

REPORT TO THE TRUST BOARD: PUBLIC
12 SEPTEMBER 2018

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	<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

1.0 Quality Assurance

1.1 This year the Quality Assurance (QA) team have set out their work plan to support the Trust in achieving its mission of improving quality of life for all we serve. The team have generated a driver diagram to represent the work plan which identifies four primary drivers for the work of the team, alongside measures of implementation.

1.2 Supporting and driving improvement of quality

Effective delivery, and continuous improvement, of our core workstreams, namely:

- Clinical Audit
- Measuring the experience of those who come into contact with our services
- Supporting ongoing readiness for CQC compliance
- Dissemination and promoting implementation of NICE guidance
- Service user led standards
- Executive Walkrounds

Measures	Key achievements to date	Next steps
<p>(a) No. of patient experience surveys completed (monthly)</p> <p>(b) % of internal CQC Self-Assessment surveys completed per specialty (quarterly)</p> <p>(c) % completion of clinical audits (Central audits) (Quarterly)</p> <p><i>Data sources: Survey system, CQC database, Quality & Performance dashboard</i></p>	<p>The team have adapted the quarterly summary reports to give each directorate a more enhanced look at their data and enable more informed decisions.</p> <p>Executive walkrounds are now pre-booked three months ahead, which supports better attendance. We have introduced six monthly thematic reviews to enhance and share learning from the process.</p> <p>Three directorates are now undertaking the second cycle of CQC internal readiness with mental health and community health teams taking part. This has been very successful, with lots of qualitative feedback to help support teams in improving their services.</p> <p>A new Quality Assurance dashboard is presented to the Quality Committee each month to bring more robust monitoring of key corporate QA processes.</p>	<p>Co-ordinating formal review of clinical audit, NICE and CQC processes</p> <p>Development and implementation of a ground-breaking Service User Led Accreditation system to supersede the service-user led standards audit</p>

1.3 Increasing involvement and engagement

Working closely with our key stakeholders across all ELFT services as well as service users, to increase engagement in quality assurance activity and understanding and utilisation of the outputs of quality assurance activity.

Measures	Key achievements to date	Next steps
(a) No. of quality exchange meetings taking place (b) No. of twitter followers (monthly) (c) No. of views and click-through proportion for newsletters (quarterly) <i>Data sources: Quality Assurance Managers, Twitter account, Newsletter reporting</i>	<p>The QA team have set up Quality Exchange meetings in each directorate, to bring together the key members of the quality system in each Directorate to share information and understanding.</p> <p>We have created QA twitter account ready for launching to support the QA network.</p> <p>Stronger working relationships between quality assurance and the people participation team</p> <p>During the deployment of the new software to capture feedback from those who come into contact with our services, there was extensive engagement and relationship building within directorates and teams.</p>	<p>A formal QI project to improve engagement with the measurement and utilisation of feedback from those who come into contact with our services</p> <p>A 'relaunch' of the Trust Quality Assurance Network</p>

1.4 Improving systems and use of technology

Reviewing our internal systems, and utilising new technologies and innovations to support improvement in those systems and process and the experience of those engaged in quality assurance.

Measures	Key achievements to date	Next steps
(a) No. of Microsite hits (monthly) (b) No. of surveys completed via icon (monthly) (c) No. of surveys completed app (monthly) (d) No. of surveys completed by voice call (monthly) (e) No. of surveys completed by text message (monthly) <i>Data sources: Quality Assurance Microsite and survey system</i>	<p>We have procured a new provider of software to capture feedback from those who come into contact with our services. This software has been deployed on to 132 tablet devices across the organisation, with >280 mobile apps now being utilised to collect feedback.</p>	<p>Testing the use of SMS messages to obtain feedback from those who have used an ELFT service</p> <p>Routine installation of the survey and feedback app on all newly issued mobile working devices</p> <p>Set up of a Quality Assurance Microsite</p> <p>Exploration of new technologies for the purposes of supporting action tracking and learning</p> <p>Organising visits to organisations outside of the NHS to observe and learn from quality assurance systems and approaches.</p>

1.5 Integrating quality systems and outputs

Bringing together the information generated by the QA team with other sources of quality data to enhance understanding of the quality of clinical services and inform improvement work.

Measures	Key achievements to date	Next steps
To be confirmed	<p>Quality Exchange Meetings have been set up to bring together the key members of the quality system in each Directorate to share information and understanding.</p> <p>Quarterly Quality Summary reports are provided to each Directorate bringing together key QA information, and sharing learning between Directorates.</p>	<p>Engagement with Trust data visualisation project</p> <p>Working with Directorates to identify data that may serve as early warning signs in relation to the quality and safety of services</p>

1.6 The QA team have designed a dashboard to capture and monitor the measures set out above. This will be shared to enable the team, and wider trust, to track, review and reflect on current performance, and help ensure delivery of the workplan. The Quality Assurance workplan is reported on regularly at the Quality Committee.

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 people to embed continuous improvement into their daily work.

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>Page views on QI microsite - I Chart</p> <p>2018-19 Target: 57,000</p> <p>Current Data: 36,164</p>	<ul style="list-style-type: none"> Trust wide survey underway asking for feedback on our internal QI communications system. Engagement surveys underway for external stakeholders via QI microsite and Twitter Planning face-to-face focus groups with internal stakeholders to gain further information on this issue. Signals of an impending shift (increase) in views of the QI microsite
To increase @ELFT_QI Twitter engagement rate from 2.34% to 4%	<p>QI Twitter engagement rate - I Chart</p> <p>2018-19 Target: 4%</p> <p>Current Data: 2.34%</p>	
To increase number of internal QI microsite sessions (defined as microsite being viewed by unique user for over 30 minutes) by 20%	<p>Microsite sessions (Internal) - I Chart</p> <p>2017-18 Target: 1600</p> <p>Current Data: ~1400</p>	

The successful violence reduction work undertaken at the Newham Centre for Mental Health was featured in a recent item by BBC London News. The item included interviews with ELFT staff and service users and raised awareness about the ELFT safety culture bundle that has been scaled up throughout the organisation.

On 16 July Forensics held an event to celebrate their successful violence reduction work and also mark their transition into Quality Control. The event was standing room only with over 65 staff and service users in attendance.

On 21 August, ELFT will be opening a TEDxNHS event at London's IMAX cinema and livestreamed across the NHS, to celebrate the NHS's 70th birthday. This 6 minute opening session will showcase the Trust's enjoying work QI initiative, combining live music from the ELFT Beats band and a video work happening across the organisation. This video has been co-produced with the Guildhall School of Music and Drama.

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%		<ul style="list-style-type: none"> Monthly data workshops and seminars to commence in August 2018 Have met with women's group to better understand needs and further refine strategy Have shared analysis with Clinical and Service Directors of band 8 staff in every directorate who haven't yet undertaken the Improvement Leaders' programme Have suggested that the Improvement Leaders' Programme is added to personal development plans of band 8 staff who have not yet undertaken this course 																		
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	<table border="1"> <caption>Gender breakdown</caption> <thead> <tr> <th>Month</th> <th>Category</th> <th>Male (%)</th> <th>Female (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Apr-18</td> <td>Workforce breakdown</td> <td>29%</td> <td>71%</td> </tr> <tr> <td>Training breakdown</td> <td>34%</td> <td>66%</td> </tr> <tr> <td rowspan="2">Jul-18</td> <td>Workforce breakdown</td> <td>27%</td> <td>73%</td> </tr> <tr> <td>Training breakdown</td> <td>34%</td> <td>66%</td> </tr> </tbody> </table>		Month	Category	Male (%)	Female (%)	Apr-18	Workforce breakdown	29%	71%	Training breakdown	34%	66%	Jul-18	Workforce breakdown	27%	73%	Training breakdown	34%	66%
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Cohort 4 of the ELFT QI coach course will graduate in September. All cohort 4 coaches are now actively supporting QI projects across the organisation, bringing the total number of active coaches in the organisation up to 70.

The first of two masterclasses on Quality Control were held on 30 July. Twenty-five delegates learnt about the interrelationship between quality improvement, assurance and control and applied this through a series of case studies. The second of these sessions is scheduled on 17 September at the Rufus Centre, Flitwick, for Luton and Bedfordshire staff. On 16 August, Chris Woleske (COO at Bellin Health) delivered a masterclass to 40 attendees on Bellin's high performance healthcare model. In October, Dr Bob Lloyd (IHI) will be delivering a whole day masterclass on measurement, to which we are offering places to a number of local commissioners.

On 15 August, the 2017-18 intake of clinical psychology trainees presented their learning from their Quality Improvement Service Related Research Projects. Over the last year, trainees from Bedfordshire, Hackney, Newham and Tower Hamlets have been supporting QI projects throughout the organisation and have completed one full day workshop in addition to 3 half day seminars.

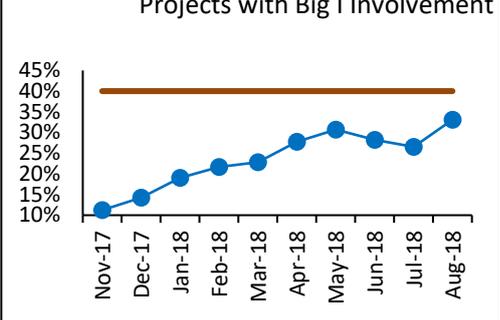


On 22 August we will begin a series of monthly data workshops and webinars to support internal staff with using data for improvement. These sessions are designed to support staff around the use of existing data platforms (e.g. Life QI, Quality & Performance dashboard, ImproveWell and Microsoft Excel), in addition to the use and application of statistical process control in viewing performance variation.

Wave 8 of the Improvement Leaders' programme is due to start on 25 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.

2.3 Embedding into daily work:

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

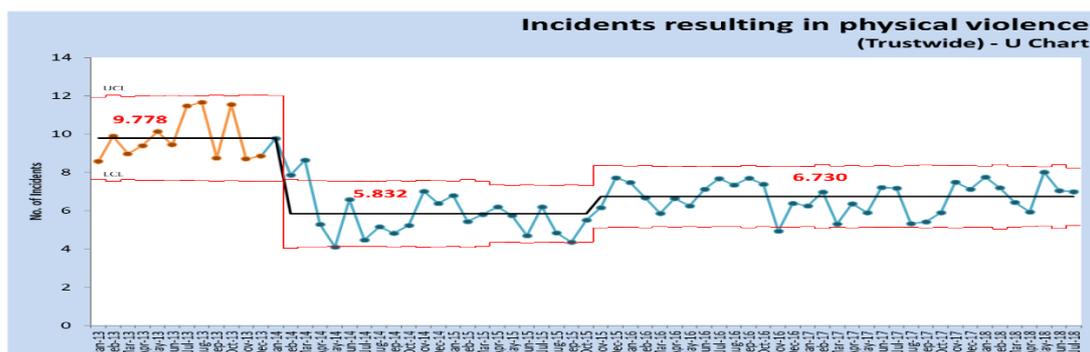
Goal for 2018/2019	Current Data	Strategy & Next Steps
To increase QI projects with Big I involvement from 27.7% to 40%		<ul style="list-style-type: none"> Currently working with directorates to define processes for service user involvement and develop learning systems to increase involvement. Recently ran a session with sponsors at the QI programme board away day to consider next steps for increasing next steps for involvement. Directorates currently developing plans to increase Big I involvement for September QI programme board
To increase the percentage of projects completing their monthly update on Life Qi from 15% to 70%		<ul style="list-style-type: none"> Currently testing change ideas that include simplified monthly progress update form for project leads, increased time to complete this report, improved & updated microsite page on Life Qi and additional email reminders. Next change ideas to be tested will include monthly Life Qi leaderboard for Life Qi completion as part of monthly QI newsletter and webinars to support people to use Life Qi

2.4 Strategic improvement efforts:

We currently have 132 active QI projects in the organisation and progress against the Trust's strategic improvement priorities is as follows:

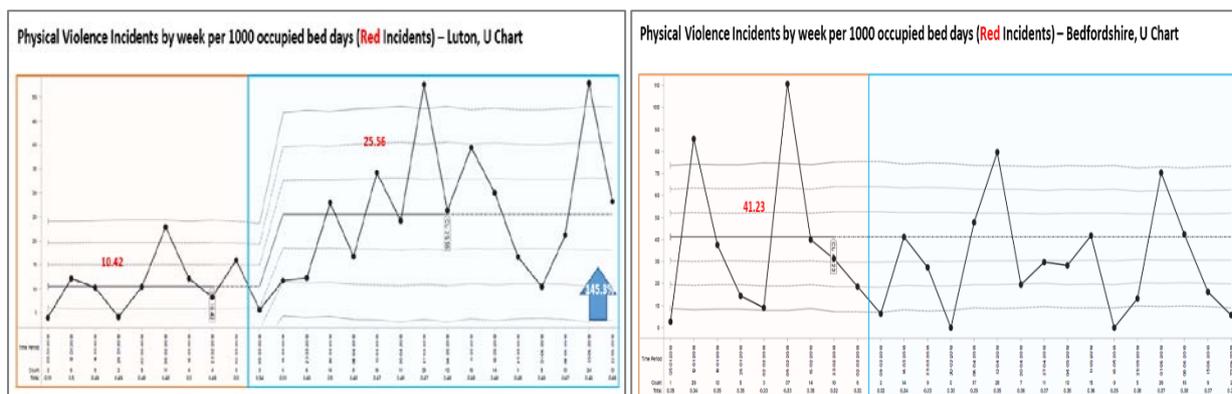
Reducing Physical Violence and Restrictive Practice

Overall the rate of violence across the organisation remains stable.

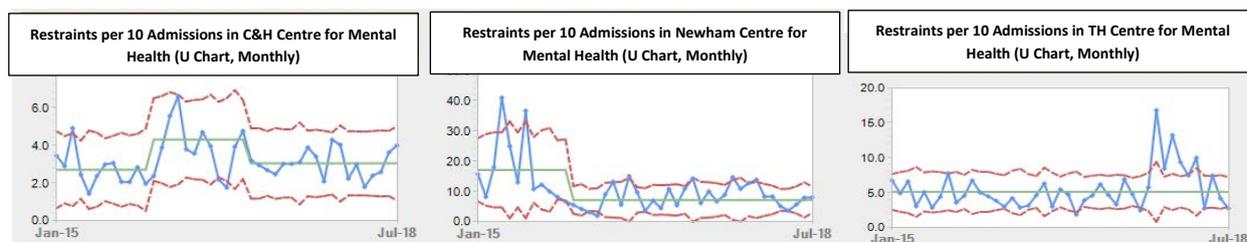


Forensics have now moved into quality control, joining City and Hackney, Newham and Tower Hamlets. The focus of the Time to Think strategy board has changed to reflect this, with much of the agenda focussed on supporting the sites that are in quality control. Each site is currently focussing on reliably implementing and utilising visual management systems and ensuring standard work checklists are in place on every ward.

In Luton and Bedfordshire, Improvement Advisors are working with local stakeholders to design an implementation plan that will enable this work to be sustained. Both sites are currently focussing on implementing visual management boards and standard work checklists to help increase the reliability of the ELFT safety culture bundle.

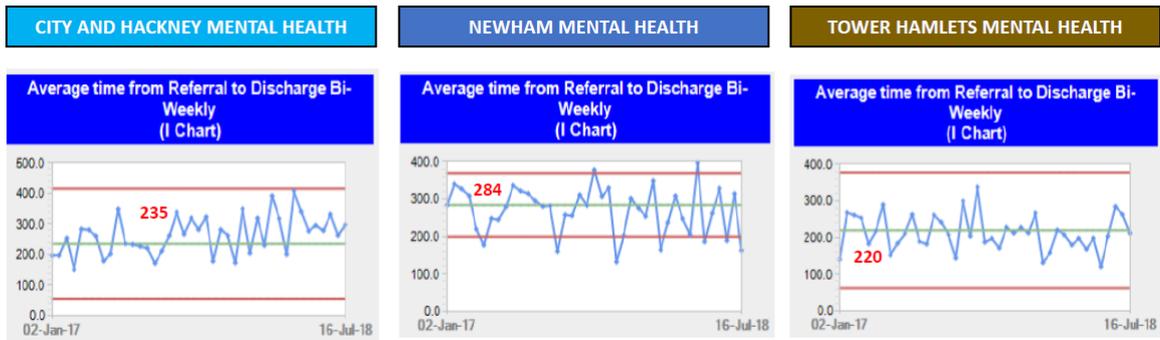


With regards to reducing restrictive practice, work is underway using quality improvement tools to reduce the use of restrictive practice. Analysis indicates that PICUs are the highest users of restraint and initial work is being focussed on these wards. A driver diagram, measurement system and projected delivery timeline are in place, with a projected end date for this work of December 2018. London directorates have established 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

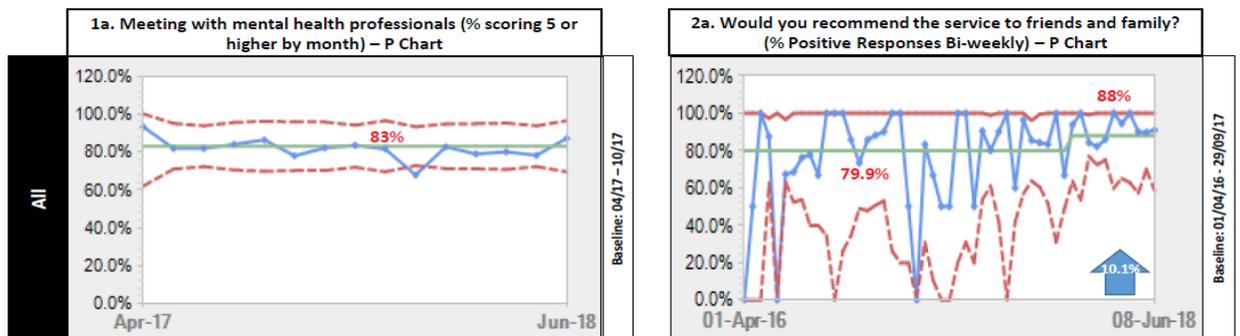
This high priority work stream is focused on reducing the length of time from referral to completion of treatment for CAMHS and psychological therapy services (PTS). The QI team is currently supporting 9 project teams in this work. To date, all PTS teams have tested a variety of change ideas, although the average time from referral to discharge (outcome measure) remains stable, indicating no change. We are currently supporting teams to generate and test second order change ideas that align with high impact concepts proven to increase flow.



All CAMHS teams are testing changes and one team (City and Hackney ADHD service) are observing improvement against their outcome measure. We have been working with City and Hackney ADHD service to create a quality control system to manage flow in a sustainable way. This tool is currently being tested and may be scaled up across all CAMHS teams taking part in the collaborative.

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. As an overall learning system, we are observing an increase in the proportion of 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 continuing to test a variety of change ideas. These teams are additionally being supported to start defining what their standard work is, and focussing on ensuring this work is effectively implemented, as a precursor to initiating a quality control system.

We are now working with a second wave of teams who have recently joined this high priority area (North Hackney CMHT, Dunstable CMHT and Wardown CMHT in Luton).

Enjoying Work

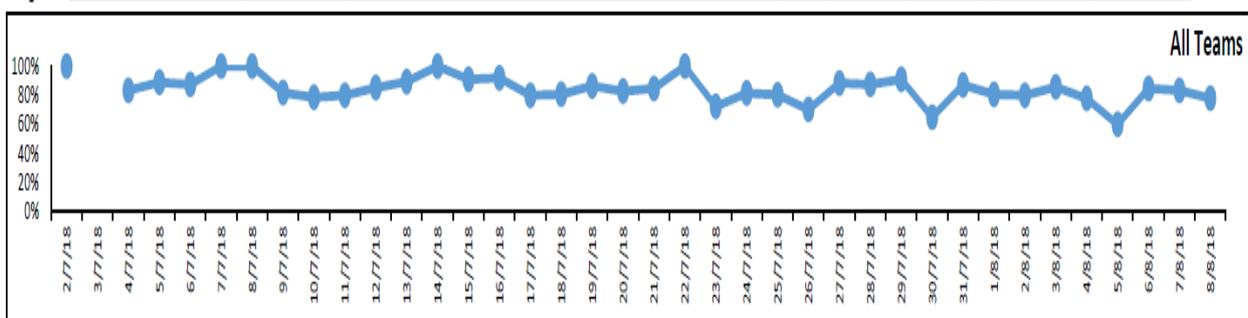
The aim of this work stream is to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users.

21 teams are being supported through a learning system which includes five learning sets spread over a six month period and support from local QI sponsors, QI coaches, HR business partners, Improvement Advisors and an Executive sponsor. Project teams have just completed the second of these learning sets and are focussing on finalising their change strategies and building baseline data to enable them to start testing change ideas.



A dashboard is now in place, and project teams are receiving additional support around the use of the ImproveWell app and LifeQI so that they can continue to move forward with this work.

Line Chart of Daily Percentage of Staff across all Teams in Cohort 2 stating they had a good day (Good Day Measure)



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

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 the three life-course work streams in Tower Hamlets Together to apply quality improvement to a defined population segment. All of these areas have identified distinct populations to start working with and are currently developing aims and measurement systems. All teams are meeting regularly and continue to be supported by additional 6 weekly learning sets to share learning and accelerate the work.

In Bedfordshire, we will utilise the Triple Aim framework to improve the health of populations living with dementia. Working with this population poses numerous advantages that include that the population and key stakeholders are already known and a burning platform exists to move forward with this work.

As a Trust we have begun segmenting our population, and chosen two particular population segments to prioritise for internally-led quality improvement work in 2018-19, namely people with severe mental illness and people with multiple long-term conditions or frailty. We are currently designing two new learning systems around these population segments, and have encouraged each directorate to identify a particular population that aligns with one of these two population segments to commence triple aim quality improvement work.

3.0 ACTION REQUESTED

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