Title	Quality Report
Authors	Dr Amar Shah, Associate Medical Director (Quality)
	Duncan Gilbert, Head of Quality Assurance
	James Innes, Associate Director of Quality Improvement
Accountable Executive Director	Dr Navina Evans, Chief Executive Officer

Purpose of the Report:

The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is now contained within the integrated performance report, together with 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)

Improving service user satisfaction	☒	The data provided in the Quality Report supports the strategic priorities regarding service user satisfaction and staff satisfaction by providing detailed information on metrics used to understand, assure against and improve Quality across the Trust. Quality improvement work supports our efforts to enhance value for money, through increasing efficiency, removing waste and increasing revenue.
Improving staff satisfaction	☒	
Maintaining financial viability	☒	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	N/A

Implications:

Equality Analysis	This report has no direct impact 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	None
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

N/A

1.0   Introduction

1.1   As mentioned in the December 2017 quality report, this report no longer contains the full quality dashboards. This is due to our planned shift towards a single integrated Board dashboard that will support the Trust's new vision and mission. Quality measures will be included as part of this integrated dashboard, which will continue to be viewed as control charts in order to understand variation and support learning. Proposed measures for the new integrated Board dashboard are set out in the strategic activity report, and the aim is to bring a first draft dashboard to the April 2018 Board. As a step in this direction, the integrated performance report for February 2018 contains a shortened version of the key quality metrics at organisational level, together with narrative.

2.0   Quality Assurance Case Study – Focus on 'Well led'

2.1   Definitions
The Care Quality Commission defines 'well-led' as 'leadership, management and governance of the organisation that assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture'. They characterise an outstandingly well-led organisation as where 'the leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care'. Annual reviews of how well-led an organisation is form the central plank of the CQC's process for ongoing clinical regulation. Their stated 'key lines of enquiry' when inspecting any provider of health and/or social care are as follows:

Is there the **leadership capacity and capability** to deliver high-quality, sustainable care?	Is there a clear **vision** and credible **strategy** to deliver high-quality sustainable care to people, and robust plans to deliver?	Is there a **culture** of high-quality, sustainable care?
Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	**Are services well-led?**	Are there clear and effective processes for managing **risks**, issues and **performance**?
Is appropriate and accurate **information** being effectively processed, challenged and acted on?	Are the **people** who use services, the public, **staff** and **external partners engaged** and involved to ensure high-quality sustainable services?	Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

As part of their preparation for annual inspection of services the CQC make a standard information request. It requires the submission of data and narrative across the five key questions, including well-led. In the request we received in November 2017, the CQC asked for information on:

- Leadership development programmes
- Board members - diversity and list
- Vision and values
- Strategy
- Whistleblowing concerns
- Board to ward assurance
- Finances overview
- External reviews
- Data quality
- Local surveys

- Engagement and morale
- Public engagement
- Partner engagement
- Innovations
- Accreditations

The Board discussed four of the eight domains within the well-led framework during the Board development event on 25 January 2018. Areas identified for improvement will be written up and feed into existing workstreams. The Board will consider the other four domains as part of the ongoing Board development programme, with a further update on progress provided in six months' time.

2.2 Trust Overview

It is evident that there are critical elements of leadership that must be in place, namely:

- A clear and credible vision and strategy for delivering high quality care
- A focus on leadership capacity
- A strong culture of equality, involvement and engagement
- A commitment to continuous improvement
- Transparency, and the scrutiny and utilisation of data

Evidence of the trust position across these areas is often complex, multi-faceted and supported predominantly by narrative. Below are some examples that offer assurance against the areas above:

VISION and STRATEGY – The Big Conversation

As the Trust, and the wider environment has evolved over time, so it has become necessary to review our vision, mission and strategy. In light of a growing and changing population and more integrated ways of working, the Trust invited all our staff and service users to join *the Big Conversation* in Summer 2017 to help us determine our future direction.

Over 800 people took part, and this contributed to the new Trust vision, mission and strategy which are due to be launched during February 2018.
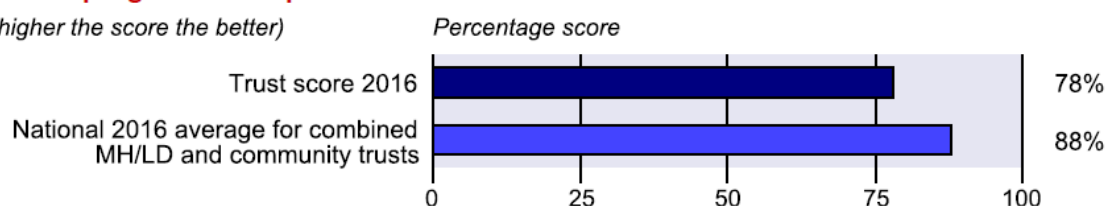
LEADERSHIP CAPACITY

The Trust invests heavily in leadership development programmes at every level of the organisation, from front line staff, supervisors, middle and senior managers. We have 26 internal programmes, 13 external programmes, CPD-funded programmes, established faculty across a number of areas and masterclasses. Over 700 staff have participated in a leadership development programme in the last year. We have core objectives as part of our leadership development to enable inclusion, and explicitly target a diverse group of future leaders to access development programmes at national and local level.

We partner with the IHI, Kings Fund and NHSI and this has given us access to faculty, evidence base and tools to support diagnostics, intervention and leadership development activities. We regularly evaluate and review our approach to leadership development and have an internal steering group to oversee activities. Secondments, shadowing, mentoring – especially for diverse groups, coaching, reflective practice, action learning sets, staff forums, OD support, supervision, appraisal and team away-days all support the ongoing development of leadership capacity across the organisation.

Our staff survey results for 2016 showed that there is still work to do around equality of opportunity, where results were not in line with the national average. (Staff survey results for 2017 remain embargoed).

! **KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**
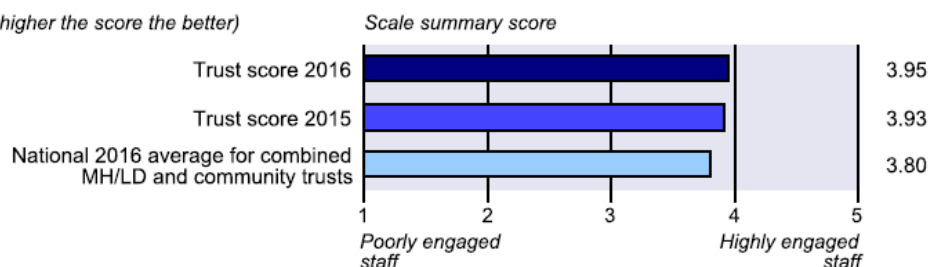
(the higher the score the better)   Percentage score

	Score
Trust score 2016	78%
National 2016 average for combined MH/LD and community trusts	88%

CULTURE AND STAFF ENGAGEMENT

Staff survey results in 2016 were positive in this area.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)   Scale summary score

	Score
Trust score 2016	3.95
Trust score 2015	3.93
National 2016 average for combined MH/LD and community trusts	3.80

Poorly engaged staff ... *Highly engaged staff*

	Change since 2015 survey	Ranking, compared with all combined MH/LD and community trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Above (better than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	• No change	✓ Above (better than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓ Above (better than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓ Above (better than) average

Executive WalkRounds

The executive team visit front-line services weekly to see and hear first-hand from our staff about how we can improve quality. In 2017 we expanded this programme of visits from 3 per week to 7 per week. Learning is captured and shared immediately with the whole executive team, and the local clinical and service leadership.

WORKING IN PARTNERSHIP

Our Director of Integrated Care summarised our key work for the CQC submission. Alongside the strength of engagement, areas for potential improvement were identified:

Partner Organisation	Potential improvements
East London Health & Care Partnership (North East London Sustainability & Transformation Partnership)	The Trust is working hard to ensure that building the capacity and capability of out of hospital services, including mental health and community health services, are prominent themes within the East London Health & Care Partnership. The Trust and Trust staff have worked hard to develop good professional and personal relationships with ELHCP partners, creating a good working environment underpinned by trust, and we will need to continue to do so.
City & Hackney Partnership	The development of a consistent learning system across the City & Hackney partnership will improve our collective ability to improve quality and outcomes for patients and citizens, including the use of quality improvement tools and techniques across providers. The Trust has developed an initial proposition on how a City & Hackney learning system could potentially be developed, which the City & Hackney Transformation Board is currently considering, including involving front line clinicians and staff more deeply. The Trust and Trust staff have worked hard to develop good professional and personal relationships with City & Hackney partners, creating a good working environment underpinned by trust, and we will need to continue to do so.

Newham Partnership	With the current development of a Newham partnership, the Trust will need, through its influence, to ensure that improving outcomes and quality in out-of-hospital services is high on the partnership agenda, and to support, when appropriate, the development of a consistent approach to thinking about change management and quality improvement across Newham partners. The Trust and Trust staff have worked hard to develop good professional and personal relationships with Newham partners, creating a good working environment underpinned by trust, and we will need to continue to do so.
Tower Hamlets Together	The Trust is a prominent partner in developing the Tower Hamlets Together governance arrangements, and will continue to use its influence to focus on high quality out-of-hospital services, and in particular through the funded proposition to develop a Tower Hamlets learning system, ensure that the THT partnership is supported to think about and develop a consistent approach to quality improvement. The Trust and Trust staff have worked hard to develop good professional and personal relationships with Tower Hamlets partners, creating a good working environment underpinned by trust, and we will need to continue to do so.
Bedfordshire, Luton & Milton Keynes Sustainability & Transformation Partnership	The Trust is working hard to ensure that building the capacity and capability of out of hospital services, including mental health and community health services, are prominent themes within the BLMK Partnership. The Trust and Trust staff have worked hard to develop good professional and personal relationships with BLMK partners, creating a good working environment underpinned by trust, and we will need to continue to do so.
Bedfordshire Partnership	In mobilising the CHS contract (subject to due diligence), the Trust will need to ensure a smooth transfer of services from the incumbent supplier, and develop partnership infrastructure to support a collective focus on improving quality and outcomes with Bedfordshire partners. The Trust and Trust staff have worked hard to develop good professional and personal relationships with BLMK partners, creating a good working environment underpinned by trust, and we will need to continue to do so.
Luton Partnership	With the current development of a Luton partnership, the Trust will need through its influence to ensure that improving outcomes and quality in out-of-hospital services is high on the partnership agenda, and to support, when appropriate, the development of a consistent approach to thinking about change management and quality improvement across Luton partners. The Trust and Trust staff have worked hard to develop good professional and personal relationships with BLMK partners, creating a good working environment underpinned by trust, and we will need to continue to do so.

PEOPLE PARTICIPATION

The Trust's approach to involving service users and carers in supporting, planning, designing and delivering care has attracted attention nationally and internationally. The Trust has a wide-ranging strategy for people participation, which for 2017/18 prioritised:

- Increasing the availability of Peer Support Workers across all settings.
- Continuing the culture/process change for a true recovery focused service
- Carers Mentoring Programme- training existing carers to support new carers in their roles
- Training and process update on the identification of new carers (in particular young carers across all services).
- Increasing service user and carer options to link to community

- More emphasis on physical health in relation to mental health. Continue and increase work to challenge stigma
- To make transitions between services more effective, informed and fluid (e.g. CAMHS to adult services
- Ward Rounds

Implementation of the strategy will be reported to the Trust Board in detail in April, but there have been a number of successes of note:

- Establishment of Recovery Colleges
- Consistent service user involvement in recruitment, training, audit and service design
- Rising service user employment
- Increasing access to training for service users
- Involvement in the 'reshaping community services' QI strategic priority, and a range of other Quality Improvement projects

Additionally, our People Participation team is currently working with NHS England, NHS Insight and STP BLMK to look at how People Participation might be used in acute care to reduce readmissions. The Trust has been visited by services from Sussex, Lincolnshire, Cambridgeshire, Birmingham and Solihull, Camden and Islington, and Berkshire with a view to learning from our people participation work. ELFT is currently working internationally with Denmark, Sweden, US, Australia, Brazil and IHI to spread co-production potential.

QUALITY IMPROVEMENT

Our quality improvement infrastructure, and its utilisation, continues to grow:
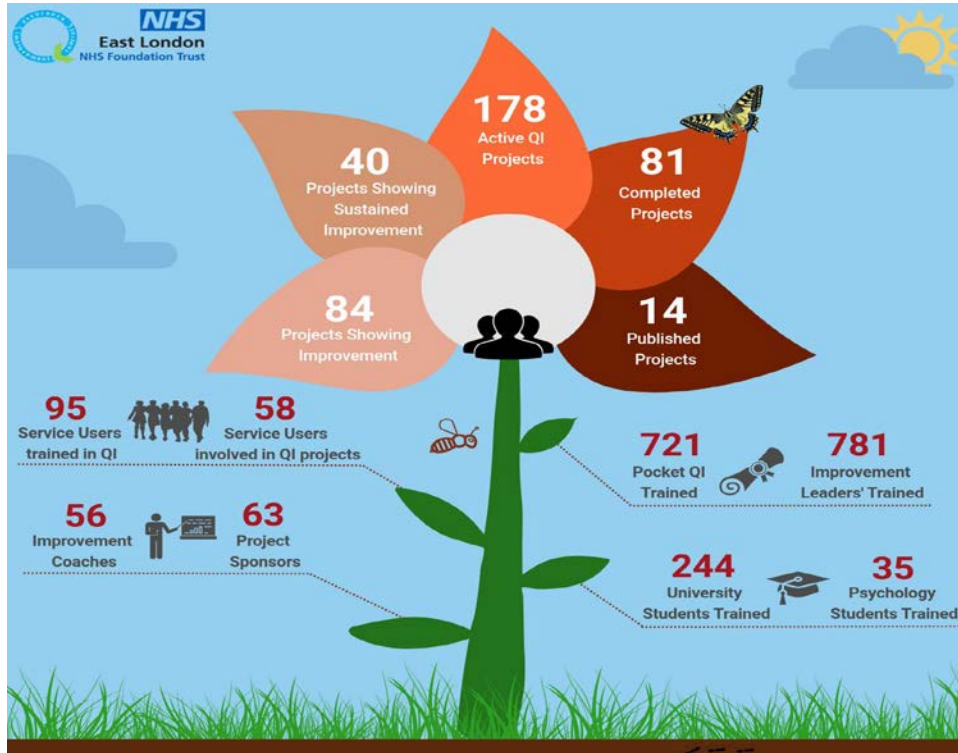
ENGAGING WITH DATA

The Quality Dashboard for the Trust Board, as part of the Board quality report, has been a standing item on Board Meetings since 2014. The format is recognised as best practice globally. Presentation and scrutiny of data is now well established as part of the Trust's governance arrangements and the management of quality and performance. Directorate management teams report on Quality and Performance periodically to the Quality Assurance Committee and quarterly to the Executive Team.

In support of these structures the organisation's system of risk management ensures risks to objectives at service level are formally identified and fed into Directorate level risk registers, which feed into a corporate risk register.

The Trust is committed to a culture of transparency and openness. This is embodied in the Quality and Performance dashboards available to all staff via their desktop. 757 measures across all domains of quality (including workforce and finance) are currently available to view as run charts at Trust-level, directorate-level or team-level. There are an average of 852 drill-down views of the dashboard every month, and an average of 146 users each month.

Ongoing Readiness for CQC inspection

From 19 February to 12 March the Director of Corporate Affairs and the Chief Nursing Officer will be leading preparatory interviews with all staff likely to be interviewed as part of the CQC's well-led inspection of the Trust. These interviews will enable exploration of key issues, identification of any risk areas, and familiarise key staff with the likely process. There will be further workshops for all staff to share information and expectations regarding forthcoming inspection.

A longer term process for providing ongoing assurance of compliance with well-led requirements, and supporting improvement and development in this area is being developed. Key features of any process will be:

- Annual desk top self-assessment of the Trust's position in relation to CQC KLOEs
- Reporting of the self-assessment to the Trust Board for action planning (potentially the focus of a Board development day)
- A partnership arrangement with Tees Esk and Wear Valleys NHS Foundation Trust for the mutual testing and challenge of the self-assessment and action plan, and the opportunity for learning and development

3.0 Quality Improvement

3.1 Engaging, inspiring and involving:

Two celebration events took place in December to mark the end of the City and Hackney violence reduction collaborative and a switch from Quality Improvement to Quality Control. At the events over 60 attendees celebrated the 66% reduction in violence across all wards, looked at art created by service users about the impact of the work and listened to staff tell their story about the change.

The 2018 Quality conference will take place on 24 April 2018 at the CentrEd in Excel. The morning session will be open to staff, service users, carers, governors and external delegates and will include a plenary keynote from Dr Jennifer Dixon, Chief Executive of the Health Foundation, world café sessions to learn from current QI projects and updates on the organisation's progress with continuous improvement. In the afternoon we are introducing a new element: 4 optional workshops exclusively for external delegates on leadership for improvement, how to get started with QI, service user & carer involvement and research & improvement. To date 400 people have registered to attend this event (300 internal and 100 external).

There will also be a celebratory event for Luton and Bedfordshire staff and service users at Kings's House, Bedford, on 22 May. The event will be planned by Bedfordshire and Luton staff, provide an opportunity to celebrate progress and reflect on next steps, and will feature a keynote from Helen Bevan, Chief Transformation Officer at Horizons, NHS England.

3.2   Building Improvement skills:

The 86 delegates participating in the wave 7 of our Improvement Leaders programme have completed 7 out of 8 workshop days, and will graduate in April. We are currently recruiting for cohort 4 of the Improvement coaching programme, which begins in May.

3.3   Embedding into daily work:

Currently 58 (33%) active QI projects in the organisation feature service user involvement. The Trust Service User and Carer QI Steering Group continues to operate on a monthly basis and is currently focused on improving processes around identifying, involving and supporting service users and carers to be involved in QI projects.

One of our biggest barriers to accelerating our use of continuous improvement is access to data. Our analytics platform at the Trust is unable to allow people to interrogate their data or create custom dashboards as time series analysis. Snapshot data is sometimes available on the current reporting platform, but this does not support the improvement philosophy. The quality dashboards that have been developed over the last 4 years (at no cost) provide hundreds of charts, but they are fixed and cannot be integrated or customised, and the user experience is poor. The Life QI platform, which is now the single platform for all QI project work, makes it extremely simple for teams to create run and control charts, but teams still need access to their data. This often relies on requests to the central informatics team and long delays in obtaining the appropriate information.

3.4   Strategic improvement efforts.

We currently have 178 active QI projects in the organisation and progress against the Trust's strategic priority areas is as follows:

Reducing Physical Violence:

We continue to observe a sustained 42% reduction in the number of (Datix reported) violent incidents across East London services since 2015. Following the substantial reductions achieved through their violence reduction work (66% reduction across all wards observed via Safety Cross), City and Hackney have now moved into quality control alongside Tower Hamlets. Work is currently underway to design meaningful and agile quality control systems within these directorates.

In Newham and Forensics, the focus is now on reliably embedding quality control systems to hold the gains achieved (28% reduction across all wards in Newham, 57% reduction across 5 wards at the John Howard Centre, both observed via Safety Cross).
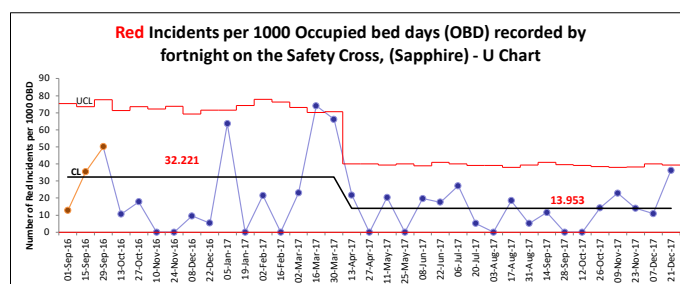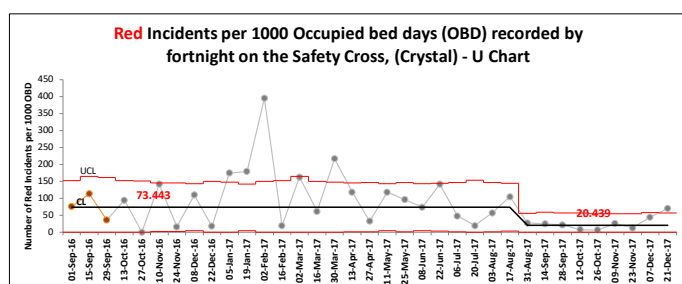
In Luton and Bedfordshire seven wards will be involved in the violence reduction work and testing has started on three wards. The remaining four wards will start collecting data and testing over the following weeks. The biggest risk to this work is active and consistent local leadership.

Improving Access and Flow in Community Services

This high priority work stream can be divided into two main areas of work:

1) **Reducing the length of time from referral to completion of treatment for CAMHS and Psychological therapy services.** The QI team is currently supporting 8 teams across 10 pathways and for each of these pathways we are following a process that involves:

a) Conducting an initial 'diagnosis' for the pathway (including process mapping, understanding variation in demand and capacity, modelling and identifying problem areas)
b) Co-developing a measurement system and dashboard with the local project team
c) Supporting the team to test and implement change ideas, using the Model for Improvement
d) Co-developing Quality Control Systems to hold the gains realised through improvement work

At present, all psychological therapy services are in the third stage of this process (testing) and are using their recent process maps and diagnostic models to generate new change ideas. Operational definitions for the measurement system have now been agreed enabling a global measurement system to be created.

In CAMHS, individual team progress is varied, with some teams now testing change ideas and others still working through the first diagnostic stage of the improvement process. Teams are being closely supported by the QI team and local sponsors and are working to a deadline of the end of February to have aims and driver diagrams in place for each of their pathways.

2)	**The reliable upscale of automated pre-appointment text messaging across the organisation.** Dashboards and a successfully tested checklist for reliably implementing text message reminders are now in place. The Chief Operating Officer is working with Operational Leads to implement the use of automated text messages Trust wide.

Reshaping Community Services
The aim of this work stream is that 90% of community patients and staff report satisfaction with the care they receive and give by December 2018.

The driver diagram for this work stream has now been updated with the main thrust of activity revolving around ensuring we provide responsive personalised systems of care, provide co-produced person centred care and prioritise collaborative working arrangements.

The initial design of this work involves working with two prototype sites. In both the Isle of Dogs CMHT (Tower Hamlets) and the South CMHT (Newham) data collection against the outcome and process measures is now underway and both teams are being supported to carry out testing, which also features service user input. The teams are additionally being supported by 6 weekly learning sets in addition to a monthly bi-monthly project board chaired by the Chief Operating Officer. Now that there is a firm theory of change in addition to outcome and process measures, we are looking at recruiting additional teams to this work stream.

An example of the measures for this project are shown below, for the Isle of Dogs CMHT:
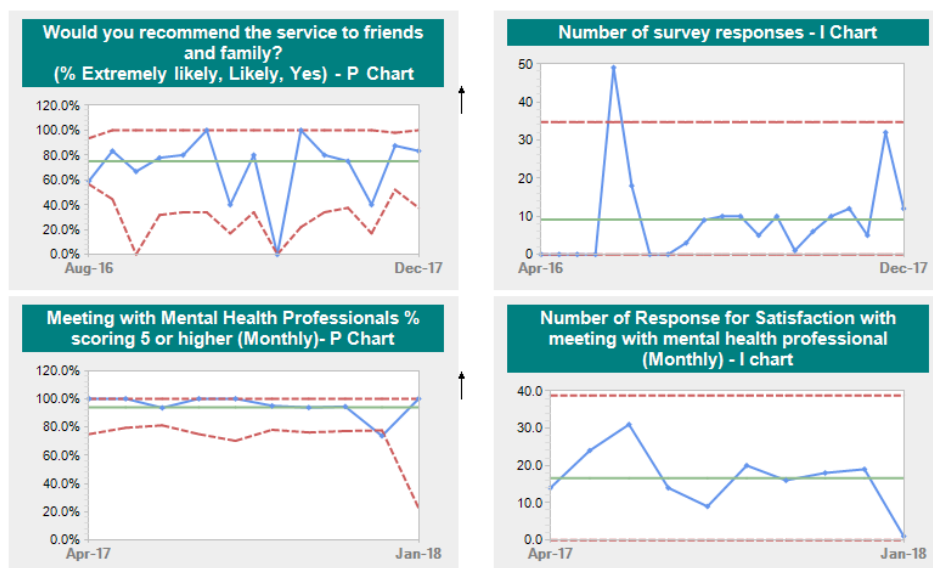
Flow Measures – IOD (Tower Hamlets)

Referrals/Screening/Assessment	In Treatment/Review	Discharge (Output)

Number of Referrals by week (Isle of Dogs Team 1 & 2) - I Chart

Number on CPA by month (Isle of Dogs Team 1 & 2) - I Chart

Number of Discharges by week (Isle of Dogs Team 1 & 2) - I Chart

Average Waiting Days from Referral Date to First Attended (Isle of Dogs Team 1 & 2) - I Chart

Number not on CPA by month (Isle of Dogs Team 1 & 2) - I Chart

Average Length of Stay by week (Isle of Dogs Team 1 & 2) - I Chart

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 are supporting five prototype teams that represent the different working environments and geographically dispersed nature of the Trust. A process has now been developed to help project teams working on this high priority area, guiding them from starting with their teams using appreciative enquiry and moving down to testing change ideas. At present some teams are now testing change ideas within the collaborative, with others receiving support from the QI team to move into testing.

Subgroup = a minimum of 12 responses is required for each subgroup.
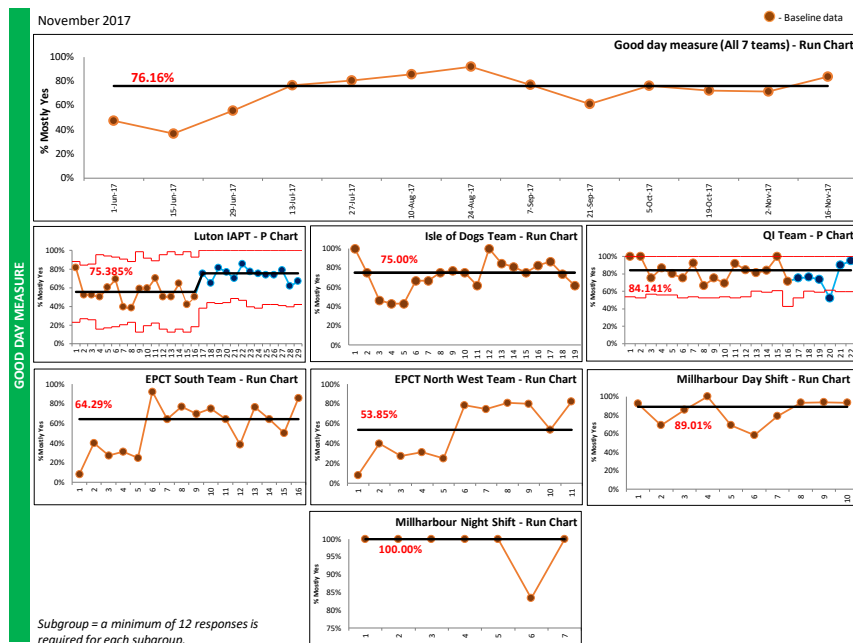
Finally, we are currently developing a 'full scale' plan based on the learning from our working with our prototype teams and using the methodology set out in the IHI Breakthrough Collaborative Series. This will enable us to scale up this work to a larger number of teams in 2018.

Triple Aim

This new 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. The triple aim is a framework that can be used to optimise health system performance by simultaneously improving three dimensions:

- Improving the care experience (including quality and satisfaction)
- Improving the health of populations
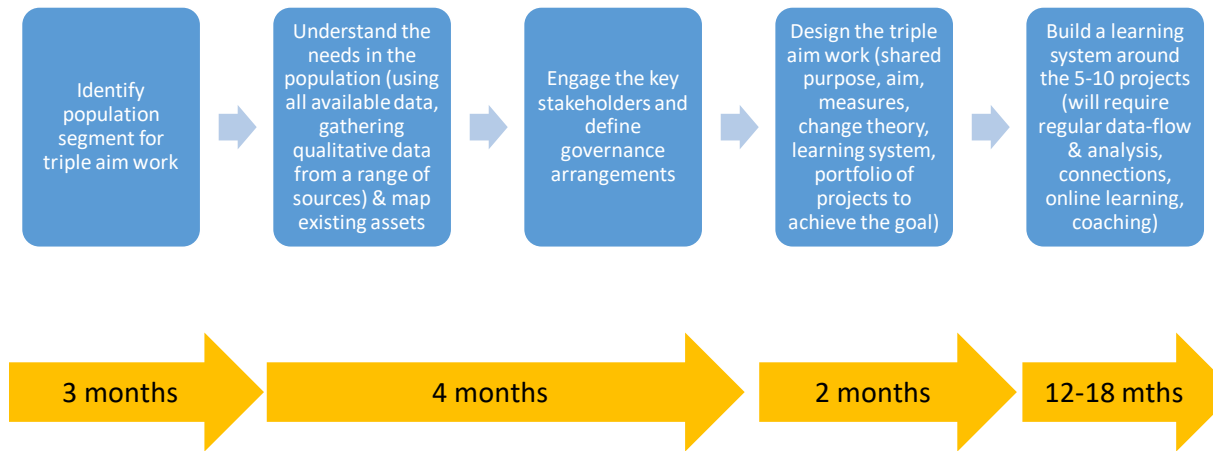- Reducing the per capita cost of healthcare

Following initial identification of some potential priority populations by Executive Directors, the QI team undertook an exercise to assess suitability and readiness for these populations to undertake triple aim work (see below):

Possible population	Potential impact on all three aspects of triple aim	Does a governance structure exist?	Do we have data on this population available?	Is there existing work taking place?	Is there will within the system to prioritise this population?	Can we get our arms around this population?
Homeless population in TH	Yes	Yes – THT Board and lifecourse workstreams	Rich data set in TH across the system	Unknown	Possibly	1800 people
Looked after children in Newham	Unlikely as 64% of children placed outside our area	No clear structure	No	Unknown	Unlikely	396, but 64% are placed outside our geography
Iwel valley (Beds)	Yes, if we help the system choose the population to work with	Strong collaborative links, and emerging governance structure	Not able to say until we pick a population segment	Not able to say until we pick a population segment	Strong will to undertake this work, but risk of other STP initiatives in the same area	Not picked population segment yet. Total popn = 86,481
Co-morbid schizophrenia & diabetes	Yes	No governance structure across all of East London	Yes in Tower Hamlets	Not known at present	Not being prioritised with THT	Estimated 502 people in TH
ELFT staff	Minor impact on cost element to the system	Yes, within ELFT and not clear what the role of the rest of the system would be	Yes	Yes	Unlikely to be able to galvanise system partners to work on this	Yes

The learning from this scoping exercise has been that deciding ourselves what population to choose to work on may not be the best way to engage the system to join us. There are particular systems within our geography with high levels of will to commence this work. Since November, we have focused on influencing senior system leaders to gauge will and intent, and to gain senior support to utilise QI in pursuit of the triple aim. This has led to us identifying two hotspots for triple aim work (Tower Hamlets & Bedfordshire) where we will support the system to identify priority population segments for QI work in pursuit of the triple aim.

In Tower Hamlets Together, there is enthusiasm for each life-course workstream (Children's, Healthy adults, Complex adults) to identify one population segment each for QI work in pursuit of the triple aim. In Bedfordshire, we are still in discussions with STP leaders to identify an area or population where there is sufficient readiness and will to utilise QI to achieve the triple aim.

The process that we would follow for this work is described below, with predicted timescales:

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┌──────────────┐   ┌──────────────┐   ┌──────────────┐   ┌──────────────┐   ┌──────────────┐
│  Identify    │   │ Understand   │   │ Engage the   │   │ Design the   │   │ Build a      │
│  population  │   │ the needs in │   │ key          │   │ triple aim   │   │ learning     │
│  segment for │   │ the          │   │ stakeholders │   │ work (shared │   │ system       │
│  triple aim  │ ▸ │ population   │ ▸ │ and define   │ ▸ │ purpose, aim,│ ▸ │ around the   │
│  work        │   │ (using all   │   │ governance   │   │ measures,    │   │ 5-10 projects│
│              │   │ available    │   │ arrangements │   │ change       │   │ (will require│
│              │   │ data,        │   │              │   │ theory,      │   │ regular      │
│              │   │ gathering    │   │              │   │ learning     │   │ data-flow &  │
│              │   │ qualitative  │   │              │   │ system,      │   │ analysis,    │
│              │   │ data from a  │   │              │   │ portfolio of │   │ connections, │
│              │   │ range of     │   │              │   │ projects to  │   │ online       │
│              │   │ sources) &   │   │              │   │ achieve the  │   │ learning,    │
│              │   │ map existing │   │              │   │ goal)        │   │ coaching)    │
│              │   │ assets       │   │              │   │              │   │              │
└──────────────┘   └──────────────┘   └──────────────┘   └──────────────┘   └──────────────┘
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| 3 months | 4 months | 2 months | 12-18 mths |

4.0   ACTION REQUESTED

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