

Board of Directors

SUMMARY REPORT

Meeting Date:

24 January 2024

Agenda Item:

14

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| Report Title: | Quality Improvement bi-annual Progress Report | |
| Author(s): | Parya Rostami, Head of Continuous Improvement | |
| Accountable Director: | Dr Mike Hunter, Executive Medical Director | |
| Other meetings this paper has been presented to or previously agreed at: | Committee/Tier 2 Group/Tier 3 Group | <ul style="list-style-type: none"> Research, Innovation, Effectiveness and Improvement (RIEI) Group Quality Assurance Committee (QAC) |
| | Date: | <ul style="list-style-type: none"> RIEI Group – 10th January 2024 QAC – 11th January 2024 |
| Key points/ recommendations from those meetings | <p>RIEI</p> <ul style="list-style-type: none"> Recommendation to highlight how QI training is linking with other evidence hub support e.g., population health and inequalities (see Section 1.3). <p>QAC</p> <ul style="list-style-type: none"> Report to align with Quality Strategy objectives. Quality Strategy objectives and progress now specifically outlined in paper (see Section 1.1 and Appendix 1). Further clarity required re: how QI activity will make an impact for service users, especially for the #ImprovingFlowTogether work. Plans for event updated to include this information in poster presentations (see Section 1.12) Community Learning Disabilities Team waiting list data corrected and more detail provided (see Section 1.7). Permanent resources for Continuous Improvement required – paper to be presented to Executive Management Team in February. | |

Summary of key points in report

The purpose of this paper is to provide the Board with an update on Quality Improvement (QI) progress across SHSC in line with the Trust's Quality Strategy 2022-2026. A summary of key points from the last 6 months:

- **National QI Programmes** – The National Mental Health Act Quality Improvement programme launched in September 2023, and Forest Lodge is one of the 15 teams that are part of this.
- **Trust QI Programmes** – The Trust's first QI collaborative programme launched in July 2023, which focuses on waiting lists and waiting well. Plans for measuring improvement have been outlined in the body of this report as per July's Board meeting actions (see section 1.7).
- The QI team are also supporting a number of the Trust's wider improvement and transformation programmes and work, including the Acute Flow Programme and the CQC Preparation work.
- **The #ImprovingFlowTogether** – The main QI focus across the Trust is on #ImprovingFlowTogether, and work is underway to bring together the improvement work on improving flow.
- **QI Projects** - There are approximately 67 QI projects registered, but not all of these are active.

- **Building QI Capability** – In the last 6 months, 33 staff have had half or full day QI training and 219 have had an “Introduction to QI” through the Trust’s induction. The Trust including is strengthening our approach to QI in 2025 through a new integrated “Innovation, Improvement and Change Approach” which will be developed over the next year to help support our culture of improvement and build QI capability.
- **Presentations, Posters, Funding, Fellowships, Secondments and Awards** – The QI team has supported with several conference abstract submissions in the last 6 months. E.g., the RCPsych QI Conference and the International BMJ Quality forum; some submissions have been led by Experts by Experience.

Appendices:

1. Quality Strategy 2022 – 2026 objectives under “Develop a culture of continuous improvement”
2. Wellbeing board Older Adult Community Mental Health Team (OACMHT)
3. The East London Foundation Trust approach to optimising flow
4. Example of a process map developed by the Community Learning Disabilities Team
5. Example of a driver diagram developed by OACMHT
6. Example of an impact/effort grid for OACMHT change ideas
7. SHSC #ImprovingFlowTogether Conference Plenary speaker biography

Recommendation for the Board/Committee to consider:

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|----------------------------|--|-----------------|--|------------------|----------|--------------------|----------|
| Consider for Action | | Approval | | Assurance | X | Information | X |
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The Board of Directors are asked to receive this report and consider the assurance contained within regarding evidence of progress with the development of Quality Improvement in SHSC.

Please identify which strategic priorities will be impacted by this report:

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|-------------------------------------|-----|----------|----|--|
| Effective Use of Resources | Yes | X | No | |
| Deliver Outstanding Care | Yes | X | No | |
| Great Place to Work | Yes | X | No | |
| Ensuring our services are inclusive | Yes | X | No | |

Is this report relevant to compliance with any key standards? State specific standard

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|--|-----|----------|----|----------|--|
| Care Quality Commission Fundamental Standards | Yes | X | No | | <i>Person-centred, Dignity and Respect, Safety, Safeguarding from Abuse, Complaints, Good Governance, Staffing</i> |
| Data Security and Protection Toolkit | Yes | | No | X | N/A |
| Any other specific standard? | Yes | | No | X | N/A |

Have these areas been considered? YES/NO If yes, what are the implications or the impact? If no, please explain why

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|--|-----|----------|----|--|--|
| Service User and Carer Safety, Engagement and Experience | Yes | X | No | | <i>Increased evidence of patient safety and quality of experience and outcomes.</i> |
| Financial (revenue & capital) | Yes | X | No | | <i>Investment is required to fully implement and ensure sustainability. Various QI activity will support financial savings.</i> |
| Organisational Development /Workforce | Yes | X | No | | <i>Enhancement of QI capacity and alignment with the OD function.</i> |
| Equality, Diversity & Inclusion | Yes | X | No | | <i>Section 4.3 completed. Specific QI projects focusing on EDI are being supported and co-production is recommended for all QI work.</i> |
| Legal | Yes | X | No | | <i>No legal or regulatory implications are anticipated.</i> |

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| Environmental sustainability | Yes | X | No | | <i>Sustainability recommended for all QI activity, for example, balancing measures such as printing paper may be measured in QI projects if appropriate.</i> |
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Quality Improvement (QI) Biannual Progress Board Report

Section 1: Analysis and supporting detail

Background

- 1.1 This report provides updates for Quality Improvement (QI) activity across the Trust, including activities that are in direct response to the objectives highlighted in the Trust's Quality Strategy. (1) Appendix 1 outlines the objectives from the Quality Strategy 2022 – 2026 related to "Develop a culture of continuous improvement". Most objectives have been achieved; the objectives to outlining a QI Plan on a page have been delayed due to national and regional guidance on QI that has been updated and continues to be updated over the next few months (see Section 1.4). More clarity should be available by the next report in July 2024.

Due to the wide range of projects and programmes supported, this background section has been separated into various headings. Sections 1.3-1.4 provide progress on the building of QI capability across the Trust. Sections 1.5-1.6 provide highlights from national QI programme work. Sections 1.7-1.8 provide a summary of internal Trust QI programmes and focuses. Sections 1.9-1.10 outlines the number of QI projects across the Trust, and progress with tracking projects. Sections 1.11-1.12 summarises the QI support given to #ImprovingFlowTogether across the Trust. Finally, Sections 1.13-1.18 provides highlights of recognition and dissemination of QI activity at the Trust at national and international levels.

- 1.2 The last bi-annual report in July 2023 highlighted progress on bringing together the wealth of QI knowledge and capability in the Trust in a systematic way. The initial outcomes were achieved in terms of improving the way QI activity is monitored and supported more equitably. This has helped to ensure that QI efforts are more visible at all levels, for example through the Trust's internal leadership cascade, but also through more involvement with national and international conferences and networks.

Building QI capability

- 1.3 The Trust has supported its staff with various QI training for several years, including training from the Sheffield Microsystems Coaching Academy, The Improvement Academy and SHSC Training programmes. Additionally, all new starters receive an "Introduction to QI" when joining the Trust. Some of this training has been linked to ESR, which shows that between July 2023 – December 2023 at least 33 staff have had a half or full day of QI training and 219 have had an "Introduction to QI". The QI team are working with other colleagues, for example those leading on co-production and population health, to incorporate these areas into QI training better. For example, Learning Session 1 of the Trust's QI collaborative programme included a section on co-production and Learning Session 2 included a section on population health and inequalities.
- 1.4 Building QI capability is an ongoing priority for the Trust as outlined in our Quality Strategy objectives. Our plans align with national plans to build QI capability across the NHS, through NHS IMPACT (Improving Patient Care Together) which is a new, single, shared NHS improvement approach. (2)

The NHS IMPACT approach started with understanding the baseline for improvement approaches across all Trusts and regional and national NHS teams. We contributed to the baseline assessment in August 2023, and the results of this have now been published online. (3) The results of the national basement are reassuring for our Trust as they highlight that in line with the majority of NHS trusts and organisations, we are on track with building the necessary infrastructure for supporting improvement that includes dedicated executive leadership, a dedicated team, various QI training and appropriate reporting structures. This helps with ensuring that we have both a “top-down” and “bottom-up” approach to QI. We will need to continue to invest in building capability and aligning QI approaches regionally and nationally. This will include building partnerships nationally. For example, the National Clinical Director for NHS Impact will be contributing to our #ImprovingFlowTogether Conference as the Plenary speaker in March (See Section 1.12).

In the last QI report, it was reported that the Trust would prepare for being able to deliver Quality, Service Improvement and Redesign (QSIR) training from 2024 in line with the ICS’ QI training plans, as outlined in the working draft of the South Yorkshire NHS Joint Forward Plan. However, we will no longer be using QSIR, due to changes in the improvement hub in the Integrated Care System (ICS), and the associated financial charges of Advancing Quality Alliance. This decision has also been taken by our other partners across the ICS.

All improvement plans will also align with wider developments in the Trust including the strengthened approach to QI in 2025 through a new integrated “Innovation, Improvement and Change Approach” which will be developed over the next year to help support our culture of improvement and build QI capability.

National QI Programmes

1.5 The Trust has been involved in some national QI programmes over the years including the Royal College of Psychiatrists (RCPsych) Sexual Safety Collaborative (4) and the RCPsych Enjoying Work Collaborative. (5) We know that some changes from this work have been sustained, e.g., the Older Adult Community Mental Health Team (OACMHT) has maintained the wellbeing board they started using as part of the collaborative (Appendix 2), and the sexual safety work in Forest Lodge which has been highly commended by the HSJ patient safety awards this year (see section 1.15).

1.6 The active national QI programme that the Trust is partaking in is “The Mental Health Act QI Collaborative”. Sheffield Health and Social Care (SHSC) was selected as one of the initial 15 piloting teams for an NHS England commissioned Quality Improvement Programme focused on delivering reforms to the Mental Health Act. The programme is supported by the UK Public Service Consultants and the Virginia Mason Institute in the US.

The selected project change team from SHSC is Forest Lodge, led by Clinical Manager Kim Parker, and this includes both the assessment unit and the rehabilitation ward. The first meeting between the national team and Forest Lodge took place on the 11th of September 2023, which was attended by a range of staff from Forest Lodge and also Carl Bellingham as a Service User Representative.

A national briefing breakfast meeting for Trust Chief Executive Officers (CEOs) and Chairs was held on the 5th of September 2023 and this was attended by both Salma Yasmeen and Sharon Mays.

The team have attended the first two learning sessions and have had weekly coaching sessions with the national team on Fridays and also work on the project on Wednesdays. The work is also supported by colleagues from Sheffield African Caribbean Mental Health Association (SACMHA).

Trust QI Programmes

- 1.7 As reported in July, the Trust's first internal QI collaborative launched in July 2023. The focus of this has been on reducing waiting lists and waiting well; priorities that were agreed through the Improvement Priorities sessions at the end of last year, which was reported to Board in January 2023. Eight teams from the Rehabilitation & Specialist directorate and two teams from the Acute and Community Directorate are partaking.

Over a two-year period, these ten teams will attend six learning sessions and receive regular coaching to support in between learning sessions. Periods between learning sessions are called "action periods".

Each team will be working with their coach to use an evidence-based approach to improving their waiting lists and supporting their service users to "wait well". It is well understood that in order to improve waiting times, we must first understand our systems and how patients flow through them, and national guidance has suggested enough time and resource is not always given to this step. (6–8)

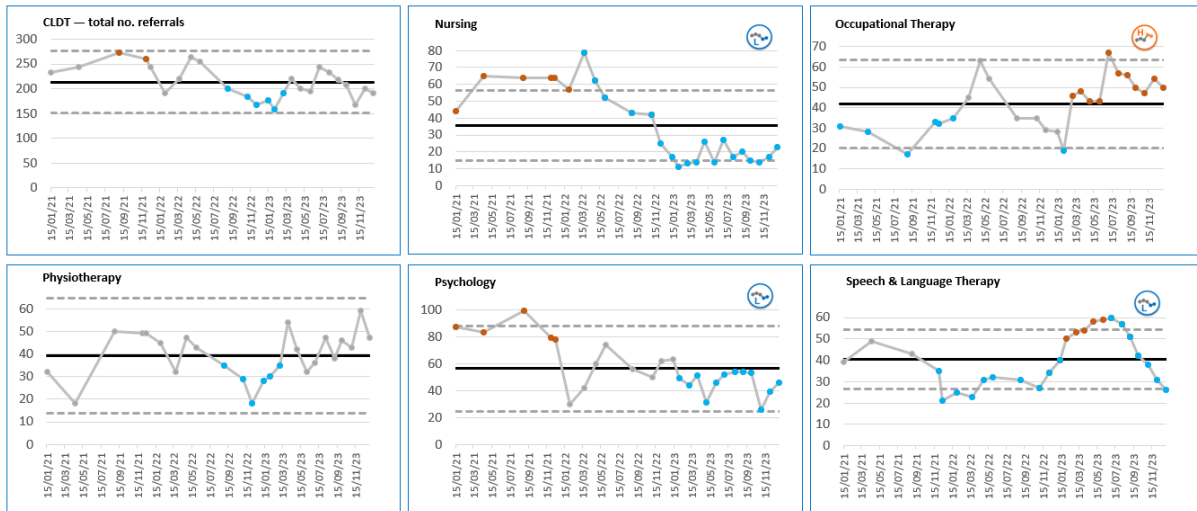
National experts in improving waiting lists in mental health settings have published recommendations and guidance on how to best improve flow. The QI coaches are using this evidence, including the East London Foundation NHS Trust (ELFT) Guide to Improving Demand, Capacity, Backlogs and Waiting Times. (8) The aforementioned guide suggests the use of five steps that must be taken to improve flow for any service (see Appendix 3).

In the first Action Period (July 2023 – November 2023), teams have predominantly focused on Step 1 to "**Visualise the System**". To support this, teams have worked with their dedicated coaches to produce process map service pathways and processes. An example of a process map that has been developed by the Community Learning Disabilities Team has been provided in Appendix 4.

Visualising the system has helped teams to pinpoint the main issues in their processes and generate related change ideas. They have also developed an Action / Effort Matrix to enable prioritisation of change ideas, and helped develop their Driver Diagram to show current hypotheses on what changes are needed. The next step is to **interrogate the data** with the services (Step 2).

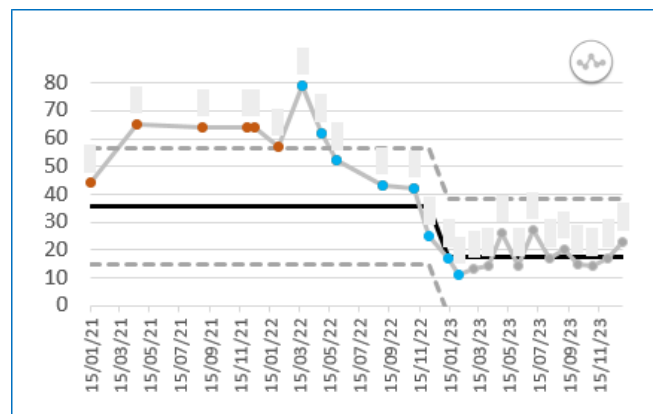
In line with Step 2, teams are being supported to interrogate their Integrated Performance Quarterly Review (IPQR) waiting list data with support from data analysts also. Coaching sessions have highlighted that some teams have already seen statistically significant improvements and are being supported to show their journey of improvement through their data better. For example, in the Community Learning Disabilities Team data (see Chart 1) there have been some improvements, but the data has needed to be broken down into different charts to see this improvement.

Chart 1 – Small Multiples of Community Learning Disabilities Team Waiting Lists, separated by profession of support service user is waiting for:



The next step will be to support the teams to review their data retrospectively and help them to refine their measurement plans going forward. For example, there have been clear improvements in the number of service users on the Community Learning Disability Team waiting list waiting for nursing input (see Chart 2). The average number of people waiting has reduced from 35 service users to 18 service users around January 2023, and this has been sustained to date. It should be noted that data has not been collected consistently previously, and it is collected more regularly now, which will improve data validity.

Chart 2 – Community Learning Disability Team Waiting List data – Service users awaiting nursing input specifically:



A full report with waiting list data for all teams in the collaborative and other collaborative teams was provided to the Executive Management Team in October 2023. The paper was jointly written by Adele Rowett (Improvement Lead focussing on waiting lists) and members of the QI team. The paper also reported some of the issues with data and why teams may not always trust IPQR data, as highlighted in coaching sessions with teams. Issues raised include how all data is aggregated for services including crisis, urgent and routine waiting time data, and the aggregation for various professional input. This is why each team is being supported to develop a bespoke measurement plan that will be in line with the supporting data. Unfortunately, there is a postponement with this due to unexpected delays with the implementation of Rio. Coaches are supporting teams to think about other data that can be examined to help monitor whether improvements are happening or not. Teams will use appropriate measures depending on the improvements they are focussing on which have been identified through driver diagrams (see Appendix 5) for an example from OACMHT) and prioritisation tools (see Appendix 6) for an example from OACMHT). By way of illustration, the OACMHT have decided to focus on

improving triage through the routine use of the SBARD tool, as this was one of their change ideas from their driver diagram that they all agreed had a high impact and low effort and was a “quick win”. This will likely reduce delays caused by multi-disciplinary teams requesting more information prior to decision-making to allocate to a treatment list. Here, the process measure will be the number of referrals identified by MDT as requiring more information.

- 1.8 Due to resources available, the QI team cannot *lead* on any other Trust programmes or work. Nonetheless, the team have been supporting other Trust programmes to have a more QI approach, for example, the Trust’s Acute Flow Programme, also known as the Out of Area Cost Improvement Programme, led by Greg Hackney, Senior Head of Services. The first learning event for this was held on the 6th of December 2023 as part of the Trust’s #ImprovingFlowTogether focus (see Section 1.11). The QI team will also support the Trust’s CQC preparation work; for example, the QI team have supported with the development of a driver diagram with the aim and programme theory for this preparation work. The QI team will also support the Trust’s Financial Improvement Programme from April 2024.

QI Projects

- 1.9 Since the introduction of the QI project logging form in December 2022, approximately 67 QI projects have been registered across the Trust. These include a wide range of projects related to a variety of topics including improving medical seclusion recording, reducing falls and clozapine titration in the community. Some of these projects are no longer active and work is underway to review which projects are still active and require support, including which projects may benefit from Life QI licenses.
- 1.10 Life QI is a quality improvement platform, designed specifically for healthcare, that allows healthcare organisations to run, track, and share their improvement work, all in one place. (9) This software has been recommended by several mental health trusts with a strong QI culture, including East London Foundation Trust. (10) The Trust has invested in 100 licenses to support the aforementioned QI Collaborative teams and other QI projects at the request of project leads or coaches.

#ImprovingFlowTogether

- 1.11 Various evidence across the Trust including complaints data, staff feedback and financial data, highlight that one of the Trust’s biggest challenges is “Flow”. In healthcare, flow is the movement of patients, information or equipment between departments, staff groups or organisations as part of their care pathway. (6) Therefore, the Trust’s biggest QI trust-wide focus over the next year is on #ImprovingFlowTogether.
- 1.12 There is various work that is already underway on this topic, so the priority is to bring this work together for better learning and to ensure a QI approach has been considered moving forward. The various work already undertaken includes:
- The Waiting List and Waiting Well QI Collaborative (see Section 1.7)
 - The Acute Flow Programme
 - Wider Transformation Programmes that will impact flow
 - Supporting QI projects that are helping to improve flow

An improvement conference focussing on #ImprovingFlowTogether will be held on Thursday 7th March 2024, where progress on all of the work above will be shared. This will be attended by the teams working on flow but there will also be tickets available for colleagues internally and externally to attend the conference. Each team presenting will showcase a poster that will include a section on the impact the work they are doing will have for service users. The plenary speaker

for the event will be Dr Amar Shah, who was announced as the National Clinical Director for Improvement on the 10th January 2024, Appendix 7 outlines Dr Shah's biography.

Presentations, Posters, Funding, Fellowships, Secondments and Awards

1.13 The Royal College of Psychiatrists (RCPsych) QI conference

The QI team have supported an Expert by Experience, Katy Stepanian, to submit an abstract to, and present at, the Royal College of Psychiatrists (RCPsych) QI conference in November 2023. The presentation shared learning so far on the development of the Trust's Quality Management System.

1.14 Faculty of Rehabilitation and Social Psychiatry Conference

Dr Kiran Pindiprolu and colleagues presented a QI poster on "Evaluating the implementation of an integrated mental health and housing service delivery model involving a local housing association in North England" to the RCPsych Faculty of Rehabilitation and Social Psychiatry Conference in November 2023.

1.15 HSJ Patient Safety Awards

Teams from the Trust were shortlisted for five awards in total at the HSJ Patient Safety Awards held in September 2023. These were Community Care Initiative of the Year award, Mental Health Safety Improvement award (we had two nominations in this category), Patient Safety Team of the Year award and Developing a Positive Safety Culture award.

The Community Older Adult Home Treatment Team were successful in receiving the Community Care Initiative of the Year award for their holistic care in the community and the work done at the Trust to empower mental health staff to provide better physical health care for people with mental health illness in the community. In their award citation the judges praised the team's "vital work on focussing on patients' needs and safety during medical intervention."

Three highly commended awards were awarded for:

- Forest Close's sexual safety QI project in the Developing a Positive Safety Culture category
- The RESPECT team in the Patient Safety Team of the Year category
- Ward G1's QI project implementing HUSH huddles to support with falls reduction in the Mental Health Safety Improvement category

1.16 HSJ Awards

The Trust were nominated for the HSJ Awards in the Category of "Mental Health Innovation of the Year" for their Race Equity work, under a submission titled "Less Talk, More Action". Although no awards were won on this occasion, it was a good opportunity to share our work nationally and to learn from the winning teams who had done similar work that was further down the line. It was also a great opportunity to showcase our strong partnership with local charities such as SACMHA and Sheffield Flourish.

1.17 The BMJ/IHI Quality Forum

Two sessions proposed by colleagues from the Trust have been accepted for the International BMJ/IHI Quality Forum that will be held in London in April 2024. This is a remarkable achievement considering that there were over 740 session submissions, and only 20% were accepted for inclusion in the final agenda. This year's programme theme is 'Together to Regenerate Healthcare', and we have two speaker proposals that were accepted, these are:

- A 30-minute session titled "*Co-production through equal partnerships: charring transformation programmes together*" – presented by Dr Hassan Mahmood (Clinical Director), Adam Butcher (Expert by Experience) and Parya Rostami (Head of QI).

- A 1-hour session titled “*Less talk more action: partnering with community leaders to reduce race inequalities*” – presented by Salli Midgley (Executive Director of Nursing, Quality and Professions), David Bussue (SACMHA Service Director), Parya Rostami (Head of QI) and Gambia Gambia (Race Equity Officer).

There are also a number of posters that have been accepted including:

- Learning from an Improvement Collaborative focussing on mental health service waiting lists
- Implementing huddles to reduce falls on an adult inpatient mental health unit
- Improving patient feedback mechanisms to enable change on a Psychiatric Decisions Unit
- Generating new evidence to support quality improvement activity using a pragmatic approach
- Using the "seven simple steps" to recover and improve quality cross-organisationally

1.18 The International #MHImprove Network Meeting

Members of the QI team have been part of the organising committee for the international #MHImprovement network meeting in London in April 2024. This meeting takes place on the first day of the BMJ/IHI Quality and Safety Forum and brings together all those interested in using QI in mental health settings. Tickets are now available online. (11)

Section 2: Risks

- 2.1 **General resources:** As with many supporting teams within the Trust, the QI team is a small team with limited resource. There is a risk that the Trust is unable to improve the quality of patient care and fail to deliver the QI objectives and actions relating to the former CQC Well-led Key Line of Enquiry (KLOE) 8 “to ensure that there are robust and visible systems for learning & continuous improvement in place,” particularly as team members are currently at capacity with the projects and meetings that they are supporting. To help mitigate this risk, the QI team are asking colleagues to request QI support for particular meetings, rather than to attend all meetings. This will help to free up time for drop-in sessions and QI coaching. We are also managing expectations in terms of QI support available.
- 2.2 **Fixed-term contracts:** A number of colleagues within the QI team are on fixed-term contracts which is a risk to continuous improvement activity.
- 2.3 **QI Data Analyst:** The lack of QI Data Analyst is also a risk and most NHS Trusts, including outstanding Mental Health NHS Trusts, have at least one full-time QI data analyst. However, the QI team are building stronger relationships with the Business Performance Team. Support from these teams may help to mitigate this risk, and being part of the Quality Directorate is helping by working more closely with other teams focusing on Quality.

Section 3: Assurance

Benchmarking

- 3.1 The impact of all QI work will be monitored through bespoke measurement plans. This includes outcome measures but also process and balancing measures, recognising that measurement in QI does not take a one-size-fits all approach. Whilst looking at other Trusts for benchmarking is not the QI way, looking at other Trusts’ data for learning purposes is encouraged when working with all teams doing QI work.

- 3.2 Outcomes will be monitored over time using QI methodology.
- 3.3 The processes used with teams are improvement science based, and change ideas are developed with teams using a multi-disciplinary approach. Furthermore, data is monitored, and plans are updated based on outcomes proactively.

Triangulation

- 3.4 A range of data was reviewed to help guide the Trust improvement priorities. This includes complaints data and incident data. Evidence and data from other organisations were also reviewed to ensure plans were realistic and achievable.

Engagement

- 3.5 Co-production has been considered for much of the QI activity reported. For example, the Forest Lodge team have demonstrated a high standard of co-production in their work as part of the national Mental Health Act QI Collaborative, and this has been commended by the national team. Their coach has suggested that they have had the highest engagement nationally, as a wide multi-disciplinary team has attended meetings, and additionally the Race Equity Officer, colleagues from supporting teams such as QI, and most importantly, Experts by Experience.
- 3.6 Ensuring engagement from frontline teams has also had substantial focus, for example, for the Waiting Less and Waiting Well QI collaborative learning, coaches have put in a lot of effort to understand the teams and overcome barriers to engagement. Feedback received at learning sessions suggested that the engagement from both has been strong. For example, all teams had full attendance at Learning Session 2, which was an improvement from Learning Session 1. Furthermore, the learning sessions have equally been designed and delivered by colleagues with lived experience, and all teams have been encouraged to include a team member with lived experience.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Recover services and improve efficiency
 2. Continuous quality improvement
 3. Transformation – Changing things that will make a difference
 4. Partnerships – Working together to have a bigger impact
- 4.1 QI activity supports the Trust Vision to improve the mental, physical and social wellbeing of the people in our communities as well as all strategic priorities. By using QI methodology efficiently, the Trust will be better able to demonstrate progress towards all of the above priorities.
 - **Recover services and improve efficiency:** An example of a project that supports recovery and improvement of efficiency is the HUSH huddles work, which is helping to reduce falls and therefore reduce service user harm and need for extra staff resources e.g., one-to-one observations.
 - **Continuous quality improvement:** The Waiting Less and Waiting Well QI collaborative is a prime example of how QI activity is being set up to be continuous by starting with engagement and understanding systems.
 - **Transformation:** The #ImprovingFlowTogether event in March 2024 will help bring together various work that is transforming the way we improve flow across the region.
 - **Partnerships:** By working more closely with other organisations who are at the forefront of QI in mental health, we can learn from each other and ensure we are up to date with the latest evidence in this area.

- 4.2 The examples above show how QI can be used to excel the Trust's priorities and mitigate the Trust's biggest risks. QI encourages changes to be tested at a small scale and be refined and gradually scaled up over time. The QI team will continue to facilitate learning from the work done to date, measuring the impact of changes, and scaling up improvements where appropriate.

Equalities, diversity and inclusion

- 4.3 The QI plans for the last 12 months have greatly focussed on equality of opportunity for all. The Trust have moved towards more equitable ways of providing QI support to all staff regardless of roles to ensure that QI support is **accessible to all**. Much of the QI activity is helping to standardise processes, e.g., the use of standardised tools for reviewing waiting lists. This will help to support **equitable outcomes and experience**. By tracking all QI projects and requests for QI support we can better ensure this equality of opportunity and ensure all people **are empowered, engaged and well supported to do QI** within the resources available. The Trust also has QI support for various leadership programmes such as Developing as Leaders and the Florence Nightingale Foundation Development programme which are helping to ensure that **leadership is inclusive at all levels**.



Quality & Equality Impact Assessment (QEIA) is not required for the change ideas developed in QI projects as they start of small scale, however if they develop into major service improvements teams will be signposted to the QEIA policy.

Culture and People

- 4.4 Leaders will be supported to emphasise and promote a culture of openness, learning and trust. Those working within Team SHSC and those using our services will be encouraged to feel able to speak up, contribute ideas, raise concerns and learn from mistakes. This is especially mentioned in the Developing as Leaders QI training day.

Integration and system thinking

- 4.5 As mentioned previously, the QI team are learning from other mental health Trusts and the evidence base related to QI. The QI team are also working with a range of system partners to deliver improvement together, such as the Yorkshire Improvement Academy which is supporting the HUSH huddles work which has reduced falls.

Financial

- 4.6 Continuous QI is a key driver of effective service delivery. Although investment may be required to support scaling up of capacity and capability to ensure sustainability in an approach, there is significant evidence that improvement increases productivity and efficiency. Although robust evaluation has not occurred, staff have reported QI projects have supported in cost efficiencies for reduction in agency staff through reduced incidents and one-to-one observations.

Compliance - Legal/Regulatory

- 4.7 No legal implications are anticipated.
- 4.8 No regulatory implications are anticipated.

Environmental sustainability

- 4.9 Sustainability is encouraged for all QI activity, and projects are recommended to use balancing measures such as reducing the amount of paper printing, if appropriate. The QI team have also supported a bid of a BSc student to start exploring facilitators and barriers to using QI to improve sustainability, the submission for which was led by the Deputy Medical Director and had no applications this year, but we will continue efforts to do something similar in the next year.

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Section 5: List of Appendices

1. Quality Strategy 2022 – 2026 objectives under “Develop a culture of continuous improvement”
2. Wellbeing board Older Adult Community Mental Health Team (OACMHT)

3. The East London Foundation Trust approach to optimising flow
4. Example of a process map developed by the Community Learning Disabilities Team
5. Example of a Driver Diagram developed by OACMHT
6. Example of an Impact/Effort Grid for OACMHT change ideas
7. SHSC ImprovingFlowTogether Conference plenary speaker biography

Appendix 1 – Quality Strategy 2022 – 2026 objectives under “Develop a culture of continuous improvement”

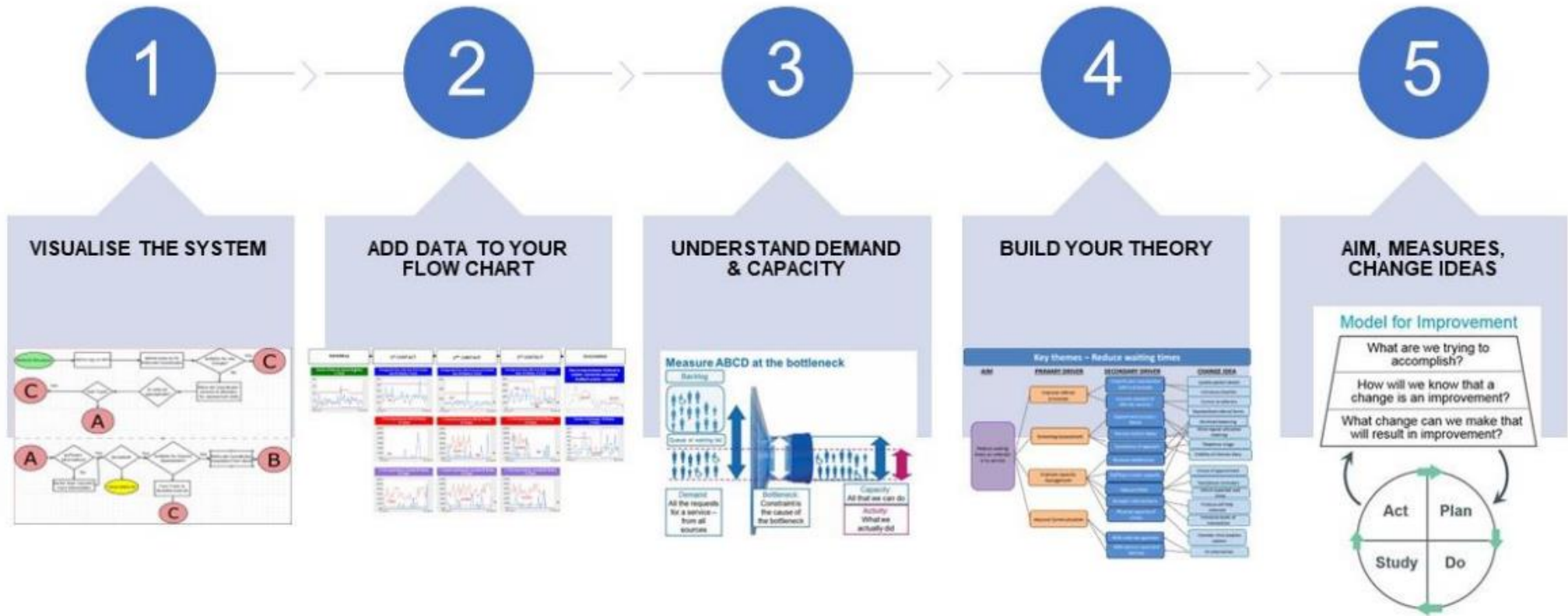
▼ **Develop a culture of continuous improvement and just culture**

| <input type="checkbox"/> | Objectives | Overall Status |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Clear governance structures, process and metrics to support delivery of Tr... | Done |
| <input type="checkbox"/> | Board members, clinical and professional leaders at all levels know and und... | Done |
| <input type="checkbox"/> | Staff at all levels are supported to lead and deliver continuous improvemen... | Done |
| <input type="checkbox"/> | Achievements and learning from improvements are captured, shared and c... | Done |
| <input type="checkbox"/> | Embed continuous improvement in recruitment and induction processes | Done |
| <input type="checkbox"/> | Embed continuous improvement in business planning processes | In Progress |
| <input type="checkbox"/> | Embed continuous improvement in PDR process | Done |
| <input type="checkbox"/> | Celebrate improvements and learning through the SHSC Annual Improvem... | In Progress |
| <input type="checkbox"/> | Develop ‘dosing’ approach for building and embedding improvement skills ... | In Progress |
| <input type="checkbox"/> | Make Quality Improvement skills training and coaching support accessible ... | Done |
| <input type="checkbox"/> | QI Plan on a page | In Progress |
| <input type="checkbox"/> | + Add Objectives | |

Appendix 2 – Wellbeing board Older Adult Community Mental Health Team (OACMHT)

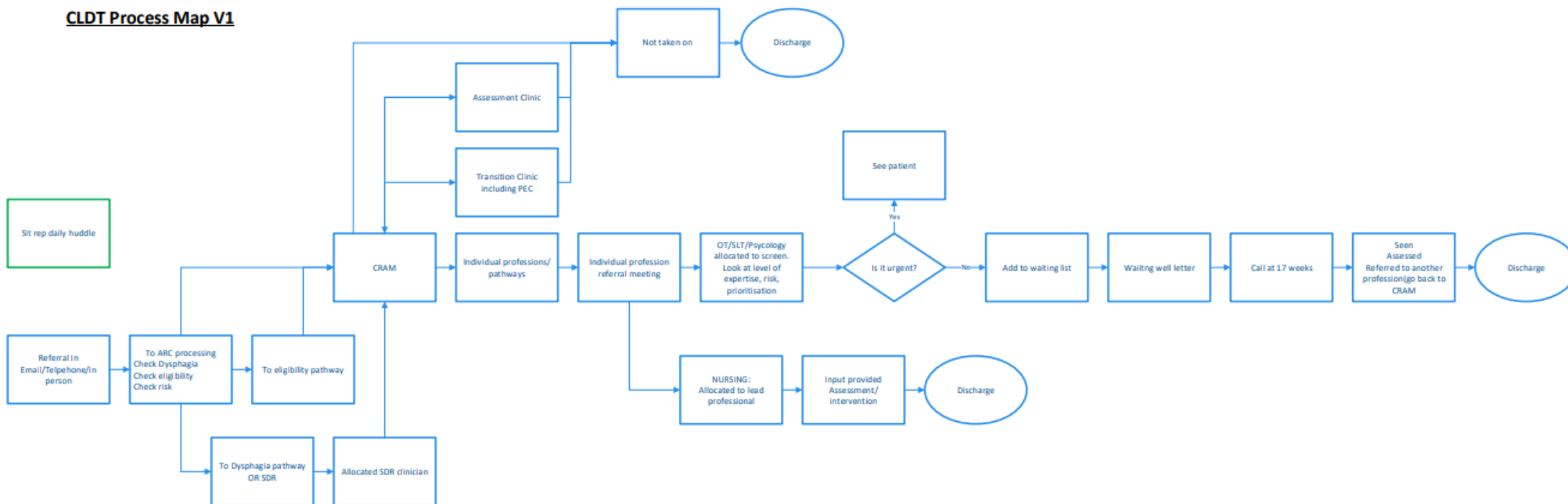


Appendix 3 – The East London Foundation Trust approach to optimising flow



Appendix 4 – Example of a process map developed by the Community Learning Disabilities Team to help “visualise the system”

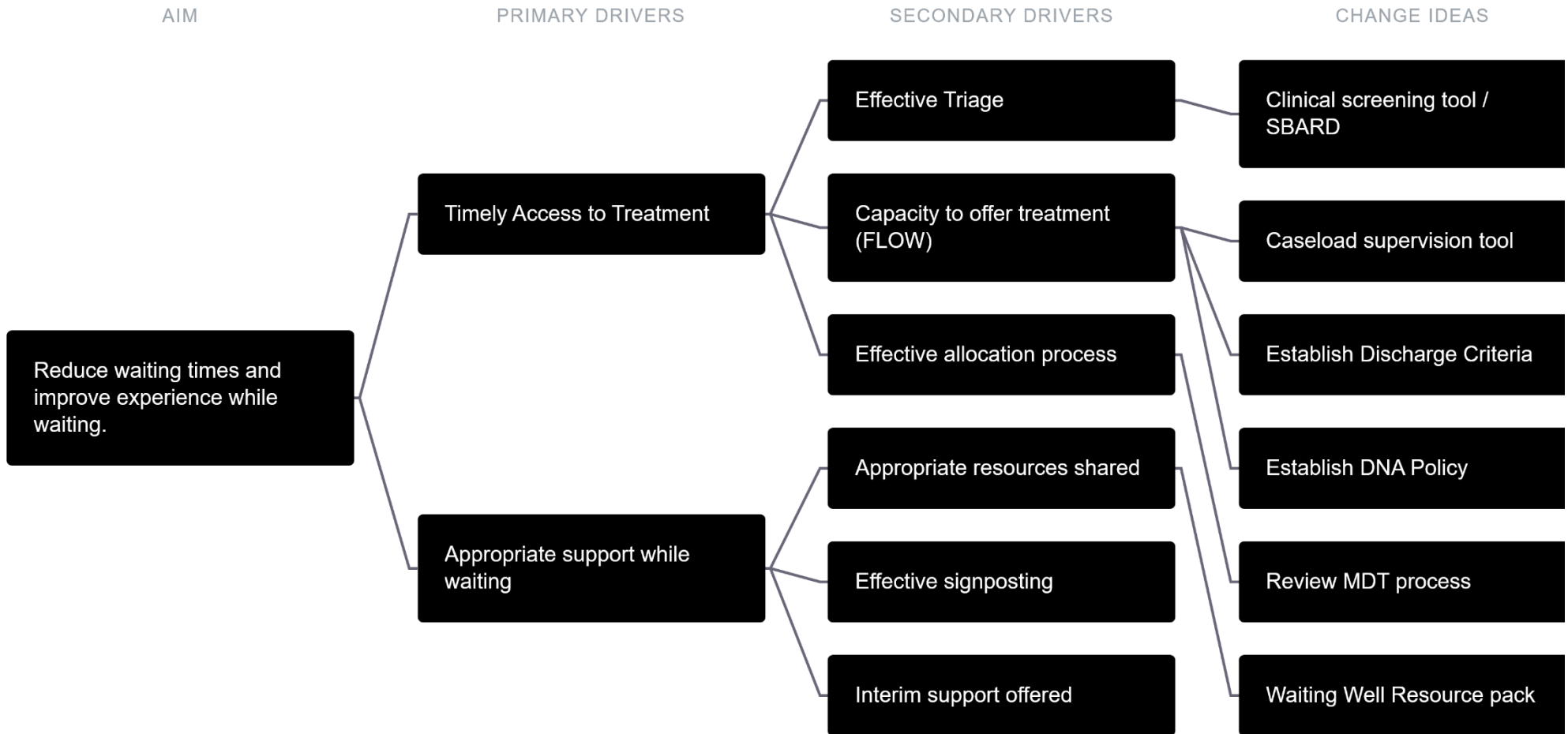
CLDT Process Map V1



Issues

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ISSUE: clarify sit rep purpose/SOP | ISSUE: Non standardisation of input when people with LD are admitted to wards and they want our support | ISSUE: Not reading referrals prior Confusion re: what is CRAM Attendance in person needed Deductions not made | ISSUE: DNA's as not calling to check attendance (assessment and transition) | ISSUE: Extra training re: assessment clinic and offer from team | ISSUE: Waiting on equipment rep or service to order new or replace broken equipment | ISSUE: Should receive information book/QR codes | ISSUE: What do we need to do differently to stop immediate re-referral | ISSUE: High expectations |
| Issue: Lack of Information Lack of consent Lack of info re: eligibility | ISSUE: ARC not gathering enough info | ISSUE: Clarify SDR criteria especially psychology | ISSUE: not filling in summary form adequately | ISSUE: Write letter after assessment clinic summarising clinic and next steps | ISSUE: Waiting for another profession to complete work first | ISSUE: Contact made outside official channels | ISSUES: Referrals made due to concern re: discharge (moving clients on) | ISSUE: Wait can be increased due to waiting for 2 professions |

Appendix 5 – Driver Diagram Older Adult Community Mental Health Team (OACMHT)



Appendix 6 – Impact/Effort Grid for Older Adult Community Mental Health Team (OACMHT) change idea



Appendix 7 – SHSC #ImprovingFlowTogether Conference Plenary speaker biography



Dr Amar Shah
Sexual Health Consultant
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National Clinical Director for improvement, NHS England

**Consultant forensic psychiatrist &
Chief Quality Officer at
East London NHS Foundation Trust**

National improvement lead for mental health, RCPsych

Faculty and Chair of the Scientific Advisory Board, IHI

Hon Visiting Professor, City University (London) & University of Leicester

Dr Amar Shah is Consultant forensic psychiatrist & Chief Quality Officer at East London NHS Foundation Trust (ELFT). He leads at executive and Board level at ELFT on quality, performance, strategy, planning and business intelligence. Amar has led the approach to quality at ELFT for the past 10 years, and has embedded a large-scale quality improvement infrastructure and quality management system, with demonstrable results across key areas of organisational performance.

Amar is the first National Clinical Director for Improvement at NHS England, leading the application of improvement across England's health and care system.

He is the national improvement lead for mental health at the Royal College of Psychiatrists, leading a number of large-scale improvement collaboratives on topics such as restrictive practice, workforce wellbeing and equalities.

Amar is chair of the Scientific Advisory Group at the Institute for Healthcare Improvement (IHI), and also acts as faculty with IHI, teaching and guiding improvers and healthcare systems across the world.

He is a member of the Q advisory Board at the Health Foundation and a member of the reference group for the Centre for Sustainable Healthcare. He is on the health advisory board for the UCL global business school for health, and a Council member for the Healthcare Costing for Value Institute.

He is honorary visiting professor at City University (London) and the University of Leicester. Amar has completed an executive MBA in healthcare management, a masters in mental health law and a postgraduate certificate in medical education. Amar is a regular national and international keynote speaker at healthcare improvement conferences and has published over 50 peer-review articles in the field of quality management.