Title	Quality Report
Authors	Duncan Gilbert, Head of Quality Assurance
	Katherine Brittin, Associate Director of Quality Improvement
	Auzewell Chitewe, Associate Director of Quality Improvement
Accountable Executive Director	Dr Amar Shah, Chief Quality Officer

Purpose of the Report:

The Quality Report provides the board with assurance related to 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 describes the learning from the first year of the service user led accreditation programme, with plans on how to further improve this innovative process. This includes exploring how we might adapt the programme to be applicable for non-clinical services, as well as formalising the connection between the findings from this assurance programme and improvement activity led by service users. The Quality Improvement section highlights progress on our large-scale improvement programmes on Enjoying Work, achieving the triple aim for populations, and improving value. The report also describes the quality improvement plan for the coming year, which will encompass a move towards applying quality improvement both within structured projects to solve complex problems, and outside of projects to help understand and solve every-day improvement opportunities.

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   We are now approaching one year since we commenced the service user led accreditation programme. This report will bring together our learning on participation, impact and next steps. This report includes outcome data in respect of three completed cycles, but includes all available data with regard to participation at the time of writing.
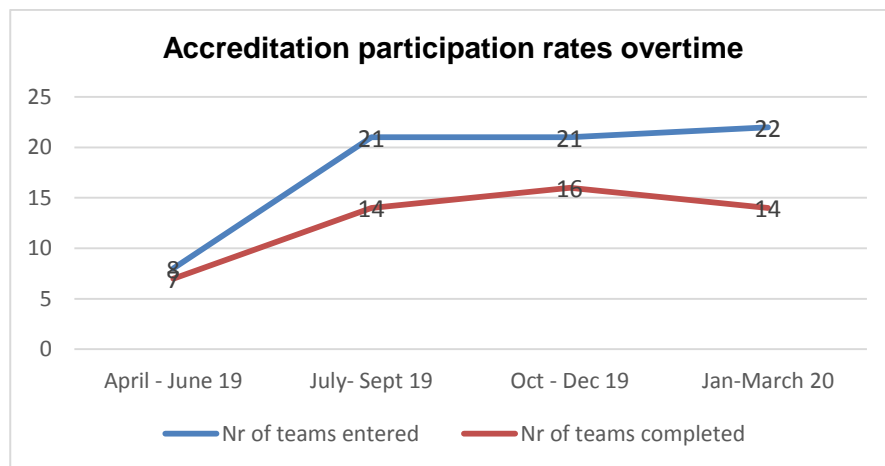
1.2   The accreditation programme is currently delivered in quarterly cycles, with services putting themselves forward for assessment to the Quality Assurance team, which then works with trained service users to co-ordinate the entirely service user led assessment. The programme aims to:

- Recognise and celebrate excellence as defined and measured by service users
- Support improvement and reduce inequality in service user experience
- Enable people participation and collaboration between service users and clinical services
- Improve population health by supporting recovery through the building of relationships, skills, confidence and empowerment

2.0   Participation

2.1   From the outset it has been crucial to ensure that whilst accreditation measures what matters most to service users, it offers a package that is meaningful and appealing to services. They have to want to be accredited, and strive for gold. The Quality Assurance and People Participation Teams work hard to 'market' the accreditation programme. There is also a recognition that interest will also build over time as positive stories and outcomes are shared peer to peer, questions are answered and anxieties overcome.

2.2   In the past year, 72 clinical teams have registered to take part. 52 of those have completed their assessment, 3 are ongoing, and 17 teams have dropped out of the process before its conclusion. On average, the conversion rate of teams registering and fully completing the cycle is 71% (see Figure 1).

Accreditation participation rates overtime

	April - June 19	July- Sept 19	Oct - Dec 19	Jan-March 20
Nr of teams entered	8	21	21	22
Nr of teams completed	7	14	16	14

2.3   Teams have had a range of reasons for dropping out. Most common reasons have been 'sudden changes in team's capacity'; 'increased demand/acuity'; 'unforeseen circumstances'; upcoming CQC inspection; or simply, teams not feeling ready after the self-assessment phase. Of the 17 services that did not complete the process after registration, 6 have subsequently returned to and completed the process.

2.4 Participation across directorates is set out below. Bedfordshire and Luton mental health services, where initial testing of the process took place, have seen the most services take part.
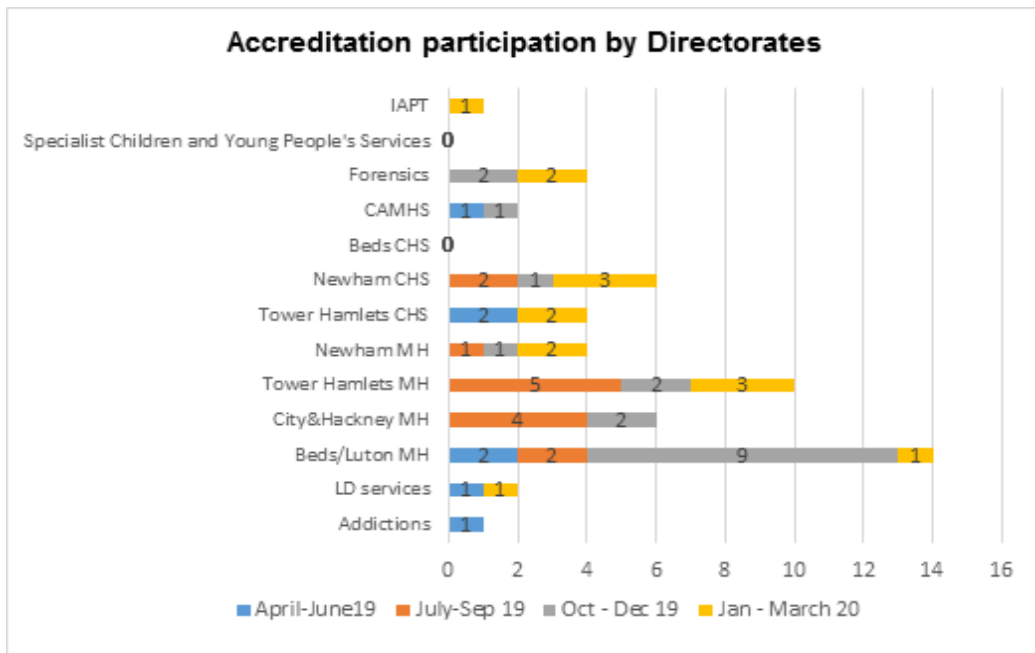

Figure 1 Accreditation participation by directorates

3.0 Outcomes of assessments

3.1 The accreditation awards are summarised in Figure 3 below. All teams are encouraged to take steps to improve based on the outcome of their assessment, and, when they feel the time is right, to put themselves forward for a further assessment. To date one team, Coral Ward, has done just that. The service participated in the first test cycle in April 2019, and were unfortunately not accredited. Impressively, in October 2019 they asked to be reassessed, and achieved a gold award.
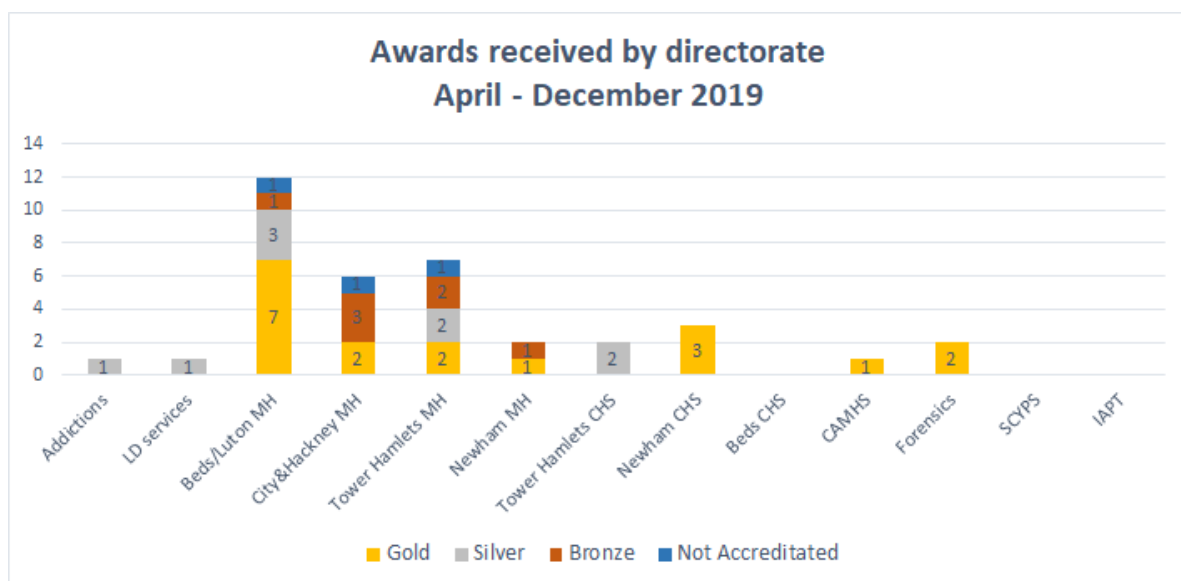

Figure 3 Awards received by all participating directorates

4.0 Learning from completed assessments

4.1 The assessment is comprised of 24 quality standards. In order to achieve a Gold award services must meet a minimum of 21 standards. In addition, following a review of the first two cycles of the programme, mandatory standards were introduced. This service user led process identified six standards that were deemed by service users to be so fundamental to the quality of service and service user experience that services cannot be accredited if they don't meet them. The 6 'must meet' standards are as follows:

Standard 1.2 - Service provides information to service users and carers about the team/service/ward?

Standard 1.4 - Service ensures that every service user and carer are treated fairly and without stigma throughout the course of receiving care
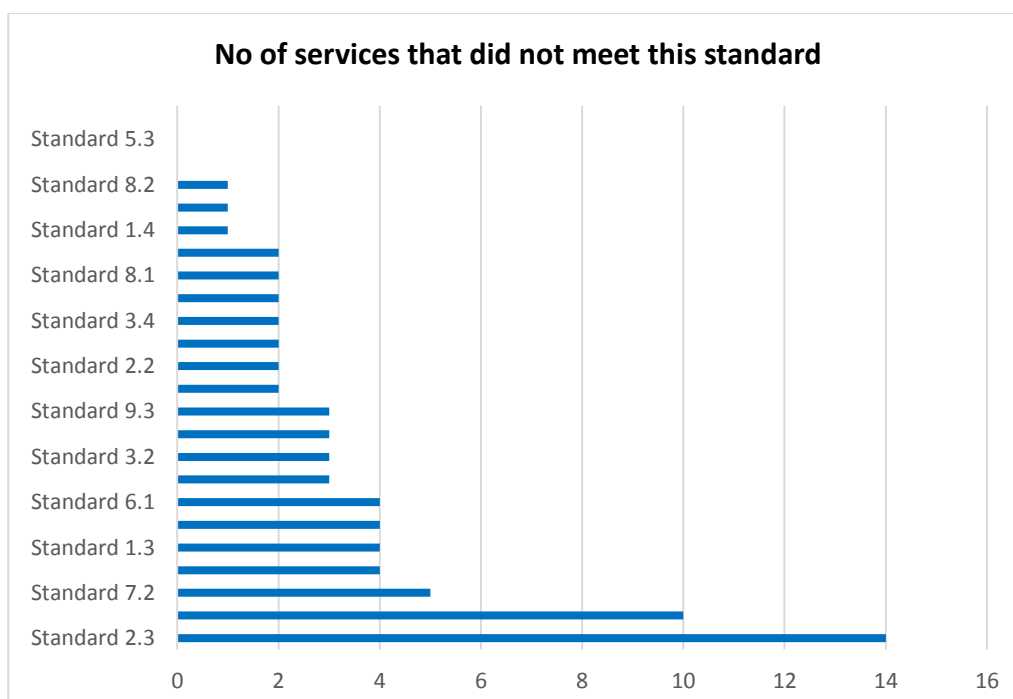
Standard 2.1 - Service can demonstrate that they include service users in decision making about their care

Standard 7.2 - Care / treatment plans identify the skills and strengths for service users to manage their recovery

Standard 8.1- The service can demonstrate they consult with service user groups.

Standard 9.1 - Service users and carers report having opportunity and confidence to raise concerns.

4.2 A review of performance against the standards, for the 52 services that have completed their assessments, is shown below.

No of services that did not meet this standard

Standard	Value
Standard 5.3	0
Standard 8.2	1
Standard 1.4	1
Standard 8.1	2
Standard 3.4	2
Standard 2.2	2
Standard 9.3	3
Standard 3.2	3
Standard 6.1	4
Standard 1.3	4
Standard 7.2	5
Standard 2.3	14

4.3 The two standards that have not been met most often are:

Standard 2.3 - Service can demonstrate it includes and invites service users and carers to service management level meetings

14 out of 54 (26%) participating teams have not met this standard. Given the high aspiration of the standard, 74% of services meeting the required level seems a great start.

Those services that have not met the standard have typically told a story of good overall involvement in care provision and decision making, for example through attending ward rounds, carer forums, community meetings etc. This standard has provided the stimulus and permission for services to take the next step and involve service users and carers in how the service is managed and run. As an example of this, Ash and Willow wards in Bedfordshire now involve service users in the regular Clinical Improvement Group meetings.

Standard 5.2 - Service can demonstrate people participation in quality improvement

10 out of 54 (19%) teams have not met this standard; all of them being mental health services. Services that did not meet this standard advised that although service users and carers had not been involved in previous QI projects they are looking to invite services users to be full partners in upcoming projects.

5.0   People participation

5.1   48 service users have trained as accreditation assessors, 50% of those trained to date have taken an active role in assessment of services.

Service users trained as assessors
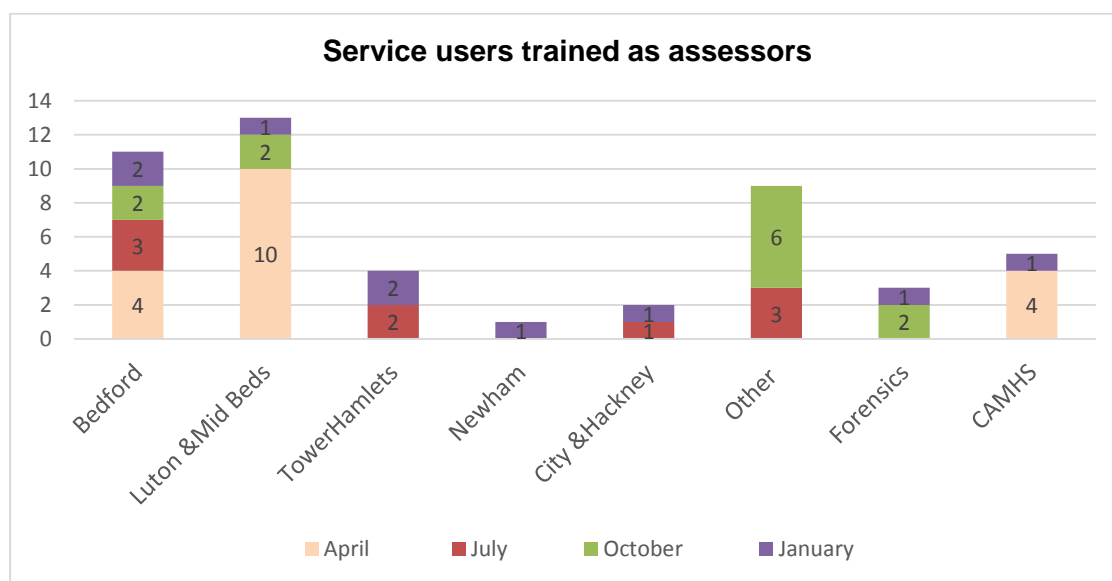
5.2   The reasons for service users assessors not going on to participate have been:
- Became unwell and not able to participate in the programme
- Did not find accreditation programme a good match for their skills
- No longer use ELFT services
- Found paid employment
- Other reasons (such as personal/family circumstances)

5.3   Assessors who have built up confidence through practising their assessment skills and gained good experience of the process are offered the opportunity to undertake additional training to become a 'lead assessor'. The lead assessor is responsible for coordinating and leading the assessment process, and completing the accreditation report. There are currently nine trained lead assessors.

5.4 The Quality Assurance Team, with the QA Service User Lead taking a central role, currently lead the accreditation training programme, but are working with assessors who would like to do more, to upskill them through a 'Train the Trainer' programme, to become Accreditation Trainers in the future. So far there are two assessors who are supporting the lead trainer, and working to join the training team.

5.5 At present the most obvious gap in terms of service user involvement is in the improvement work that is expected to be delivered by services following the outcome of their assessment. All services, regardless of outcome, are provided with recommendations for improvement, but there is not yet a structure embedded into the accreditation process to enable service users to support and monitor improvement activity. The Quality Assurance team, alongside the People Participation and Quality Improvement teams, are looking at existing structures to support service user involvement in improvement work to see how these can be adapted to support service user involvement in the response of services to their accreditation assessments.

6.0 Impact of the programme

6.1 As part of the accreditation process, feedback is routinely collected from the clinical teams and assessors involved. Such feedback has been useful in identifying areas for improvement in the process and making necessary changes. Whilst there have been challenges, the overriding response to the programme from service users and services has been positive. Feedback has also been invaluable in starting to understand the impact of the programme. So far it is evident that:

- Service users feel empowered by the process, the opportunity to work with services collaboratively but from a position of authority to measure what matters to them
- Service users feel that the process makes a genuine difference to the quality of services being assessed
- Service users value the skills, relationships and confidence that the training and assessment process help to build
- For many service users involvement in the process plays a part in their recovery journey
- Clinical Services welcome the scrutiny and validation the process brings, and feel that the accreditation process provides positive recognition
- Clinical Services feel the assessment is a fair and constructive process that helps them to better understand how well they are delivering what matters to service users
- Clinical Services do seek to improve on the basis of the feedback they receive. Below are a few examples of improvements made following feedback from the accreditation team:
    - The Tower Hamlets recovery service have redecorated their meeting room for staff and service users, painting the wall, purchasing plants and new furniture, and creating a library
    - A number of inpatient wards are expanding the content of the welcome booklets and packs received on admission

6.2 Testimonials from those involved to date reflect the impact we are seeing:

"*The training process was easy; the trainers were well informed and spoke calmly and nicely and on point. The atmosphere was very relaxed, and everyone seemed happy to contribute. Well done trainers! It was a great experience. I'm happy to join the team*"

- Service user assessor

"*I have had the privilege of visiting various teams including the Recovery College, Forensics, Telehealth, and the teams has been engaging and interested in adopting the service user standards. The programme is also constantly improving through debrief sessions after every accreditation cycle, so we are always learning. It also means they all work together to improve a service collectively. I think the programme is fantastic and provides a genuine benefit to all involved*"

- Service user assessor

"*I had a wonderful and empowering day with the rest of the team at Mile End Hospital today, and left feeling that my small contribution has made a difference*"

- Service user assessor

"*As a service that actively promotes and encourages service user participation at every level, it was fantastic to be the very first ELFT service to welcome the Service User Led Accreditation Team*"

"*We were especially proud that the team included an ex service user and they had the opportunity to undergo training to participate in this exciting project*"

- CAMHS Service Manager

"*The Service Users who conducted the assessment were very friendly. They ensured that the visit was not just 'patient focused' but also showed interest in how Staff interacted and engaged with patients. Lots of questions were asked not only about care delivery but time was spent looking at the type of activities that we provide to patients. Overall, it was a valuable experience.*"

- Modern Matron, Fothergill Ward

6.6 It is also pleasing to report that the Service User Led Accreditation Programme has been shortlisted for two awards at this year's Patient Experience Network National Awards (PENNA).

7.0 Next steps

7.1 Based on our learning from the first year, the Quality Assurance Team will be working with its service user partners to deliver the following:

- A celebration event to mark the 1 year anniversary of the programme – this will be an opportunity to thank all the service users and clinicians who have been a part of the programme, to celebrate their successes, and to share both the learning from the programme to date and also positive stories that will motivate the ongoing involvement of a wider group of service users and clinical services

- A review of the process as a whole. Whilst the process is working well, there is always room for improvement in the process, how it is managed, how people and services are supported and communicated with.

- Test and formalise a design for quality improvement and assurance systems within the wider process – this is work in progress but will deliver in two areas
  o A structure within which service users with knowledge of the accreditation process and quality improvement skills, will collaborate with services to help them improve in aspects of care delivery identified through the accreditation assessment, and be in a position to provide assurance regarding improvements made
  o A process for enabling local Working Together Groups to understand the key themes from assessments in their area, and to drive and oversee improvement in relation to the themes/issues identified

- Consider if the process can be extended to include non-clinical services. The Quality Assurance Team will be convening a working group of service users to consider how the process might be adapted to include the assessment of non-clinical services.

8.0   Quality Improvement (QI)

8.1   This report provides an update on the three large-scale improvement programmes for 2019-20 (Value, Enjoying Work and Triple Aim), together with plans in relation to our two strategic objectives for quality improvement this year (People Participation in Quality Improvement and the Role and Impact of Coaches and Sponsors in Quality Improvement). Finally, the report shares the annual plan for QI for 2020-21 in support of the Trust's strategy.

8.2   **Enjoying work**

8.2.1   A total of 18 teams have just completed the third cohort of the Trust's Enjoying Work learning system. Each team has used quality improvement to enhance 'joy in work', applying the framework developed by the Institute for Healthcare Improvement (IHI). Figure 4 demonstrates the nine different elements of the joy in work theory of change, and the ideas being tested out across the eighteen teams against each element. Table 1 shows some of the ideas that have been tested across the teams involved in this work.

% OF IDEAS BEING TESTED RELATED TO IHI 'JOY IN WORK' FRAMEWORK

- ■ Wellness and resilience
- ■ Real Time measurement
- ■ Physical and psychological safety
- ■ Autonomy and control
- ■ Participative management
- ■ Daily improvement
- ■ Meaning and purpose
- ■ Recognition and reward
- ■ Camaraderie and teamwork

Figure 4 – Ideas being tested by the cohort 3 teams against the IHI's joy in work framework

Project Name	Directorate	Change ideas
Enjoying work	Corporate	Capacity review, protected time, Regular huddles, monthly socials, gratitude box.
Joy at SCYPS	Specialist child and young persons service	Desk yoga, running clubs, creating a movement using social media, poetry
Enjoyment at work 2020	Child and adolescent mental health service (CAMHS)	Appreciative inquiry, Dogs at work, Yoga, Indoor plants, craft sessions, walks, birthday celebrations.
Enjoying work at Fothergill ward	Community Health Newham	Sharing lunch, staff member of the week month
Enjoying work at Emerald ward	Newham adult mental health	Positivity board on the ward, positivity therapy to reduce stress

Table 1. A selection of 'enjoying work' project change ideas

8.2.1 A team that saw good impact from their project was the 'restoring joy in work' project team from Bedfordshire & Luton psychology and therapy team. The project name was *'Happy Heart Island – Dogs, Cogs and Dolphins'*. The aim of the project was to increase 'yes' responses to the 'good day' measure from 20% to 84% by March 2020. Change ideas tested included 'positive gossip' and 'mindful reflection'. The team provided regular positive comments to colleagues and received positive comments around work done and compliments on their contributions to the team. Whenever the team saw or heard something good, they spread the 'gossip'. The team reached 74% of staff saying that they had had a good day at work.

8.2.2 At the final learning set for this programme in March 2020, the team members completed a semi structured interview to evaluate the impact of the learning sessions. The respondents expressed that the learning sets were "important for connection to other projects", "sharing ideas", "learning from others" and promoting a sense of "camaraderie" and "working with peers more than managers was very beneficial". Every team told stories of the impact of this work on themselves, their colleagues and their work with service users. The fourth cohort of Enjoying Work is currently being designed, and will have a greater emphasis on virtual delivery and guides to help teams work through the process more independently.

8.3 Value

8.3.1 There are currently five QI projects within the value learning system. The projects include focus on energy reduction, reducing waste and reducing salary overpayments.

8.3.2 One of the projects, 'Green Morrison' is taking place on Morrison ward in the forensic service. This project has experienced benefits beyond just cost reduction. The initial aim

of the project was to achieve a 50% reduction in identified expenditure through green initiatives, by March 2020. The team has surpassed their aim and demonstrated a 73% reduction (Figure 2). The project is led by a team of service users and staff, who have tested ideas to stop the purchase of non-reusable cutlery and utensils, enabling service users to purchase and select some ward supplies and newspapers, and introducing a 'green hour' daily with regular reminders. Based on the current results, the total cost saving is projected to be £14,000 per annum. Some of the money saved has been reinvested back into the ward with staff and service users able to purchase extra equipment to promote well-being, for example fitness equipment, a new music system and a projector screen for watching films and sport.

8.3.3   The project has improved service user autonomy. One of the service users involved in the project has described how this involvement has "built their self-esteem" and "helped their recovery". Another benefit was in choosing and purchasing their refreshments it motivated them to consider healthier options in their choice of food and raised awareness in not only cost but reducing waste too.
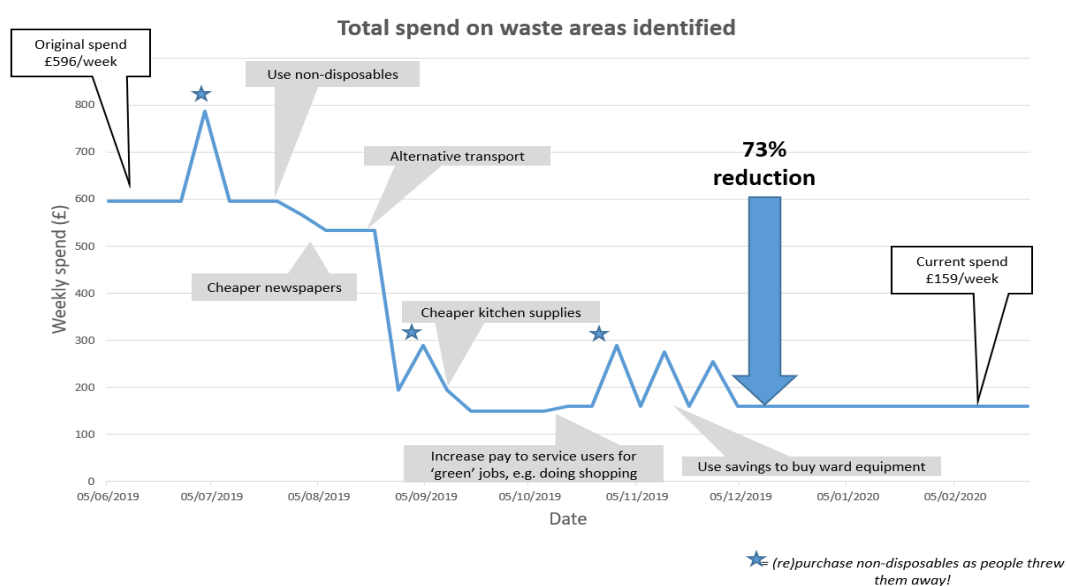

Figure 5 – Green Morrison project results

8.3.4   The learning from this portfolio of projects, plus from our broader financial viability programme, is being collated and reviewed to help develop the next phase of our Trust approach to value for 2020-21.

8.4   Triple Aim

8.4.1   For the last year, fourteen teams have been applying quality improvement for a population of people, to achieve the triple aim of improving population health outcomes, quality and experience of care, and value. These fourteen teams have been supported with close QI input, and a Trust wide learning system to enable sharing, guiding and coaching.

8.4.2   Of the 14 Triple Aim projects, 12 teams have tested changes within their system. Four teams are still currently actively testing ideas, including the team working with people who present in crisis more than five times in a year (Newham Adult Mental Health), people with a serious mental illness (City and Hackney), Bariatric service users with a Body Mass Index over 40 (Community Health Newham) and long stay service users at Wolfson house (Forensics).

8.4.3   The team in Newham are currently exploring how to best use of Dialog for service users in crisis, and are partnering with a third sector organisation to provide social support for

high intensity service users. The Newham Bariatrics team have been testing a body block to help with dressing heavy lower limbs and the use of a body shape tool to aid nurses in what equipment might work best for certain body types. City and Hackney are currently working with a range of different community-based organizations to begin to tackle the wider determinants of health for their users. These include a cycling club, running clinics in community halls and working with community gardens. Meanwhile the team in Forensics is working on improving family relationships through newsletters, ward visits and "come dine with us" dinner events for family and friends to visit the wards. The Tower Hamlets mental health team is working on improving outcomes for the local homeless population. They are currently undertaking a three-part data review to understand needs and assets of the population. There is a strong element of co-production here and the team is comprised of ELFT and local homeless hostel staff as well as those with lived experience.

8.4.4   This Triple Aim approach is now being applied across the population of people with severe mental illness across the East London boroughs through the Community Mental Health Transformation work. In Tower Hamlets they are running a test where the next person picked up by one of the GPs as potentially requiring Community Mental Health Team (CMHT) input will be asked "what do you need help with?". They will then be referred directly to the CMHT where they will be accepted with 'no questions asked' and feedback given to the GP within 24 hrs. In Newham, two GPs will identify a patient who did not meet the threshold for secondary mental health care but required an intervention. The two GPs and a third sector lead will meet to discuss the case to understand what can be done differently. In City and Hackney, two GPs will identify a patient who has complex needs and meet with them in a non-clinical setting to understand what is going on in their lives, so they can learn more about how needs can best be met.

8.4.5   The current learning system for these prototype projects is coming to an end. In the next phase of our triple aim work, we will be applying quality improvement and the triple aim framework to our approach to strategy execution. Each of the places in which we operate will be developing a plan that incorporates the triple aim as a lens through which to view delivery. We will also be starting to develop Trustwide learning networks for population segments, with the first being people with a learning disability.

8.5   People Participation in Quality Improvement

8.5.1   Since 2018, the department has been working closely with the People Participation team to help directorates and quality improvement projects increase the quality and quantity of service user and carer participation in quality improvement projects. The data shows a reduction in projects with no people participation from an average of 62% to a 40% (Figure 6). Half of the projects with no service user involvement are Enjoying Work projects, which are focused on staff wellbeing.

8.5.2   At a recent workshop of the Improvement Leaders Programme, a 6 month training programme that helps staff and service users learn the Quality Improvement method and tools we use at ELFT, a service user shared the impact on being involved in quality improvement. She spoke about her experience of loneliness and feeling like she had no direction. She has been involved in a quality improvement project and shared that this gave her the opportunity to "*contribute my best sincere work*". She added that in addition to being on the project, by having the opportunity to be a delegate on the 6-month long Improvement Leaders Programme: *"…gave me the opportunity to develop on my skills and theory… Strengthen my spoken English, lead QI projects… being happy*".
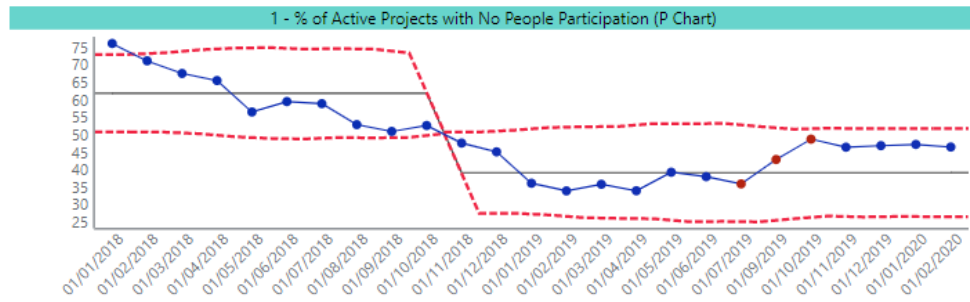
Figure 6 - Percentage of Active Projects with no People Participation

8.5.3 For the year ahead, the People Participation team and the Quality Improvement department are working together to develop a plan to further improve this area. In February, the Trust wide Working Together Group reviewed progress, and explored potential ideas. This is likely to lead to a move towards decentralising ownership of increasing participation to each directorate while helping disseminate lessons and impactful approaches through People Participation Leads and Improvement Advisors. This plan will be agreed and monitored through the Trust wide Working Together Group and People Participation Committee.

8.6 **The Role and Impact of Coaches and Sponsors**

8.6.1 Until recently, all quality improvement activity has taken place within the structures of a formal project with an assigned quality improvement coach and a local sponsor. The Coach's role has been to help the team apply the method, while the Sponsor's role has been to champion the work, align to strategy and help overcome any barriers. This structure has been impactful through 311 closed and existing projects, 201 (64%) of which have shown improvement.

8.6.2 More opportunity to apply quality improvement methods and tools in everyday interaction with services, called #DailyImprovement, is fast becoming an additional way to encourage continuous improvement. This has created the opportunity to reimagine the role of sponsors and coaches.

8.6.3 A Consultant Forensic Psychiatrist, who is a sponsor, shared his reflections on the evolving role of sponsors which supports the need to reimagine the role. He said "*The need for a Sponsor differs between projects. In some I've felt more of a hinderance than a help; for others I think my presence has made a difference. I think it depends on the experience and confidence of the Coach and team members. Sometimes they don't need a Sponsor to push the project along*".

8.6.4 A survey of coaches shows that 45% of them are applying their skills outside of traditional projects to #DailyImprovement (Figure 7). One coach shared: "*I have used the concept of driver diagram* (a visual tool showing a strategy on one page) *to provide structure for my discussion with staff when I meet them for career progression talks. I have found the tool very useful in guiding what the staff could do and exploring all possibilities.*"
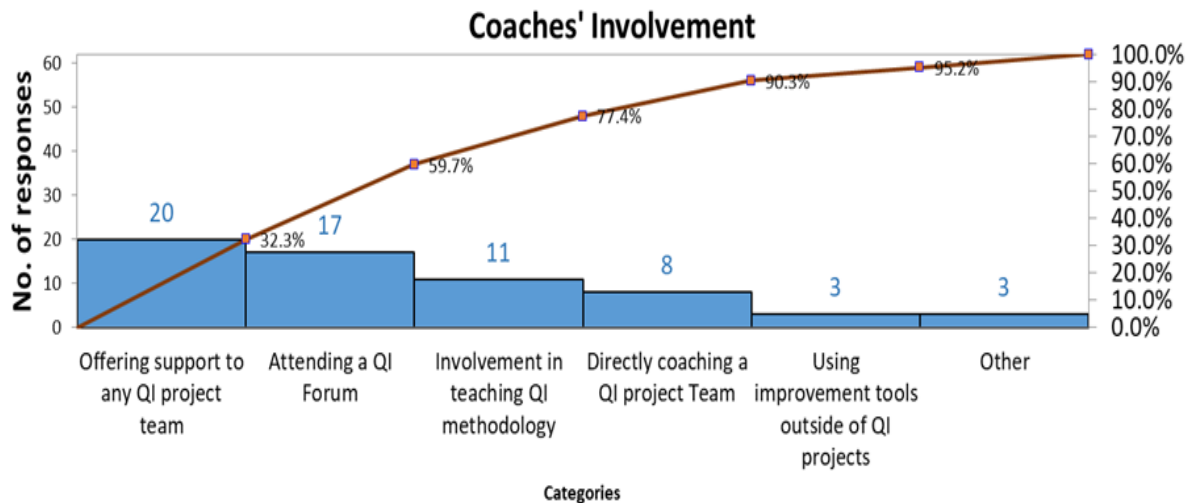
Figure 7 – Survey Results of how coaches are using their skills

8.6.5 The challenge has been how to help people know when to just go ahead and do something that needs improving, when an improvement tool might be helpful, and when a formal QI project is most appropriate. The simple differentiation in Figure 8 is currently being tested out with our directorates, to help people use their quality improvement skills in a meaningful way as part of their day-to-day work.

Daily improvement		QI project
Just-do it	**Use some QI tools without a full project**	
Simple problem	More complex everyday problems we face	Complex problem that is multifactorial
May have been solved before and we may have known solutions	We have strong theories but may not know the solution(s)	We have some theories but need to discover solution(s)
Can be implemented fairly easily, and we can influence the system to achieve the desired result	Improvement tools can help us with certain aspects (eg understanding the problem, articulating our theory or measuring progress)	Close support and concerted effort for a burst of time likely to be needed (so requires project team, QI coach & sponsor for full duration of the work)
Can be initiated by an individual or a small group	Not utilising rapid cycle testing	Using rapid cycle testing, with a team meeting regularly
Doesn't need permission from outside the team	Doesn't need concerted effort on a regular basis by a team	Big I of involvement essential
Likely to be short-term work	Likely to benefit from input from service users and carers, and occasional input from a QI coach or IA	Could be short 90-day projects or longer 6-9month projects
	No permission needed	Needs formal authorisation at QI forum

Figure 8 – Guide to #DailyImprovement and QI Projects

8.7   Quality Improvement plan for 2020-21

8.7.1 As part of our annual planning, figure 9 below illustrates the quality improvement plan for 2020-21 in support of the Trust strategy. The main addition is the emphasis on 'daily improvement' as a way to utilise improvement thinking and tools in day-to-day work and interactions, as well as formal QI projects to solve complex challenges.
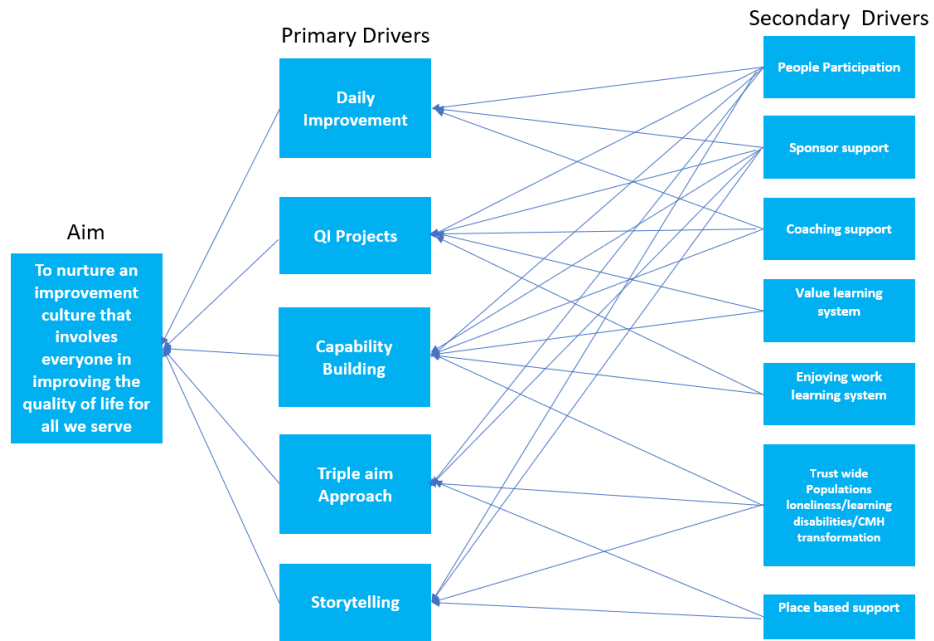
Figure 9 - QI plan for 2020-21

9 Recommendations and Action Being Requested

9.1 The Board is asked to **RECEIVE** and **DISCUSS** the report.