

REPORT TO THE TRUST BOARD - PUBLIC
11 JULY 2018

Title	Quality Report
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Accountable Executive Director	Dr Navina Evans, Chief Executive

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 report provides an overview of quality across the Trust. The report is split into two sections:
 1 – quality assurance, which provides a summary of data, intelligence and actions to provide high quality of care against the CQC's key lines of enquiry
 2 – quality improvement, which provides an update on improvement work across the Trust

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.

Supporting Documents and Research material

Appendix 1 – quality assurance work plan for 2018-19
Appendix 2 – quality improvement work plan for 2018-19

1.0 Quality Assurance

1.1 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. This quality assurance report is focused on Executive WalkRounds, which is one mechanism through which we support the provision of high quality, continuously improving care.

1.2 Executive WalkRounds

The Executive Walkround is a key leadership tool that allows staff to engage directly with the executive team to discuss positive stories and address barriers to effective working. The ELFT Executive Walkround process was reviewed during late 2016, with improvements to the process implemented during 2017 in order to increase the volume of Executive WalkRounds and change the assurance and response mechanism.

All staff of the service visited are invited to attend and contribute to the discussion. Each walkround features a conversation that is structured around a small number of standard questions:

- a. What are you really 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. Anything else that you'd like to use this opportunity to share?

Notes from the WalkRound are documented on an online form, which then automatically gets shared with the full executive team and the relevant directorate leadership team. The responsibility falls on the directorate leadership team to respond as necessary to the points raised during the WalkRound, and any actions are reported as part of the quarterly quality and leadership reviews for each directorate with the executive team.

1.3 Themes emerging from last 8 months of WalkRounds

During the period October 2017 to June 2018 the Executive Team carried out 157 WalkRounds, with electronically recorded feedback available for 114 of these visits. The nature of feedback is often very specific to teams, but it is evident that there are themes that emerge within and across sets of services. Below are key themes emerging, by service type:

Adult Mental Health Services (including MH learning disabilities services)

Documented WalkRounds - 54

What are you really proud of as a team?	What gets in the way of you enjoying your day at work?
Good team working	Physical environment
Delivering improvement	IT issues
Quality of patient experience	Staffing issues

Older Persons Mental Health Services

Documented WalkRounds - 11

What are you really proud of as a team?	What gets in the way of you enjoying your day at work?
Good team working	IT issues
Improving patient experience	Availability of resources/equipment
Reducing waiting times	Staffing issues

Forensic Services

Documented WalkRounds - 10

What are you really proud of as a team?	What gets in the way of you enjoying your day at work?
Good team working	IT issues
Responsiveness to individuals	Record keeping systems
Quality of patient experience	Systems not supporting the meeting of patient needs

Adult Community Health Services

Documented WalkRounds - 28

What are you really proud of as a team?	What gets in the way of you enjoying your day at work?
Good team working	IT issues
Quality of patient experience	Staffing issues
Delivering improvement	Physical environment

Specialist Services

Documented WalkRounds - 7

What are you really proud of as a team?	What gets in the way of you enjoying your day at work?
Good team working	IT issues
Delivering improvement	Physical environment
Quality of patient experience	Quality of training and the training system

Corporate Services

Documented WalkRounds - 5

What are you really proud of as a team?	What gets in the way of you enjoying your day at work?
Good team working	Physical environment
Resilience around change and pressure of work	IT issues
Support provided to clinical trust staff	Barriers/effectiveness of communication

1.4 Examples of local actions in response to challenges:

“PCs have been replaced throughout the building and laptops deployed for remote working in schools etc. where that is appropriate. Admin staff who would benefit from dual screens and desk top scanners have them. The size of the network connection into two of our premises has been increased from 10Mb to 100Mb. New phones have arrived on site and will be set up in the first week of June, and a call management system has also been purchased and will be deployed in June” *Children’s services*

“We now have an excel log of issues to ensure follow up and resolution where applicable, to theme problems and support bespoke training” *Addiction services*

“We have succeeded in extending the Refer a Friend Scheme, which is to start imminently and expected to make a difference to recruitment” *Tower Hamlets community health services*

“All estates issues are discussed in the monthly estates meeting where feedback on issues is send to the team. In terms of food, the catering department attends the UIG for the service and also can attend the ward for specific issues” *Forensic services*

“Regular liaison and project board working to iron out issues with EMIS mobile in community health Newham. Currently reviewing additional templates to be provided on mobile devices (specifically care plan template which is due to be rolled out). Also looking at what additional applications can be installed on iPads including PROMs/PREMs and Datix” *Community health Newham*

“Capital bid being written to undertake scoping exercise for redesign of space at East Ham Care Centre to fit with new ways of working this includes increasing the capacity and capability of the air conditioning system” *Community health Newham*

1.5 Responding centrally to common challenges.

Two clear themes emerge from feedback that are common to all services, namely:

- a. IT issues
- b. Physical environment

The most common IT issues that staff report are:

- Aging/poorly performing hardware
- Slow/poor performing network/Wi-Fi connection
- Response to problems from the IT helpdesk

In response to this the Chief Information Officer has:

- Increased staffing on the IT helpdesk and in 2nd line support teams
- Appointed a new support manager
- Requested a review of support process
- Initiated a programme of renewal of aging PCs – 450 PC’s replaced to date
- Commenced update programme to Windows 10 and Office 2016

The most common environmental challenges reported are:

- Lack of adequate space for working, accommodating service users and carers, or for group work
- Building temperatures
- Standards of comfort, adequacy of furnishings, and functioning of key utilities

In response the Director of Estates and Facilities:

- Oversees performance of helpdesk to ensure essential maintenance and repairs take place in a timely fashion
- Works closely with services to improve utilisation and configuration of available space where this is possible. A total of 68 buildings have had physical environment-related renovation work, undertaken at a cost of £6.8m in the financial year 2017-18. A further 42 buildings are planned to have physical improvement works completed by April 2019, at an anticipated cost of £7.5m.
- Regularly refreshes and reviews the Estates strategy in light of feedback
- Works with the executive team to formulate clear plans to address environments that are identified as sub-optimal

2.0 Quality Improvement

2.1 Engaging, encouraging and inspiring:

For the coming year, we have set three primary goals to help us engage, encourage and inspire around quality improvement.

Goal for 2018/2019	Current Data	Strategy & Next Steps
To increase page views of ELFT QI microsite from 36,164 to 57,000 per year		<p>New working group set up</p> <p>Developing improved analytic systems to better understand footfall across different sections of the microsite</p> <p>New landing page designed for stories section - a popular area of the microsite</p>
To increase @ELFT_QI Twitter engagement rate from 2.34% to 4%		<p>New working group set up</p> <p>Testing scheduling of tweets</p> <p>Developing strategy that will include using virtual conversations & campaigns to boost engagement rate</p>
To increase number of ELFT staff opening the monthly internal QI newsletter from 52.85% to 70%		<p>New working group set up</p> <p>Working in collaboration with ELFT Communications Department</p> <p>Currently carrying out an exercise to better understand how Trust staff engage with communications across the organisation.</p> <p>Currently testing altered layout & content in QI newsletter</p>

Luton and Bedfordshire services hosted their annual celebratory event for staff and service users on 22 May, with teams celebrating their progress and reflecting on how they could improve. At the event Helen Bevan, Chief Transformation Officer at NHS England, gave a keynote speech which was well received by all delegates. 120 staff, service users and external partners attended the event.

On 18 June we will be hosting a delegation of 20 healthcare inspectors and leaders from the Belgian healthcare system to learn more about our approach to quality. We will also be hosting Chris Woleske, Chief Operating Officer at Bellin Health, in August 2018.

2.2 Building Improvement skills:

For the coming year, we have set six primary goals to help us enhance how we build improvement capability throughout the organisation.

Goal for 2018/2019	Current Data	Strategy & Next Steps
To increase current percentage of current workforce trained in QI from 24% to 38%		<p>Working group set up to look at increasing QI capability across different bands of ELFT staff</p> <p>Currently scoping new training options to add to complement of existing QI training offerings</p>
To increase band 3-5 staff trained in QI from 11% to 30%		
To increase band 6-7 staff trained in QI from 24% to 40%		
To increase band 8a-8d staff trained in QI from 55% to 60%		
To achieve parity in QI training	<p>Gender breakdown</p> <p>Ethnicity breakdown</p>	<p>Working group set up</p> <p>Working with ELFT women's network</p> <p>Currently using survey to better understand what drives and restricts women from taking part in QI training</p>
		<p>Working group set up</p> <p>Working with Black, Asian and Ethnic minority staff network</p> <p>Targeted communications about QI training offerings to this group</p>

Cohort 4 of the ELFT QI improvement coaching programme is currently underway, with 59 delegate on the course, including 19 from Tower Hamlets Primary Care. Wave 8 of the Improvement Leaders' programme is due to start in September. We are currently working with services to identify delegates for this wave. We are also working with a variety of staff groups (including women's network and black, asian and ethnic minority network) in addition to targeting particular staff groups (for example band 8 level staff) to ensure they are well represented in this next wave of training. A series of masterclasses are planned between July and October on quality control, learning from Bellin Health's high performance healthcare model and measurement for improvement.

2.3 Embedding into daily work:

For the coming year, we have set three primary goals to help us improve how QI is embedded into daily work.

Goal for 2018/2019	Current Data	Strategy & Next Steps
To increase QI projects with Big I involvement from 27.7% to 40%	<p>Projects with Big I Involvement - Line Chart</p>	<p>We have run 2 engagement events with services users, carers and different groups of staff to better understand the issue.</p> <p>The next step will be to create a driver diagram and change strategy and then start testing change ideas.</p>

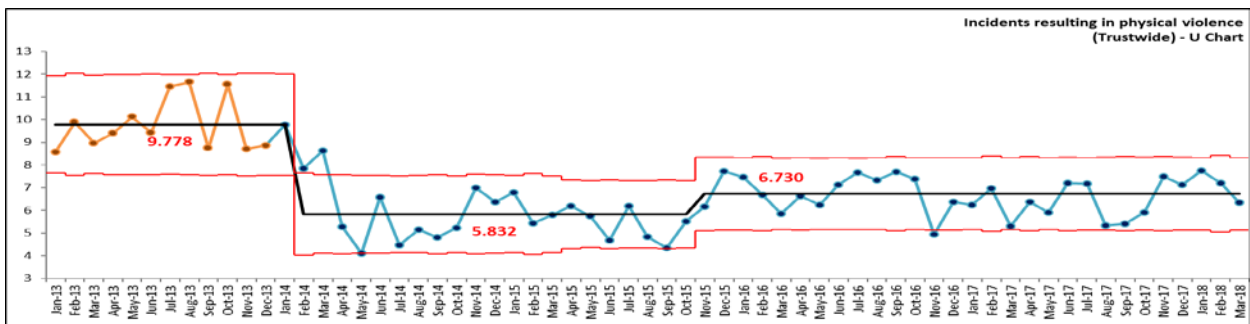
<p>To increase the percentage of projects completing their monthly update on Life QI from 15% to 70%</p>		<p>New working group and QI project has been set up to work on this issue Currently testing change ideas that include altered reporting cycle New change ideas focussed on linking updates on Life QI into newsletters and linking Life QI information into Pocket QI training course.</p>
<p>To increase the percentage of QI coaches submitting their monthly update on Life QI from 38% to 70%</p>		

2.4 Strategic improvement efforts:

We currently have 123 active QI projects in the organisation and progress against the Trust’s strategic priority areas is as follows:

Reducing Physical Violence and Restrictive Practice

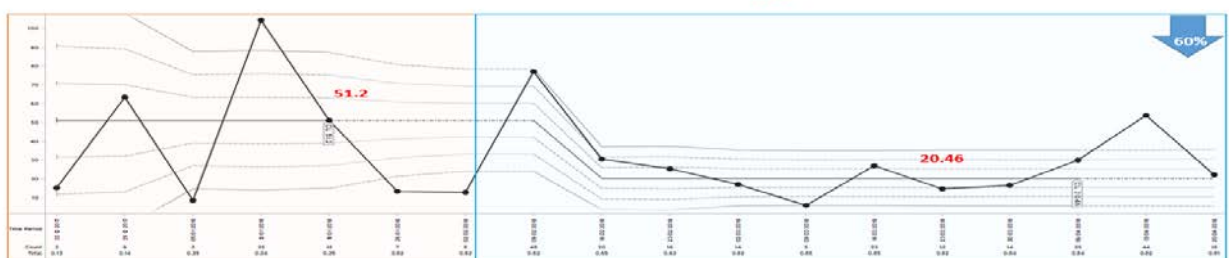
Overall the rate of violence across the organisation remains stable.



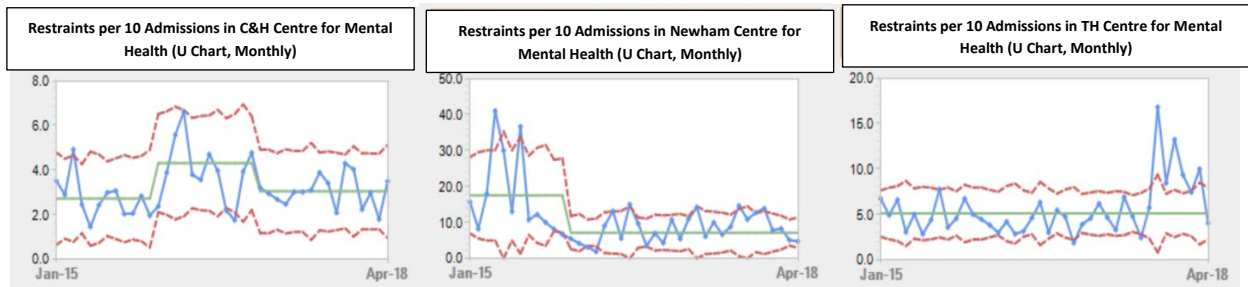
Forensics have now moved into quality control, joining City and Hackney, Newham and Tower Hamlets. The focus of the Time to Think strategy board has changed to reflect this, with much of the agenda focussed on supporting the sites that are in quality control. Teams are currently reflecting on how they continue to look at data, reflect on this with the wider inpatient team and make adjustments to ensure that their systems remain in control.

In Luton and Bedfordshire, the violence reduction collaborative continues to run and all teams are currently focussing on reliably implementing all elements of the ELFT safety culture bundle (Brøset violence checklist, safety huddles, safety cross and safety discussion in community meetings). As an overall system, Luton and Bedfordshire are now observing a 60% reduction in the rate of physical violence.

Physical Violence Incidents by week per 1000 occupied bed days (Red Incidents) – All Wards, U Chart

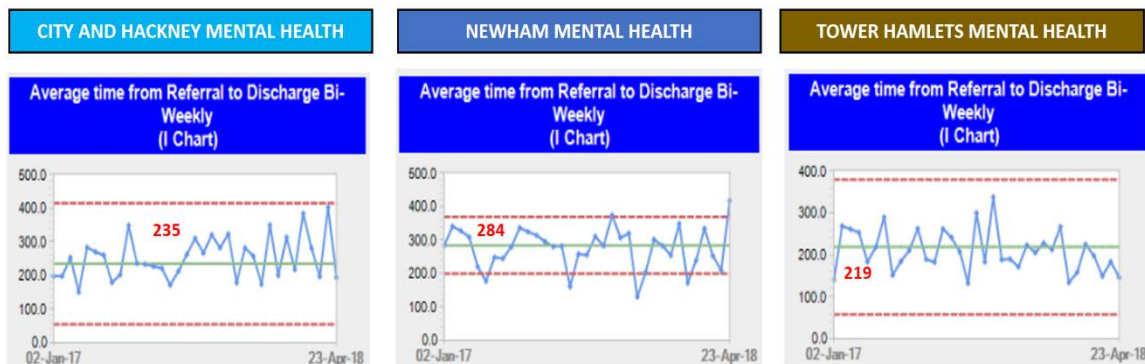


With regards to reducing restrictive practice, work is underway using quality improvement tools to reduce the use of restrictive practice use in the Trust. Analysis indicates that PICUs are the highest users of restraint and initial work is being focussed on these wards. A driver diagram, measurement system and projected delivery timeline are in place, with a projected end date for this work of December 2018. London directorates have established a Time to Think meetings, which will run monthly. The aim is to link the data set (from the safety culture bundle) with restraint and seclusion data (which records restraints per 10 admissions as the rate) to stimulate dialogue about the Human Rights framework.

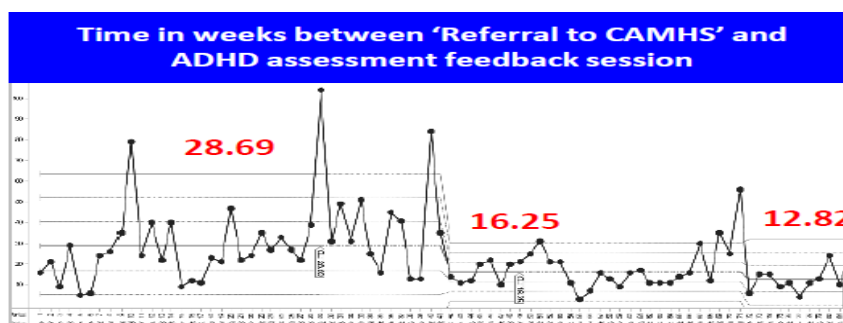


Improving Access and Flow in Community Services

This high priority work stream is focused on reducing the length of time from referral to completion of treatment for CAMHS and psychological therapy services. The QI team is currently supporting 9 project teams in this work. All PTS teams have completed process mapping, have set aims and created driver diagrams and are actively testing change ideas. A measurement system is now place and we are currently focusing on pairing clinical outcomes to demand, capacity and flow measures. Currently the average time from referral to discharge (outcome measure) remains stable, indicating no change.

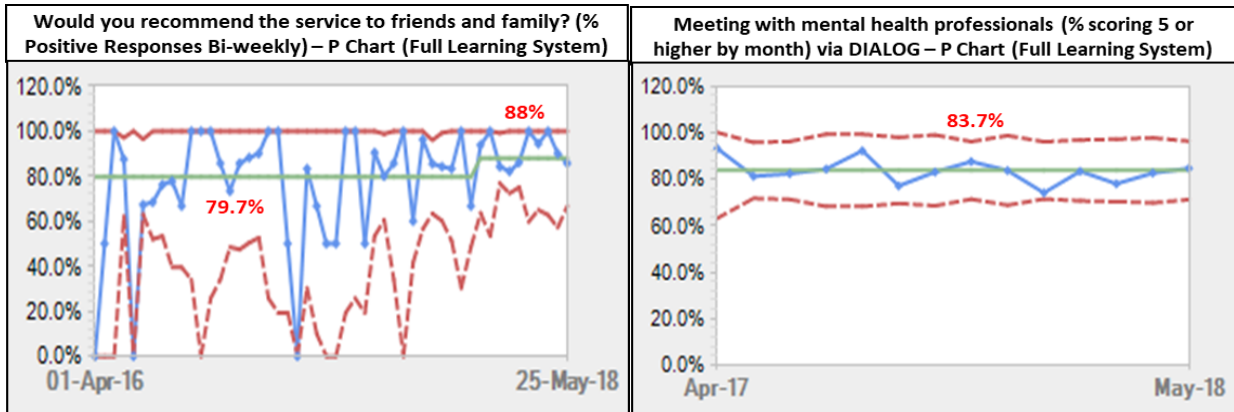


All CAMHS teams now have aims, driver diagrams and measurement systems in place and are actively testing change ideas. To date, one team (City and Hackney ADHD service) are observing improvement against their outcome measure, a 55% reduction in the time from referral to CAMHS and ADHD feedback session.



Reshaping Community Services

The aim of this work stream is for 90% of service users and staff in community recovery teams to report satisfaction with the care they receive and give by December 2018. As an overall learning system, we are now observing an increase in one of our outcome measures, service users recommending the service to friends and families, with a shift from 79.7% to 88% following the start of this work.



Work continues in the original prototype sites (Isle of Dogs CMHT and Newham South CRT) with both teams testing a variety of change ideas (for example targeting depot clinics with poor satisfaction, joint service user and staff run groups) and working to improve data collection against their outcome measures. Both teams are actively involving service users with Big I involvement. We are also now working with a second wave of teams who have recently joined this high priority area (North Hackney CMHT, Dunstable CMHT, Wardown CMHT, Luton).

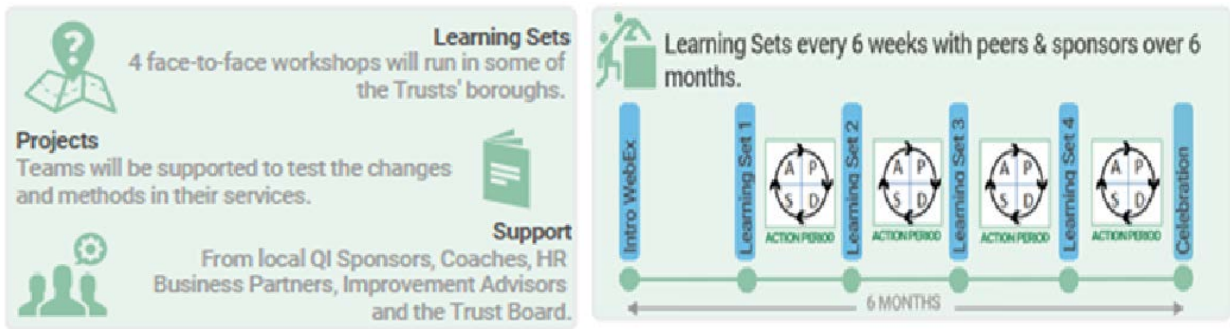
Enjoying Work

The aim of this work stream is to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users. We continue to support 4 prototype teams that represent the different working environments and geographically dispersed nature of the Trust. All teams are testing a variety of change ideas and regularly collecting outcome measure data using the Improve Well App. Three teams have seen improvements in self-reported enjoyment at work (Isle of Dogs CMHT, Millharbour Ward PICU, QI Team)

Isle of Dogs CMHT, QI Team and Millharbour Ward Good Day Measure (Sub-group ≥ 12)



The second phase of this strategic priority area involves the scale up of this work across a wider group of teams in the organisation. Following a formal recruitment process, 31 teams representing every service in the Trust will be joining a second wave of this work. The learning system will include all teams attending a total of six learning sessions between June and November 2018, with support from local QI sponsors, QI coaches, HR business partners, Improvement Advisors and an Executive sponsor. In between the learning sets will be action periods where teams will apply what they have learnt and test change ideas.



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

This work stream supports the organisation's new mission to lead the delivery of integrated care by working purposefully in collaboration with our communities and partners.

We are currently supporting 3 life streams in Tower Hamlets Together: 'Born well, Growing well' (relates to children and young people), 'Promoting Independence' (relates to complex adults) and 'Living Well' (relates to healthy adults). Each of these areas are identifying distinct populations to start working with, setting aims and developing potential measures. Since January we have facilitated a number of learning sessions introducing QI and the triple aim framework.

In Bedfordshire, we ran a successful engagement event on 1 June with senior stakeholders in the BLMK STP, in conjunction with the IHI. We received expressions of interest from three localities/clusters, and have selected Ivel Valley as the preferred initial starting place for this work and are currently undertaking a contracting and scoping process with them.

3.0 ACTION REQUESTED

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