Quality improvement at East London NHS Foundation Trust: the pathway to embedding lasting change

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Abstract

Purpose – East London NHS Foundation Trust (ELFT) is a major provider of mental healthcare and community health services. Quality improvement (QI) has become central to its organisational policy and goals for which it has received national and international attention.

Design/methodology/approach – This piece reflects on the Trust's transformation and its approach. It provides many examples and discusses several of the associated challenges in building and sustaining QI momentum. It is the result of a range of perspectives from staff involved in planning and building large-scale QI capability. It contextualises QI's current status in UK mental healthcare.

Findings – Several key factors were identified: board-led commitment to organisational transformation; investment in training and resources to support staff motivation; clear and realistic project goals in line with the service's over-arching strategic direction; support for service users and staff at all levels to get involved to address issues that matter to them; and, finally, placement of a high value on service user and staff qualitative feedback.

Practical implications – Building QI capability represents a significant challenge faced by all large healthcare providers. Sharing experiences of change can assist other organisations achieve the necessary buy-in and support the planning process.

Originality/value – Achieving and sustaining lasting organisational change in healthcare is challenging. This article provides a background on QI at ELFT and reflects on the pathway to its present position at the forefront of the application of QI within healthcare.

Keywords Quality improvement, Mental health, Clinical governance, Organisational change

Paper type Viewpoint

Background

East London NHS Foundation Trust (ELFT) was established in 2000. Today, it provides mental health and community health services to a highly culturally diverse and socioeconomically deprived catchment area of approximately 1.5 million people. Over the past few years, ELFT has become committed to supporting staff at every level to use the quality improvement (QI) approach to improve patient care. In 2014, ELFT launched its trust-wide QI programme. This commitment developed from an aspiration to shift power in the organisation so that service users, carers and staff were better able to understand and improve the quality of care being provided. QI is now central to its operational philosophy and organisational mission to improve quality of life for all it serves (Ross and Naylor, 2017). This transformational change would not have been possible without the Trust's willingness to adopt a new leadership style, invest in QI training for staff and build a new infrastructure to support improvement at scale. This move to a new way of operating was based on the

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foundational belief that "everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it" (Batalden and Davidoff, 2007). This fundamental shift towards transformational thinking to improve services was on a background of increasing financial constraints within the National Health Service (NHS). Despite this, in 2016 ELFT became the first NHS provider of mental health and community health services to earn an "Outstanding" rating from the Care Quality Commission (CQC). In fact, the CQC specifically identified ELFT's commitment to QI as a contributing factor in this achievement (Care Quality Commission, 2016).

Why QI?

According to the World Health Organisation, for healthcare to improve desired health outcomes it must be safe, effective, timely, efficient, equitable and people-centred (WHO, 2006). Continuous QI refers to a structured process involving both clinical and non-clinical staff in planning and implementing ongoing improvements in care processes and pathways to improve outcomes. Continuous QI is based on the principle that there exists an opportunity for improvement in each process and occasion (Berwick, 1998). The large-scale application of QI within an organisation has the potential for return on investment (ROI) at multiple levels. At ELFT, QI is first and foremost about improving outcomes and experiences for service users. There is increasing evidence that applying QI at scale also improves the experience of those delivering care, i.e. staff. QI also provides the opportunity to improve efficiency, remove waste, lower cost and increase revenue. Recognition of this wide range of returns can help guide an organisation in successfully applying QI to align with its own core strategic goals (Shah and Course, 2018).

Challenges associated with embedding lasting change

QI projects typically involve simple changes in staff behaviour and interactions. Generally, the interventions selected involve relatively minor practice modifications with minimal associated patient safety risk. As such, achieving positive change in the short-term is often a realistic goal upon which staff can focus. At first glance, given this simplicity, it may be tempting to assume sustaining these improvements would be easy as their benefits would quickly become self-evident to staff and service users alike. In practice, and from our experience, ensuring this happens in the longer term is challenging. In order to progress to lasting transformational change, staff and departments require broad organisation-wide support. It was ELFT's experience that for a QI culture to become embedded it was crucial that any such goals were explicitly stated and formalised. QI became central to a revised organisational and operational philosophy. For QI projects to flourish they require fertile soil. As such, staff buy-in to this new way of innovating was deemed essential.

Where to start?

To start, ELFT prioritised reducing inpatient violence and pressure ulcers: the two most frequently reported incidents across the Trust. In 2014, ELFT formed a strategic partnership with the Institute for Healthcare Improvement (IHI). Based in Boston, this is an independent not-for-profit organisation and an established leader in healthcare innovation and improvement. In tandem with the IHI, a portfolio of resources and training opportunities for staff was rolled out. This involved supporting staff not only to train in QI methodologies but also to ensure access to online resources, support, coaching and consultation. QI became a key element at staff inductions. The Trust now offers a variety of training options from one-day courses to six-month programmes. Staff in management level positions are expected to have completed the appropriate level of QI training. ELFT also encourages interested clinical and administrative staff to train as QI coaches. Once trained, they become available for half a day per week to coach a range of on-going projects. At executive and board level, the IHI

provides ELFT with strategic guidance. Support and enthusiasm for QI infuses from board level to frontline staff. With time, the Trust has become increasingly independent and self-sufficient as its internal QI capability has grown. It now works with the IHI to support other organisations with their QI efforts (Institute for Healthcare Improvement, 2016).

When introducing staff to QI, several key messages are stressed. Cost reduction may often be a by-product of improvement, but it is rarely the primary focus. QI means new ways of thinking to address problems. It is important that staff understand the improvement process, so that they can place their trust in it and see it as a valued use of their time. A solid grounding in improvement science principles helps them to fully appreciate where QI is best suited to address a problem.

The issues being tackled must have meaning to those affected, so they get behind the project. Without buy-in, developing and sustaining motivation to achieve change can be a distinctly uphill struggle. When progress starts to crystallise however, or even when there is firm commitment to change, this can foster a sense of empowerment among service users and staff. Additionally, a sense of a flattening of the power hierarchy has been frequently noted and welcomed within our teams. In reflecting on our experience, these changes can have a powerful positive impact on staff cohesion and morale across the board.

The ELFT QI approach

Staff are encouraged to work with service users and carers to identify potential areas for improvement. Individual projects are then selected following review by senior staff highly experienced in QI and empowered to lead on change. An individual directorate's priorities are also borne in mind in this process. ELFT QI projects receive organisational support and expertise from start to finish. Each QI project sits within a hierarchical framework providing regular support, advice, supervision and coaching. The project lead is generally at team level. Depending on the nature of the project, they may also be in a non-clinical role, or even a service user. The project lead's role is to manage the project locally by ensuring data collection, meetings and updates are undertaken appropriately. They become the first point of contact for QI coaches and sponsors. Each project is allocated a designated QI coach to provide staff with expertise and guidance on improvement methodology. They are helpful in assisting with practical issues that emerge as projects progress. Each project has a sponsor within the organisation. Their role is to ensure accountability to senior management. As the sponsors are in a senior role, they are well-poised to intervene as required to support staff faced with organisational, or resource barriers "blocking the project". These could include staffing issues or funding, for example. In our experience, these supports potentially increase the willingness of staff to become involved. They may also increase the confidence of already involved staff to expand and develop existing projects. An awareness of the support system for projects, clearly communicated top-down buy-in and the overall place of QI in terms of the Trust's strategic goals can be powerful factors in encouraging already busy healthcare staff to prioritise QI.

Collaboration and communication

ELFT places a key emphasis on service user involvement: it is viewed as a central consideration in developing change ideas. There are regular opportunities for staff and service users to engage with each other and work collaboratively. Both groups receive regular QI updates. Details and progress of individual projects are logged and monitored on a shared-access electronic platform, LifeQI. This platform holds the projects' data centrally and allows shared use of QI tools and visualisation aids to assist in monitoring, measuring and interpreting data. Use of LifeQI supports teams to more effectively project manage their work and communicate with other team members. Progress reports for on-going local projects are part of the weekly community meeting agenda at ward level. Updates are also provided at monthly team away days attended by service user representatives. Teams meet locally at monthly learning sessions

to review data with their QI coaches and supervisors to establish whether change has taken place and, if so, whether this represents an improvement in terms of the overall project aims. Project updates are disseminated at monthly intervals via electronic newsletters and discussed at unit-wide meetings. Communication channels between service users and staff and within the Trust in relation to QI remain busy and serve to foster a sense of shared purpose and collaboration. To ensure learning is captured and shared across the Trust and beyond, completed projects are presented at internal, national and international conferences.

Turning theory and enthusiasm into action and results

ELFT has successfully applied QI to address a diverse range of issues (ELFT, 2019). ELFT staff have completed over 180 QI projects. It currently has over 130 active projects with each benefiting from start-to-finish support and expertise from within the organisation. Projects are linked to one or more of the Trust's various priorities, e.g. reducing inpatient violence, improving access to community services, reshaping community services and enjoying work. They may also be linked to those of an individual directorate. The following examples exemplify both the flexibility of the approach and, also, the enthusiasm, creativity and willingness of staff to embrace a novel methodology to address varied issues important to them and their patients.

In terms of physical health, QI has been successfully applied to address inequalities in the assessment and management of patients with venous leg ulcers. Against benchmarks from best practice, this project showed sustained improvements in terms of detailed assessment (from an initial 50 to 100%) and care planning (from an initial 20 to 90%) on community nurses' caseloads (Dowsett and Taylor, 2018). To improve access and reduce waiting times, ELFT ran a large-scale project over two years. This encompassed 15 community teams which included primary and secondary care for mental health in addition to community health services. Waiting time reductions of almost a quarter were observed from referral to first face-to-face contact, i.e. a reduction from an average of 60.6 to 46.7 days waiting. Non-attendance at first appointments was also reduced by 23%, i.e. a reduction from an average of 31.7 to 20.5% (Shah *et al.*, 2018). Success, especially in areas that improve efficiency and support staff to deliver a high standard of service, can be particularly powerful sources of inspiration to other services seeking to address long-standing issues often framed as difficult or as inevitable aspects of their working days.

Ward-based violence is the most significant cause of reported safety incidents at ELFT. As such, the Trust was keen to prioritise it and elected to address it using a QI approach. The Trust demonstrated that QI could be effective in reducing violence and aggression on acute inpatient mental health wards. Approximately 40–60% reductions in physical violence on acute wards over periods in excess of a year have been observed (Taylor-Watt *et al.*, 2017). Ward-based violence impacts negatively on patient care, patient and staff safety, absenteeism rates, staff turnover and many other aspects of the running of a psychiatric unit and, indeed, a service more broadly. Using QI to empower staff and service users to work together to address this issue has been a source of inspiration for other wards within our service. This violence reduction collaborative has since been scaled-up considerably across the Trust and, indeed, into other psychiatric sub-specialities such as forensic mental healthcare (O'Sullivan *et al.*, 2020).

Within the forensic service alone there are currently 20 active QI projects. Some examples of QI successfully undertaken in this setting have improved access to employment for service users (Beck and Wernham, 2014), implemented self-catering meals in a low secure unit (O'Reilly, 2016) and aimed to improve the overall user experience at the reception of a medium secure unit. Other issues being addressed include increasing videoconferencing use (this pre-dated COVID-19), improving ward environments in terms of service users' sleep and projects to improve staff satisfaction on acute wards.

Many other projects have focused on improving patient and staff satisfaction and engagement. Projects can fail to show improvement or fail to sustain themselves. ELFT are interested in such cases too, and the considerable learning they can yield. This interest in failed projects, and difficult to improve areas, sends the message to staff that all is not lost if results are limited. Indeed, in our experience, this curiosity also serves to reduce barriers to engagement with QI as staff can describe feeling less under pressure to achieve positive change and, instead, are focused on the experience of working together with service users to improve many aspects of care delivery and experience. The top-down support from the Trust and organisational QI support and supervision help service users and staff to become involved without feeling overwhelmed or daunted by this relatively novel approach.

Transparency around the evaluation of ROI for QI was prioritised by ELFT. Staff were made aware from early on that there would be a robust analysis undertaken in this regard which would go far beyond simply reducing costs. ELFT published its ROI framework for evaluating QI which included multiple case studies demonstrating this at multiple levels, e.g. improving outcomes for patients and service users, improving the experience of staff, improving productivity and efficiency, avoiding costs, reducing costs and increasing revenue. We believe that this framework can support stakeholders in other organisations to highlight that QI ROI cannot solely be measured in financial terms (Shah and Course, 2018). Additionally, such evaluations are likely to support engagement and motivation of staff at all levels that may be new to the QI approach.

The QI approach: limitations and reflections

QI is not without its limitations. Measurement for change (such as in QI) and measurement for research are not the same. QI will not supplant the need for research. In our experience, it is important that this message is stressed to staff when introducing the methodology and when framing results from individual projects. Although QI may solve problems and bring improvement, it will not necessarily demonstrate efficacy of interventions in the same way as high-quality empiric research. QI and empiric research methods differ in terms of their fundamental aims, methods, handling of bias, sample size requirements, relation to hypothesis and amenability to testing and analysis. Some staff may have been involved in audit or empiric research previously and, as such, when considering joining a QI project may hold presumptions about the associated timescales, ethical approval processes and funding requirements which may not apply to QI projects in the same manner. Where possible, any scepticism or confusion about the differences between these methods must be explored openly as if left unaddressed this may lead to resistance and barriers to engagement down-stream.

QI is not a panacea. Not all problems are suited to or indeed warrant a QI approach to achieve better outcomes in terms of how we care for our patients and how we work ourselves. In simple terms, its best application is in solving more complex problems that do not present an obvious solution (Shah, 2020). The use of QI must be judicious and informed by expertise and experience with the approach. QI should not exist in a vacuum within an organisation. Its application should be in tandem with a broader framework of quality planning, quality assurance and quality control in order to create a single and consistent management system (Shah, 2020). The misapplication of QI within an organisation carries with it a diversion of resources, an opportunity cost and also the potential for harm. Additionally, the increased focus on QI in mental healthcare and its proposed integration into health systems has the potential to draw healthcare staff, organisational support and funding away from academic research. Against the broader backdrop of economic pressures currently faced by mental health research in the UK, this may be more keenly felt in the future.

Even in absence of positive results, staff involvement in QI at a small scale can stir enthusiasm and engender improved engagement around an issue. Reflecting on the QI approach at a large scale however, it seems unlikely that sustained meaningful change can be

achieved without broad organisational support. Maintaining motivation among staff and service users is critical. This aspect of QI work is highly demanding of staff resources and requires considerable commitment, enthusiasm and effective communication and organisational skills.

Key factors for QI success from ELFT's experience

In our view, there have been several key factors to ELFT's success in building sustainable QI capability at-scale. Firstly, the organisation led from the top. There was board-led commitment to organisational transformation toward achieving lasting change through QI. Secondly, investment in training and effective resources to support motivating staff to sustain QI at scale was prioritised. Thirdly, clear and realistic goals were identified by staff trained in QI methods for the suite of QI projects. These projects were, in turn, in line with the service's over-arching strategic direction and goals. Fourthly, there was support for service users and staff at all levels to get involved to address issues that matter to them. Finally, the organisation placed a high value on both service user and staff qualitative feedback.

QI and the future of mental healthcare

Established in 2015 and led by the Health Foundation, the Q community represents a QI network spanning the UK and Ireland that includes leaders, stakeholders and patient representatives. It originated from a recommendation following a national review of patient safety in England (National Advisory Group on the Safety of Patients in England, 2013). Q is geared toward supporting collaboration and the pooling of skills and knowledge to address complex issues in healthcare.

In 2016, an independent commission on acute adult mental healthcare recommended that QI in mental healthcare is "nurtured and accelerated" and embedded into services to support achieving parity of esteem with physical healthcare (Crisp *et al.*, 2016). In late 2018, the Independent Review of the Mental Health Act 1983 gave prominence to QI as a system-wide enabler in the future of mental healthcare in the UK (Department of Health and Social Care, 2018). A dedicated national QI programme relating specifically to the Mental Health Act 1983 was recommended. Funded by NHS Improvement and NHS England, this would work closely with the CQC. It recommended these bodies would drive QI initiatives within mental health services to focus on "levels of recruitment and retention of effective and caring staff".

In early 2019, the NHS Long-Term Plan reported approximately 80% of "Outstanding" CQC-rated Trusts had improvement programmes (NHS, 2019). QI was identified as "an evidence-based approach for improving every aspect of how the NHS operates". It advocated increased QI investment to improve care, reduce costs and to identify and reduce unjustified variation in clinical performance. Designed to implement findings from the National Confidential Inquiry into Suicide and Safety in Mental Health (National Confidential Inquiry into Suicide and Safety in Mental Health, 2018), the recent development of a dedicated suicide prevention QI programme was also highlighted. Additionally, a national Mental Health Safety Improvement Programme has been in place since 2018, focusing on topics such as reducing restrictive practice and improving sexual safety within inpatient settings. In our view, national endorsements and QI programmes – such as the aforementioned – have a powerful impact on motivating staff to become involved in building their local QI capability.

Conclusion

At ELFT, QI has grown steadily to become central to the staff and service user experience alike. In achieving this, a focus on empowering front-line staff to lead on initiatives that matter closely to them has been key. To foster and sustain this transformational cultural change, broad support has been offered by the organisation. Staff at every level are encouraged to be

active in QI. Service user involvement remains integral to generating and sustaining meaningful positive change. QI is poised to become an integral element of high-quality mental healthcare in the UK.

Summary: key factors for QI success from ELFT's experience

(1) Board-led commitment to organisational transformation towards achieving lasting change through QI.

(2) Investment in training and resources to support motivating staff to sustain QI at scale.

(3) Clear and realistic goals for the suite of QI projects in line with the service's over-arching strategic direction.

(4) Support for service users and staff at all levels to get involved to address issues that matter to them.

(5) Placement of a high value on both service user and staff qualitative feedback.

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