REPORT TO THE TRUST BOARD - PUBLIC
25 July 2019

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 explores clinical learning networks at ELFT, which represent a valuable mechanism for sharing best practice across services and reducing variation. The review found a number of healthy, thriving clinical learning networks that ELFT teams are engaged in, both within ELFT and outside ELFT. We identify a number of opportunities to more systematically support the development of such networks at ELFT, including:

- Tracking participation in external accreditation schemes and learning networks
- Creating an infrastructure to support clinical leaders in building learning networks (such as training and digital platforms)

The quality improvement section outlines the Trust's quality improvement plan for 19-20, which builds on our existing work and focuses more strongly on developing a culture of continuous improvement in daily work.

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.

Abbreviations

Abbreviations	CAMHS – Child and Adolescent Mental Health Services
	IAPT – Improving Access to Psychological Therapies
	PICU – Psychiatric Intensive Care Unit
	MH – Mental Health
	QI – Quality Improvement
	NICE- National Institute for Health and Care Excellence
	NAPICU – National Association of Psychiatric Intensive Care Units
	NELFT – North East London NHS Foundation Trust
	EQUIP – Early and Quick Intervention in Psychosis
	RCPsych – Royal College of Psychiatrists
	CCQI – College Centre for Quality Improvement
	AIMS – Accreditation for Inpatient Mental Health Services
	AIMS AT - Accreditation for Inpatient Mental Health Services Working age adult assessment/triage wards
	QNIC – Quality Network for Inpatient CAMHS
	QNMHD – Quality Network for Inpatient Mental Health Services for Deaf People
	QED – Quality Network for eating disorders
	QNLD – Quality Network for Inpatient Learning Disability
	QNOAMNS – Quality Network for Older Adults Mental Health Services
	AIMS Rehab Accreditation for Inpatient Mental Health Services Rehabilitation Wards
	QNFMHS – Quality Network for Forensic Mental Health Services
	AIMS WA Accreditation for Inpatient Mental Health Services Working age adult acute wards
	ACOMHS – Accreditation for community mental health services
	QNCC – Quality Network for Child and adolescent community teams
	HTAS – Home Treatment Accreditation Scheme
	EIPN – Early Intervention in Psychosis Network
	ECTAS – Electroconvulsive Therapy Accreditation Service
	EE – Enabling Environments Network
	MSNAP - Memory Services National Accreditation Programme
	QNPMHS – Quality Network for Prison Mental Health Services
	PLAN – Psychiatric Liaison Accreditation Network
	APPTS - Accreditation Programme for Psychological Therapies Services
	CofC – Community of Communities

1.0   Quality Assurance

1.1   Following on from the work to understand how smaller and more specialised services connect with each other, engage with local management and the wider Trust, this report takes a closer look at clinical network for sharing and learning across ELFT.

1.2   Learning networks are a facilitated, peer-to-peer learning approach that can be highly effective at sharing knowledge and enabling collaboration to improve outcomes. The best examples of collaborative learning networks in healthcare globally utilise data for research and improvement, involve service users, families and clinicians in building communities of practice, and encourage the sharing and adoption of best practice. A prime example of a healthcare system that has leveraged the power of learning networks to improve health and healthcare is Cincinnati Children's hospital.

1.3   This report examines our existing learning networks within clinical services at ELFT, and specifically looks at mental health services and clinical specialisms that are provided across multiple directorates. The rationale for starting with these services was to explore how clinical services currently learn from each other when they are managed separately. Specialist services that have a shared management structure whilst being geographically dispersed, e.g. CAMHS, IAPT etc. were excluded from this initial exploration on the basis that their management arrangements already created opportunities for teams to come together, learn from each other and look at variation across services.

1.4   Twenty initial clinical services within ELFT's mental health services were identified where there might be a benefit from cross-directorate learning:

Adult community mental health services	Older people's community mental health services	Adult inpatient services (male / female)	Adult PICU services
Older people's inpatient mental health services	Memory services	Community learning disability services	Autism services
Early intervention in psychosis	Clozapine clinics	Enhanced primary care services	Primary care liaison services
Personality disorder services	Crisis resolution and home treatment	Psychiatric Liaison	Perinatal services
Street triage	Court liaison and diversion	Recovery colleges	Psychological therapy services

1.5   The Quality Assurance Team reached out to operational leads of the teams above to find out what networks existed, how they operated, who was included and what purpose they fulfilled. This process identified 8 formal networks currently operating across the Trust:
- Older people's community mental health services
- Adult PICU services
- Community learning disability services
- Autism services
- Early intervention in psychosis services
- Perinatal services
- Recovery colleges
- Psychological therapy services

1.6   Most of these existing networks have been brought together through the initiative of individual clinicians, typically in a management or leadership role, and have been sustained through the effort of individuals.

1.7   When services described the existence of a network, this generally meant regular meetings where multiple teams came together. Often these meetings are complemented by informal communication and interpersonal relationships, rather than any formal system of communication or collaboration. Existing networks meet at varying frequencies - monthly, bi-monthly or quarterly.

1.8   In some instances there has been a specific imperative for bringing services together. For example, the Trust PICU forum arose due to the perception that a lack of communication and connectedness across services was impacting on patient and staff safety. There was a sense that the network was led from the centre, and had previously had an Executive lead, and was now being led by the Director of Nursing for East London MH services.

1.9   A notable example of a more formally structured clinical network supported from the centre is the community learning disabilities network. Under the guidance of the Clinical Director, community learning disability teams meet regularly. The representation is mainly from senior clinicians within these teams and currently it is the service managers, consultant psychiatrists and the lead psychologist. Whilst the success of the group is dependent on the ongoing support of team leaders, there is additional benefit from both the clinical director and strategic lead having the capacity to have regular contact with all services, bring them together when necessary, help to address any challenges and provide a route of escalation. Other features of the network include creating a shared network folder to hold key information and examples of good practice. Teams also visit each other to share and learn. The network has also been energised by being able to stage events such as the Trust-wide learning disability conference in November 2018 that brought all the teams together to learn from each other, and also established the need for shared governance across the services.

1.10   There have been a number of tangible effects from this clinical network, including:

- all teams signing up to the Stopping Overmedication of People with a learning disability (STOMP) programme
- all teams participating in a Triple Aim launch event in Bedfordshire and Luton.
- Standardisation across services in the use of the electronic record system, and the use of screening tools

1.11   The Psychological Services forum was described as having emerged from the Improving Access and Flow QI project. It has improvement at its core, but has also performed the function of enabling strategic development and harmonising practice across services.

1.12   Similarly a fledgling network is emerging from the Reshaping Community Services QI project. Services from Tower Hamlets and Newham have formed a close working relationship as these were the two prototype sites, and this has now extended to teams across the Trust's geography.

1.13   However it is clear that some current networks are focused more on building relationships and connections across services, with less focus on improving outcomes or reducing variation.

1.14   A small number of networks, such as the PICU and Psychological Services networks can describe a clear purpose. However, all other teams currently engaged in network meetings describe the centrality of learning and sharing of good practice in a broader way. One network described a focus on increasing parity and consistency across services.

1.15   Of those services spoken to that were not currently part of an internal network, almost all recognised the value in creating a network of similar services, citing the potential value

of shared learning and good practice. Some expressed the view that not having a network in place was a 'gap'.

1.16   In some cases services describe informal or ad hoc arrangements for getting together. Typically these take the form of management type meetings rather than being inclusive of wider team members.

1.17   A number of services not currently meeting as a network described there having been a network operating at some point in the past that had not been sustained. When exploring this further it was apparent that there a common barriers to effective networking:

- Crucially, the onus for starting and sustaining networks tends to fall on individual leaders. Typically there is no formal support structure around clinical networks
- The geographical spread of services is perceived as a challenge
- Time and workload mitigate against meeting regularly, and there is a natural reluctance to appear to prioritise meeting time over clinical time
- Networks may often formed out of a particular need (e.g. to review implementation of NICE guidance) and do not persist following completion of the task

1.18   For adult in-patient services it was speculated that useful networks could exist for male and female services. On exploration with clinical leads, it is apparent that the number of services involved, and the challenges of simultaneously releasing clinical staff to meet together, might make it difficult to create a fully inclusive physical network. There was also no consensus on how helpful bringing such large groups together would be. However, borough lead nurses meet regularly and this is felt to be a useful forum within which to share clinical challenges, experiences and learning.

1.19   It is likely that more such forums exist where specific professional or other groups with shared interest, or working in similar specialisms, connect in a regular meeting or forum, that performs a similar function as a clinical network as described above.

1.20   There are other mechanisms in place for the sharing of learning more widely than between specialisms, for example through directorate and Trustwide learning lessons seminars, typically taking place every few months and tending to focus on a key theme emerging from a Serious incident and/or complaints that resonate across services.

1.21   In some cases, services operate their own learning lessons seminars. For example, Psychiatric Liaison Services have organised annual seminars, the most recent in May 2019 featuring the presentation and discussion of three serious incident reviews.

1.22   It is also of note that there are wider networking opportunities for certain specialisms outside of the Trust. Some services are members of national bodies and take advantage of the learning opportunities this presents, for example NAPICU. There are some local and national networks that services are part of, for example EQUIP services are part of a London-wide network, and perinatal services are part of a North East London network with NEFLT.

1.23   The Royal College of Psychiatrists operates a range of Quality Networks, which use a process of regular peer review against service standards, leading towards accreditation. This enables sharing of experience and learning, and some networking opportunities either at service/peer review level, or as part of a wider annual forum for members.

1.24   Currently RCPsych hosts the following networks:

In-patient services	Community services
Acute hospitals (Elder-friendly Wards) Assessment and Triage Wards (AIMS AT) Child and adolescent inpatient services (QNIC) Services for deaf people (QNMHD) Eating disorder wards (QED) Learning disability wards (QNLD) Mother and baby units (Perinatal) Older Adult Wards (QNOAMHS) Psychiatric Intensive Care Units (PICU) Rehabilitation Wards (AIMS Rehab) Forensic Mental Health Services (QNFMHS) Working Age Wards (AIMS WA)	Adult Community Teams (ACOMHS) Child and Adolescent Community Teams (QNCC) Crisis Resolution and Home Treatment Teams (HTAS) Early Intervention in Psychosis Teams (EIPN) Electro-Convulsive Therapy Clinics (ECTAS) Enabling Environments (EE) Memory Clinics (MSNAP) Perinatal Community Teams (Perinatal) Prison Mental Health Services (QNPMHS) Psychiatric Liaison Services (PLAN) Psychological Therapy (APPTS) Community of Communities (CofC)

1.20   There are 49 Trust services engaged with these Quality Networks (correct as of April 2019):

| Service Name	Network name	Accreditation Status
Bethnal Green CMHT	ACOMHS	Accredited
Newham South Recovery Team	ACOMHS	Accreditation deferred
South Hackney Recovery Team	ACOMHS	Accredited
Columbia Ward	QNOAMHS	Accredited
Brett Ward, City & Hackney Centre for Mental Health	AIMS WA	Accreditation Lapsed
Brick Lane Ward, Tower Hamlets Centre for Mental Health	AIMS WA	In Review
Conolly Ward, City & Hackney Centre for Mental Health	AIMS WA	Not accredited
Coral Ward	AIMS WA	In Review
Crystal Ward	AIMS WA	In Review
Emerald Ward, Newham Centre for Mental Health	AIMS WA	In Review
Gardner Ward, City & Hackney Centre for Mental Health	AIMS WA	Accredited
Joshua Ward, City & Hackney Centre for Mental Health	AIMS WA	Accredited
Lea Ward, Tower Hamlets Centre for Mental Health	AIMS WA	No Longer Members
Onyx Ward	AIMS WA	In Review
Opal Ward, Newham Centre for Mental Health	AIMS WA	Accredited
Roman Ward, Tower Hamlets Centre for Mental Health	AIMS WA	In Review
Ruby Ward, Newham Centre for Mental Health	AIMS WA	Accredited
Ruth Seifert Ward, City & Hackney Centre for Mental Health	AIMS WA	Accredited

Service Name	Network name	Accreditation Status
Sapphire Ward, Newham Centre for Mental Health	AIMS WA	Accredited
Topaz Ward, Newham Centre for Mental Health	AIMS WA	Accredited
Millfields Medium Secure Unit	Community of Communities (Therapeutic Communities)	Accredited
Newham Early Intervention Psychosis Service	EIPN	In Review
Luton (Bedfordshire)	ECTAS	Accredited
Tower Hamlets	ECTAS	In Review
Changing Lanes IIRMS Community Team	Enabling Environments (EE)	Awarded
City and Hackney	HTAS	In Review
Tower Hamlets Home Treatment Team	HTAS	In Review
Bedford Memory Assessment Service	MSNAP	Accredited
City and Hackney Memory Service	MSNAP	Accredited
Luton Memory Assessment Clinic	MSNAP	Accredited
Mid Bedfordshire Memory Assessment Service	MSNAP	Accredited
Newham Diagnostic Memory Clinic	MSNAP	Accredited
South Bedfordshire Memory Assessment Clinic	MSNAP	Accredited
Tower Hamlets Diagnostic Memory Clinic	MSNAP	Accredited
Margaret Oates Mother and Baby Unit (Hackney)	Perinatal Quality Network	Accredited
City and Hackney Perinatal Outpatient Service	Perinatal Quality Network	Participating but not yet undergoing accreditation
Tower Hamlets Perinatal Service	Perinatal Quality Network	In Review
Newham University Hospital Psychiatric Liaison Team	PLAN	In Review
Tower Hamlets Department of Psychological Medicine (Royal London and Mile End Hospitals)	PLAN	Accredited
Bedfordshire CAMHS	QNCC	Participating but not yet undergoing accreditation
City and Hackney CAMHS	QNCC	Participating but not yet undergoing accreditation
East London CEDS-CYP	QNCC	Participating but not yet undergoing accreditation
Newham CAMHS	QNCC	Participating but not yet undergoing accreditation
Tower Hamlets CAMHS	QNCC	Participating but not yet undergoing accreditation
John Howard Centre	Quality Network for Forensic Mental Health	Accreditation not offered
Coborn Centre	QNIC	Accredited
The Coppice	QNLD	Conditionally Accredited
Crystal Ward	QNPICU	Accredited
Jade Ward	QNPICU	Undergoing review

2.0   Conclusions and recommendations

2.1   Whilst there are a number of formal clinical networks that meet regularly, there is the potential for many more to exist.

2.2   Although their impact has not been formally measured, it is apparent that the consensus of opinion canvassed is that internal clinical networks provide a valuable opportunity primarily to share learning and experience, but also support improvement and the development of working relationships.

2.3   It is evident that most existing networks exist as the result of the initiative of one or more senior clinicians. This onus on the individual is one of the reasons why some networks have been formed and have stopped meeting.

2.4   From the interviews with clinicians, it appears that the balance between the value obtained from the network and the barriers to maintaining an effective network is critical to their success. Where the perceived value outweighs the barriers, the network is sustainable, conversely where the barriers outweigh the perceived value they tend not to persist. The challenge for the organisation is to design a system or way of working that supports the development of collaborative networks. A key part of this will be formalising organisational patronage of internal networks, exemplified by the learning disability clinical network.

2.5   Further opportunities are likely to arise from our redesign of assurance processes to better support our smaller teams, as this is likely to lead to the creation of networks that support learning and sharing across geographies.

2.6   The quality assurance team will be undertaking further work to explore how the organisation might support and build an infrastructure for collaborative learning networks at ELFT. This would include options to utilise digital platforms to connect and virtually collaborate, including with service users and citizens. A great example of this is the ImproveCareNow collaborative learning network hosted by Cincinnati Children's Hospital. We will also be exploring how to best support our clinical leaders learn about how to build and sustain effective learning networks.

2.7   Finally, there is currently no internal oversight of the external accreditation programmes that our teams take part in. This will become part of our quality assurance workstream on assurance, so that we are able to monitor and encourage ELFT team participation.
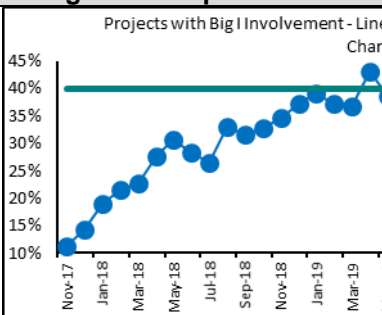
3.0   Quality Improvement

3.1   The 2019-20 quality improvement plan in support of the Trust's mission is illustrated below. This includes four primary drivers, that are similar yet subtly different from previous years. In engaging, encouraging and inspiring, we are shifting to focus more on the use of storytelling as a key mechanism. We are focusing in the second driver away from simply building more improvement capability to also better utilising existing skills within the organisation, as we now have over 1500 substantive staff trained in quality improvement at ELFT. The third driver focuses on better supporting those undertaking improvement work, though a particular focus on strengthening improvement roles and structures. The fourth driver focuses on improvement projects, as in previous years, but with an additional focus on encouraging the use of improvement tools and mind-set in everyday work.
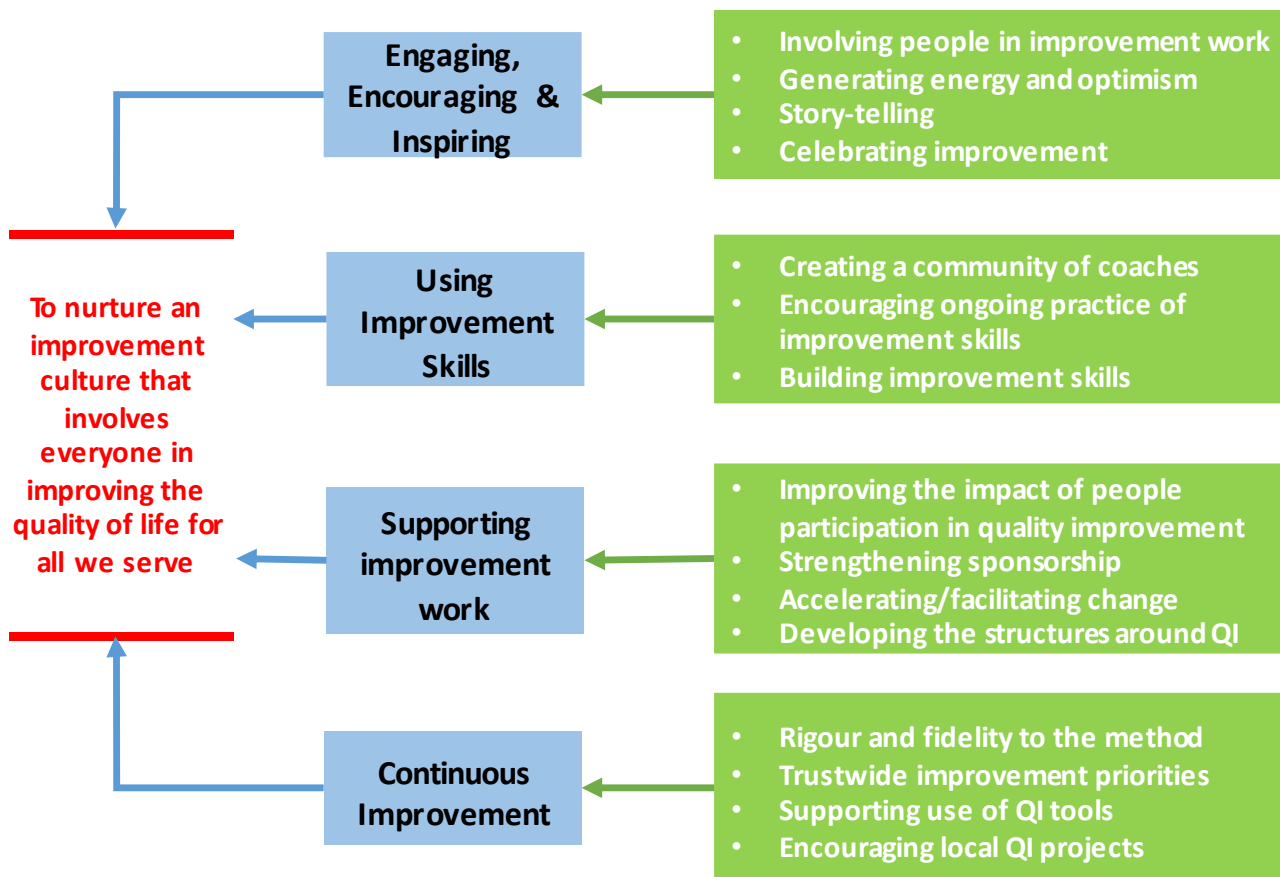
3.2   Under each primary driver there are clear objectives that will define the focus of our QI work for the year ahead, with some initial ideas on measures for each area:

Primary driver	Objective	Work Currently Underway	How will we know that change is an improvement?
Engaging, encouraging and inspiring	Every part of the organisation (within, between, outside directorates) telling improvement stories monthly	• Building storytelling into QI training at ELFT • Using stories (in different formats) in monthly QI newsletter and news section on QI microsite • Trustwide QI forum now focuses on storytelling • Further work underway to support storytelling within directorates and also with other partners	• Measurement system currently being designed, but likely to include both quantitative and qualitative measures from across organisation
Using improvement skills	Strengthening our community of improvement coaches at ELFT	• Working group now being set up including a range of coaches from across the organisation • This group will create a theory of change, identifying technical and adaptive problems and ideas for testing • Change ideas include a more comprehensive post-training mentoring system, coach involvement in QI training delivery and building new coaching networks and conferences.	• Measurement system currently being designed • Will include measures around coach interaction with Life QI as well as other process related measures
Supporting improvement work	Improving impact of people	• More frequent joint PP and QI team meetings with focus on testing and learning around people participation	• Quantitative measure of Big I involvement.

Primary driver	Objective	Work Currently Underway	How will we know that change is an improvement?
	participation in QI for individuals and teams.	in QI • Focus away from simply measuring the quantity of projects with Big I involvement to also ensuring that every improvement opportunity is as meaningful and impactful for both the service user as well as project team • A qualitative measurement system is currently being tested in two directorates in the organisation • This work has now been registered as corporate QI project	 • Qualitative measure on impact of involvement now being tested. Plan for frequent random sample from various locations across Trust to enable regular information feed
Supporting improvement work	Development of systems that support and activate QI	• Focus groups planned to identify key areas to work on in this objective • CQO now visiting different teams across the organisation on a monthly basis • Future stories to focus on learning from failure and other elements deemed high priority by focus groups • Improvement Advisors now more closely embedded in directorates and supporting the growth of QI based on annual quality plans and improvement capacity	• Measurement system currently being designed.
Continuous improvement	Encouraging the use of improvement in everyday thinking and practice	• The June QI newsletter focused on people using their QI skills inside and outside of QI projects • More examples of unsuccessful PDSAs and learning to be featured in newsletters • Use of social media to create a movement around the use of #DailyQI • Utilising different Trust conferences to reinforce this message and better integrate QI into all practice	• Measurement system currently being designed • Quantitative measure around volume of stories being told.

2.4 **Strategic improvement efforts:**

There are currently 110 active QI projects in the organisation and it is anticipated that this number will increase over the coming months, as wave 9 of the Improvement Leaders' programme begins in September. Progress against the Trust's strategic improvement priorities is as follows:

Enjoying Work
A total of 26 teams from 10 directorates have registered to join cohort 3 of enjoying work. We are currently working with all teams to ensure that they have the correct ingredients in place to increase their chance of success, before this work formally starts in September. This preparation includes ensuring that all enjoying work project leads (as well as specific team members) have undertaken the Improvement Leaders' Programme, as some knowledge and experience of the method is critical to undertaking

this work. Over the next 2 months, all teams will be receiving inductions to support them get ready for the learning system. This will include tips and advice from previous cohorts, in addition to support with the technical elements of this work, such as measurement and use of the Life QI platform.

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

Most of the twelve teams working on the Triple Aim are continuing to make progress with this work, with many completing their three-part data reviews, creating their theories of change and starting to develop measurement systems. Following the IHI visit in May, it was identified that teams could be accelerating their testing. Following this, five teams have now either begun or have firm plans to initiate testing over the next month. Another need that has recently been identified is to better connect teams working on the Triple Aim across the geography of ELFT, so that they may learn from each other and identify and tackle common issues. A Trust-wide learning system will commence in July with a virtual call, and face-to-face sessions will start from September.

Value
A number of QI projects are now emerging that are focused primarily on improving value and reducing waste. These include Trust-wide projects aimed at reducing printing volumes or CO_2 emission but also local projects such as "Green Morrison" in the forensic services. We are incorporating content on value and waste into all QI teaching at ELFT from September onwards.

4.0 ACTION REQUESTED

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