
Learning About Quality Systems

International Forum on Quality & Safety in Healthcare 2025

Chair:

Christina Krause, Health Quality BC

Speakers:

Joanna Moore, East London, NHS Foundation Trust

Eleanor Parker, East London, NHS Foundation Trust

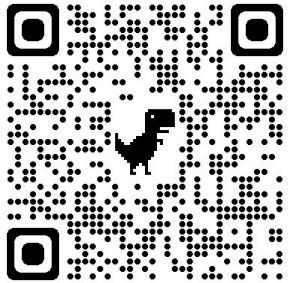
Kris Vanhaecht, Leuven Institute for Healthcare Policy, KU Leuven

Pedro Delgado, Vice President, Institute for Healthcare Improvement

Exploring Quality 3.0

*The case of Flanders Quality Model
FlaQuM*

Quality



Kris Vanhaecht
on Quality



Prof. Dr. Kris Vanhaecht

www.FlaQuM.org



LEUVENS INSTITUUT VOOR
GEZONDHEIDSZORGBELEID

QUALITY IS TEAMWORK



25 FLEMISH FLAGSHIP HOSPITALS

(21 GENERAL HOSPITALS, 2 MENTAL HEALTH, 2 REHABILITATION)



QUALITY



Q 3.0: Co-production of health

Service
Ownership of health
Co-production with patients & kin
Value-creating systems

3



Q 2.0: Organisation wide systems

Care Processes
Systems
Reliability (24/7)
Performance measures

2



Q 1.0: Thresholds

Guidelines
Standards
Inspection & Accreditation
Certificates

1

Source: Lachman, Batalden & Vanhaecht, 2021, F1000 Research

Belgium = 11,7 million inhabitants

Flanders =

- 6 million inhabitants
- 52 hospitals with 29,130 licensed beds

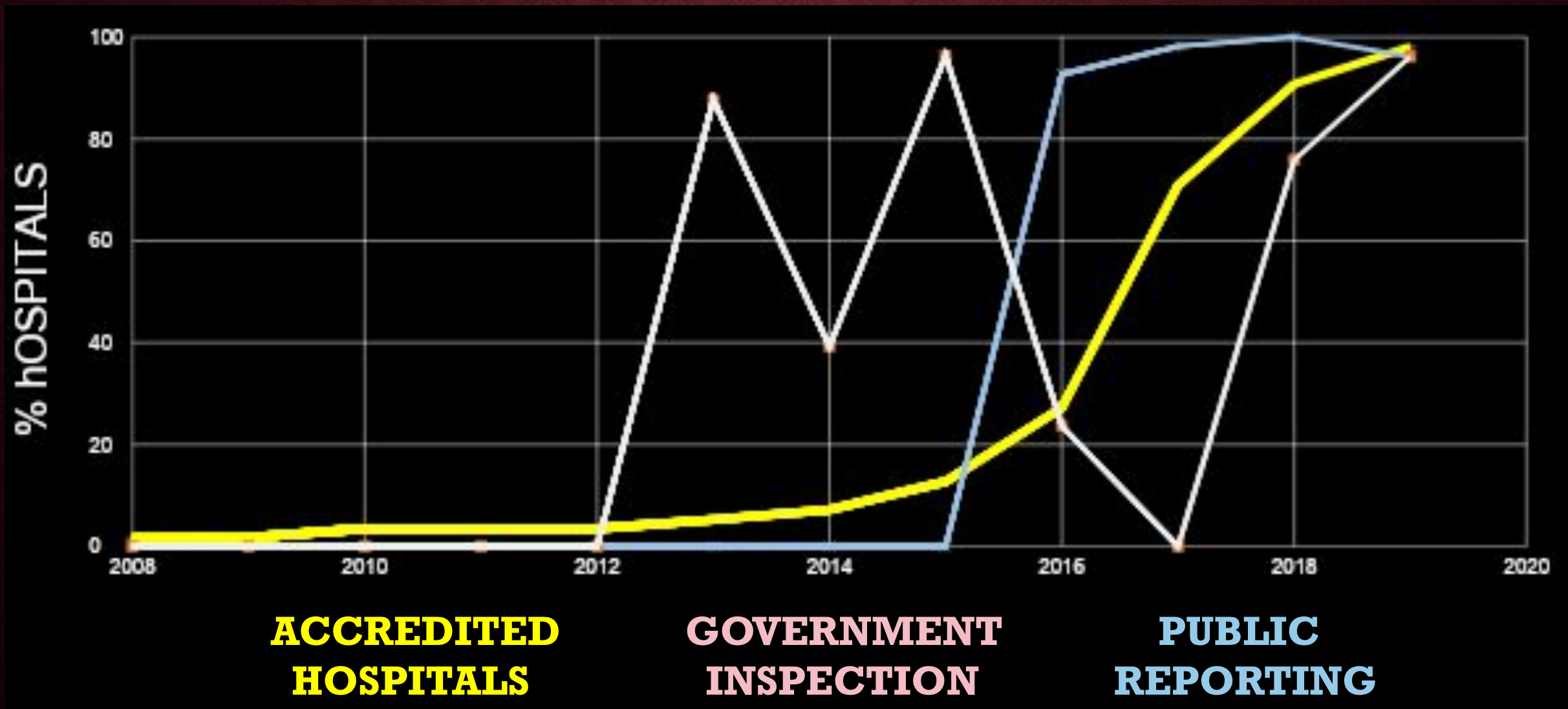
FINANCE OF HOSPITALS = FEDERAL

QUALITY OF HOSPITALS = REGIONAL

- Flemish Government (until 2021)
 - Hospital Inspection by Government
 - Voluntary Public Reporting of Indicators
 - Voluntary Hospital Accreditation
 - Own Quality Management System that should be externally evaluated



HISTORY OF QUALITY IN FLANDERS 2008-2020



HARD INDICATORS: EXAMPLE MORTALITY



Van Wilder, A., Bruyneel, L., Cox, B., Claessens, F., De Ridder, D., Vanhaecht, K. (2025). Identifying high-impact-opportunity hospitals for improving healthcare quality based on a national population analysis of inter-hospital variation in mortality, readmissions and prolonged length of stay. *BMJ Open*, 15 (1).

25 FLEMISH HOSPITALS GOT INSPIRED AND DECIDED TO STOP HOSPITAL ACCREDITATION AND CO-DESIGN A NEW QUALITY MANAGEMENT SYSTEM (21 GENERAL HOSPITALS, 2 MENTAL HEALTH, 2 REHABILITATION)



Flanders Quality Model

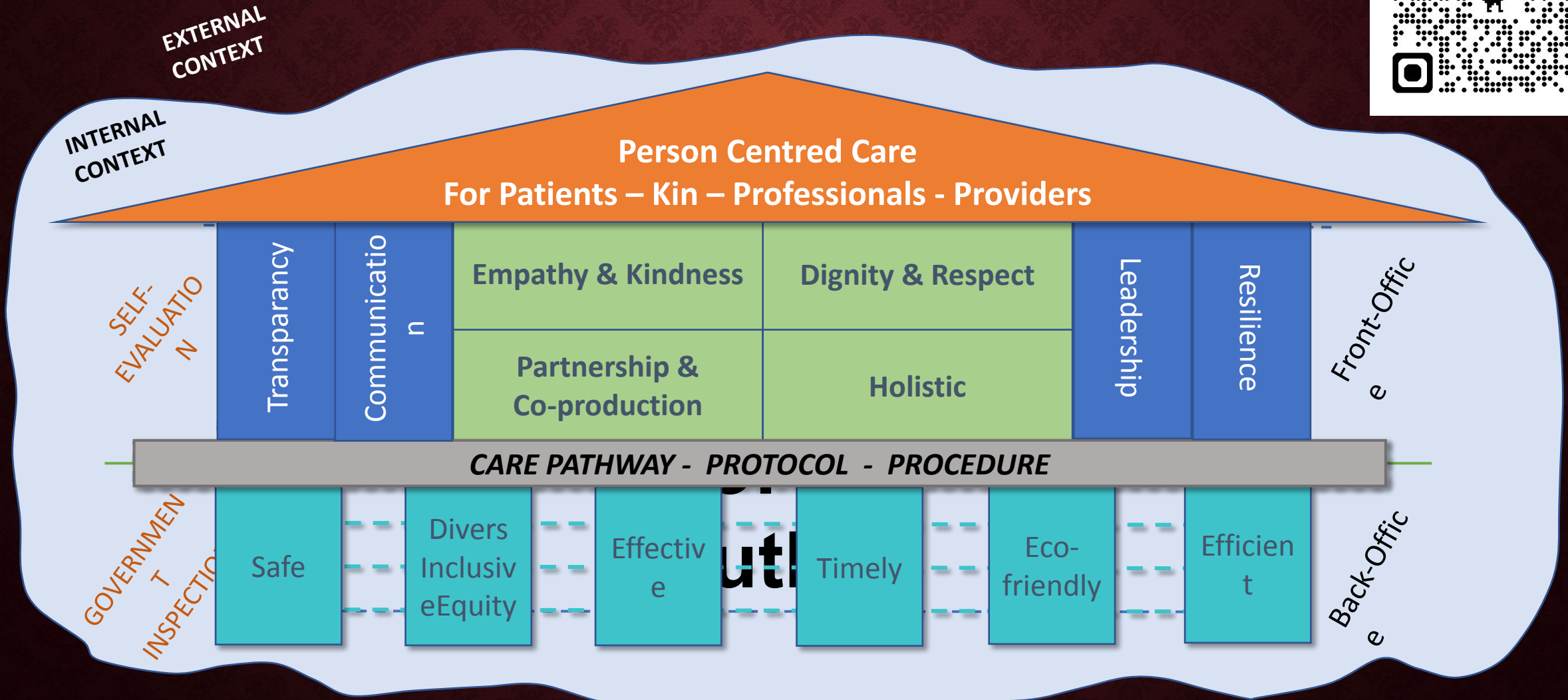
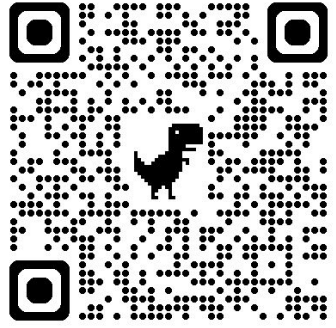
Fla  uM

Towards Sustainable Quality of Care

In search of a new **Quality Management System (QMS)**

Without forgetting the positive points of
our past experiences with inspection, accreditation, indicators, ...

THE HOUSE OF TRUST



ROLE OF A QUALITY MANAGEMENT SYSTEM

STRUCTURE

WHAT/ CONTENT

criteria inspection
evidence
accreditation regulation
laws rules
protocol
standards procedure
certification

+

PROCESS

HOW WE DO IT / ENGINE-MOTOR
Organisation Specific

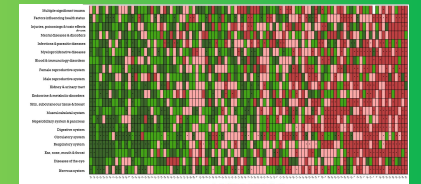


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OUTCOME

WHY / RESULT

data ratio result
indicators
measurement metrics
benchmark
SPC trends dashboard
KPI outcome
goal target
controllimits



1

Blueprint

Quality Management System

Variation

FLAQUUM AS QUALITY MANAGEMENT SYSTEM

PROCESS HOW WE DO IT / ENGINE-MOTOR

STRUCTURE

WHAT/ CONTENT

criteria inspection
evidence accreditation regulation
laws rules
protocol certification
standards procedure

+

Blueprint



OUTCOME

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SPC trends dashboard
KPI outcome target
goal control limits

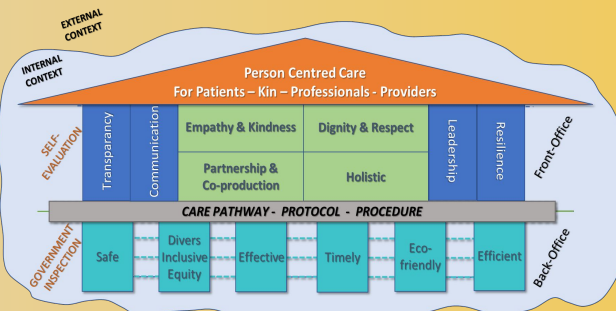
Benchmark

Quality Management System

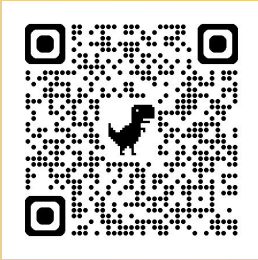
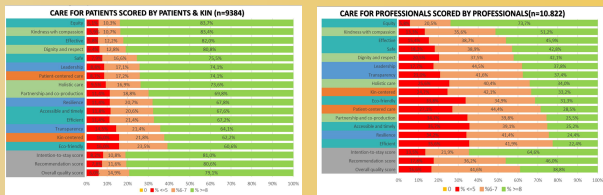
FLAQUM AS QUALITY MANAGEMENT SYSTEM

PROCESS HOW WE DO IT / ENGINE-MOTOR

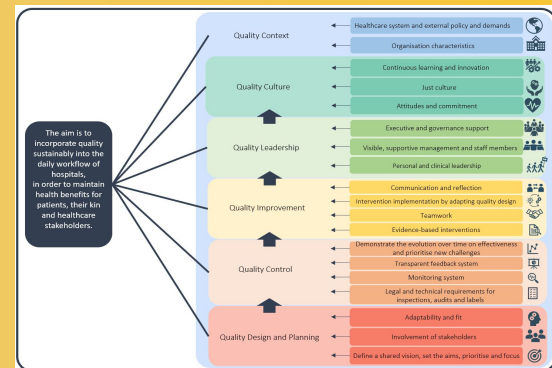
Q-Vision: THINK



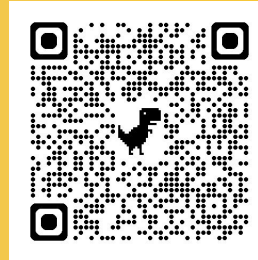
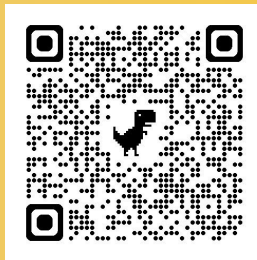
House of Trust FlaQuM-Quickscan



Q- Co-Creation: DO



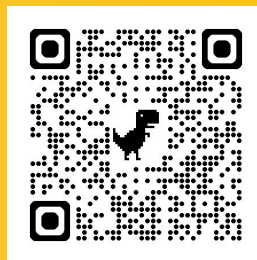
FlaQuM-Roadmap FlaQuM-Maturity Matrix



Q-Innovation: LEARN



FlaQuM-Consortium FlaQuM-Challenges



STRUCTURE

WHAT/ CONTENT

evidence
laws
protocol
standards
inspection
accreditation
regulation
rules
procedure
certification

+

Blueprint

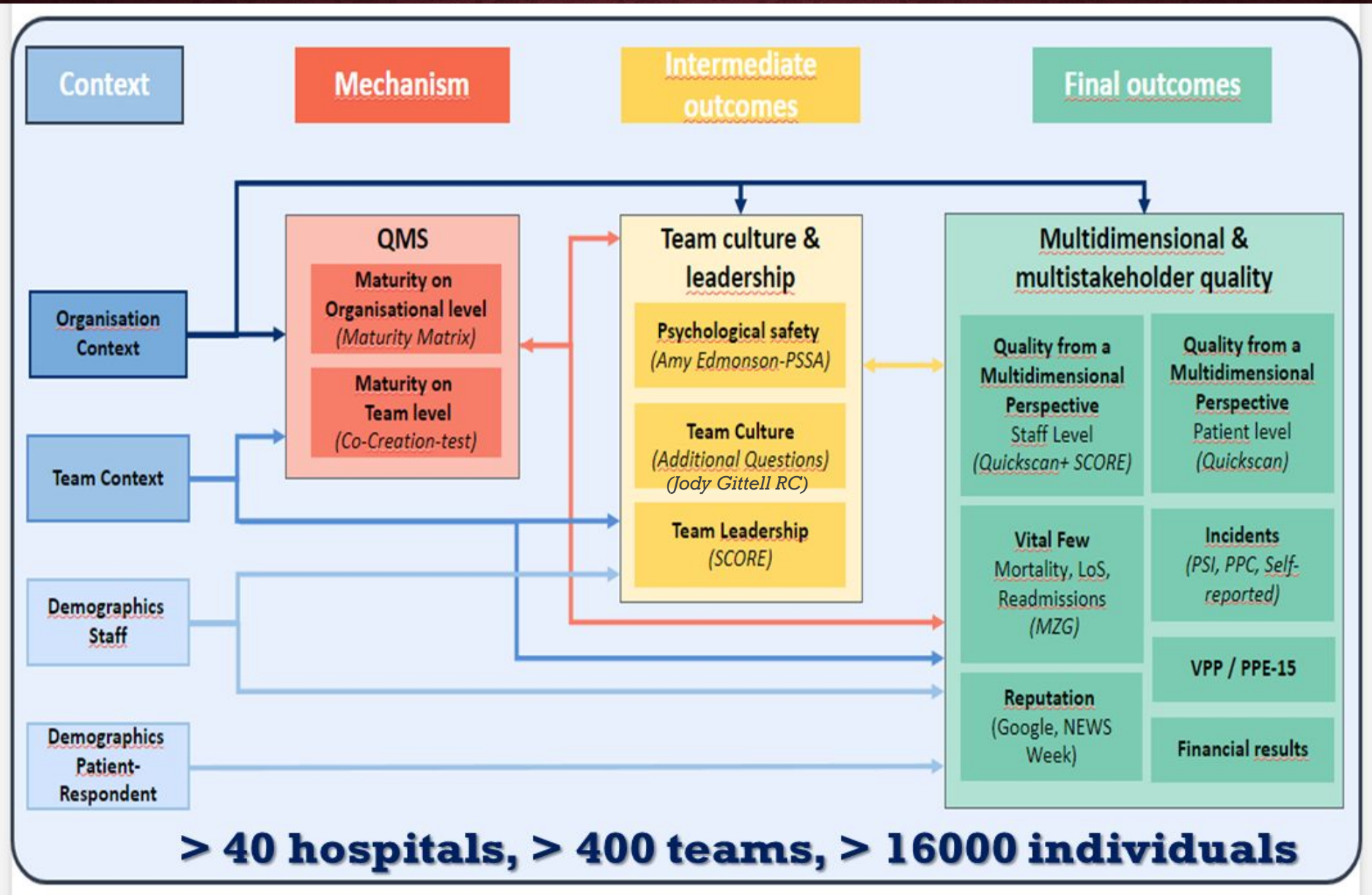
OUTCOME

WHY / RESULT

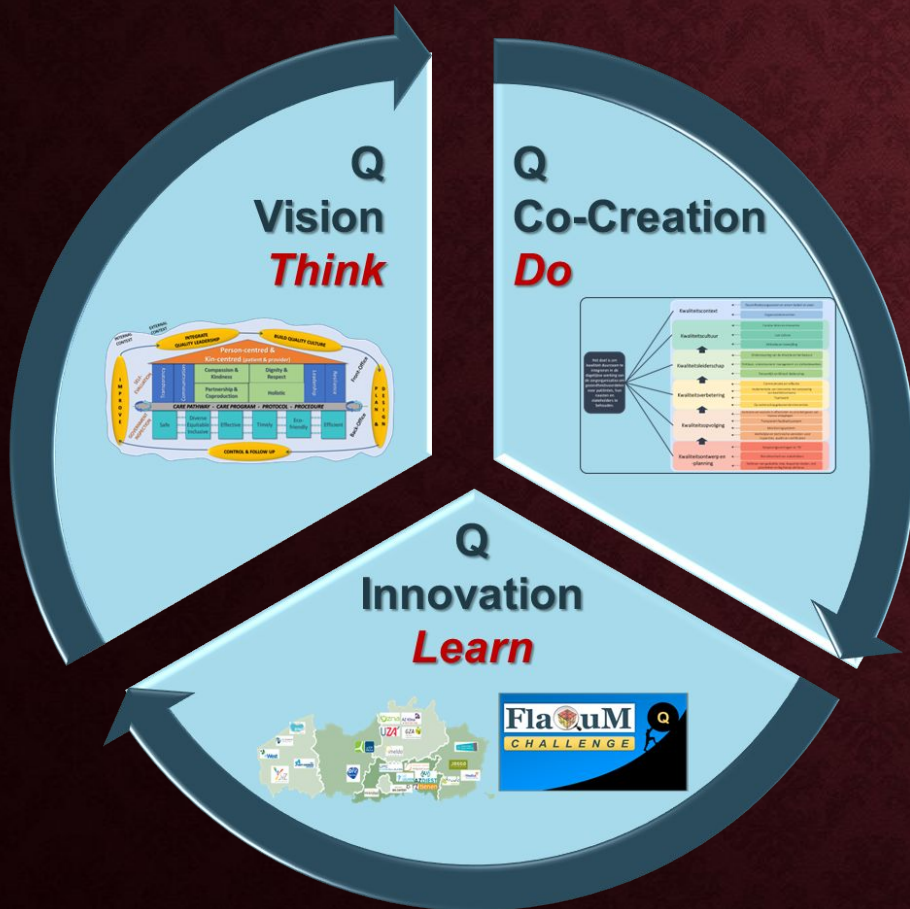
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KPI outcome
goal control limits
target

Benchmark

Quality Management System



Evidence-Based Data-Driven Co-Designed Model to create your own organisation specific QMS



MULTI-DIMENSIONAL
(front- & back office)

MULTI-STAKEHOLDER
(patient-kin-professional)

MULTI-LEVEL
(individual-team-organisation)

THANK YOU SO MUCH

www.LIGB.be

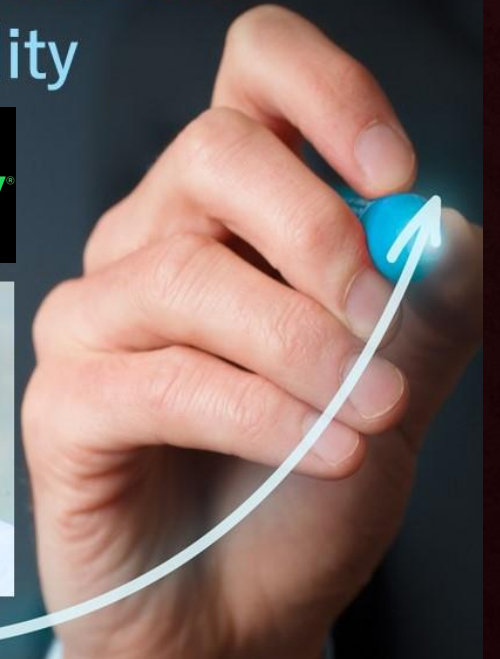
www.krisvanhaecht.be

www.FlaQuM.org

www.mangomoment.org



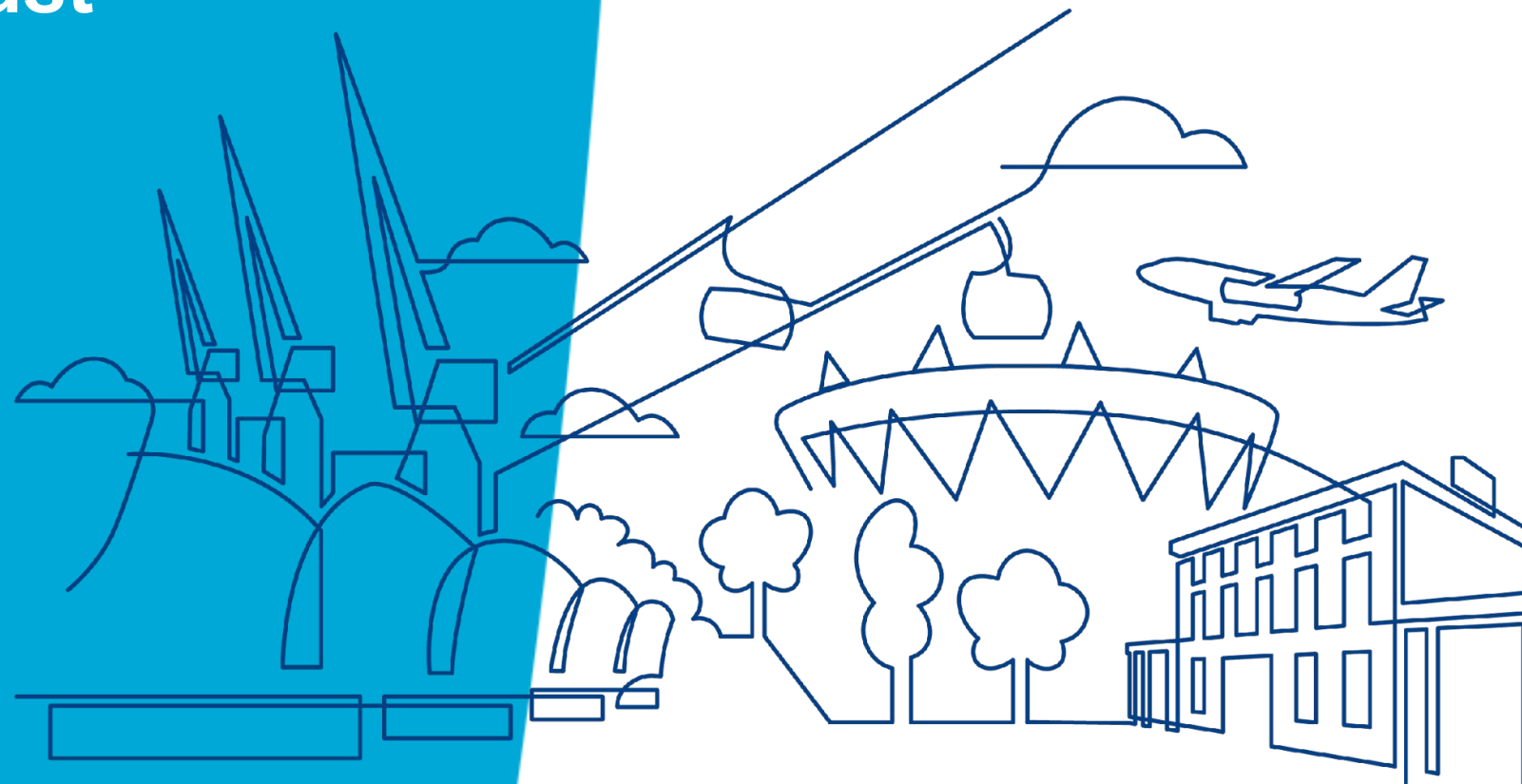
Kris Vanhaecht
on Quality



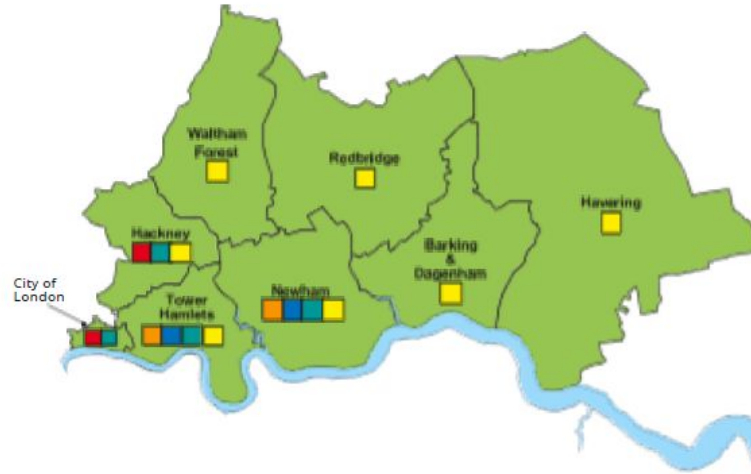
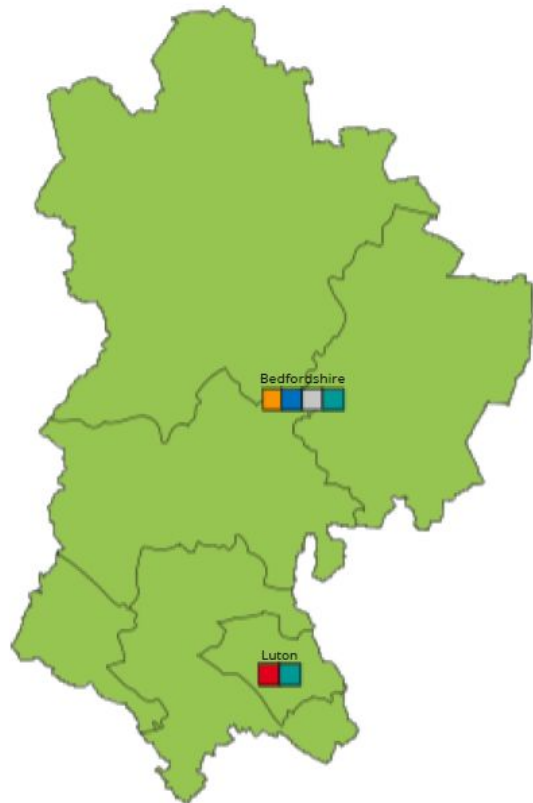
Striving for Healthcare Excellence via Integrated Management Systems

A ten-year journey at East London Foundation Trust

Jo Moore and Ellie Parker
East London Foundation Trust



Who are we at ELFT?



- Regional Forensic Services:**
East London, Barking and Dagenham, Havering, Redbridge and Waltham Forest
- Community Health and Mental Health Services:**
Newham, Tower Hamlets and Bedfordshire
- Mental Health service only:**
Luton, Hackney and City of London
- Psychological Therapy Services:**
Newham, Tower Hamlets and Bedfordshire
- Learning Disabilities Services:**
All areas except North East London boroughs
- Specialist Addiction Service:**
Bedfordshire



We care
We respect
We are inclusive

Where did it all begin?

Trust Board Scorecard Q4 2009/10

KEY MONITOR, NATIONAL, PARTNER AND LOCAL TARGETS	2009/10 Target	2008/09 Actual	2009/10 Q3	2009/10 Q4	Trend Q3-Q4	Comment
Monitor Targets						
Annual number of MRSA bloodstream infections reported	0	0	0	0	→	
Reduction in C. Diff	0	0	0	0	→	
CPA inpatient discharges followed up within 7 days (face to face and telephone)	95.0%	99.5%	99.0%	99.1%	→	
Patients occupying beds with delayed transfer of care	7.5%	3.5%	1.8%	1.8%	→	CQC Indicator definition covers only April-Aug 2009
Admissions made via Crisis Resolution Teams (end of period)	90.0%	98.3%	99.0%	96.7%	↓	
Number of Crisis Resolution Teams	7.1	7.3	7.3	7.3	→	
Other National/CQC Targets						
Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date)	85%	98.1%	97.3%	97.3%	→	Local target 95%.
Completeness of Mental Health Minimum data set – PART ONE (As per 2008/9)	99%	97.6% Underachieved	99.4%	99.4%	→	Target assumed 99% as per CQC threshold 2008/9. MONITOR have confirmed 99% threshold for 2010/11 for this indicator.
Completeness of Mental Health Minimum data set – PART TWO (New – confirmed 22/12/2009)	TBA	Not Used	45.0%	45.0%	→	No threshold set by CQC or MONITOR for 2009/10 therefore cannot assess compliance.
Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set	80%	99.6%	93.2%	93.2%	→	
CAMHS - National Priorities - Six targets graded 1 (lowest) to 4 (best)	24	22	22	24	↑	Maximum Score 24
Annual Staff Survey (Job Satisfaction)	Benchmarked	Satisfactory	N/A	TBC		Survey based - Annual, threshold not available yet
Patient Survey	Benchmarked	Below Average	N/A	TBC		As above
Drug Misusers in effective Treatment	90.0%	95.5%	92.9%	92.9%	→	
Access to healthcare for people with a learning disability – report compliance to CQC	Yes	Not Used	N/A	Yes		
Best practice in mental health services for people with a learning disability – Green Light Toolkit Score	48	40/48 Underachieved	42	46	↑	Max Score 48
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98.0%	97.5%	98.3%	98.3%	→	Partner target for acute trusts. This will be excluded from future reports.
PCT Contract and Mandatory Targets						
Number of Early Intervention Services Teams	3	3	3	3	→	
Early Intervention Services Caseload	511	569	534	544	↑	
Newly diagnosed cases of first episode psychosis receiving Early intervention Services	176	243	199	248	↑	
Number of patients receiving Adult Crisis Resolution Services (Episodes for Year to date)	2280	2,346	1874	2552	↑	
Specialist Addictions – % of discharges retained 12 weeks or more	85.0%	96.1%	92.9%	92.9%	→	
Specialist Addictions - Number of drug misusers in treatment (snapshot at period end)	678	710	780	776	↓	
CAMHS Service protocols	12	12	12	12	→	Maximum Score 12
Mixed Sex accommodation breaches	0	0	0	1	↑	Reported as required to PCTs, no penalties or compliance issues.
Patient Experience - Community						
Assessment within 28 days of referral	95%	Not Used	88.2%	92.8%	↑	Local target of 95%
CPA patients - care plans in date	95%	93.1%	93.3%	94.2%	→	
Patient Experience - Inpatients						
Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)	95%	95.3%	98.3%	97.3%	↓	See graphs overleaf for more detail.
Information Governance/Assurance						
Information Governance Toolkit score	90.0%	87.0%	87.0%	90.9%	↑	Next assessment expected October 2010

Mental health

Three patients die on psychiatric ward

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

Mark Gould

Tuesday 12 April 2011
13.10 BST



This article is 4 years old



Unions warned that budget cuts would compromise staff and patient safety. Photo: [unclear]

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

The Docklands & East London Advertiser

Home News Sport Entertainment What's On Contact us iW

Crime & Court Politics Health Education Environment Heritage Weather Opinion

More staff for Mile End psychiatric ward with 3 violent deaths in 10 months

20:52 12 April 2011 | Mike Brooke



Mile End Hospital



NHS

East London
NHS Foundation Trust

Preparing the foundations



Sentinel event



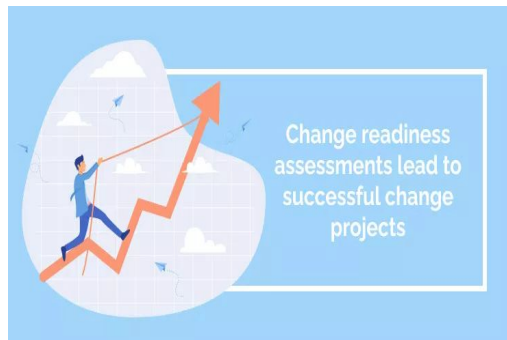
Visits to other organisations



Trust board bespoke learning sessions



Early small-scale tests



Assess Change Readiness



Identify strategic partner

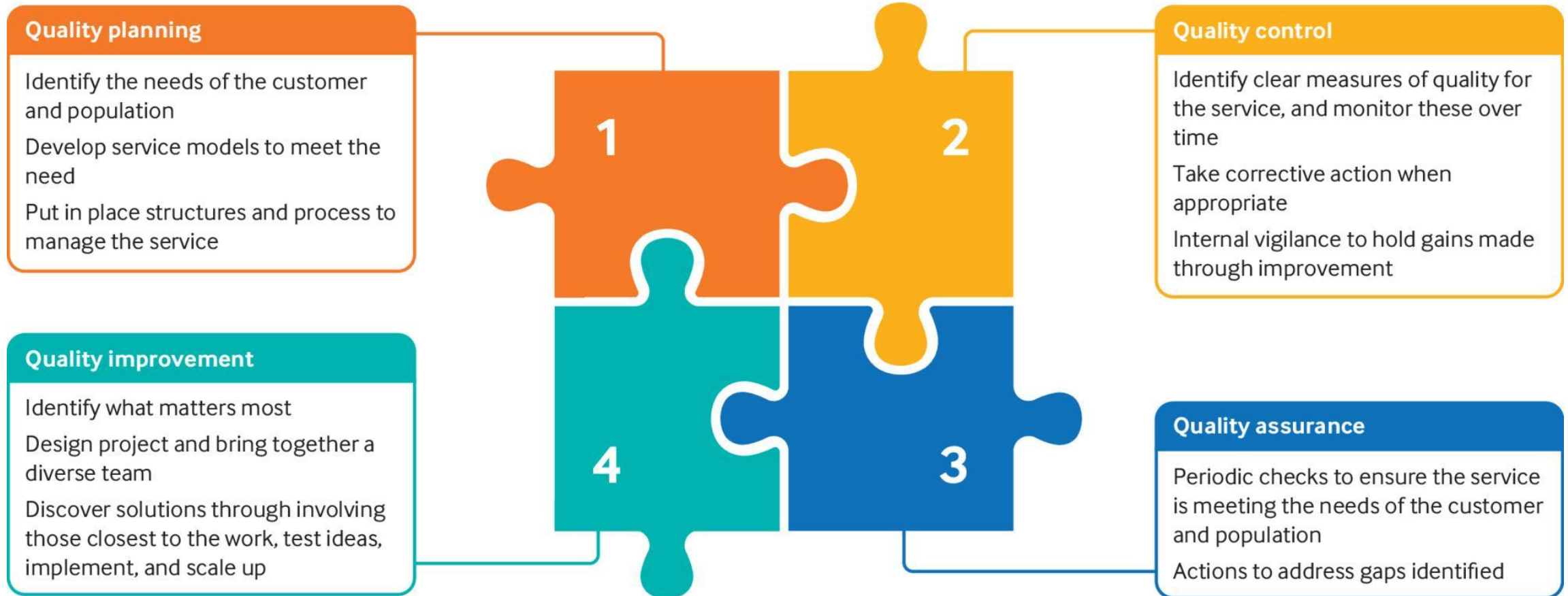


Developing the strategy through engagement



Approve Business Case

What is the ELFT management system?



We care
We respect
We are inclusive

Quality Planning at ELFT

Mission

What is our role in society

Strategic Outcomes

What are the biggest factors that will help us achieve our mission?

Specific Objectives

What do we need to work on, for each of our strategic outcomes, to achieve our mission?

To improve the quality of life for all we serve

Improved population health

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups

Improved experience of care

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities

Improved staff experience

- Develop and embed trauma-informed approaches into clinical practice and in our work with communities and partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities

Improved value

- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste



Trust Annual Planning Process

Progress Review & Learning

To support the delivery of annual plans, support is provided in various local forums including Corporate Performance and Quarterly Quality Meetings to review the progress made with the 2023-24 annual plans.

The review process helped to identify good planning practices and lessons to incorporate into future planning cycles

Development

Following the workshops, directorates produced and published their priorities for the year including monthly/quarterly/annual milestones for delivery.

From the directorate plans a Trust wide annual plan is developed highlighting the core priorities that support the delivery of the ELFT Strategy for the year.

2024/25 Annual Plan Workshops

This year, Trust wide plans were developed through a series of workshops and exercises with services, staff, service users and partners including commissioners, volunteer sector and local authority representatives.

The workshops took stock of the ELFT Strategy, national and local aspirations, local data and celebrated the progress of current plans, before focusing on future priorities and developing plans for the year ahead

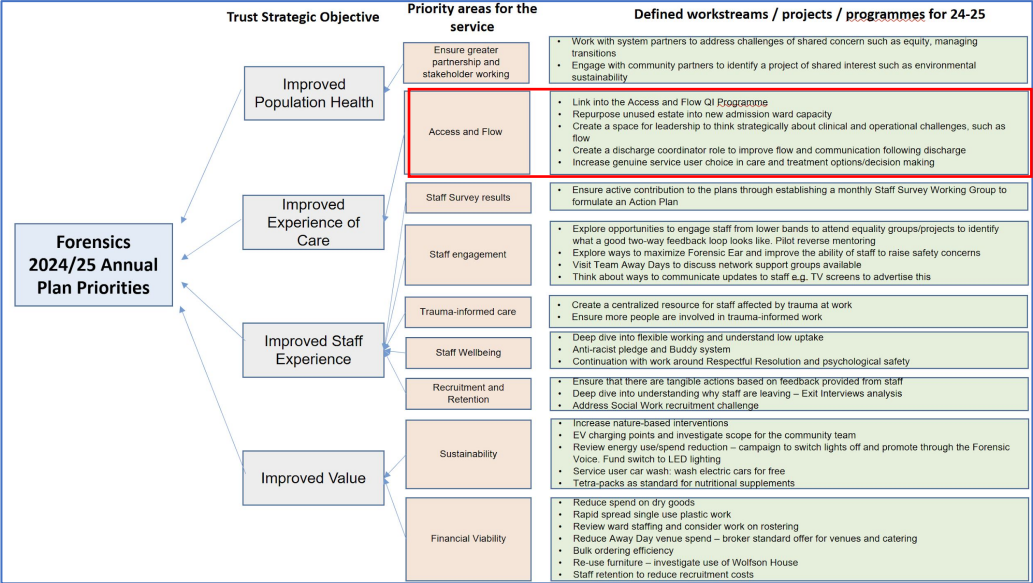
The workshops were facilitated in partnership with Corporate colleagues from Performance, Quality Assurance, Financial Viability, Commercial Development, People Participation and Transformation.

Mobilisation, Monitoring and Support

Building on the learning from last year, a more structured approach to delivery and execution will be adopted to delivery and monitor progress against the identified milestones.

Implementation support of the annual plans include establishing clear governance and detailed action plans to support effective execution of the strategy.

Example in practice: Forensics inpatient units

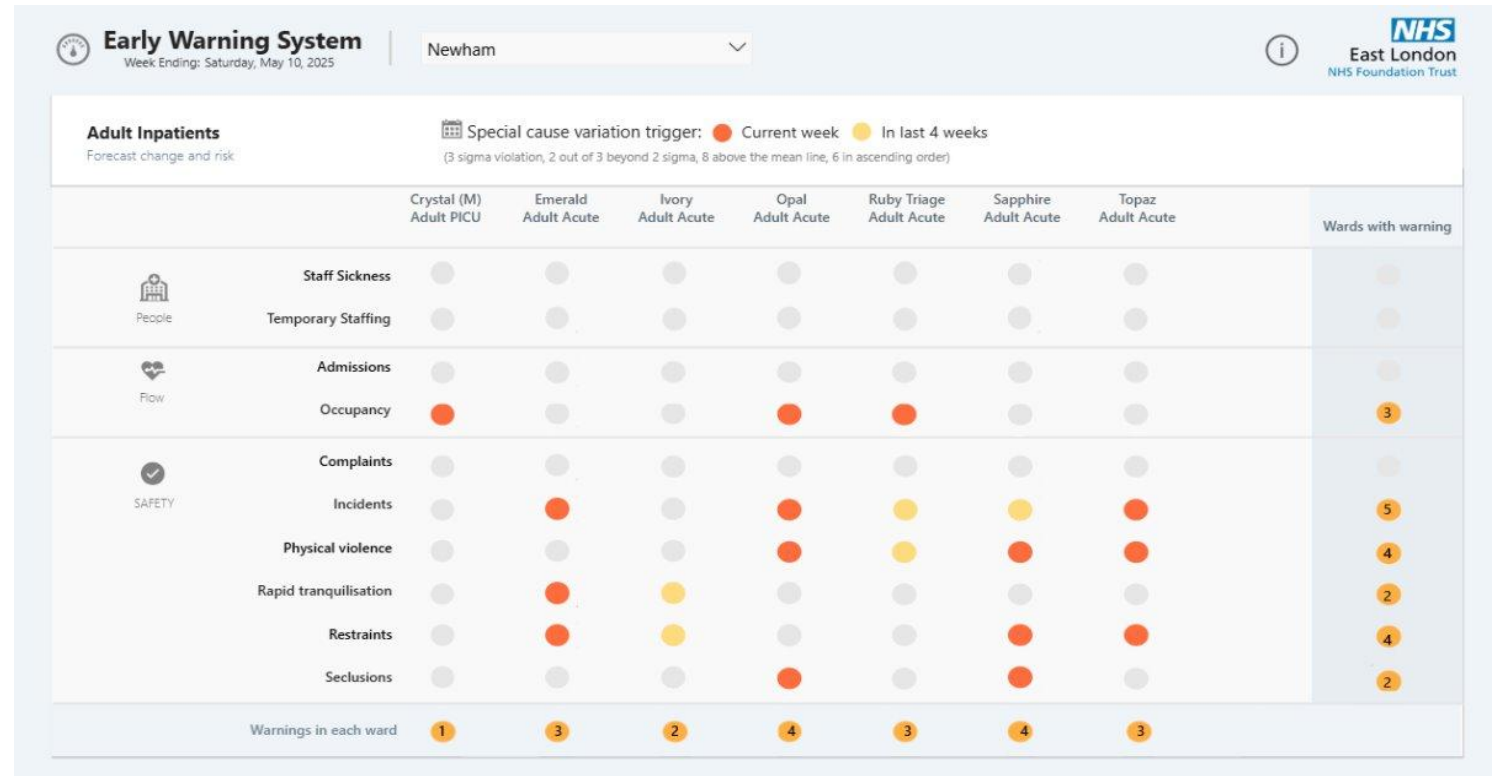


2024/25 Trustwide Annual Plan Priorities			
Strategic Objectives	Key Programmes	Priorities	
Improved Population Health Outcomes	Improving local employment support	• Increase the percentage of service users accessing Individual Placement Support from 15% to 20% by next year	
	Income maximisation by increasing access to financial advice	• Improve access to cost-of living support and reduce work poverty by increasing the percentage of ELFT suppliers paying Real Living Wage from 68% to 80% by 2025	
	Improve physical health support for people with Severe Mental Illness	• Sustain the percentage of service users who successfully quit smoking within 28 days after receiving support, currently at 25%, with a stretch target of 28% by the end of 2025.	
Improved Experience of Care	Pursuing Equity Programme	• To reduce the gap in appointment non-attendance between those in the most deprived and least deprived areas by September 2025	
Improved Staff Experience	Improving Flow across the Trust	• To reduce the average length of stay across inpatient adult mental health units at ELFT to 40 days by April 2025 • Reduce private sector beds use to 0 by October 2024	
	Workforce Race Equality Standard	• Reduce the relative likelihood of BME staff entering the formal disciplinary process compared to white staff, aiming for zero inequity by April 2025	
	Workforce Disability Equality Standard	• Increase the overall declaration of disabilities from 7.5% to 10% by April 2025	
Improved Value	Staff Survey	• Increase the response rate from 42% to 52% by April 2025 • Improve the engagement score from 7.2 to 7.5 by April 2025	
	Gender Pay Gap	• Reduce the median gender pay gap from 1.22% to 1% by April 2025	
	Finance & Value	• Ensure the Trust utilises its capital resource limit allocation for 2024/25 • Ensure the Trust reduces its recurrent underlying deficit in 2024/25 by at least 25%	

Priority/ Key Objective	Where do we expect to be by...				What performance measures will be monitored?	How does this link to your FV/Sustainability goals	What support is required to achieve this priority?	Accountable lead
	Quarter 1	Quarter 2	Quarter 3	Quarter 4				
Ensure greater partnership and stakeholder working	Liaise with Hackney ELFT Governors to follow up on offer of introduction to local third sector organisations	Meet and scope joint venture with third sector organisation	Trial joint venture with local third sector organisation	Review of joint venture with third sector organisation	• Dependent on nature and scope of project	• Potential to identify and eliminate process duplication • Potential for collaboration around environmental sustainability	Introduction from Hackney ELFT Governors	Inthiha Kesavapathan
Access and Flow	Submit proposal for new admissions ward	Mobilisation and opening of new ward	Development of Discharge Coordinator role	Launch of Discharge Coordinator role	• % of CRFD • % of occupied bed days • Length of stay • Delays attributed to housing/social care	• Significant new income generation	Sign off from wider organization and from stakeholders	Dr. Marc Lyall
Staff survey results	Establish Monthly 2023 Staff Survey Working Group	Develop 2023 Staff Survey Action Plan	Promote 2024 Staff Survey in effort to improve uptake	Senior Leadership Group analysis of 2024 Staff Survey	• Staff survey responses	• Generation of new ideas that support sustainability	None identified	Shade Olutobi/ Lawford Clough
Trauma-informed care	Develop a central resource for staff members who experience trauma at work	Launch of central resource for staff members who experience trauma at work	Provide additional trauma-informed training	Extend team of trauma-informed practitioners	• Staff turnover rates • Staff sickness	• Reduced sickness levels	Training costs	Chiquita Smith
Staff Wellbeing	Anti-Racist pledge to be disseminated	Promote Work/ Life Balance Policy for information with Forensic Voice campaign	Rollout of Training for Respectful Resolution	Rollout of Anti-Racist Buddies	• Staff turnover rates • Staff engagement scores	• Reduced sickness levels	Access to anti-racist training and consultation	Mayuri Parmar/ Shade Olutobi
Recruitment and Retention	Recruitment to senior Social Work vacancies	Deep Dive into Exit Interview feedback themes			• Sickness/absence rates • % of vacancy rates • Agency spending	• Reduced recruitment costs	None identified	Denis Thompson/ Shade Olutobi
Sustainability	Increase in Horticultural Therapy provision	Forensic Voice campaign around energy use	Tetra packs as standard for nutritional supplements	Installation of electric car charging points	• Reduction in carbon dioxide emissions • Increase in staff reporting active travel • Actual energy usage across the Trust	• Reduced fuel usage • Reduced Pharmacy spend	Funds required for electric charging points	Tonderai Kasambira
Financial Viability	Finalisation of 2024/ 25 Financial Viability Programme	Rapid spread of single use plastics reduction work	Broker standard arrangements for Away Day accommodation and catering costs	Planning for 2025/ 6 Financial Viability Programme	• Delivery of FV plans against target	• Reduced expenditure • Improved environmental sustainability	Guidance from Financial viability meetings and workshops	Lawford Clough/ Jodie Pritchard/ Helga Hakala/ Melekanya Mazono/ Chiquita Smith

Quality Control at ELFT

- Huddles
- Visual management (PowerBI)
- Actions planning
- Escalations



We care
We respect
We are inclusive

Quality Assurance at ELFT



**Balanced and
meaningful**



**Increased clinical
ownership**



Patient leadership



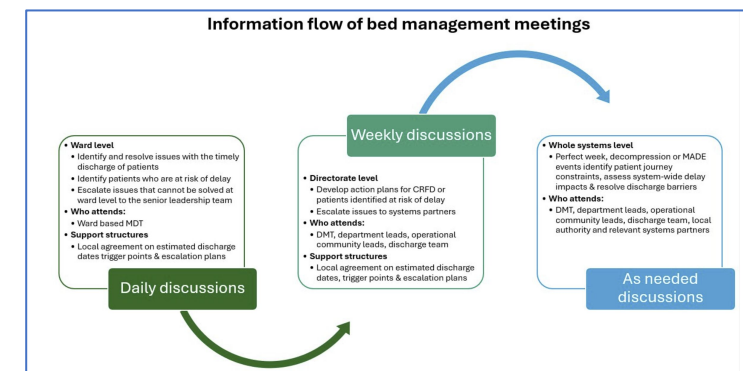
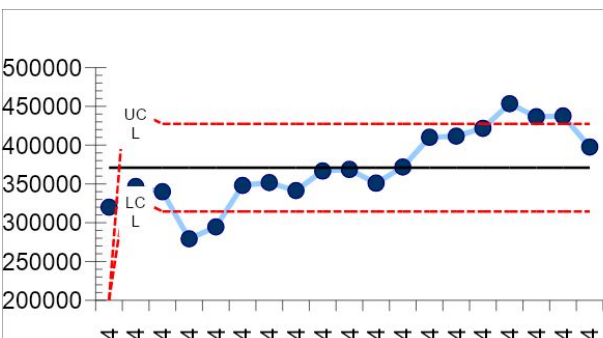
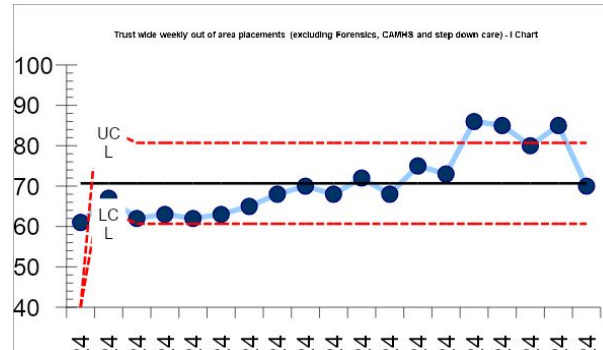
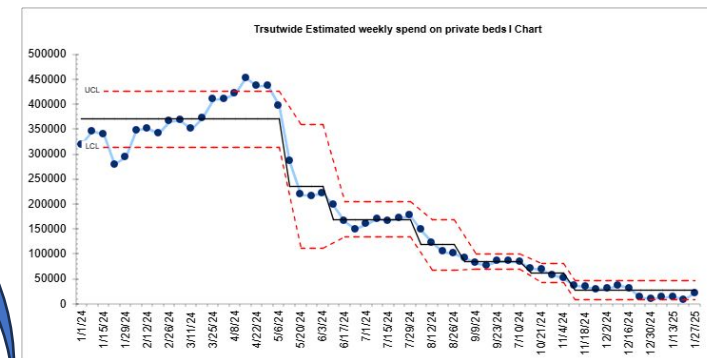
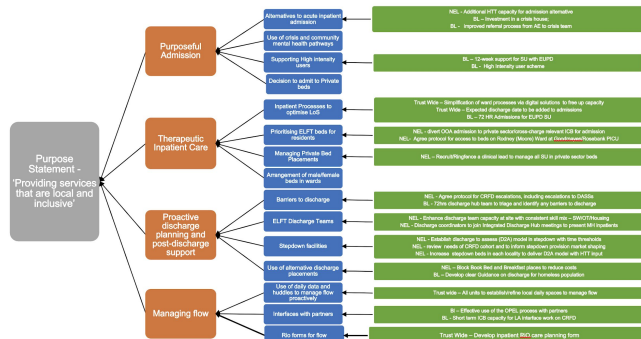
**We care
We respect
We are inclusive**



Quality Improvement at ELFT



East London
NHS Foundation Trust



We care
We respect
We are inclusive

elft.nhs.uk

Building Improvement Capability as a Golden Thread

1hr session for all staff at induction. 1 day Pocket QI programme.

Improvement Leaders' Programme: 1 year programme for teams tackling complex issues that matter to them across the organisation.

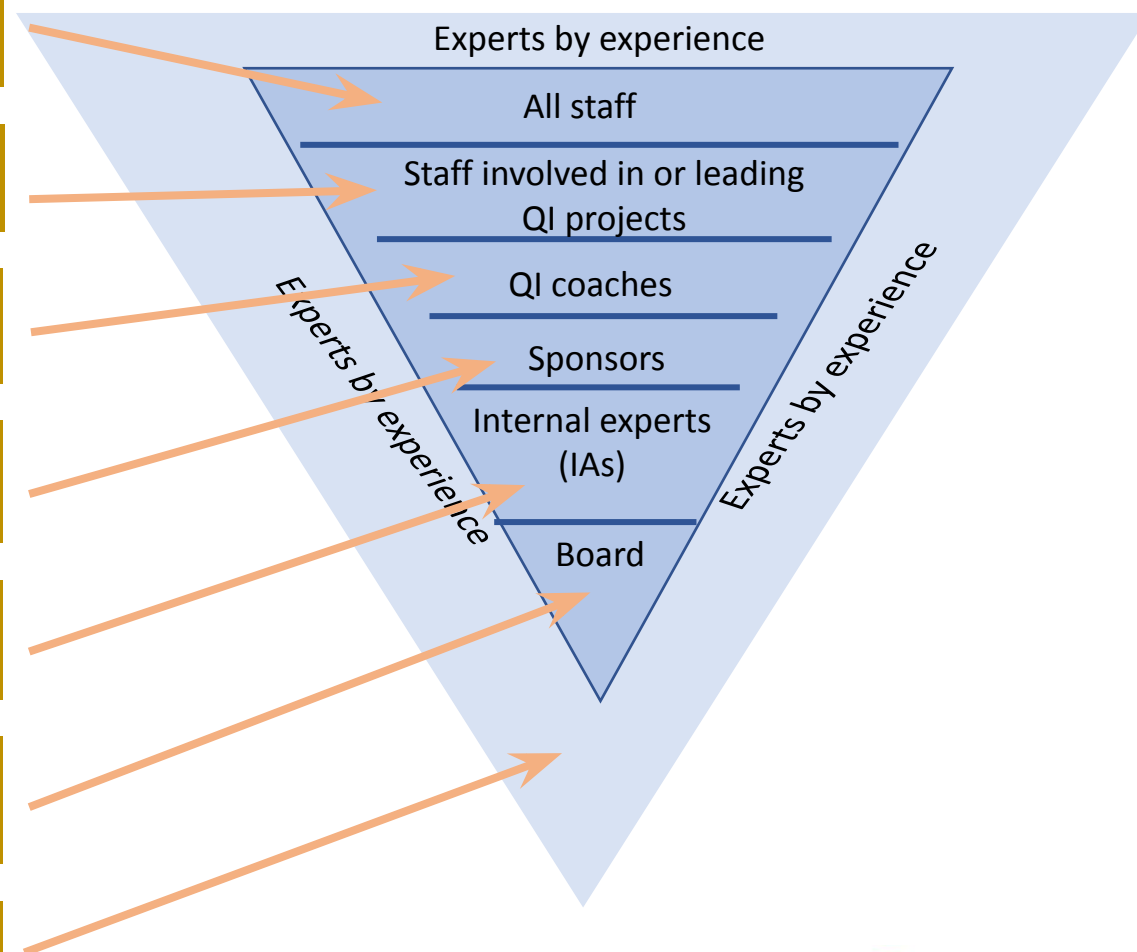
Improvement Coaching Programme. 6 month programme embedding deeper understanding of tools, data and coaching skills for improvement.

Senior leaders in each directorate sponsor QI work. All complete the ILP, and 150 have completed the Senior Clinical Leaders programme

Currently 10 IHI improvement Advisors (IAs) graduates, 4 in training

All Executives have completed or completing ILP
Regular Board development on QI

Bespoke intro to QI learning for service users and carers.



Please meet Kerry...



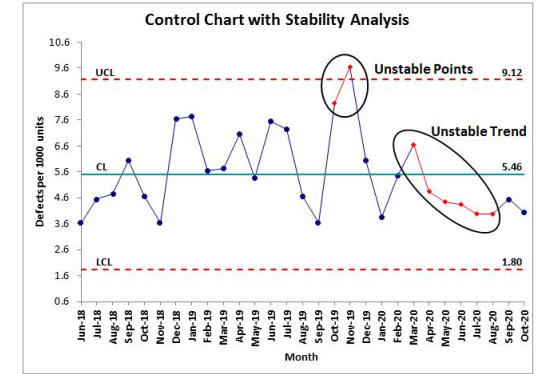
Key messages



Relationships and connections, culture, values and trust



Executive portfolio that spans the whole management system



Data driven decision making



Constancy of purpose



Governance structures that seek to learn



Inclusion and celebration are key

Thank you for listening

Joanna Moore: Associate Director of Quality Improvement:
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Ellie Parker: Head of Quality Assurance:
Eleanor.parker9@nhs.net