REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Quality Report
Author/Role	Auzewell Chitewe, Associate Director of Quality Improvement
	Katherine Brittin, Associate Director of Quality Improvement
	Duncan Gilbert, Head of Quality Assurance
Accountable Executive Director	Dr Amar Shah, Chief Quality Officer

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 contained within the integrated performance report, which contains quality measures at organisational level.

Committees/meetings where this item has been considered

Date	Committee/Meeting
	None

Key messages

The quality assurance (QA) section of this report triangulates insight from a range of different sources of intelligence and feedback, for the 9-month period from August 2021 to April 2022. The key strengths that emerge are of service users feeding back positively about being listened to and cared for well. Staff have fed back their positive experience of feeling supported within their team, and being able to contribute to continually improving their service. The main themes emerging that represent opportunities for improvement relate to feedback about waits for access to services (telephone calls and appointments), the provision of information and the environments in which care is provided. Staff have fed back about having to wait longer than expected for IT equipment, the digital infrastructure, the environment in which care is being provided and the challenges with recruitment to vacant posts.

The report provides detail about the work that is already ongoing to reduce the length of time people wait to be seen by our services, the improvements to our estate that have taken place, the improvements to our digital infrastructure and the mechanisms for assuring and improving the quality of information that is available for service users.

The quality improvement (QI) section provides a summary of how we are applying QI to achieve our strategic objectives as a Trust. There are signs of positive application of quality improvement within teams, both within the structure of a project to solve a complex problem, and also within everyday thinking and work.

The Pursuing Equity programme has just launched, with 24 teams taking part. This will provide support to teams to identify areas of disparity, and apply coproduction and quality improvement to address these inequities. A programme on Optimising Flow is due to launch next month, which will support services and pathways to utilise coproduction and quality improvement to manage demand and improve access in innovative ways.

Efforts to equip all staff with improvement skills and capability are integral to creating an environment where our people have agency to improve outcomes and experience for our service users. The report details the work underway to deepen and extend our improvement capability across the Trust.

With respect to improving value, the report outlines how we are applying quality improvement within our Green plan, and supporting financial viability in their work with teams to identify and remove waste.

Strategic priorities this paper supports

Improved population health outcomes	☒	Marmot Trust work
Improved experience of care	☒	Large scale QI programmes on pursuing equity, and tackling waits and flow
Improved staff experience	☒	Supporting team health and wellbeing, and improving the experience of new starters
Improved value	☒	Environmental sustainability and reducing agency spend

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, 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.   Quality Assurance (QA)

1.1.   In September 2021 we conducted a thematic analysis, triangulating various data sources to provide an overview of quality issues emerging during the 12 months from 1 August 2020 to 31 July 2021. This report presents a similar, follow-up, analysis, to examine what has changed since then in terms of the context of experience as well as the impact of actions taken to improve. It covers the 9-month period from 1 August 2021 to 30 April 2022.

1.2.   As previously, the report brings together the thematic findings from Patient Experience Reported Measures (PREM) and Executive Walkrounds, along with complaints, feedback received via 'Care Opinion' (a website on which anyone can share their experience of care, in their own words) and the findings of the recent 'People Pulse Survey' which has enabled staff to provide their feedback.

1.3.   Each walkround features a conversation that is structured around standard questions:
   a.   What are you proud of as a team?
   b.   What gets in the way of you enjoying your day at work?
   c.   What are you working as a service to improve?
   d.   Are you aware of the Trust's new strategy? What work are you doing or thinking about doing that would improve the health of the population you serve?

1.4.   Our PREM surveys typically ask service users to rate the following statements based on their experience of care:
   a.   I feel listened to by the team
   b.   I feel I have been given enough information regarding my care
   c.   I feel involved in decisions about my care
   d.   The professionals involved in my care talk to each other and work well together
   e.   What can we do to improve the care we offer?

2.   Feedback from Executive walkrounds

2.1   Analysis of this data by service type and directorate has shown that the themes of feedback during this period were very similar across all services visited. Below are the key themes:

What are you proud of?	What gets in the way?
The team - Working well together - Supportive and flexible - Proud to be working in the team Innovative adjustments to the pandemic. Working together with service users The positive feedback received from service users and carers	IT Challenges - Connectivity - Old equipment - Long waiting times on orders - Not knowing what support is available Challenges arising from the ways of working adopted during the pandemic - Digital poverty among service users - Challenges with working remotely Extent of workload Quality of the working environment Recruitment difficulties, leading to staff shortages

3.   Feedback from People Pulse Survey

3.1.   As of January 2022, NHSEI has mandated a new national quarterly pulse survey. The nine core questions are mandated. For this quarter, the survey launched on 4 January 2022 and ran until the 1 February 2022. The questions were different to the previous survey, which looked closely at staff wellbeing and support. Therefore, meaningful comparison is not possible. Detailed analysis of this data is contained in the People report.

3.2.   Overall observations from the survey are:
- Staff continue to feel that patient care is the trust's top priority and that they are able to make suggestions and improvements to enhance care provision
- There is a slight disparity in that respondents were less positive about looking forward to going to work compared to how enthusiastic they were about their job, which may be worthy of exploration.

4.   Feedback from Patient Reported Experience Measures (PREM)

4.1.   During the past 12 months, mainstream services (excluding the mass vaccination centre) have collected around 900 responses from service users each month. The table below outlines the themes from analysis of qualitative PREM feedback:

What has worked well?	What could have been better?
- Friendly, caring and kind staff	- Long waiting times – for phone to be answered and/or appointments
- Staff keen to help and care for service users	- Communication between staff
- Service was efficient	- Inconsistencies among staff, some not as understanding and good at listening
- Service is informative, respectful and professional	- Service needs more staff
- Clear information provided	- Staff would benefit from additional training/skills

5.   Care Opinion

5.1.   The number of people using Care Opinion to give feedback is currently fairly low, around ten in the last 12 months. However, this open means of collecting feedback means that the data is rich in detail. With such low numbers, whilst thematic analysis is less valuable, there is useful detail about the impact of poor or good experience, which is acutely felt and clearly articulated.

5.2.   The service users providing negative feedback on their experience were most often frustrated by:
- Poor access to services and/or cancelled appointments
- Poor 'customer care'
- Disappointment with the standard of care provided
- Not feeling effectively communicated with

5.3.   The service users providing positive feedback were happy that:
- They felt a good rapport with their care giver
- They experienced positive outcomes to their care and treatment

5.4.   Since April 2022 the Trust has enhanced its subscription to Care Opinion, opening up greater functionality and support. The Quality Assurance Team is currently leading a project, working with clinical services and their service users, to engage with the platform and optimise it as a means of understanding, learning from and responding to patient experience. We expect the quantity and quality of feedback to increase across the trust over the next 12 months.

6.   Complaints data

6.1.   The key themes from complaints over the 9 month period were:
- Communication / information provision
- Attitude of Staff / Customer care
- How individual care is managed and coordinated
- Access to Services and waiting times
- Diagnosis and treatment.

6.2.   The themes from complaints have remained consistent for some time and appear unaffected by the Covid pandemic. However, the average number of complaints received each month increased during the pandemic to an average of 44 each month. There are early signs that this may have reduced over the last nine months.

6.3.   Some further feedback is received via informal channels, such as social media. Social media platforms are monitored by the Communications Team, and responded to as appropriate. Such feedback is not formally collated, but when items of feedback amount to complaints or compliments, they are channelled to those internal process.

7.   Looking at the data in the round

7.1.   Bringing together all five data sources, it is evident there are common themes across the spectrum of data visible during this period:

Strengths to build on	Areas for improvement
- Many service users feel listened to and cared for	- There are long waits for some services
- Many service users experience a well organised and efficient service	- Some staff and service users remain dissatisfied with the environments in which care and treatment are provided
- Many staff continue to be motivated to provide a great service	- Staff and service users are experiencing the impact of challenges in recruitment, leading to shortage of staff, waits or cancellations of appointments, and perception of overworked or stressed staff.
- Staff continue to feel able to bring about improvements	
- Services and service users continue to work in partnership	- Information provision and communication with service users and carers is very important and could be better

8.   Actions taken to improve

8.1.   **Access and waiting times**
The pandemic has had a considerable impact on service users, staff, and services and one aspect of this has been an increase in waiting times. This has been related to increase in demand for some services, the need to redeploy or prioritise capacity to certain services

during the acute waves of the pandemic which then created backlogs of referrals, and the impact of staff absence and difficulties recruiting, which have reduced service capacity. The recent challenges with ambulance and emergency department waiting times may also be impacting on the feedback about patient experience that we receive. We are also seeing unprecedented demand in our primary care services, which is likely impacting on patient experience.

Across East London NHS FT, we are continuing to apply our quality improvement method to help us solve the complex challenge of managing increased demand and longer waiting lists, working through the issue systematically and involving our staff and service users to help understand the system and identify new ideas that we can test. Services with longer waits and backlogs than normal have robust recovery plans in place, which are monitored locally within directorate management teams. There are standard principles in place to ensure that all community-based teams prioritise and triage referrals in a consistent way, and to ensure that we are monitoring and preventing risk of harm for those that are awaiting assessment and/or treatment. There is regular oversight of waits, demand, access and backlogs within directorate management meetings and through our internal performance management system. This is complemented by ensuring that our teams have access to high quality data so that they have a robust understanding of who is waiting for care, and how long they have been waiting. Assurance on our progress with reducing waits for our services is contained within the performance report to the Board.

8.2. **Environment**
Over the last year the trust has completed 35 Capital schemes, and 4 maintenance projects with a total capital spend of £14.5m. The Estates team has used the NHS Property Appraisal 6 facet survey to prime estates in regard to use, condition and compliance with health technical memoranda, and reviewed estates governance and risks. In response the team has:
- Established an estates leadership group
- developed incident management procedures
- held an Estates away day

In addition, we have mobilised and onboarded OCS as our new soft services provider. OCS has plans to invest in the new partnership, offering a central facilities management hub which will improve food choice and ordering to provide a better service user experience, as well as providing a space for laundry facilities.

The new Estates Strategy will continue to focus on ensuring that areas of patient care are to an appropriate standard, within the confines of our available capital, and on a prioritised basis. The Estates Strategy refresh has been commenced, with a draft document aiming to be completed in early 22/23. This will be monitored and audited by a steering group and will have sign off through the FBIC and Board. Currently a number of stakeholder sessions are taking place with staff and service users to gain their views and ideas of how estates may be improved and future proofed.

Four workshops were held across London and Bedfordshire at the end of April, seeking feedback from staff and stakeholders on such questions as:
- Are our services in the right locations?
- Are our buildings efficient and do they support our carbon objectives.
- What is important to people when they visit our premises?
- Are there new design and architectural ideas out there that we should be investigating?
- Have we got the right type of spaces for staff to take breaks and rest?
- Do our buildings create a calm and therapeutic place for people to be treated and cared for?

- Do they help staff to do a good job?

A new forum of collaboration and regular update / feedback will be established between Chief Operating Officer, Chief Nurse, Chief Financial Officer and Director of Estates to openly discuss and resolve estates, estates operations and estates environment matters.

8.3. **Recruitment**

The Trust generally carries a vacancy rate of between 6 to 9% which is viewed as 'healthy'. However, there are areas and/or roles that are particularly difficult to recruit to, and retain staff in, leading to a vacancy rate higher than this. For example, vacancy in Community Health Services can be higher than 15%. We also know that community nurses, GPs, psychologists, occupational therapists are all in high demand within the labour market.

To address the areas and professions that experience particular challenges, a Trust recruitment and retention strategy exists. A delivery group is chaired monthly by the Chief Operating Officer and reports via the People Delivery Board and the Board's remuneration committee. The purpose of the group is to take a locality / place-based approach to reviewing and enabling strategies that contribute to:
- Agency reduction/usage
- Bank transfers to permanent contracts
- Scrutiny of, and support for, the workforce plan of new roles/services as a result of new funding
- Recruitment strategy more generally for existing vacancies, ensuring that ELFT has a strong employer brand and a reputation for the best place to work
- The Trust's 'anchor institution' agenda
- Reduction in turnover.

Currently the working sub-groups are prioritising two quality improvement; one of which aims to reduce time to hire and the other aims to improve candidate experience by ensuring everything is ready for new starters on day one.

Newham have been able to recruit 40 successful appointments for local Newham residents and the Coborn adolescent unit has achieved a step change from reporting regular staff shortages to a healthy vacancy rate. The group are also working to increase involvement in a Trustwide work experience programme and T-levels to encourage young people into NHS careers.

The group are working on increasing awareness of new role such as physician associates and prescribing nurses that may be able to offer an alternative means of closing staffing gaps. Remuneration also features as a workstream and 'career progression grades' and 'golden hellos' are currently being reviewed and scoped as possible incentives for candidates to choose ELFT.

8.4. **Communication and information provision**

There are some good examples of services working innovatively to improve effectiveness of communication with, and information provision for, service users and their carers.

For example, in Tower Hamlets Community Health Services, the Continence Service user group is revising the information that they provide with a view to simplifying it and ensuring that the messages are clear and easily understood. As part of this work, the management team have now involved the local Working Together Group in reviewing and providing friendly challenge to the content of information leaflets. The Continence Group is also putting together an annual plan of events that they intend to visit to share information about their service.

Community health services are also creating short videos to tell the local community about the services they provide, and how to access them. The Continence service have just completed their video, and further clips are in the making for Care Navigation, Falls Prevention and the Gardening for Health group.

Information provision features as a standard in our internal CQC self-assessment process and the Service User Led Accreditation programme. This helps us ensure that all services have information available, and provides a service user perspective on the quality of the information provision. The programmes also highlight good practice that can be shared and support services to close any gaps and raise standards through the resulting action plans.

8.5   **Digital infrastructure**
A full network and infrastructure equipment survey has been completed by an independent third party. This is now entering a business-as-usual cycle integrated into Digital change control processes, regular weekly virtual surveys and monthly physical onsite visits. Insights gained from this in-depth source of knowledge is beginning to be utilised for data-driven decision-making in a range of areas from incident response to service improvement programme and financial planning.

The Wi-Fi improvement programme continues to address critical areas of failure, with many more sites having end of life Access Points replaced and heat map surveys completed. In parallel there is a programme board being formed to govern the developing plans for the future state which includes the installation of new wi-fi controllers and 250 modern Access Points. The first year of our digital strategy has now been delivered, with a review due to take place at the digital strategy board. The second year will encompass a deeper dive into specific areas, starting with our primary care services.

Cyber security continues to be a major area of concern with attacks increasing in volume and complexity. To address the high threat levels, an industry leading software has been procured and is currently in the build and test phases. It is anticipated that this will 'go live' early in quarter 2 and subject matter expert contractors are in place to support this.

9.0   Quality Improvement

Quality improvement is an approach applied by people across ELFT to identify and solve problems, with staff, service users and often external partner agencies collaborating around a shared goal. Over 100 quality improvement projects are active at any time, reflecting the extensive use of quality improvement on 'what matters most' to our service users and staff at team level. This report focuses on providing assurance to the Board on the application of quality improvement to help deliver our strategic objectives.

9.1   There is increasing evidence of use of quality improvement (QI) in all aspects of work, extending beyond QI projects. Examples include:

a) *Use of tools to understand and make changes in a system*
- In City & Hackney, process mapping has been used to understand how pathways are working within the neighbourhoods as part of the community mental health transformation programme
- Bedfordshire Crisis teams have been using driver diagrams to develop their change strategy and Plan, Do, Study, Act (PDSA) cycles to test ideas for COVID secure work in non-inpatient settings
- The Trust-wide end of life care steering group have used driver diagrams to help develop their strategy
b) *Structural changes to create capacity for improvement*

- Bedfordshire Wellbeing Service has included time for improvement as part of job planning
- Pathway 2 Recovery addiction service is encouraging people to use QI to "try just one thing" differently in their area of work.

c) *Opportunities for learning and storytelling*
- Community Health Services have developed a Microsoft form to gather and share stories of improvement
- Newham Mental Health management team are creating an improvement wall in their management corridor to share stories and engage teams
- Tower Hamlets learning disabilities service is working with quality and performance managers to help use data more effectively for decision making
- Forensics senior management team are supporting teams to use PowerBI to help them understand their service and areas for improvement. Teams regularly use root cause analysis tools and the use of small focused 'huddles' are widespread across the directorate.

10.0 Improved Population Health

ELFT is working towards becoming a 'Marmot Trust' which will play an important role in promoting a fair society and reducing inequalities in our local communities. The work is being tested in two areas. Luton is focusing on improving employment opportunities while Newham's focus is on ensuring children and young people have the best start in life. Two recent workshops were held and the public health team are being supported by QI to design the work, with change ideas, measurement, and a learning system.

11.0 Improved Experience of Care

11.1 *Addressing Inequalities*
The 'Pursuing Equity' QI programme was launched in April with the aim of supporting teams to identify inequities in access, experience, and outcomes for service users and staff and to use quality improvement to generate and test ideas to address this.

The first session was attended by 40 participants, representing 24 teams across the Trust. The teams are working towards improving access and equity in health services for service users and staff from the Black, Asian, and Minority Ethnic (BAME) community, the LGBTQ+ community, women, veterans, and the elderly. Below are a few examples of the teams that attended and what they are working on:
- Newham mental health services are seeking to improve access to care for children and young people from diverse ethnic communities.
- The Veteran's Alliance is working towards improving accessibility for veterans and their families to IAPT services and have successfully tested staff identifying veterans at the point of referral.
- Forensics are working towards improving equity for female inpatients so that they have access to the same facilities for physical activity as males
- The LGBTQ+ network is working on increasing awareness of the network and improving their reach
- Bedfordshire and Luton services are aiming to increase representation in the eating disorder service.
- Mental health services in Newham and Tower Hamlets are aiming to improve access for those from ethnic minorities
- The Bedfordshire and Luton people participation working together group are working on an anti-racism project
- Primary care is working to improve access to cervical screening and are testing using outreach centres

All these teams will have access to support from quality improvement, people participation and public health. The first steps are to ensure meaningful service user involvement, and accessing quantitative and qualitative data to get a better understanding of the issue.

11.2 *Build approach to co-production and people participation*

The people participation team and the QI department continue to collaborate to improve service user involvement in quality improvement work. Across the Trust, Big I involvement in QI projects (where there is a service user or carer as an active and equal member of the improvement team) has improved from 28.5% to 33.6%. Some of the change ideas that have contributed to this are:

- Sponsors, Improvement Advisors and QI Coaches pro-actively supporting service users and carers to lead improvement work and projects
- Directorate management teams have made the meaningful involvement of service users a requirement for project approval
- QI training to all people participation leads (PPL) and highlight training at all Working Together Groups so that PPL's have a good understanding of improvement and can apply to their daily work
- The Head of People Participation has co-designed and facilitated the people participation areas of all QI training programmes

Percentage of QI projects with Big I Service User/Carer involvement - P Chart
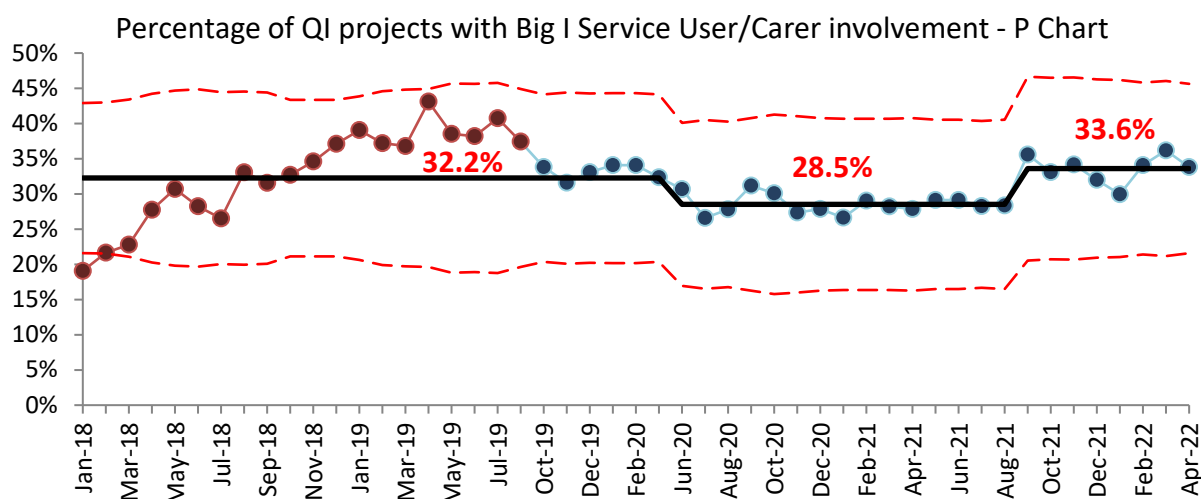
11.3 *Reducing waiting times and improving access to services*

The Optimising Flow QI programme, designed in partnership with performance, people participation and the QI department, launches in June and will support teams to apply quality improvement in order to manage demand, improve flow and access to services. 27 teams have registered so far, with representation from the majority of directorates across the Trust.

Directorate	Teams	Area of improvement
Bedfordshire and Luton Community Mental Health	2	• Biggleswade and Dunstable teams are seeking to manage the number of referrals within their existing resources
Bedfordshire and Luton Crisis Mental Health	1	• Psychiatric liaison team will work on improving communication and patient pathway flow
City and Hackney Mental Health	5	• Maternal mental health services focusing on managing referrals and waiting lists for their psychology service

Directorate	Teams	Area of improvement
		• Learning disabilities team working on reducing waiting times for interventions for service users in Hackney and ensuring service users get the right service at the right time • Specialist psychotherapy services are reviewing caseloads, administrative process, induction process and use of rooms
Tower Hamlets Mental Health	1	• The psychological therapies service is working on reducing waiting times for second appointments
Newham Mental Health	2	• Ruby triage ward is working on patient flow through inpatient unit and managing admissions • Ivory ward is working towards improved recruitment and retention of staff
Community Health Bedfordshire	2	• Therapies teams will work on improving the percentage of people receiving treatment within 18 weeks
Community Health Newham	2	• The musculoskeletal (MSK) physiotherapy team are seeking to reduce waiting times for follow up appointments • The foot health service is working on improved management of large waiting list with reduced capacity and recruitment issues
Community Health Tower Hamlets	5	• The Continuing healthcare team are seeking to improve flow and time taken to achieve nursing home placement • The admission avoidance and discharge service are testing developing therapy assistants to manage demand • The Living well team are improving flow of reablement patients • The extended primary care team will test ideas to reduce inappropriate referrals • The Continence service is seeking to reduce waiting times for assessment and treatment
Forensics	1	• The administrative team at the John Howard centre are trying to improve workflow efficiency
Primary care	1	• The directorate management team are working towards improved recruitment and retention of staff
Specialist services	4	• The child development service are working towards reducing non-attendance at appointments • East London Community Eating Disorders are working on improving demand and capacity • Newham CAMHS are focussing on improving the processing of referrals and management of allocation within the service

Below are some examples of ideas already being tested by these teams:
- Primary Care has reduced their vacancy rate from 22% to 16% with an aim to get to 10% by December 2022. They have tested improving clarity in messaging and created a staff wellbeing champion to better understand what matters to staff to improve retention.
- Community Health Tower Hamlets 'Living Well' service is planning cross-prescriber training to ensure increased capacity to manage demand
- IAPT are testing using virtual appointments with staff based remotely in other parts of the country to improve capacity and to meet demand

12.0 Improved Staff Experience

12.1 *Building improvement capability*
The Trust strategy aims to "develop and build the workforce by offering lifelong learning". Building improvement capability for staff and service users gives people a way to improve their experience and outcomes, which impacts on engagement and joy in the workplace.

Over the next two months, each directorate will identify the next group of staff and service users to develop improvement skills at different levels of depth. To support this, dashboards are available for each directorate to see their QI skills by staff band, by gender and ethnicity to ensure that we are supporting and enabling equitable access to improvement training.

12.2. The Trust provides three main QI trainings:

Pocket QI, a one-day foundation level training that all Trust staff and service users can attend, so that everyone across the Trust is equipped with the basic skills to enable involvement in improvement. Pocket QI is a crucial first step into how we improve at ELFT. Pocket QI has returned to a face-to-face format, and is also available virtually to external participants.

Improvement Leaders Programme, a five-day course over six months, wrapped around application to a real-life quality issue. Wave 11 completed at the end of April with 84 staff and service users graduating from the programme, which adds to over 1150 people trained at this level since 2014. Work that has been supported through this programme includes:
- Informatics department has improved access to self-service data analytics (PowerBI) across the Trust, trebling the number of staff accessing and using data, through conducting live interactive workshops and offering staff support sessions.
- Newham Mental Health has seen a 28% improvement in the proportion of accurate 'on call' handovers from junior doctors and has reached 100% in the last seven months
- IAPT has been working to improve the quality of service for long covid sufferers by offering a long covid group, increasing clinicians' confidence in treating those with covid and improving their data quality.

Participant feedback from the Improvement Leaders Programme demonstrated that 100% of the 66 respondents felt it was 'very likely' or 'likely' they would use QI to help work through complex issues (with 49% responding 'very likely'). 85% agreed or strongly agreed that they felt able to lead a QI project and 85% agreed or strongly agreed that their learning would help improve outcomes in their area of work. Dr Guatam Bagga (GP clinical lead), stated *"I feel better equipped using QI methods especially when analysing data which has helped for informed decision making in my area".*

Improvement Coaching Programme trains staff and service users to take on the role of a QI coach. The Trust has over 100 active QI coaches who support teams with their quality improvement work. Recently two service users who are now qualified QI coaches with lived experience have been appointed within Bedfordshire and Luton crisis and inpatient services, with another QI coach due to graduate in the current cohort. This will promote service users to become more actively involved in improvement. 25 new QI coaches graduated in May as part of the 7th cohort of this programme.

13.0 Improved Value

13.1 *Environmental Sustainability*
A priority for the Trust is to improve environmental sustainability, through the Green plan, which is being supported by quality improvement. There are now six workstreams, each with a change strategy visualised with a driver diagram, identifying key areas of focus.

An initial focus has been on a pilot site at Beech Close. The pilot site has been testing change ideas around energy consumption, such as switching to alternative energy efficient lighting and using timer switches to reduce energy waste. A QI project across pharmacy sites is focusing on waste reduction. They are exploring using alternative low

carbon medicines. In addition they are in the process of reprocuring contracts to suppliers that have a lower carbon footprint and are developing a measurement plan around medication carbon usage. Sustainability is also being integrated into all QI training offers.

13.2 *Financial Viability*
This month, the financial viability team is launching the first of three workshops, with intent to support staff to use QI to identify and tackle waste, increase productivity, and reduce cost. So far, ten teams have signed up, including people participation, corporate governance and infection prevention and control. Teams will be supported to test ideas and measure impact. The intention is that these sessions will be a test to scale up Trust wide. To support the learning, waste workshops will be offered bi-monthly across the Trust for any departments seeking to reduce waste in their area starting in July.

14.0 Celebration

To recognise and celebrate quality improvement work across the Trust, individuals and teams have been supported to submit their work for upcoming awards. A project on Morrison ward focused on physical health which has achieved an aggregate weight loss across the unit has been nominated for RCPsych 'QI team of the year' award and the Nursing Times 'nursing in mental health' award. City & Hackney integrated learning disabilities service has reduced time from referral to allocation by 93% and time from referrals to assessment completion by 77%. This work has been nominated for the RCPsych 'QI team of the year' award and the HSJ 'patient safety' award. One of our QI coaches with lived experience has been nominated for the RCPsych patient contributor award. The ELFT quality department (QI and QA) has been shortlisted for the quality team of the year award at the International Quality Awards.

15 Action Being Requested

The Board is asked to **RECEIVE** and **CONSIDER** any other assurance that may be required.