NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC
22 July 2021

Title	Quality Report
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Purpose of the Report:

The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is now contained within the integrated performance report, which contains quality measures at organisational level.

Summary of Key Issues:

The quality assurance section describes the processes in place in services to understand and manage the increasing demand and waits for assessment and treatment. Overall, there are plans in place at service-level for the key areas where we know we are experiencing a significant increase in waiting times and backlogs. Some of the services have been able to attract additional investment in order to create new capacity to tackle backlogs. There will be ongoing oversight of our progress within our internal performance management systems, with regular reporting to Quality Assurance Committee.

The quality improvement section provides an update on progress with applying QI towards delivering our strategic objectives. The focus of this paper is on how QI is being utilised to tackle challenges of demand, access and flow, with outcomes data from a number of teams to demonstrate the impact that this approach is already yielding. It is reassuring to see the breadth of teams utilising their QI skills in this area, and it will remain important to encourage and invite teams that are working on this key topic to bring their experience with systems thinking, improvement and coproduction to help them learn their way through the complexity of the issue.

Strategic priorities this paper supports (Please check box including brief statement)

Improved patient experience	☒	The information provided in the Quality Report supports the four strategic objectives of improving patient experience, improving population health outcomes, improving staff experience, and improving value for money. Information is presented to describe how we are understanding, assuring against, and improving aspects related to these four objectives across the Trust.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	N/A

Implications:

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities directly or indirectly identify or address inequity or disparity.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report. The Trust is currently compliant with national minimum standards.
Service User / Carer / Staff	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.
Financial	Much of our quality improvement activity helps support our financial position, through enabling more efficient, productive services or supporting cost avoidance. However, there is nothing presented in this report which directly affects our finances.

Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

1.0 Quality Assurance

To complement the data and narrative within the integrated performance report on waiting times for assessment and treatment, this report sets out to provide assurance around the processes that teams have put in place to understand their waits and backlogs, to manage and reduce their waits, and ensure people have access to support while they are waiting. Narrative was collated from key clinical leads for community-based services across the Trust. In collecting this information it was apparent that the issues being addressed in this report were already being considered, monitored and addressed locally. Such 'recovery plans' are dynamic and likely to evolve over time.

Community Health Services

Analytics are available for all services that provide detail on how long service users have been waiting, both since their last clinical contact and for those who are yet to be contacted. The directorate performance team share these reports with each of the team leads, and the data is scrutinised at local performance meetings, team meetings as well as directorate management team meetings.

The immediate task for team leads is to ensure accuracy of data, and that those waiting longest are reviewed from a safety and need perspective. All of the services have a triaging process, and dependent on need, service users are identified as Urgent or Routine. Enhanced primary care teams are using case formulation to identify those at high risk and community health services undertook case stratification based on patient risk during the pandemic.

In Bedfordshire, teams have completed backlog recovery plans, based on review of their waiting time data, demand and capacity. Such an approach has highlighted a variation in capacity compared with pre-pandemic levels, for example Podiatry Services are currently at around 70% of pre-covid capacity, whereas Speech and Language Therapy is at 90%, and Wheelchair Services 95%. Capacity previously impacted by staff sickness is now largely restricted by social distancing guidelines.

For podiatry services, part of the solution to their high demand and reduced capacity is implementation of new access criteria and service model. This is expected to reduce caseload and referrals by 30%. The new model will meet the needs of the most at-risk groups, whilst signposting low and moderate risk care to more appropriate support.

During the pandemic there has been a change in service user needs, increasing the proportion of service users requiring home visits. This has, in part, been a result of people self-isolating or reducing their activity, and reduced access to other support services during COVID. This may have a future impact on the predicted capacity needed, due to longer appointment times required for home visits.

Specialist Children and Young People's Services (SCYPS) – Autistic Spectrum Disorder (ASD) pathway

The service holds a weekly multidisciplinary meeting to review the longest waiting and most complex cases in order to prioritise and put in place plans. Families that are waiting for assessment are made aware of a variety of supports that are available, including monthly online parent workshops led by occupational therapy, a helpline and resources through the SCYPS YouTube channel.

As part of the one-year backlog recovery plan for the service, there is an ongoing review of the skill mix. For example, speech and language therapists have recently started providing diagnoses. Additional capacity has been introduced, including a psychologist, two speech and language therapists, nurse, assistant psychologist, educational psychologists and administrators. Most of these posts have already been recruited to and start shortly. Despite this additional capacity, it will take time to see a reduction in waiting times as the service are prioritising those who have been waiting longest. There will be quicker impact on measures such as caseload, and waiting time for those not yet seen.

CAMHS

CAMHS have experienced a large increase in referral numbers, and are working closely with stakeholders, staff and young people to ensure their needs are appropriately managed using all forms of support available within the wider system. CAMHS adopt the iThrive framework to ensure access is timely and relevant to the stage of each young person's journey. The elements below have been successfully developed using the iThrive framework (some projects using the QI methodology):

- **Getting Advice** – to reach a wider population, the service has refreshed its website to make this more user friendly. There is a range of tried and tested self-help apps, signposting links to partners, and online support for those requiring help and information. Twice monthly parent psycho-education programmes are hosted online to help raise awareness on popular themes, offering support and coping strategies to parents. There is also a plan to upload training packages available for professionals to access at a time that works for them. Bedfordshire and Luton CAMHS will be piloting a local Recovery college from September.

- **Getting Help** – we have been able to secure additional mental health in schools sites across the directorate, providing enhanced support in schools to vulnerable cohorts across local areas. The teams are mapping current resources to provide an integrated schools early intervention offer working in partnership with partners from 0-19 teams, Early Help and the voluntary sector.

- **Getting More help –** CAMHS offer a single point of entry service to ensure all referrals (including self-referrals) receive a same-day triage and are safely and swiftly managed according to presenting need and risk. In some areas this system works in partnership with wider stakeholders such as tier 2, voluntary sector and Early Help partners. The collaboration with partners helps manage the flow throughout the system to ensure the young person receives the right support at the right time.

Within CAMHS, staff have been working with young people to identify their preferred method of engagement - this includes face-to-face, remote or a combination of both based on clinical risk and patient choice. Using the Mental Health Investment Standard funding, it has been possible to build some capacity within the services to help meet the demand in numbers requiring support within this quadrant.

- **Getting Crisis Support –** this quadrant has experienced the highest surge and pressure upon demand**.** Young people are presenting in crisis at a later and therefore higher stage of need, due to increased complexity – particularly young people presenting with increased suicidal behaviours, eating disorders and those within the neurodevelopmental disorders spectrum.

  CAMHS have utilised the Mental Health Investment Standard funding to develop assertive outreach models of care to provide treatment closer to home, aiming to prevent inpatient admission and ease the pressure on acute wards. There is work underway within BLMK to develop interim plans for a local tier 4 inpatient facility; this will include the development of an inpatient unit and expansion of a community offer focusing on admission avoidance, early discharge and bed management team to ensure any admissions are as brief as possible.

Dementia Services

In parallel with the continued increased in dementia prevalence rates both locally and nationally, it appears that the pandemic has had significant impact on cognitive decline, with referral rates in some localities almost doubling over the last 18 months.

Dementia services have focused on development of recovery plans locally. In Tower Hamlets it has been challenging to meet the demand with our existing resource. By developing a robust recovery plan (including an agreement with Barts Health to provide neuroimaging) and a business case with support from the CCG, it has been possible to secure additional interim funding to increase nursing resource. The aim is to clear the existing backlog by September 2021, and see improvements in the time from referral to diagnosis and treatment by November 2021.

Part of the recovery plan includes review of the service's post-diagnostic offer, and they have been able to reintroduce Cognitive Stimulation Therapy, albeit one-to-one rather than group therapy due to Covid restrictions, and the service is currently developing the role of their post-diagnostic nurse.

The approach in City and Hackney is broadly similar. The service is focusing on administrative processes, and medical resource and capacity to address current outstripping of capacity by demand.

Psychological Therapies

Service users on the waiting list are triaged using a traffic light system. Each clinician holds a proportion of those on the waiting list on their caseload, with whom they 'check

in' and update the risk assessment. For those in the green category, 6 monthly check-ins are standard. For those in the amber category, more frequent check-ins occur on an as-needed basis (usually 3-monthly). Where service users are identified as red, consideration is given to as to whether it is appropriate for them to continue to wait for therapy, or a more urgent intervention (e.g. home treatment team, crisis line) may be required. Where an immediate risk issue is identified, service users are directed to crisis services or the emergency department, in line with standard risk management processes.

There is a duty system in operation whereby a clinician is always available (within standard office hours), to speak to service users should they contact the service in distress or in crisis. Again, where an immediate risk issue is identified, service users are directed to crisis services. There is always a senior clinician available on a rota basis within standard office hours, should a duty worker need guidance or support.

Weekly 'Flow & Capacity' meetings look at the top 20 longest waiters, across different therapeutic modalities, as an additional check. Sometimes, long waits are due to patient choice (e.g. they have asked to defer therapy while they are on holiday). Where there are other barriers, problem solving occurs to ensure these service users are offered treatment as soon as possible. This meeting also looks prospectively at the number of service users still within target for assessment and treatment, with a view to booking them in before they breach waiting time targets, and ensuring enough assessment and treatment slots are available for this. Forthcoming group interventions are also considered with a view to proactively booking in service users for upcoming groups.

In Tower Hamlets, funding has been agreed for additional fixed term therapist posts: these roles are now out to advert. It is intended that these posts will be deployed creatively, in order to attract the best candidates and make the most efficient use of the resource. This will support the team in reducing the waiting list, however, capacity modelling indicates that these posts alone will be insufficient to clear the current backlog.

In Newham, there is close partnership across the system, where primary care network and specialist psychological services staff are integrating to create a joined up system which will streamline any referring from primary care to the secondary care service. Job plans are being devised to ensure that specialist psychological services staff are able to work in the primary care networks, and that the resource and capacity is balanced across the borough. The specialist psychological services staff are allocated to primary care network huddles to ensure adequate representation of psychology and facilitate access to psychological therapies.

The established 'Getting There' group programme is being developed further as a primary care network framework to integrate and provide governance for a range of timely service user needs with diverse interventions. The group programme will act as a platform for diverse ways of working and ease of access for many service users. Regular consultation is offered regarding potential referrals to the specialist psychological service with the referral coordinator. Two screening meetings are now running per week to discuss all referrals in a timely manner.

City & Hackney specialist psychological service holds weekly triage meetings and is using a risk stratification system to manage those with higher chronic risk who require

supportive contact while waiting for treatment. They have trialled an online self-support platform with online support from clinicians, which has received good feedback from service users.

Luton and Bedfordshire provide psychological assessment and interventions within community mental health teams and manage referrals within the multidisciplinary team. Those waiting longest are reviewed and contacted regularly, and plans discussed with teams. Brief clinician-supported Guided Self-help interventions may be offered to help people manage symptoms while waiting.

Services for older adults are also embedded in community mental health teams and memory clinics, where capacity and waiting times for psychology are managed in the context of level of risk, and short/medium term needs. Urgent cases are prioritised and all referrals are triaged by duty and discussed by the multidisciplinary team.

To monitor waiting times and the impact of the work, psychology service leads hold a monthly waiting list meeting to overview all those waiting for assessment and therapy. All assessments are offered where possible to meet the 11-week target and the team have recruited staff via the Bank to help with increased capacity due to some wider staff changes. Staff have designed a system to ensure 18-week treatment targets are met and these are overseen by modality leads.

Conclusion and next steps

Recovery plans are in place and are monitored locally, alongside regular data and analysis at team-level to show waiting time, caseload and backlog. These are overseen within directorate management teams and progress is tracked within the performance management mechanisms. All services have processes in place to monitor their caseload and backlog, to review these with multidisciplinary input and to make decisions about risk stratification in order to prioritise. There is further work to do in order to standardise the process for assessing needs and risk, and introduce a process of review to ensure that we are adapting our internal processes in order to minimise harm whilst waiting for assessment and treatment. Progress on this area was discussed at Quality Assurance Committee in June 2021, and will continue to be reported on a 3-monthly basis to this board subcommittee.

2.0 Quality Improvement (QI)

2.1 Overview against annual improvement plan

The annual plan for applying quality improvement across the Trust was designed to support the organisation's four strategic priorities – improving population health outcomes, improving experience of care, improving staff experience and improving value.

This report provides an overview on progress against these priorities and focuses primarily on how Quality Improvement (QI) is being deployed to improve experience of care. Due to the pandemic, many services have longer waits and backlogs for assessment and treatment. Coupled with an increase demand for services, this is a complex area where many teams are applying their QI skills to redesign systems and optimise flow.

2.2 Improving Population Health Outcomes

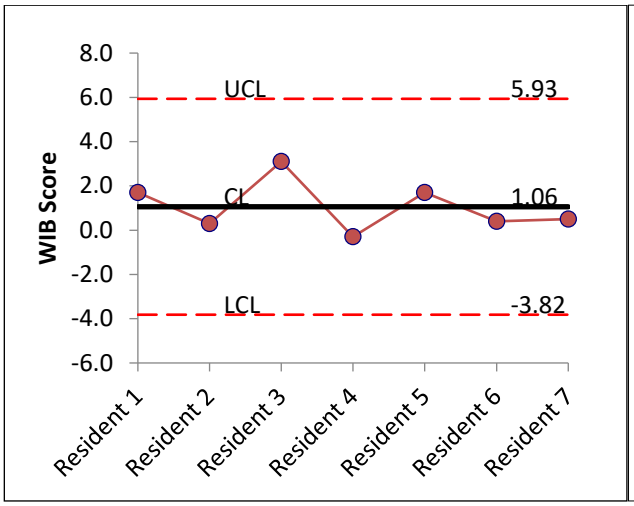
How QI is being deployed to support this objective

Population Health projects using the Triple Aim framework are being supported through learning sessions that bring together teams working in this area. Triple Aim is a framework used globally to simultaneously improve health outcomes, quality of care, and value, for an identified population. 9 projects in this area attended the first learning session in June 2021 to progress their projects and share learning. They are looking to impact a variety of populations including:

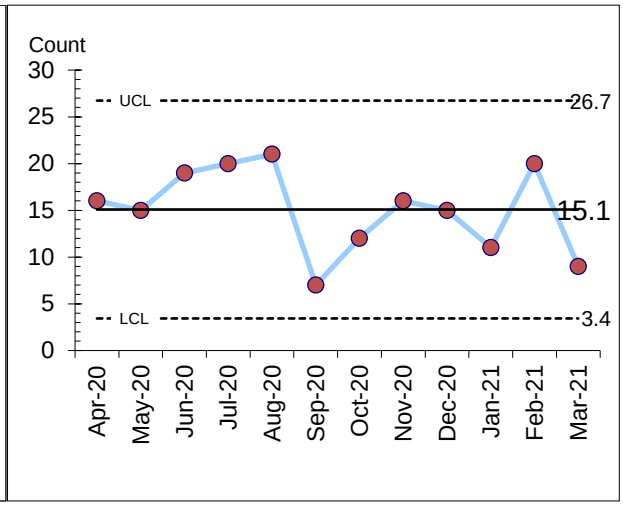
- People who are homeless within Tower Hamlets
- Care home residents across 5 care homes in Tower Hamlets
- Asian men over the age of 40 living in Bedford
- Veterans living within the Trust area
- People who attend crisis services in Newham

Outcomes data and narrative from some projects

All the projects are just starting their work and most have not started testing ideas yet. Each project will have three main measures, one each for health outcomes, quality of care, and value. A notable example is the Tower Hamlets Care Home Liaison team who have made progress by working with their partners and service users to understand the needs of the local care home population. Their health outcome measure focuses on the wellbeing of care home residents, their value measure will be ambulance callouts, and the quality of care measure will use the HowRU patient-rated measure.



Well- and ill-being scores for 6 monthly sequential resident assessments – I Chart
(Higher scores are better, range from -5 to 5)



Monthly London Ambulance Call-outs
- C Chart

Issues, Risks & mitigations

The population level measures can sometimes take years to start showing signs of improvement. To assure progress towards population aims, the portfolio of projects linked to each population will be supported to create more real-time measures. These teams will be directly supported by QI Coaches, Improvement Advisors and through learning sessions where they will receive peer and expert coaching to enable progress.

2.3 Improved Experience of Care

How QI is being deployed to support this objective

More than 20 teams are utilised quality improvement to help tackle challenges related to flow, waiting times and backlogs (see table below). Two workshops were delivered in May and June 2021 by the corporate performance and quality improvement departments to build skills across our teams in the core principles and tools around optimising flow. There is now a new QI programme running between July and November 2021 to provide additional support to the teams that are utilising QI for this topic. Teams will learn from each other, receive coaching to overcome barriers and accelerate their learning.

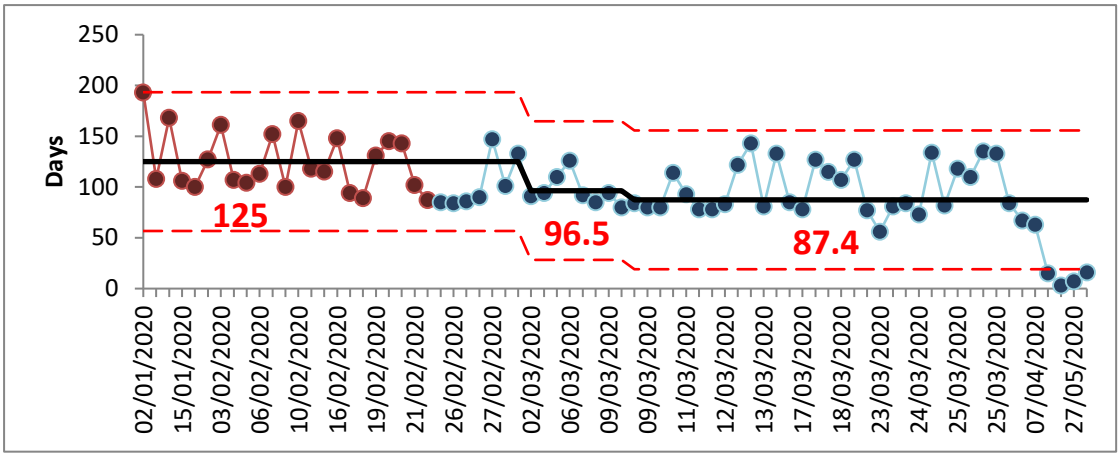
Type	Team & Objective
Community mental health services	Improving Access to Community Mental Health Team buildings in Central Bedfordshire (Bedfordshire and Luton – Community Mental Health)
	To make Luton Out-Patients Community Mental Health Team more recovery focused (Bedfordshire and Luton – Community Mental Health)
	To develop an enhanced Community Mental Health in South Bedfordshire in order to reduce the referrals to the crisis pathway (Bedfordshire and Luton – Community Mental Health)
	Improving the time from referral to diagnosis in the Memory Assessment Services in Luton, South Beds, Mid Beds & Bedford (Bedfordshire and Luton – Community Mental Health)
	To reduce the Adult Autism waiting list. (Bedfordshire and Luton – Community Mental Health)
Access to therapy interventions	Improving the flow and quality of Bedford psychology reports in order to reduce the time between assessment or end of therapy and report being sent out. (Bedfordshire and Luton – Community Mental Health)
	Equal Access to Tower Hamlets Early Intervention Service psychology for people from BAME backgrounds (Tower Hamlets Mental Health)
	Reducing inequalities in access to services in Bedfordshire (Improving Access to Psychological Therapies (IAPT))
	Increase the amount of patients attending a group at Bedfordshire Wellbeing Service (Improving Access to Psychological Therapies (IAPT))
	Reduce the waiting times for occupational therapy 1-to-1 interventions in Bedford Community Mental Health Teams (Bedfordshire & Luton–Community Mental Health)
	Improving referral to treatment times in Early Years Speech and Language Therapy (Specialist Children's & Young People's Service)
	Improving access & flow in Newham Psychotherapy Service (Newham Mental Health)
In-patient & Crisis services	To provide access to virtual/online activities to all service users (Forensics)
	To improve the overall experience and satisfaction of the referral and admission process to Mother & Baby Unit (City & Hackney Mental Health)
	Improving pharmacy input for mental health patients being discharged (Tower Hamlets Mental Health)
	To develop and implement clinical pharmacy input across the Crisis Pathway (Bedfordshire and Luton – Crisis Mental Health)
Learning disabilities	Improving Access to Hackney Integrated Learning Disability Service (City & Hackney Mental Health)
	Improving access to treatment in the Newham Learning Disabilities team (Newham Mental Health)
Community Health services	Improving the efficiency for the uptake of recommended medication for persistent pain patients, between the Community Chronic Pain service and the general practitioner (Community Health Newham)

Type	Team & Objective
	To improve referrals into the Tissue Viability Service (Bedfordshire Community Health Service)
Primary Care	Understanding demand at Cauldwell Medical Centre (Primary Care)

Outcomes data and narrative from some projects

Memory assessment Services in in Luton, South Beds, Mid Beds & Bedford

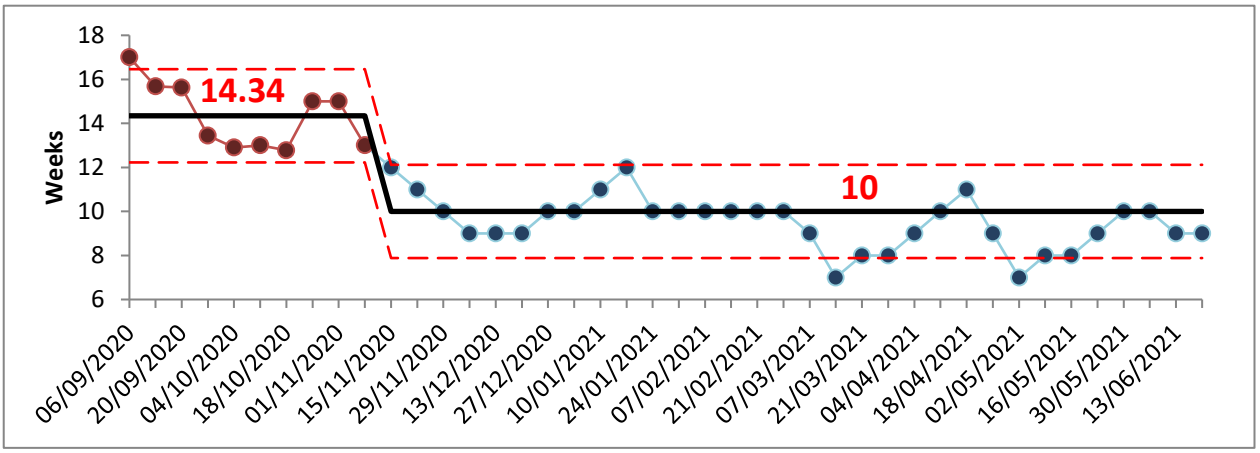
The Memory Assessment Service have set an aim to "*Reduce referral to diagnosis time from between 6-12 weeks to less than 6 weeks by 31 December 2021*". They have already tested how to streamline referrals to the service from GPs and other services.



Memory Assessment Service Referral to first contact – I Chart

Bedfordshire Community Mental Health Team

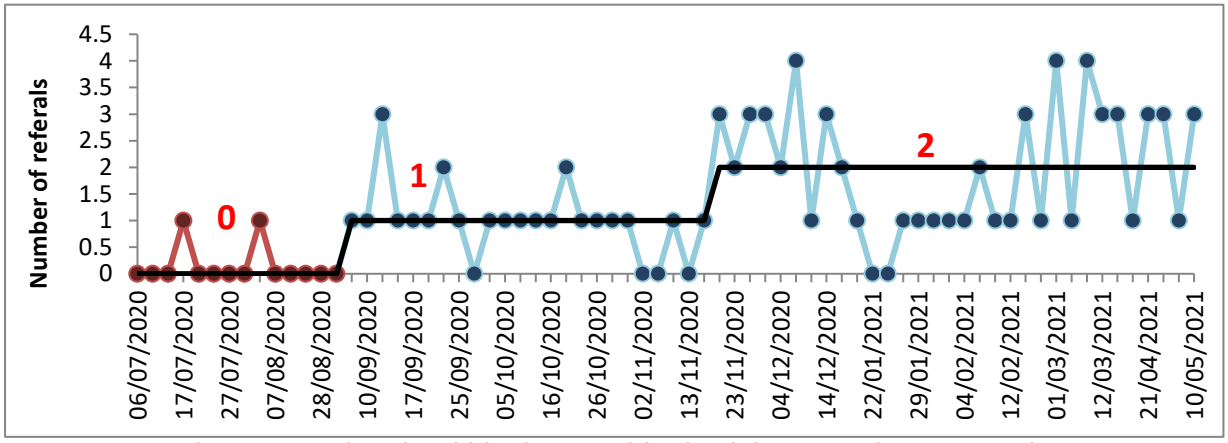
The team have set the aim "*To reduce the average waiting times for occupational therapy one-to-one interventions in Bedford Community Mental Health Teams… from 17 weeks in August 2020 to 8.5 weeks by June 2021*". They have tested providing greater clarity to referrers on the information required for appropriate referrals. They are close to meeting their aim.



Average Waiting Time for 1:1 OT Appointment by Week – I Chart

Bedfordshire and Luton Crisis

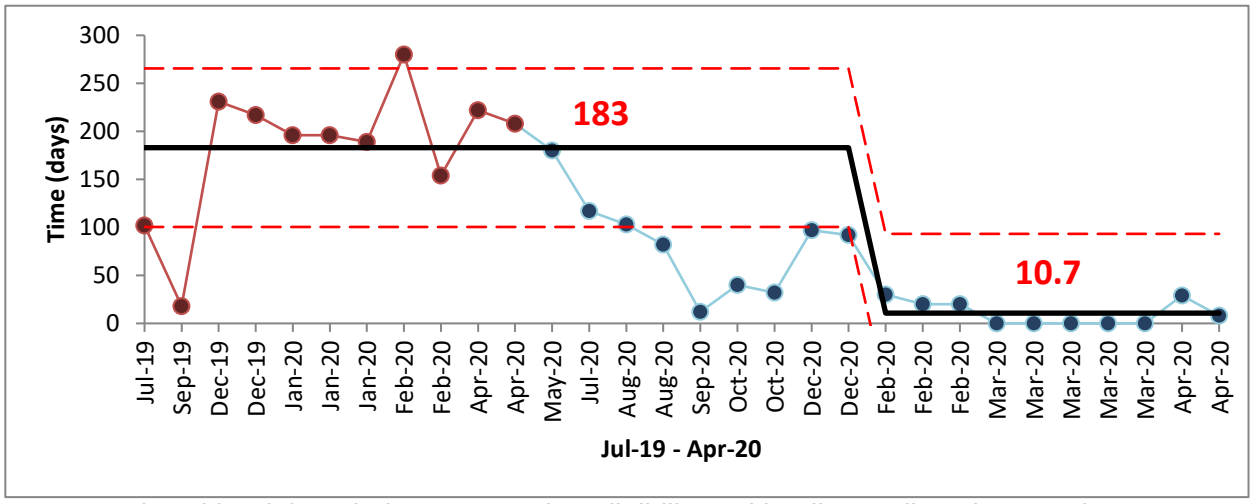
The project team identified that the crisis pathway across Luton and Bedfordshire had negligible clinical pharmacy input into patient care. They set an aim that '*by June 2021 we will increase the clinical pharmacy input into the Crisis pathway by 100%'*. The team have been testing being onsite and accessible so as to increase referrals to a pharmacist. The data for the primary care liaison service shows an increase in referrals to pharmacy.



Pharmacy referrals within the Psychiatric Liaison Service – Run Chart

City and Hackney Learning Disabilities

In their project to improve access to the Hackney Integrated Learning Disability Service, the team set an aim "*To reduce the time taken to complete eligibility assessments for new service users by 50% by April 2021*". They have tested a screening checklist for new referrals and drop-in sessions for staff to discuss eligibility assessment reports and letters. They have reduced the time from being accepted to the eligibility waiting list to allocation for initial assessment by 94% to an average of 10 days.

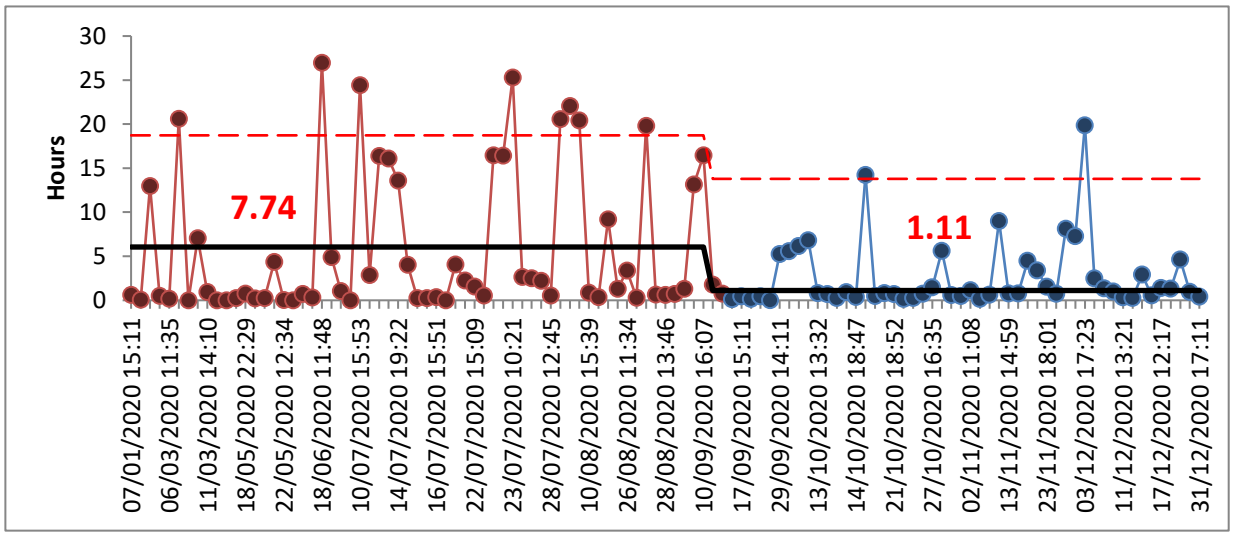


Time (days) from being accepted to eligibility waiting list to allocation – I Chart

Mother and Baby Unit

In-patient services like the Mother and Baby Unit have also been working on optimizing flow, demand and capacity. They have focused on improving the access time and the admission process so as to prevent some women from being admitted to an acute ward

bed without their baby. The team have managed to reduce time from referral to screening by 85% from almost 8 hours to just over 1 hour.



Time from referral to screening (hours) – I Chart

Issues, Risks & mitigations

When teams have worked in this area previously, they have at times not been able to impact some systemic issues that could help optimise flow and improve the patient journey beyond the immediate service. Each team has an allocated senior sponsor to support with issues such as this. In addition, the learning sessions will help teams identify other parts of the system that may have an impact or be impacted by their work, so that we can identify and engage key stakeholders within the projects.

2.4 Improved staff experience

How QI is being deployed to support this objective

The Enjoying Work learning sessions have been bringing together teams that are using quality improvement methods to help them improve staff experience. The fifth cohort starts in July 2021, with 17 teams signed up for the introductory sessions.

Outcomes data and narrative from some projects

The Forensics admin team that completed their cohort 4 project saw the percentage of staff reporting a good day go up from 75% to 100%. They started their project following a ‘Shaping our future’ workshop, where their team reflected on their experience during the pandemic and what they would need to hold on to or do differently. Some of the successful change ideas they tested were staff recognition through ‘star of the month’ internal awards and ideas to better support working remotely.

Issues, Risks & mitigations

Teams on cohort 4 found it difficult to come up with outcome measures for their projects. To mitigate this, in cohort 5, a set of measures have been designed and all teams will use the same core measures. The QI department will collate each team’s responses and create charts for participating teams. Each team will nominate a ‘data champion’ to collect

data weekly. This will enable us to better aggregate data from the participating teams, and learn from variation across the teams.

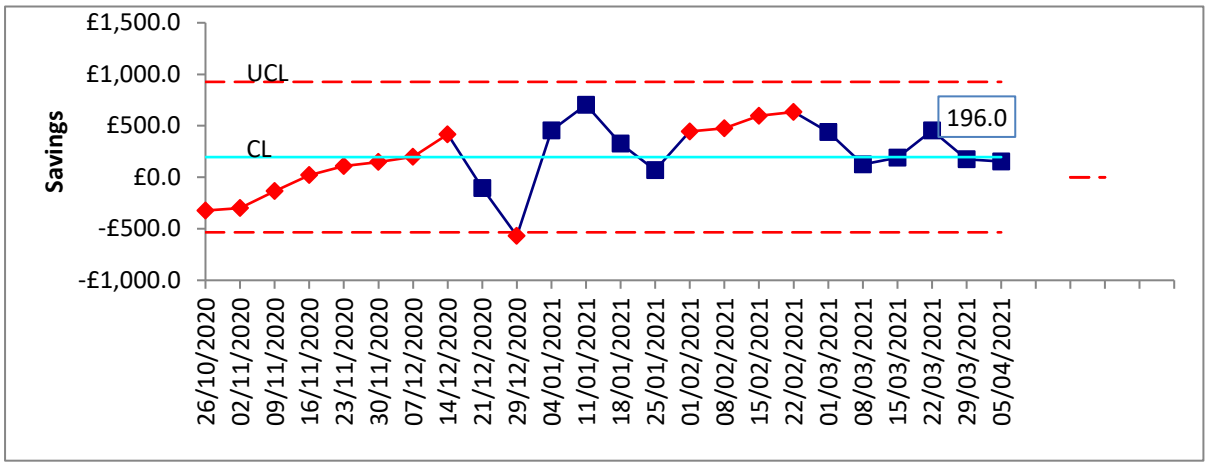
2.5 Improving Value

How QI is being deployed to support this objective.

Most QI projects demonstrate some form of value to the staff and service users involved. We will be focusing our efforts on those projects within our financial viability plan which are utilising quality improvement to deliver cost avoidance, cost reduction or income generation.

Outcomes data and narrative from some projects

In May 2021, 17 project team came together to share their learning. One of the projects has focused on reducing private taxi spend by using alternative taxi suppliers and have reduced their spend by around £196 per week.



Weekly savings accrued by the project when compared to equivalent journey from the Trust's contracted taxi firm

Issues, Risks & mitigations.

The main risk is that there are relatively few projects within the financial viability plan currently using QI to reduce cost. To mitigate this, we will be running a number of 'waste workshops' led by the financial viability and QI teams to help services identify opportunities that can lead into projects within our financial viability plan.

3.0 Recommendations and Action Being Requested

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