

REPORT TO THE TRUST BOARD - PUBLIC
23 July 2020

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 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:

This report summarises quality assurance and quality improvement work across the organisation during the last 3 months of the covid-19 pandemic. The report then describes how we will be redesigning our quality assurance systems and supporting the next stage of applying quality improvement in the next phase of the pandemic response.

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

Improved patient experience	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

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 As described in the May Board quality report, several of our Trustwide systems and processes for quality assurance (QA) were disrupted by covid-19. In light of the widespread impact to services during covid-19, and the subsequent effect on some of the controls in place to manage risk, the quality assurance committee decided at its meeting on 5 May 2020 to increase the risk score for risk 4 on the Board assurance framework (*if essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm*) from **High** to **Significant**. The Quality Assurance Team has sought to continue assurance processes where possible, and redesign processes where necessary, to ensure continued assurance on quality of care.

1.2 Clinical Audit

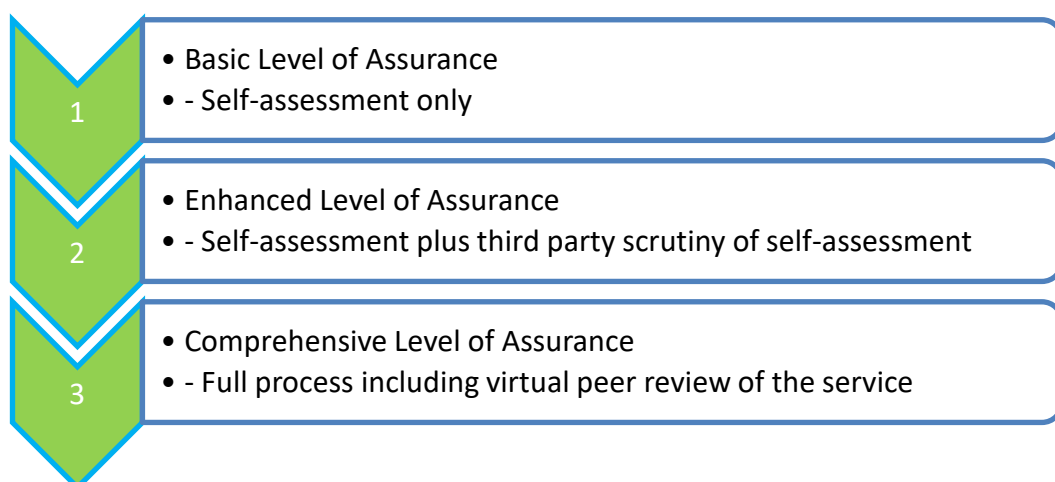
All services were invited to take part in some or all of the clinical audit programme that was scheduled for Quarter 1 (April to June 2020), according to their capacity and priorities. Many services chose to prioritise Infection Control audits, rather than complete all their usual audits. Overall participation for the period was at 21% compared to a median of 70%.

In Quarter 2 (July to September 2020), the clinical audit programmes continues, with the addition of a new Personal Protective Equipment (PPE) audit which has been developed with the infection control team. This regular check will strengthen assurance provided to the Board in the infection prevention and control board assurance framework. Directorates have been invited to review their elective audit standards in light of covid-19. Indications are that all services plan to participate in the next round of audit that begins in July 2020.

1.3 CQC@ELFT (inspection readiness)

This workstream was paused at the beginning of the lockdown in light of the imperative for social distancing and on account of the acute burden on services. No self-assessments or peer reviews have been undertaken since lockdown.

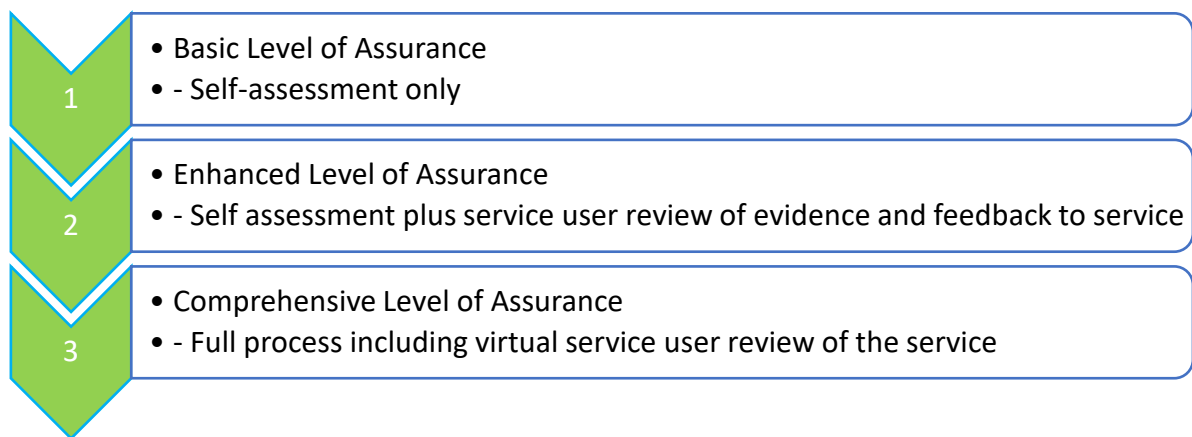
We will be introducing a new three-tier model for services to choose from, based on their capacity and need.



Self-assessments will recommence in July for specialist services teams, with the first virtual peer-to-peer reviews taking place in October and November. The following round of self-assessments will commence in October across community mental health services. The QA team will work with clinicians and service users to prepare them to undertake effective virtual peer to peer reviews, so that we can continue to provide a robust assessment of quality and compliance with core regulatory standards.

1.4 Service User Led Accreditation

As with CQC@ELFT, this workstream was paused at the beginning of the lockdown. No assessments have been undertaken since lockdown. The revised offer is similar to the CQC process. The QA team will support our service user assessors to introduce a three tier model for services to choose from with reference to their capacity and need at the time, and ultimately develop the 'peer review' process into a fully virtual system.



Recruitment is now open for teams to begin the next round of service user-led accreditation, with self-assessments recommencing in July and virtual 'site visits' to be resumed during September.

1.5 Collecting Patient Reported Experience Measures (PREM)

The system to enable the collection of feedback from service users has remained in place throughout the pandemic. However, NHS England had issued guidance that stated that Friends and Family test data is not required to be submitted, and tablets used routinely for feedback pose an infection control risk. NHS England have amended their guidance on collection of PREM data, and the Quality Assurance team has been supporting teams to resume collection of feedback. Over the past three months, the mean number of feedback surveys submitted each month has been 314, compared to 1151 previously.

The QA team have been working with services and service users to make it as easy as possible for services to collect feedback, and to understand the impact of Covid-19 on patient experience. A range of interventions have been put in place to enable feedback from service users:

- A revised survey was developed with services and service users, incorporating questions about the impact of covid-19. This has now been implemented and is available across the Trust
- The link to the survey is now available through the front page of the Trust website
- The URL and QR code to the survey have been distributed widely through email signatures, posters, social media and correspondence
- Communication with our services to support them to collect feedback safely

- The QA team are testing the collection of feedback via automated text messages in July
- The QA and People Participation teams (via the Befriending service) now support service user volunteers to collect feedback by telephone, and we are actively recruiting service users to help deliver this

1.6 Executive Walkrounds

At the onset of lockdown, all scheduled walkrounds were postponed. The executive team have been virtually meeting with all directorates on a regular basis, and team-based walkrounds have also commenced. 25 walkrounds have taken place in June 2020. In September, we will be resuming our usual schedule of executive walkrounds, but conducted virtually.

1.7 Supporting the implementation of NICE guidance

NICE guidance continues to be published, triaged and relevant guidance distributed to directorates for detailed review and gap analysis. A detailed report on this process will be provided to the Quality Assurance Committee in September. The volume of relevant Covid-related guidance relevant to community health and mental health services has been fairly low, with much of the relevant guidance being disseminated via NHS England and Public Health England. A large proportion of NICE guidance is relevant to Primary Care Services. The team is working closely with the Medical Director for Primary Care and colleagues to support the development of quality assurance systems in those new services. The Covid clinical guidance workstream continues to meet weekly to consider relevant national guidance and produce specific guidance for the trust as required.

1.8 Supporting Corporate Quality Assurance

Since lockdown, Quality Committee has continued to function. Quality Committee Part 1 has maintained a focus on core assurance processes, with increased attention to impact of covid on quality, and increased frequency of reporting from sub-committees in relation to covid. Parts 2 and 3 have been paused, reflecting the supplementary monitoring and discussion forums introduced as part of the covid emergency response. In July the part 3 'deep dives' into significant quality issues will resume, with a focus on quality in primary care. Part 2, which looks at Directorate Quality and Safety data, will resume on 2nd September. Additionally, the majority of routine quality structures in directorates are recommencing, as improvement and assurance activity restarts aligned to learning and response to covid-19.

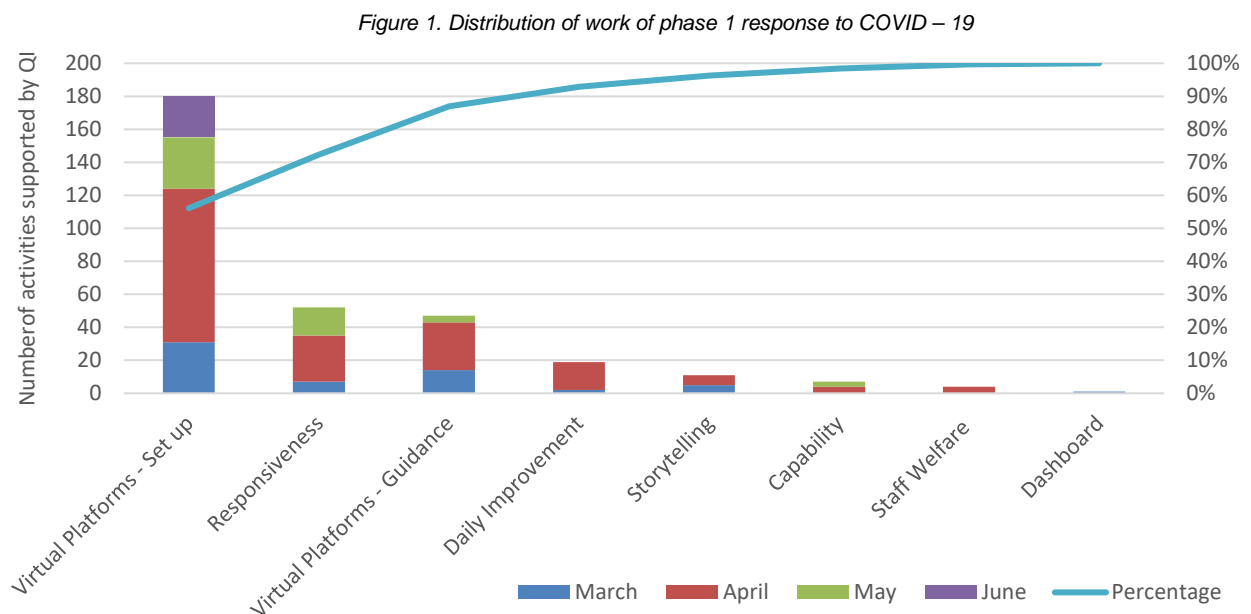
2 Quality Improvement

2.1 April to June (Quarter 1) QI plan:

- 2.1.1 In late March, the QI department developed their 90-day plan to support the Trusts' response to Covid-19. Figure 1 demonstrates the number, percentage and distribution of support provided to the Trust by the QI department during the March – June 2020.
- 2.1.2 Initially, the majority of requests were for virtual platforms set up and guidance. Supporting teams throughout the Trust to enable effective virtual working was an important focus of the department in the first weeks of the pandemic. To support the capability of virtual working, the data team and Improvement Advisors hosted teaching sessions on Microsoft (MS) Teams and MS SharePoint to build confidence and improve document sharing

across the Trust. In addition, the Trust's covid-19 gold command dashboard was developed by the data team and our informatics department.

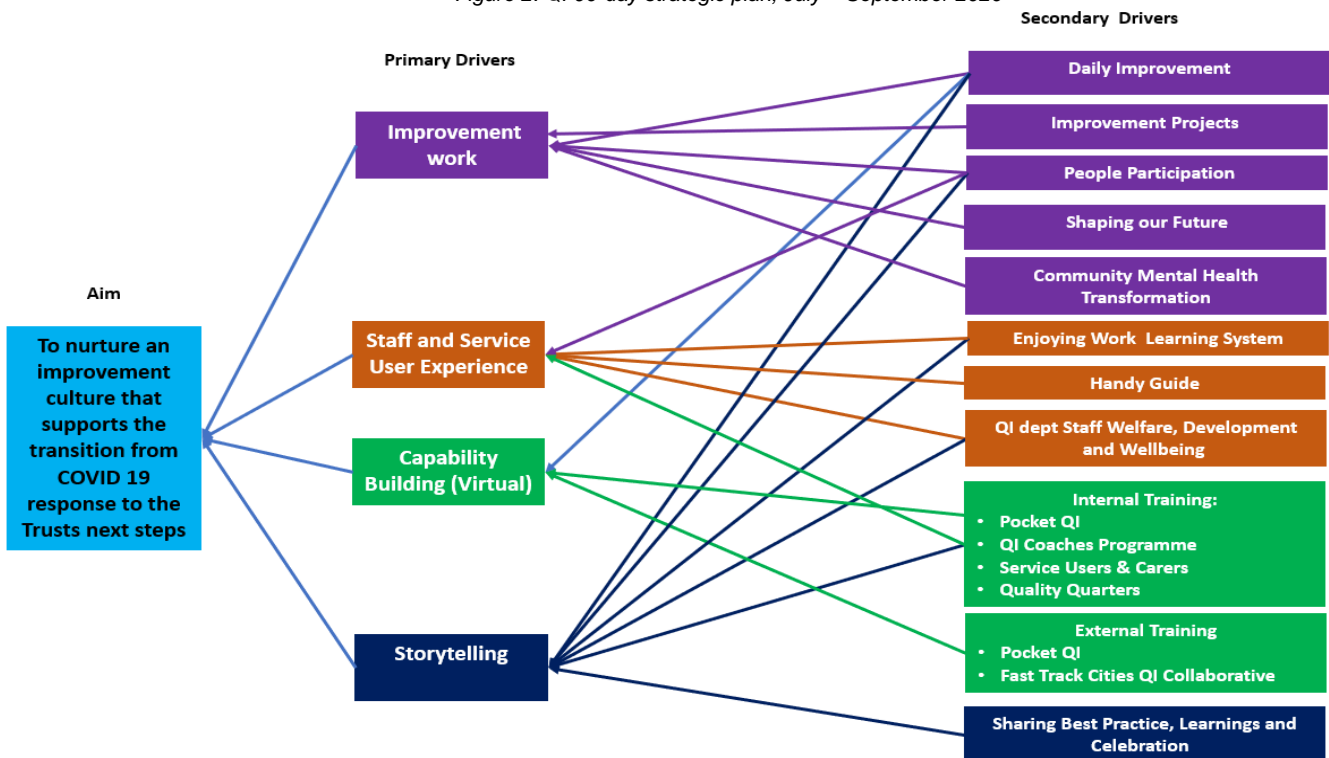
- 2.1.3 The Improvement Advisors have attended directorate 'silver command' meetings to offer support by highlighting the opportunity to use improvement tools to think through the challenges and adaptations needed to respond to the pandemic. The procurement, infection control and community health teams were supported by QI to improve the process for ordering PPE by standardising, streamlining and digitising the steps involved. In addition the 'clozapine clinics' underwent an analysis and mapping of their processes to improve efficiency. Across the directorates, the driver diagram improvement tool has had widespread use to think through the immediate changes required to respond to the pandemic.
- 2.1.4 QI training has adapted over the last three months, with our introductory course, Pocket QI, being redesigned to be delivered virtually. This virtual offer has been attended by 89 people over the last two months. In addition, an online 'working well' handy guide was developed to guide teams through a process of reflection, support and effective team working, based on our learning from the Enjoying Work programme over recent years. This has had 973 unique page views since its launch in May.
- 2.1.5 Telling stories of teams that have utilised improvement to adapt and learn through covid-19 has accelerated over the last three months. A total of 37 stories with accompanying tweets were published. Directorates have also been supported with their own newsletters sharing improvement stories.



2.2 Looking ahead: July to September (Quarter 2) QI Plan:

- 2.2.1 Figure 2 shows the plan for the second quarter of 2020-21, aimed at supporting the Trust's transition during phase 2 of the pandemic response.

Figure 2. QI 90-day strategic plan; July – September 2020



- 2.2.2 **Improvement work:** Returning to specific improvement work is a theme emerging from the directorates. Most directorates have restarted QI forums and there is a review of past, current and potential future projects. The community mental health transformation programme has resumed and already started testing ideas. Following the acute phase of Covid-19, the programme reconvened and adapted the testing and delivery method in order to take advantage of some of the advances and lessons learnt during the acute phase, particularly how quickly ideas can be tested and scaled up.
- 2.2.3 The QI department is supporting the Trust's 'Shaping our future' workstream, together with performance, people participation, population health and financial viability. The Shaping our future workstream offers support for teams with three exercises, aimed at enabling our services to reflect, learn, and plan for the future:
- Collective sense making of the current situation with a view to understanding what directorates would like to 'stop', 'amplify', 'let go' and 'start'
 - Planning ahead around a number of future scenarios
 - Redesigning their services through the domains of the Trust strategy; 'improving health outcomes of the population', 'staff and service user experience' and 'value'
- 2.2.4 **Staff and service user experience:** To support the Trust to improve staff experience and wellbeing, the 'working well handy guide' was launched in May. The guide is designed to be used by teams and individuals to help support staff wellbeing using a quality improvement approach. It is a practical guide, and provides tools and exercises that teams can work through. The next quarter of work will involve launching a redesigned, virtual by default, 'Enjoying Work' collaborative learning system in September 2020. This will help bring together teams from across the Trust who want to apply QI to improving staff experience.
- 2.2.5 **Capability Building:** To date there have been 47 applicants across the Trust for the 'Improvement Coaches Programme' (ICP) which will commence in September. The improvement coach role is a critical element of the Trust's improvement infrastructure. Our cohort of 100 improvement coaches provide first-line support for teams who are using quality improvement to solve complex problems. Each improvement coach is asked to identify ring-fenced time in their job plan, approximately half a day a week, to coach one

or two teams in their directorate. The ICP is currently being redesigned to be delivered virtually.

2.2.6 Service user and carer QI training is currently being reviewed and improved, in partnership with people participation. The first session of the redesigned course is due to start in August.

2.2.7 **Storytelling:** Storytelling will remain an important focus in the next quarter. Stories in the form of blogs, vlogs, tweets and sketch notes will be the main form of communication to share learning and celebrate improvement across the Trust.

2.3 Strategic Outlook

2.3.1 **Risks:** A horizon scan of quality improvement activity in the organisation and other organisations has identified a number of risks that, if unmitigated, would jeopardise some of the progress that has been made over the last few years at ELFT.

Inactivity: Due to the rapid shift in focus during the acute phase of Covid-19, there is a risk of QI Forums and QI projects that were put on hold remaining in a state of inactivity. QI Forums have the role of coordinating quality improvement work in directorates. QI projects create an opportunity for people delivering and receiving services to solve some of their most complex challenges together. In addition, the annual quality planning cycle in directorates usually starts with setting directorate priorities in the spring that culminate in a the design of new QI projects that launch in the summer coinciding with the Improvement Leaders Programme. This year, the Improvement Leaders Programme, a 6-month project-based improvement science training, has been postponed as it would not be possible to recreate the learning environment and outcomes remotely. There is a risk that without this accelerant for new improvement activity, very few or no new QI activity may start in directorates. The impact of this would be to jeopardise the progress that has been made in the last six years to embed a culture and practice of systematically utilising quality improvement to solve complex problems.

Mitigating actions:

- At a directorate level, in July and August 2020, Improvement Advisors will be helping their local QI Forums consisting of QI Sponsors, People Participation Leads, QI Coaches and project teams to take stock of their list of QI projects and resources to support these. Together they will need to decide which inactive projects will need to restart or be closed, and what emerging new priorities require a QI project to help work through, in order to adequately support improvement work with the resources available in the directorate.
- In the absence of the Improvement Leaders Programme, the QI department will be delivering the Improvement Coaches Programme remotely from September 2020 to bolster the support and infrastructure around improvement work.
- The covid-19 workstream 'Shaping our Future' is supporting teams to plan ahead and redesign, which is beginning to initiative new quality improvement activity – for managing demand (waiting lists that have developed over the last three months), to ensure effective implementation of new practice that has emerged, or to test and innovate in order to support a new service design
- Activities designed to help people recognise the value of quality improvement to solve problems will be prioritised, in order to support us to return back to our usual ways of involving people deeply in a structured approach to change

Silo working: Social distancing will continue to challenge our previous ways of working together with staff and service users in QI projects. A core component of quality improvement at ELFT is having representatives from the system in question, staff and service users, meet weekly or fortnightly to progress the project to review changes being tested, review their data and plan tests of change.

Mitigating actions:

- Guides are being developed to support teams to collaborate virtually on QI projects using digital platforms and tools. These guides will be made available to QI project teams, QI Coaches and accessible to anyone via the QI website. Some of the guides that were previously tested are already being used in 'shaping our future' workshops.
- Stories of teams that are finding ways to continue to meet virtually, be coached virtually, and involve service users throughout the improvement process are being identified and shared, to support learning across the Trust

Training: Due to social distancing measures, we will not be delivering QI training in the traditional face-to-face format. Continuing to build improvement skills across our staff, service users and partners has been key to building a movement for improvement, with a shared language and approach to problem-solving.

Mitigating actions:

- Pocket QI, service user and carer QI training and improvement coach training have been adapted to be delivered virtually.
- Completely new learning offerings are being developed that can be consumed virtually, at a time and place suitable for the learner and accessible on the internet without needing any special software. One example is the 'Quality Quarters', which is a pre-recorded video series of up to fifteen minutes, each covering a core quality improvements topic or tool.

2.3.2 **Opportunities:** The horizon scan also identified some opportunities:

Working at Scale: Many 'silver command' directorate structures are going to be repurposed for directorates to collaborate and codesign solutions to common problems.

- Improvement Advisors remain part of these groups and will help with the application of quality improvement methods and tools where appropriate. One example is the 'point of care testing' QI project. This is a project in collaboration with Imperial College NHS Trust, with a company that supplies a Covid-19 test that can give a lab-free test result at the point of care. This will help keep people safe and manage the care of new patients admitted to wards and those suspected of having Covid-19. Using quality improvement, the innovation is going to be tested in a local setting and potentially scaled up to other wards and areas.
- Through these structures, some services have already started to come together to frame their experiences and collaborate on the way forward, for example memory services, integrated discharge hubs, pharmacy services, psychological therapy services, learning disability services and clozapine clinics. This provides the opportunity to learn across directorates, standardise where it makes sense, and consider ways of pooling resource and expertise to manage demand more flexibly.

Accelerating improvement work towards our mission: The 'shaping our future' workshops that are taking place across many services and directorates are creating an opportunity for directorates to address complex challenges using a range of approaches, including quality improvement

- Improvement Advisors, alongside people participation, performance and other corporate departments, are supporting directorates with these workshops
- The workshop outputs will feed into new quality improvement work
- The redesign process offers an opportunity for services and service users to creatively challenge existing service models and consider how best we can improve outcomes that matter to the population

Improvement platform: A major update is expected shortly to 'LifeQI', the online platform used to host and manage QI projects. The update brings with it new features as well as

revamps to existing ones. Three key changes will be to the driver diagram, optimised statistical process control charting functionality and a whole new whiteboard feature.

- Some of the shortcomings that have been highlighted by ELFT users about the existing driver diagram function will be addressed, including making this feature more responsive and easier to use.
- Statistical process control charts will adopt a familiar spreadsheet interface and will be easier to export for presentations and printing.
- The whiteboard feature will allow users to explore all the improvement tools on 'LifeQI' (charts, driver diagrams, PDSAs etc.) in everyday work, outside of QI projects. This will benefit the adoption and use of QI for projects and in daily work.
- The QI department is planning to integrate the use of the platform into training and role model how to use these and many other features as the organisation continues to develop a culture of continuous improvement.

3 Recommendations and Action Being Requested

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