. At the bottom, there is a blue 'World Café' button with an orange 'Rooms 15-16' button next to it. The lanyard includes the #QiConf Twitter logo, the NHS East London NHS Foundation Trust logo, and the Quality Improvement Programme logo.




#QiConf    
East London  
NHS Foundation Trust

First Name + Surname  
Job Title  
Directorate (If ELFT)  
Company

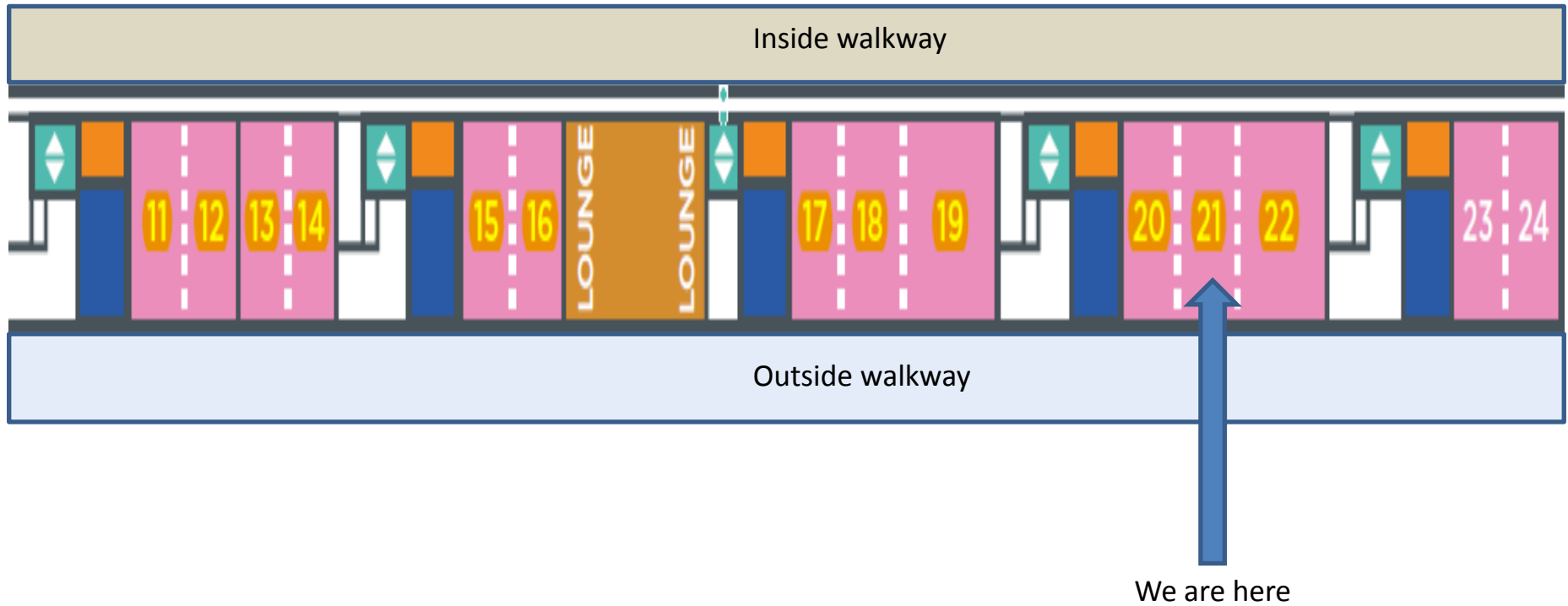
**Service User Involvement**  
(room 12)

**World Café** Rooms 15-16

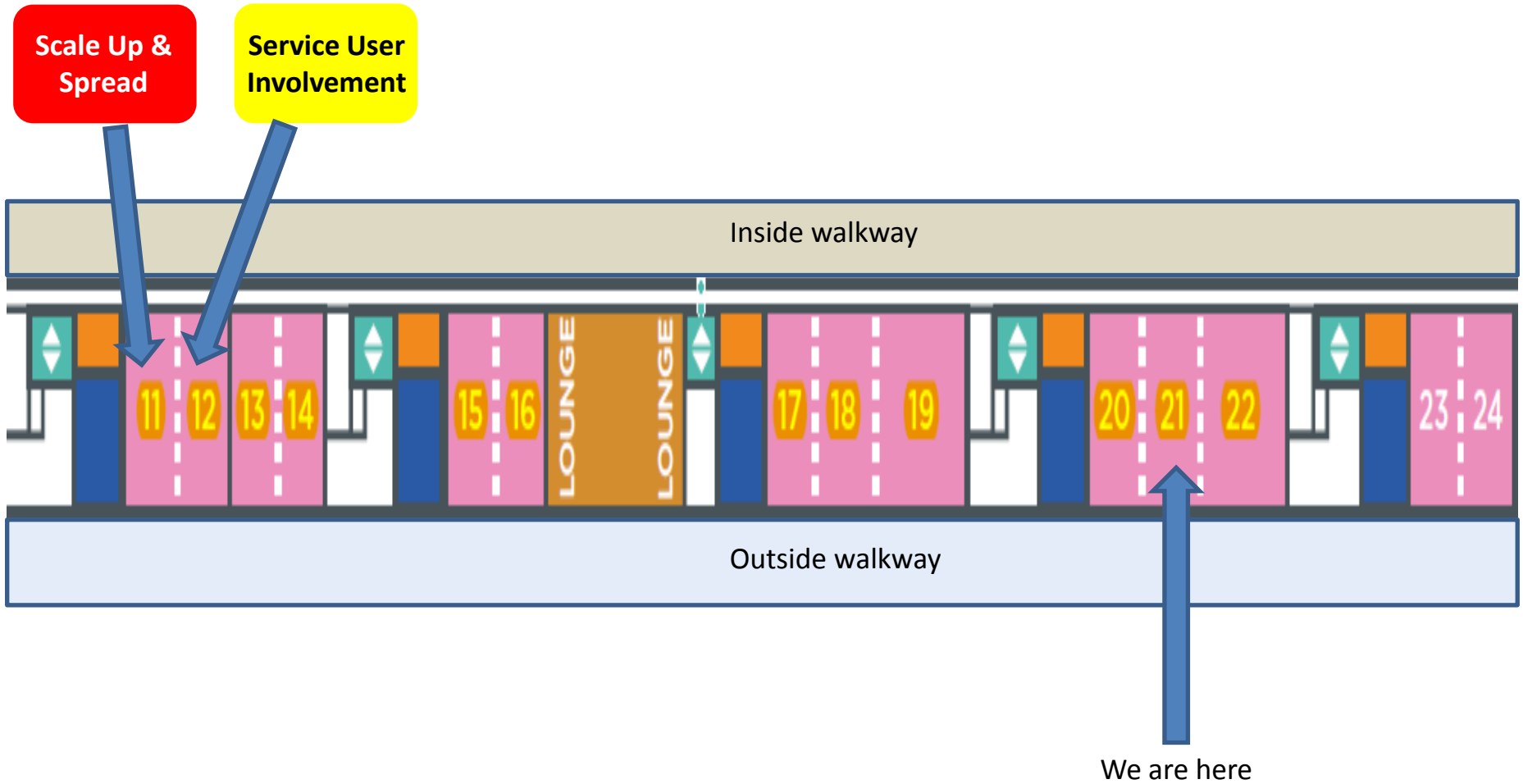
 QUALITY IMPROVEMENT PROGRAMME

This lanyard is for Service User Involvement in room 12. It features a yellow oval highlighting the text 'Service User Involvement (room 12)'. At the bottom, there is a blue 'World Café' button with an orange 'Rooms 15-16' button next to it. The lanyard includes the #QiConf Twitter logo, the NHS East London NHS Foundation Trust logo, and the Quality Improvement Programme logo.

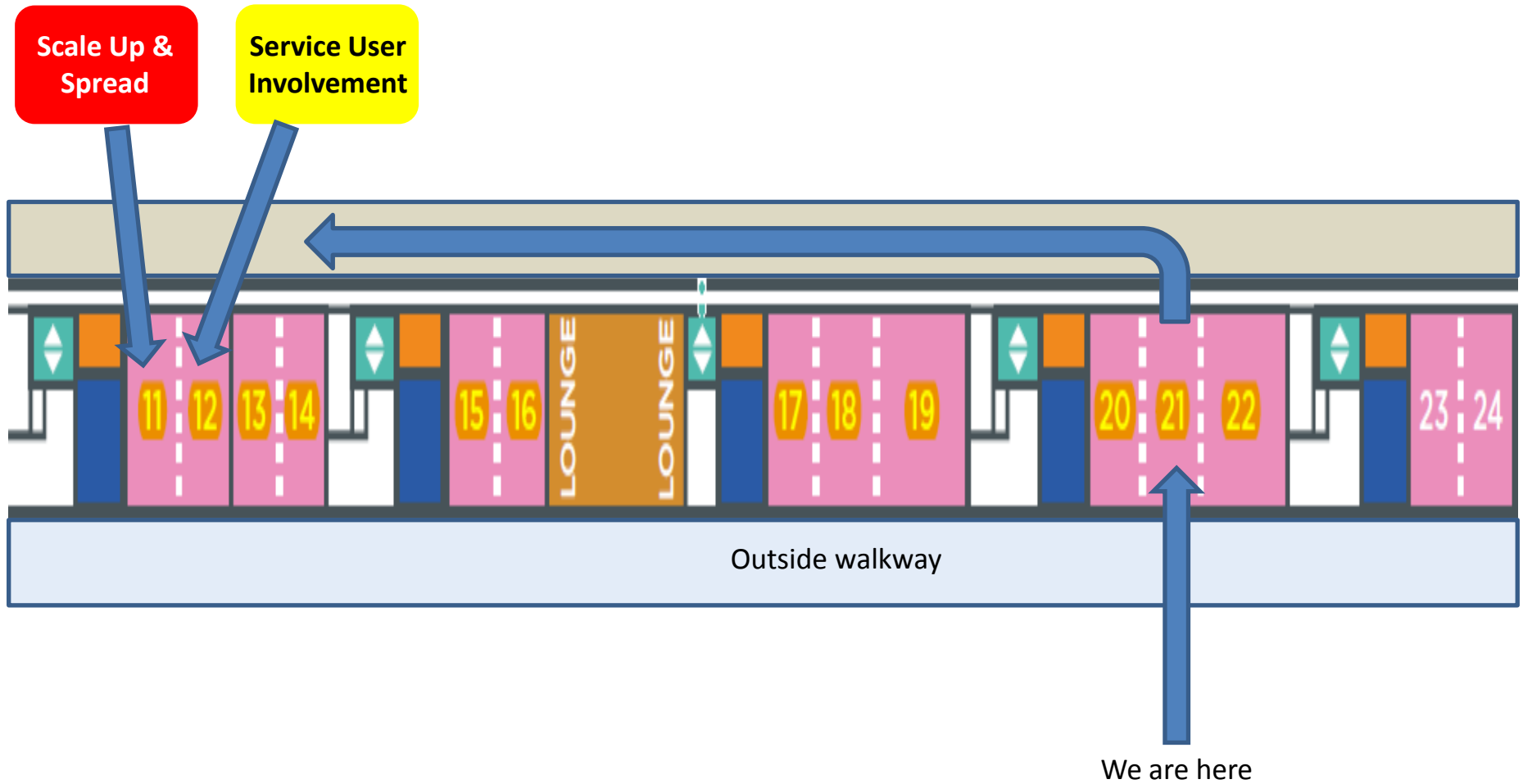
# CentrEd at ExCeL - Level 2



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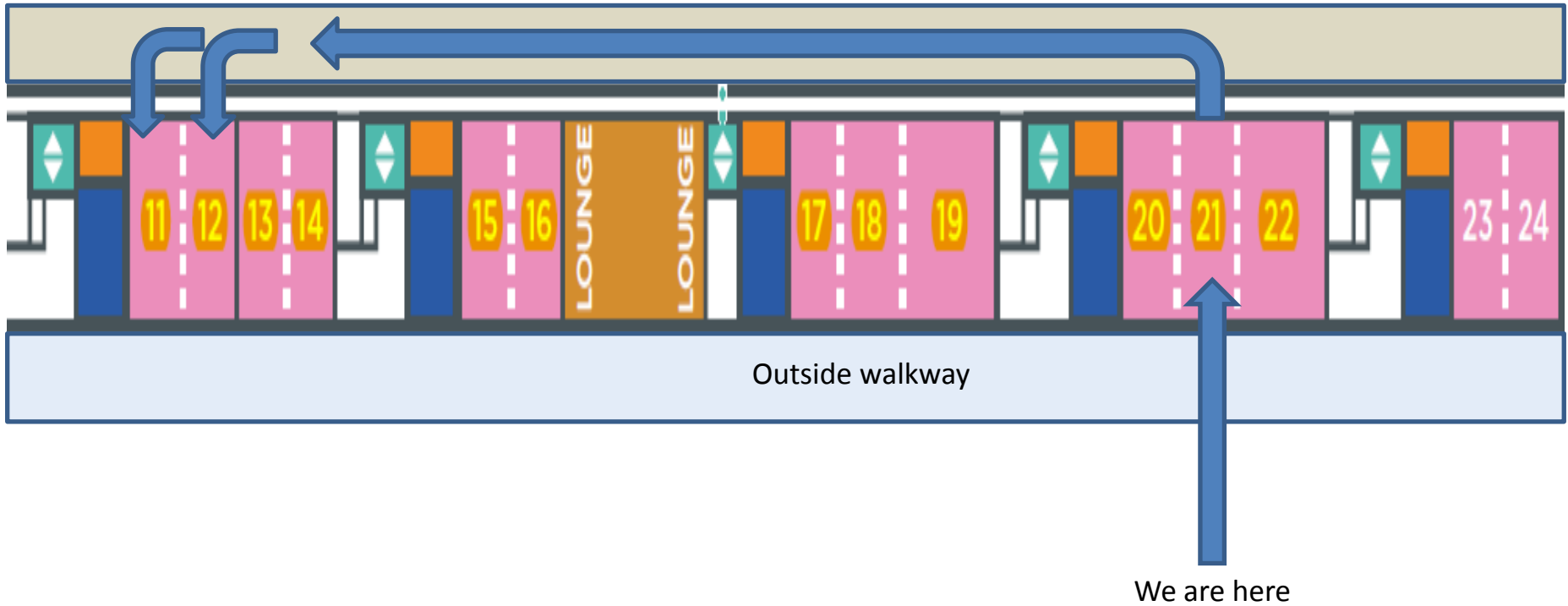
# CentrEd at ExCeL - Level 2



# CentrEd at ExCeL - Level 2

Scale Up & Spread

Service User Involvement



# Break-out sessions

**Service User  
Involvement**

**Scale up &  
Spread**

**World café**  
(where you will  
hear from 3  
project teams)

# Break-out sessions

Two different breakout sessions:

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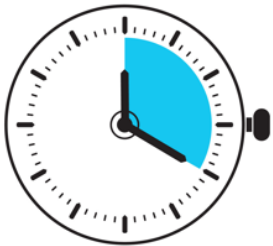
**Breakout session 2 -11:20-12:25**

**Time per session: 65 minutes per session**

# BREAK TIME



20 MINUTES



#Qlconf

**Time to go to your next breakout session!**

**Service User Involvement**

**Scale up & Spread**

**World café**

(where you will hear from 3 project teams)

**Inside walkway**

**Outside walkway**

Time to go to your next breakout session!

**World café**  
(where you will hear from 3 project teams)

**Service User Involvement**

**Scale up & Spread**

←  
**Outside walkway**

**Inside walkway** →

# ELFT Improvement Stories

# What's Coming Next?



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



**James Innes**  
Associate Director of QI



New Trust  
wide QI  
priorities



Balanced quality  
management  
system



Creating a  
stronger learning  
system



New Trust  
wide QI  
priorities



Balanced quality  
management  
system



Creating a  
stronger learning  
system



Active  
Projects

**REDUCE HARM BY  
30% EVERY YEAR**

**RIGHT CARE, RIGHT  
PLACE, RIGHT TIME**

**VIOLENCE  
REDUCTION**

**PRESSURE  
ULCERS**

**PHYSICAL  
HEALTH**

**ACCESS TO  
SERVICES**

# Trust-wide priority areas

Violence  
Reduction

Improving  
Access

Value for  
Money

Enjoying work

Shaping  
Recovery in the  
Community

Trust-wide  
priority areas

Violence  
Reduction

Improving  
Access

Shaping  
Recovery in  
the  
Community

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



New Trust  
wide QI  
priorities



Balanced quality  
management  
system



Creating a  
stronger learning  
system





Identify the needs of the customer/  
population

Develop service models to meet  
the needs

Put in place structures  
and processes to  
deliver high quality



Identify the needs of the customer/  
population

Develop service models to meet  
the needs

Put in place structures  
and processes to  
deliver high quality

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



Identify the needs of the customer/  
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and processes to  
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Identify clear measures of quality for the  
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Internal vigilance to  
hold gains made  
through improvement

Quality  
planning

Quality  
control

Quality  
improvement

Quality  
assurance



Periodic checks to  
ensure the service is  
meeting the needs of the  
customer/population

Actions to address gaps identified

Identify the needs of the customer/  
population

Develop service models to meet  
the needs

Put in place structures  
and processes to  
deliver high quality

Identify clear measures of quality for the  
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Internal vigilance to  
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through improvement

Quality  
planning

Quality  
control

Quality  
improvement

Quality  
assurance



Identify what matters  
most

Design project and bring  
together a diverse team

Discover solutions through involving  
those closest to the work, test ideas,  
implement and then scale up

Periodic checks to  
ensure the service is  
meeting the needs of the  
customer/population

Actions to address gaps identified

Identify the needs of the customer/  
population

Develop service models to meet  
the needs

Put in place structures  
and processes to  
deliver high quality

Identify clear measures of quality for the  
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Internal vigilance to  
hold gains made  
through improvement

Quality  
planning

Quality  
control

Quality  
improvement

Quality  
assurance

Identify what matters  
most

Design project and bring  
together a diverse team

Discover solutions  
those closest to the  
implement and the

Periodic checks to  
ensure the service is  
meeting the needs of the  
customer/population

dress gaps identified



**And a set of tools to help with  
each type of activity...**

Identify the needs of the customer/

*Commissioning, contracts, service specification, team structures, job roles, KPI's*

and processes to deliver high quality

Identify clear measures of quality for the service, a

*Dashboard, SPC charts, patient experience feedback*

Internal vigilance to hold gains made through improvement



Identify what matters most

*Away days, thematic analysis, driver diagram & charter, Model for Improvement, divergent & convergent thinking tools, QI Life*

Periodic checks to ensure the service is

*Audit, inspection, NICE guidance, gap analysis, cause & effect diagrams, action trackers*

**and a set of tools to help with each type of activity...**

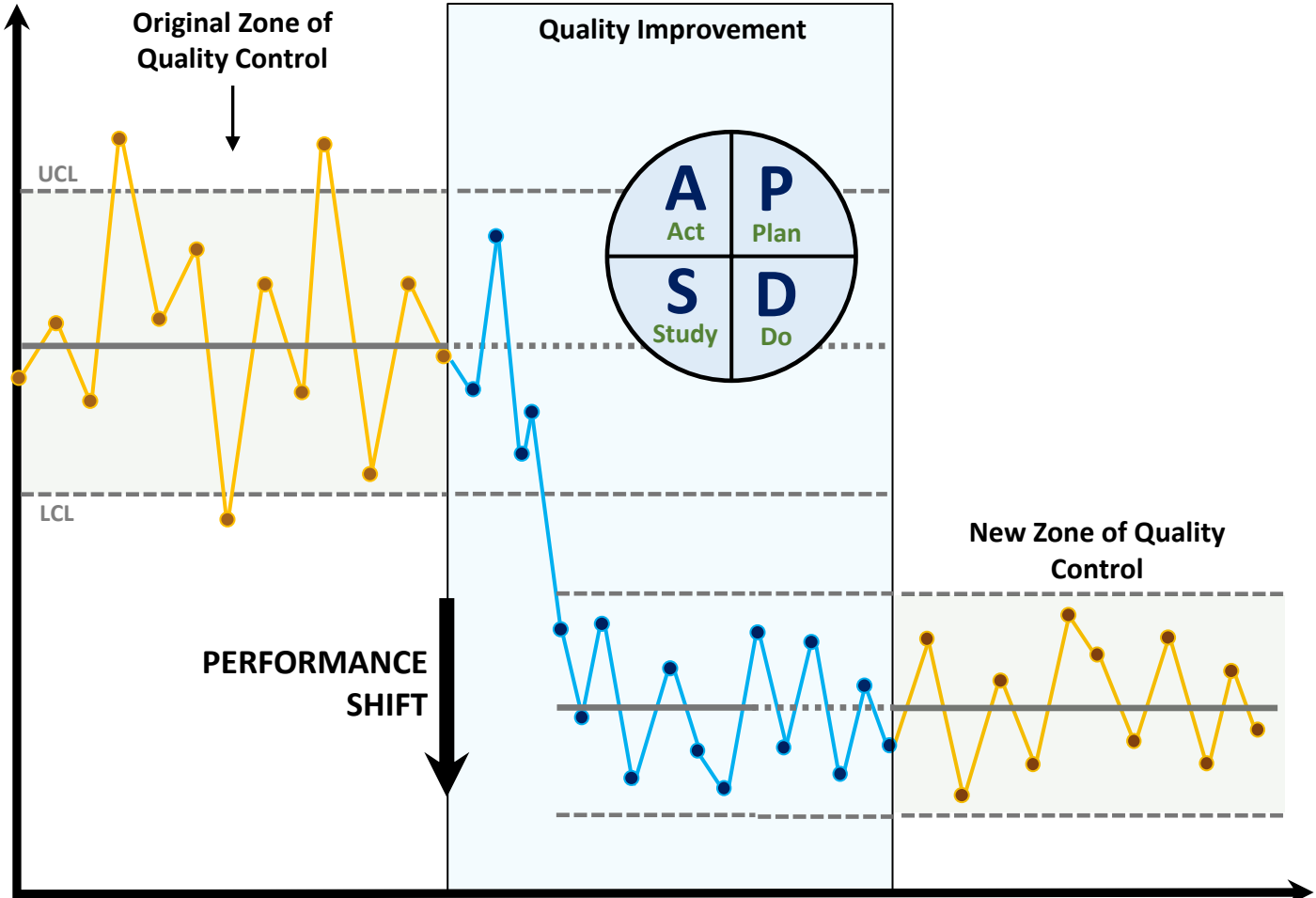
**DESIGN**

**CONTROL**

**IMPROVEMENT**

**CONTROL**

**QUALITY PLANNING**



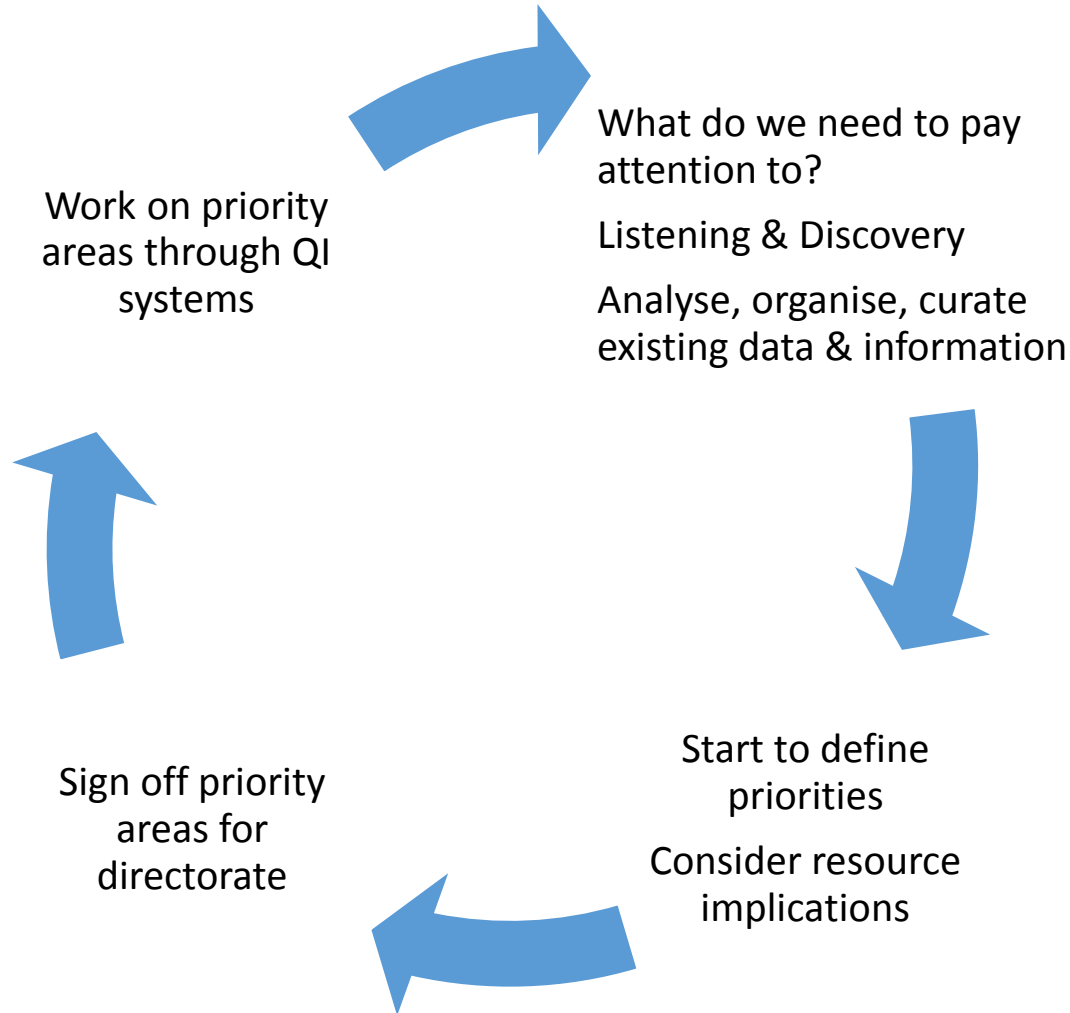
MONTH

WEEK

MONTH

**LESSONS LEARNT**

# Quality Planning Cycle





New Trust  
wide QI  
priorities



Balanced quality  
management  
system



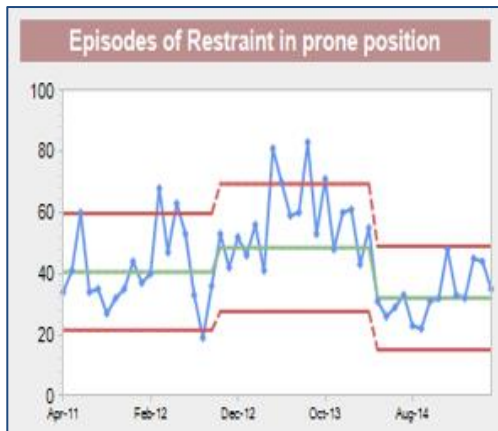
Creating a  
stronger learning  
system

# A learning system helps us to...

**Observe  
existing  
performance**

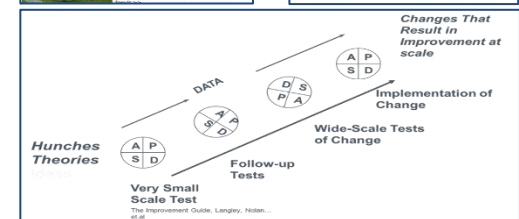
**Introduce  
change & see  
what is and  
isn't working**

**Share & scale up  
improvement  
across the  
organisation**



## Model for Improvement

What are we trying to accomplish?  
How will we know that a change is an improvement?  
What change can we make that will result in improvement?

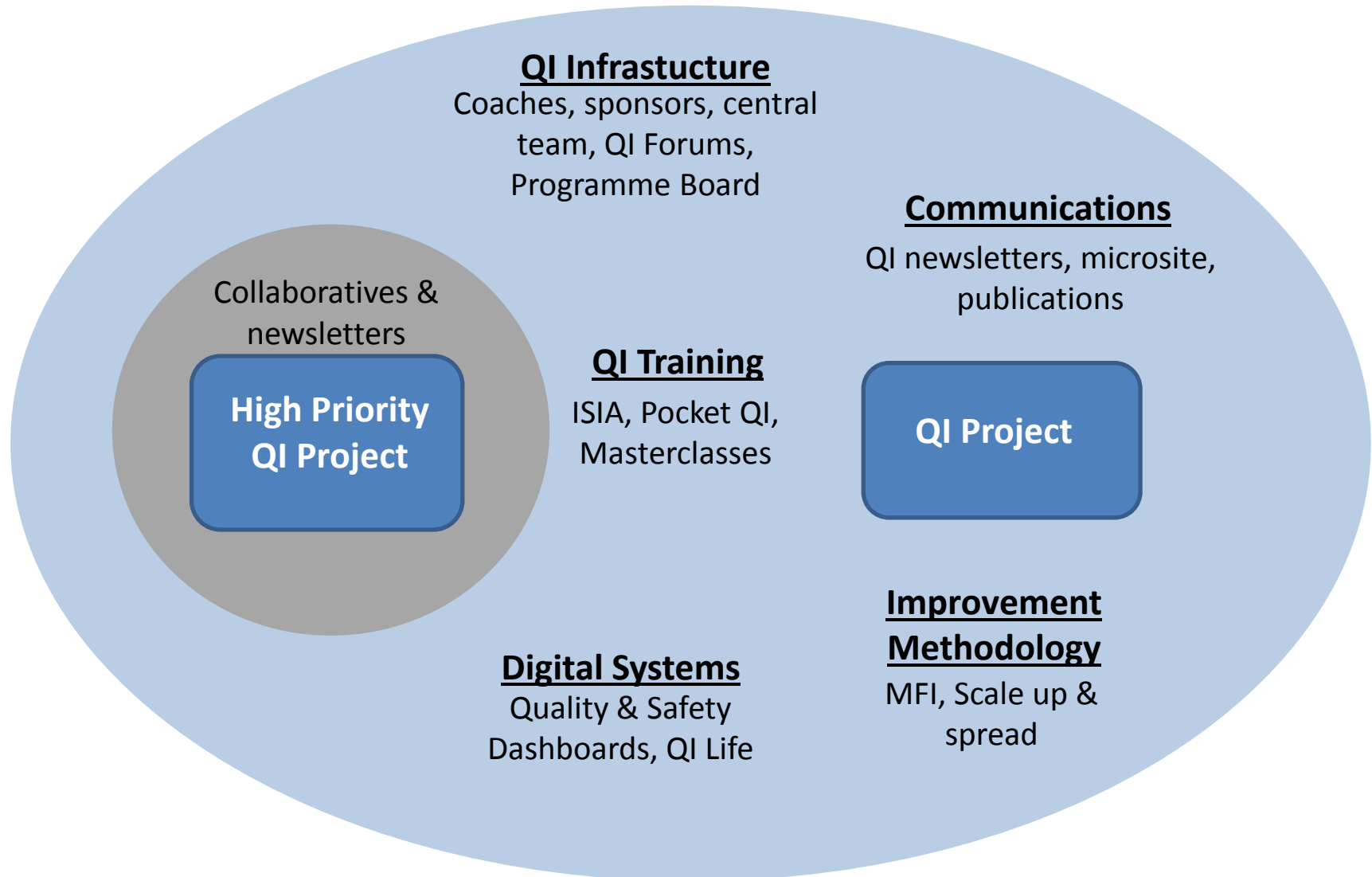


# The challenge...

- Becomes harder the further we expand
- Innovation is resource intensive
- How can we learn from each other about what has / hasn't worked?



# What's our existing learning system?



# Over the next year?

New project  
creation

Strengthening links  
between QI and  
People Participation

QI training

Segmented  
communications for  
different sections of  
Trust

# Summary & Close



**Dr Navina Evans**  
Chief Executive Officer

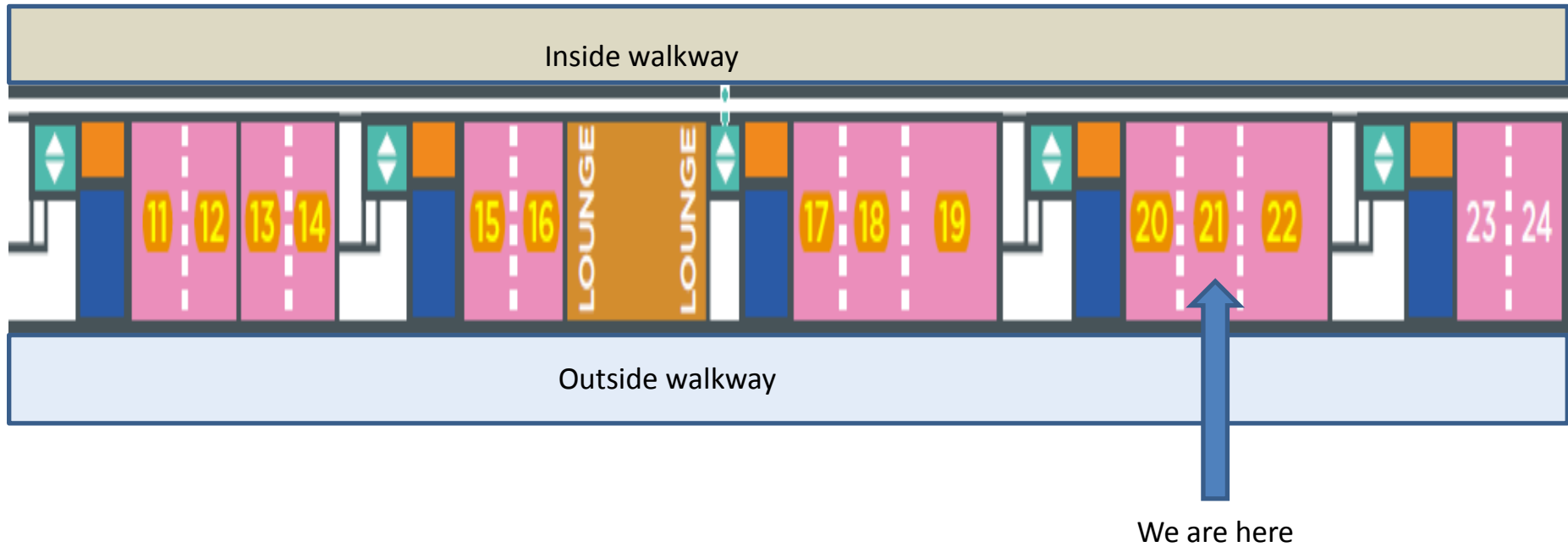


**Dr Kevin Cleary**  
Chief Medical Officer

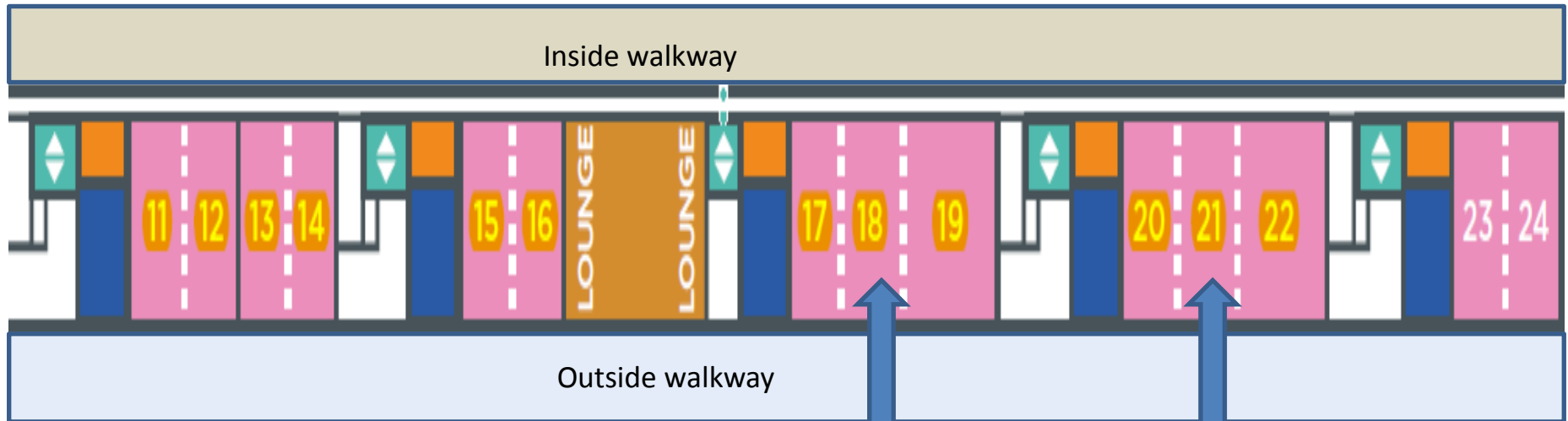
# Time for Lunch!



# CentrEd at ExCeL - Level 2



# CentrEd at ExCeL - Level 2

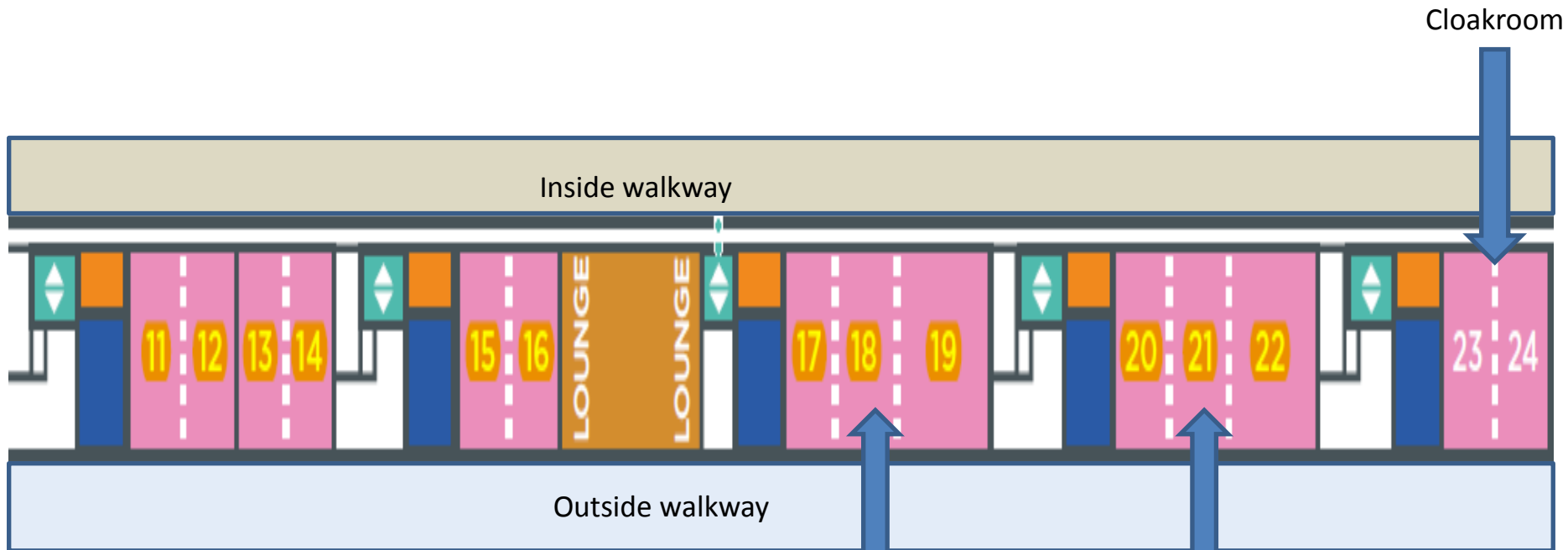


Lunch

We are here



# CentrEd at ExCeL - Level 2

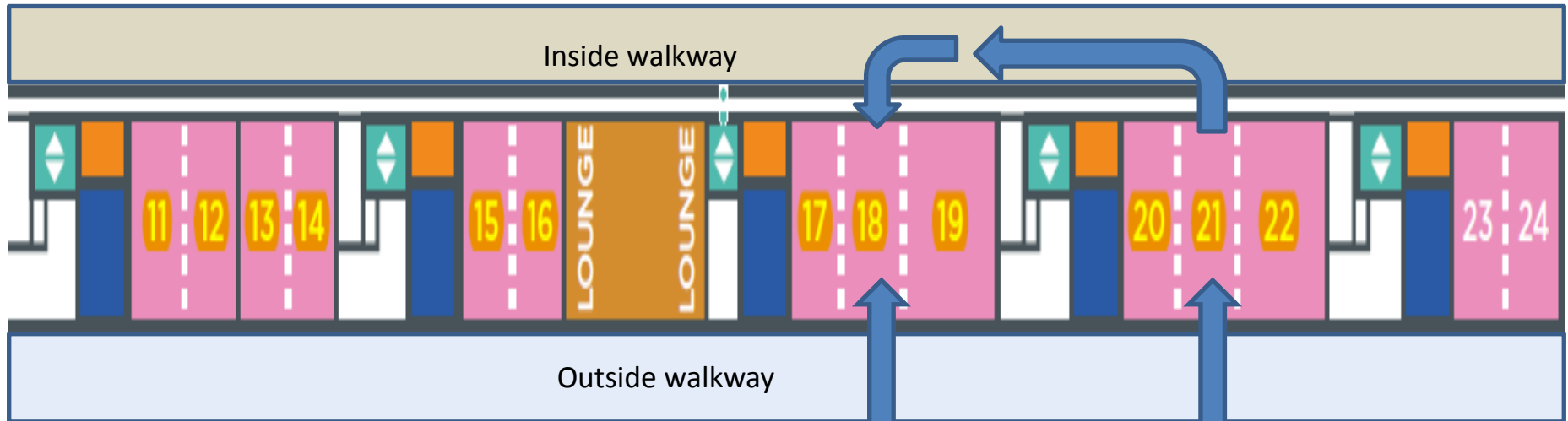


Lunch

We are here



# CentrEd at ExCeL - Level 2

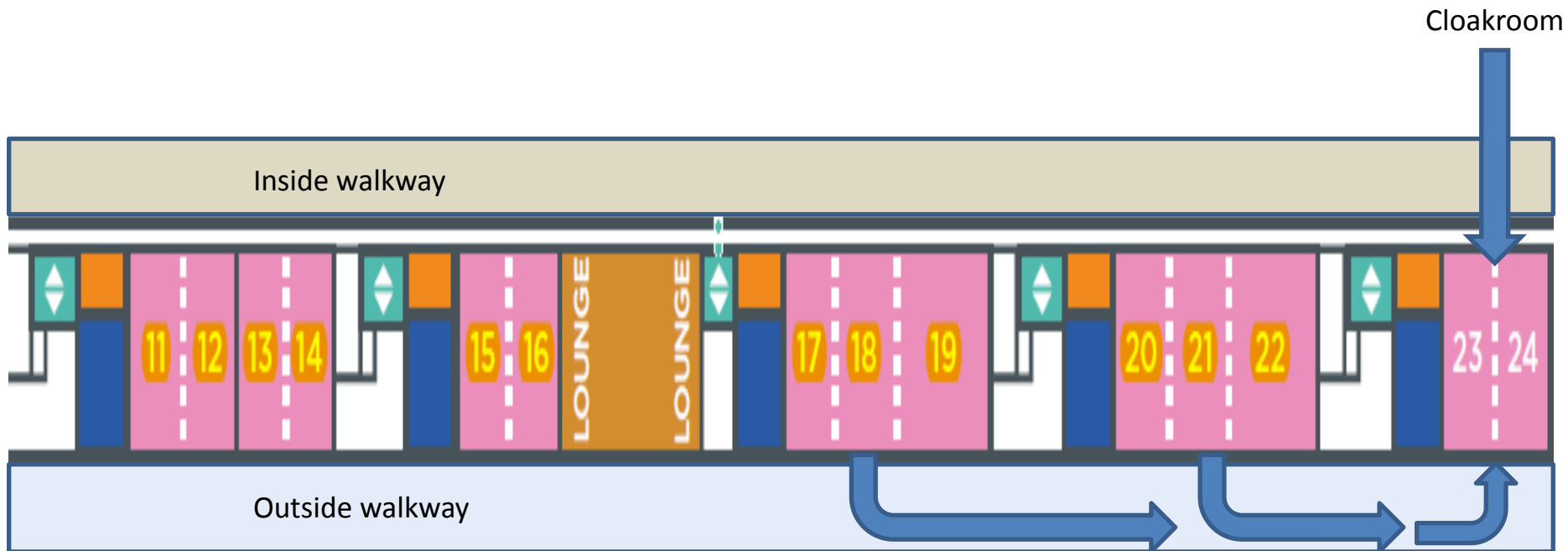


Lunch is here

We are here

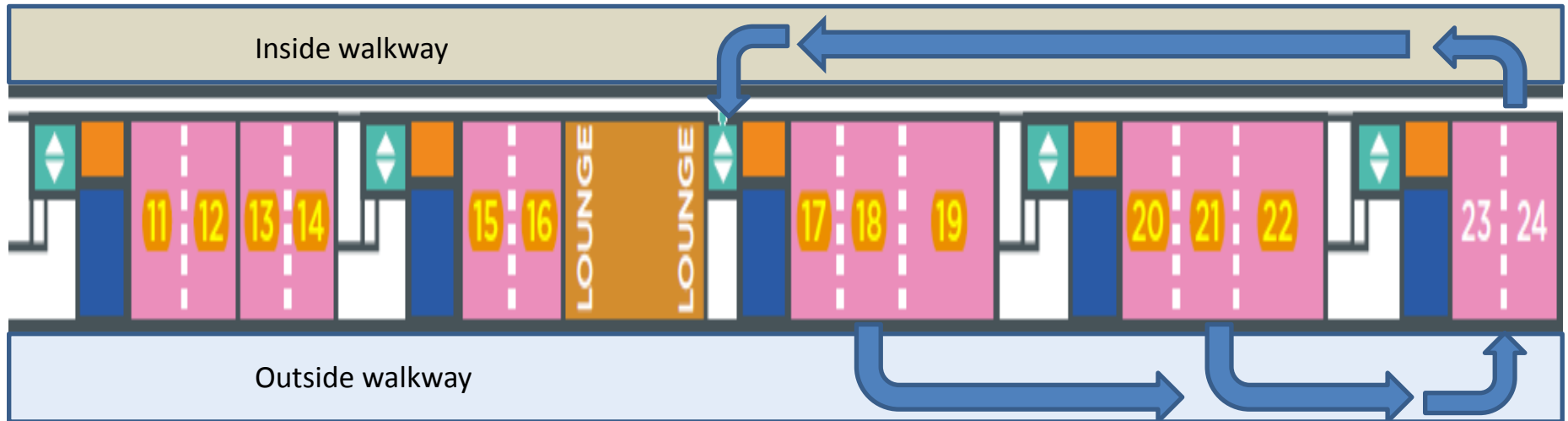


# CentrEd at ExCeL - Level 2



We are here

# CentrEd at ExCeL - Level 2



We are here

# Time for Lunch!

