

REPORT TO THE TRUST BOARD - PUBLIC
25 November 2021

Title	Quality Report
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Purpose of the report

The Quality Report provides the board with assurance related to processes for accreditation of quality of care, and our organisational approach to quality improvement.

Committees/Meetings where this item has been considered

Committee/Meeting
Quarterly updates on service user led accreditation to the Quality Committee
Annual update on service user led accreditation to the Quality Assurance Committee
Monthly discussion of QI and service user involvement in QI at directorate QI forums
Annual update on QI at Quality Assurance Committee

Key messages

The service user led accreditation has been running for 2.5 years, during the COVID pandemic period. 70 teams have so far undertaken this programme, with 45 service user assessors currently involved as assessors. The programme to date has identified some common areas for improvement, including service user involvement in management meetings. These areas for improvement are taken forward at team level, supported by learning from across the Trust. Additional support has also been identified for teams that have not been successful in their application for accreditation.

Key areas for further work are:

- ensuring that teams who fail to meet the criteria for accreditation are supported to work on the gaps identified and then re-assessed. One team has already gone through re-assessment and achieved Gold. Two further teams are currently being supported to address the gaps and will be assessed formally in 2022, and the final two teams have recently come forward for registration
- continuing to attract and grow our pool of service user assessors. A further 20 people are in training to join this community
- engaging the remaining clinical teams who have not yet come forward to participate in the programme, working actively with directorate management teams to ensure all teams benefit from this process

The Quality improvement (QI) section focuses on how we are applying QI to improve staff experience. Our QI learning programmes equip people with the skills to be able to work together as a team to tackle complex problems, and be able to influence the system they work in, or receive care in. Key areas of focus are on ensuring all new starters to the Trust undertake the introductory Pocket QI training, which is a change we have introduced in 2021. Pocket QI has also now been incorporated into the nurse development training, which is the most reliable way to ensure all nursing staff from band 3 upwards are equipped with improvement skills.

Ten teams are currently engaged in cohort 5 of the Enjoying Work programme, through which teams apply QI to enhance staff experience and wellbeing. These teams have just begun measuring staff experience on a weekly basis, and developing their change ideas. One team from cohort 4, East India ward in the forensic service, won a BMJ award in September for their work on tackling racism.

Service user involvement in QI work remains a key priority across the Trust, with a focus on improving the percentage of projects that can demonstrate Big I involvement (full partnership with service users as part of the project throughout). A number of change ideas are being tested across our directorates, and within the QI training programmes in partnership with the people participation team. The data

suggests possible early signs of improvement, with recent months showing 37% and 32% Big I involvement, against a stable average of 28%.

Strategic priorities this paper supports

Improved population health outcomes	<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 experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

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.
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 ELFT's Service User Led Accreditation programme began 2½ years ago. This report provides assurance to the board about how the programme has adapted in response to learning and feedback, and how services are supported to improve aspects of quality of care as a result of their assessment.

2.0 The Service User Led Accreditation Programme

2.1. The accreditation programme was designed by service users and invites services to complete a self-assessment against standards identified as most important from the service user experience. This self-assessment is followed by a 1-day assessment from trained service users. Services nominate themselves for the accreditation programme to the Quality Assurance team, which then works with trained service users to co-ordinate the entirely service user led assessment over a period of 4-5 months. The programme aims to:

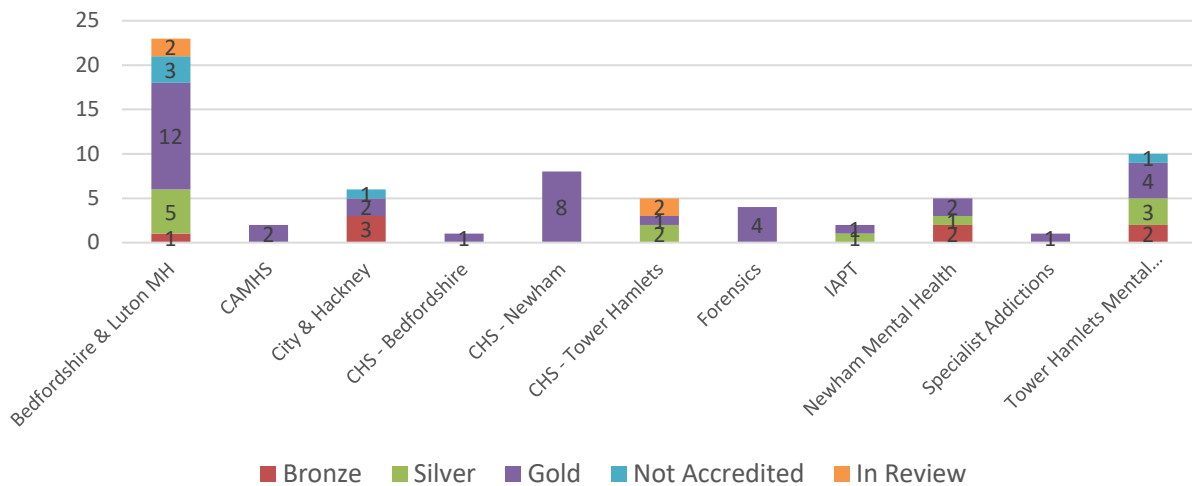
- Recognise and celebrate excellence as defined and measured by service users
- Support improvement and reduce inequality in service user experience
- Enable people participation and collaboration between service users and clinical services

- Improve population health by supporting recovery through the building of relationships, skills, confidence and empowerment

3.0. Participation in the Programme

3.1. The assessment was originally comprised of 24 standards. In 2019, six standards were identified as 'must meet' standards in order to receive accreditation, and in 2020 the wording of standards in response to the Covid-19 pandemic was reviewed. This led to some slight changes in wording, and clearer expectations as to the evidence required to meet certain standards. One standard was removed as it was deemed a duplication, so there are now 23 standards in total.

3.2. The accreditation awards to date are summarised below.



Outcome of Assessments by Directorate

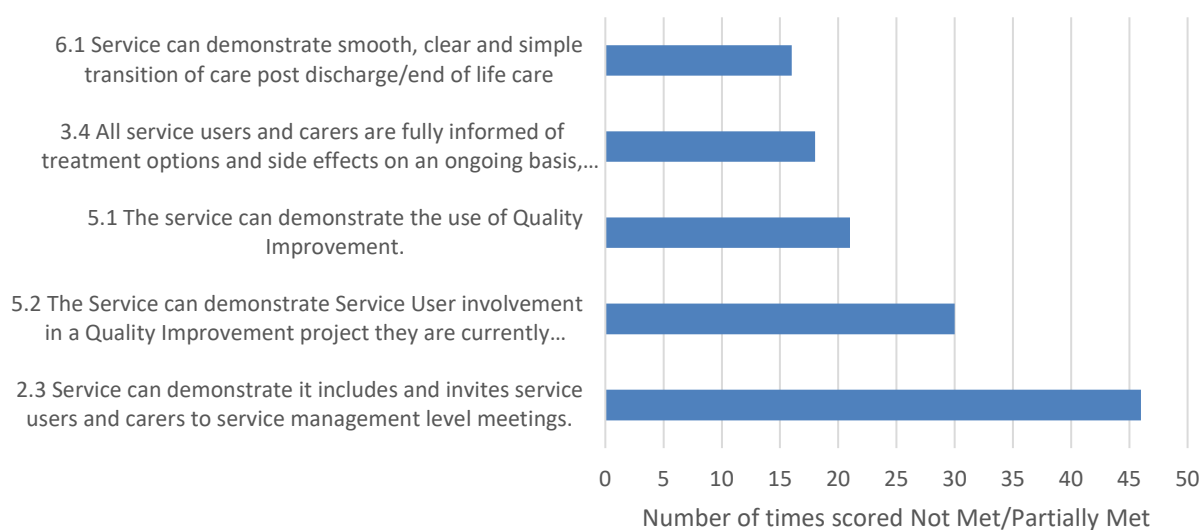
3.3. All services are made aware of the programme and encouraged to participate through their relationships with Quality Assurance managers in each directorate, and also general communications across the trust. More recently, participation in each directorate has been made more visible to directors so they are aware of the services which have participated and awards received.

3.4. Whilst some of the specialist services directorate appear to have low participation, their numbers are proportionately similar when size of directorate is taken into account. Additional efforts to engage teams within directorates with proportionately lower participation have led to seven services from Bedfordshire community health currently undertaking the programme, four from City & Hackney mental health and three from Forensics.

4.0. How Services use the Process to Improve

- 4.1. The assessment results in a report which outlines areas to celebrate, and gaps to address, with ideas for how to address these gaps and where to access support with this. All teams are actively supported to improve based on the outcome of their assessment. One team (Coral ward), which did not receive accreditation at the first attempt, asked to be reassessed, and impressively achieved a gold award, just 6 months after their first assessment.
- 4.2. For Teams that achieve Silver and Bronze award there is an opportunity to act on the areas required for improvement, and return to the programme to achieve Gold. Newham Home Treatment Team took part in Summer 2019, and were found to be not meeting or partially meeting nine standards. Following this, the team made efforts to improve staffing provision, which was identified in the report, and now have a full time Occupational Therapist who can provide assessments for service users. They have also undertaken Quality Improvement projects such as implementing a crisis café. This involved service users in planning and designing what the café would look like. The team will be enrolling in the programme in 2022 and hope to increase their award to Gold.
- 4.3. Tower Hamlets Recovery College have made a number of changes to their environment since participating in November 2019. The assessors on the day said the environment could be improved, describing it as 'clinical' and 'beige'. The team have improved the environment with mural artwork and added plenty of welcoming furniture, with a chalk wall where students can write messages.
- 4.4. Even teams who have achieved Gold have not stood still since completing the programme. Richmond Wellbeing Service took part in Autumn 2020 and achieved Gold, meeting all of the standards. The assessors and the team still reflected that there were improvements that could be made during their virtual visit, such as improving the environment and welcome pack, and also prioritising those who may want or need face to face support when the offer at the time was predominantly digital. Since then the team have acted on this by refurbishing the building to make it more homely, making their welcome pack more user friendly, and reviewing the information it includes. They have also increased face-to-face sessions and provide more choice for those using the service. The team have recently had a workshop to develop ideas on how to involve more service users in People Participation.
- 4.5. A review of performance against the standards demonstrates which were most commonly not met or only partially met, for the 68 services who have completed the programme so far.

Standards most commonly not met or partially met



- 4.6. The standard that is most commonly not met is standard 2.3 with 68% of services not fully meeting this standard. Occasionally, services will describe having service user involvement in QI projects or interview panels, which is distinctly different from a meeting with service management where service users can input into how the service is delivered. Services also sometimes describe having Peer Support Worker input in management meetings, which would not qualify as the Peer Support Worker is a member of staff.
- 4.7. Forensic services have consistently met this standard, with all four wards that have participated so far meeting the standard. Forensics have a system whereby there are service user representatives on each ward who are invited to Clinical Improvement Group meetings. An acute mental health ward who was not previously meeting this standard (Onyx Ward in Luton), now has plans to implement a similar model after taken the feedback they received from their assessment on board.
- 4.8. The other standard that is most commonly not met is standard 5.2. This can be partly related to many services not having completed a Quality Improvement project in the last year, but also is related to some services having 'Little I' involvement (occasional involvement) rather than the Big I involvement required, where the service users is a full and equal member of the project team from the very start. The quality improvement section of this report demonstrates how services, the QI department and People Participation team are working together to improve the proportion of QI projects with Big I involvement.

5.0. How the Programme Has Adapted in Response to Feedback

- 5.1. All services are given the opportunity to feedback after their visit and "Assessors Together" sessions are held each quarter to discuss any issues with assessors

directly. This year, the impact of Covid-19 and move to virtual visits provided a natural opportunity to review the programme and a number of improvements have been made to the programme in the last 6 months.

5.2. More Support for 'Not Accredited' Services

One of the most significant changes made this year is the response when teams do not meet the required 70% of standards to be accredited. The label 'Not Accredited' felt demoralising for teams. In Summer 2021 changes were made to the process, with clear instructions on areas for improvement, a time frame to do this within, and liaison with Directorate Management Teams to ensure teams have the right support to achieve this. If teams can demonstrate they have made the necessary improvement within the timeframe, they will be accredited. The aim of this is to ensure no team feels like they have 'failed' and that teams are supported to make necessary improvements. This process is currently being undertaken by two services who were 'Not Accredited' in April - they will be providing an update on their actions at the December 2021 panel, and are planning to be re-assessed in 2022. Two further teams that weren't able to be accredited have recently registered to participate again.

5.3. Cancellation of Visits

The team have listened to our assessors' feedback regarding the cancellation and postponement of visits. Approximately 8 visits in the last 12 months have been cancelled or postponed at the services request. This can be due to reasons such as not feeling prepared, or managers not being available. Assessors told us that this can make them feel like their time is not valued or respected. A number of changes have been introduced to prevent this, including an initial phone call with the service to talk through the expectations of participation, planning visit dates at least two months in advance, and clarifying that if services cancel a visit with less than two weeks' notice they would need to reimburse the cost of assessor time.

5.4. Development Sessions for Assessors

In response to feedback from assessors, we have introduced sessions to help with triangulating evidence, delivering feedback and report writing. The sessions also covered the different services within ELFT, and how different services may evidence standards in different ways. These sessions were held in response to some services feeling that assessors do not always understand the context of their service. As many assessors have experience of adult mental health services, this can be a challenge when assessing other types of services. This content will be incorporated into the initial training that all new assessors receive.

5.5 The learning from the accreditation programme, and ELFT's people participation work has influenced other partnership and collaborative work that ELFT is involved in. For example, service user leadership is at the heart of the North Central and East London Provider Collaborative (part of the NHSEI New Model of Care programme). From the very beginning of this programme, users have set the agenda and developed the values, aims and mission that the partnership works

towards. The co-production model is fed through all layers of the commissioning model we have put into place:

- a) the NCEL board is chaired by a service user
- b) Our needs assessment work is driven by our user groups consultation
- c) our quality and contract monitoring of services has a core element of users review and user led contract monitoring
- d) our planning for future services to re-invest in is driven by our service users feedback
- e) our procurement processes for setting up new services are done together with a user group.

Our user group have said, 'the collaborative gives users a chance to be part of decision making. Users get a chance to speak with management and not made to feel belittled. Everyone is on an equal footing'.

6.0. Current Challenges

- 6.1. Recruitment and retention of service user assessors has been a challenge since the start of the programme. While some assessors have continued to be involved from the beginning, most only participate for a few months, meaning that the Quality Assurance team are always working to attract new people. This can be challenging, particularly with the increasing number of People Participation opportunities that exist in the trust, and also the complexity of the Assessor role.

The Quality Assurance team is addressing this by sharing more information about the programme and how it may positively impact those involved, and through attending Working Together Groups. The team have developed a job description and person specification to give clearer expectations regarding the role. In addition to the 45 service user assessors already involved, there are currently 20 further people signed up to undertake the training to become service user assessors.

- 6.2. A second key challenge is engaging clinical teams. 67 'early adopter' services have now taken part, and the challenge is now to encourage those who have not taken part so far, who may need to be convinced further of the programme's value or may be concerned of not reaching accredited status.

The team are using stories from services to share the impact of the programme, and encouraging peer to peer influence. Other ideas include introducing a way to celebrate the work undertaken by staff and service users at our existing award ceremonies.

Specialist Children and Young People's Services (SCYPS) so far has had no services participate in the programme. This is due to an ambition to involve service users with lived experience of children's services for their assessments. This is being taken forward with the new People Participation lead, in order to grow people participation in the directorate first. Community Health Services in Bedfordshire have also had low participation, in part due to the perceived applicability of the

standards. Two focus groups in November will help us provide clearer guidance around how community health teams can evidence the standards. The Quality Assurance team are also working closely with People Participation leads in community health to recruit more assessors with experience of these services.

7.0. Next steps and timeline

7.1. Based on the learning over the last 2½ years, below is a summary of the next steps and timeline.

Future Work	Expected Impact	Timeline
Collaborate with service user assessors on a plan to return to face to face assessments, with appropriate safety precautions in place.	A return to face to face visits on a small scale initially in early 2022, with the hope to make this the norm by Summer 2022.	July 2022
Explore development of awards for assessors and services participating in the programme	This will create more opportunities to celebrate and share learning from assessments, and also motivate others to be involved.	July 2022
Test and formalise a process for enabling local Working Together Groups to understand the key themes from assessments in their area, and to drive and oversee improvement in relation to the themes/issues identified.	This aims to ensure that learning from the programme is acted upon and areas that require improvement are addressed on a wider scale	March 2022
Convene a group of service users to consider how the process might be adapted for Primary Care Services and also to include the assessment of non-clinical services.	Increase opportunities for more teams to demonstrate how they impact service user experience of care	October 2022
Continue to collaborate with the People Participation Lead for Learning Disabilities to consider how the programme can be adapted to involve more people with a learning disability.	This will consider how the training and documents may need to be adapted to be easy read and what roles could be explored to ensure people with a learning disability have a wider range of opportunities to get involved.	October 2022
Develop workshops for external organisations to support them to adopt a similar service user-led accreditation programme.	To share our learning and help others adopt this approach.	July 2022

7.2. Progress against this plan will be reported to Quality committee quarterly and Quality Assurance Committee annually, as part of the existing reporting cycle.

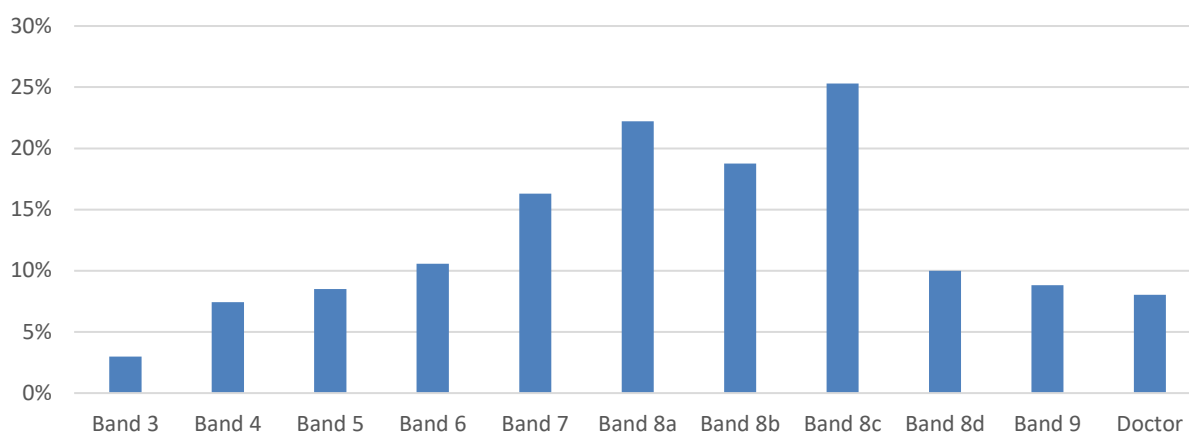
8. Quality Improvement (QI)

8.1 One of the four strategic objectives within our Trust Strategy is 'improving staff experience'. This report provides assurance to the Board on how Quality Improvement is being applied to support this strategic objective.

9. Equipping people with the skills to improve the system

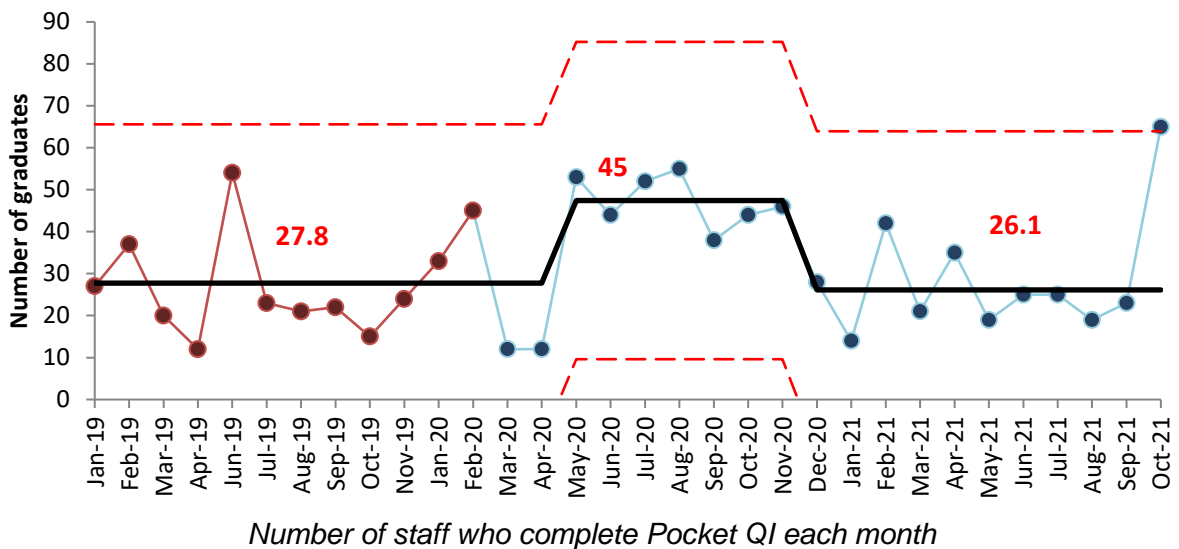
9.2. Quality improvement training and opportunities to apply the method and tools of QI equip staff and service users with a way to influence the system of care in order to make change happen. These opportunities to grow and learn how to improve the system within which we work and receive care have a meaningful impact on improving staff experience. The annual staff survey for 2020 shows that 66% of ELFT staff reported that they are able to make improvements in their area of work, compared to the national average of 60%. This was identified as one of the core strengths of the organisation.

9.3. The learning programmes for QI range from a three hour interactive introductory session for service users and carers to an intensive coaching programme delivered over six months. The programme with the widest reach is Pocket QI, open to all and delivered in two half-day modules. It is an interactive workshop that introduces the method and tools of quality improvement to staff and service users, and empowers them to take the first step into being involved in improving their service. Since its inception in 2015, Pocket QI has trained 2007 staff (1143 of whom are still in the organisation) and 200 service users. The distribution of different staff bands who have attended the training is shown below.

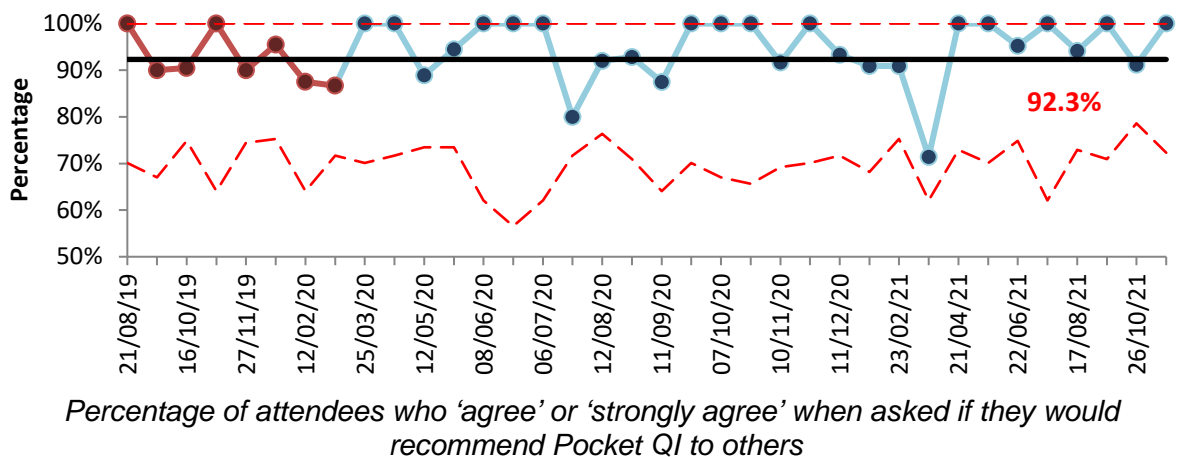


Percent of staff at each level of banding who have completed Pocket QI

9.4. To date, there have been 116 cohorts of the training programme. Until March 2020, when the national lockdown was introduced, the training had been provided solely in-person. The training was quickly adapted to be delivered virtually and 24 cohorts have now been delivered this way. The chart below shows that in the first eight months of the pandemic, there was a 61% increase in the monthly average number of graduates before returning to pre-pandemic numbers. This was primarily due to lower levels of non-attendance in the first seven months of the virtual sessions.



9.5. Despite the change in the delivery method of the training, an average of 92% of attendees say they would recommend Pocket QI to others.

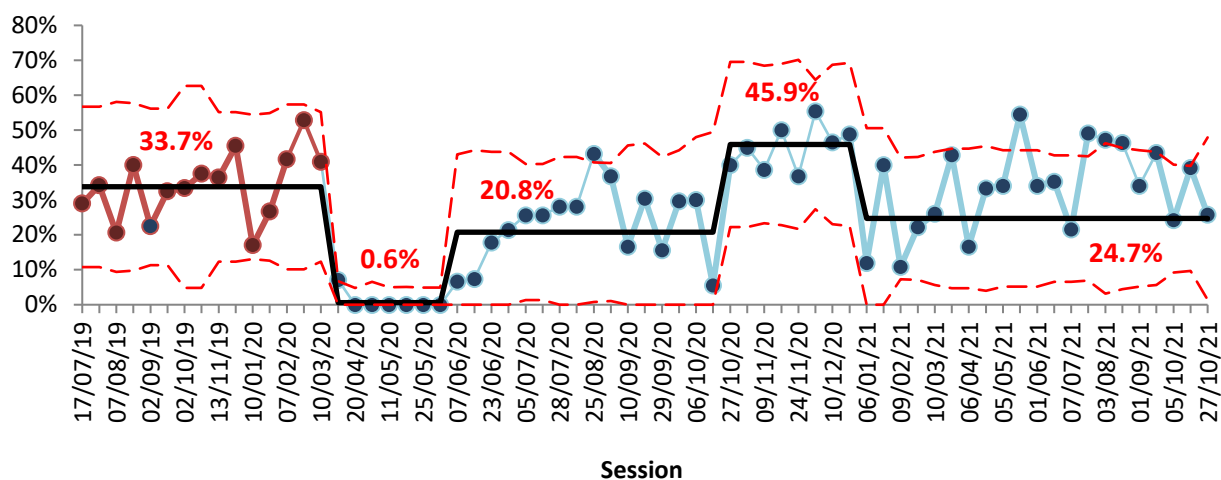


9.6. Challenges and Mitigations

9.7. The data shows that staff from Agenda for Change bands 3-5 and doctors are under-represented on this training and other QI training. Staff in more senior bands are also under-represented, but this is countered by their greater attendance at the Improvement Leaders Programme. In order to address this, data will be made available to directorates so that they can encourage under-represented groups to participate. In 2021, we have now asked all new starters to the organisation to undertake Pocket QI within their first three months. In addition, newly qualified band 5 nurses now have in their preceptorship pack the expectation that they complete the training within their first six months in post.

9.8. The training programme is highly subscribed but also has a high percentage who do not attend. As shown in the chart below, at its peak this averaged at 46% not attending. To mitigate this, the two modules are now offered on the same day instead of on different days. In addition, as staff have started to go back to more in-person working, the training is now being primarily offered in-person again, in both

Bedfordshire and Luton, with additional virtual offers running every 3 months. offered virtually and in-person both in London and in Bedfordshire.



Percentage of staff who had booked onto Pocket Qi training but did not attend

10. Applying quality improvement to enhance joy in work

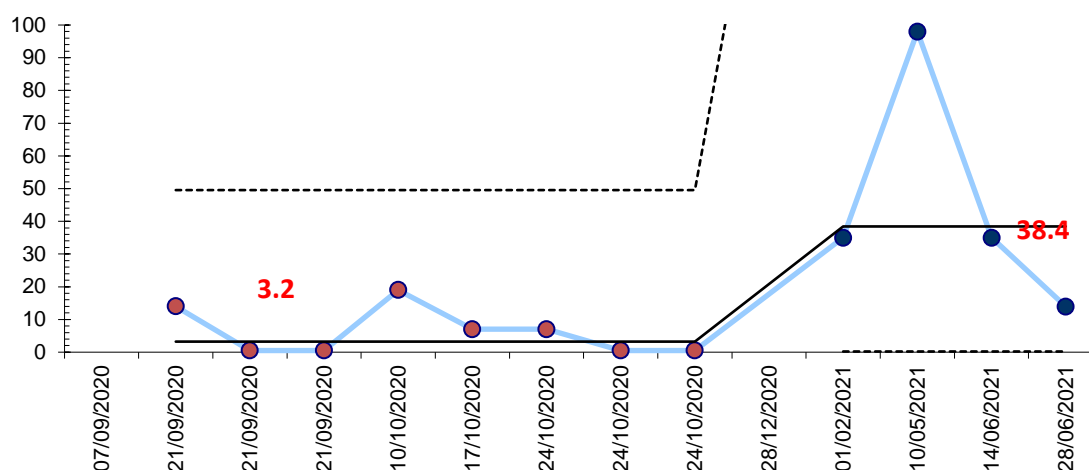
10.1 The fifth cohort of the Enjoying Work programme commenced in September 2021, with 10 teams from across the Trust. The projects are at the stage of collecting data and developing their change ideas:

Service	Problem	Aim
Coborn	Staff have expressed that their experience of work can at times lead to discontentment, impacting on enjoyment, value and reward and thus affecting engagement & motivation in the workplace.	We, the Coborn Staff Wellbeing QI team aim to improve staff wellbeing by 80% by March 2022 (from a 4/10 average score to 8/10 average score on weekly wellbeing questionnaire)
Bow Ward	We want to be able to apply more principles from Trauma Informed Care as it applies both to service users and staff on Bow ward	To improve peoples' experience on Bow Ward by 40% over a 12 month period
Mental Health Law	Communication with Colleagues. Teamwork and team cohesion. Staff Morale towards the Work Day.	To increase weekly well-being score from 4 to 5 and reduce burnout score from 2 to 1 by December 2021
Newham Home Treatment Team	Staff morale and wellbeing has been impacted over the last year. Team has been struggling to retain staff, team feeling not supported, issues have been raised regarding working relations and communication.	By October 2021 joy in work and wellbeing measured by 'Dialog' scale will be increased by 30%
North West Enhanced Primary Care Team (Tower Hamlets)	Staff shortages. Low morale and difficulties with communication in the team. Staff not feeling supported at all times.	To increase staff satisfaction reported by the team from 60% to 75% by March 2022.
Townsend Court	Worries around the safety of the workplace environment because of the COVID-19 risks.	To make the office a safe and welcoming space for staff members to return to work.

Westferry Ward	'A traumatised staff group cannot work in a trauma informed way'. Therefore, in order to become more trauma informed in our practice, we must first improve the ways we support staff to manage their own trauma.	To improve staff experience based on the level of support available following an incident by 20% by January 2022.
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10.2 One of the projects from cohort 4 of the Enjoying Work programme, the East India ward work on recognising and reducing racism won the Diversity and Inclusion award at the British Medical Journal (BMJ) awards in September 2021. When the project started, one of the staff members described their experience on the ward as *“I am mentally drained, I can’t work in these conditions, can you move me today, I am traumatised. I know I am black, but should I be treated like this?”*.

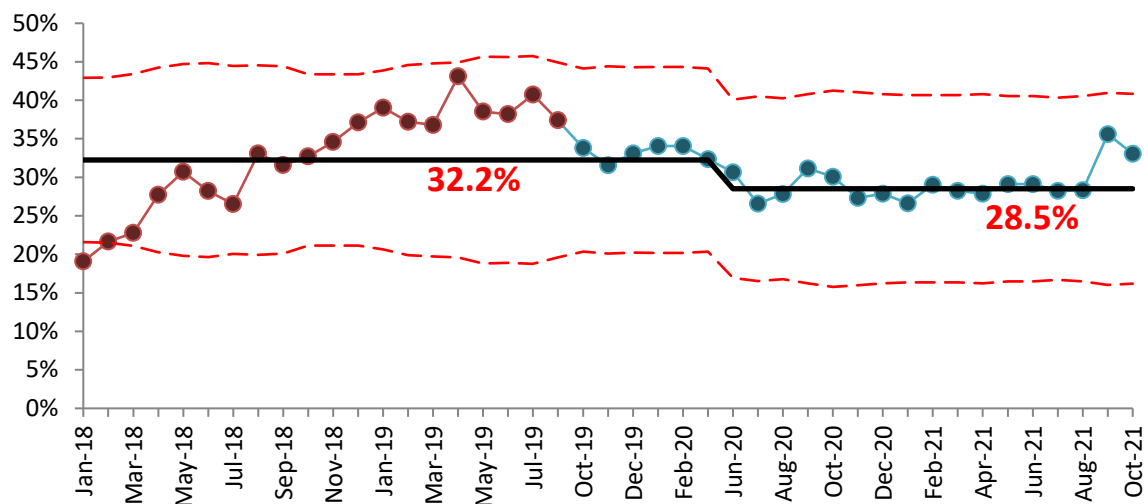
10.3 The team conducted a survey of the team using a tool that allowed them to respond honestly and anonymously. When asked, whether they had experienced racism in the last 12 months, the majority responded “yes”. When asked, whether they thought the team is able to discuss racism, the majority responded *“not sure”*. The project team, which included several service users, went on to use a safety cross to plot grey dots on a chart whenever there was a racial incident on the ward. Among the changes they tested was a racism action plan, racism relation representatives for staff, racism relations representatives for service users, training around racism and approaches to normalise the reporting of racism. The chart below shows some of their results, such as an increase in days between incidents of racism from an average of every three days to an average of every 38 days. One of the project team members stated *“What are we seeing? Less incidents of racism, staff are able to freely talk about racism, we are also seeing the difficulty and challenges for our white colleagues – ambivalence to address issues of racism or acknowledging the impact of racism.”*



Number of days between incidents of racial aggression on East India ward

11 Service user involvement in quality improvement work

11.1 In the last Board Report, the plan was shared to continue to strengthen the partnership with people participation and service users, in order to increase the percent of QI projects with Big I involvement (full partnership with service users).



Percentage of QI projects with 'Big I' involvement which is having service users as full and continuous partners on the project

11.2 To inform and educate staff and service users, service user involvement is threaded through all QI trainings with sessions dedicated to co-production. These sessions are now co-designed and co-facilitated with people participation. The intention is to provide staff, project teams and QI coaches with the knowledge and skills to include the service user and carers as active team members within QI work and to ensure that engagement is authentic and meaningful. An example of this is evident in Bedfordshire and Luton crisis pathway QI forum where the chairing of the meeting is rotated, and led by a service user. This has been welcomed as an innovation by other directorates who would like to follow their lead.

11.3 There are now strengthened partnerships within directorates between the improvement advisors and people participation leads, and regular meetings between QI and people participation leadership. Service user involvement is now a standing item within the QI forum for all directorates. Within CAMHS, a recent event was co-designed and co-led by young people, focused on 'making things better'. This was attended by 70 staff and young people, and has resulted in a number of actions to develop service user-led improvement projects. There are early signs in the chart above that we may be seeing improvement in the percentage of QI projects with Big I involvement.

12 Action Being Requested

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