NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC
24 September 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 includes a thematic analysis from a range of data sources during the acute phase of the pandemic, to identify quality issues and describe our response as an organisation. The quality improvement section provides an overview of emerging improvement and an update on delivery against the 90-day QI plan for the organisation.

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.
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. Quality Assurance

1.1. The Quality Assurance team have conducted a second thematic analysis, following on from the Quality report in November 2019, triangulating various data sources to provide an overview of quality issues emerging during the significant peak COVID-19 period of 1 April to 31 July 2020.

1.2. Although many of our Trust assurance processes were paused to allow services to focus on providing care during a demanding period, directorates continued to collect service user feedback through Patient Experience Reported Measures (PREM) and Executive Directors continued to meet with teams virtually conducting Executive Walkrounds. We triangulated the thematic findings from these two data sources with reported incidents and complaints.

1.3. 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. Are you aware of the Trust's new strategy? What work are you doing or thinking about doing that would improve the health of the population you serve?

1.4. Our PREM surveys for feedback typically ask service users to rate the following statements based on their experience of care:

a. I feel listened to by the team
b. I feel I have been given enough information regarding my care
c. I feel involved in decisions about my care
d. The professionals involved in my care talk to each other and work well together
e. What can we do to improve the care we offer

In addition to the above we included three supplementary questions to cover COVID-19 experience:

f. While receiving care during a time where services have been impacted by COVID, what has worked well?
g. Is there anything we could have done better during this time where services have been impacted by COVID?
h. If you have experienced telephone/video sessions, were these helpful?

2. Analysis of feedback from Executive walkrounds and PREM feedback

2.1 The ability to undertake walkrounds was impacted by COVID and the need for social distancing. Planned walkrounds were suspended at the onset of the lockdown. Subsequently, Executive Directors resumed virtual walkrounds on an ad hoc basis. As a consequence there is somewhat less data than one would ordinarily expect for the period.

2.2 Analysis of this data by service type and directorate has shown that the themes of feedback during this period were very similar across all services visited. Below are the key themes emerging from walkrounds, with examples collated during categorisation:

What are you proud of?	What gets in the way?
Team adapting	Increase in workload demands

"Continued contact and meaningful engagement with service users, with creative ideas about how to provide this" *"Many of the changes have now embedded into the team"* *"Creative changes for future working"*	*"Much of the workload has remained constant, but with new demands added"* *"increase in mental health demands"* *"sudden rise in referrals"*
Team cohesion *"Team supporting each other through the pandemic"* *"Team help and sharing, feeling privileged and rewarded since COVID, increased confidence, feeling more part of the team.*	Anxiety from COVID-19 *"Not knowing what is going to happen"* *"Managing anxiety"* *"Feeling guilty working from home"*
Use of digital platforms *"Good feedback from use of video-consultations"* *"Adoption of new technology - staff and service users. Now delivering CBT by videoconference"*	Use of digital platforms *"Lack of clarity around digital platforms - which to use in different circumstances"* *"rely on digital interaction - particularly for service development, and peer support"* *"Digital poverty for patients/carers"*
Working effectively and delivering service remotely *"remote working, appreciation expressed from service users and their families"* *"working from home for some has worked well with increased time to see more patients"*	IT Issues *"IT - need more equipment and resources"* *"Variation in technology use, working, connectivity"*

2.3 In common with Executive Walkrounds, collection of patient experience data has been impacted by the infection control considerations of Covid. The Quality Assurance Team has been supporting services to continue to collect data, but there is less data than is usually collected during the period. Below we have outlined the themes developed from thematic analysis of PREM feedback:

What has worked well?	**What could have been done better?**
Video and telephone consultations *"Video meetings have been great / platforms are great"*	Staff attitude/morale *"Nurses are evidently overworked and unhappy at times"*

"Telephone sessions are extremely helpful"	*"Nurses to be more happy and smiling"*
<u>Service Appointments</u> *"Flexible appointment times"* *"maintaining daily contact with professionals if needed"*	<u>Service appointments</u> *"Sticking to appointment times"* *"cancelling appointment because of lockdown"*
<u>Support and guidance</u> *"having regular support for my mental health throughout pandemic"* *being available by text message and email is extremely helpful*	<u>Support and guidance</u> *"Teach us to do things ourselves and educate because of lack of face-to-face contact"* *"More support for nurses – right resources during pandemic and not overworked"* *"More nurses needed"*
<u>Care from staff</u> *"People to recognise the amazing work nurses do and the names to be highlighted"*	<u>Use of digital platforms</u> *"Some staff need more training for use of video calls"*

3 Triangulating with Incidents and Complaints data

3.1 To enhance our findings from Executive Walkround and Patient Reported Experience Measures (PREM) feedback during the peak COVID-19 period, we have attempted to triangulate with other data sources. This is to compare and contrast findings, and reinforce validity of the thematic findings. Data triangulation is an effective qualitative analytical approach, especially for unique circumstances to provide invaluable information and new insights for key decision makers. With over 8000 incidents recorded during the given period, the Quality Assurance team centred the theme identification on incidents related to COVID-19 to provide a more focused insight to the board. The key themes and subthemes are set out below:

Complaint Themes and Subthemes	**Incident Themes and Subthemes**
<u>Staff attitude (19%)</u> o Doctors and nurses *Attitude towards her during a recent appointment* o Diagnoses and medication *Feels like the Dr is not confident with ADHD diagnosis or medications*	<u>COVID-19 diagnosis</u> o Challenges with access testing and test results o Reported symptoms/suspected cases o Reported deaths
<u>Communication (20%)</u>	<u>Care and Treatment</u>

o Between service and patient relatives *Poor or no communication with relatives* o Between clinical staff and patients *Unhappy with communication with therapist*	o Delay in wound care - *not had any nursing interventions to assess and redress since discharge* o Access to services o Support/guidance
<u>Care and treatment (52%)</u> o Lack of support/continuing care - *concerned about a lack of support in the community for a service user.* o Mistreatment – *felt was being harassed and harmed by another patient*	<u>Restrictions</u> o Limits/impact of family and friends visiting o Social isolation resulting of lack of leave
	<u>Communication</u> o Between services and with patient and relatives

3.2 Whilst there was a significant proportion of incidents related to physical assaults, no assaults were stated as being directly related to COVID-19. However, incidents did record events leading up to assaults which included the restrictions placed on patients on inpatient units following clinical guidance around social distancing and self-isolation.

3.3 Bringing together all four sources it is evident there are common themes across the spectrum of data visible during this period:

Key Themes from Triangulation	**Subthemes from Triangulation**	
	Positive	**Negative**
Staff experience	- Positive Digital communication - Good experience of virtual appointments - Greater appreciation of services and individual staff	- Poor attitude - Perception of low morale, and impact on patient experience
Communication between service and service users	- Some clear preference for new, virtual, ways of working - Continuity of service	- Challenges with digital communication – i.e. access to and understanding of the technology, lack of personal connection, difficulty in replicating usual experience - Poor verbal communication with patients and relatives, derived from lack of certainty/change in service delivery, impact of virtual communication, use of face masks etc - Lack of communication between services
Care and Treatment	- Increased choice in some cases	- Lack of support and guidance for service users around change, service, care and treatment etc. - Delays in care, access to services

4 Actions taken to improve

4.1 It seems clear that whilst the themes emerging from the analysis are familiar and consistent with the broad themes that we have identified prior to Covid, they appear to have been amplified by the impact of the pandemic, and some specific challenges that have been shared anecdotally are emerging in the data, such as challenges to effective communication, and by extension maintaining effective therapeutic relationships, whilst wearing masks, social distancing and/or meeting virtually.

4.2 Staff experience

The Trust has long recognised the connection between staff wellbeing, satisfaction and happiness, and the care and treatment they provide, and this forms a central pillar of our strategy.

Since the onset of the pandemic, and lockdown, the Trust has been sensitive to the impact on staff and service users alike. A great deal of work has been done, spearheaded by the People and Culture Team to support staff and to promote wellbeing.

During the first 3 months of the pandemic a regular 'Check In' survey was administered to a cross-section of staff. The feedback was instrumental in supporting the organisation to respond appropriately and in real time to the needs of the workforce.

Support sessions were held for those who were shielding and those who work in administrative roles.

Staff with expertise in Trauma Informed Care created an infographic to support staff:

Every Covid update bulletin, sent out weekly by the Communications Team, includes an ELFT wellbeing section which promotes these offers of support. Additionally, our 'wellbeing wheel' was launched in the first People and Culture wellbeing newsletter last month.

The full extent of the offer to staff through the People and Culture to support and promote their wellbeing can be found at the link below:

https://www.elft.nhs.uk/Professionals/Information-for-ELFT-Staff/People--Culture/Staff-Wellbeing

Practical support for staff newly working from home or remotely has also been put in place. The digital department have made a range of equipment available to staff, along with advice and guidance around working from home, with how-to guides and training sessions in relation to new digital and videoconferencing platforms. The full range of support can be found here: https://www.elft.nhs.uk/Professionals/Information-for-ELFT-Staff/People--Culture/Working-Remotely

The Trust has also recognised the inequalities amplified by the pandemic and the impact this has had on staff, in particular those from BAME backgrounds. Nine Trustwide sessions related to race and privilege have been led by Executive Directors since lockdown, and other activities have been undertaken with the Executive Team, Trust Governors, and People & Culture Team facilitated by an external organisation called BRAP.

4.3 Communication

The impact of distanced communication, and the use of face coverings on communication and relationships has become increasingly apparent. National awareness-raising campaigns have taken place, and posters shared with staff through Communications and the website. Through the covid clinical guidance workstream, guidance on conducting good virtual consultations has been co-produced by service users and staff, and can be found at the link below:
https://www.elft.nhs.uk/uploads/files/1/Trust%20Guidance%20on%20Undertaking%20Virtual%20Clinical%20Work_July%202020.pdf

The Trust, supported by the coproduction workstream, is currently developing guidance for staff on maintaining relationships with service users whilst wearing a face mask, with particular attention to higher impact groups such as service users with impaired hearing, or a learning disability.

4.4 Care and treatment

Since the onset of the pandemic, a covid clinical guidance workstream has met, initially twice weekly and now weekly, to respond to new national guidance and emerging issues within the Trust and beyond, to ensure rapid provision of clear guidance to clinicians. All local and national guidance is distributed by the communications team, and is accessible via the trust website:
https://www.elft.nhs.uk/Professionals/Information-for-ELFT-Staff/Clinical-Guidance

Our Associate Clinical Directors for community mental health have recently come together to work with service users and carers to develop guidance on maintaining therapeutic relationships within community services, which will include minimum standards and clear decision-making guidance on when, and how often, face-to-face interaction should take place. The guidance is based on the tenet that patient-centred care and co-production remain at the core of ELFT ways of working. It is assumed that the patient's preference for the method of contact will be the default position, mitigated by all other factors described in the guidance.

In relation to access, our data during the month of July highlights decreasing demand across accident & emergency mental health liaison services, and increasing demand across community and inpatient services. Access to Trust crisis mental health services remain responsive, with crisis presentations showing further increases. Despite increases in referrals, access times for community mental health services, CAMHS and Community Health Services remain stable. Improving Access to Psychological Therapy (IAPT) services have started to meet their access targets, and referral activity has started to rise towards pre-COVID levels.

There has been an adverse impact on waiting times for Psychological Therapy Services (PTS). Overall, PTS services are starting to see a slight decrease in average waiting times from referral to assessment. This is still significantly above the waiting times pre-COVID. The average waiting times for treatment continue to rise. However, in terms of the number of service users waiting for assessment, this has remained consistent in the last 3 months. The number of people waiting for treatment has decreased since February and continues to decrease with the use of virtual treatments.

All psychological therapy services have now moved to virtual delivery for pre-assessment, assessment and treatments. This change in how we provide assessment and treatment has been a challenge and taken several months to get right, and most service users have welcomed the change. Current challenges services face include service user reluctance to attend NHS sites as services restart limited face-to-face sessions, service users facing difficulty in accessing digital therapy, new digital offers taking up more resources from the team, poor internet connectivity, establishing safe and secure virtual delivery platforms, and difficulties in staff accessing clinical records remotely. Early Intervention Services (EIS) performance has declined but remains above the current national target of 65% of service users commencing treatment within two weeks of referral.

Overall, all services have maintained performance as a result of rapidly implementing and refining digital platforms to offer assessment and treatment remotely, which has been successfully utilised by service users. Teams continue to review the balance of face-to-face contact and virtual contact offered to service users, but most services will continue to deliver a significant portion contacts through digital mediums where proven effective and thereby improve waiting times.

From a strategic perspective, the Trust has a well-established ‘Shaping our Future’ workstream that is enabling teams of staff and service users across the Trust to come together to learn from all the changes that have taken place as a result of the pandemic, and co-design the future of our services.

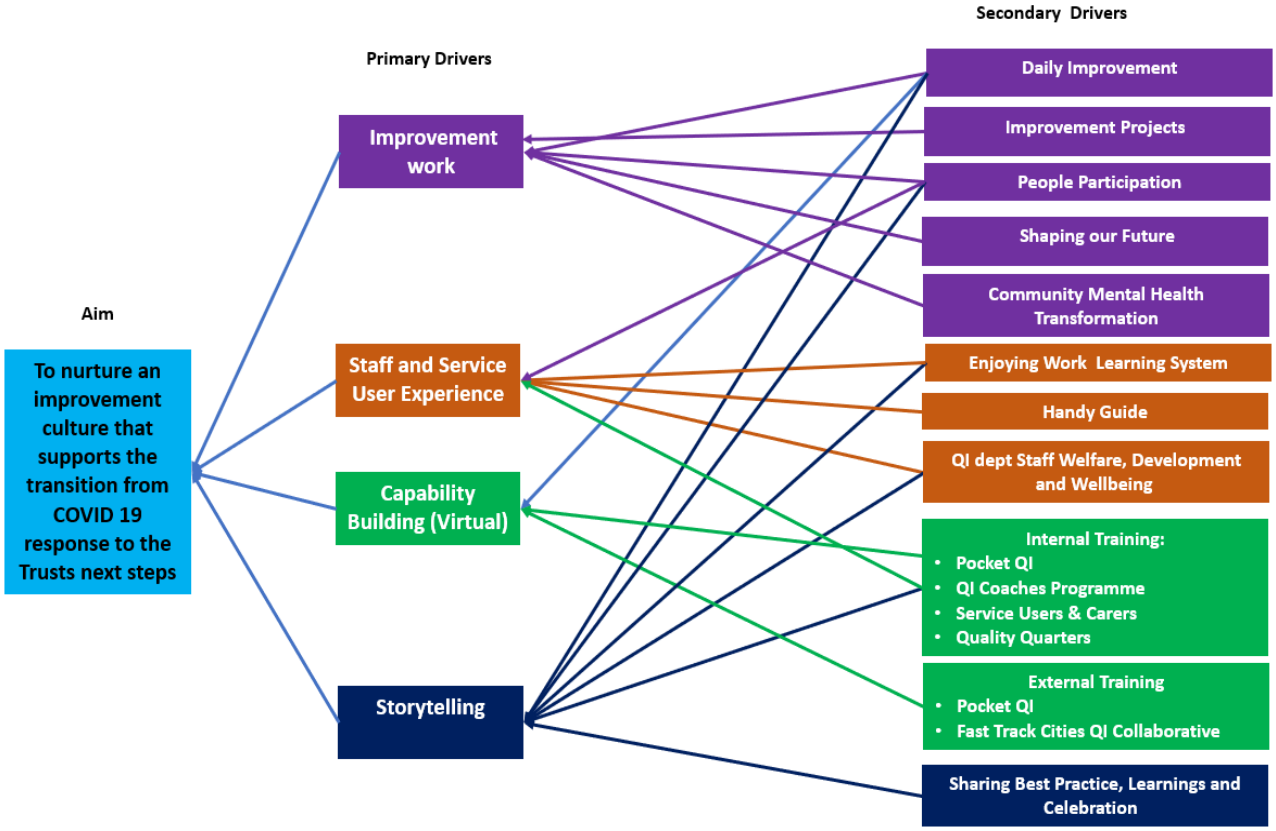
5. Conclusion

Feedback from service users through our PREM data collection continues to return to pre-Covid levels, and a full schedule of virtual Executive Walkrounds resumes in September, so further, improved, analysis will be available in the next triangulation report to the Board to evaluate any enduring or emerging trends. An in-depth analysis of incident data since the onset of the COVID pandemic will be conducted and presented to the next Trust Board meeting.

6 Quality Improvement

6.1 QI Department 90 Day Plan (Quarter 2):

6.11 In response to the pandemic, the QI department changed the planning rhythm to develop concurrent 90-day plans instead of the usual annual plan.

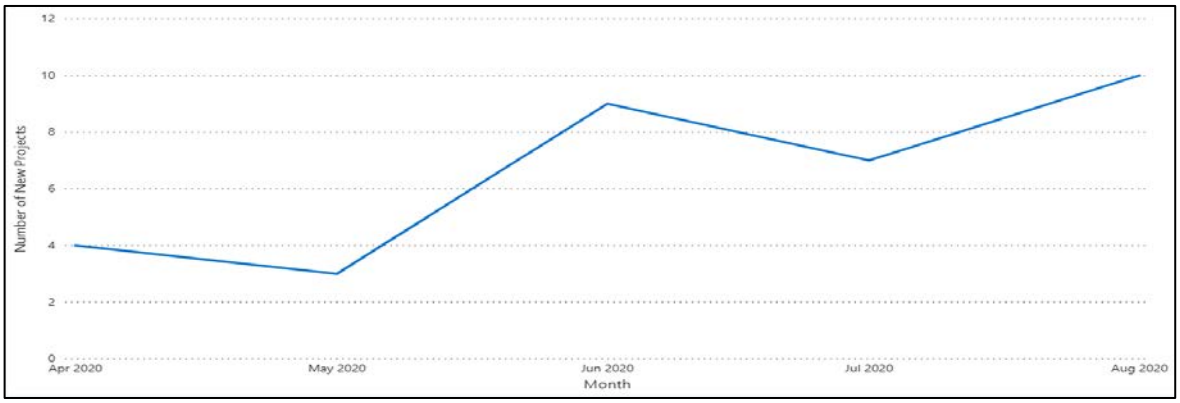


6.1.2 ***Improvement work*****:** In light of the pandemic and the Trust's appropriate focus on responsiveness, quality improvement activity was at risk of losing the gains made over the last few years as the number of projects and the governance around them was constrained. The department has been proactively supporting directorates to reinvigorate and strengthen improvement work throughout the Trust. The Associate Directors of QI have been meeting with Clinical Directors to rethink how QI processes and structures can be improved. In the last two months most directorates have recommenced QI forums or integrated governance into existing structures such as the directorate management team.

6.1.3 The Improvement Advisors have been helping individuals and teams in directorates to use QI tools and methods in their everyday work and promoting the use of 'LifeQI' (the platform for hosting QI project activity). The most common QI tools being used throughout the Trust have been process maps and driver diagrams. Process mapping was especially useful at the initial stages of the pandemic to analyse current systems for rapid improvement i.e. reducing time to distribute personal protective equipment. Driver diagrams have been employed to assist directorates organise the information gained from the 'shaping our future' sessions to develop and disseminate their future change strategies.

6.1.4 A 'cleanse' of past and present QI projects has been completed to identify those projects that could be closed, considering the different context. The directorates, with support from improvement advisors, will decide together which of the inactive projects will need to restart or be closed so that the database provides a true reflection of improvement activity.

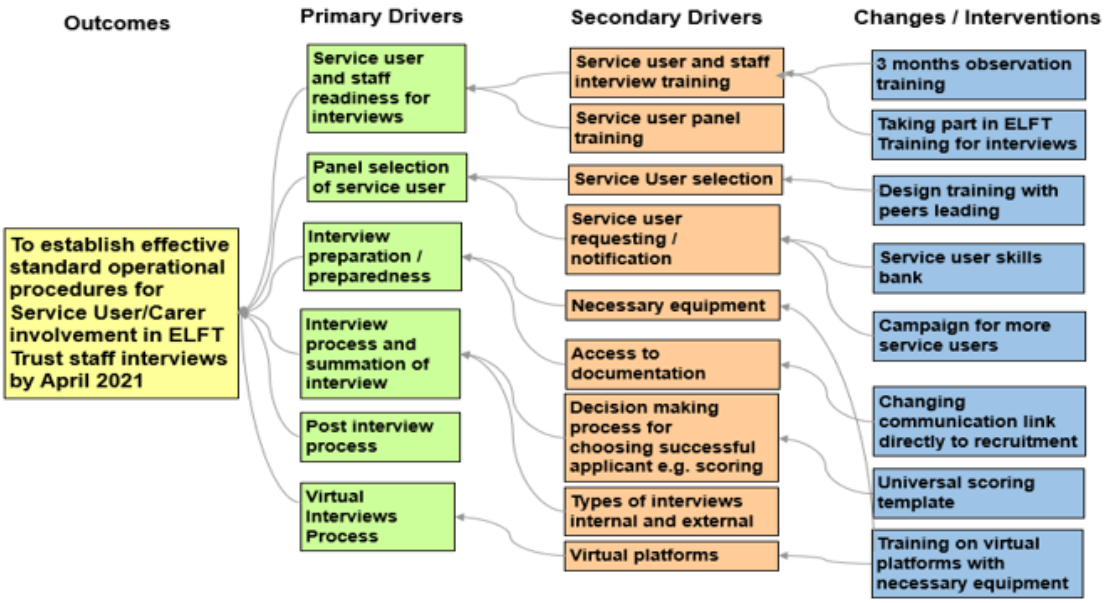
New projects starting each month since April 2020



6.1.5 As the Trust activity starts to settled, new QI projects are emerging. Many of these are emerging following 'Shaping our Future' workshops with services and service users to plan ahead and redesign.

6.1.6 City and Hackney: The mother and baby unit have developed an aim to improve the referral and admission process. They have used PDSA cycles to test a multi-disciplinary, more holistic referral process. A new project is emerging in collaboration with 'safeguarding' from the London Borough of Hackney to reduce the number of unresolved safeguarding cases. The team are at the stage of assembling their multi-disciplinary project team and collecting baseline data to identify the quality issue.

6.1.7 Community Health Newham launched their first service user and carer inspired and led project and have used the 'LifeQI' platform to track their progress. The aim of the project is to improve the involvement of service users in the recruitment process. The team used a 'cause and effect' diagram' to understand their problem and developed their change strategy using a driver diagram (see below).



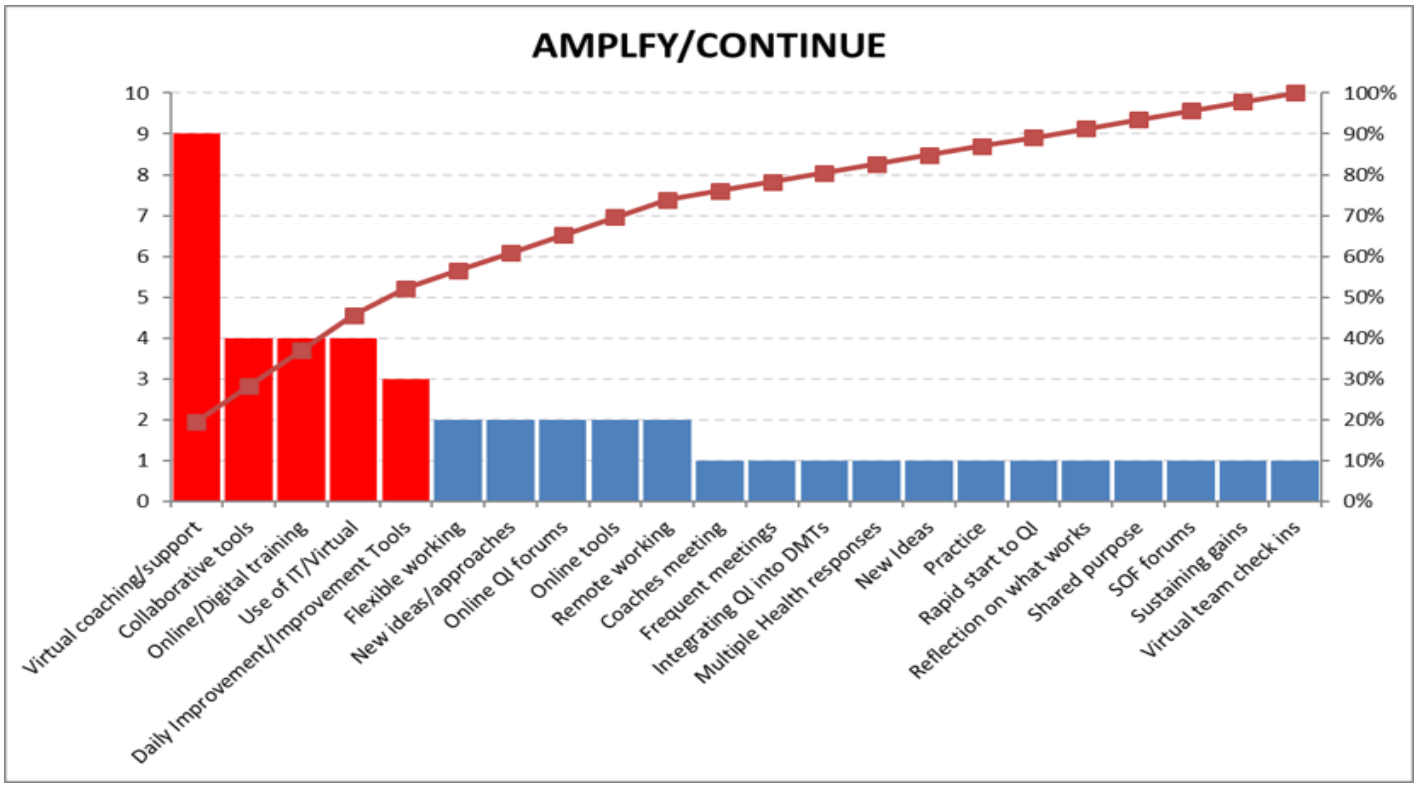
6.1.8 Tower Hamlets Mental Health have systematically followed the ELFT sequence of improvement to improve service user experience. They are aiming to reduce the time for point-of-care testing for Covid-19. Baseline data plotted on a statistical process control (SPC) chart displayed the time from testing to receiving results was on average 29 hours, a period which the service user spends in isolation. This data was reinforced by qualitative data from the service users who expressed feeling "confused" and "alienated". A process

map was used to analyse the problem and testing using PDSA cycles has started with some promising early learning.

6.1.9 Forensics: The Forensics team have largely maintained their QI activity over the past six months and have regularly used QI tools to help them think through the challenges and changes. East India ward has been exploring race and privilege within their services, using a cause and effect' diagram to structure their discussion around the root causes of racial inequality and privilege in race relations, exploring such themes as 'the impact of racism', 'unconscious bias and their 'response to racism'.

6.2.0 Corporate: Improvement work across Corporate continues to grow in momentum with many teams using improvement tools to adapt and modify services. Current key areas of focus are the use of digital tools for pharmacy teams to restart face to face consultations with patients; a service user befriending service set up by the People Participation Team; and an in-house taxi service currently being tested out to provide a more efficient service for our staff.

6.2.1 The QI department have re-activated the coaching community, moving to regular six-weekly, virtual community calls to support learning and sharing. The department is also enhancing improvement coach capacity through the next cohort of training. Information was collated from the coaches on the status of coaching within the directorates, to help understand what coaches feel should be 'amplified or continued' in the future. The most common theme was the need for coaches to receive support on strengthening the use of the virtual platforms and information technology (including 'LifeQI') to enable and boost coaching (see the Pareto diagram below).



6.2.4 ***Staff and service user experience*:** To follow on from the successful launch of the 'working well handy guide', a QI approach has been developed to assist teams and individuals to support their own and their staff's wellbeing. The new 'enjoying work' collaborative learning system was re-designed as a virtual offer and launched in September 2020. The purpose of the 'enjoying work' learning system is to bring together people and teams from across the Trust who want to develop and test change ideas to improve staff experience. It is a breakthrough collaborative that brings teams together to use QI methods to help solve problems and make improvements.

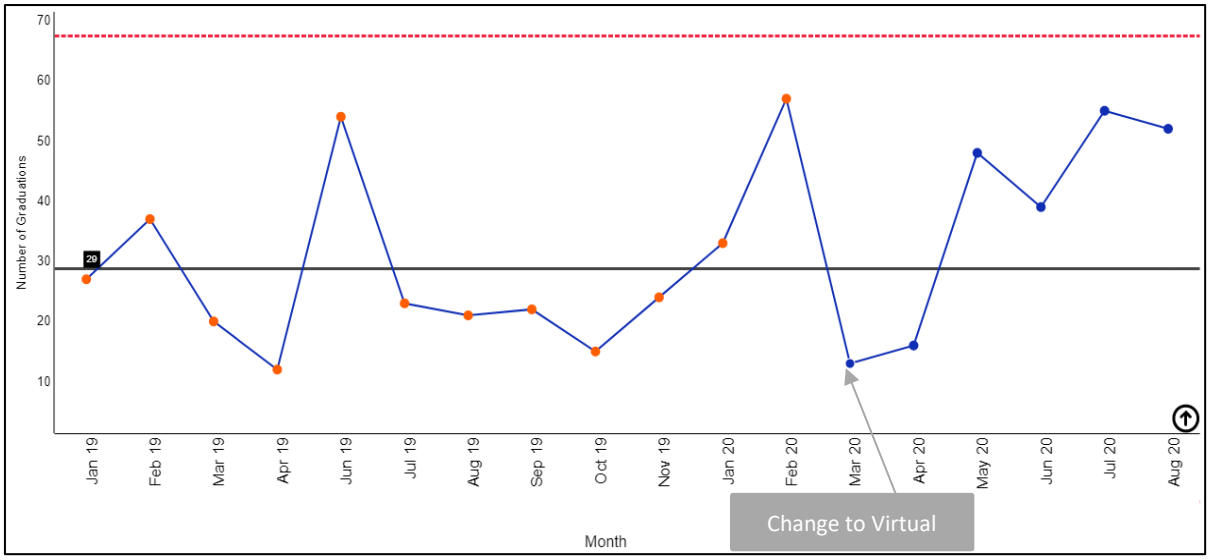
6.2.5 By mid-September the QI department will have recruited two QI fellows with lived experience to the team. They will provide a service user perspective to aid the development of training and storytelling. In addition, the QI fellow will be an advocate for QI around the Trust; support improvement in the number of projects with service user involvement and strengthen stakeholder engagement between staff and service users.

6.2.6 The service user and carer training was relaunched in August and was co-produced with People Participation and experienced service users. The training encourages service users and carers to get involved with projects around the Trust in a meaningful way. The QI department seeks to improve the number of QI projects with 'Big I' involvement. Comments from some of the 16 attendees included "It was informative, fun and it didn't drag on…I also really enjoyed how interactive it was." and "Friendly, supportive, informative. You could tell a lot of planning has taken place. The training was also very organised".

6.2.7 ***Capability Building:*** In response to social distancing measures, all QI training has been redesigned as virtual offerings to ensure continued capability building around the use of QI methods and tools among staff, service users and local partners.

6.2.8 The QI department continues to offer 'Pocket QI' throughout the Trust. The aim of this introductory training session is to inspire, engage and equip staff and service users to get involved in improvement work. The attendance from staff around the Trust dropped initially as the department transitioned to virtual methods but has shown signs of recovery and improving since lockdown (see below). The results will assist the department to decide on the most effective mode of training for the future. Virtual Pocket QI will continue until the beginning of 2021 at least.

Number of people graduating from Pocket QI each month



6.2.9 In August, the QI department hosted the first virtual 'Pocket QI' for an external audience, 35 people attended from other NHS Trusts but also included several participants from NHS improvement. Engagement during the session was high, with thought-provoking and stimulating questioning from participants. The QI faculty considered this initial test session a success and will be offering Pocket QI to external participants on a quarterly basis with the next session on the 2 December.

6.3.0 The 'Improvement Coaches Programme' (ICP) starts in September. To date, there have been 60 approved applications from across the Trust, in addition to 23 external applicants from our local partner organisations. The programme will provide prospective coaches with the skills needed to be able to support newly emerging project work in the directorates. The training has been redesigned virtually with a new format, initially with

large, group training sets, then more informal, smaller groups in the latter stages, called action learning sets. The training will span eight days over five months.

6.3.1 ***Storytelling:*** Storytelling remains an important component of the QI plan to communicate improvement work, both internally within the Trust and externally. The objective is to inspire staff and service users to start or join improvement work. A variety of channels are utilised, including stories published on the QI microsite and shared on social media, a monthly newsletter, and local storytelling within meetings.

7 Recommendations and Action Being Requested

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