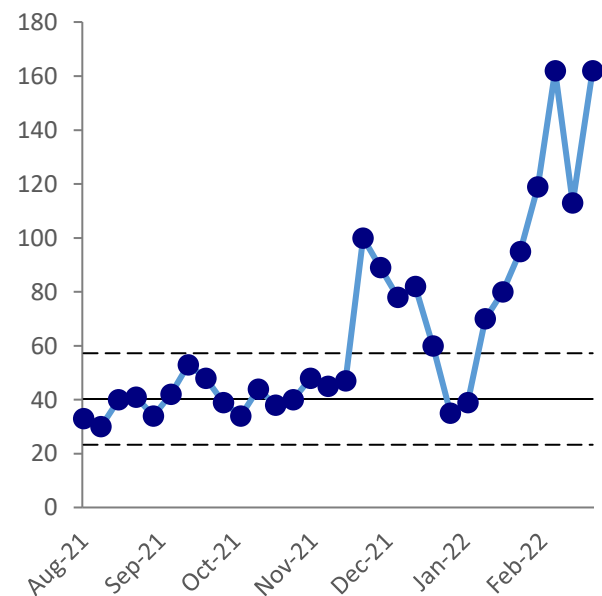
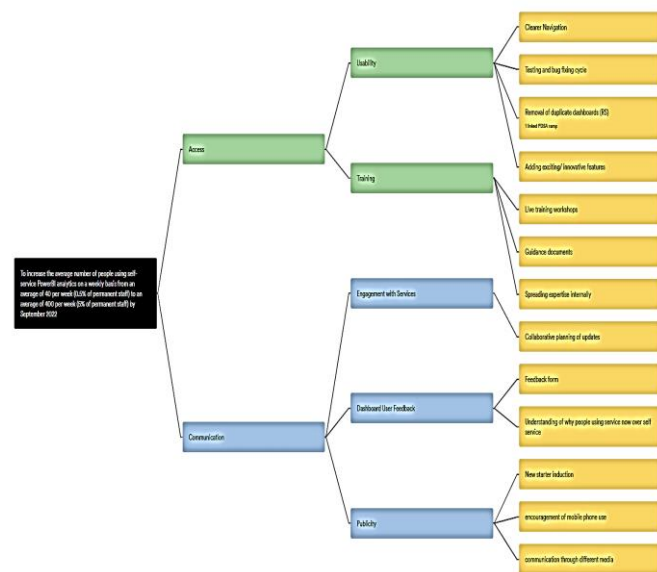


# Developing an improvement-focused quality management system using Microsoft Power BI

Health Re-Wired 15<sup>th</sup> March 2022



# Self service dashboards in 2013...the beginning

JAN 2013

TABLED DATA

Table 1. All medication errors per directorate for Quarters 1 and 2 (2012)

Directorate	Quarter 1 2012/13 (harm)	Quarter 2 2012/13 (harm)	Quarter 3 2012/13 (harm)	Q3 High risk medication (harm)
City & Hackney	17 (0)	17 (1)	11 (0)	0
Newham	13 (1)	9 (0)	6 (0)	1 (0)
Tower Hamlets	11 (0)	18 (1)	16 (0)	0
Forensic Services	11 (0)	14 (0)	7 (0)	1 (0)
MHCOP	6 (0)	6 (0)		
Specialist Services	2 (0)	4 (0)		
Community Health Newham	3 (0)	3 (0)		
<b>Total</b>	<b>63 (1)</b>	<b>71 (2)</b>		

Table 4. Trust wide data – Summary

		City & Hackney (n=46)	Newham (n=27)	Tower Hamlets (n=42)	Trust (n=115)
Question 1: Have you been given information about your medication?	Y	63%	59%	48%	57%
	N	33%	37%	50%	40%
	DK	4%	4%	2%	4%
Question 2: Was this during a conversation with a member of staff?	Y	63%	52%	45%	54%
	N	28%	37%	48%	37%
	DK	9%	11%	7%	9%
Question 3: Was this written	Y	41%	37%	33%	37%

Figure 1. Trust wide SULSA scores across the ten standards for Quarter 2 (Q2)

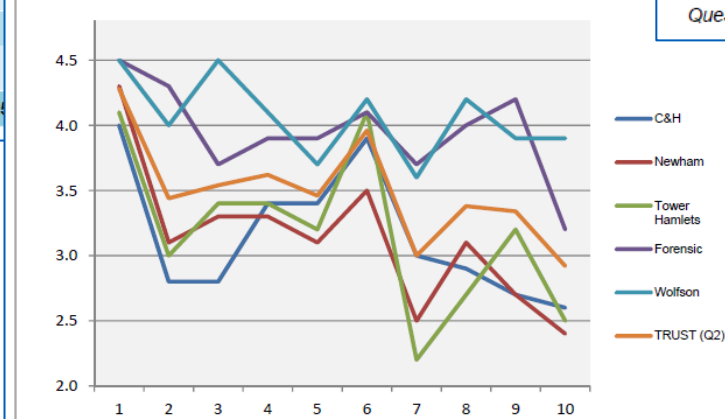


Table 2. Selected CQUINs and borough completion rates

CQUIN Type	Description	CH % Complete	NH % Complete	TH % Complete	MHCOP % Complete	TW % Complete
1C - GPIR	Patient with health condition and GPIR completed or in date	93.9 %	85.3%	74%	82.3%	83.9%
1D - MEDR	Latest MEDR Doc attached within 72 hours of Admission	87.6%	92.3%	96.1%	98.5%	93.6%
1E & 3D - NODF	Latest NODF Doc attached within 1 Weeks of Discharge	90.5%	99.1%	91.7%	92.2%	93.4%
1F - CPAT/ARIS/CPAP/MDTR	CPA Document (CPAT/ARIS/CPAP/MDTR) was attached within 2 weeks of the CPA Review	91.1%	79.4%	91.2%	94.9%	89.2%

Question	City & Hackney (n=47)	Newham (n=36)	Tower Hamlets (n=37)	Trust (n=120)	
1: Variety of food available at each meal	3.1	3.6	3.1	3.3	
2: Variety of food availability throughout the day	3.2	3.1	3.2	3.2	
3: Please rate how easy the menu is to understand	4.3	4.0	4.3	4.2	
4: Please rate how easy it is to order what you want from the menu	4.0	4.1	4.0	4.1	
5: How often did you receive what you ordered?	3.4	3.8	3.4	3.5	
6: How well do you feel that the food meets your nutritional needs	3.0	3.6	3.2	3.3	
7: Please rate the courtesy and friendliness of the staff who serve the food	4.1	4.2	3.8	4.1	
8: Would you prefer your main meal to be served at:	Lunchtime	49%	50%	24%	42%
	Evening	38%	31%	49%	39%
9: How would you rate the portion size	3.5	3.9	3.6	3.7	
10: How would you rate the presentation of the food	3.4	3.7	3.3	3.4	
11: Overall enjoyment of the meal	3.0	3.1	3.1	3.1	
12: Dietary requirement	Yes	28%	42%	44%	35%
	No	72%	58%	56%	63%
	Halal	6%	19%	14%	13%
13: Dietary requirement - type	Kosher	2%	0%	0%	1%
	Diabetic	0%	0%	8%	3%
	Vegetarian	11%	11%	11%	11%
Other	9%	11%	11%	10%	

Table 3. Patient data (July to September 2012)

Indicator Detail and Rationale	Trust wide		City and Hackney		Newham		Tower Hamlets	
	Current Performance	Change since July 2012	Current Performance	Change since July 2012	Current Performance	Change since July 2012	Current Performance	Change since July 2012
Safety Incidents	35.7	↓	31.1	↑	43.1	↓	40.4	↓

Number of incidents \*

\* expressed as percentage per 1000 bed days – Whole Trust

information?	N	52%	56%	55%	54%	
	DK	7%	7%	12%	9%	
Question 4: Who gave you this information?	A	26%	30%	35%	31%	
	B	35%	30%	20%	29%	
A - Doctor	D - Don't know	C	11%	0%	7%	6%
B - Nurse	E - Other	D	4%	15%	8%	9%
C - Pharmacist		E	24%	25%	22%	24%
Question 5: Was the information clear and easy to understand?	Y	52%	70%	48%	55%	
	N	39%	22%	31%	32%	
	DK	9%	7%	21%	13%	
Question 6: Do you know you can speak to a Pharmacist about any medication issues?	Y	63%	78%	50%	62%	
	N	26%	0%	40%	25%	
	DK	11%	22%	10%	13%	

# Challenges with the 2013 approach



CULTURAL IMPACT
Data not owned by services but Informatics/Performance department.
Passive recipients – wait for information to be provided to them
Limited use of data in organisation and not real time.
Lack of data driven decisions – focus on external reporting needs rather than internal Trust management.

INTEGRATION
Too many icons on desktop
Information available in different places across different systems
Use of paper systems
Lack of integration – still using local Excel spreadsheets

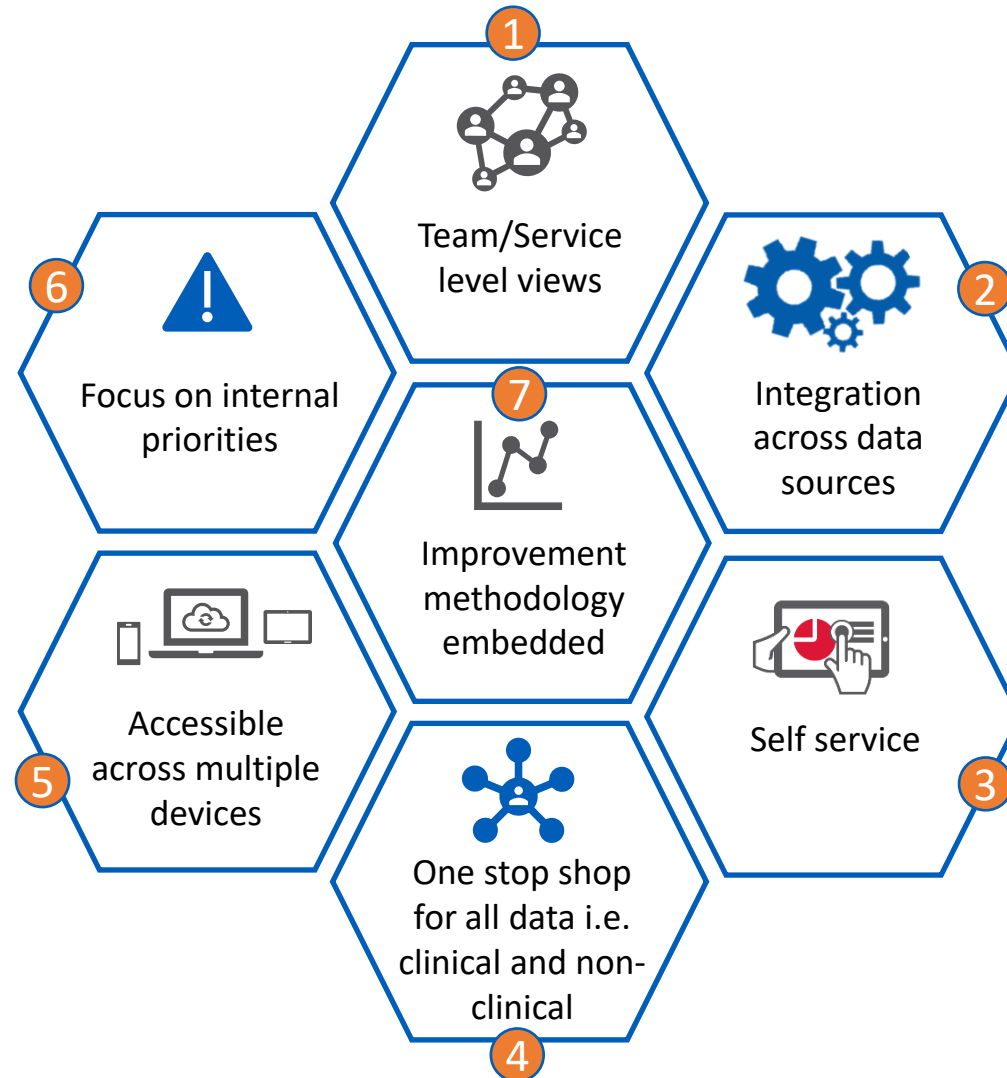
TIMELINESS
Poor timeliness of reports – not available on demand and a huge lag in development
No ability for local customisation/self service
Long turnaround time for data requests
Not completely up to date, late data entry
The organisational demand reports outweigh the limited capacity to provide these.
No transparency or standardisation in development

ANALYTICS
Performance focus – looking backwards
Data shared is often not seen as meaningful for clinicians
Created for manager/director use rather than clinical team use
Limited ability to look at variation over time (i.e. SPC charts)
No way to look at variation across teams/services/clinicians
Very basic data use – limited use of QI, no use of predicative analytics
Difficult to integrated different data sets from multiple sources (i.e. clinical and non-clinical).

DIFFICULTIES WITH DAY TO DAY WORK
Too many reports – hard to navigate
Poor user interface and experience
Lack of transparency – access limited to a minority of people
Poor visualisations – hard to interpret
Can't view unless on Trust network
Wrong information – poor data quality
No ability to define what data to collect
Unclear scope of audience for reports



# The integrated portal approach



# Following the trust's strategic outcomes

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.

**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

**Improved population health**

- Prioritise children and young people's emotional, physical, social
- Support service users, carers and the communities we serve to de
- good quality employment
- Support service users, carers and the communities we serve to ac
- Contribute to the creation of healthy and sustainable places, incl
- Champion social justice, and fully commit to tackling racism and
- Prioritise prevention and early detection of illness in disadvant

**Improved experience of care**

- Address inequalities in experience, access and outcomes in our se
- Deliver on our commitment to integrated care, including multidis
- Get the basics right through reducing waiting times and increas
- demand
- Continue to build our approach to coproduction, people partici
- befriending
- Build on the innovation that we saw during the pandemic to tra
- strengthening our ability to adapt and remain flexible and resilie

**Improved staff experience**

- Develop and embed trauma-informed approaches into clinical pr
- processes
- Prioritise safety of care and develop our patient safety approach
- Enhance our digital data infrastructure so it works effectively
- Get the basics right through supporting our staff and teams to th
- life balance
- Develop and grow our workforce, offering learning, profes
- exciting opportunities for staff, service users, carers

**Improved value**

- Extend the financial viability programme, engaging all in reduc
- sustainability
- Work collaboratively across the system with our partners to impr

**To improve the quality of life for all we serve**

**Mission**  
What is our role in society

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

**To improve the quality of life for all we serve**

Improved population health

Improved experience of care

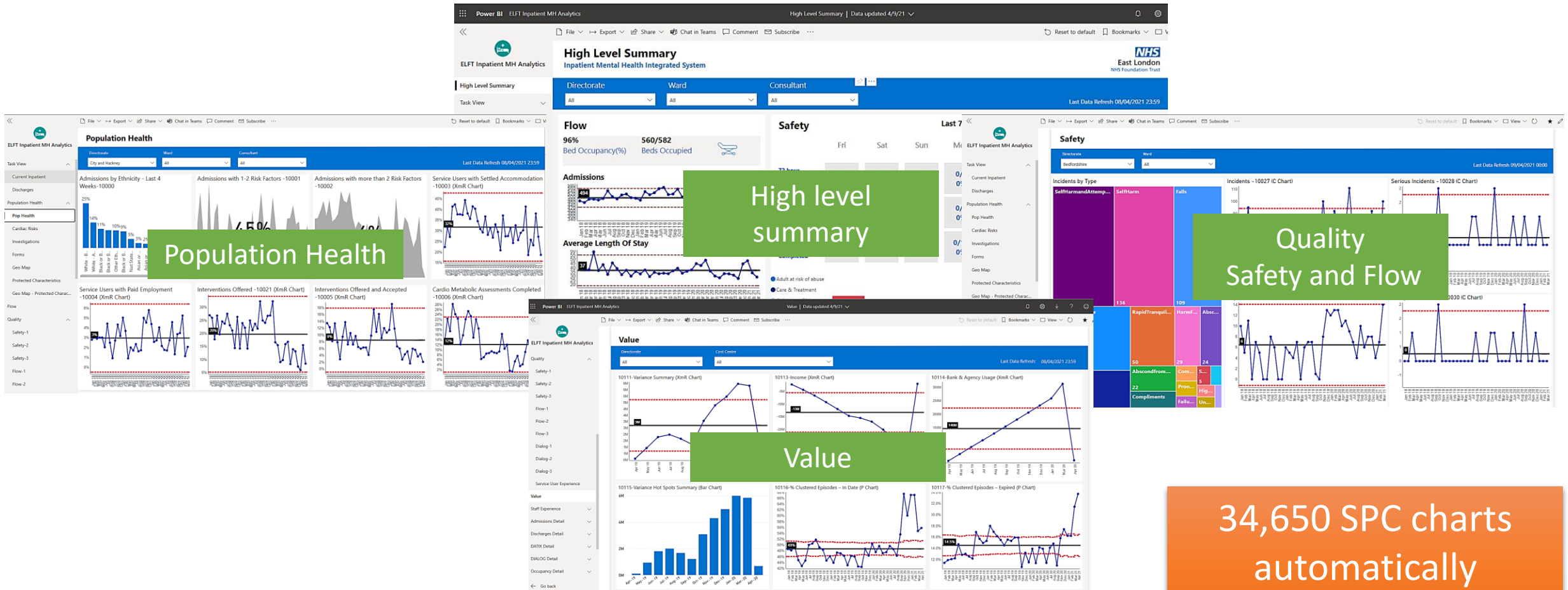
Improved staff experience

Improved value

**ELFT Inpatient MH Analytics**

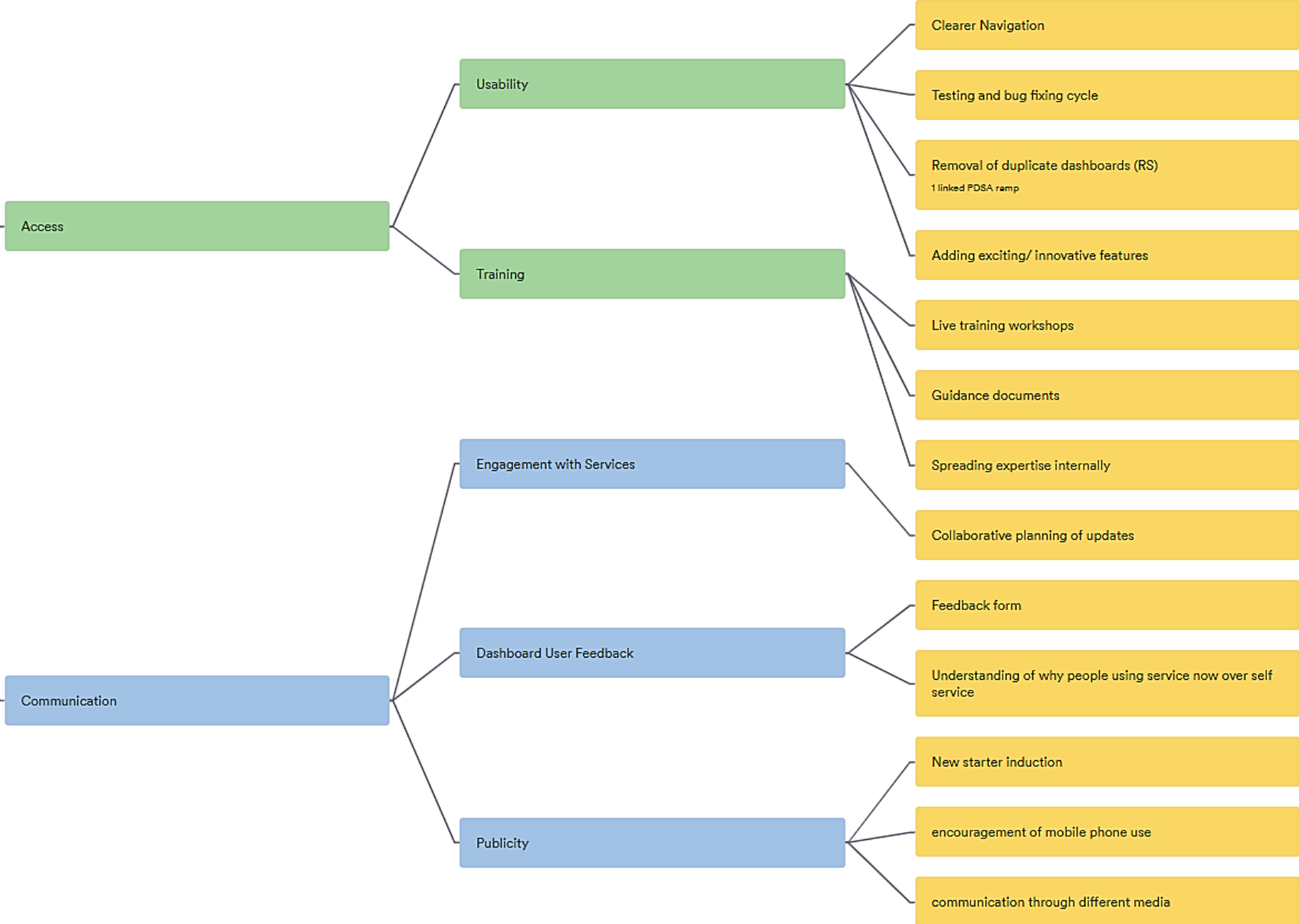
- Population Health
- Quality
- Value
- Staff Experience

# SPC functionality at scale



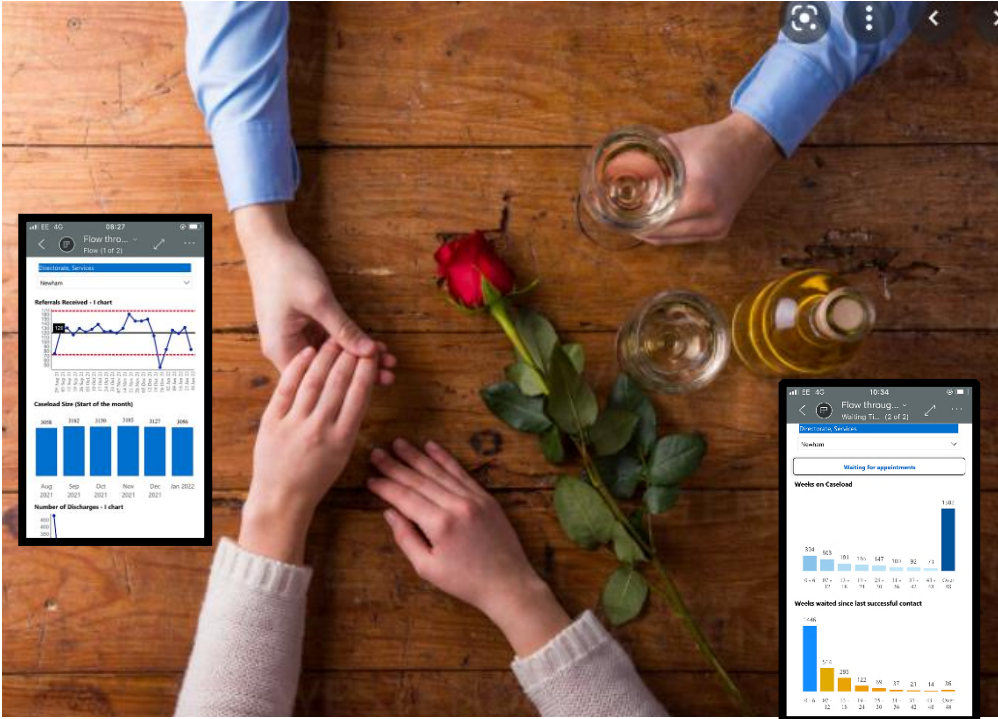
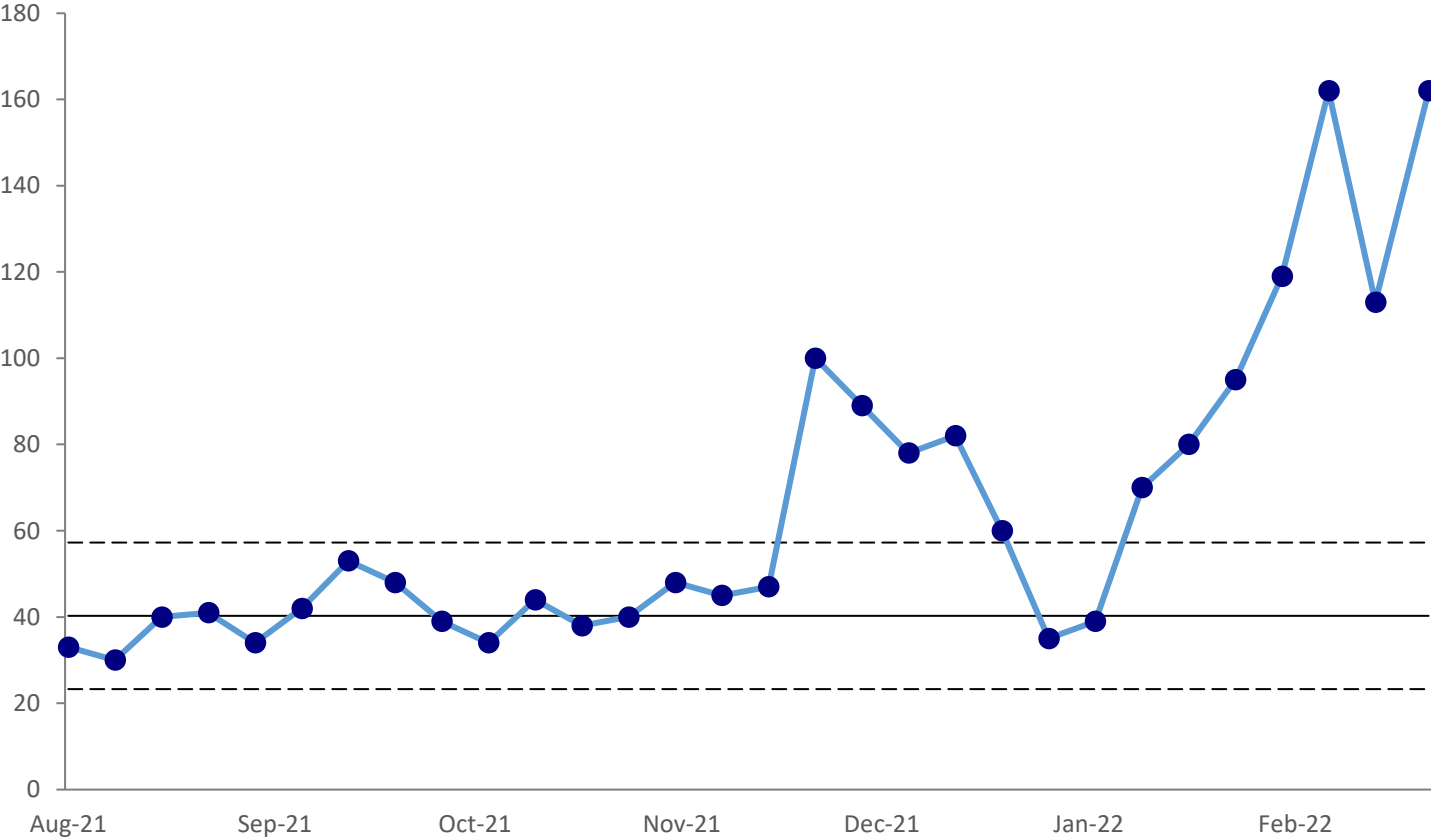
# Driving Improvements

To increase the average number of people using self-service PowerBI analytics on a weekly basis from an average of 40 per week (0.5% of permanent staff) to an average of 400 per week (5% of permanent staff) by September 2022



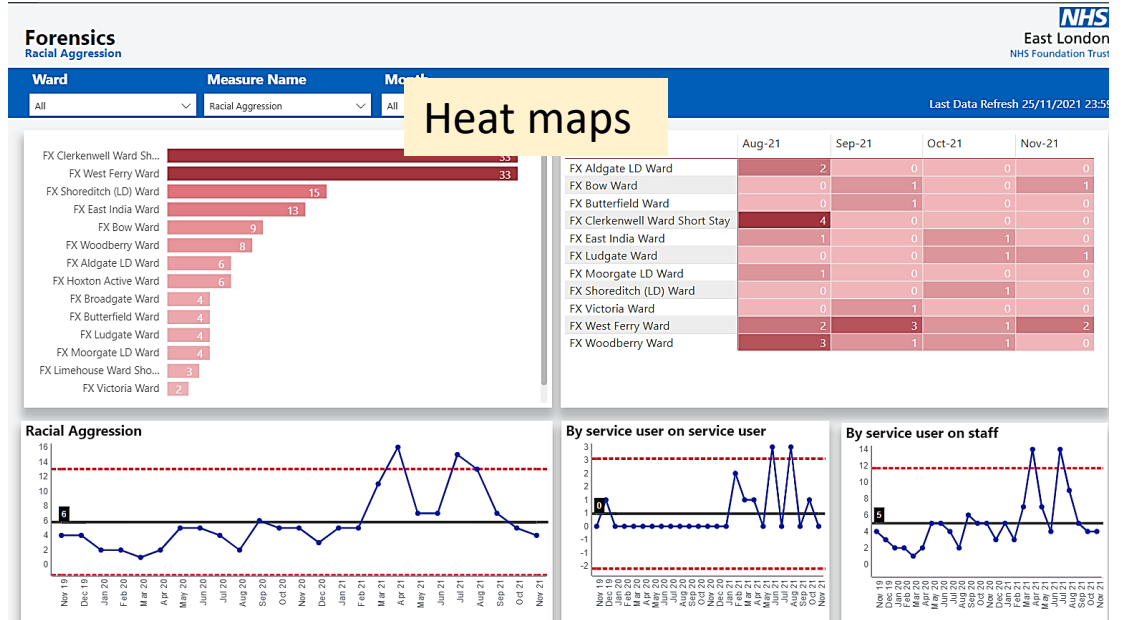
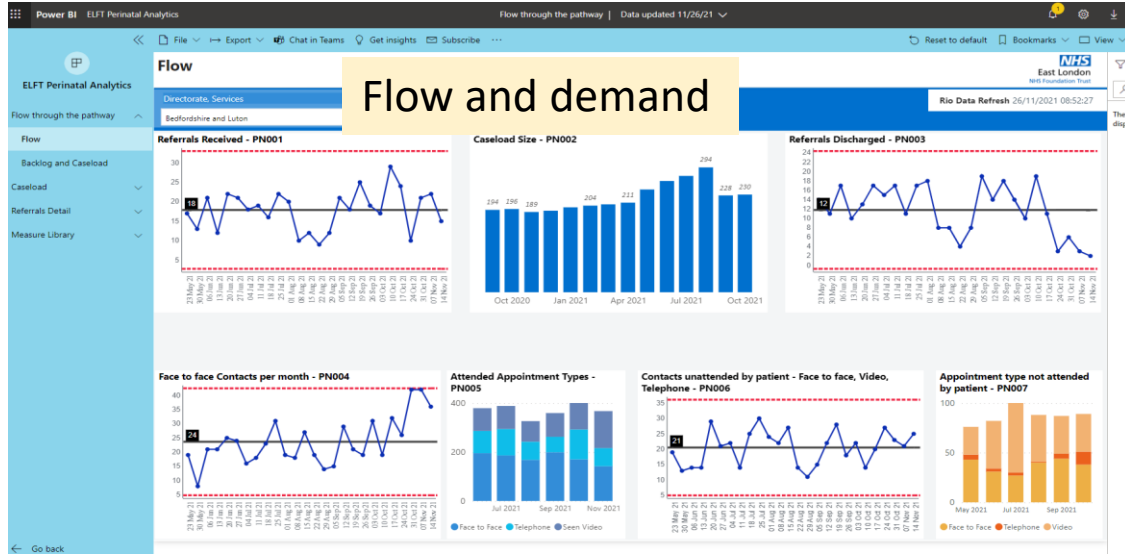
# Improving access to self-service analytics across the trust – dates with data!

Weekly Power BI Users (I Chart)





# Innovation



### Protected Characteristics

