

**REPORT TO THE TRUST BOARD - PUBLIC**  
**14 NOVEMBER 2018**

<b>Title</b>	Quality Report
<b>Authors</b>	Dr Amar Shah, Chief Quality Officer Duncan Gilbert, Head of Quality Assurance James Innes, Associate Director of Quality Improvement
<b>Accountable Executive Director</b>	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 For the assurance section of this Quality Report we are taking a closer look at quality, and quality oversight, in relation to smaller services, a topic of discussion at recent Board meetings. We have undertaken an initial analysis of adult mental health services that are smaller in size, and sometimes in activity. Typically these services provide more specialist services compared to the larger more generic mental health services that constitute the majority of adult mental health services.
- 1.2 Anecdotally there is a suggestion that these smaller, more specialist, services might be discussed less within directorate management structures, might have less interaction with senior managers, and may have grown more organically than more substantial services, leading to the possibility of less well developed performance and contract monitoring arrangements. This is not a consistent picture though, as even within individual directorates, the narrative varies across teams, and may be influenced by proximity, personality, and alignment with commissioner priorities
- 1.3 This analysis doesn't apply a fixed definition in order to identify 'small teams', but rather utilises a subjective judgement based primarily on human resource, but also considering measures of activity, such as referrals and contacts. This initial analysis focuses on 'smaller services' in Luton and Bedfordshire, where there are a higher number of smaller services compared to East London, and the risk factors described above may be compounded by relative physical isolation.
- 1.4 A wide range of mental health services are provided across Luton and Bedfordshire, and are set out below. The smaller, more specialist, services that represent the focus of the paper are highlighted in yellow, and number 16 in total.

Directorate	Service	Directorate	Service
Bedfordshire	Adult Autism Service	Luton	Coral Ward
Bedfordshire	Bedford East CMHT	Luton	Crystal Ward
Bedfordshire	Bedford West CMHT	Luton	ECT Suite
Bedfordshire	Bedford North CMHT	Luton	Jade Ward (PICU)
Bedfordshire	Amphill CMHT	Luton	Dallowdowns CMHT
Bedfordshire	Biggleswade CMHT	Luton	Stockwood CMHT
Bedfordshire	Dunstable CMHT	Luton	Brantwood CMHT
Bedfordshire	Day Resource Centre / Recovery College	Luton	Wardown CMHT
Bedfordshire	Leighton Buzzard CMHT	Luton	Luton and South Bedfordshire CRHT
Bedfordshire	Ash Ward	Luton	Onyx Ward
Bedfordshire	Barford Avenue Resource Centre	Luton	Liaison and Diversion Service (LaDS)
Bedfordshire	Bedford & Mid Bedfordshire Crisis Team	Luton	Luton Memory Assessment Service
Bedfordshire	Bedford Older Peoples CMHT	Luton	Mental Health Street Triage Team
Bedfordshire	Bedford Liaison Psychiatry	Luton	Poplars Ward
Bedfordshire	Bedford Memory Assessment Service	Luton	Primary Care Link Workers
Bedfordshire	Cedar House	Luton	Luton Psychiatric Liaison Service

Bedfordshire	Complex Needs Service	Luton	Luton Older People's CMHT
Bedfordshire	Diverse Cultures Team	Luton	Luton and South Bedfordshire CRHT
Bedfordshire	Early Intervention Psychosis		
Bedfordshire	Community Eating Disorders Service		
Bedfordshire	Employment Services		
Bedfordshire	Fountains Court		
Bedfordshire	Townsend Court		
Bedfordshire	Mid Bedfordshire Older Peoples CMHT		
Bedfordshire	Mid Beds Memory Assessment Service		
Bedfordshire	Primary Care Link Worker		
Bedfordshire	South Bedfordshire Older Peoples CMHT		
Bedfordshire	The Coppice		
Bedfordshire	Willow Ward		
Bedfordshire	South Beds Memory Assessment Service		

- 1.5 Tables 1 and 2 below set out levels of participation in the Trust's core quality assurance processes, and key quality and safety indicators, to provide assurance around engagement as well as quality of those services. Review of participation with quality assurance processes shows that the majority of services are engaged. Most have also been visited by an Executive for a walkround in the past 12 months. Levels of feedback from service users through patient-reported measures of experience are variable across the Trust, and the services here reflect that variation. Those that are collecting data generally get positive responses to the Friends and Family Test.
- 1.6 Those services that appear to be less engaged, tend to be either functionally and operationally unsuited to these quality assurance processes (e.g. Liaison and Diversion Service, Mental Health Street Triage Team) as they may be too mobile, fluid and short term in their work, or are, to a significant extent, integrated into 'mainstream' services (for example, most Memory Assessment Services, Complex Needs Service, Primary Care Link Workers, Employment Service), so that it is impossible to isolate their assurance from those larger services.

Table 1. 'Smaller' Bedfordshire services and their participation in ELFT quality assurance processes, and key quality and safety indicators

Bedfordshire Services	Engagement in ELFT's Core Quality Assurance Processes (last 12 months)				Key quality and safety metrics (last 12 months)			
	Clinical Audit	PREM collection	Readiness programme for CQC	Executive Walkround	Mean FFT % recommend	Complaints received	Incidents / % resulting in harm	Serious Incidents
Adult Autism Service	Good	Excellent	Yes	Not visited - Cancelled by team	93%	0	7 / 14%	0
Bedford Memory Assessment Service (*Service integrated with OP CMHT)	Limited	Limited	Yes	Visited	Integrated with CMHT	2	10 / 0%*	0
Cedar House	Good	Good	No	Visited	97%	0	58 / 29%	0
Complex Needs Service	Limited	Limited	No	Visited	75%	0	1 / 0%	0
Diverse Cultures Team	Limited	Limited	No	Visited	67%	0	0	0
Community Eating Disorders Service	None	Limited	No	Visited	100%	0	5 / 0%	0
Employment Services	None	Good	No	Visited	100%	0	1 / 0%	0
Mid Beds Memory Assessment Service (*Service integrated with OP CMHT)	Good	Limited	Yes	Visited	85%	0	0	0
Primary Care Link Worker	Limited	Limited	Yes	Not visited	100%	0	3 / 33%*	0
The Coppice	Good	Limited	Yes	Visited	69%	0	0	0
South Beds Memory Assessment Service(*Service integrated with OP CMHT)	Limited	Limited	Yes	Visited	100%	0	47 / 28%	0

Table 2. 'Smaller' Luton services and their participation in ELFT quality assurance processes, and key quality and safety indicators

Luton Services	Engagement in ELFT@s Core Quality Assurance Processes (last 12 months)				Key quality and safety metrics (last 12 months)			
	Clinical Audit	PREM collection	Readiness programme for CQC	Executive Walkround	Mean FFT % recommend	Complaints received	Incidents / % resulting in harm	Serious Incidents
ECT Suite	Limited	Good	No	Visited	82%	0	7 / 14%	0
Liaison and Diversion Service (LaDS)	Limited	Limited	Yes	Visited	-	0	18 / 44%	1
Luton Memory Assessment Service (*Service integrated with OP CMHT)	Limited	Good	Yes	Not visited	90%	0	2 / 100%	1
Mental Health Street Triage Team	None	None	No	Not visited	-	0	0	0
Primary Care Link Workers	None	None	No	Not visited	-	0	0	0

1.7 It seems that these smaller services can be divided into three groups:

- The 'self-sufficient' – those services that stand alone with a degree of autonomy and engage with quality assurance processes, tending to be the larger of the small teams
- The 'integrated' – those services that have a close relationship with larger services to the extent that they are difficult to distinguish, and whose quality assurance activity is combined with those larger services
- The 'unique' – services such as the Street Triage team, where our normal ways of assuring quality may not apply, and new ways of thinking about quality assurance may be required

Whilst there may be some inherent risk in any of these arrangements, service user feedback and the rudimentary measures of quality and safety reviewed here do not generate immediate cause for concern.

1.8 We approached the clinical leads for each of these services to try to find out a little more about the oversight and support they receive to help them deliver safe and high quality services, and their perceptions of connectedness to the rest of the directorate and the wider Trust. A brief telephone semi-structured interviews was undertaken. Leads from 7 of the 17 services in scope were available for interview. Only one of the 'unique' services was contactable. This may perhaps confirm both the challenges of providing some oversight for those teams and the need to think differently about how we engage with and support them.

1.9 The interview included both structured rating scales of connectedness with open questions, and a summary of findings is set out below.

<b>Quantitative measures of connectedness</b>	<b>Mean score (scale 1-4, with 4 being most positive)</b>
How connected do you feel to mental health services in the rest of Luton/Bedfordshire?	3.3
How connected do you feel to the wider Trust?	2.0
On a scale of 1-4, how well supported by management do you feel?	3.0

1.10 It is evident that services generally feel well connected to management and other services locally. It is also apparent that services feel notably less connected to the wider organisation. Whilst the average score for how well services feel supported by management appears positive. There was more variation here with some services feeling 'extremely supported' and a similar number feeling only 'somewhat supported'. Those less positive services talked about a desire for improved communication, more face to face contact with senior management, and greater responsiveness to perceived training and staffing needs. It is tempting to think that physical isolation may be playing a part here, but there is no specific reference to this in the interview responses.

1.11 Overall the qualitative feedback from teams was positive, with a picture of strong supervision and appraisal, good managerial oversight, local connectedness, and opportunities to learn from and share experiences with other services. It also comes across in the interview feedback that some informal alliances and networks have developed between services to support learning and development. However there is a desire to connect with similar services across the Trust, but an apparent barrier to making this happen, and in some cases an uncertainty as to whether similar services operate outside of Bedfordshire.

1.12 The Bedfordshire directorate management team have recently been considering service engagement and assurance processes, and have been some changes to the management

team to include a Countywide service manager for liaison and diversion, street triage, the crisis resolution and home treatment team and liaison service. The plan is to recruit to a clinical lead for this group of services, and create a new governance group to devote time and space for these particular services, just as there is for older people's services. In addition, primary care link workers now have a service manager across Bedfordshire and Luton, who is a member of the directorate management team.

1.12 This review process has identified some interesting insights, and the following suggestions are made for next steps:

- a) Repeat this review process for smaller teams in London Mental Health Services and for Community Health Services
- b) Consider the creation of formal networks bringing together specialisms across geography for learning and peer to peer interaction
- c) Work with those particular 'unique' services where traditional methods of quality assurance and oversight are not suitable, to create bespoke systems and processes
- d) Consider sources of external learning and assurance to support our approach towards smaller teams
- e) Integrate discussion on smaller teams into existing performance and quality reviews with directorates

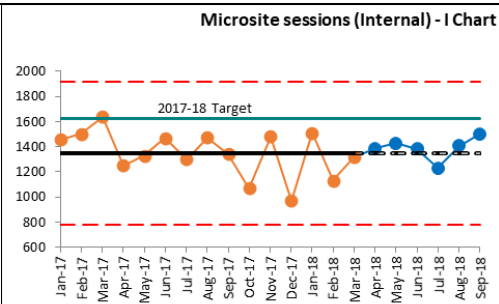
## 2.0 Quality Improvement

### 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>	<ul style="list-style-type: none"> <li>Based on feedback a new interactive monthly QI newsletter is being tested. The template for this will reside in the QI microsite bypassing some of the limitations of NHSnet.</li> <li>We are working on ways to increase the visibility of Improvement Leaders in directorates. There are 529 current members of staff who have been through the 6 month ILP programme.</li> </ul>
To increase @ELFT_QI Twitter engagement rate from 2.34% to 4%	<p>QI Twitter engagement rate - I Chart</p>	<ul style="list-style-type: none"> <li>Quality Conference 2019 (Tuesday 14th May). We are starting the design</li> </ul>

To increase number of internal QI microsite sessions (defined as microsite being viewed by unique user for over 30 minutes) by 20%



process for the conference, a steering group with services users from all directorates has been set up to co-produce the event.

On 11 October the service user led Bridging the Bedford Gap QI project won the Quality Improvement (QI) Award at the National Mental Health Awards in Liverpool. The aim of the QI project was to engage and inform patients on the Bedfordshire Willow Ward of support and help available on discharge through the Trust's Recovery College and People Participation network.

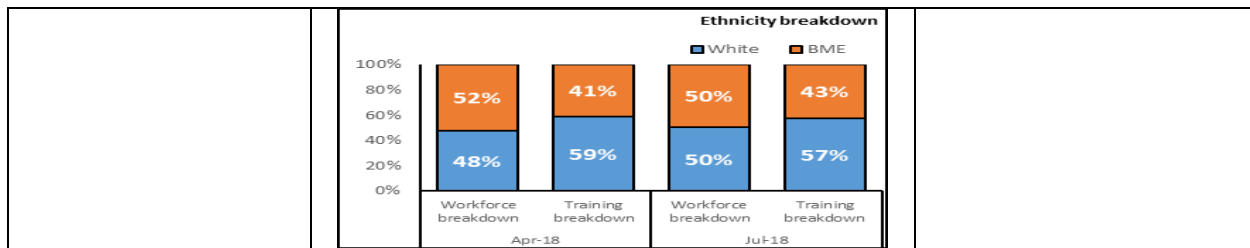


## 2.2 Building Improvement skills:

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"><li>• New improvement &amp; leadership offering being planned for all new staff starting in the organisation, and will commence in the New Year.</li></ul>
To increase band 3-5 staff trained in QI from 11% to 30%		<ul style="list-style-type: none"><li>• The offering will complement existing QI training offerings, with a focus on leadership, improvement principles and the improvement culture of the organisation.</li></ul>
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		





Cohort 4 of the Improvement Coaching programme graduated 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.



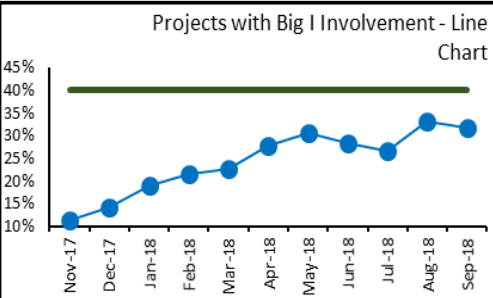
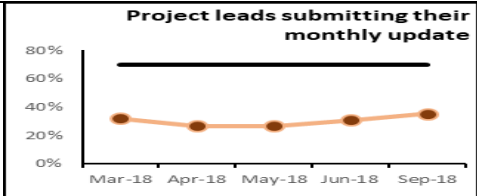
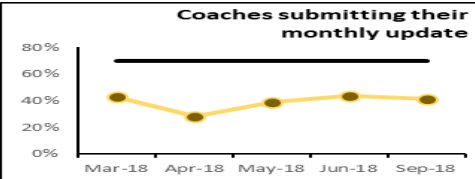
Wave 8 of the Improvement Leaders' programme started in September. To date the 180 delegates on this wave have completed a total of three workshops, focussing on identifying and understanding their quality issues, using measurement for improvement and increasing team effectiveness.

On 16-18 October, we hosted the 5<sup>th</sup> annual strategic visit from the IHI. Derek Feeley (CEO), Robert Lloyd (Vice President), Trissa Torres (COO), Pedro Delgado (Head of Europe) and Don Berwick (President Emeritus & Senior Fellow) met with over 500 staff, service users and external partners during the visit, which included a lunch & learn with Don Berwick, teaching sessions from Bob Lloyd, visits across all our directorates, and strategic guidance on execution of our Trust strategy.



## 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.

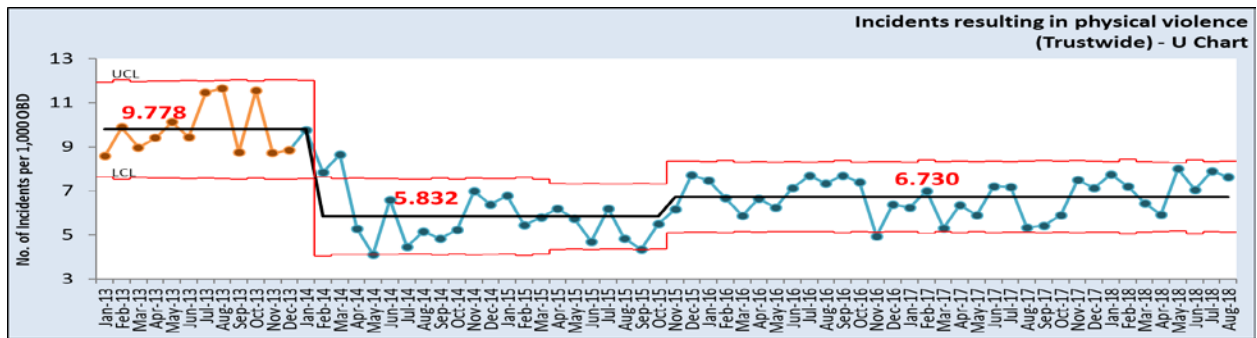
Goal for 2018/2019	Current Data	Strategy & Next Steps																								
To increase QI projects with Big I involvement from 27.7% to 40%	<p>Projects with Big I Involvement - Line Chart</p>  <table border="1"><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Nov-17</td><td>10%</td></tr><tr><td>Dec-17</td><td>15%</td></tr><tr><td>Jan-18</td><td>20%</td></tr><tr><td>Feb-18</td><td>22%</td></tr><tr><td>Mar-18</td><td>23%</td></tr><tr><td>Apr-18</td><td>28%</td></tr><tr><td>May-18</td><td>30%</td></tr><tr><td>Jun-18</td><td>28%</td></tr><tr><td>Jul-18</td><td>26%</td></tr><tr><td>Aug-18</td><td>34%</td></tr><tr><td>Sep-18</td><td>32%</td></tr></tbody></table>	Month	Percentage	Nov-17	10%	Dec-17	15%	Jan-18	20%	Feb-18	22%	Mar-18	23%	Apr-18	28%	May-18	30%	Jun-18	28%	Jul-18	26%	Aug-18	34%	Sep-18	32%	<ul style="list-style-type: none"><li>• People Participation in QI Leadership Group in place to oversee adaptive and technical change happening across organisation to increase involvement.</li><li>• Introduction to QI training sessions restarted in November for service users and carers</li><li>• Creating learning system around this work which will include dashboard of relevant data, communications campaign and frequent learning sets</li><li>• Changing QI project initiation process to an opt-out process, with an expectation of service user involvement from the start prior to a project being approved</li><li>• Developing co-sponsor model for QI projects</li><li>• Promoting more service user led projects</li><li>• Bespoke workshop for young people in CAMHS to develop capability</li><li>• Exploring the possibility of providing QI training through recovery colleges</li></ul>
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To increase the percentage of projects completing their monthly update on Life QI from 15% to 70%	<p>Project leads submitting their monthly update</p>  <table border="1"><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Mar-18</td><td>30%</td></tr><tr><td>Apr-18</td><td>25%</td></tr><tr><td>May-18</td><td>25%</td></tr><tr><td>Jun-18</td><td>30%</td></tr><tr><td>Sep-18</td><td>35%</td></tr></tbody></table> <p>Coaches submitting their monthly update</p>  <table border="1"><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Mar-18</td><td>40%</td></tr><tr><td>Apr-18</td><td>25%</td></tr><tr><td>May-18</td><td>35%</td></tr><tr><td>Jun-18</td><td>40%</td></tr><tr><td>Sep-18</td><td>35%</td></tr></tbody></table>	Month	Percentage	Mar-18	30%	Apr-18	25%	May-18	25%	Jun-18	30%	Sep-18	35%	Month	Percentage	Mar-18	40%	Apr-18	25%	May-18	35%	Jun-18	40%	Sep-18	35%	<ul style="list-style-type: none"><li>• Testing leaderboard for Life QI completion as part of monthly QI newsletter</li><li>• Local Life QI workshops now operating on monthly basis. Over the next 3 months these will be taking place in City &amp; Hackney, Luton and Tower Hamlets.</li></ul>
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## 2.4 Strategic improvement efforts:

We currently have 145 active QI projects in the organisation and progress against the Trust's strategic improvement priorities is as follows:

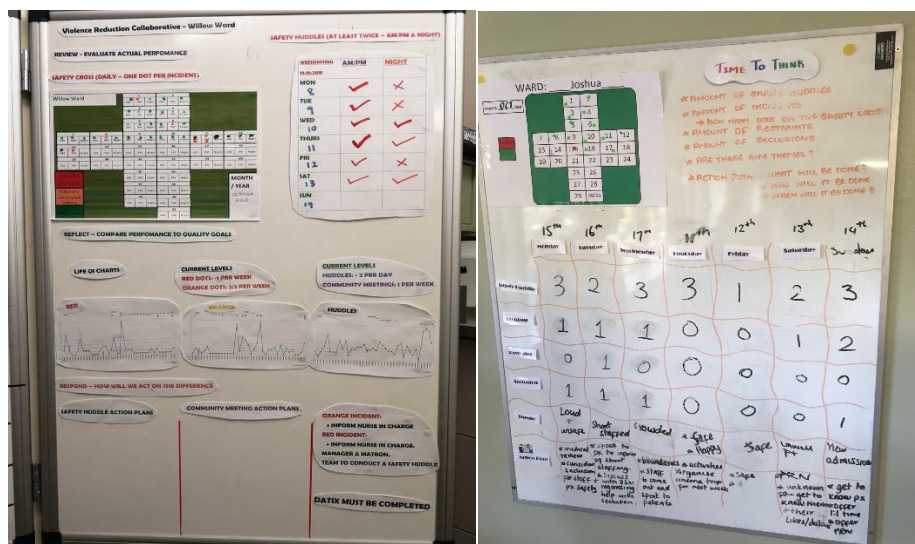
### Reducing Physical Violence and Restrictive Practice

Overall the rate of violence across the organisation remains stable.

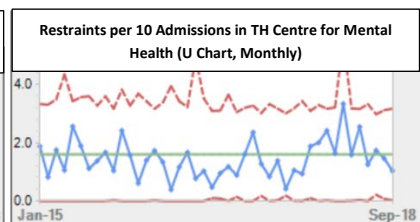
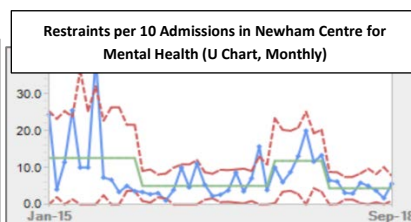
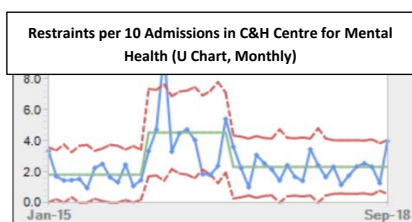


The focus for all directorates who have undertaken violence reduction work (Tower Hamlets, City & Hackney, Newham, Forensics, Luton and Bedfordshire) is to reliably embed and standardise Quality Control systems so that reductions in violence are maintained. All directorates are currently working to implement standard work templates and visual management systems on every ward to ensure reliability around the ELFT safety culture bundle. All wards now have standard work templates in place, with work to install visual management boards still underway. This work is being coordinated by the monthly Trust wide Time to Think strategy Board, with monthly Time to Think meetings taking place on a monthly basis in all London directorates.

Two examples of visual management boards in Willow Ward (Bedfordshire) and Joshua ward (City & Hackney)



With regards to reducing restrictive practice, an advertising campaign is currently underway with posters having been distributed across the organisation. The intention is for this campaign to be provocative and targeted towards the whole community rather than staff/patients specifically. Trauma Informed Care Training is being piloted in the current band 6 development course. This will be reviewed in the Time to Think Strategy Board. MAPA trainers now have a clinical day each month to review learning from restraints and seclusions. Feedback from the trainers will be reviewed within the next few months.





## Improving Access and Flow in Community Services

This workstream is focused on reducing the length of time from referral to completion of treatment for CAMHS and psychological therapy services (PTS).

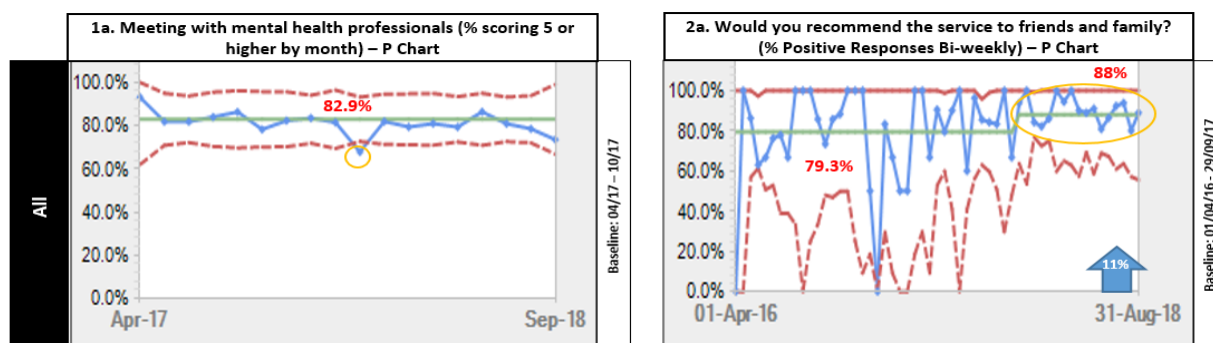
All CAMHS teams are testing changes and three out of six teams are now seeing improvements in their outcome measures, with a fourth showing improvements in their process measures.

Team	Update	Current Data
City and Hackney ADHD	City and Hackney ADHD are observing a 79% reduction in time from referral to assessment feedback session. The team have implemented a new referral pack, a re-structured allocation process for referrals, a new template for GP letters and a standard briefer report template. The testing of a new flow management software built in-house by the QI team has enabled the service to see further reductions in waiting time and consequently this system is now being scaled up across all CAMHS teams.	<p><b>Time in days between 'Referral to pathway' and ADHD assessment feedback session – I chart</b></p> <p>The chart displays daily data points with a moving average line. Key values highlighted in red are 87, 44, and 18, indicating a significant reduction in waiting time over the period shown.</p>
Tower Hamlets Triage	Tower Hamlets triage are now observing a 50% reduction (from baseline) in the number of days in the treatment pathway. The team are currently testing ten times weekly small review meetings rather than longer less frequent meetings and is about to test the flow management software.	<p><b>Number of days in pathway – I chart</b></p> <p>The chart displays daily data points with a moving average line. Key values highlighted in red are 20, 14, 23, and 10, showing a general decrease in the number of days in the pathway.</p>
Luton Emotional and Behavioural team	Luton are seeing a 5% reduction in the average time from referral to discharge. The team have tested weekly new patient clinic meetings for all service users.	<p><b>Average time from Referral to Discharge Bi-Weekly (I Chart)</b></p> <p>The chart shows bi-weekly average data points with a moving average line. Key values highlighted in red are 247, 346, and 234. The x-axis is labeled from 02-Jan-17 to 08-Oct-18.</p>

In psychological therapy services there is still little evidence to suggest that the change ideas tested in City & Hackney and Tower Hamlets have had an impact on improving flow through the system. We are now seeing referral times to first and second contact in Newham starting to reduce. All teams are now running rapid cycle PDSAs around overbooking first contact information and enrolment sessions in addition to testing a modified non-attendance policy.

## Reshaping Community Services

As an overall learning system of five community mental health teams, there is a continued increase in the proportion of service users recommending the service to friends and families, with a shift from 79.3% to 88% following the start of this work.

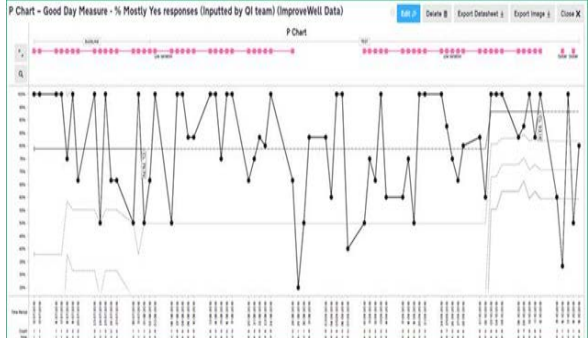
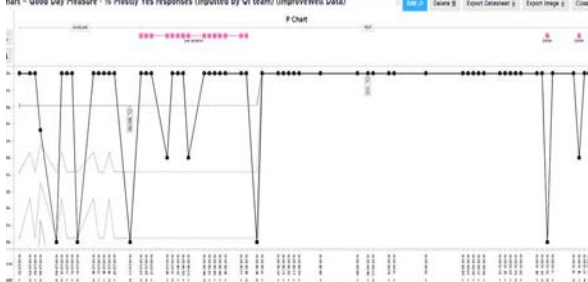


The initial pilot teams (Isle of Dogs and Newham South CRT) continue to test change ideas, with their main focus now being on consolidating their implementation plans and standard work strategies in preparation for Quality Control. The three teams that joined the collaborative between March and June (North Hackney CMHT, Dunstable CMHT and Wardown CMHT in Luton) now have aims, driver diagrams, measures and project teams in place and are now testing or close to testing change ideas.

## 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. Our second cohort of 20 teams continue to be supported by a learning system that is composed of monthly learning sets (4 now completed with 2 remaining), data support and regular QI coach and QI sponsor support. As an overall cohort there is still no overall change in the group aggregated outcome measure. However, underneath this aggregated data, eight project teams are now seeing improvements in their individual outcome measures. Examples of these projects include:

Team	Update	Current Data
Quality Assurance Team	To date have tested: <ul style="list-style-type: none"> <li>Sharing of ideas and learning from team sessions</li> <li>Quality exchange meetings</li> <li>Feedback and recognition using 'Star of the Week'</li> <li>Using a weekly productivity survey</li> </ul>	

Business Development Unit	To date have tested: <ul style="list-style-type: none"> <li>• Technical changes: Adding plants and lamps to the office space</li> <li>• Flexible working using remote working</li> </ul>	
EPCT North West Team	To date have tested: <ul style="list-style-type: none"> <li>• Focusing team meetings around Kanban board to improve communication</li> <li>• Weekly group stretch sessions</li> <li>• Protected conversation sessions for staff with leads of teams</li> </ul>	

Currently the majority of project teams are requiring additional support in addition to the formal elements of the learning system to move forward with this work. Team requirements are varied and include a mixture of technical issues around the use of the ImproveWell digital platform and/or Life QI in addition to challenges with the whole team engaging in the enjoying work process. In response, we are providing tailored support for every project team during learning sets, enhancing Executive sponsor oversight and have increased the frequency of data turnaround so every team sees their data on a weekly basis now.

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

This work stream supports the organisation's new strategic objective of improving population health outcomes, and our new mission to lead the delivery of integrated care by working purposefully in collaboration with our communities and partners.

We continue to support three life-course work streams in Tower Hamlets Together to apply quality improvement to a defined population segment. Within the Trust, we are commencing a new area of high priority quality improvement work around achieving the triple aim for discrete population segments. Each directorate is identifying a population segment where there is an urgent need to redesign to better meet need, where there is will amongst external partners to collaborate, and where there is existing data to help us understand whether outcomes are improving. Our internal QI expertise will shift to support these projects over the coming year. Some of the initial choices of population are below, but these are still to be finalised:

- Bedfordshire: people with a diagnosis of dementia
- CAMHS: young people aged 14-16, at risk of self-harming, attending one secondary school in each of the 5 boroughs
- Community health Newham: informal carers of patients that are receiving care from the community neuro team
- IAPT: older people and people from Asian and British-Asian backgrounds

- Newham: Newham residents accessing front door crisis services (RAID, HTT) twice or more in the preceding 12 months
- Tower Hamlets community health: people with diabetes who are receiving regular visits from our district nurses for insulin administration

### **3.0 ACTION REQUESTED**

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