NHS
East London
NHS Foundation Trust

**REPORT TO THE TRUST BOARD: PUBLIC**
**21 MAY 2020**

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| **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:**

This report highlights the strategy that was developed to support services across the organisation apply quality improvement and quality assurance in their response to the COVID-19 pandemic.

**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 Background/Introduction

1.1 This report outlines our approach to assurance regarding quality of care during the covid-19 pandemic, and our approach to utilising quality improvement in helping us test, learn and adapt through the pandemic.

## 2.0 Quality Assurance

2.1 Many of our Trustwide systems and processes for quality assurance (QA) have been affected by covid-19. The limitation on travel due to social distancing, and the immediate need to focus on clinical service delivery, have impacted our assurance systems that rely on people visiting and experiencing services in person to gauge quality of care provided, and to share and learn from each other. In addition, the large changes to operational activity during covid-19 has meant that some of our usual assurance activity is not possible at the moment. Below is a summary of how our Trustwide quality assurance workstreams have been affected:

| **Workstream** | **Status** |
|---|---|
| Service User Led Accreditation | Paused at present, as service users are not currently able to travel to visit services and speak to staff and service users |
| CQC preparedness for services | The process has been paused at present. Peer-to-peer visits are currently not possible, and services are so different in form that the self-assessment is difficult until service models for the future are clearer |
| Collecting and sharing service user experience data | The system to enable this remains in place, however NHS England has issued guidance that states that Friends and Family test data is not required to be submitted at present, and tablets used routinely for feedback pose infection control risk |
| Disseminating and assuring compliance with NICE guidance | Continues, but shifted focus to COVID related guidance |
| Clinical Audit | Remains in place but with services choosing which standards to prioritise at present |
| Co-ordinating Executive Walkrounds | The schedule for visits to teams has been postponed to a September re-start, but executives are utilising the time to meet virtually with teams or groups of teams, to discuss covid-19 related issues |
| Supporting Corporate Quality Assurance | Quality Committee continues to maintain a focus on core assurance processes. Increased attention to impact of covid-19 on quality, and increased frequency of reporting from sub-committees in relation to covid-19 |

2.2 In light of the widespread impact to services during covid-19, and the subsequent effect on some of the controls in place to manage risk, the quality assurance committee decided at its meeting on 5 May 2020 to increase the risk score for risk 4 on the Board assurance framework (*if essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm*) from **High** to **Significant**.

2.3 Within directorates, many of the routine structures for oversight of quality were suspended for the 4-5 weeks of urgent response to covid-19. Time to Think groups continued (with a focus on quality control for inpatient physical violence and restrictive practice), as did corporate assurance through performance and quarterly quality reviews with the executive team. Many teams and services will have been able to continue their existing internal assurance and control mechanisms to monitor quality, and ensure adherence to key standards, for example through team business meetings, access to data on quality, safety and performance, and team huddles. Many routine quality structures in directorates will be recommencing in May, as improvement and assurance activity restarts aligned to learning and response to covid-19.

2.4 Our assurance processes across the Trust are being reviewed and adapted in light of the covid-19 pandemic:

- An adapted service user experience survey, incorporating the impact of Covid-19, is being devised with services and service users, and will be tested in early May using safe methods of collection such as SMS text messaging, phone calls and online survey
- An adapted Infection Control audit reflecting new priorities and national standards, currently being developed
- A revised process for managing the increased volume and rate of publication of NICE guidance is being tested
- Working with service to develop a QA essentials pack to enable quick quality 'temperature checks' for services during crises where they are unable to implement 'usual' QA processes

2.5 Clearly 'normal' quality assurance processes are severely restricted at present. The QA team is identifying new ways of working and delivering some of these processes to take into account the likely need for longer term social distancing to enable the restoration of a more comprehensive programme as quickly as possible. As part of this redesign process, we are also developing a wider range of assurance options, particularly looking at online and virtual offerings, and exploring how we might assure quality in relation to place, populations and systems (beyond the service-oriented assurance processes that we currently operate).

## 3 Quality Improvement

3.1 At the commencement of the covid-19 response in England, services had to prioritise changing operational delivery under new circumstances. This had an impact on pre-existing quality improvement (QI) activity and the role of quality improvement in this new landscape. The majority of QI forums in directorates were cancelled. A few were rescheduled to take place virtually using video conferencing. Most QI projects that were taking place in directorates were put on hold, as staff rightly made themselves available to support the organisation's response to COVID-19.

3.2 What was encouraging to see, even at this early stage, was that many leaders resolved to use QI tools, methods and approaches in their response to the situation. Some of those stories have been shared below.

3.3 Several of our Trustwide quality improvement activities have been revised:

a) The annual study trip to the IHI/BMJ International Forum on Quality and Safety in Healthcare was postponed by the organisers
b) The ELFT annual Quality conference was postponed to January 2021
c) The Improvement Leaders' Programme was pushed back to an October 2020 start
d) The Improvement Coaches Programme was postponed to a September 2020 start

e) Pocket QI, our introduction to QI over two half day modules, was changed from classroom to virtual delivery
f) Support to directorates from their assigned Improvement Advisors moved to a primarily virtual delivery model

3.4 The quality improvement plan for 2020-21 that was shared in the March 2020 Trust Board report has been reviewed in light of covid-19. A 90-day plan to support the organisation's response to COVID-19 was developed (see below):

**DAILY IMPROVEMENT:**

Encourage the use of improvement in everyday thinking, skills and practice during COVID 19 pandemic.

**VIRTUAL PLATFORMS:**

Support teams and operational structures to use Virtual Platforms, so that they can better respond to the COVID 19 crisis.

**CAPABILITY BUILDING:**

Build improvement skills through virtual learning.

**STAFF WELFARE:**

Promote welfare at work for staff working in different ways during COVID 19.

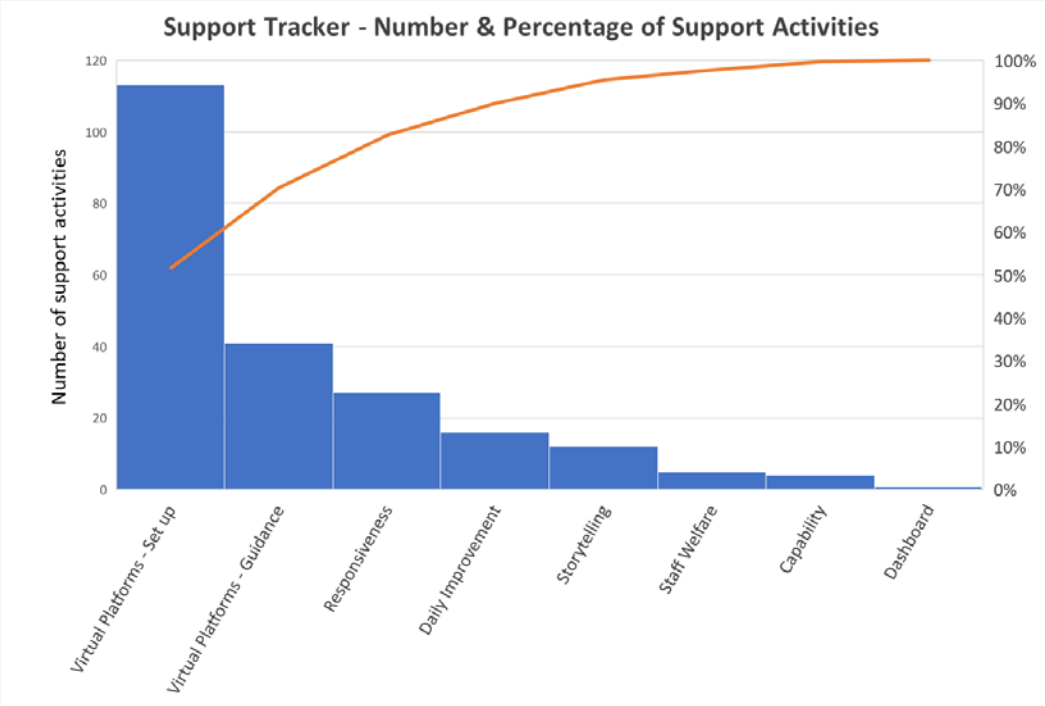
**STORYTELLING:**

To promote and support the trust to use storytelling as a way of sharing learning during the COVID 19 pandemic.

**RESPONSIVENESS:**

Support operational structures and other parts of the organisation so that they can better respond to the COVID 19 crisis.

3.4.1 Responsiveness: The QI department has provided improvement advice and support to the incident management structures and workstreams. The pareto chart below shows the distribution of activities the department has deployed support to.




3.4.2 Virtual Platforms: The QI department have created a process for services requesting support with virtual platforms such as WebEx, Microsoft Teams and Zoom video and all staff from QI and QA have been trained to help services with these platforms.

3.4.3 Staff Welfare: Building on 4 years of Enjoying Work collaborative learning systems that helped teams apply quality improvement to improving staff satisfaction and experience, a tailored alternative was developed for the current climate. The Quality Improvement department have developed a Working Well Handy Guide that is available as an online resource to help teams apply impactful quality improvement and leadership tools and methods to help them work on their teams' wellbeing. The key difference with the Enjoying Work approach is that this can all be done by teams independently and without needing the rigor of a QI project.

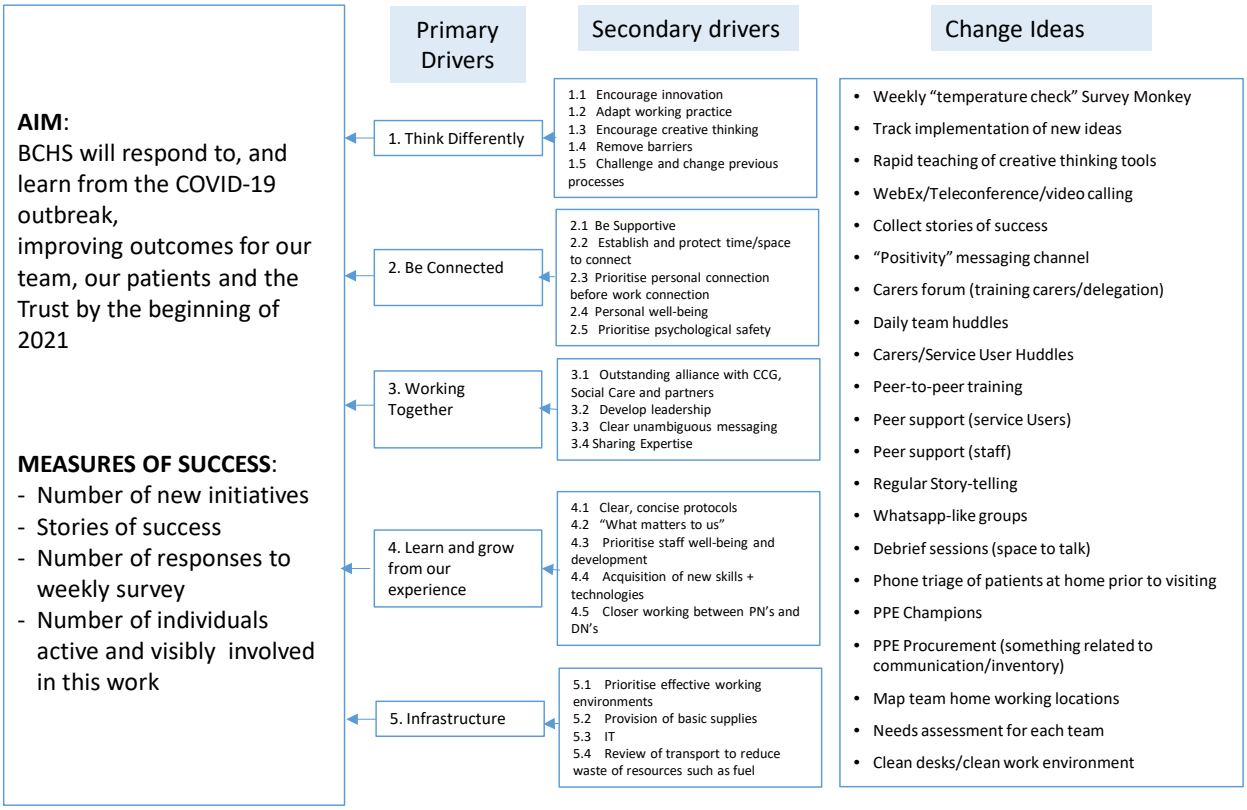
3.4.4 Daily Improvement and Storytelling: In the month of April, fourteen stories were captured and shared of how quality improvement is being used to tackle challenges related to the Covid-19 pandemic.

3.4.5 Capability Building: The QI training offering with the widest reach, Pocket QI, is successfully being delivered virtually instead of in classrooms.

3.4.6 Dashboard: The improvement analytics sub-team have led the creation of the Covid-19 dashboard, working closely with various other departments and bringing seven different sets of data into a real-time dashboard that is available to the incident response structure. This has represented a good first test of our new capability within PowerBI, and an opportunity to start engaging our staff and teams with the potential of the new analytics that we will be developing across the Trust.

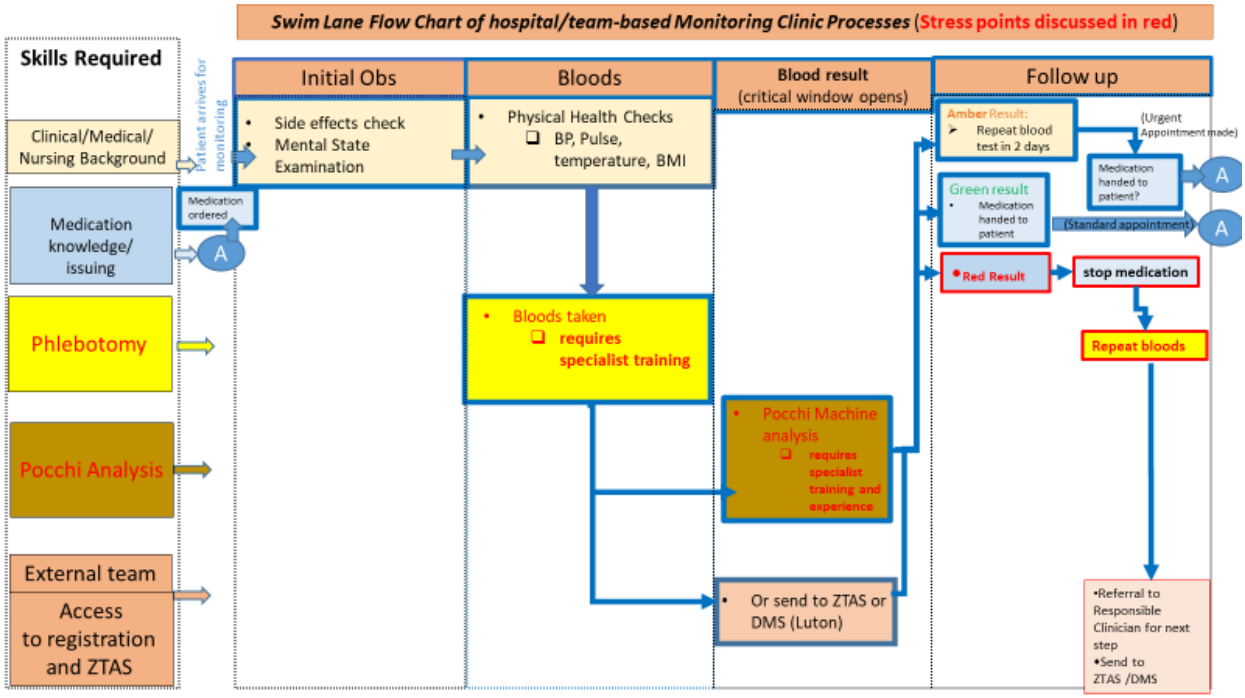

3.5 Some stories of using QI through Covid-19:

3.5.1 Bedfordshire Community Health Services (BCHS) made a strategic decision at the outset of the pandemic to use QI methods in their response. They used a 'driver diagram' to develop their strategy for which the aim was: "BCHS will respond to, and learn from the COVID-19 outbreak, improving outcomes for our team, our patients and the Trust by the beginning of 2021". They have been co-producing their strategy with staff and service users.




3.5.2 Corporate: The Procurement team, Infection Control, Community Health Newham, Communications and the Quality Improvement department worked collaboratively to use improvement tools and methods to test, iterate and standardise the existing manual process for ordering Personal Protective Equipment into a faster digital process within a single day. Running a first test with a clinical team within 3 hours of starting this piece of work, we tested at scale four hours later and then implemented the process across the organisation the following day.

3.5.3 The Clozapine Clinics in City & Hackney and Luton used process mapping to represent their system for monitoring and responding to service users on Clozapine, a psychotropic medicine that requires close physical health monitoring and specialist knowledge. Once they created their one-page process maps, the services identified potential stress points in their systems and either changed those steps or made contingency plans. Some of the ideas included having a dedicated phone line for service users for urgent tests and concerns. As a direct outcome, all the Clozapine Clinics across the organisation have now convened a virtual space for sharing information, resources and even specialist skills in the event of staff being ill.




3.5.4 Staff in the Bedfordshire Mental Health directorate recognised a potential disconnect between service users and the changes that have been made to services during the crisis stages of the response to the pandemic. They therefore conducted a PDSA (Plan-Do-Study-Act) test of a virtual Question & Answer session. The feedback helped them learn about making such changes better in the future. One service user stated "I felt reassured that our suggestions were valued and would be acted on as much as possible given the circumstances…"

3.5.5 IAPT (Improving Access to Psychological Therapies) services organised their QI Forum to be conducted virtually to enable them to coordinate quality improvement activity in the directorate. Of particular interest was how QI tools and methods could be used to tackle some of the challenges services are currently facing.

3.6 As we start to move from the initial urgent response phase into a second phase of recovery and redesigning our future in order to plan for future likely scenarios, all services are being supported to reflect on the changes that have taken place and identify their likely impact – both positive and negative – through a quality impact assessment process.

3.7 The next step will involve facilitation of workshops involving staff and service users to learn from the changes that have taken place, and start defining our future. This will inform service design, and take a population health and equity lens from the outset. Quality improvement, performance, financial viability, population health and people participation are partnering to support services with this critical work. This is likely to lead to clearer plans at service or pathway level, which may involve implementation of good ideas that we want to keep, coproduction of a new service model through quality improvement and people participation, stopping old ways of working that add less value, and restarting some previous work that had been stopped during the urgent phase. It is likely that this codesign phase will feed our quality improvement work for the year ahead.

## 4 Recommendations and Action Being Requested

4.1 The Board is asked to **RECEIVE** and **DISCUSS** the report.