Title	Quality Report
Authors	Dr Amar Shah, Chief Quality Officer
	Duncan Gilbert, Head of Quality Assurance
	James Innes, Associate Director of Quality Improvement
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	☒	The information provided in the Quality Report supports the four strategic objectives of improving patient experience, improving population health outcomes, improving staff experience and improving value for money. Information is presented to describe how we are understanding, assuring against and improving aspects related to these four objectives across the Trust.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	N/A

Implications:

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities indirectly identify or address inequity or disparity. However, there is nothing presented in this report which directly has a 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

Quality Assurance is the range of methods by which the organisation ensures that it is doing what it should be doing, and to the required standards. Quality, and its reporting, is, to a large extent, framed by the CQC's 'key questions', so that the Trust will always be looking to answer, with supporting evidence, the questions are we:

- Safe
- Effective
- Caring
- Responsive
- Well led

The result should be that services, and the organisation as a whole, understand whether or not it is meeting the standards required of them; they will be aware of gaps or deficits in quality and quality/regulatory compliance, and able to act to address them.

1.1 Our Model of Quality Assurance
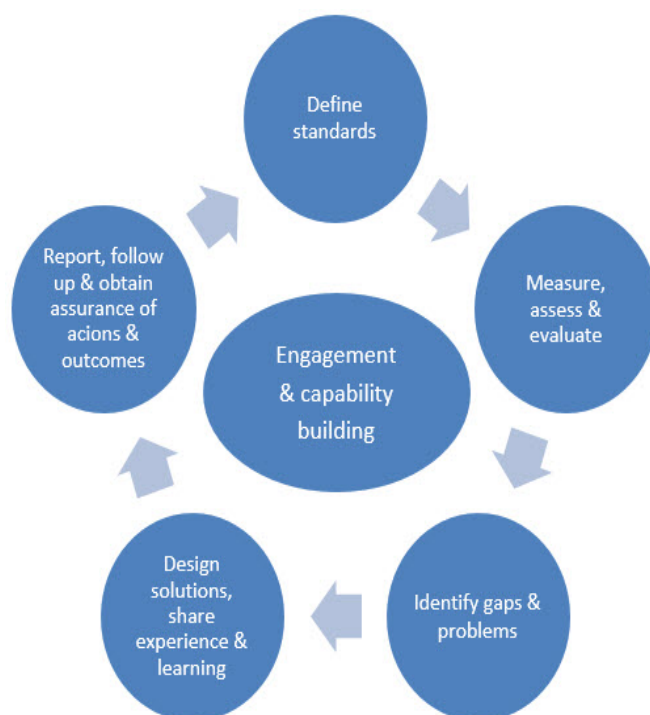
The Quality Assurance Team drives and manages core quality assurance processes, and supports engagement of clinical services in quality assurance activity. Its role involves:

- Collation, organisation and management of data
- Sharing data, interpreting information, ensuring appropriate action
- Managing relationships and engaging staff
- Internal and external quality reporting
- Developing & Supporting quality assurance structures
- Systematic use of relevant experience and learning across the organisation

1.2 Quality Assurance Workplan 2018/19

The Quality Assurance Team has reviewed it's workplan for 2018/19, in light of the Trust's new strategy and feedback from its stakeholders (see appendix 1). From this plan, key strategic improvement priorities for the coming year have been identified:

Priority	Key objectives	Timescale
Renewal of the system for collecting patient experience data	• Improved levels of service • Greater flexibility and ability to innovate • Increased value for money	June 2018
Design and implementation of an effective internal and external communications and engagement plan	• Improve understanding of quality assurance, the role of the quality assurance team, and the wider quality system • Increase engagement with QA data, and team outputs • Develop networks outside of the Trust to support and develop QA work	July 2018
Development of an action tracking system that supports and promotes learning	• Identification of a platform that supports learning and collaboration • Engagement of clinical services with the system • Development of an ELFT system for learning	August 2018
Improving engagement with PREM process	• Improved response rates to FFT/PREM • Greater engagement with collection process • Greater engagement with data – leading to learning and improvement	September 2018
Development of a 'quality early warning' and support system	• Ability to identify those services at risk of not meeting core standards/delivering poor quality care in a timely fashion • Ability to respond effectively to this information	September 2018
Designing a new service user led internal accreditation system	• Build on the service-user led standards audits to create a 'kite mark' that services can aspire to • Focus on integration of services from the service user's perspective to align with our new mission	March 2019

1.3   Core Quality Assurance processes

The Quality Assurance Team will continue to manage core quality assurance workstreams, namely:

- Internal CQC compliance monitoring
- Clinical Audit
- Measuring Service User-led Standards
- Measuring Patient Experience
- Triage, review and dissemination of NICE Guidance
- Executive WalkRounds

1.4   Bedfordshire Community Health Services

The Quality Assurance team will be working alongside the Community Health directorate management team, and clinical services, to integrate services new to the Trust into the quality system. This will ensure:

- Bedfordshire services are supported to engage with core processes, namely
  - Measuring services against CQC standards
  - Undertaking clinical audit
  - Measuring patient experience
  - Responding to NICE guidance
  - Hosting executive walkarounds
- the Trust understands the safety, quality and risks of new services as quickly and accurately as possible
- infrastructure, relationships and practical support are in place to enable the above
- learning across services is supported

1.5   Reporting forward plan

The Quality Assurance section of the quality report to the Trust Board will encompass the key work outlined above:

a) Progress against the workplan
b) Progress against key strategic priorities
c) Assurance of effective implementation of core quality assurance processes
d) Exception reporting regarding the integration of Bedfordshire CHS into the Trust's quality assurance activity


2.0   Quality Improvement

As with the quality assurance function, we have reviewed the quality improvement work plan for the year ahead in light of the Trust's new mission and strategy (see appendix 2). We are currently developing measures and goals to track progress against each of the primary drivers.

2.1   Engaging, inspiring and involving:

The 2018 London annual quality conference will take place on 24 April 2018 at the CentrEd in Excel. A total of 450 staff, service users, carers, governors and external delegates are registered to attend the day. The morning session will include a plenary keynote from Dr Jennifer Dixon, Chief Executive of the Health Foundation, world café sessions focusing on QI projects in the organisation and an update on the organisation's progress and future direction. In the afternoon we will be running 4 workshops for 140 external delegates on leadership for improvement, how to get started with QI, service user & carer involvement and research and improvement. Luton and Bedfordshire services are hosting their annual celebratory event for staff and service users on 22 May, with teams sharing their progress and a keynote from Helen Bevan from NHS Horizons.

A total of 18 staff from the Trust will be attending the 2018 International Forum on Quality and Safety in Healthcare in May, an event attended by over 3,500 delegates. At the event, the Trust will be delivering mainstage presentations on improving value for money and joy in work. We are also coordinating an all-day international mental health improvement network meeting for 80 people.

Page views of the QI microsite, ELFT's one stop shop for all related to Quality Improvement, remain stable at an average of 36,000 page views per month. Our other principle method of engaging external stakeholders is the social media platform Twitter. New followers, monthly profile visits and engagement with tweets all remain stable.
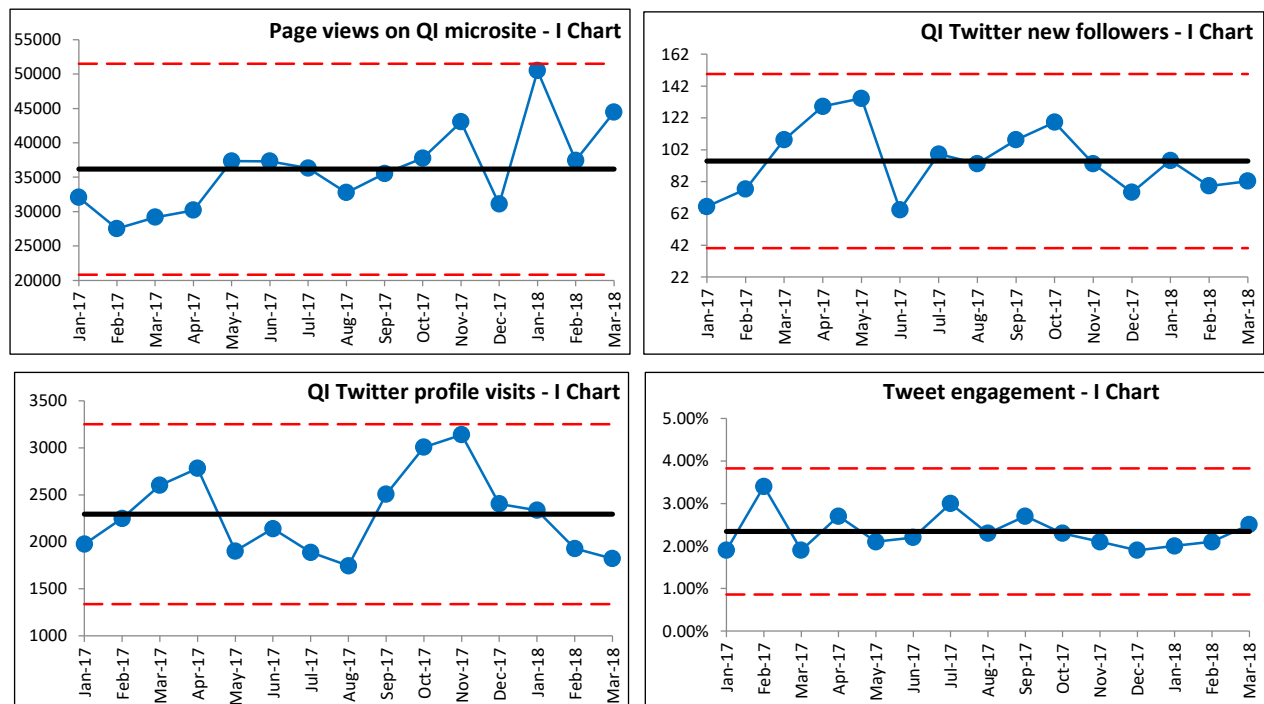
2.2 Building Improvement skills:

To date we have trained a total of 2400 staff in the organisation and 1700 (70%) of these people still work in ELFT. An infographic illustrating the proportion of staff trained through the 10 different QI training offerings can be viewed below. Over the course of the next 2 months, the QI team will be setting goals for capability building for the following year.
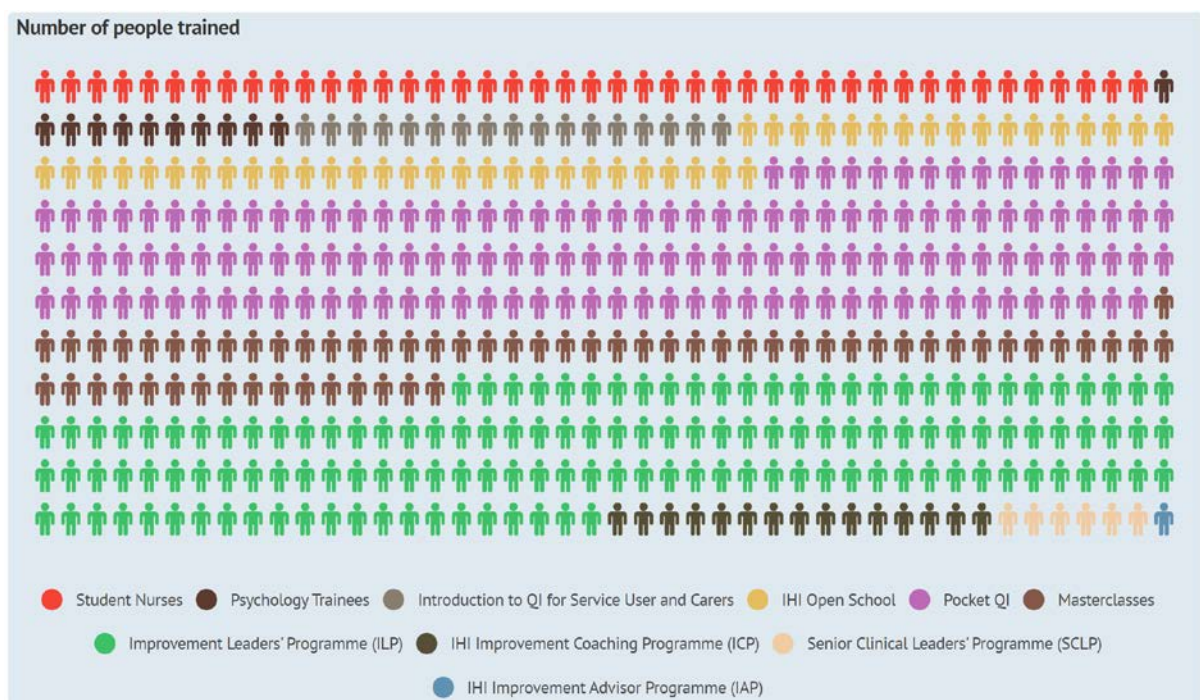
A total of 90 staff attended two masterclasses in March, one specifically for Luton and Bedfordshire staff on the key ingredients for successful QI, and another on research and improvement.

The first cohort from the Senior Clinical Leader's programme graduated in March after completing a total of 8 workshops over 9 months. The course involved external speakers, action learning sets and a book club.

Wave 7 of the Improvement Leader's programme graduated in April after 7.5 days training over 8 months. Recruitment for wave 8 of this programme will begin in May, before the course starts in September 2018.

The Trust's fourth cohort of the QI coaching programme will begin in May and we are expecting approximately 50 delegates, with 20 being from Tower Hamlets primary care.

2.3   Embedding into daily work:

27% of all active QI projects feature big I of service user and carer involvement. Whilst this represents improvement over the last two years, we are looking to set an aim together with the people participation to increase this to approximately 40% within a year.

Active project service user/carer/customer involvement over time
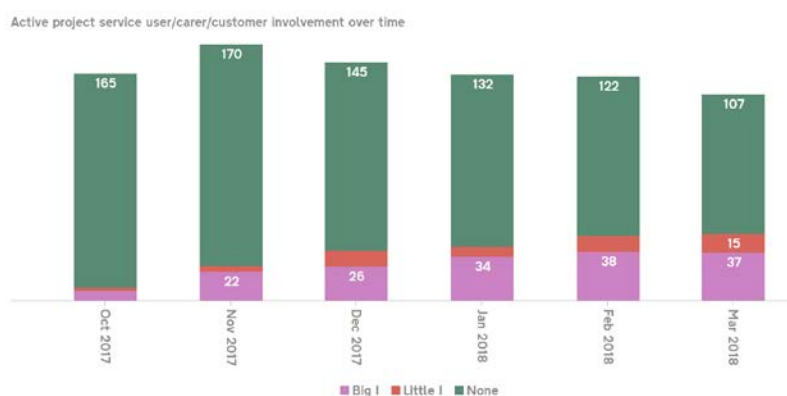
2.4   Strategic improvement efforts:

We currently have 138 active QI projects in the organisation and progress against the Trust's strategic priority areas is as follows:

Reducing Physical Violence

The name of the Violence Reduction QI Project board has changed to the 'Stop and Think' strategy group to reflect the expanding remit of this group. In summary, this remit includes:

- Overseeing Quality Control of previous violence reduction work in the organisation. With Tower Hamlets, City and Hackney and Newham now all in quality control, all sites are using visual management systems to help them analyse their system, reflect and adjust to ensure that they continue to hold the violence reduction gains achieved through their improvement work.

- Quality Improvement Violence Reduction Work. In Forensics, the focus is now on reliably embedding quality control systems to hold the gains achieved (40% reduction in rate of violence across all wards in John Howard Centre via Safety Cross), before they formally move into quality control in May.   In Luton and Bedfordshire seven wards are now collecting data using the safety cross and are currently testing safety huddles.

- Reducing Restrictive Practice. Work is underway using quality improvement tools to reduce the use of restrictive practice use in the Trust.

Restraints per 10 Admissions (Acute Wards in City & Hackney) u Chart

Restraints per 10 Admissions (Bevan Ward -PICU) u Chart

Restraint per 10 Admissions (Tower Hamlets Acute wards) u Chart

Restraints per 10 Admissions (Tower Hamlets PICU's) u Chart

Restraints per 10 Admissions (Newham Acute Wards) U Chart

Restraints per 10 Admissions (Crystal Ward -PICU) u Chart
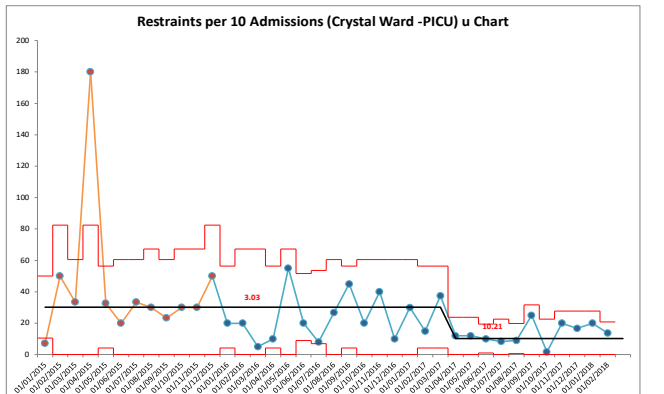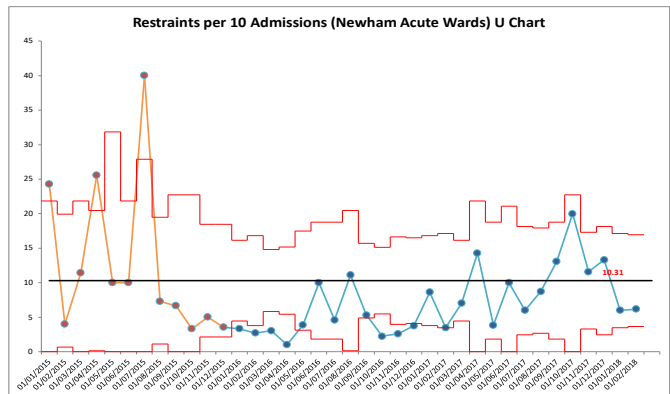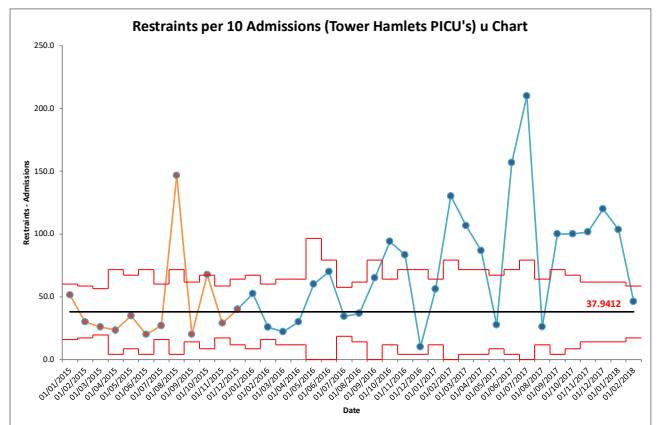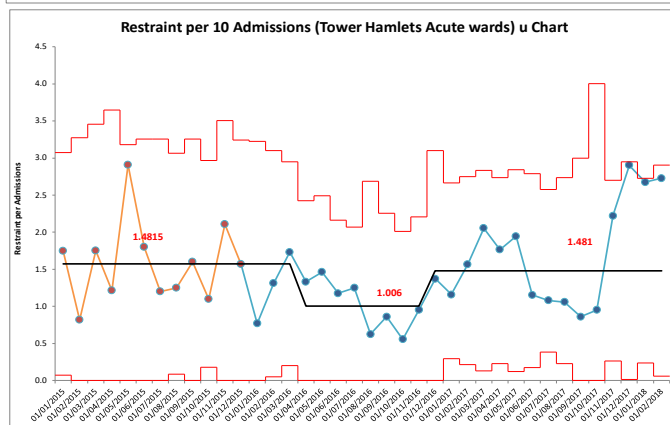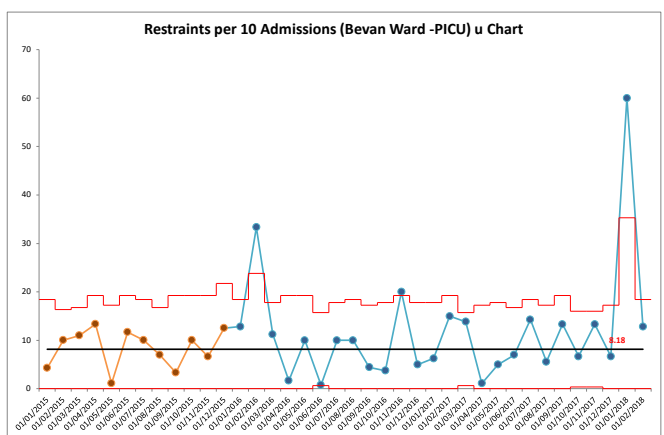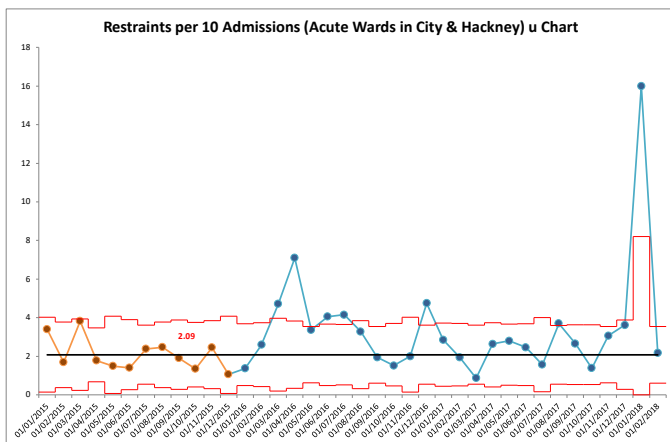
Analysis indicates that PICUs are the highest users of restraint and consequently work will be focussed on these wards. A driver diagram, measurement system and projected delivery timeline are in place, with a projected end date for this work of December 2018.

- Equalities Work. The strategy group are keen to look at how relative rates of restrictive practice differ in different populations of people. The group are currently looking at how we better measure rates of restrictive practice in a sensitive and representative way and also about where initial project work could be targeted.

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 PTS services. The QI team is currently supporting 8 teams across 10 pathways.

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.
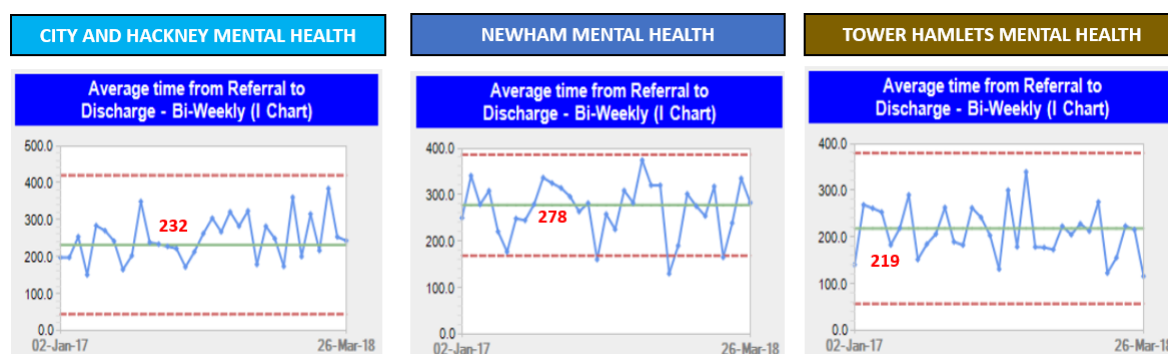
In CAMHS, five out of seven teams now have aims, driver diagrams and measurement systems in place and are now starting to test change ideas. To date, one team (City and Hackney ADHD service) are observing improvement against their outcome measure, a 55% reduction in the time from referral to CAMHS and ADHD feedback session.
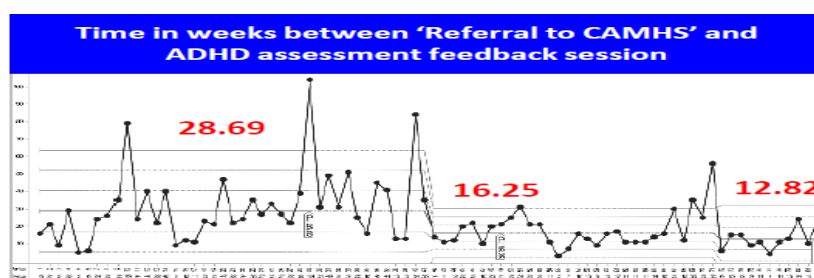
Reshaping Community Services

The aim of this work stream is that 90% of service users and staff in community recovery teams report satisfaction with the care they receive and give by December 2018. Work continues in the two prototype sites (Isle of Dogs CMHT and Newham South CRT) with both teams testing change ideas (for example targeting depot clinics with poor satisfaction) and working to improve

data collection against their outcome measures. Both teams are actively involving service users with Big I involvement.

We are also recruiting a second wave of teams to join this high priority work stream. The teams include North Hackney CMHT and teams in Luton and Bedfordshire. Finally, we are regularly updating the high level driver diagram to incorporate learning and new advancements. One change idea which all teams are particularly keen to test is the use of REFRAME SMS technology system following a recently successful randomised controlled trial in ELFT in a similar population.

<u>Enjoying Work</u>

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 change ideas and regularly collecting outcome measure data using the Improve Well App. Isle of Dogs CMHT are now seeing a 21% increase in self-reported enjoyment at work using the good day outcome measure.

Isle of Dogs CMHT Good Day Measure (Sub-group ≥ 12)
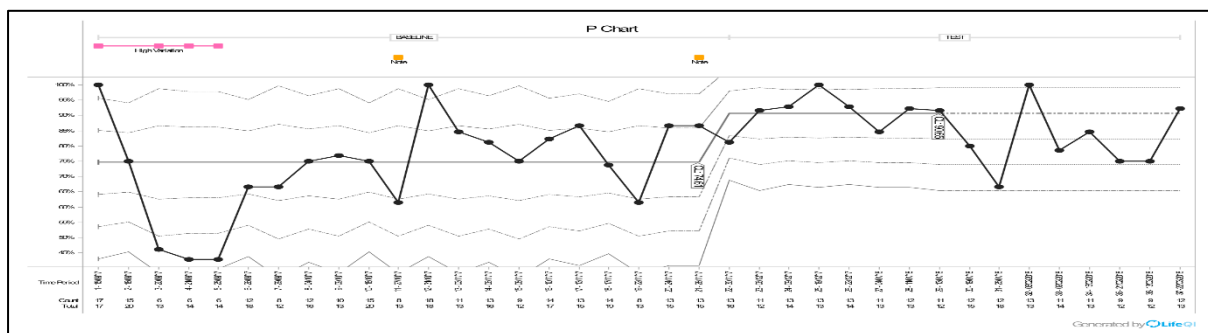
We are now in a recruitment period for the scale-up of this work. This is being advertised by a Trust wide communications campaign. Newly joining teams will attend four learning sets between June and November 2018, with support from local QI sponsors, QI coaches, HR business partners, Improvement Advisors and an Executive sponsor.

<u>Triple Aim</u>

This work stream will support 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 as they identify suitable sub-populations to start this population health work: 'Born well, Growing well' (relates to children and young people), 'Promoting Independence' (relates to complex adults) and 'Living Well'. Two workstreams have identified the population they will be working with, and have started identifying needs and assets within the population. The next steps will be to develop a purpose statement, change theory and measurement system.

We have a site visit from the IHI's triple aim experts on 31 May and 1 June. Part of their time will be spent with the Tower Hamlets workstreams. We will also be running a half-day workshop for ELFT staff to start developing triple aim ideas around integrated care, and we will be running an initial engagement session with our system partners in Bedfordshire.

Value for Money

The Chief Financial Officer and Chief Operating Officer have created a first driver diagram for increasing value for money at ELFT. We have undertaken two exercises to map existing value improvement projects against the driver diagram, and begun to prioritise the relative impact of each change process. Our next steps are to develop a set of measures, develop a learning system around all of the various work taking place on this topic, and identify new high-impact ideas.
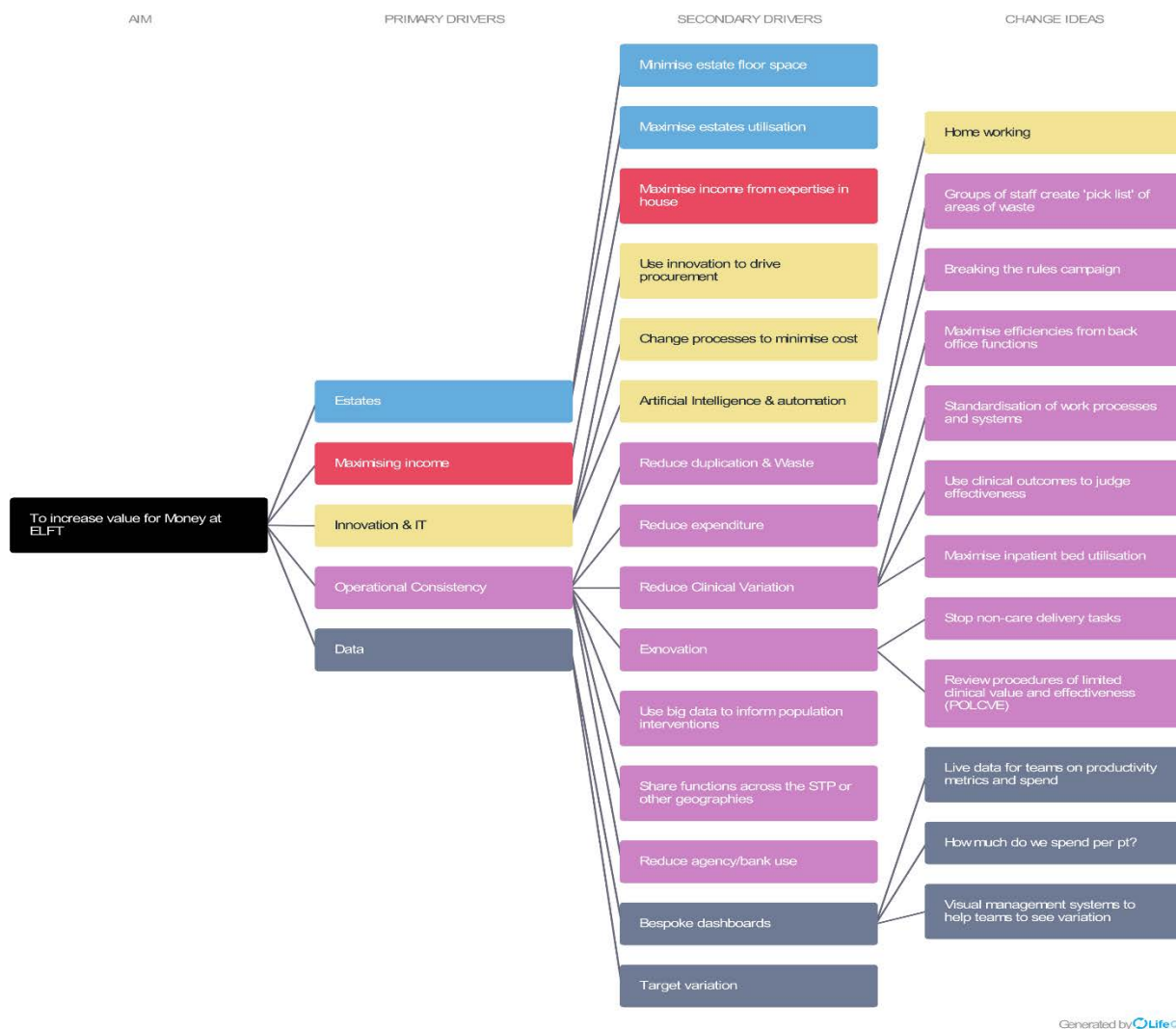
3.0   ACTION REQUESTED

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

Appendix 1. Quality assurance work plan for 2018-19

Supporting and driving improvement of quality

1. Clinical Audit
2. Measuring Service user led standards
3. Measuring patient experience
4. Disseminating and promoting NICE guidance
5. Implementing a process of self assessment and peer inspection based on CQC essential standards
6. Ensuring regular executive walkarounds across the Trust
7. Reporting on, and making sense of, data to promote action and improvement

AIM
Measuring, and supporting improvement, of quality of services, to support ELFT to achieve its mission of improving quality of life for all we serve

Increasing involvement and engagement

1. Communication - microsite, stories, newsletters, social media, external outreach and networking
2. Service User led work
3. Quality Assurance Network
4. Relationship building with Directorate Management Teams

Improving systems and use of technology

1. New system for collecting and reporting on patient experience, audit and survey data – incorporating automated alerts and reminders
2. Developing smarter action planning and tracking systems
3. Development of the Quality Assurance dashboard to incorporate outcomes- Service user led system of service accreditation
4. Exploring potential of a quality early warning system
5. Looking outside of the Trust, and health, for learning from world leaders in quality assurance

Integrating quality systems and outputs

1. Utilisation of a Trustwide data visualisation tool
2. Quality Assurance dashboard development
3. Quality Assurance summary report
4. Quality structures and reporting
5. Triangulation of key data
6. Closer working with QI team and improvement advisors

Appendix 2. Quality improvement work plan for 2018-19

Engaging, encouraging & inspiring

1. **Communicating & celebrating QI work internally** - segmented comms for different groups, microsite, stories, newsletters, annual conference, annual IHI visit
2. **Communicating with triple aim stakeholders** - newsletters, microsite, presentations
3. **Sharing externally -** Publications, conferences, webinars, social media, open mornings, influencing nationally and internationally

Developing improvement skills

1. **Internally -** Pocket QI, ILP**,** masterclasses, coaching programme, senior clinical leaders, service users & carers, Trust Board
2. **Externally** - IHI support and bespoke training for key triple aim stakeholders where appropriate
3. **Upstream -** Student nurses, psychology trainees & other professions where strategically appropriate

AIM
To support ELFT to achieve its mission of improving quality of life for all we serve

Embedding into daily work

1. **Developing a holistic quality system that encompasses QI, QA & QC -** Annual cycle of planning, improvement, developing control systems, analytics platform
2. **Learning system** - Life QI, analytics platforms, QI sponsors, QI coaches, QI Forums, high priority learning sets & project boards
3. **Exnovation -** supporting staff to have time & space to improve
4. **Supporting deeper service user involvement**
5. **Acting as integrator in triple aim work**

QI Projects

Directorate-level priorities
- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

Trust-wide strategic priorities
1. Reducing inpatient physical violence
2. Improving access to community services
3. Enjoying work
4. Reshaping community services

Triple aim priorities
1. Populations in Tower Hamlets
2. Populations in Bedfordshire

NHS
East London
NHS Foundation Trust