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 Assurance section summarises key themes emerging from the last six months of executive walkrounds, together with detail about how the organisation is responding to the issues raised. This section also starts to bring together themes from three sources of feedback, in an early attempt to triangulate sources of insight at Trust-level. The Quality Improvement section outlines measurement plans and progress against the four Quality Improvement team objectives for 19/20. It also includes an update on project progress against the Trust's three strategic improvement areas of Enjoying Work, Triple Aim and Value.

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.

1.0 Quality Assurance

1.1. In October the Quality Assurance Team conducted a thematic analysis of the feedback from Executive walrounds during the 6 months (February to July 2019). All staff of the visited services were invited to attend and contribute to the walkround. Each walkround features a conversation that is structured around standard questions:

    a. What are you proud of as a team?
    b. What gets in the way of you enjoying your day at work?
    c. What are you working as a service to improve?
    d. Anything else that you'd like to use this opportunity to share?
    e. Are you aware of the Trust's new strategy? The new focus is on improving population health outcomes, what do you think that means for your team? What work are you doing or thinking about doing that would improve the health of the population you serve?

1.2. Notes from the walkround are documented on an online form, which then automatically gets shared with the full executive team and the relevant directorate leadership team. The responsibility falls on the directorate leadership team to respond as necessary to the points raised during the walkround, and any actions are reported as part of the quarterly quality and leadership reviews for each directorate with the executive team.

2. Analysis of feedback from walrounds

2.1. The nature of feedback is often very specific to teams, but it is evident that there are themes that emerge within and across sets of services. Below are key themes emerging by service type:

	What are you proud of?	What gets in the way?
Forensic service 4 walrounds	Good Team	Physical Environment
	Good Leadership	IT issues
	Successful quality improvement Work	Staffing Issues
Corporate service 7 walrounds	Supportive Team	Physical Environment
	Rewarding Work	IT Issues
	Making a difference to people's lives	Lack of awareness in the services of what the team does
Adult mental health services (including older adults and IAPT) 39 walrounds	Good Team	IT Issues
	Rewarding Work	Staffing Issues
	Responsiveness to Patient Needs	Physical Environment
	Good Management	Lack of Resources
Adult community health services 15 walrounds	Good Team	Staffing Issues
	Providing Good Care	IT Issues
	Patient Centred	Lack of communication from Trust
Children's services	Good Team	Physical Environment

| 4 walkrounds | Providing Good Care | IT Issues |
| | Rewarding Work | Lack of Capacity |

Trustwide, three clear themes emerged from feedback that were common across services:

Theme	Most frequent issues	Response
IT	Software difficulties, slow network, long response from helpdesk, old hardware, long waits for ordered equipment	More user guides available for hardware and software Improvement process for IT helpdesk has led to average wait time less than 1 minute for past 4 months Evaluating the cost and options for out-of-hours IT support IT field engineers now out in services much more IT devices now have next-day on-site swap out and repair services from the hardware providers Working with partners to enable WiFi access across all Trust sites
Physical environment	Building temperature, desk space, clinical and meeting space, water leaks and rodents	Service leads put forward refurbishment requests on an annual basis, and almost all are funded Capital scheme to air-condition all treatment rooms within inpatient sites and provide air-conditioning to some internal rooms Liaising with housing companies where we occupy property with living accommodation above (prone to water leaks)
Staffing	Capacity, vacancies not being filled, difficulty getting sickness cover, staff retention	Capacity is regularly reviewed at directorate management teams, often resulting in redesign of service model, or business cases proposed to commissioners for more resource Increased use of digital technology for clinical interventions Some services which are not recurrently funded are staffed by temporary staff, which disproportionately increases the vacancy numbers Developing a staff bank for community services Increased admin support to enable clinical staff to focus on core clinical duties

3. Triangulating with other sources of feedback

3.1. From this initial look at themes emerging from executive walkrounds, we have attempted to identify how we might triangulate insights from several sources.

3.2. The new element of the Trustwide Quality committee, where we review the way in which directorates look at and respond to quality and safety data, has highlighted that all directorates already bring together different types of data in an attempt to describe and understand the quality and safety of their services. Typically, directorate-level reports bring together quality and performance metrics along with safety (incident) data, and qualitative feedback (patient-reported experience measures (PREMs), compliments and complaints).

3.3. Directorate leadership teams have expressed the value in looking at this range of data together in one place. One difficulty is that looking at data on a monthly basis allows people to see the detail in individual complaints or incidents, but makes it harder to identify themes emerging, which would require a longer time-frame. In addition, some sources of data, such as executive walkrounds and issues raised through Freedom to Speak Up are largely absent in the directorate-level analysis of multiple sources of data.

3.4. Thematic analysis and triangulation of data should theoretically be easier at Trustwide level, on the basis that reporting requirements are not so bound by a monthly rhythm, and the aggregation of data means that there is greater volume. Thematic analyses are already routinely undertaken on an annual basis for complaints and safety incidents. To date these individual analyses have not been brought together or triangulated in an attempt to add even greater value and insight.

3.5. In the production of this report, we attempted to triangulate data in two ways. The first approach was to bring together analysis of executive walkround themes with data from service user experience feedback (through the patient-reported experience measures that are collected across all clinical services). Below, the top three challenges expressed by staff during executive walkrounds are compared to the top three issues identified by service users who reported a negative experience of care over the same 6 month period:

Staff issues	Service User issues
IT equipment and infrastructure	Not feeling listened to
Physical environment	General care provision
Staffing	Easier and more timely access to services

3.6. Initially, it appears that these seem to be somewhat different and may not correlate. However, when looking in a bit more granularity at both the staff and service user feedback, it is possible to start to see connections and common concerns. For example, the physical environment does come up for service users but is less prominent. A more detailed breakdown of 'staffing' issues raised by staff unearths concerns about:
- Not enough capacity to meet the acuity / number of referrals / size of caseload
- Vacancies not being filled / difficulties recruiting
- Lack of or difficulty getting sickness cover
- Staff retention
- Working below adequate numbers
- Complexity and workload increasing but number of staff remains the same

It is easy to see a potential connection between these issues and an increased perception of not feeling listened to, longer waiting times and care provision generally, but also other themes in service user feedback such as poor communication and staff attitude.

3.7. In March 2019 the Quality Report looked at how we understand service user experience and set out the ambition to explore, alongside the work reviewing the Trust's patient safety system, how we might bring together a range of data relating to the service user experience to enrich our insight (see figure below). Work is ongoing, with some measures embryonic (e.g. service user led accreditation) and some yet to be designed (e.g. service user reported safety measures), but it is possible to start testing the process of bringing together existing data sources.

A circular diagram centered on "Deeper understanding of service user Experience" surrounded by: Patient reported experience measures, Service user led accreditation, Patient reported outcome measures (eg Dialog), patient safety measures, complaints, compliments, comments and suggestions.

3.8. In looking at the themes emerging from complaints over the last year alongside patient-reported experience measures, there is clear alignment and consistency across both channels for sharing feedback:

Complaint themes	Service User feedback
Communication/Information	Not feeling listened to
Clinical Management	General care provision
Attitude of Staff	Easier and more timely access to services
Assessment	Quality/attitude of staff
Access to Services	Communication

3.9. Whilst the consistency of the message is helping in terms of prioritising action and improvement, the process of attempting to analyse data from multiple sources has also been informative, and has highlighted some challenges to our ability to effectively triangulate data from multiple sources:

- No agreed and validated method for objective thematic analysis leaves open the likelihood of subjectivity, bias and the creation of themes to fit the data
- No conventions yet established for the taxonomy of issues or themes
- Themes have to be broad enough to constitute a theme, but small enough to be meaningful and informative. Thematic analysis of serious incidents has a tendency to generate themes that are too broad to be helpful, such as 'CPA' or 'record keeping'.
- Some systems collect fundamentally different data that are difficult to bring together, for example incident and complaints data. This doesn't mean that there is no correlation between the two, just that the connections are often complex and opaque.
- At present any thematic analysis and subsequent triangulation is a manual process and labour intensive. This is all the more so as the real correlations between qualitative data often seem to reveal themselves in the granular detail of the feedback.

3.10. As we move forward in our data journey we would benefit from:
- Unifying data collections systems
- Agreeing conventions for thematic analysis

- Seeking to automate the triangulation of data as far as possible
- Developing our understanding of the fundamental relationships between data, to ensure accurate interpretation and optimisation or learning and subsequent responses

The above will form part of the work programme for the quality assurance team in 2020-21.

4.0   Quality Improvement (QI)

<u>Objective 1: Encourage the use of improvement in everyday thinking, skills/practice and active sharing of these stories.</u>

Our new focus on storytelling seems to be leading to increased engagement with stories through the website. Following the annual visit by our partners, the Institute for Healthcare Improvement (IHI), in October 2019, we are now in the process of revising our theory for this part of the QI plan.

Our emphasis on supporting story-telling about the application of improvement in daily work will remain. A #dailyQI campaign was soft launched in June and storytelling has been integrated into the Improvement Leaders' and Improvement Coaching programme. We are offering a storytelling masterclass with the IHI in January 2020, and a key focus of the 2020 ELFT Quality Conference on 19 May will be story-telling, with a session focussed on how ELFT is making a difference to people's quality of life, as told by staff, service users and carers.

A new element of the plan will focus on supporting the transition from purely project based improvement to everyday improvement - retaining formal QI projects for big complex issues that require a robust structure and support, but also harnessing our improvement mentality, capability and tools in everything that we do. As an example for how our approach might change, an idea from corporate QI coaches is to have 'office hours' to help bring their QI skills to anyone who want to think through 'understanding a problem'. Across our directorates, we will be working with sponsors and coaches to consider how to provide enhanced support and encouragement to all those generating improvement ideas, regardless of whether they become a formal QI project or not.

Measure 1: Engagement with QI Newsletter Landing Page on QI Microsite
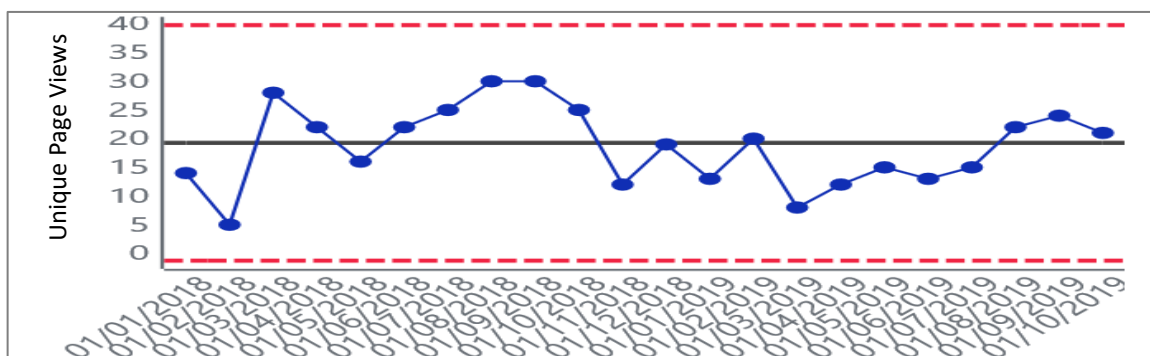
Measure 2: Engagement with QI Stories Landing Page on QI Microsite
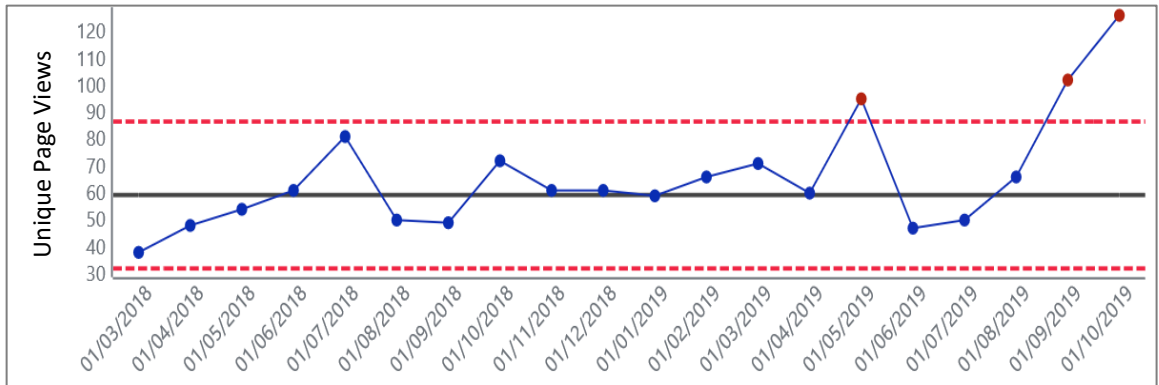
Measure 3: Engagement with QI Tools Landing Page on the Microsite
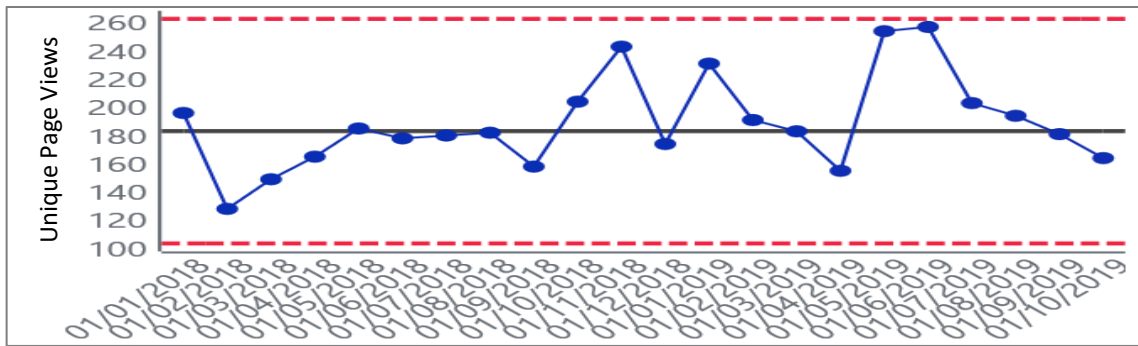
Measure 4: Twitter Engagement Rate
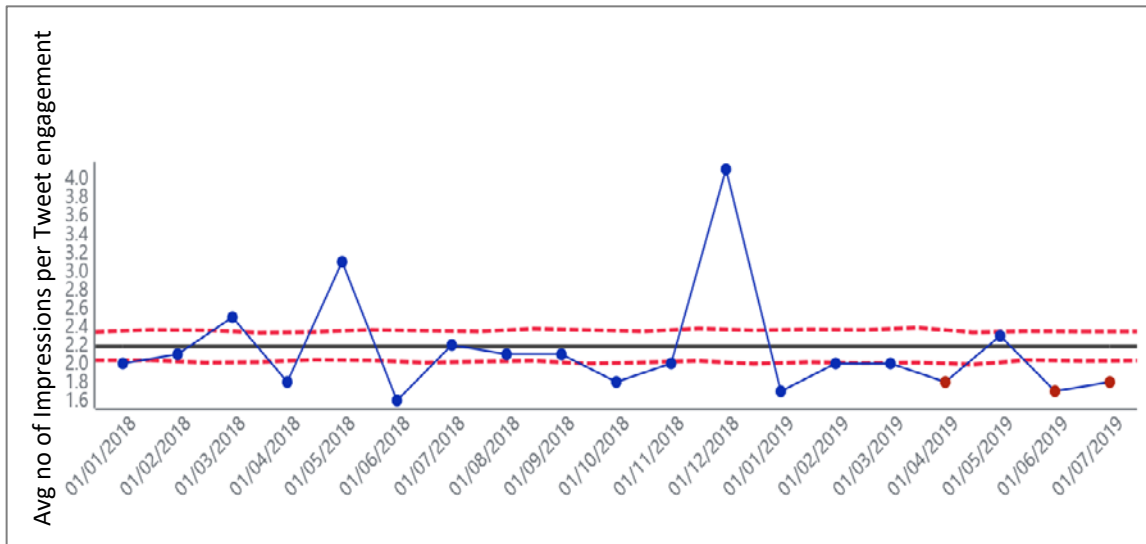
<u>Objective 2: Improving impact of people participation in QI for individuals and teams.</u>

When overall progress against the two quantitative measures is considered, the percentage of Big I involvement appears to have plateaued at around 40%, although when all service user and carer involvement work is considered, this amounts to approximately 70%. With approximately 150 people on wave 9 of the Improvement Leaders Programme, this is likely to increase over the coming 6 months, as many of these projects have just begun.

Measure 1: Percentage of QI Projects Featuring Big Involvement (P chart)
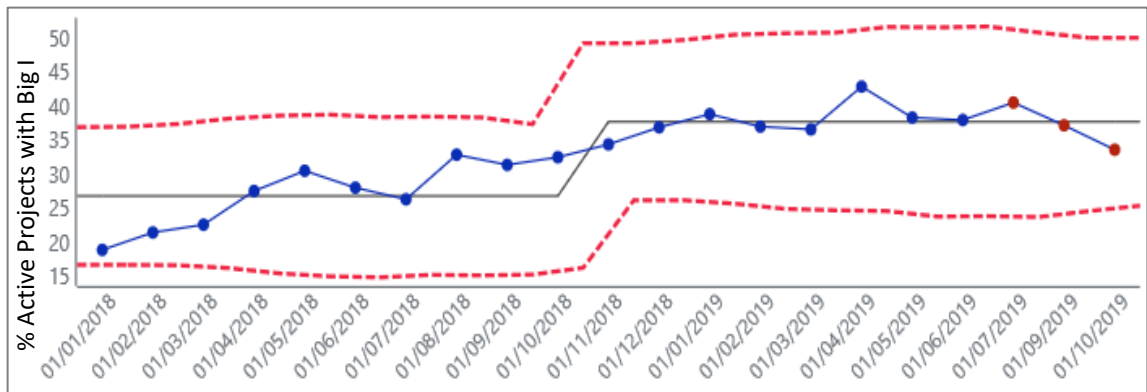
The Trust is now in a position to start measuring not only the quantity of involvement in QI work, but also the quality of this involvement. Following an initial survey to approximately 25 service users, three qualitative measures were selected that represented the most meaningful areas for improvement in this area. These measures are:

- o How would you rate your overall experience of being part of a QI project team?
- o What has been the impact of your involvement in the QI project on you personally?
- o What has been the impact of your involvement on the QI project itself?

In the last board report, we shared some of the initial findings from this survey. A pulse survey has now been established, sent directly to service users (who have consented to participate) on a quarterly basis. This is now enabling us to build a baseline for service user rated experience:

Measure 2: Service user rated experience of being part of QI project team (chronological subgroups of 5 service users)
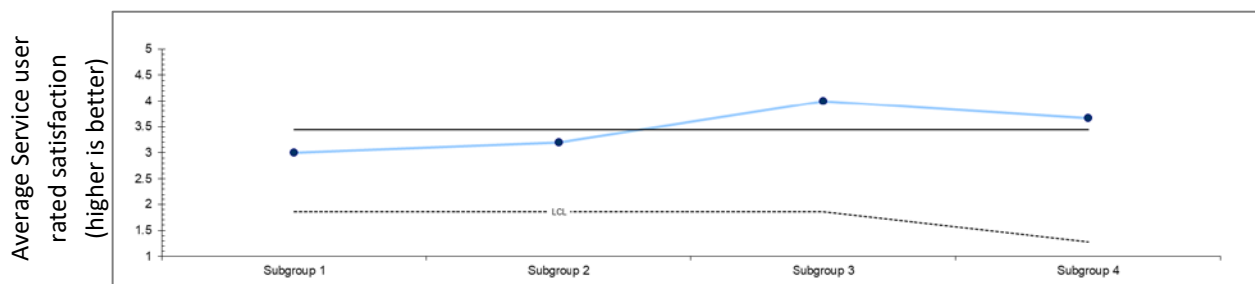
The core team assembled to focus on this objective is co-led by QI and people participation. Next steps will be to ensure that the new qualitative survey becomes part of the standard quality control system around involvement and visible to all directorate management teams and QI Forums, as data on the quantity of involvement already is.

Objective 3: Improving impact of QI sponsors at ELFT around activating, supporting and evolving QI work/continuous improvement

The measure for this objective shows special cause variation with an increase in the number of QI projects that have not progressed over the last 4 months:

Measure 1: Percentage of active projects on LifeQI with a score of ≤2.5 and that have not progressed in the last 3 months
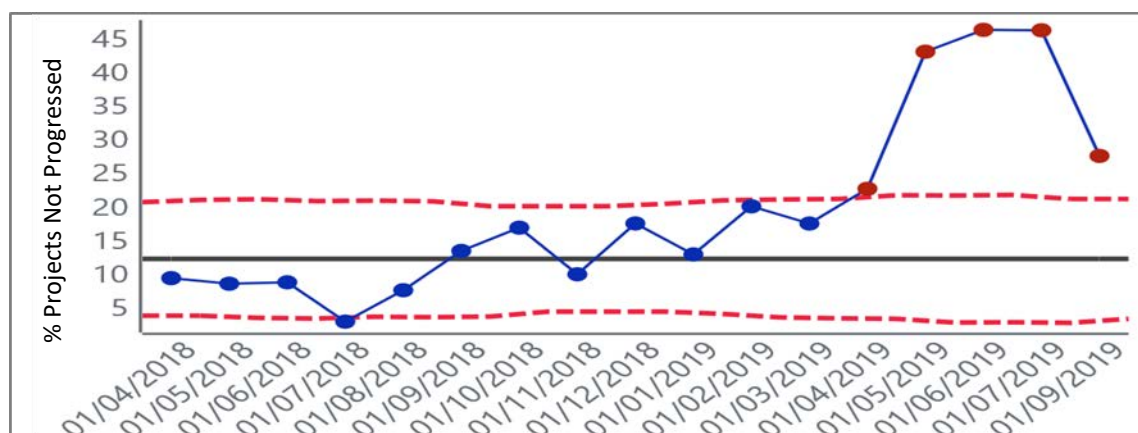
The data above raises several interesting questions that will require further investigation over the coming months. A series of focus groups with sponsors across the Trust have now been completed and a range of tests and tasks are underway in City and Hackney, which is operating as a test bed for this work. Changes currently being tested include:

- The improvement Advisor prompting new projects to make contact with sponsor within first month of project being approved, with an email survey carried out to check if this has happened.
- One sponsor is asking projects to include him in their outlook diary meetings to increase his own visibility to the work.
- Developing a "Sponsorship contract" requesting both initial contact and setting frequency of meetings, nature of these and agreed with Project Leads, coaches and Sponsor.

A survey was sent to sponsors exploring issues such as capacity to provide sponsor support. he data from this survey and previous focus groups was used to drive an organisation wide sponsor workshop during the IHI annual visit in October. At this half day session, 25 sponsors spent time focusing on what makes a good sponsor experience and generating change ideas to start to tackle some of the barriers to enhance the role of sponsors across the organisation. Several ideas and pledges came out of this session which included:

- Sponsors to make proactive contact, organising meetings with the team and coach in advance rather than reactive responding when a team requests support
- Using the QI Forum more efficiently to problem solve
- Co-designing sponsorship with overall leadership in directorate or service
- Looking at appropriateness of current sponsor assigned to QI projects

Next steps will be for directorates and services to explore potential changes that they want to test locally, with the support of local Improvement Advisors through QI Forums

Objective 4: Improving the quantity and quality of coaching support to QI projects

The number of trained QI coaches currently supporting QI projects at ELFT currently stands at 66%. We know that the reasons for QI coaches not supporting QI projects can be varied and include the coach moving on to a different role in the organisation,

undertaking another formal training course (for example an MSc), increased workload in their substantive role, or lack of new projects to coach.

Building on previous work that sought to 'understand the problem' through facilitated sessions between QI Coaches and Improvement Advisors, a survey was sent to QI coaches in October to better understand their experience of coaching. This fed into the first Trustwide QI coaches workshop, supported by the IHI on 30 October. The group crowdsourced ideas to test, including:

- Bringing QI into team away days by creating a short training package that includes videos
- Introducing a requirement to maintain one's coaching qualification. This can be complemented by running refresher workshops and using 360 degree feedback
- Testing out having full-time coaches
- Buddying coaches who have one or less projects with coaches who have more projects
- Allowing coaches to work across directorates

Eight coaches have volunteered to join this project and they will be bringing together the learning to create a theory of change (driver diagram) and setting some milestones for testing adaptive change ideas, making some technical changes and keeping the rest of the coaching group informed and involved.

4.1   Strategic improvement efforts:

There are currently 139 active QI projects in the organisation. Progress against the Trust's strategic improvement priorities is as follows:

<u>Enjoying Work</u>

A total of 18 teams continue to take part in cohort 3 of enjoying work, which is running in parallel with wave 9 of the Improvement Leaders' Programme. Two teams have withdrawn from this learning system since the last board report owing to long term staff sickness. These will be followed up by the organisational development team and their respective sponsors, to ensure they have support as needed and can rejoin the next programme.

All teams are using a mixture of subjective and objective outcome measures, to help them understand the impact of their work. Some of these measures are completed during the workshops (e.g. storytelling) with others being completed outside of learning sets (monthly pulse survey and weekly Good Day measure). The most recent Good Day Measure dashboard, disaggregated to all teams in the cohort, can be seen below and shows that nearly all teams have now started to collect baseline data:

ENYOYING WORK - COHORT 3 DASHBOARD

LEGEND: ● Baseline Data ● Test Data (n) = Avg. Number of Responses

% of staff answering "Mostly Yes"

Aldgate Ward (2) — CL = 89
B&L Senior Psychology (6) — CL = 52
Bedfordshire IAPT (5) — CL = 79
Brantwood CMHT — Data Not Yet Available
Commercial Development — Data Not Yet Available

CHN Adult Admin (15) — CL = 90
CMHT for Older Adults (2) — CL = 84
Comm. Neurology Service (7) — CL = 82
Corporate Admin (5) — CL = 82
Dunstable CAMHS — Data Not Yet Available

Emerald Ward (4) — CL = 87
Fothergill Ward (4) — CL = 92
Governance & Risk (5) — CL = 81.5
NW Therapies ECPT (3) — CL = 88.5
Baseline data collection from 16th September 2019 to 30th September 2019

Sapphire Ward (2) — CL = 85.5
SCYPS (9) — CL = 75
SPoA (6) — CL = 87
Tower Hamlets CLDS (4) — CL = 79

At least three teams in the learning system are actively testing change ideas. One of these teams is the Tower Hamlets Community Leaning Disabilities Service (CLDS). They started this work because it is linked to their team's objective to promote and improve the wellbeing of staff. They recognised that their social care staff had the highest levels of sick leave. They also identified a culture of staff frequently working above and beyond their contracted hours. This was coupled with staff experiencing the service as being a friendly, supportive and enjoyable place to work, therefore they wanted to use that asset to improve things for everyone.

Since starting their project, they have been able to follow the design and structure for Enjoying Work projects to give them the best chance of success. They have a project team that is representative of the makeup of their team with includes a Project Lead and Data Champion, supported by their team manager, a QI Coach and Sponsor. They recently shared their progress at their QI Forum and spoke about how they have conducted two appreciative inquiries to draw out the assets and aspirations of their team. They have been meeting weekly and tracking their progress on a Kanban (visual display) board that the whole team can see. They have been able to test several change ideas to achieve quick wins, such as using hot-desking signs, using quiet zone signs, having a 'you're a star' staff challenge, using a 'Things that make you go Grrr!' board and a 'Things that make you go Yay!' board. On reflection, some of the challenges they have noted from doing this work have been balancing their work responsibilities with running the project, and getting all 70 members of the team engaged in the project. They will continue to get support from the QI forum, coach and sponsor to start to address these and other challenges, but also celebrate their effort and progress.

The third workshop in the cohort 3 learning system took place on 7 November, with a focus on leadership. The session included talks from Henry Stewart, Chief Happiness

Officer at Happy Ltd about creating happy workplaces, and Donna Willis, Associate Director of People and Culture about leadership behaviours.

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

Of the thirteen project teams focusing on the Triple Aim, eight now have measurement systems in place and eight are actively testing changes, a 50% increase since the last Board report. Current changes ideas being tested include:

Population	Current and Completed tests of change
People with serious mental illness in City & Hackney	Referrals to Cycling Club Hackney Use of CMHT HCV to review health care checks for patients with no check currently on GP SMI lists - develop care guidance booklet with Service Users
Young people at risk of self-harming	Luton: • Information noticeboard at school • Increasing awareness and access to support phone line Bedford: • Drop-in support session for students Newham: • Self-harm support group for parents
People with a BMI > 40 and their carers	Lower limb dressing support Equipment assessment form to include three pictures to help assess patient weight distribution
People who have been in the forensic service for more than 5 years	Improved 1:1's to include motivational interviewing Changes to ward philosophies Weekly how to group Changes to ward inductions
People in Newham with respiratory conditions who also meet the referral criteria for IAPT	Breathe easy group Clinical health staff education session
Newham residents who have accessed crisis services twice or more in the last 12 months	Proactively calling frequent users of the crisis line Frequent attenders multidisciplinary team Use of dialog in a crisis setting

We are now starting to explore how we support the application of the triple aim framework and quality improvement as a method for learning at greater scale across the organisation. The first test of this will be with the 2-year funded programme to redesign community mental health across East London.

Value for Money

A total of seven teams in the Trust are running QI projects to specifically target cost improvement and all of these are taking part in wave 9 of the Improvement Leaders' Programme. The majority of projects in this group are new and are currently finalising their aims, change ideas and measures. All project teams are part of a value (cost improvement) learning system that meets monthly.

In the case of one project, Green Morrison, the team are increasing green initiatives on the ward by reducing the use of disposables (i.e. cutlery, paper) with the aim of redirecting savings into therapeutic activities. Tests of change currently underway include:

- Every service user having their own set of plastic set of cutlery, plates and bowl for personal use as opposed to using single use polystyrene disposables
- Service users are buying weekly essentials such as juices, bread, biscuits, tea and coffee to reduce food waste
- Service users choosing and buying newspapers daily to reduce paper waste

5.0   ACTION REQUESTED

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