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.

Summary of Key Issues:

The quality assurance section reviews our internal readiness for regulatory compliance. Based on the feedback obtained, it is evident that our new internal process has been helpful for teams in building confidence and ensuring compliance with standards. The peer review element appears to offer greater value, both for teams visited and those visiting other teams. There are opportunities to improve the self-assessment, and this work will be carried out over the coming months. The key issues emerging about internal readiness relate to how we support teams to maintain a constant state of readiness, minimising dependence on individuals, and support teams to prioritise issues for action.

The quality improvement section of this reports reflects on our learning from delivery against our 2018-19 QI plan. There are key emerging opportunities for improvement, which are laid out in each section of this paper, which will form our priorities for the 2019-20 QI plan. These include:
- Encouraging the use of QI skills in day-to-day work (within and beyond formal QI projects)
- Focusing further on story-telling about involvement and impact of improvement work, including for people participation in QI
- Strengthening the support and structures around QI work

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

Improved patient experience	☒	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 money. Information is presented to describe how we are understanding, assuring against and improving aspects related to these four objectives across the Trust.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	N/A

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. There is nothing presented in this report which has a detrimental bearing on equalities.
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 The Trust's internal CQC readiness process was conceived following the comprehensive inspection that took place during June 2016. A considerable amount of time and energy went into preparing for the full inspection, and a great deal of work was done with services both to ensure compliance with the core standards, and to help teams understand what to expect from the inspection process and to be ready for that.

1.2 The internal readiness process was developed in the recognition that, whilst there would always be work to do to prepare for imminent inspection by CQC, supporting and providing assurance of compliance with standards and an understanding of, and readiness for, inspection needed to become part of business as usual.

1.3 The process was tested first in July 2017 in Community Health Services, and is based around two key elements: an initial self-assessment undertaken by all services followed by a 'peer to peer' review of a selected cross-section of services, chosen by Directorate Management Teams on the basis of which they believe will benefit most. At present there is an expectation that all services participate in the process on an annual basis. The readiness

process is supplemented by regular meetings of all Directorate Management Teams and corporate teams with the Chief Nurse to provide additional assurance and support around ongoing readiness. The process is to review risks, mitigation and balance with acknowledgement of what is working well. It is to help directorates create systems for business as usual ongoing readiness.

2.0 Background

2.1 Over the two years since we first introduced this new assurance workstream, the Quality Assurance Team has regularly reviewed its functioning, listening to feedback from services and making adjustments. The most notable change has been to extend the period over which the process takes place from 3 months to 6 months. This was primarily to enable more smooth arrangements for peer to peer reviews and offer the potential for more to take place.

2.2 Most of the feedback has focused on the peer to peer review element of the process, its contribution to learning and improvement, and its positive impact on services and their confidence around compliance and readiness for inspection. Feedback from services has emphasised the value of receiving a visit from peers, the insight from an external perspective (particularly when this has involved a service user). We've also heard the value

of being a peer reviewer, going to visit another service, and the opportunity to look at compliance against regulatory standards in another setting, with a more objective mindset, and being able to bring back new ideas to your service.

2.3   To date relatively little attention has been paid to the self-assessment element of the process, which is the part that all services are expected to participate in. After two years, all services would have had the opportunity to undertake a self-assessment at least twice, as the tool is available to all services to use at any time they feel it would be helpful.

2.4   For this review, the Quality Assurance team has collated all self-assessment data since July 2017 and conducted semi-structured interviews with a sample of team leads who have completed the self-assessment to understand its uptake, role in preparing services for inspection and its impact.

3.0   Quantitative data

3.1   145 services have undertaken at least one self-assessment. Participation shows variation over time. We know that on occasion workload/acuity can impact on participation. We are also aware that when the self-assessment period coincides with actual CQC inspection, some services elected not to participate at that time. 76 (52%) services have undertaken the self-assessment twice. Some services may not have participated twice because they are new to the organisation or have been formed or ceased to exist due to restructuring of service provision.
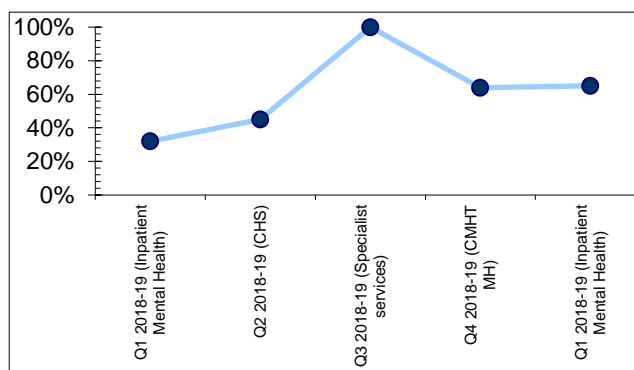
3.2   A crude analysis of results from 1st to 2nd self-assessment cannot establish any clear evidence of improvement, and with so much work taking place to improve quality and ensure that basic standards are met or exceeded, it would not be possible to establish a causal link. However if we take the scores as an indicator of confidence in compliance with CQC standards, there is a sense that, broadly, confidence has increased slightly in community based services (Mental Health and Community Health), and reduced slightly in in-patient services. However there are more community services than in-patient services, and significantly more that have undertaken the self-assessment twice. In discussion within the executive team, one likely factor resulting in lower confidence within inpatient services over the past year might be the increased bed occupancy due to our contracts to provide inpatient capacity to other Trusts.

3.3   There is some evidence of consistent increase in confidence across services, notably in our IAPT and Tower Hamlets community health services:

IAPT

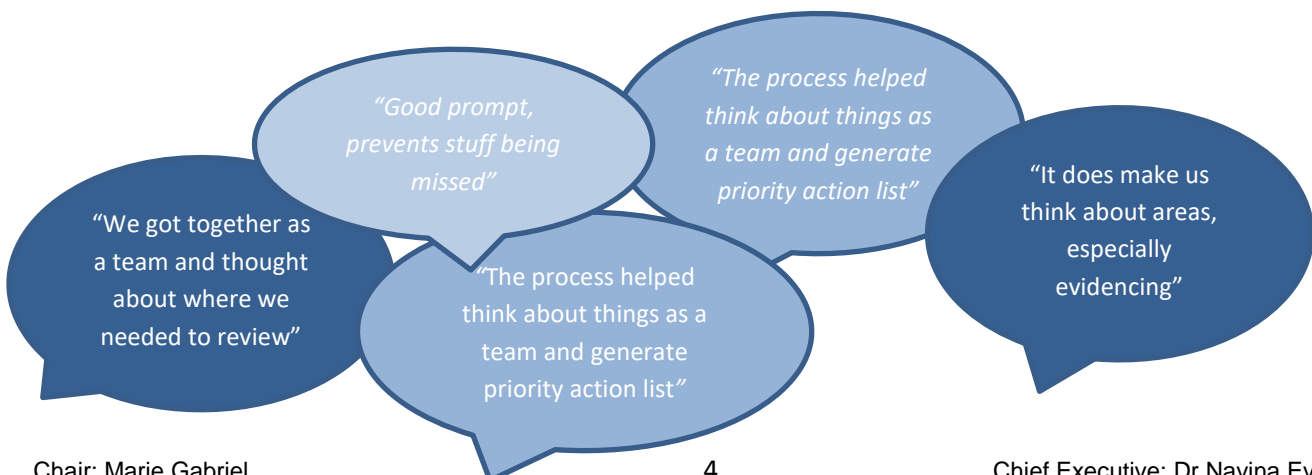Tower Hamlets Community Health Teams
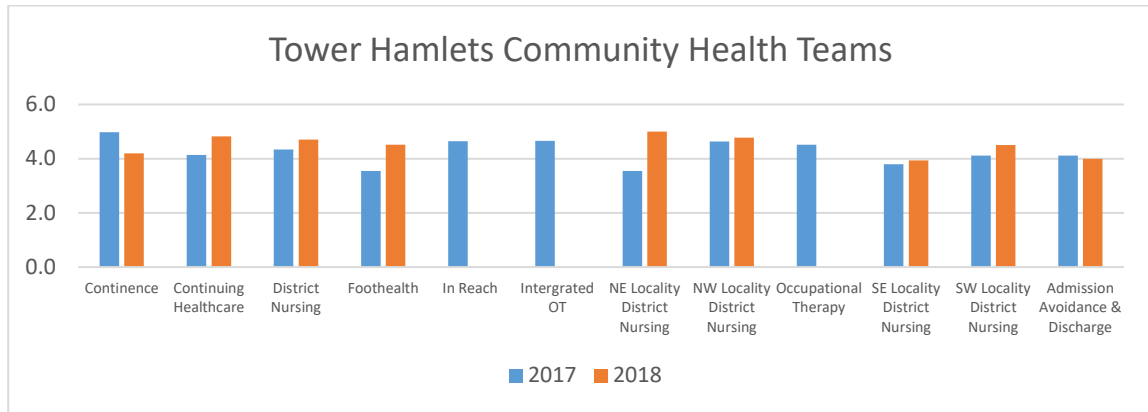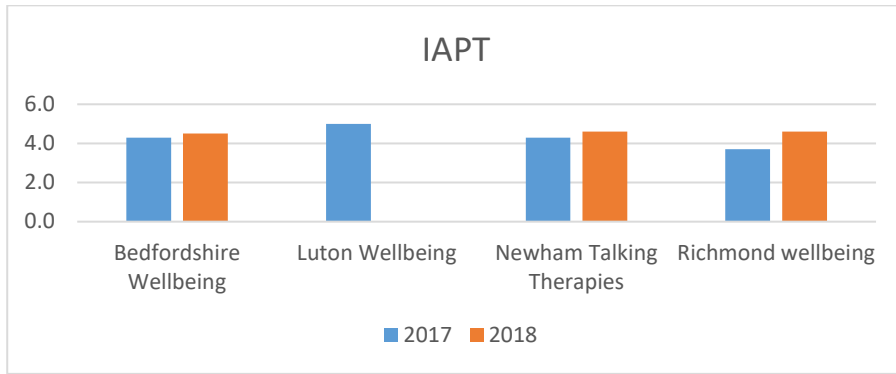
4.0   What Team Leads are telling us

4.1   We asked nine team leads about their experience of undertaking the self-assessment. In particular we were interested in:

- How they undertook the process
- How they valued the process
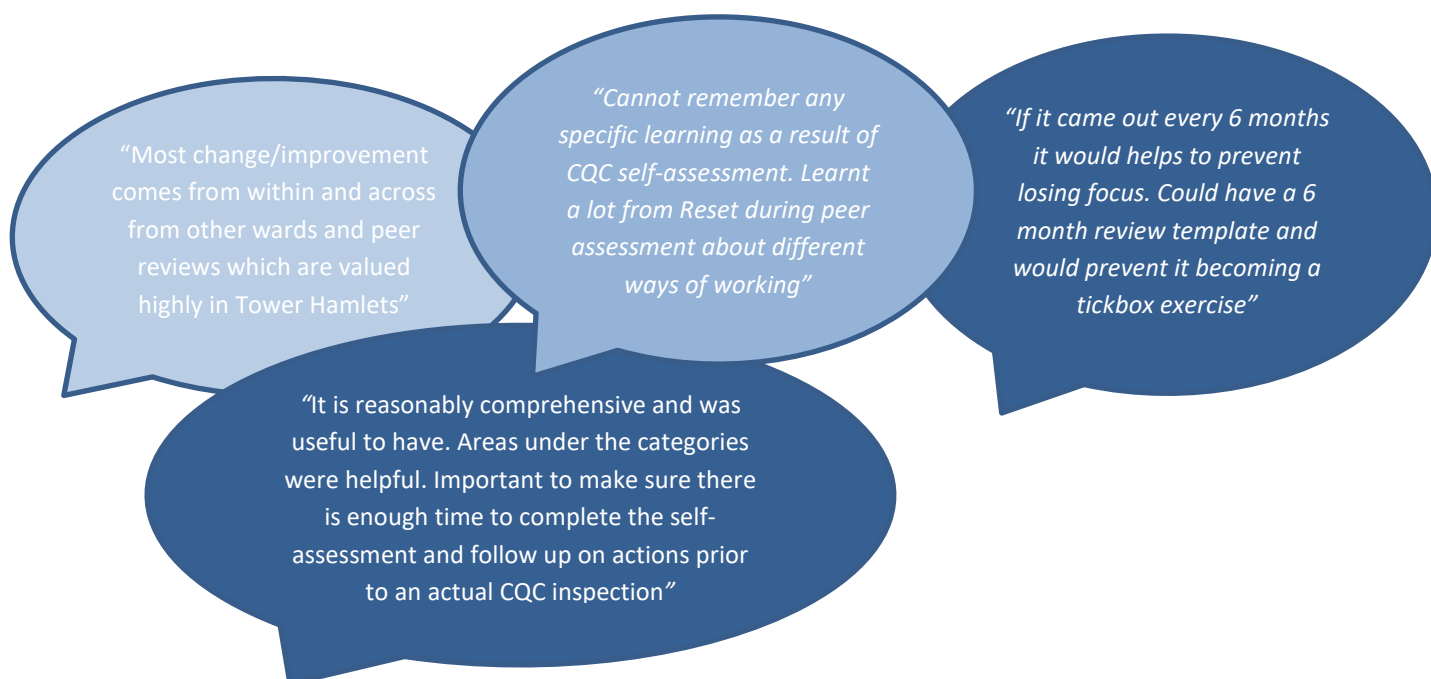- What impact the process had on quality and confidence

4.2   There was variation in how the self-assessment was undertaken. Some reported working with the leadership team in a service, or the wider team. Several undertook the self-assessment alone, and of those most tended to see the process as a checklist or 'tick-box exercise'. Most, regardless of how they implemented the process, found it helpful. Specifically they felt it acted as:

- A reminder of the basic standards required
- An opportunity to take stock
- A means of prioritising areas for particular focus or improvement

"Good prompt, prevents stuff being missed"

"The process helped think about things as a team and generate priority action list"

"It does make us think about areas, especially evidencing"

"We got together as a team and thought about where we needed to review"

"The process helped think about things as a team and generate priority action list"
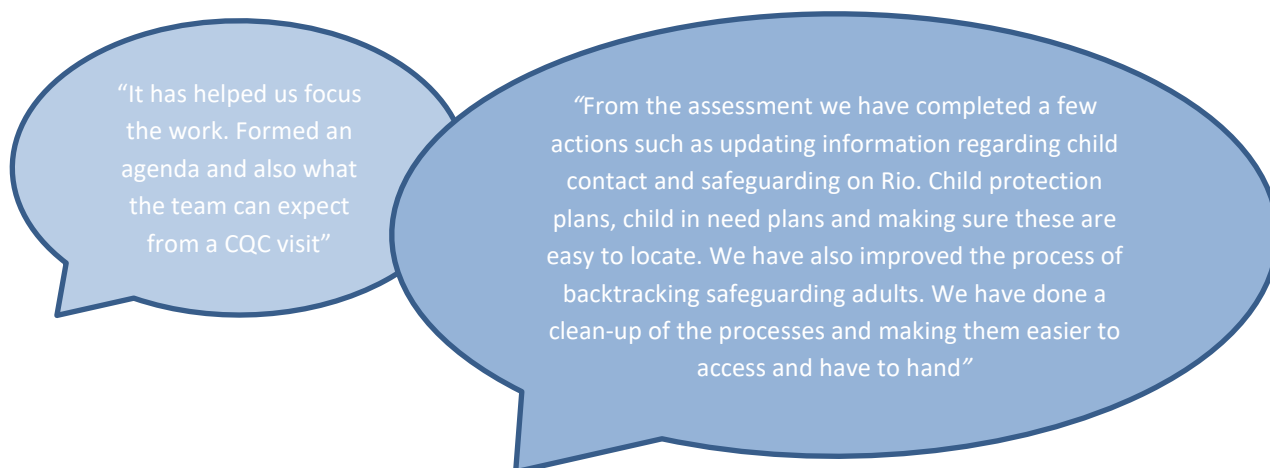
4.3   However, service leads described perceiving a limited impact of the self-assessment, with some unable to identify any impact at all. The most telling feedback was that:

- Standards were a little too general, and didn't always feel relevant to their particular service
- The annual timescale, and a lack of immediacy of feedback, didn't help them to maintain focus on areas for improvement
- The electronic template doesn't lend itself to involving/collaborating with the team and service users
- The tool is not valued as a means to support quality, and improvement in itself, and there is not a consensus on how to implement it in a way that might maximise its potential for supporting improvement.
- Team leads have a much clearer view on how the 'peer to peer review' process can support quality, learning and improvement.

"Most change/improvement comes from within and across from other wards and peer reviews which are valued highly in Tower Hamlets"

"Cannot remember any specific learning as a result of CQC self-assessment. Learnt a lot from Reset during peer assessment about different ways of working"

"If it came out every 6 months it would helps to prevent losing focus. Could have a 6 month review template and would prevent it becoming a tickbox exercise"

"It is reasonably comprehensive and was useful to have. Areas under the categories were helpful. Important to make sure there is enough time to complete the self-assessment and follow up on actions prior to an actual CQC inspection"

4.4   On the overall process, there was qualitative feedback that the process supported the team to build confidence in meeting regulatory standards, and led to tangible improvements:

"It has helped us focus the work. Formed an agenda and also what the team can expect from a CQC visit"

"From the assessment we have completed a few actions such as updating information regarding child contact and safeguarding on Rio. Child protection plans, child in need plans and making sure these are easy to locate. We have also improved the process of backtracking safeguarding adults. We have done a clean-up of the processes and making them easier to access and have to hand"

5.0   Next steps

5.1   It is evident that the impact and perceived value of the self-assessment process does not currently match that of peer to peer reviews. This is problematic given that this is where the majority of engagement with the process takes place, and is also potentially impacting on participation.

5.2   The Quality Assurance Team will work with clinical services to improve the CQC readiness process, with particular focus on self-assessment that will seek to deliver:
- A shared view on how to maximise collaboration with staff and service users
- Standards that feel relevant to all services
- An understanding of the value of the process, and its potential impact on quality and confidence around inspection

5.3   Proposed changes to the process will be brought back to the Quality Committee and Quality Assurance Committee later this year. In the meantime the Quality Assurance Team will use the feedback obtained in this review to engage services and to support them to make best use of the existing self-assessment process.

6.0   Quality Improvement

6.1   Engaging, encouraging and inspiring

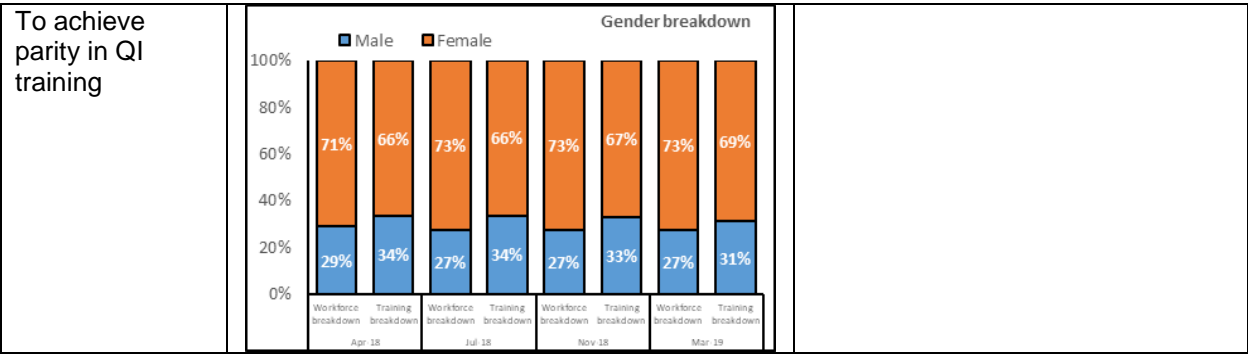| Goal for 2018/2019	Current Data	Changes Implemented or Tested
To increase overall QI microsite sessions (defined as microsite being viewed by unique user for over 30 minutes) to 10,680 per month		• Surveys and focus groups across the Trust to gather feedback on internal QI communications • Improved analytic systems to better understand footfall across microsite • Altered scheduling of Tweets & use of virtual conversations to boost engagement rate • New monthly interactive newsletter with enhanced content and stories • Altered landing page of QI microsite with greater focus on stories
To increase @ELFT_QI Twitter engagement rate from 2.34% to 4%		
To increase number of internal QI microsite sessions (defined as microsite being viewed by unique user for over 30 minutes) to 1620 per month		

The changes introduced in 2018/2019 have clearly led to increased microsite usage, although most of the traffic has been from outside the organisation, with weaker signals of increased usage from inside ELFT. Our theory is that the major driver behind this increase has been the introduction of the new monthy interactive QI e-newsletter, featuring more videos and stories of improvement work at ELFT. Whilst the Twitter engagement rate has dropped, this is actually as a result of the increased volume of Tweets being sent from the @ELFT_QI account as well as the steadily increasing number of followers on Twitter.

Key learning from the above is that there needs to be a further focus on encouraging those inside the organsation to continue to use their QI skills (within and beyond formal QI projects). Another key area for continued development will be the harvesting and sharing of stories in order to keep encouraging people that improvement is possible and that we can all contribute to improvement. Both of these areas of focus will be priorities in our QI plan for 2019-20, which is currently in design.

6.2   Building Improvement skills

Of our five objectives for 2018-19, one of these was achieved, with progress made in one other. However, owing to the 12% increase in substantive staff , most goals that focused on increasing the percent of staff trained in the organisation were unsuccessful, because of an increased denominator.

Goal for 2018/2019	Current Data	Changes Made
To increase current percentage of current workforce trained in QI from 24% to 38%	Current workforce trained in QI	• Surveys, focus groups and tailored communications to engage BAME and women's networks around access to QI training
To increase band 3-5 staff trained in QI from 11% to 30%	Bands 3-5 trained in QI	• Shared analysis with Clinical & Service Directors of band 8 staff who hadn't undertaken the Improvement Leaders' Programme • Largest ever number of people taking part in Improvement Leaders' Programme and Pocket QI in 2018/2019
To increase band 6-7 staff trained in QI from 24% to 40%	Bands 6-7 trained in QI	• Incorporating QI into nurse development programmes in Trust, including creation of unique learning objectives for each of these courses. • New Life QI training sessions throughout Trust with QI data team
To increase band 8a-8d staff trained in QI from 55% to 60%	Bands 8a-8d trained in QI	• Several Triple Aim masterclasses designed to support those currently undertaking this work in the organisation

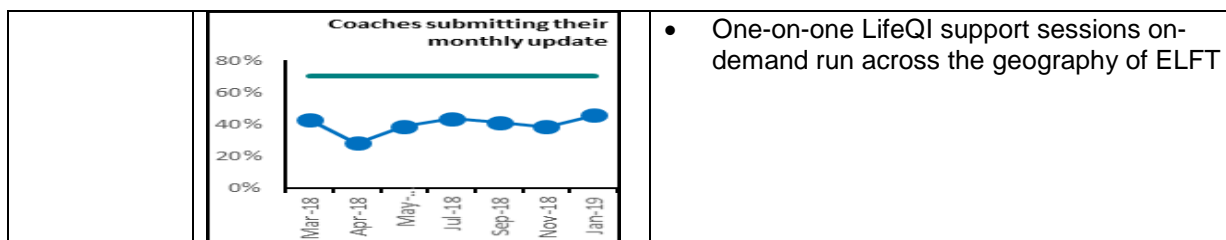| To achieve parity in QI training	

Engaging the staff networks and sharing data on trained/untrained staff with clinical and service directors has led to some useful new ideas and engagement. However, if our ambition is to ensure that all staff at ELFT are trained in improvement, then our current model (which in 2018-19 saw us offer 850 QI training course places) is unlikely to meet this requirement, owing to staff turnover and any future organisational growth. Embedding QI training into staff induction would potentially help remedy this situation, also helping ELFT achieved gender and race parity in this regard.

A theme emerging from conversations across the Trust with those involved in, and supporting QI, is that we need to support and encourage people to apply their QI skills, as well as just training more people. At this stage in our QI work, many people will have been trained several years ago, so continuing to practice improvement and refine their skills on a daily basis is really important in order to embed this into culture. Again, this emerging theme will form a key priority for our QI plan for 2019-20.

6.3   Embedding into daily work

Goal for 2018/2019	Current Data	Changes Made
To increase QI projects with Big I involvement from 27.7% to 40%		• Introduction to QI sessions for service users and carers running quarterly • Joint QI/PPL bi-monthly session in place to discuss and advance involvement in QI work • Re-designing training packages with services users (to date 'Introduction to QI' for service users and Pocket QI) • Annual quality conference focused on involvement and co-production, designed by service users and carers • Five service user QI coaches recruited to cohort 5 QI coaching programme
To increase the percentage of projects completing their monthly update on Life QI from 15% to 70%		• Changes made to standard email template to make instructions around process easier to understand. • Technical changes to the LifeQI platform • LifeQI leader board as part of monthly QI newsletter

Coaches submitting their monthly update

- One-on-one LifeQI support sessions on-demand run across the geography of ELFT

There has been steady increase in people participation in QI work throughout the year, with 65% of all projects now featuring some level of involvement and over 40% featuring Big I involvement. Over the last year, we have treated this as a complex problem, developing a theory of change and then systematically testing change ideas to raise levels of involvement (in a formal quality improvement way). Successful interventions have include deeper support in wave 8 of the Improvement Leaders' Programme, enabling the opportunity to work closely with 180 stakeholders leading improvement work across the organisation. Moving forwards, there is an emerging need to move beyond quantitatively measuring involvement to also measuring the quality of each of these opportunities for involvement, the experience of involvement for service users, cares and staff and also the impact of this work.

The uptake and utilisation of LifeQI has become increasingly seen as a process measure for how effectively QI work is being supported across the organisation. Our learning about the adoption of a digital platform has been about making it as easy to access and use as possible, having super-users (in our case, the QI coaches) who have much deeper skill to support and show teams how to use the platform, and offering dedicated one-on-one support for people (both virtually, and face-to-face).

Another emerging finding has been a palpable difference in the experience and progress made by project teams that receive close support from QI coaches and sponsors in comparison to those that receive less support and attention. For 2019-20 one of our priorities in the QI plan will include strengthening leadership, roles and structures around QI.

6.4   Strategic improvement efforts

There are currently 122 active QI projects in the organisation and progress against the Trust's strategic improvement priorities is as follows:
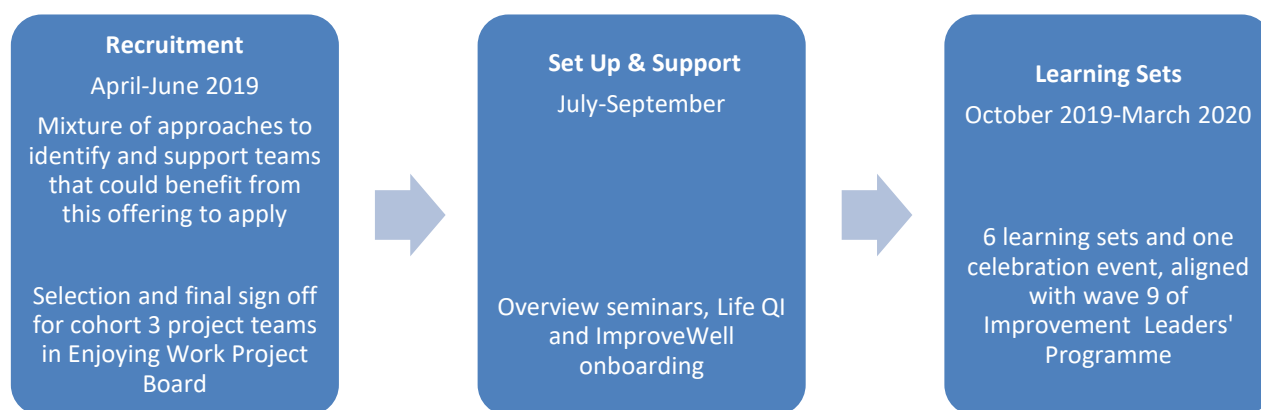
Enjoying Work

Of the 18 teams that completed cohort 2 of enjoying work, 7 are continuing their projects with the support of local QI coaches and QI sponsors, with the remaining 11 moving into Quality Control.

A mixed method evaluation that was undertaken following cohort 2 indicated that participants found the most useful elements of the learning system were working together with colleagues from other teams on this issue, the appreciative inquiry exercise and the learning sets which offered opportunities for sharing ideas and getting support. Opportunities for improvement included strengthening support from QI coaches and QI sponsors around this work and providing QI training for team members with no prior knowledge or experience of applying the QI method. Feedback also suggested the need to revise how we collect the outcome measure through the ImproveWell app that we have co-developed with a technology provider. Based on these findings, a series of workshops are underway to help revise our design for cohort 3.

Recruitment is already underway for cohort 3 of Enjoying Work, which will formally start in September and will be aligned (for the first time) with wave 9 of the Improvement Leaders'

Programme. This will allow cohort 3 teams to simultaneously take advantage of the Improvement Leader's Programme, if they have not completed this already, to boost their confidence and skills in applying QI methodology to their enjoying work projects.

The process for cohort 3 includes 3 key stages, that includes a recruitment phase (currently underway); a set up phase that includes establishing roles and structures, collecting data and undertaking the appreciative inquiry; followed by 6 months of learning sets to support teams to develop strategies and test change ideas to enhance the experience of staff at work, so that they can better serve our communities.

Recruitment	**Set Up & Support**	**Learning Sets**
April-June 2019	July-September	October 2019-March 2020
Mixture of approaches to identify and support teams that could benefit from this offering to apply		
Selection and final sign off for cohort 3 project teams in Enjoying Work Project Board	Overview seminars, Life QI and ImproveWell onboarding	6 learning sets and one celebration event, aligned with wave 9 of Improvement Leaders' Programme

One of the key considerations during the recruitment phase is readiness for this work. There are many reasons that might make it challenging for teams to participate fully in the Enjoying Work programme, such as vacancies, lack of stable team leadership, unhealthy interpersonal dynamics etc. The project board will be working with directorate management teams to help assess readiness, and support teams who may not be in a place to currently take part in the Enjoying Work programme. It is encouraging that some teams who were not quite ready for cohort 2, have come forward for cohort 3 and are in a much stronger position to make better use of the process.

Triple Aim (simultaneously improving population health outcomes, quality of care and value for money)

All ten teams working on the Triple Aim continue to progress with this work and have now completed or are in the process of completing, their 3 part data reviews. This involves collecting readily available quantitative data, speaking to care providers as well as speaking to citizens within these populations. The findings from these reviews will then inform the development of a theory of change and measurement systems to support the teams to create a portfolio of projects that will achieve the triple aim for the population.

Variation in the sponsorship, capacity and governance of this work is starting to become evident and this does appear to correlate with the speed of progress that teams are making. Adaptations in order to mitigate against this include:

a) Reflecting on what executive sponsors and local sponsors can and should do, in order to support progress, helping unblock barriers and champion the work.
b) Story-telling to demonstrate that the 3 part data review can be done quickly with little extra resource and really stimulate this work. The most recent QI newsletter focused on this issue and included videos from teams that had completed the 3 part data review and their insights on the learning obtained.

c) Conversations locally to identify dedicated capacity to coordinate these more complex projects, based on the observation that teams that have a dedicated programme manager role or staff capacity to support this work appear to be progressing faster.

d) Designing a learning system to bring together teams undertaking this work. It is becoming clear that teams could benefit from learning directly from each other, now that they have commenced the work. We are planning to begin a learning system around this work in July.

7.0 ACTION REQUESTED

7.1 The Trust Board are requested to **DISCUSS** and **NOTE** this report.