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

Purpose of the Report:

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

Summary of Key Issues:

The Quality report provides an overview of quality across the Trust. The report is split into two sections: 1 – quality assurance, which provides a summary of data, intelligence and actions to provide high quality of care against the CQC's key lines of enquiry 2 – quality improvement, which provides an update on improvement work across the Trust

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

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

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	N/A

Implications:

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities 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 another look at quality and quality oversight in relation to smaller services. The last report took a look at adult mental health services in Bedfordshire and Luton that are smaller in size, and sometimes in activity, and looked at their connectedness to and engagement with management structures and oversight locally and trust-wide. This analysis focuses on smaller Community Health Services in Newham and Tower Hamlets. Community Health Services in Bedfordshire were not included due to the continuing development of their management and quality processes and ongoing integration into ELFT.

1.2   There is a diverse range of Community Health Services provided across Newham and Tower Hamlets. The largest service type by any measure are Extended Primary Care Teams, of which there are several covering individual geographical footprints.

1.3   There are numerous other less substantial services. As before, 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. There are some teams that service the Extended Primary Care Teams, but do not stand alone as services in their own right, for example Care Navigators, and, in Tower Hamlets, the Evening Service. The 'small services' that are looked at in this report are listed out below.

   Newham: adult speech and language therapy; cardiac rehab; continence team; tissue viability; patient appliances team; telehealth service; physiotherapy service; continuing health care; day hospital.

   Tower Hamlets: adult speech and language therapy; cardiac rehab; continence team

1.4   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.

1.5   Review of participation with quality assurance processes shows a very similar picture to mental health services in Luton and Bedfordshire, 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.

1.6   The telehealth services that at first glance appears to be less engaged really is unique in its form and function compared to the others, and its design is perhaps not conducive to walkround nor to collection of feedback from service users in the standard way. Alternatives to the traditional formats for these processes need to be considered.

1.7   Incidents and complaints numbers are low. This is likely reflective of relatively low risk and well-functioning teams, and there are no acute safety concerns locally, but a little more exploration of safety culture in these services may be helpful.

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

Newham Adult Community Health Services	Engagement in ELFT's Core Quality Assurance Processes (last 12 months)				Key quality and safety metrics (last 12 months)			
	Clinical Audit	Feedback on experience of care	Readiness programme for CQC	Executive Walkround	Median FFT % recommend	Complaints received	Incidents / % resulting in harm	Serious Incidents
Adult Speech and Language Therapy	Excellent	Limited	Yes	Visited	0 responses past 12 months	0	4 / 50%	0
Cardiac Rehab	Excellent	Excellent	Yes	Not visited	100%	1	0	0
Continence Team	Excellent	Good	Yes	Visited	93.75%	2	4 / 50%	0
Tissue Viability Team	Excellent	Excellent	Yes	Visited	100%	0	0	0
Patient Appliances Team	Excellent	Excellent	Yes	Visited	100%	0	0	0
Telehealth Service	Excellent	Limited	Yes	Not Visited	0 responses past 12 months – likely due to nature of service	0	0	0
Physiotherapy Service	Excellent	Excellent	Yes	Visited	94.75%	1	2 / 50%	0
Continuing Health Care	Excellent	Limited	Yes	Not Visited	100% (only 1 data point July 2018)	0	56 / 82%*	0
Day Hospital	Excellent	Good	Yes	Visited	97.6% (data collection affected by recently resolved tablet issues)	0	0	0

*A significant proportion of incidents reported by Continuing care service are 'expected deaths' of service users in receipt of end of life care

Table 2. 'Smaller' Tower Hamlets community health services, participation in ELFT quality assurance processes, and key quality and safety indicators

Tower Hamlets Community Health Services	Engagement in ELFT's Core Quality Assurance Processes (last 12 months)				Key quality and safety metrics (last 12 months)			
	Clinical Audit	Feedback on experience of care	Readiness programme for CQC	Executive Walkround	Median FFT % recommend	Complaints received	Incidents / % resulting in harm	Serious Incidents
Foot Health	Excellent	Good	Yes	Visited	100%	0	0	0
Continuing Healthcare	Limited	Limited	Yes	Visited	100%	1	5 / 20%	0
Continence Team	Excellent	Excellent	Yes	Visited	100%	1	2 / 50%	0

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. Brief telephone semi-structured interviews were undertaken. Leads from 5 of the 12 services in scope were available for interview.

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

Quantitative measures of connectedness	Mean score (scale 1-4, with 4 being most positive)
How connected do you feel to mental health services in the rest of Community Health Services?	3.2
How connected do you feel to the wider Trust?	2.8
On a scale of 1-4, how well supported by management do you feel?	3.6

1.10   Scores for each team were fairly consistent, implying that services feel generally well connected and supported, or not. Some teams felt very well connected across the board, one felt somewhat unconnected.

1.11   Overall the qualitative feedback from teams was positive, but with a desire for stronger managerial support and oversight, and a more proactive, less responsive, connection to the wider Trust. There were good stories of working with similar services from the Continence Service, and evidence that connections are already being made with services in Bedfordshire, but also a plea for more contact information to be made available centrally (via the intranet), and better communication to enable new contacts to be made. There was a clear message that there is access to learning and development opportunities.

1.12   This review process has again 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

   b) Work with telehealth to consider new processes to deliver executive walkround, and to capture feedback from service users

   c) Consider safety climate survey within Community Health Services

   d) Work with IT and Communications to improve ability to recognise and contact peers to support continuous improvement and service development

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	**Page views on QI microsite - I Chart**	• We are now observing a 34% upward shift in the number of page views of the QI microsite. The microsite is now seeing an average of 48,000 views per month.
To increase @ELFT_QI Twitter engagement rate from 2.34% to 4%	**QI Twitter engagement rate - I Chart**	• Tests of the new QI interactive newsletter continue. We are observing record numbers of microsite views on the days this new style newsletter is sent out. • The QI team is currently looking at improving QI presence on the internet and Trust intranet.
To increase number of internal QI microsite sessions (defined as microsite being viewed by unique user for over 30 minutes) by 20%	**Microsite sessions (Internal) - I Chart**	• Now testing more live tweeting at events. We are also using GIFs and videos as a strategy to boost Twitter engagement rate.

A delegation of ELFT staff attended the IHI National Forum in December, an event attended by over 5000 delegates. At the event, the ELFT team led a number of sessions on topics such as co-production, return on investment from QI and building improvement capability.

Registration is now open for the 2019 annual Quality conference which will take place on Tuesday 14 May 2019. The conference will include a keynote presentation from Jason Leitch, National Clinical Director in the Scottish Government. There will be a plenary session on co-production and world café sessions sharing QI work from across the organisation with afternoon workshops for external delegates on a variety of topics.

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.
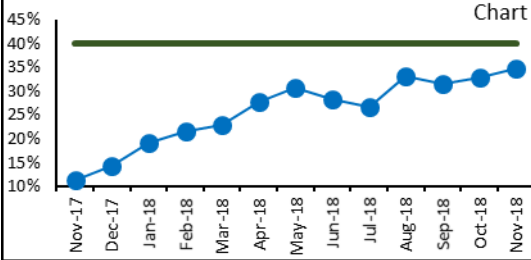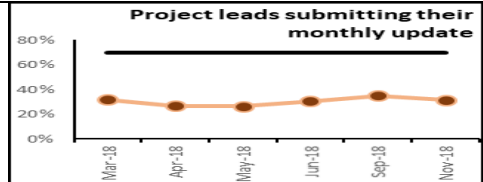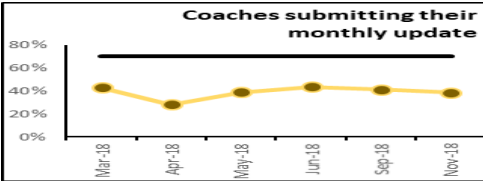
Goal for 2018/2019	Current Data	Strategy & Next Steps
To increase current percentage of current workforce trained in QI from 24% to 38%	Current workforce trained in QI	• Current percentage of workforce trained in QI stands at 23%, down 1% on baseline.
To increase band 3-5 staff trained in QI from 11% to 30%		
To increase band 6-7 staff trained in QI from 24% to 40%		• The number of unique people trained in QI at ELFT has increased by 374 to 1598. The overall reduction is due to expansion of the Trust.
To increase band 8a-8d staff trained in QI from 55% to 60%		• Working to ensure that QI is built into each nurse development programme in the Trust, including the creation of unique learning objectives for each of these courses.
To achieve parity in QI training	Gender breakdown Ethnicity breakdown	• Life QI training sessions continue with focus moving away from group sessions to 1:1 coaching sessions. • Recently added additional Pocket QI sessions owing to additional demand across the organisation

To date the 160 delegates on wave 8 of the Improvement Leaders' Programme have completed 6 out of 8 days of the programme. Delegates are now focusing on testing change ideas before the next 1 day workshop on 29 January which will focus on quality control and the triple aim. Wave 8 will graduate on 9 April at a celebration event focused on sharing and learning based on their experiences of leading QI projects.

A new improvement offering for all new staff starting in the organisation will start in January, with a focus on team-working, leadership, improvement principles and co-production. The training will be co-delivered by the QI and PPL teams.

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.
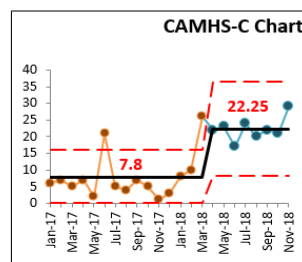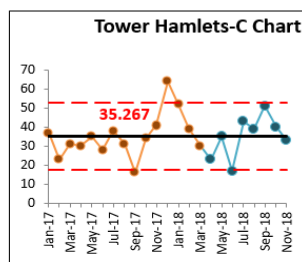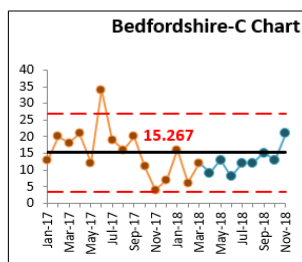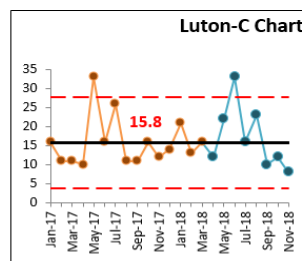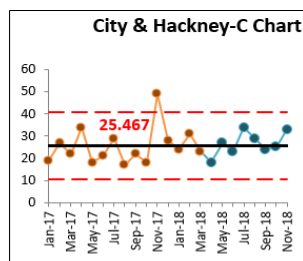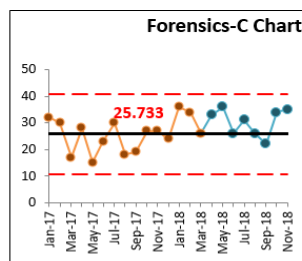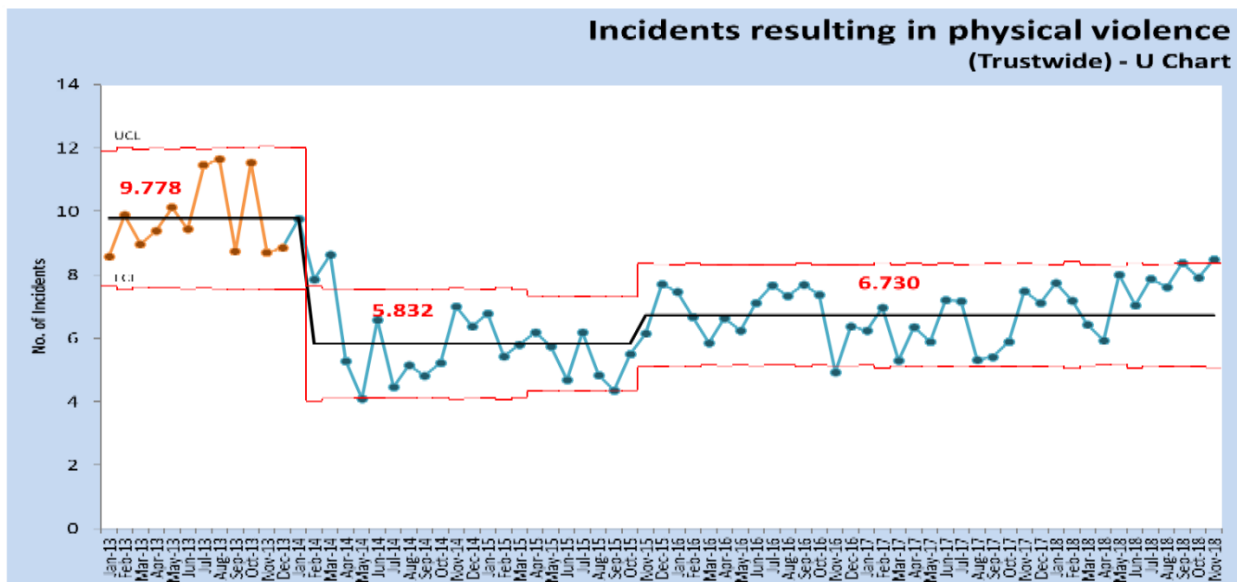
Goal for 2018/2019	Current Data	Strategy & Next Steps
To increase QI projects with Big I involvement from 27.7% to 40%	Projects with Big I Involvement - Line Chart	• Big I involvement in QI projects across the Trust continues to increase. • The first local QI forum to be chaired by a service user took place in December in Luton • Three further service user QI training sessions are planned • New QI staff induction course will be co led with PPL team members with focus on involvement in QI work. • The 2019 Annual Quality conference is focused on co-production and is being planned with PPLs, service users and carers.
To increase the percentage of projects completing their monthly update on Life QI from 15% to 70%	Project leads submitting their monthly update Coaches submitting their monthly update	• Testing leaderboard for Life QI completion as part of monthly QI newsletter • Improvement Advisors now targeting support for those project leads and coaches who have not completed updates in the last 3 reporting cycles. • Frequent Life QI training sessions are in place to increase capability around the use of the platform.

2.4   Strategic improvement efforts:

We currently have 159 active QI projects in the organisation and progress against the Trust's strategic improvement priorities is as follows:

<u>Reducing Physical Violence and Restrictive Practice</u>

Overall there are strong signals of an impending shift upwards in incidents resulting in physical violence across the Trust. Further analysis indicates that this increase in violence is emanating from the CAMHS service, particularly Galaxy ward, the new intensive care ward for adolescents. All other directorates remain in control.

Incidents resulting in physical violence (Trustwide) - U Chart

Forensics-C Chart — 25.733

City & Hackney-C Chart — 25.467

Newham-C Chart — 20.8

Luton-C Chart — 15.8

Bedfordshire-C Chart — 15.267

Tower Hamlets-C Chart — 35.267

CAMHS-C Chart — 7.8 / 22.25
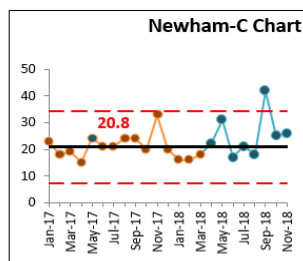
Each inpatient service has a specific meeting to discuss violence, the use of the ELFT safety culture bundle and to develop change ideas for testing. All inpatient teams are now using visual management boards as an approach to quality control and keeping focused on what matters for their service users, in terms of reducing conflict.

The violence reduction work has been and broadly continues to be successful across mainstream adult services. The Bedfordshire wards have seen reductions of over 70% in physical violence with the use of the safety culture bundle of tools and processes.

The Trust wide Time to Think Strategy Board continues to meet on a monthly basis with a focus on overseeing Quality Control systems in place across the organisation and reviewing, reflecting and responding to wider system issues.

Restrictive practice (physical restraint, seclusion and rapid tranquilisation) has gained significant media interest in the past year; specifically with those service users with a learning disability. Our designated inpatient services show a relatively low and stable amount of restraint. However, there has been a spike in incidents in CAMHS in Galaxy Ward - the new intensive care unit for adolescents, where a small number of young people with learning disability have been cared for. The staff team have now undertaken specific training to help them work with

this group of young people and develop alternative strategies to keep them safe. Progress on this issue is closely monitored by the directorate management teams and directors of nursing.

Restraints per 10 Admissions in C&H Centre for Mental Health (U Chart, Monthly)

Restraints per 10 Admissions in Newham Centre for Mental Health (U Chart, Monthly)

Restraints per 10 Admissions in TH Centre for Mental Health (U Chart, Monthly)

Number of Restraints in Coborn Centre (C Chart, Monthly)
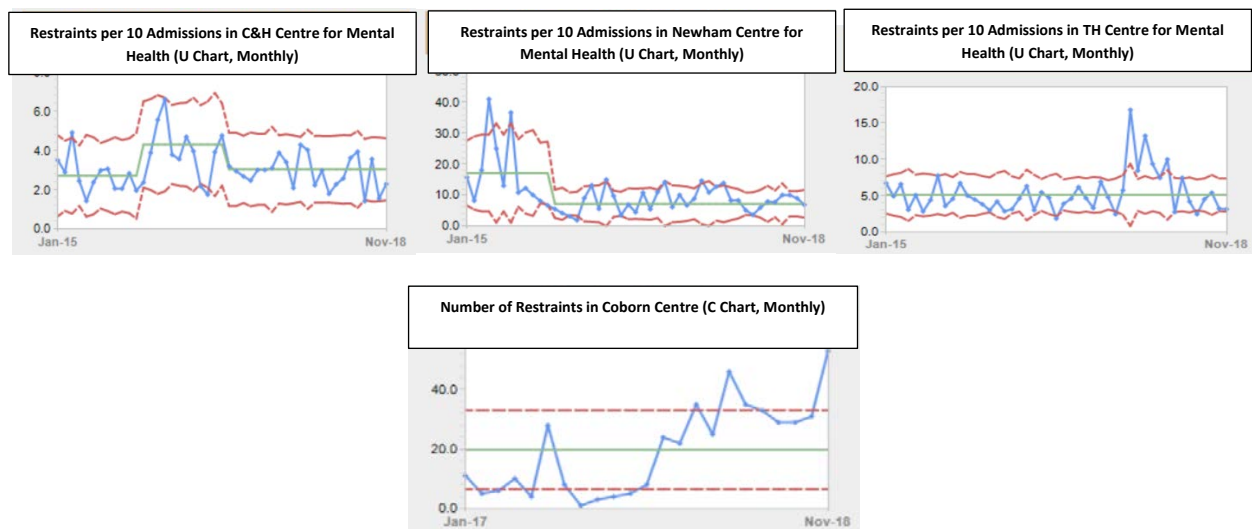
Improving Access and Flow in Community Services

This work stream is focused on reducing the length of time from referral to completion of treatment for CAMHS and Psychological Therapy Services (PTS). CAMHS are now observing several improvements related to flow across their entire system (Emotional & Behavioural and Neurodevelopmental teams in Bedford, Hackney, Luton, Newham and Tower Hamlets). These improvements include reductions in time from referral to first, second and third appointments in addition to reductions in the percentage of cancelled appointments.

AVERAGE TIME FROM REFERRAL TO FIRST APPOINTMENT

3% reduction and reduced variation

AVERAGE TIME FROM REFERRAL TO SECOND APPOINTMENT

22% reduction and reduced variation

AVERAGE TIME FROM REFERRAL TO THIRD APPOINTMENT

25% reduction and reduced variation

PERCENTAGE OF APPOINTMENTS CANCELLED

10% reduction and reduced variation
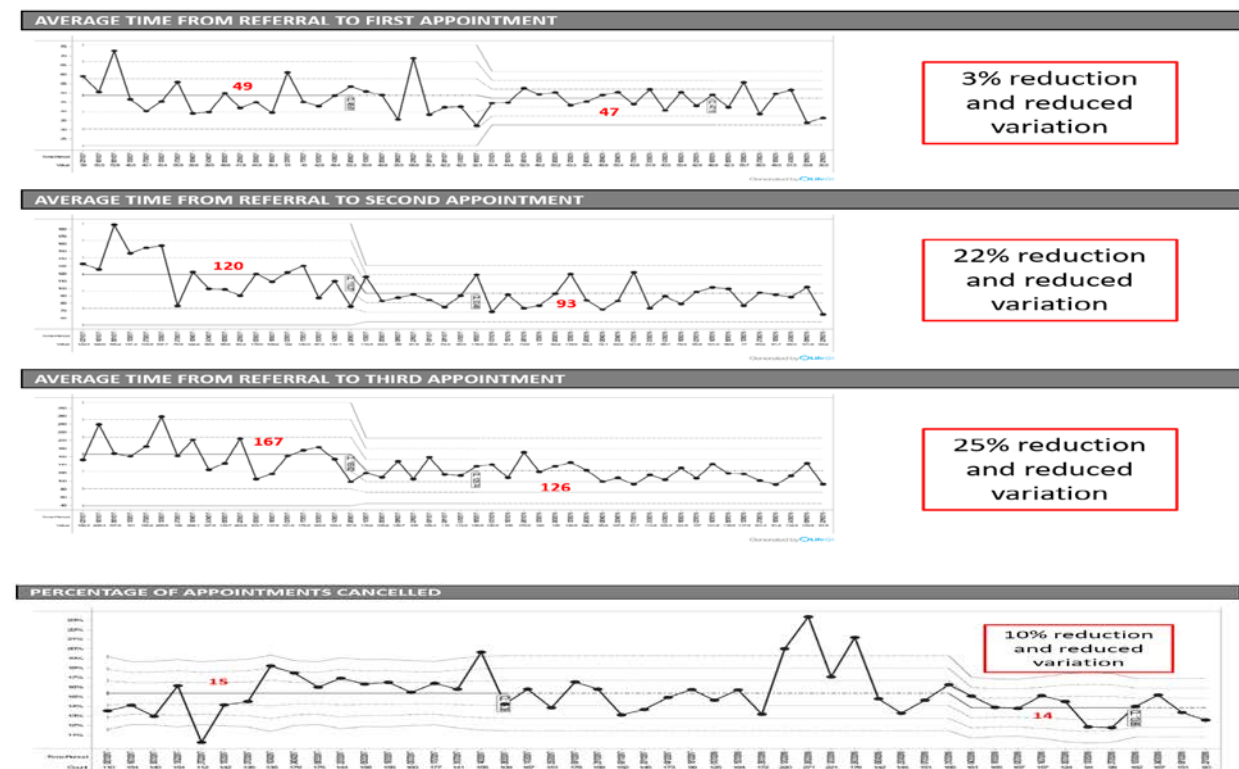
From the end of December this improvement work will transition to quality control. Two teams have tested and implemented the use of our in-house flow management software, enabling the early identification of those at risk of breaching waiting times in addition to viewing flow across the pathway. In addition to quality control, the focus for CAMHS is now on story telling. The

Luton team and City and Hackney ADHD team recently presented their work at the Royal College of Psychiatrists Quality network for community CAMHS. Several teams are also in the process of writing this work up for publication in peer reviewed journals.

In Psychological Therapy Services (PTS) all three teams continue to test change ideas at a rate greater than seen before. Newham PTS are observing reductions in waiting times from referral to first and second contact.
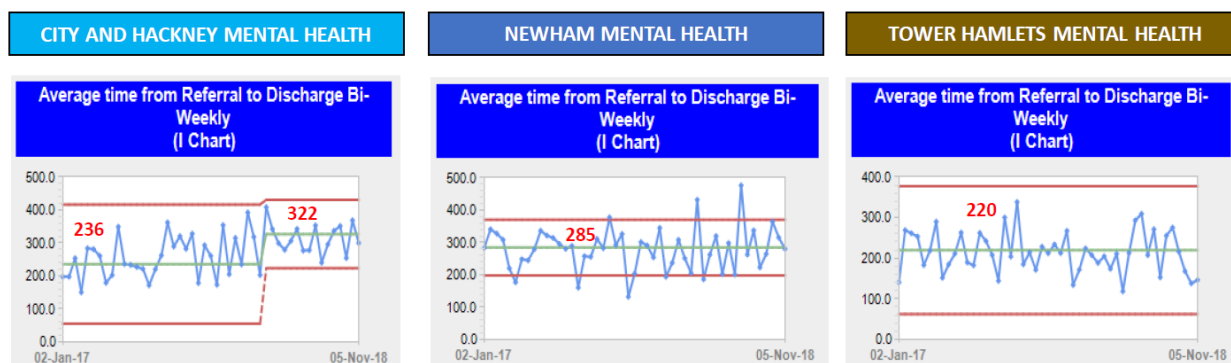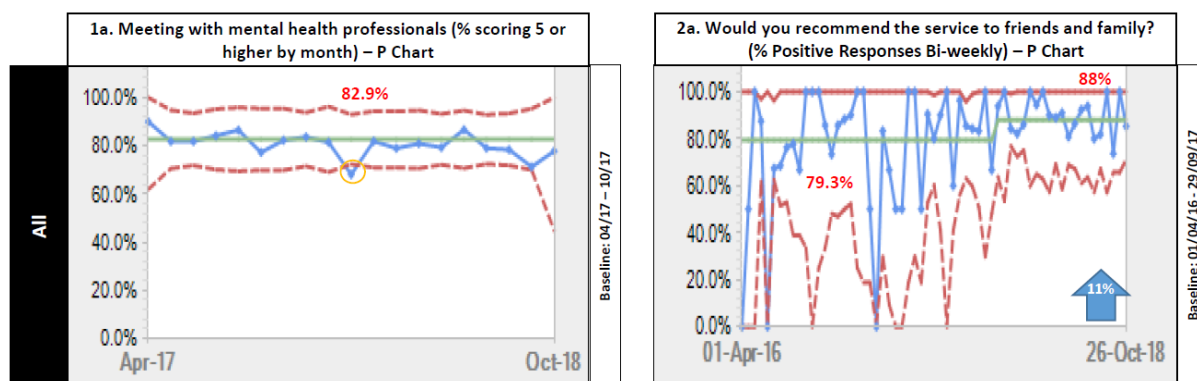

Reshaping Community Services

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) are focusing on implementation plans and standard work strategies so that they continue to hold the gains they have realised through this work. The three teams that joined the collaborative between March and June (North Hackney CMHT, Dunstable CMHT and Wardown CMHT in Luton) are now all collecting data and actively testing change ideas, using the knowledge and experience of the pilot teams. All project teams feature 'Big I' service user involvement.

Enjoying Work

All 18 teams that form cohort 2 of this work stream continue to be supported by a learning system that is composed of monthly learning sets (5 now completed with 1 remaining), data support and regular QI coach and QI sponsor support. As an overall cohort reduced variation is now apparent, with signals of an impending shift upwards in self-reported enjoyment at work with a current percentage of 84%. Underneath this aggregated data, eight project teams are now seeing improvements in their individual outcome measures.
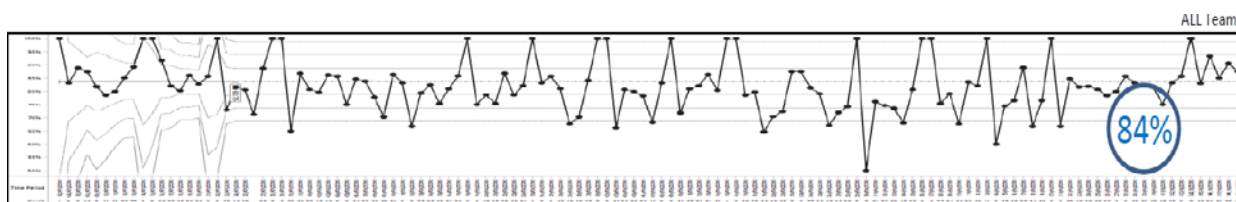
The focus is now on storytelling, continued testing of change ideas and learning across teams before a final celebratory learning set on 1 February at Stratford Town Hall. In the run up to this event, Improvement Advisors from the QI team will be visiting every project team, undertaking semi-structured interviews related to their experience of being part of cohort 2, in addition to providing support and advice around their projects. The results of these interviews will help shape the support structure and design of cohort 3. Cohort 3 will likely begin in September, with projects teams also taking part in wave 9 of the Improvement Leaders' Programme, as experience from cohort 2 indicated that many people involved in these projects had never been involved in quality improvement work before.

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. We continue to support three life-course work streams across Tower Hamlets Together to apply quality improvement to defined population segments.

Within the Trust, work is well underway towards developing a new area of high priority quality improvement work around achieving the triple aim for discrete population segments. Directorates have agreed population segments to begin work with and over the next few months will work to engage citizens and external partners to understand the needs and assets available within their chosen populations, with a view to developing a portfolio of interventions that work to achieve the triple aim. Below are some initial population choices, with some 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 who receive care from the community neuro team

Corporate: Staff Mental and Physical wellbeing

City and Hackney: Adults of working age with a diagnosis of serious mental illness being supported in primary care or outpatients

Forensics: Very long stay users (those staying over 3 years)

IAPT: Asian and Asian British men over the age of 65 with diabetes in Newham

Luton: Homeless population in Luton City

Newham: Newham residents accessing front door crisis services (RAID/HTT) twice or more in the previous 12 months

Specialist Children's and Young people's services: Looked after Children in Newham

Tower Hamlets Community Health Services: Housebound Type 1 diabetic patients with complex care needs

Tower Hamlets Adult Mental Health: Homeless population in Tower Hamlets

3.0   ACTION REQUESTED

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