Title	Quality Report
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Purpose of the Report

The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is now contained within the integrated performance report, which contains quality measures at organisational level.

Committees/Meetings where this item has been considered

Date	Committee/Meeting
	N/A

Key messages

The quality assurance section focuses on the topic of transition between children's and adult mental health services, which is a key point of patient safety risk. We conducted an analysis of the key transition processes, particularly given the potential at times of increased system pressure to tighten access criteria to services. Our findings suggest that the processes in place to manage transition between CAMHS and adult services are robust, with 6-month transition periods, joint working and transition support workers (in Bedfordshire and Luton). There were no level 1 serious incidents in the past 2 years that noted transition between CAMHS and adult services as a system issue. Only one level 2 incident noted transition as a factor, and the actions from this incident investigation have been implemented in full. We have identified a number of recommendations to further strengthen the system, which CAMHS will work on and report progress to the Quality Assurance Committee.

The quality improvement section outlines the plan for 2022-23, showing how the Trust will utilise QI in supporting delivery of the Trust strategy. The year ahead will include a continuation of our triple aim work, and new QI programmes on the topics of inequalities and flow, given how strategically important both of these areas are. The report describes progress on high impact QI work to reduce agency spend, improve meaningful and full involvement of service users (Big I) in quality improvement work, and improve the experience of new starters at ELFT.

Strategic priorities this paper supports (Please check box including brief statement)

Improved population health outcomes	☒	The information provided in the Quality Report supports the four strategic objectives of improving patient experience, improving population health outcomes, improving staff experience, and improving value for
Improved experience of care	☒	
Improved staff experience	☒	

Improved value	☒	money. Information is presented to describe how we are understanding, assuring against, and improving aspects related to these four objectives across the Trust.

Implications

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities directly or indirectly identify or address inequity or disparity.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report. The Trust is currently compliant with national minimum standards.
Service User / Carer / Staff	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.
Financial	Much of our quality improvement activity helps support our financial position, through enabling more efficient, productive services or supporting cost avoidance. However, there is nothing presented in this report which directly affects our finances.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

1.0 Quality Assurance

1.1 People are vulnerable when they move between different parts of the health system. Care transitions threaten patient safety, as they can increase the possibility of losing critical clinical information and require an increased degree of coordination. These risks can be heightened at times when a service, or the system, is under particular strain. During periods of high demand, there is an increased risk that services tighten access to the service, and more rigidly manage the boundaries between services. Given the exceptional challenges of the past two years, we set out to test the safety and quality of processes for managing the transition of service users from Child and Adolescent Mental Health (CAMHS) to Adult Mental Health (AMHS) Services, and present the findings from this work to the Board for assurance.

2.0 Background

2.1 At present the CAMHS service provides assessment and treatment services for children and young people from 0-18th birthday with moderate to severe mental health problems.

2.2 The Early Intervention Team (EIT) is embedded within the CAMHS service but works with people aged 14-35 years old with early onset psychosis, in parallel with Adult early intervention. The EIT uses the Care Programme Approach (CPA) Policy as its case management framework.

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2.3   AMHS provide assessment and treatment services to people from the age of 16-64 years of age. They will primarily provide services to 18–64 year olds who present with an acute mental health illness, or who have moderate to severe mental health problems. These age criteria provide a framework within which services will operate and are not rigidly fixed.

2.4   The importance of transition from CAMHS to AMHS has long been recognised, occurring as it does at a time of other simultaneous practical, developmental and psychosocial transitions. Additionally, research suggests that whilst there is a need to incorporate the views of young people in service planning and delivery to ensure a safe and smooth transition, there are often mis-matches between the young person's views about their strengths, challenges and needs, and the services they receive. There is a further risk that the mis-match is exacerbated by differences in service provision between CAMHS and AMHS, and thresholds and criteria for receipt of services. At best, the complexities of moving between two quite different services, even within the same provider, at a challenging time for young people, often mean that experience is poor, and quality of care is impacted negatively. At worst the transition can be high risk and difficult to manage safely.

2.5   In 2018 the Healthcare Safety Investigation Board published the report into their investigation into transition from child and adolescent mental health services to adult mental health services. The investigation looked at the picture nationally, but was prompted by the suicide of a young person approaching 18 years old, who had been looked after by CAMHS for some months, and was acutely anxious as he moved to the point of transition to adult services.

2.6   Whilst the investigation found limited information available to determine how many young people present in crisis or take their own lives shortly after being discharged from CAMHS or following transition from CAMHS to Adult Mental Health Services (AMHS), it estimated that more than 25,000 young people transition from CAMHS each year, and that only 4 per cent of young people received an 'ideal' transition.

2.7   Recommendations from the investigation report have impacted on policy, clinical guidance, and regulatory activity. NICE published guidance on 'Transition from children's to adults' services for young people using health or social care services' (NG43), and the CQC published a review of children and young people's mental health services. The themes of these documents are:
- Service user involvement in planning and preparation is key
- Flexibility of approach in terms of timing, duration, involvement of other agencies
- Planning should be careful, gradual, person-centred and strengths-based
- Close support during the transition period (before, during and after)
- Clear, consistent and regular communication with all parties
- Consideration to be given to extending the scope of CAMHS to 25 years

3.0 ELFT processes for safe and effective transition

3.1 The Trust has clear policies in place for the management of transition between CAMHS and AMHS. There is one policy covering Luton and Bedfordshire and a separate policy for East London services. Both policies predate the national guidance referenced above, however both documents have been reviewed subsequently (in March 2019).

3.2 Both are written with regards to good practice guidance, and set out clear roles and responsibilities and steps to be taken to manage a safe and effective transition in the respective areas. Both policies have common principles about being person-centred, involving the young person and having a 6-month transition period.

3.3 Subjective review of operationalising the policies, and effectively managing transitions across the Trust, by those closest to the work, presents a positive picture. In our interviews with services to explore how the policies are implemented, we found:
- when CAMHS service users are transferred to adult services, there is a 6 month period where there is overlap between the services
- During this 6 months, the service user stays with their CAMHS care coordinator but there is joint working between the services and allocation of a new care coordinator from the adult team
- The transition is gradual and involves lots of intervention and support, especially for high risk service users

3.4 Luton and Bedfordshire services have dedicated transition support workers who support young people throughout transition. They are complementary to clinicians and enhance the experience of transition to ensure this is as smooth a process as possible, and responsive to the need of the individual. They have been in post for 3 years with positive feedback. East London services have proposed a case to commissioners to mirror the 'transition support worker' role.

3.5 East London services audit patient experience for a sample of completed transitions every six months. Luton and Bedfordshire services have recently completed an audit of transition management. Based on reviewing 230 cases between September 2020 and February 2021, within which 34 young people transitioned to adult mental health services, the audit found that transition meetings took place, even if not within the initial six months; clinicians went above and beyond the policy requirements in order to provide support during this period; care was extremely individualised to the particular strengths and needs of each case. Actions have been taken forward to improve the reliability of ensuring care plans are in place at the point of discharge from CAMHS, and to work with schools and GPs in order to reduce the number of young people who do not engage with CAMHS.

3.6 Services across the Trust acknowledge the challenge of managing the differences in service provision and approach to care delivery between CAMHS and AMHS, and describe a sense that AMHS are less well-resourced to effectively meet the needs of young people. There are regular discussions with AMHS colleagues related to any young person who will require continuity of care or different thresholds of referral.

3.7 East London services are already focused on learning from the processes in Bedfordshire and Luton, in order to improve the transition process. East London services have also observed an impact of transition on carers, and are carrying out a piece of work to ensure comprehensive reassessment of carers needs at the point of transition. Newham CAMHS are also testing a 'transition group' as another support structure for young people going through transition to adult services.

3.8 Objectively, the quality and safety of transition is difficult to measure. Looking at all serious incidents that have occurred since the publication of the NSIB report in 2018, there have been no level 1 (a or b) serious incidents at ELFT in which transition between CAMHS and AMHS have been identified as a feature.

3.9 There has been a level 2 incident, in which transition was identified as a feature. The incident, that took place in 2020, related to the unexpected death of a young person with complex needs, and was subject to a comprehensive internal review. The review found that transition policy was not followed, and that whilst this negatively impacted the quality and safety of the care provided to the young person, it was not contributory to the outcome of the incident. This 'Service Delivery Problem' was a feature of the action plan produced in response to the report. The action plan required that:
- Transition Protocols be reinforced to all CAMHS clinicians immediately.
- Transition of cases to adult mental health services to be included in clinical practice/supervision sessions henceforth

Both actions have been implemented.

4.0 Conclusions and recommendations

4.1 The Board should be assured that current practice to manage the complex and challenging transition of the care of young people from CAMHS to AMHS is in line with national guidance. Clinical services are aware of the challenges and work together to manage these. Services are seeking, and finding, new ways to support service users through transition and improve the experience of transition.

4.2 However, although there are sound policies, innovative practice and an absence of adverse incidents, there is a lack of data to objectively measure the quality and safety of transitions. In addition, the existence of separate policies for separate areas of the trust, both differing in level of detail, and due for review according to

the trusts internal process, offers the opportunity to further strengthen guidance for staff, and expectations for the monitoring of implementation of the policies.

4.3   Therefore, the following actions are recommended:
- Immediate review of trust policies, conducted jointly by Luton and Bedfordshire, and East London services, that gives due consideration to consolidating the two documents into one single set of protocols, ensures inclusion of the key principles of latest national policy and guidance, reflects latest innovations and developments in practice, and includes a means of routinely monitoring implementation across the trust, identifying and sharing good practice, and taking remedial action when required. This action is already in progress by our children's services.
- Consideration be given to collecting patient experience feedback around the transition process, to identify areas for improvement
- Luton and Bedfordshire services give consideration to reviewing their approach to assessment of carers needs at transition
- East London services to proceed with their plan to test transition support workers, to replicate the Bedfordshire and Luton model

5.0   Quality Improvement (QI)

In response to the Trust's strategy for 2021-2026, and the continued mission to "improve the quality of life for all we serve", the plan below shows how we will utilise our quality improvement capabilities in 2022 to help deliver the strategy.
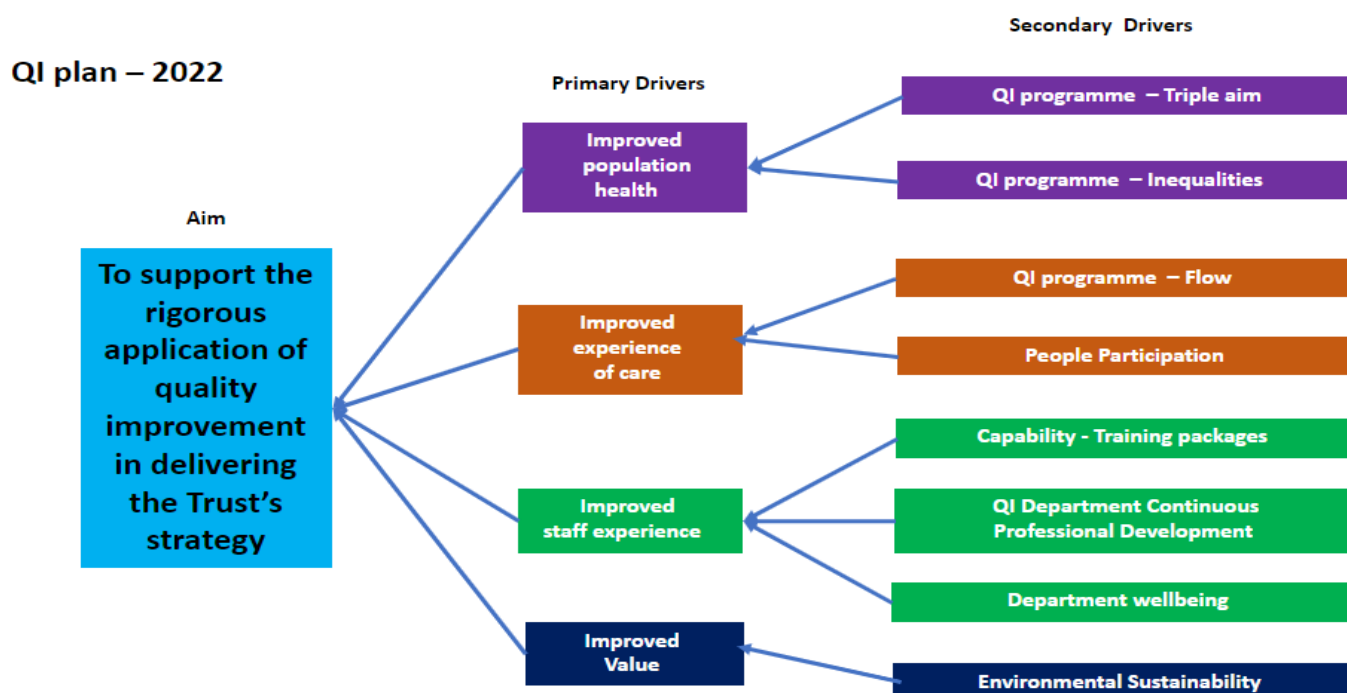
6.0   Improving population health

Two QI programmes will support the strategic objective of improving population health:

Triple aim QI programme

Triple aim is the three-pronged approach ELFT adopts to improving population health outcomes, experience of care and value for money for specific populations. In 2021, nine teams from across the organisation have been utilising the triple aim and QI to improve outcomes for specific populations. Triple Aim projects take a multi-year approach to improving outcomes. Of the nine current Triple Aim projects, five have started testing change ideas. One of the two projects that started recently is aiming to reduce inequalities in school age children in the South Luton neighbourhood. This project is aligned to the Trust's commitment of becoming a 'Marmot' Trust that works to improve social justice, health and sustainability in order to maximise individual and community potential.

Inequalities QI programme

A new programme will be launched in the coming months, together with our public health and people participation team, to support teams to identify and tackle inequalities. Inequalities are disparities in health and life opportunities and the underlying drivers of poor health that directly affect the health and wellbeing of our staff, the service users and the communities we work with. The programme is currently being designed, and will start to recruit teams in February 2022, with the programme commencing in April and lasting approximately one year. Several teams are already applying QI to tackle inequalities, such as:

- Reducing health inequalities in primary care
- Increasing representation of the South Asian community in the cancer, palliative care and health psychology service for Bedfordshire community health services
- Addressing health inequalities for residents living in Tower Hamlets care homes

7.0   Improving experience of care

Optimising Flow QI programme

The pandemic has led to increasing waits and backlogs across our community-based services. During 2021, teams with long waits and backlogs were invited to join a light-touch quality improvement programme on flow, to help them apply systematic and proven techniques to understand demand and capacity, and consider evidence-based change ideas to manage flow through their service. Over the last year, 20 teams have been applying QI to optimise flow, demand and capacity. 15 of these teams have been testing ideas, and 8 of those have seen improvement. The 12 teams below continue to apply QI in this area:

Directorate	Project
Bedfordshire & Luton Community Mental Health	Recovery focused outpatients community mental health team - Luton

Bedfordshire & Luton Community Mental Health	Improving flow in the Central Bedfordshire memory assessment service.
Bedfordshire & Luton Community Mental Health	Improving the flow and quality of Bedford Psychology reports
Bedfordshire Community Health Services	Reduce average waiting time of patients on the Biomechanics Podiatry waiting list, from referral to first consultation
City & Hackney Mental Health	Improving Access to Hackney Integrated Learning Disability Service
City & Hackney Mental Health	To improve the overall experience and satisfaction of the referral and admission process to East London Mother & Baby Unit for service users and professionals
Community Health Newham	Improving the efficiency for the uptake of recommended medication for persistent pain, between the community chronic pain service and the general practitioner
Forensic Service	To provide access to virtual/online activities to all service users in the John Howard Centre
Specialist Services	Increase the amount of patients attending a group at Bedfordshire Wellbeing Service
Primary Care	Understanding demand at Cauldwell Medical Centre
Specialist Services	Improving referral to treatment times in Early Years Speech and Language Therapy
Tower Hamlets Mental Health	Equal Access to the Tower Hamlets Early Intervention Service psychology

Waiting times continue to be a priority for the Trust and for many community-based teams. In 2022, we will be designing a new QI programme to support teams to optimise flow through the care pathway.

People participation

A continuing priority will be to strengthen meaningful service user and carer involvement in improving services. In early 2022 a focus on the barriers to service user involvement will be explored at the Trust-wide 'working together group' to inform ideas for improvement. Some of the change ideas that are being tested in directorates include:

- Co-designing and co-delivering all QI training related to service user involvement
- Standing agenda item on improving service user involvement at QI Forums and QI coaches community meetings (Bedfordshire Community Health Services)
- Co-producing the directorate's QI Plan with service users (Bedfordshire & Luton Mental Health Inpatients).
- New projects presenting their proposal to the local Working Together Group and inviting service users to join the project (Community Health Newham)
- Inviting the Head of People Participation to help corporate teams think about how to involve service users in services that are not patient facing (Corporate)
- The QI Forum to have a service user as a co-chair (Bedfordshire & Luton Mental Health Crisis pathway)

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- New QI projects required to have service user involvement in order to be approved (City and Hackney Mental Health)

Percentage of QI projects with Big I Service User/Carer involvement (P Chart)
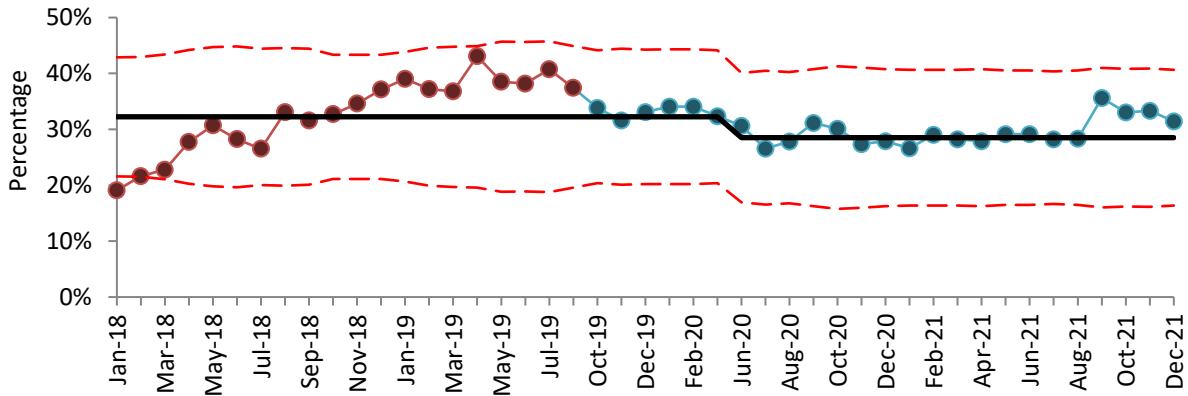
Reducing pressure ulcers

Improving patient safety is a key part of our efforts to improve quality and patient experience. During the acute phase of the pandemic, the number of acquired pressure ulcers increased across the Trust for a variety of reasons that included the reduced ability to enter people's homes and support good skin care. Quality improvement was utilised by the community nursing teams from Tower Hamlets, Newham and Bedfordshire in February 2021, with the aim of reducing the number of pressure ulcers by 10% by December 2021. The team tested a range of change ideas including the use of telehealth and improved referral and triage process. More recently the Newham team have been testing a pressure ulcer passport with service users. Results demonstrate a sustained 31% reduction in pressure ulcers across the Trust over the period of the project.

Total ELFT Pressure Ulcers (Unstageable, Suspected deep tissue injury, and Category 2, 3, & 4)
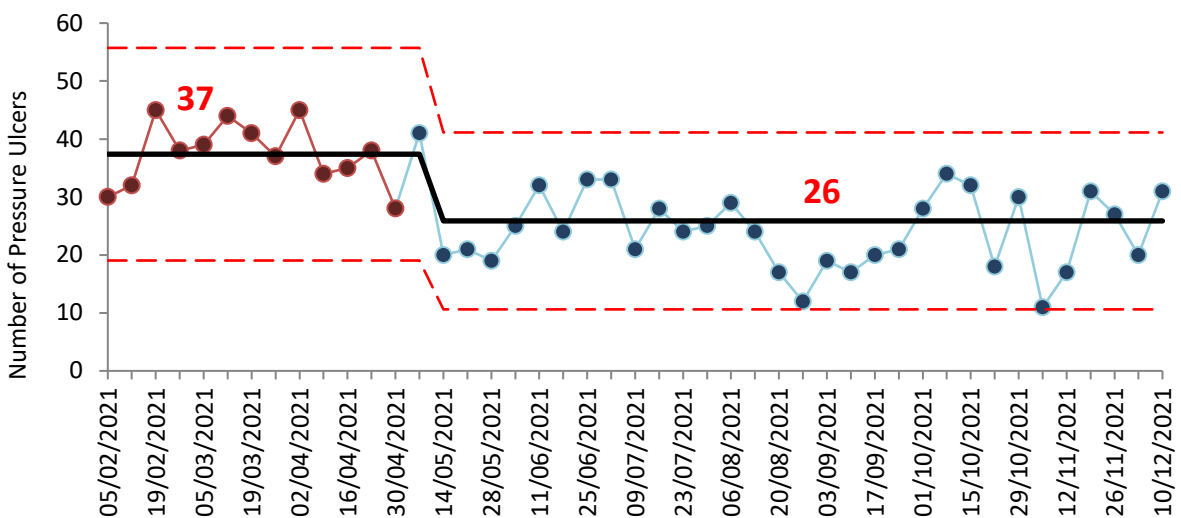
8.0   Improving Staff experience

Building QI Capability

Ensuring that all staff have the skills and confidence to improve the system in which they work, is core to delivering our Trust strategy. The graph below shows the number of staff and service users who have been trained each year through the three core offerings. *Pocket QI,* a one-day foundation course was delivered to 290 staff and service users in 2021. An average of 26 people complete this training each month. The *Improvement leaders programme,* a six-month course to support specific improvement work was delivered to 159 staff and service users in 2021. Currently, there are 119 participants due to complete the course in 2022. The *Improvement coaching programme*, a six-month course designed to develop QI coaches within ELFT who can support teams to apply quality improvement to a real-life issue, has developed a further 53 coaches in 2021. The current cohort has 35 coaches who are due to graduate in May 2022 and will join the 124 active coaches that make up the ELFT QI coaching infrastructure.

Total Number of People Completing Training
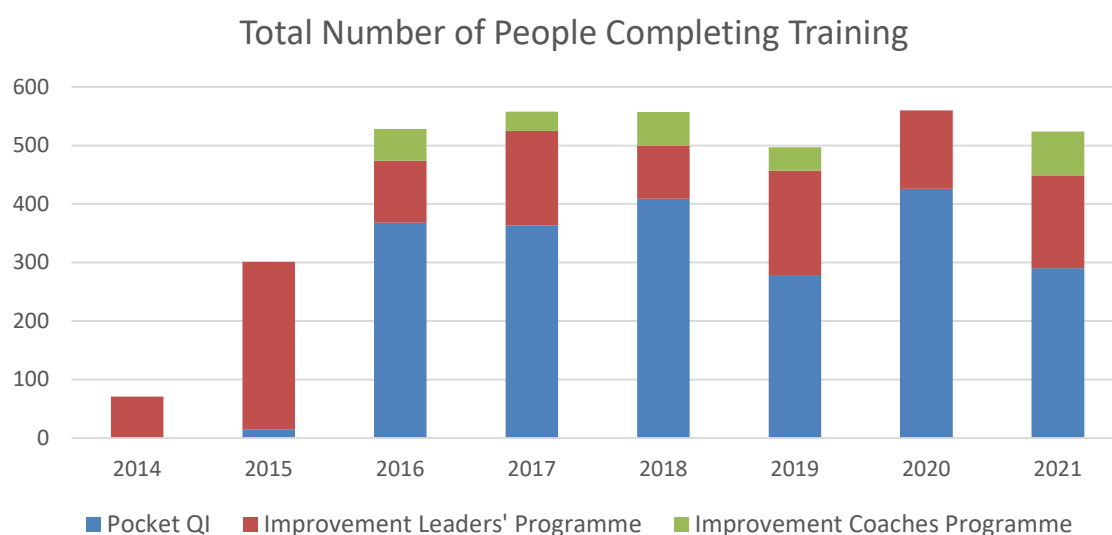
Some of the new approaches for 2022 to empower staff and service users to improve their services as summarised below:

| Driver	Deliverables
Visibility	• Develop dashboards that allow visibility of training numbers at Trust and directorate levels for each training offering • Seek accreditation of core training packages, starting with Pocket QI
Alignment	• Co-design directorate plans to build improvement capability in support of delivering directorate priorities and address inequalities in access to QI training

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Rigour	• Increase the proportion of new starters completing Pocket QI within 3 months of joining the organisation • Co-develop a bespoke service user QI offer for young people • Embed an explicit skills progression pathway along all training offerings
Support	• Develop consistency and best practice in coaching support offered to teams • Develop and test guidance and a pull-system for reactivating inactive QI coaches • Created a vibrant Trust-wide community of QI coaches for peer support, learning and revalidation of active coaches

Improving the experience of new starters

Improving the experience of new starters at ELFT was identified as a high priority project for QI at the Service Delivery Board in 2021, in support of 'getting the basics right'. The focus is on ensuring that new staff have access to all the digital systems required for their work as rapidly as possible. A QI project started in August 2021 with the aim to reduce the number of days to get access to IT and clinical systems from 25 days to 5 days by March 2022.

Two main change ideas are being tested with encouraging results. One is issuing smartcards before the staff members' start date. This is a departure from waiting until someone starts before the card is issued. The other change idea being tested is a new starter checklist that makes line managers and new staff aware of steps they need to take to avoid delays in getting access to IT and equipment. The chart below shows that there has been a 72% reduction in the time taken for new staff to get set up on IT and clinical systems, from an average of 25 days to 7 days.

Average number of days from staff start date to get set up with IT and clinical systems (weekly) - I Chart
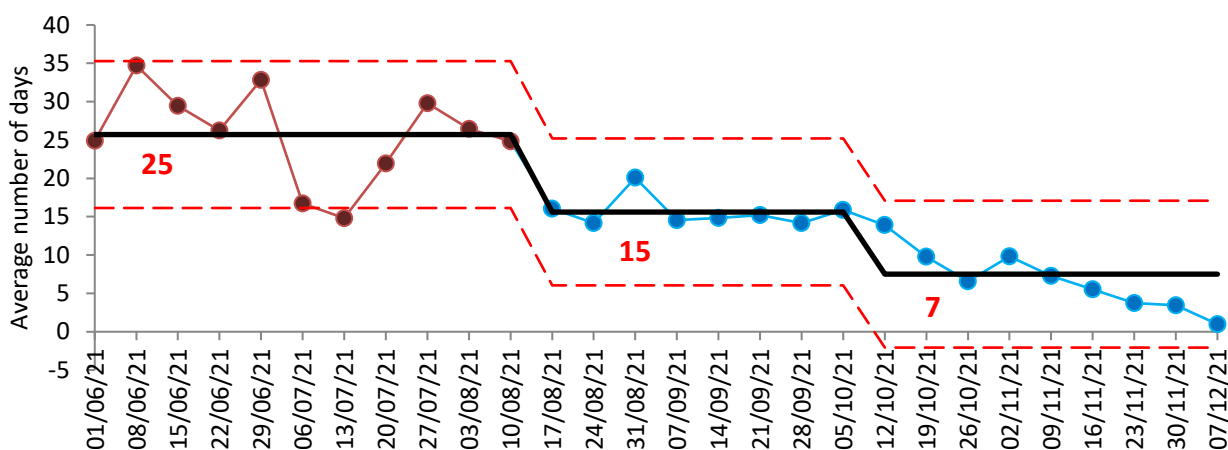
9.0 Improved Value

Environmental Sustainability

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ELFT has committed to developing its Green Plan to achieve a 40% reduction in both direct and indirect emissions by 2025 across the Trust. The Quality improvement approach at ELFT will be adopted in delivering the Green Plan.

Reducing Agency Spend

One of the challenges to delivering services in a cost effective way is managing spending on agency staffing. A project team has been set up to apply quality improvement methodology to this complex problem, the membership of which includes colleagues from the Temporary Staffing Team, Procurement Team, Finance, a Clinical Director, QI department and sponsored by the Chief Finance Officer. The aim of the project is to reduce agency spend by 25% by December 2022. Some of the change ideas that have been tested include:

- Monthly contract monitoring meetings for reviewing invoices – this has led to a refund of £30k from a supplier due to high commissions
- Creating separate budget codes for services across a directorate – this allows for a better understanding of agency costs by service
- Coaching for Clinical Directors by Finance business partners – this has resulted in a price cap being applied for locum hourly fees which can only be exceeded with the express authorisation of the Chief Medical Officer
- A process for booking agency staff using a main supplier – this has resulted in a reduction in the use of non-framework agencies
- Targeted recruitment onto the staff bank - two doctors have agreed to join ELFT bank from agency
- Regular review of aggregated data from agency usage – some rates have been re-negotiated with suppliers as a result

Other high impact change ideas that have been identified for testing include:
- Creating a monthly Trust-wide and directorate-level dashboard to make agency spend and budget constraints transparent
- Creating a recruitment video to help promote the organisation
- Recruitment coaching for managers and Clinical Directors
- Educating agency staff of comparably high bank rates and ELFT staff benefits
- Targeting the longest-term vacancies
- Use international recruitment for hard-to-fill posts
- Ensure all agency bookings go through central processes
- Improve bank onboarding process to reduce delays in bank staff starting
- A trust-wide electronic system for bank & agency

Further updates on this high-priority project will be provided to the Board in future reports.

10.0 Action Being Requested

10.1 The Board is asked to **RECEIVE** and **DISCUSS** the report. **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required