Building an improvement system and movement

@ELFT_QI
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@DrAmarShah
Amar.Shah@elft.nhs.uk
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
IAPT
Newham, Richmond and Luton

Speech & Language
Barnet
Challenges and opportunities

- Cultural diversity
- Social deprivation
- Geographical diversity
- Commissioning arrangements
- Financial stability and strong assurance systems
The old way (Quality Assurance)

Requirement, Specification or Threshold

No action taken here

Reject defectives

Better  Quality  Worse
Performing well?

Trust Board Scorecard Q4 2009/10

<table>
<thead>
<tr>
<th>KEY MONITOR, NATIONAL, PARTNER AND LOCAL TARGETS</th>
<th>2009/10 Target</th>
<th>2008/09 Actual</th>
<th>2009/10 Q3</th>
<th>2009/10 Q4</th>
<th>Trend Q3-Q4</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor Targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual number of MRSA bloodstream infections reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in C. Diff</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPA inpatient discharges followed up within 7 days (face to face and telephone)</td>
<td>95.0%</td>
<td>99.5%</td>
<td>99.0%</td>
<td>99.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients occupying beds with delayed transfer of care</td>
<td>7.5%</td>
<td>3.5%</td>
<td>1.8%</td>
<td>1.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions made via Crisis Resolution Teams (end of period)</td>
<td>90.0%</td>
<td>98.3%</td>
<td>99.0%</td>
<td>98.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Crisis Resolution Teams</td>
<td>7.1</td>
<td>7.3</td>
<td>7.3</td>
<td>7.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other National/CQC Targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date)</td>
<td>85%</td>
<td>98.1%</td>
<td>97.3%</td>
<td>97.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness of Mental Health Minimum data set – PART ONE. (As per 2008/9)</td>
<td>95%</td>
<td>97.5% Underachieved</td>
<td>99.4%</td>
<td>99.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness of Mental Health Minimum data set – PART TWO. (New – confirmed 22/12/2009)</td>
<td>TBA</td>
<td>Not Used</td>
<td>45.0%</td>
<td>45.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set</td>
<td>80%</td>
<td>99.8%</td>
<td>93.2%</td>
<td>93.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS – National Priorities – Six targets graded 1 (lowest) to 4 (best)</td>
<td>24</td>
<td>22</td>
<td>22</td>
<td>24</td>
<td>Maximum Score 24</td>
<td></td>
</tr>
<tr>
<td>Annual Staff Survey (Job Satisfaction)</td>
<td>Benchmark</td>
<td>Satisfactory</td>
<td>N/A</td>
<td>TBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Survey</td>
<td>Benchmark</td>
<td>Below Average</td>
<td>N/A</td>
<td>TBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Misusers in effective Treatment</td>
<td>90.0%</td>
<td>95.5%</td>
<td>92.5%</td>
<td>92.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to healthcare for people with a learning disability – report compliance to CQC</td>
<td>Yes</td>
<td>Not Used</td>
<td>N/A</td>
<td>Yes</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Beat practice in mental health services for people with a learning disability – Green Light Toolkit Score</td>
<td>48</td>
<td>40/48 Underachieved</td>
<td>42</td>
<td>46</td>
<td>Maximum Score 48</td>
<td></td>
</tr>
<tr>
<td>Maximum waiting time of four hours in A&amp;E from arrival to admission, transfer or discharge</td>
<td>98.0%</td>
<td>97.5%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>Partner target for acute trusts. This will be excluded from future reports.</td>
<td></td>
</tr>
<tr>
<td>PCT Contract and Mandatory Targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Early Intervention Services Teams</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention Services Caseload</td>
<td>511</td>
<td>569</td>
<td>534</td>
<td>544</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newly diagnosed cases of first episode psychosis receiving Early intervention Services</td>
<td>176</td>
<td>243</td>
<td>199</td>
<td>248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients receiving Adult Crisis Resolution Services</td>
<td>2280</td>
<td>2,548</td>
<td>1,674</td>
<td>2,552</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Addictions – % of discharges retained 12 weeks or more</td>
<td>95.0%</td>
<td>96.1%</td>
<td>92.9%</td>
<td>92.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Addictions – Number of drug misusers in treatment (snapshot at period end)</td>
<td>878</td>
<td>710</td>
<td>780</td>
<td>776</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS Service protocols</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed Sex accommodation breaches</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience - Community</td>
<td>95%</td>
<td>Not Used</td>
<td>89.2%</td>
<td>92.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPA patients - care plans in date</td>
<td>95%</td>
<td>93.1%</td>
<td>99.3%</td>
<td>94.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience - Inpatients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)</td>
<td>95%</td>
<td>95.3%</td>
<td>98.3%</td>
<td>97.3%</td>
<td>See graphs overhead for more detail.</td>
<td></td>
</tr>
<tr>
<td>Information Governance/Assurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Governance Toolkit scores</td>
<td>90.0%</td>
<td>87.0%</td>
<td>87.0%</td>
<td>90.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reported as required to PCTs, no penalties or compliance issues.
Three patients die on psychiatric ward

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

Mark Gould

Tuesday 12 April 2011
13:10 BST

This article is 4 years old

Spike in mental health patient deaths shows NHS 'struggling to cope'
# The strategic case for change

<table>
<thead>
<tr>
<th>Make quality our absolute priority</th>
<th>National drivers</th>
<th>Enable our staff to lead change</th>
<th>The economic climate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improving quality of care is our core purpose</td>
<td>• The need to focus on a more compassionate, caring service with patients first and foremost</td>
<td>• The desire to engage, free and support our staff to innovate and drive change</td>
<td>• The need to do more with less – <em>improving quality whilst reducing cost</em></td>
</tr>
<tr>
<td>• Of greatest importance to all our stakeholders</td>
<td>• More structured and bottom-up approach to improvement</td>
<td>• Engaged and motivated staff leads to improved patient outcomes</td>
<td></td>
</tr>
<tr>
<td>• Build on the excellent work already happening to improve quality</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

@ELFT_QI
First, let’s define what we mean by…

Quality improvement

Quality improvement

Improving quality in the English NHS

Our quality improvement plan

Foundation Trust

Provider payment mechanisms

Commissioning

Outcome Framework

Update

Improving Quality

NHS
improving quality $\neq$ quality improvement
Components of quality

Leadership and Management
Priorities, structures (e.g. Quality Directorate), data systems, learning system, sense making, strategic deployment, building capability

Quality Planning
New Designs, re-designs Innovations, new tools in response to customer needs and experience

Quality Control
- Internal monitoring – continuous measurement
- External Inspection – intermittent inspection
- Internal and external regulations

Quality Improvement
Motivation/Leadership Efficient Systems Reflective Data Context-sensitive learning

IMPROVED OUTCOMES
Three Dimensions of Quality

Control

Assurance

Improvement

Quality

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Quality assurance versus Quality improvement

Old Way
(Quality Assurance)

New Way
(Quality Improvement)

Requirement, Specification or Target

Better
Quality
Worse

Reject defectives

Action taken on all occurrences

No action taken here
QI: in a (large) nutshell!

1. A different approach to improving things from the traditional way

2. Involves a systematic methodology and set of tools

3. Teams on the ground with expertise in the issue are in the driving seat

4. Encourages testing ideas to see whether they help improve things...

5. ... and having a clear way of knowing if things are helping

6. Can really help to tackle the most complex problems in healthcare
Assurance, control & performance management

Research & innovation

Quality improvement
Building the case for change

Three patients die on psychiatric ward

Visits to other organisations

Trust board bespoke learning sessions

Early small scale tests

Sentinel event

Developing the strategy through engagement

Long-term business case approved

Identify strategic partner

Assess readiness for change
Change in Executive behaviours

- Use of data to guide decision-making
- Executive WalkRounds
- Stop solving problems at the top
- Give people time and space to solve complex problems
- Paying personal attention
- Manage the expectations

ROLE MODELLING
Building the case for change

Table Exercise – force-field analysis

A **force-field analysis** helps identify the forces driving and resisting a change.

Try to identify:

a) The things that are currently **supporting or driving** your organisation to become more improvement-focused

b) The things that are **resisting** this shift

c) The **actions** you could take to either strengthen driving forces or negate restraining forces
**Force Field Analysis**

Actions to strengthen the Driving Forces:
- 
- 
- 

Actions to reduce the Restraining Forces:
- 
- 
- 
Designing a quality improvement programme
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
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.
**AIM:**
To support ELFT to improve health and healthcare for the population it serves

**Engaging, encouraging & inspiring**
- Developing improvement skills
- Embedding into daily work

1. Targeting / segmenting comms 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

**Projects**

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

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

**Trust-wide strategic priorities**
1. Reduce harm from inpatient violence
2. Improving access to community services
3. Joy in work
4. Recovery-focused community mental health
5. Cost reduction

**Embedding into daily work**

- Learning system: QI Life, quality dashboards, microsite
- Standard work as part of a holistic quality system
- Job descriptions, recruitment process, appraisal process
- Annual cycle of improvement: planning, prioritising, design and resourcing projects
- Support staff to find time and space to improve things
- Support deeper service user and carer involvement
AIM:
To support ELFT to improve health and healthcare for the population it serves

Engaging, encouraging and inspiring
QI Stories at Trust Board

Electronic & paper newsletters

QI Visibility Wall
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.
Visits to see QI at ELFT

ELFT experience day

Jason Leitch

Jeremy Taylor

Jocelyn Cornwall

Open days
Influencing national policy and thinking
Staff experience and engagement

**Staffable to contribute towards improvements at work**

**Staff Motivation to Work**

**Staff job satisfaction**

**Overall Engagement Score**
Building will

- Build a broad coalition for change
- Develop a compelling narrative
- Take time to bring people with you
- Find some clear signals of change
- Use the power of stories
- Shift decision-making to the edge
- Take every opportunity to celebrate
Building the will

*Table exercise*

Consider what you might try to engage people (staff, patients, stakeholders) with QI.
AIM:
To support ELFT to improve health and healthcare for the population it serves

Developing improvement skills
Experts by experience

All staff

Staff involved in or leading QI projects

QI coaches

Sponsors

Board

Experts by experience

Internal experts (QI leads)

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

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

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

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

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

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

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

Estimated number needed to train = 4000

Needs = introduction to QI & systems thinking, identifying problems, how to get involved

Estimated number needed to train = 1000

Needs = Model for improvement, PDSA, measurement and using data, leading teams

Estimated number needed = 50

Needs = deep understanding of method & tools, understanding variation, coaching teams

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

Estimated number needed to train = 10

Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

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

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

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

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

Working upstream
QI capability building

- In-depth training
- Course length is 6 months.
- 3 days intensive training; 4 WebEx teleconferences; 2 full day learning sets
- Applying learning to their QI projects in 'action periods'

Flexible, online training resource available to the whole Trust.
Essential skills to support in leading QI
Certificate which can be added to CPD portfolio.
Apps for phone or tablet, or use browser

- Brand new modular introduction to QI
- For anyone involved in QI or wanting to learn core QI skills
- Overview to using QI, PDSAs and testing, Using measurement & data for improvement, QI Tools

One-stop shop
Learning resources
Seminal papers, guidelines, whitepapers
Videos
QI tools
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.
All 4 workshops are between 2-3 hours in a classroom format and rotate in location throughout the geography of the Trust.
Intro to QI - for service users & carers
Building capability & capacity

- Be prepared to invest
- Realign existing resources
- Train all levels and across disciplines
- Stop lower value work
1. What capacity do you need to get going? How can you release this?

2. What existing capability do you have? How could you shuffle existing resources to bring this together into a single quality improvement team?

3. How would you build a business case and convince your leadership team about the need to invest in building capability and capacity for improvement?
AIM:
To support ELFT to improve health and healthcare for the population it serves

Embedding into daily work
AIM:
To support ELFT to improve health and healthcare for the population it serves
Support around every team

- **Project Sponsor**
- **QI Coach**
- **QI Team**
- **QI Forums**
- **Service User Input**
- **QI Resources**
Governance Improvement

Little i
- Service user forum
- Community meetings
- Surveys
- Focus groups

Big I
- Work with
- Not to
Changing the way we use data to guide decision-making

**Safety**

- Trust wide excluding Beds and Luton (London)

**Clinical Effectiveness**

- Trust wide excluding Beds and Luton

**Patient Experience**

- Trust wide excluding Beds and Luton

**Our Staff**

- Trust wide excluding Beds and Luton

---

**Complaints June and July 2016.**

**Reasons given by staff leaving June to July 2016.**
Changing the way we look at data

Data at Trust, directorate or team level
Alignment & integration

Start at the top

Create a support structure

Build a learning system

Ensure patients and carers are integral

Ensure the context is ripe

Line of sight from team to system goals
1. What will you need to redesign in order to align your organisation around systematic continuous improvement?

2. What can you change, stop or review to create space for improvement?

3. What structures and processes will you need to support quality improvement work?
AIM:
To support ELFT to improve health and healthcare for the population it serves

Projects
WHAT MATTERS MOST
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
Our QI Projects

No. of active projects per month

No. of new projects
Our QI Projects

155 Active Projects

26 REDUCE HARM BY 30% EVERY YEAR

9 VIOLENCE REDUCTION
3 PRESSURE ULCERS

129 RIGHT CARE, RIGHT PLACE, RIGHT TIME

19 PHYSICAL HEALTH
18 ACCESS TO SERVICES

47 projects have shown sustained improvement
## Project Progress Assessment Scale

<table>
<thead>
<tr>
<th>Project Progress Score</th>
<th>Operational Definition of Project Progress Score</th>
<th>3.0 - Modest Improvement</th>
<th>3.5 - Improvement</th>
<th>4.0 - Significant Improvement</th>
<th>4.5 - Sustainable Improvement</th>
<th>5.0 - Outstanding Sustainable Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 - Intent to Participate</td>
<td>Project has been identified, but the charter has not been completed nor team formed.</td>
<td>Successful tests of changes have been completed for some components of the change package related to the team’s charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 20% complete. See note 1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0 - Charter and team established</td>
<td>A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished.</td>
<td>Testing and implementation continues and additional improvement in project measures towards goals is seen.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 - Planning for the project has begun</td>
<td>Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed).</td>
<td>Expected results achieved for major subsystems. Implementation (training, communication, etc.) has begun for the project. Project goals are 50% or more complete. See note 2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0 - Activity, but no changes</td>
<td>Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.).</td>
<td>Data on key measures begin to indicate sustainability of impact of changes implemented in system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 - Changes tested, but no improvement</td>
<td>Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are is graphically displayed with targets included.</td>
<td>Implementation cycles have been completed and all project goals and expected results have been accomplished. Organizational changes have been made to accommodate improvements and to make the project changes permanent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note 1: This may mean either that a) 20% of project numeric goals have been met or b) each measure is showing 20% improvement towards goal.  
Note 2: This may mean either that a) 50% of your numeric goals have been met or b) each measure is showing 50% improvement towards target.
60% reduction in violence across three older adult wards with highest level of violence

40% reduction across all six wards in Tower Hamlets

50% reduction in Forensic learning disability service

Over three years, physical violence has reduced compared to other mental health providers
Improving access to services

50% reduction in waiting time from referral to first appointment across City & Hackney community mental health teams

30% increase in referrals across 10 community services

20% reduction in non-attendance at first appointment across 10 community services