Title	Quality Report
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Purpose of the Report

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

Summary of Key Issues

The quality assurance section of this report focuses on our systems for understanding service user experience, including our learning from the national community mental health patient survey. Based on the national survey, and our other data on service user experience, the three top themes that have emerged and which we are actively working on are: improving access (large volume of QI work over the last 3 years has seen significant improvements across many services), improving employment opportunities and improving physical health. Details of our activities on these latter two themes are included in the report.

There are a number of exciting innovations in our systems for understanding service user experience, including new patient-reported experience measures that have been designed by our service users, and a new service user-led accreditation programme that will be tested at ELFT from April 2019. The next year of work will embed these new systems, and consider how we bring together the different ways that service users feed back to us on their experience to deepen our insight and responsiveness.

The quality improvement section describes activities and outcomes related to our strategic improvement efforts at ELFT. Our 2019 quality conference is being designed and led by our service users and carers this year. The percentage of QI projects with Big I involvement of service users has reached our target for 19-20 of 40%, and new ideas continue to be tested across the Trust to further strengthen this. 11 of the 17 teams in cohort 2 of our Enjoying Work programme showed improvement in the outcome measure, and cohort 3 is currently being designed. We now have ten teams across the Trust using quality improvement to achieve the triple aim for a population, in support of our new strategic focus on population health. The populations chosen and early progress are described in the paper.

Strategic priorities this paper supports

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 a closer look at how we measure service user experience, what the data is telling us, and how we are currently improving in this area.

1.2   Since 2015, continuous and ongoing online survey has been a major mechanism for measuring service user experience across the Trust. To date the Trust has collected almost 50,000 survey responses, receiving around 13,300 per year. The medium of collection has predominantly been through tablets.

1.3   Of course this data is supplemented by a range of other means of listening to service users, most notably through consultation and involvement in Working Together and People Participation fora, locally and corporately. These lines of communication and collaboration have been used to prioritise and deliver improvement. Over recent years, this has extended to big I and little i involvement in Quality Improvement projects.

1.3   All services collect service user experience feedback, with the exception of Forensic Services and CAMHS where the specific features of the service user groups mean that different techniques have been employed to involve service users in helping us understand and improve quality of care.

1.4   There are core questions that all participating services currently ask, with the option to add customised questions by service. There is variation in approach between Mental Health and Community Health Services. This is partly due to the nature of the service, and partly driven by the need to report on certain patient reported outcome measures in Community Health that are collected alongside pure experience measures.

1.5   Specialism of services and how they operate dictates a need for some flexibility in approach to data collection. A notable example is in Phlebotomy Services where clinical encounters are brief, so a simple manual process of tokens placed in jars has been found to be the most effective way of collecting feedback.

1.6   The core questions, listed below, have evolved little since they were developed in 2015:

- *Would you tell your friends and family to get help from our team if they needed it?*
- *Have our staff treated you with kindness?*
- *Have you felt listened to by our staff?*
- *Have you felt treated with dignity and respect by our staff?*
- *Have you been given enough information to help you cope with your mental health?*
- *Do you know who to contact when worried or in a time of crisis?*
- *What was good about our service?*
- *What would have made our service better?*

1.7   Quantitative and qualitative data from these surveys is available to all staff at service, Directorate and Trustwide level. Selected patient experience measures are also included in the Trust Board integrated performance dashboard. Adjacent is an example of a chart showing the trustwide picture in relation to one of the core questions.

Have our staff always treated you with kindness? (% always) - P' Chart
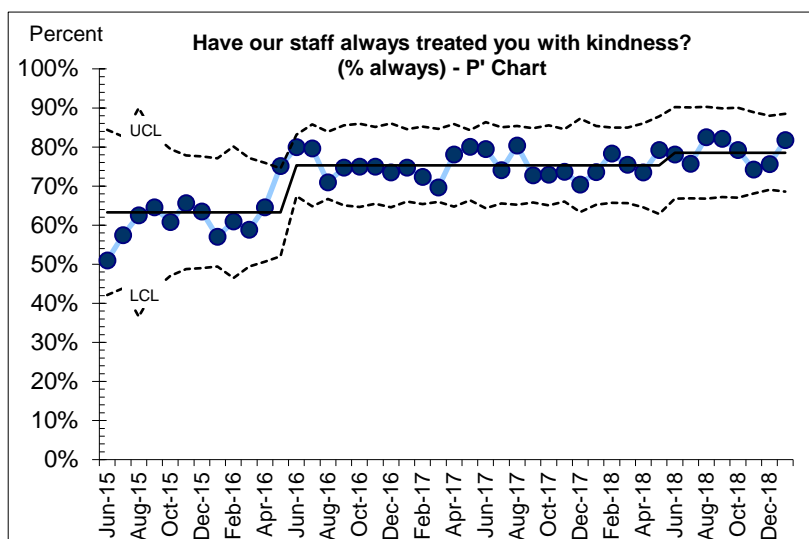
1.8   The Quality Assurance team support the collection of service user experience feedback by services. During 2017-18 the team undertook a consultation exercise with services, service users and carers to review the process and its functioning, with a view to improving engagement and outputs. This identified a range of ideas, the most significant of which was the need for an improved platform for data collection and reporting. A new system was duly procured and implemented in June 2018.

1.9   Over the last 3 months, the Quality assurance team have consulted with services and service users to redesign, simplify and shorten the questions being asked, to ensure they explore what matters most to service users, and provide most meaning and potential to measure and drive improvement.

1.10   The new core questions are:

- *I feel listened to by the team*
- *I feel I have been given enough information regarding my care*
- *I feel involved in the decisions made about my care*
- *The professionals involved in my care talk to each other. We all work as a team*
- *What can we do to improve the care we offer?*

1.11   After a period of time when data collection decreased, there are now early signs of improvement in the continuous collection of service user feedback.

Number of survey responses - I Chart
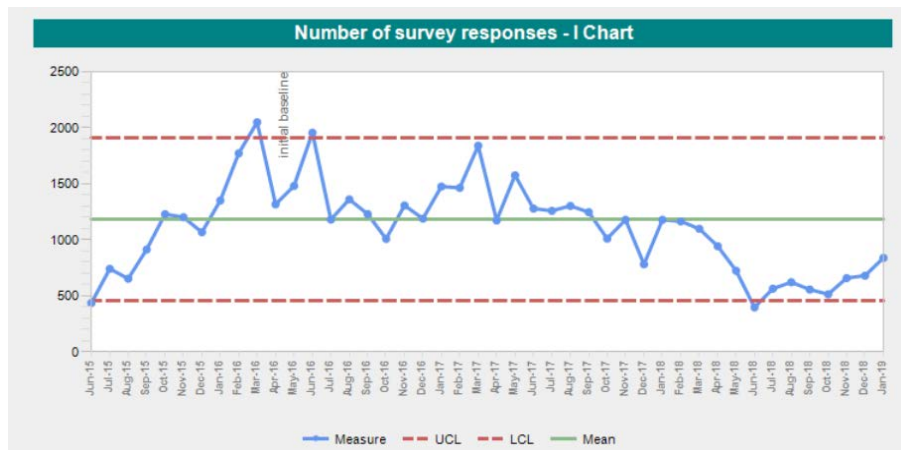
1.12   Over the coming year the focus will be on helping services find simple ways to collect and engage with the data in order to support improvement. Alongside this service user experience data, the Trust is required to collect data on the 'Friends and Family Test' (would you recommend the service to friends and family?). In most cases this information is collected as part of the continuous measure of service user experience.

1.13   Feedback on the Friend and Family test is consistently good (an average of 90% recommending service), to the extent that it is questionable how helpful it is as a learning or improvement tool. The Trust is currently preparing to test the dissemination of the friends and family question via text message. Increasing volume and diversity of responses may help to improve the utility of the feedback. We are also contributing to the NHS England led review of the test, looking at how it can be improved as a tool for improvement.

1.14   Externally, the Trust also receives feedback on service user experience via the annual Mental Health Community Service User Survey. This is an annual postal survey that provides a snapshot of service user experience, it administered by an appointed contractor and sponsored by the Care Quality Commission. Over the past seven years of participation the response to the survey has been consistently low, around 20%, amounting to fewer than 150 service users (as compared to the circa 500-1000 PREM survey responses received each month), placing limitations on the generalisability of the data, and therefore its utility for improvement.

1.15   Although there has been some evolution of the survey itself, questions and themes have remained fairly consistent. Currently the survey asks 41 questions about the service user's experience (plus further demographic questions), and the report breaks down findings into the following dimensions:

- Care and treatment
- Health and social care workers
- Organising care
- Planning care
- Reviewing care
- Changes in who people see
- Crisis care
- Treatments
- Support and well-being
- Overall

1.16 This year, in light of the limited response to the Community Mental Health Service User survey, the overlap in both sample and questions asked, the Trust considered the findings together with those of the National Clinical Audit of Psychosis. Discussion of the findings and next steps took place across two meetings of the Trustwide Quality Committee. The discussion identified priority areas of focus, linked those areas to any existing improvement work, identified ongoing measures to obtain further baseline and monitor improvement, and agreed next steps. The priorities were based on individual scores but also triangulated across the two reports and wider trust intelligence around service user experience:

- **Improving overall patient satisfaction**

This is closely aligned to the Reshaping Community Services QI workstream, which has been active for 18 months and is sponsored by the Chief Operating Officer and Director of Psychological Services. Numerous change ideas have been tested locally that have included staff and service users working together, such as service user and staff workshops and joint attendance at Recovery College courses. Locally, teams have been using daily huddles and mindfulness sessions to improve the patient experience. Community teams are focusing on the functioning of key processes such as depot clinics and duty systems. We have seen an increase in service user satisfaction within the participating five community teams. Further change ideas to be tested include remote working with service users (in City and Hackney), and the use of the Reframe tele-health system in Newham and Tower Hamlets.

- **Improving provision of information about care and treatment**

As part of the medicines reconciliation annual plan, there will be various benefits of the implementation of electronic prescribing in adapting pharmacy practice and further improving pharmacy provision in community services. It is anticipated that there will be the opportunity to provide increased time to deliver community based sessions supporting clinical teams and increasing direct patient contact where information provision tends to be most effective. A standard operating procedure will be developed around the provision of written information to improve the reliability of availability and supply of information. Allied to this, work is underway with the communications team to raise awareness around the various types and sources of information available about all aspects of care and treatment.

- **Improving access to psychological therapies**

Through the improving access and flow priority QI workstream, a large number of changes have been tested and implemented to improve flow across a range of services. In relation to psychological services, the most significant developments include a rolling programme of training to ensure we are well placed to deliver NICE recommended interventions for people with psychosis. There is an annual exercise to identify skills and capacity within teams to deliver NICE recommended therapies to all people requiring them. All services have introduced and now implemented a group session as the first contact, to find out more about the therapy before committing to it. Teams have been testing changes to the approach to non-attendance, and assessment processes are being reviewed to shorten the length of time it takes to assess someone and/or accepting assessments from other clinicians/services. First stage treatment groups have been introduced e.g. Tower Hamlets have a psychodynamic group as first treatment and have seen improvements in different outcome measures. City & Hackney and Newham are testing shorter treatment groups as the first stage of treatment rather than individual therapy. There is continued collaborative working in this area as teams continue to test and learn.

- **Improving physical health monitoring**

This work is aligned with both physical health strategy implementation and the specific work to improve access to health monitoring in community mental health services. The Trust has taken actions to strengthen the delivery of high quality physical health care to the users of mental health services, notably the appointment of a Lead Nurse for physical health, and introducing access to the diagnostics module on RiO. With regards to smoking cessation, two new advisors are now in post, and a monthly smoke free implementation group is up and running. All Directorates have physical health/wellbeing groups, and physical health training is available that has been tailored for the needs of mental health services. There are a range of local QI projects looking at improving specific aspects of physical health for example, improving access to blood testing for people with a learning disability, smoking cessation, improving satisfaction with wellbeing clinics.

The trust is working to improve the processes and resources available so that all community mental health teams can physically assess patients to the NHSE standards. All community mental health teams measure pulse, BP and calculate BMI and all have access to blood testing and ECGs for appropriate patients.

Audits of local arrangements for the collection and processing of samples has been undertaken, under the direction of the Chief Medical Officer. In City and Hackney ELFT has an SLA with the CCG to employ a health care assistant based in each of the North and South bases. They will carry out physical health checks where indicated and ensure that the data is available in EMIS as well as RiO. Patients will be called into the service from GP practice SMI registers and the ELFT caseload. This service went live in November 2018; there are regular reviews in place to address any issues that have been arising with the new arrangements.

- **Improving access to employment**

This work forms a central part of the implementation of the people participation strategy, and significant progress has been made this year. This includes ensuring each directorate has specialised employment support workers linked to community mental health teams, and that individual Placement Support schemes are in place across all Directorates. The Trust continues to maintain strong links to local Job Centre Plus via people participation leads. Going forward, there is the intention to increase the number of available internal work placements, and extend opportunities through exploring work placements with partner organisations, increasing the number of Peer Support Workers, and increasing the number of Recovery College tutors.

1.17 Review of the national clinical audit of psychosis report highlighted that a significant number of the sample are not recipients of Care Programme Approach (CPA). This triggered reflection on the amount of focus this cohort of patients tends to receive, and the potential to increase our understanding of the needs of this group of patients, and to review and improve arrangements for their care and treatment. This has informed the triple aim QI project in City & Hackney focused on people with severe mental illness who are on the primary care register.

1.18 Each Directorate will be undertaking workshops involving service users, carers and staff to explore this further, determine what matters most to the service user group, particularly in relation to physical health and recovery, and developing local actions accordingly. There will be a particular focus on equality of access to care and treatment options. Directorate learning and ideas will be shared at the Trustwide Quality Committee.

1.19 The associated move towards integrated care and a 'neighbourhood' model, also offer opportunities to think about, and provide, care differently, potentially offering the ability to source improved support and enhanced packages of care.

1.20 Discussion of the annual service user survey illustrated a connection with DIALOG outcome scale. Although first and foremost an outcome measure to support care planning, alignment with the dimensions of the national service user survey highlights the potential of the DIALOG system for providing aggregated data on service provision and service user experience across key areas associated with their recovery.

1.21 There are other important sources of information, which whilst not direct measures of service user experience, contribute to the picture of service user experience and how services are performing in relation to the aspects of care and treatment that matter to them.

1.22 In 2014, the Trust pioneered the use of service user led standards audits (SULSA). This is the audit, carried out by service users, of standards set by service users. After a number of years, this innovation is evolving into a unique service user led system of accreditation, in which service users will measure standards of care provision that matter most to them. Over 50 service users and clinicians have worked together to develop a brand new accreditation process and associated set of standards that is due to be tested across Bedfordshire and in Tower Hamlets Community Health Services from April 2019.

1.23 As well as enhancing our overall understanding of service user experience, this exciting new programme will also:

- strengthen the involvement of Service User and Carers in helping us improve our services
- help in understanding how well services are meeting the standards that matter most to our service users and identify areas for improvement
- provide a stretch goal for our services to aspire to attain
- recognition and celebrate the meeting of accreditation standards

1.24 In addition, intensive quality improvement activity has been directly focused on the service user experience of our community mental health teams in 2017-2019, through a large-scale programme called Reshaping community services. This has been reported in previous quality reports, and involves community mental health teams across all areas of the Trust working with service users to improve staff and service user satisfaction with the quality of care delivered and provided. This has seen improvement in the outcome of percentage of service users being willing to recommend the service to friends or family, and all of these services have embedded co-production as part of the way that they operate.

1.25 This report has summarised the evolution of our systems for measuring service user experience, and the various sources of data that contribute to this. There are several immediate priorities in this work:

- Launching the new PREM questions, with an associated marketing and engagement campaign to optimise the collection and use of data
- Testing the collection of feedback of the Friends & Family test by SMS/text message to increase the reach and response rate
- Further exploration of the potential of DIALOG data to contribute to the understanding of service user experience
- Testing the new Service User Led Accreditation system from April 2019, with implementation from July 2019

1.26   Whilst this report focuses on data collection, it has not covered other measures of patient experience such as complaints, compliments, nor explored the interface with measures of patient safety such as incidents. Over the coming year it is proposed to explore, alongside the work reviewing the Trust's patient safety system, the development of a broader system for understanding service user experience where a fuller range of data relating to service user experience is brought together to enrich our insight. Such a system might include the existing feedback mechanisms described here, along with complaints, compliments, accreditation data, PROM data, patient safety data as well as suggestions, comments and other 'soft' sources of information, and would potentially deliver a more comprehensive real-time view of service user experience.
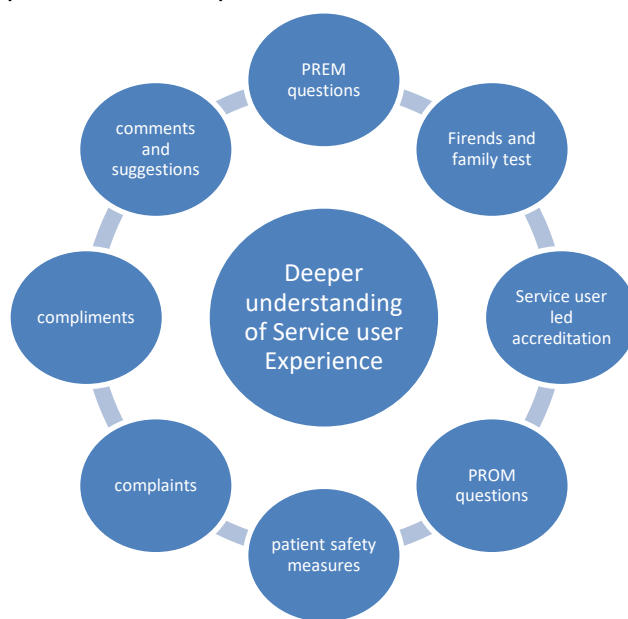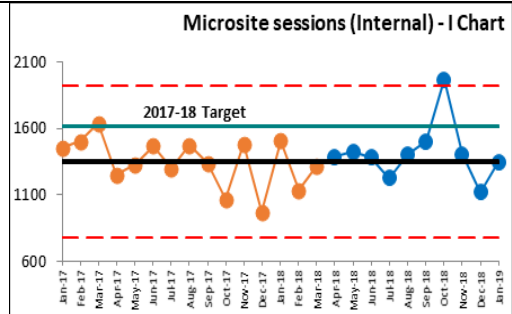

2.0   Quality Improvement

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 overall QI microsite sessions (defined as microsite being viewed by unique user for over 30 minutes) to 10,680 per month		• We are now seeing a 60% increase in the number of microsite sessions (both internal and external viewers). The microsite is now seeing an average of 50,000 views per month. • Currently looking at how we further reach out to carers about QI work. This is being co-designed with carers and service users • Updated intranet page for QI will shortly be launched
To increase @ELFT_QI Twitter engagement rate from 2.34% to 4%		

Goal	Current Data	Strategy & Next Steps
To increase number of internal QI microsite sessions (defined as microsite being viewed by unique user for over 30 minutes) to 1620 per month	**Microsite sessions (Internal) - I Chart**	• Using creative storytelling techniques to celebrate the access and flow work across all 5 CAMHS teams.

As a new test to bring people together in a more informal way around improvement stories, we have tested a QI curry club in January. Staff from ELFT, The Royal Free NHS Foundation Trust, Barts Health NHS Trust and Tower Hamlets primary care attended the first event, with the next scheduled for March in Luton.

In February, ELFT hosted a senior team from the Scottish Government to share our work on quality improvement and people participation. The Trust will be co-hosting the 2019 #MHimprove global network on 27 March in Glasgow, with approximately 100 delegates meeting to share work on mental health improvement.

The 2019 ELFT Quality conference will take place on 14 May, with the theme "Whose Improvement is it anyway?" The conference is being designed by service users and carers, and will feature a plenary session on co-production of improvement, and a keynote talk by Jason Leitch (national clinical director in the Scottish Government).

2.2   Building Improvement skills:

For the coming year, we have set five primary goals to help us enhance how we build improvement capability throughout the organisation.
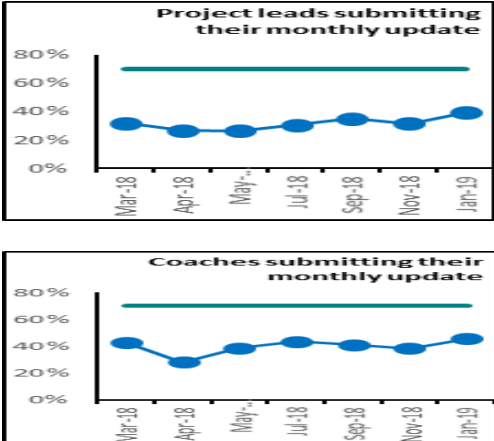
Goal for 2018/2019	Current Data	Strategy & Next Steps
To increase current percentage of current workforce trained in QI from 24% to 38%	**Current workforce trained in QI**	Current percentage of workforce trained in QI stands at 23%.
To increase band 3-5 staff trained in QI from 11% to 30%		Working to embed QI into curriculum for all 7 nurse development programmes. This includes supporting the development of an internal nurse faculty to deliver this training.
To increase band 6-7 staff trained in QI from 24% to 40%		
To increase band 8a-8d staff trained		Pocket QI has recently been re-designed with service user input

Goal for 2018/2019	Current Data	Strategy & Next Steps
in QI from 55% to 60%		A new training offer, called "the ELFT Way" was delivered in January for new starters. This training was co-delivered by the QI and PPL teams, and focuses on leadership, improvement principles and co-production. The offering is aimed at giving everyone who starts in the organisation an understanding of key behaviours and principles of working at ELFT, and practical exercises to learn core skills. Currently working with HR to build into the induction programme. Wave 8 of the Improvement Leaders' Programme, with 180 participants, is due to graduate in March. Directorates are currently recruiting the 5th cohort of improvement coaches, who will start the development programme for their new part-time role in April.
To achieve parity in QI 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%		• Current percentage of QI projects featuring Big I involvement now stands at 40% • Four 'Introduction to QI' sessions booked for service users over the coming year • Joint QI/PPL bi-monthly sessions now in place to discuss and advance involvement in QI work • Directorates are testing different approaches to increase involvement • Re-designing training packages with services users (to date 'Introduction to QI' for service users and Pocket QI)

| To increase the percentage of projects completing their monthly update on Life QI from 15% to 70% | | • Last cycle featured highest completion rate to date, with 40% project lead completion and 46% QI coach completion. This is likely due to changes tested to the standard email template, making the process easier to understand.

• Also now offering bespoke 1-on-1 sessions to sponsors, QI coaches and project teams to help people understand and use the LifeQI platform |

2.4   Strategic improvement efforts:

We currently have 144 active QI projects in the organisation and progress against the Trust's strategic improvement priorities is as follows:

Enjoying Work

17 teams celebrated the completion of cohort 2 of our Enjoying work programme in February. The session focused on celebration, storytelling and learning. Across all 17 teams, we have seen an 8% increase in self-reported joy in work (from an average of 84% experiencing mostly a good day at work to 91%), with 11 of the 17 teams seeing improvements.
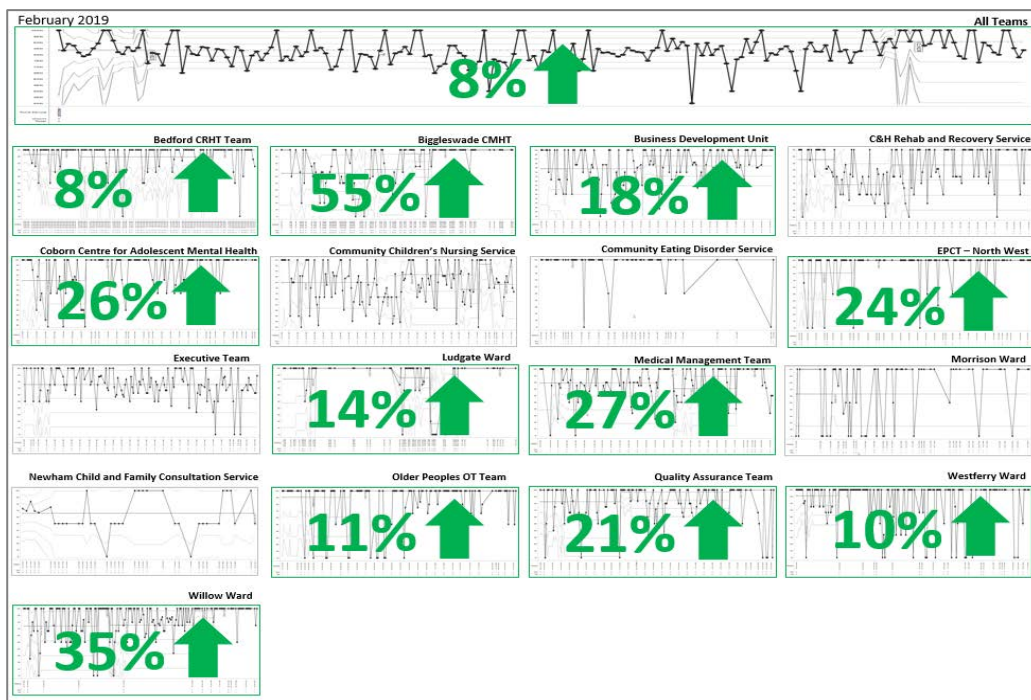
Some quotes from participating teams:

"Better working together. It made me think of other ways to improve your life"
"Improved relationships within the team and communication between senior management and clinicians"
"The team has become closer, the team has also worked better"
"Brought the team together"
"More cohesive, fun, togetherness"

We are currently evaluating the experience of teams involved in cohort 2, in order to design cohort 3, for which we will begin recruiting teams in March 2019.

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

Most directorates have now identified population segments for which they wish to start using quality improvement to achieve the triple aim. working with for their Triple Aim work. We have already incorporated the triple aim into our improvement leaders programme teaching content, and are running two workshops for those already familiar with QI to learn how to apply these skills to a population. The table below describes in more detail the progress being made across the ten initial triple aim projects across the Trust.

Directorate	Population	Progress to date	Next Steps
City and Hackney Adult Mental Health	Individual with a diagnosis of severe mental illness residing within City and Hackney	Population defined. Data obtained on the population.	Complete 3-part data review to understand needs and assets in the population. Agree a project team for the work.
CAMHS	Young people, age 14-16 years, at risk of self-harming, attending one secondary school in the 5 boroughs.	Good engagement from local stakeholders with 3 areas currently doing the 3-part data review.	Reflecting on learning from three-part data review and mapping assets in order to develop strategy for change.
Community Health Newham	People with a BMI over 40 and their carers	Small project team formed. Planning 3 part data review	Complete the 3 part data review, create an area of focus for the work, and develop theory of change
Community Health Tower Hamlets	People with diabetes and their family members	Small project team formed. Planning 3-part data review.	Complete 3-part data review, narrow focus, and develop theory of change.
Community Health Bedford	Due to commence in September 2019 after staff consultation completed		
Corporate	Staff Mental and Physical Health	Data analysis to aid conversations about which staff group to start with.	Clarify and agree population to begin work with and create project team. Undertake 3-part data review.
Forensics	People who have been in the service for more than 5 years	Project team defined and will be meeting fortnightly. Data gathering tools created	Undertake 3-part data review. Finalise population segment and develop theory of change. Identify potential partners
IAPT	People with respiratory conditions, including COPD and severe/debilitating asthma, who also meet the IAPT referral criteria	Population finalised	Finalise project team and governance structure. Plan and undertake 3-part data review
Learning Disabilities	People with Learning Disabilities, without co-morbid mental health problems, who are at risk of being prescribed antipsychotics	Population and project team finalised/meeting regularly. 3 part data review completed (24 interviews undertaken in a week)	Develop theory of change and begin to think about where to begin testing. Think further about assets within the population

Newham Adult Mental Health	Newham residents who have accessed crisis services (RAID, HTT) twice or more in the preceding 12 months.	Project team and governance structure agreed. Currently undertaking 3 part data review to understand needs and assets within population	Complete 3-part data review, map assets and analyse the results of this. From this we can develop a theory of change.
Tower Hamlets Adult Mental Health	Homeless population within Tower Hamlets.	Team meeting regularly. Gathered available data and reflected on needs and assets. Driver diagram has been drafted	Work through five service user journeys and then use this to guide the driver diagram further. Invite partners from RLH and Peer support workers from Pathway to next meeting.

3.0 ACTION REQUESTED

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