

REPORT TO THE TRUST BOARD
3 October 2019

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 outlines the Quality Assurance team work plan for 19/20, which covers 5 key areas: Effective delivery of core quality assurance processes, improving involvement and engagement, learning and sharing, project work (transformation) and team functioning and efficiency.

The Quality Improvement section outlines measurement plans and progress against the four Quality Improvement team objectives for 19/20. It also includes an update on progress against the Trust's three strategic improvement priorities.

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

Improved patient experience	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

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 Quality Assurance report this month describes the Quality Assurance plan for 2019/20. Quality Assurance is the range of methods by which the organisation ensures that it is doing what it should be doing, and to the required standards. Quality Assurance at ELFT forms part of a wider quality system that also includes Quality Improvement and Quality Control. It is the aim of the Quality Assurance Team (QA) to contribute to the development of this system, and to support the organisation in delivering the highest quality care, and meeting its strategic objectives.
- 1.2 In practice, effective quality assurance processes support regulatory compliance and are crucial to inspection readiness and sustaining an outstanding rating, as well as supporting and promoting learning and improvement. The ethos of the QA team is rooted in openness, collaboration and continuous improvement. Engagement and capability building is at the heart of the Trust quality assurance model. The team positions itself as a hub for quality assurance activity, and a source of expertise in relation to quality assurance, enabling teams to understand the quality of service they provide.
- 1.3 The work plan for 2019/20 focuses on 5 key areas:
1. Effective delivery of core quality assurance processes
 2. Improving involvement and engagement
 3. Learning and sharing
 4. Project work
 5. Team functioning and efficiency

2.0 Effective delivery of core quality assurance processes

- 2.1 The aim of this part of the work plan could be described as 'doing what we do, the best we can', making processes as easy as possible to participate in, improving the staff experience, and, crucially, improving the utility and impact of the outputs. Our core quality assurance processes are:

- **Collection of patient reported experience measurement (PREM) data, enabling services to respond to feedback and improve**

Data has highlighted a reduction in the volume of feedback collected over time. The work of the team is focused on supporting services and enabling the collection of feedback, but also improving the availability and utility of data to support improvement. As part of our efforts to make this as meaningful as possible, we redesigned the PREM questions through a series of workshops in 2018-19 involving service users, carers and staff across the breadth of our ELFT services. We also moved to a new survey provider in 2019-20, improving value-for-money and functionality (including the possibility of collecting feedback via mobile app and SMS). The team acts as the link between services and IT in ensuring we rapidly address any technical challenges in this area. In 2019-20, we will be deploying a formal QI approach to testing change ideas in a variety of teams to improve the collection and use of feedback from service users.

- **Supporting regulatory compliance and CQC inspection readiness**

This workstream involves all clinical services undertaking an annual self-assessment against core regulatory standards. Directorate management teams review the findings and with the range of other intelligence they have, choose a selection of their services to take part in a peer-to-peer review of the service, which looks at evidence to support the self-assessment, provides objective judgement of compliance, identifies areas of strength and opportunities for improvement, and facilitates sharing of learning and good practice across services. As presented at the Board previously, feedback has highlighted how helpful services have found the peer-to-peer review process. This year we will be focusing on making the self-assessment as valuable as possible.

- **Clinical Audit**

The Quality Assurance team manages the process by which clinical services undertake quarterly audits against both mandatory Trustwide standards and locally determined standards. The team also co-ordinates participation in national audit.

In preparation for 2019-20, we reviewed all audit standards with Trustwide policy leads and directorate management teams, to ensure that we stop auditing standards that are no longer valuable and ensure audit is better aligned to National Institute for Health and Care Excellence (NICE) guidance and focus on the improvements following gaps identified through audit.

- **Service User Led Accreditation**

The launch of the service user led accreditation programme has been an exciting development. This process consists of a self-assessment against service user-defined standards for excellence followed by a visit by service user assessors to test the self-assessment and judge compliance with the standards. Over the coming year, we will be scaling up participation in the programme to deliver the opportunity for all services to be assessed for accreditation during the next 3 years.

Accreditation takes place on a quarterly cycle, so this will require around 25 services to be assessed each quarter. Having assessed 8 teams as part of the testing process, the first full cycle attracted 21 services to register, of which 14 will complete the assessment process. This suggests that we will need to register around 30 – 35 services to take part each quarter.

- **Implementation of National Institute for Health and Care Excellence (NICE) guidance**

The team manages the process by which new and updated guidance is received into the Trust, its relevance assessed, the guidance disseminated to relevant services for review, and where necessary gap analysis and actions to address are undertaken.

The process was the subject of internal audit in 2019 and the team will be responding to the report recommendations to further strengthen our internal assurance processes.

- **Executive Walkrounds**

We continue to have an extensive programme of Exec Walkrounds, with approximately 200 taking place each year. Our Executive Directors visit a team each week to hear directly from staff, using a standard set of questions that capture both what the team is proud of, and what is getting in the way. The notes are shared in real-time with local management teams, who are expected to respond to any issues raised. The Quality Assurance Team work with the executive assistants to arrange all the visits that take place. Our plan in 2019-20 is to make the process as efficient and reliable as possible.

2.2 All directorates are expected to discuss and take appropriate action on the findings of our quality assurance work. Over the next year, we will be strengthening the assurance system around action-tracking for quality assurance.

3.0 Improving involvement and engagement

3.1 This work is central to the ethos of the team, with involvement and engagement of clinical services crucial to the delivery of effective quality assurance processes. The team will involve and engage all stakeholders – service users, carers, clinicians, management, subject-matter experts, in demonstrating the benefits of quality assurance, ensure this work feels relevant and meaningful to the teams, and improve their participation.

3.2 A positive example of this approach is our work to support Bedfordshire community health to develop locally meaningful quality assurance processes. Whilst there is still work to do to embed the routine measurement and response to service user experience, community health services in Bedfordshire have developed locally relevant audit standards, measure these using a digital platform, share results with staff and produce a clear plan for improvement.

4.0 Learning and sharing

4.1 This work relates to learning and sharing across the organisation, both in terms of quality assurance practices and how services get meaning and value from them, as well as sharing our quality assurance work outside the organisation, and learning from other organisations in healthcare and beyond. Following the analysis presented at the July 2019 Trust Board on learning networks, we will be exploring this topic further over the coming months and developing a plan to support effective collaborative learning networks at ELFT (which will be presented at Quality Assurance committee).

5.0 Project work

5.1 As described above, there are a number of large-scale short-term improvement projects planned for the 2019-20:

- Improving collection and response to PREM data
- Supporting smaller teams to implement effective and sustainable quality assurance processes (to be presented to quality assurance committee in November 2019)
- Improving the ongoing readiness process for CQC

6.0 Team functioning and efficiency

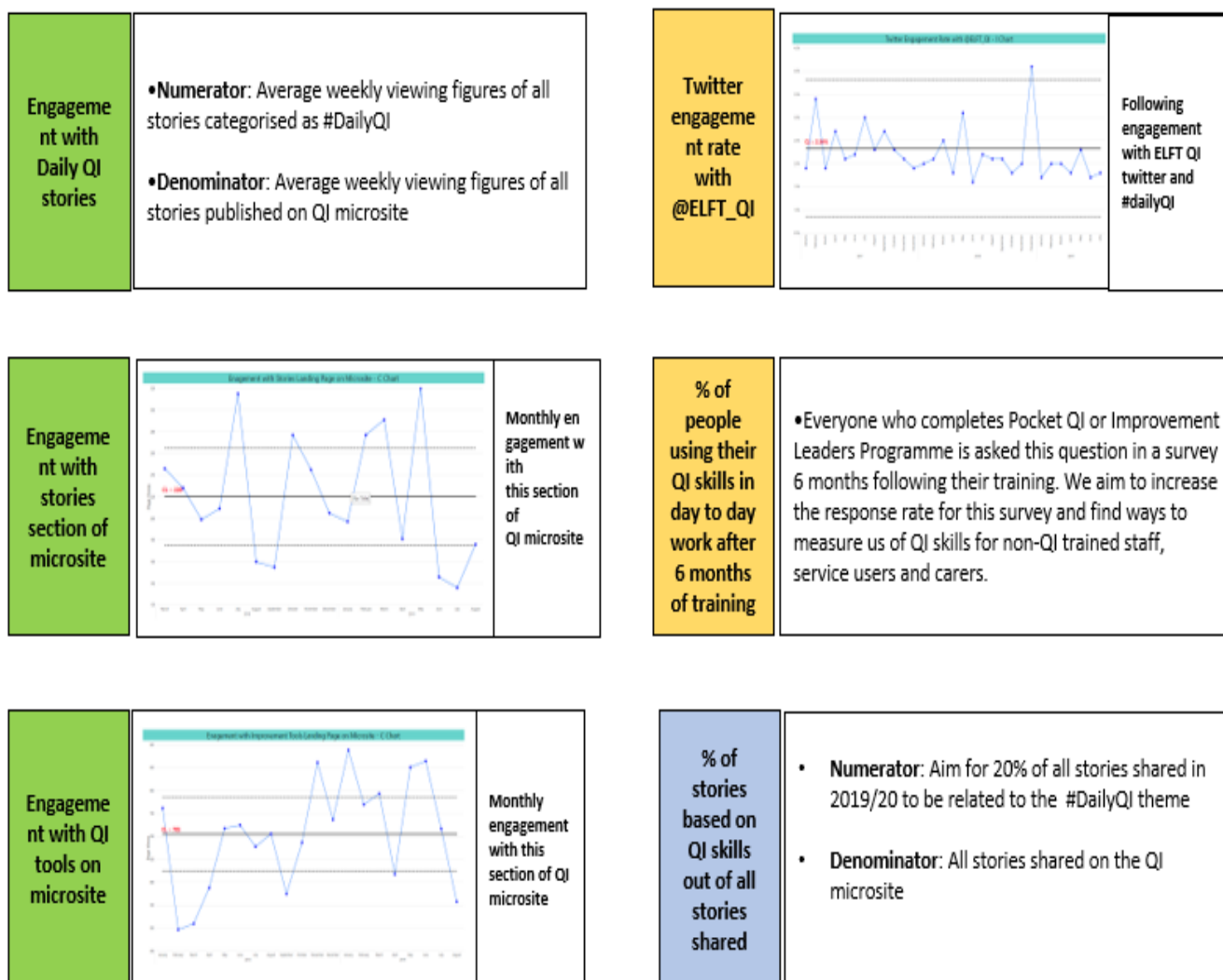
6.1 This element of the workplan is closely linked to the wider Trust objective to reduce waste and increase value. However, it is also an enabler for the work described above. By working smarter, embracing technology, and understanding what work adds value and what doesn't, the team is able to deliver more of what matters most to our service users and services.

7.0 Quality Improvement (QI)

The aim of our quality improvement plan for 2019-20 is to nurture an improvement culture that involves everyone in improving the quality of life for all we serve.

Objective 1: Encourage the use of improvement in everyday thinking, skills/practice and active sharing of these stories.

Six measures will be used to understand the impact of this work over the next year. Baseline data is currently available for three of these measures.

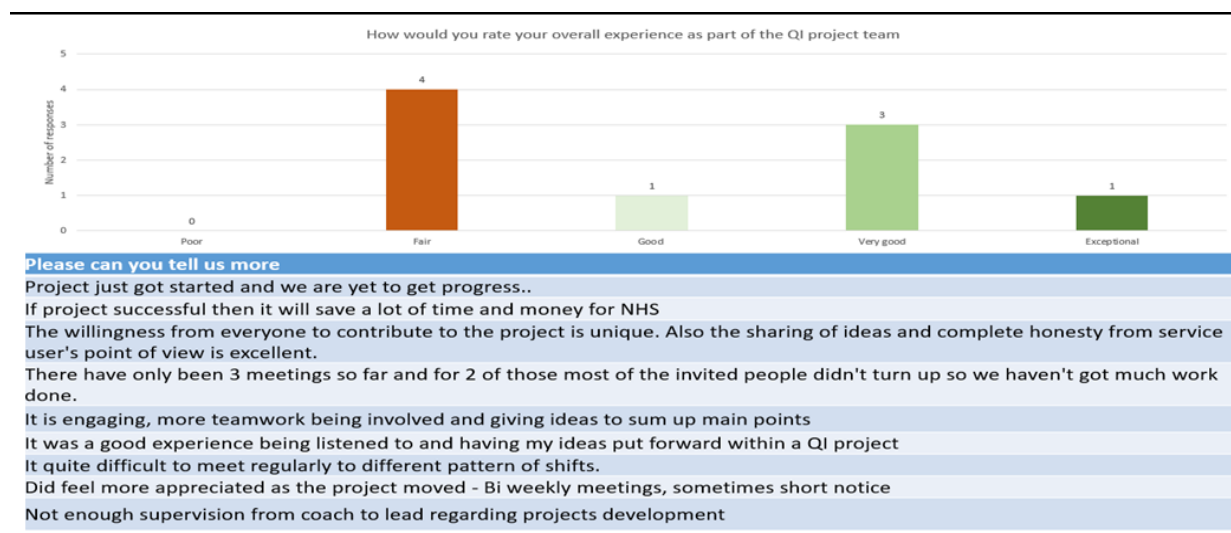


A QI communications strategy group has been formed, driver diagram developed and over 26 change ideas identified for testing. The June QI newsletter launched the focus on people using their QI skills inside and outside of QI projects and the use of a #dailyQI social media hashtag. In support of this campaign focus, we'll be utilising a collection of short, medium and long stories for different media formats and a redesigned QI website homepage.

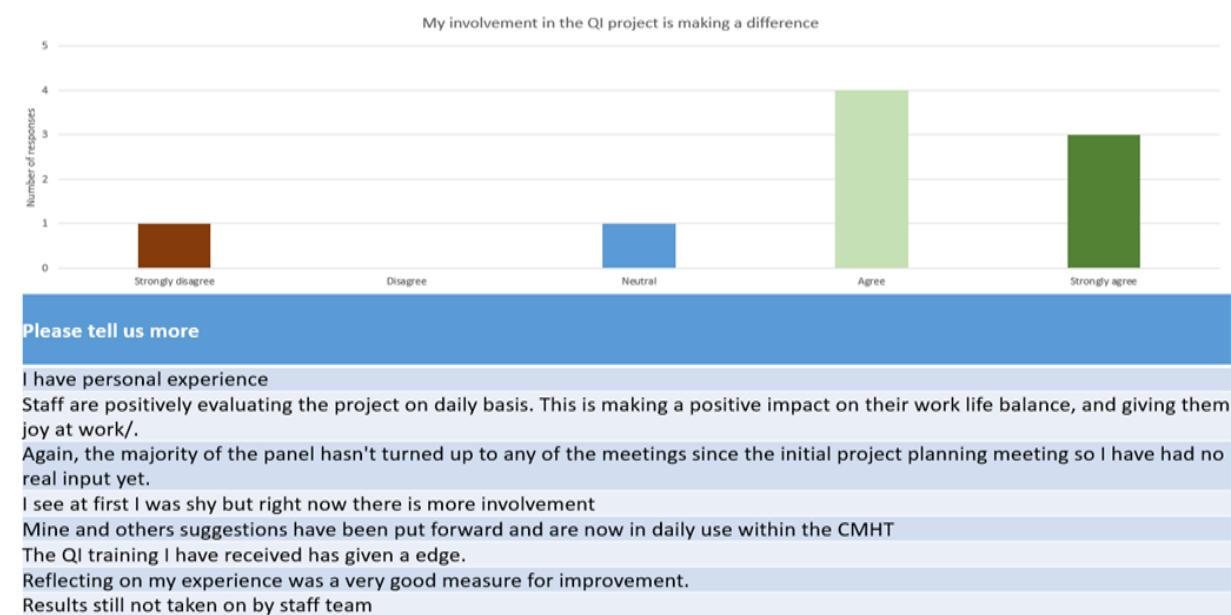
Objective 2: Improving impact of people participation in QI for individuals and teams.

This work builds on our objective in 2018-19 of improving Big I involvement (representing full partnership with service users and carers in our improvement work), and moves towards a more qualitative understanding of the impact of involvement on the service user and staff involved.

Experience of being part of a QI project team:



Qualitative outcome measure: Is involvement in the QI project making a difference?



The evolution of our quality improvement work over the last year is posing us with a new challenge around how we measure involvement. For the majority of QI projects, the primary 'end users' are service users and carers, for which the Big I and little i description of the different levels of involvement remains critical. With the emergence of enjoying work and the triple aim as organisational strategic priorities, we have seen a growing number of QI projects where staff (for enjoying work) and local communities (for triple aim) are important end-users that we would want to ensure are also fully involved in our improvement efforts. In October we project that the total number of enjoying work projects will be 29, accounting for 25% of all QI projects at ELFT and currently there are 13 Triple Aim projects.

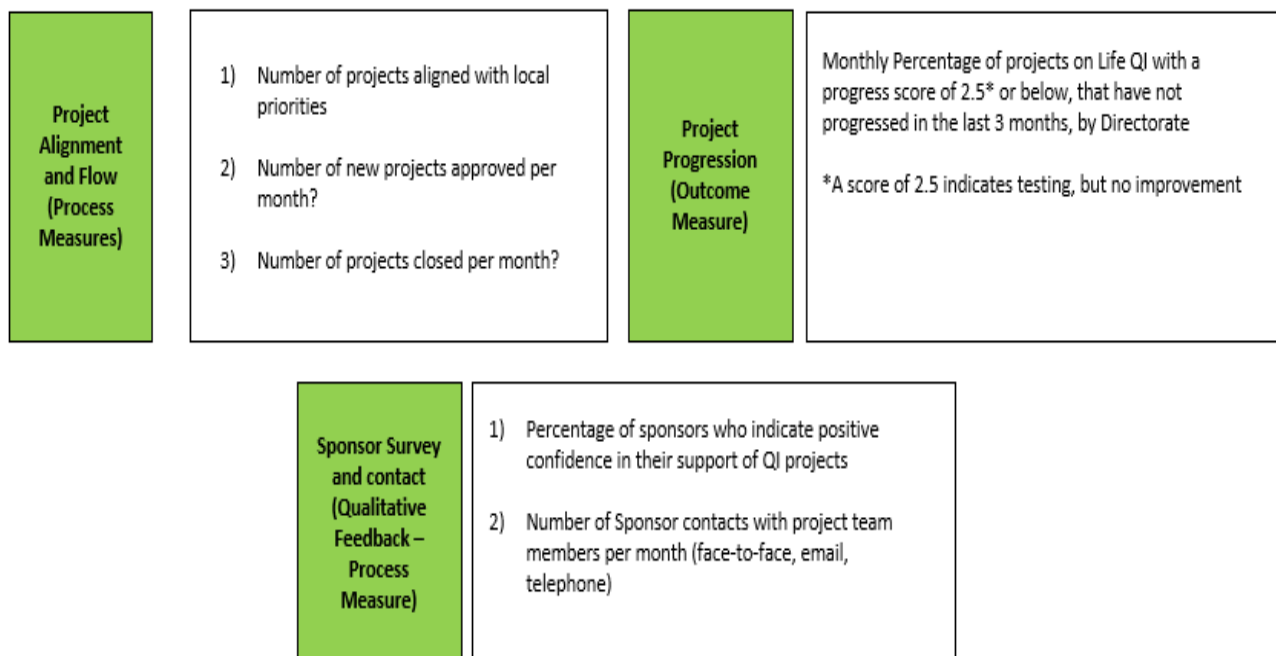
Our corporate QI programme has also re-energised over the last year, with thirteen current projects. For these corporate teams, we are encouraging greater involvement of clinical teams (as key customers of corporate processes) as well as service users.

We do not currently have a way to recognise and measure all these different types of involvement, so have been undertaking some co-design with stakeholders from all these groups in order to create some new categories of involvement, alongside Big I and little i which will enable us to measure and improve the full range of involvement in improvement work. The discussions have suggested that we look to retain the Big / little nomenclature, as this is now widely recognised at ELFT (and beyond), but create new categories of Big S / little s for staff involvement and Big P / little p for the involvement of people in local communities.

Work on this annual objective is being led by a project team co-chaired by a People Participation Lead and Improvement Advisor. A new joint people participation and quality improvement learning system has also been created, which first met on 16 August. The focus is currently on testing change ideas to enhance involvement in local directorates in addition to developing the system for capturing qualitative data about the impact of involvement for service users.

Objective 3: Improving impact of QI sponsors at ELFT around activating and supporting QI work

The sponsor’s relationship with project leads is vital for identifying and supporting the progress of QI. They play a lynchpin role in not just unblocking issues, but also in bringing robust enquiry, interest and leadership attention to support teams doing complex quality improvement work. To support this work we have identified a family of 3 measures and we are now in the process of generating baseline data for each of these.

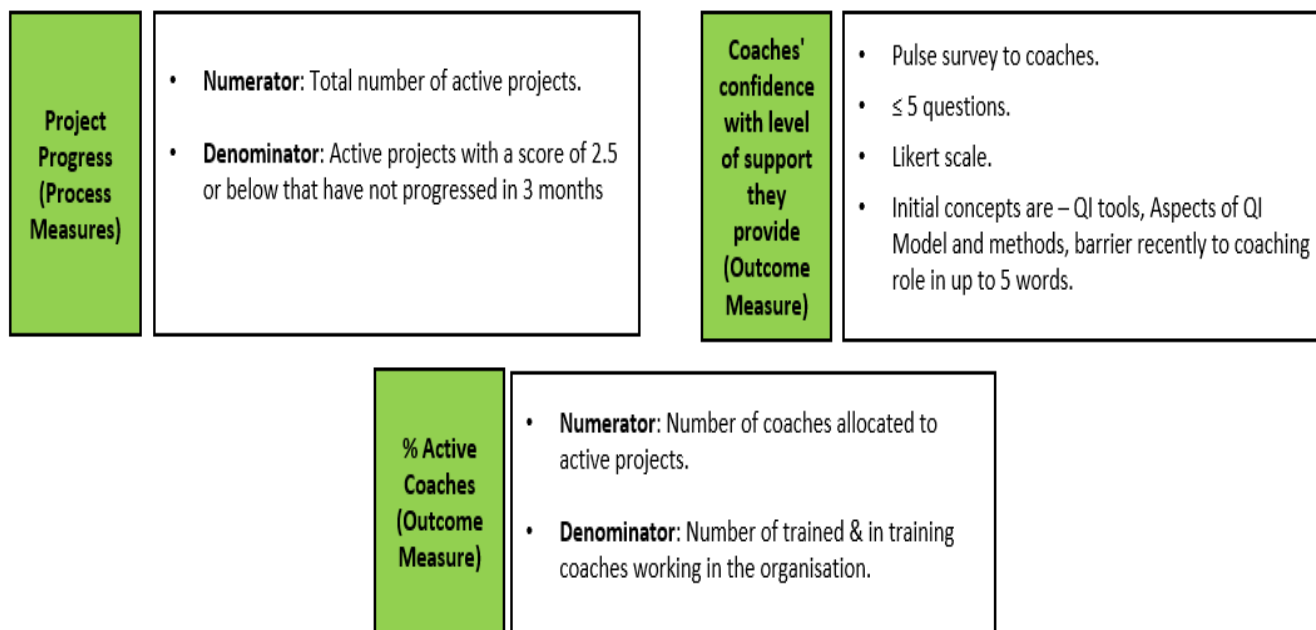


A series of focus groups are being planned with sponsors to identify key areas to start working within this objective. A series of change ideas have been developed which include Improvement Advisors discussing sponsor involvement in their regular meetings with Clinical Directors, developing local directorate spaces to bring sponsors and coaches together and supporting

sponsors to feedback project progress at QI Forums. We will be utilising the annual visit from the Institute for Healthcare Improvement in October 2019 to progress this work.

Objective 4: Improving the quantity and quality of coaching support to QI projects

With over 100 coaches, ELFT has one of the largest coaching groups in the world, yet recent data indicates that 53% of coaches are currently coaching projects. To support this work we have identified a family of 3 measures and we are now in the process of generating baseline data for each of these.



To date, the majority of work under this objective has focused on understanding the problem by engaging QI coaches from across all directorates in the organisation, using a fishbone exercise to collate and explore causative issues. A project team is currently being recruited, that will include coaches from across the Trust, and a driver diagram is in development.

7.1 Strategic improvement efforts:

There are currently 115 active QI projects in the organisation and it is anticipated that this number will increase over the coming months, as wave 9 of the Improvement Leaders' programme begins in September 2019.

Enjoying Work

A total of 22 teams will be taking part in cohort 3 of enjoying work, which officially started on 10 September:

Directorate	No. of Teams
Bedfordshire Community	3
Bedfordshire Inpatient	1
CAMHS (Child & Adolescent Mental Health Services)	1
Community Health Bedfordshire	1
Community Health Newham	3

Community Health Tower Hamlets	1
Corporate	4
Forensics	1
Primary Care Specialist Psychological Therapies (IAPT)	1
Newham Mental Health	2
SCYPS (Specialist Child & Young People's Services)	1
Tower Hamlets Mental Health	2

All teams have now completed induction sessions as well as additional support sessions for data champions, project leads and team managers. The cohort 3 enjoying work learning system will include six face-to-face workshops before a final celebration event on 3 March. The three golden threads that run through the entire learning system are storytelling, testing and self-assessment. Live evaluations will be undertaken at each of these learning sets to inform its design as we progress.

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

Of the 13 project teams focusing on the Triple Aim, six now have measurement systems in place and four are testing with a further four preparing for testing. Change ideas currently being tested include:

- Newham Adult Mental Health are testing running a frequent attenders multidisciplinary team to create bespoke plans for the five service users in most frequent contact with the crisis pathway
- Forensics are testing new inductions for arrivals at Wolfson House, where members of the multidisciplinary team meet with the service user before their first ward round, to improve relationships between service users and staff
- City & Hackney Adult Mental Health are working jointly with a GP surgery to understand better why people with mental illness aren't having their annual health check
- Newham primary care psychology service are delivering training to clinical staff at Barts Health working with people with respiratory conditions, to develop psychological understanding and knowledge of how to refer. They are also testing the launch of a Breathe Easy group for people with respiratory conditions following discharge, with the aim of increasing social integration to improve wellbeing
- CAMHS teams are working with five secondary schools in developing their tests, including workshops for parents around managing self-harm and drop-in services within schools for young people

Value for Money

A total of 9 teams are using QI projects to specifically target cost improvement. Seven of these projects are new and will be taking part in wave 9 of the Improvement Leaders' Programme. More information on these projects and their status is listed below.

QI Project Focus	Directorate/Service	Current Status
Plastic waste reduction	City & Hackney	New project. Team members enrolled on wave 9 ILP. Still to be registered on Life QI and assigned QI coach & sponsor
Reducing medicines waste	Community Health Newham	New project. Team lead late addition to wave 9 ILP. Still to be registered on Life QI, assigned QI coach & sponsor
Energy and waste reduction	Corporate, but being tested in Forensics	New project. Team members enrolled on wave 9 ILP. Registration on Life QI imminent. Coach & sponsor assigned.
Reducing printing waste	Corporate and Bedfordshire.	New project. Team members enrolled on wave 9 ILP. Registered on Life QI, assigned coach & sponsor
Reducing salary overpayments	Corporate	Existing project. Assigned coach & sponsor
Reducing Agency Spend	Corporate	New project. Project team members enrolled on wave 9 ILP. Still to be registered on Life QI and assigned QI coach & sponsor
Video conferencing	Forensics	New project. Project team members enrolled on wave 9, project registered on Life QI, coach & sponsor to be assigned
Green Morrison (reducing use of disposables)	Forensics	Existing project. Assigned QI coach & sponsor. Project team member enrolled onto wave 9.
Use of Video Conferencing Assessment	Bedfordshire Community Health Services	New project. Project team members enrolled on wave 9. Still to be registered on Life QI and assigned QI coach & sponsor

Members from each these projects will be attending a value (cost improvement) learning system that will include six face-to-face learning sessions between September and March. Attended by the Executive Sponsor for this area as well as other key members of the financial viability team, these learning sets are designed to provide enhanced support and help accelerate project progress.

As part of our broader focus on value, all ELFT QI projects will now be supported to incorporate thinking about value in every project. All projects will be supported to create a family of measures that capture different dimensions of value.

8.0 ACTION REQUESTED

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