NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC
3 December 2020

Title	Quality Report
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Purpose of the Report:

The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is now contained within the integrated performance report, which contains quality measures at organisational level.

Summary of Key Issues:

The quality assurance section of this report analyses the reported incidents during the pandemic period of 1 April to 30 September 2020, and compares to incidents reported in 2019 to identify any new or emerging safety risks or issues. There has been a marked increase in reported incidents during the pandemic period, but no change to the proportion of incidents causing harm, or the distribution of incidents across directorates. Most of the additional incidents relate to 'care and treatment', with over a third of these relating to reports of covid infections.

The quality improvement section of the report describes progress against the current 90-day quality improvement plan, as we adapt rapidly to the current circumstances. This includes progress with building improvement skills and important QI projects aligned to strategic priorities for the Trust.

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.

1.0 Quality Assurance

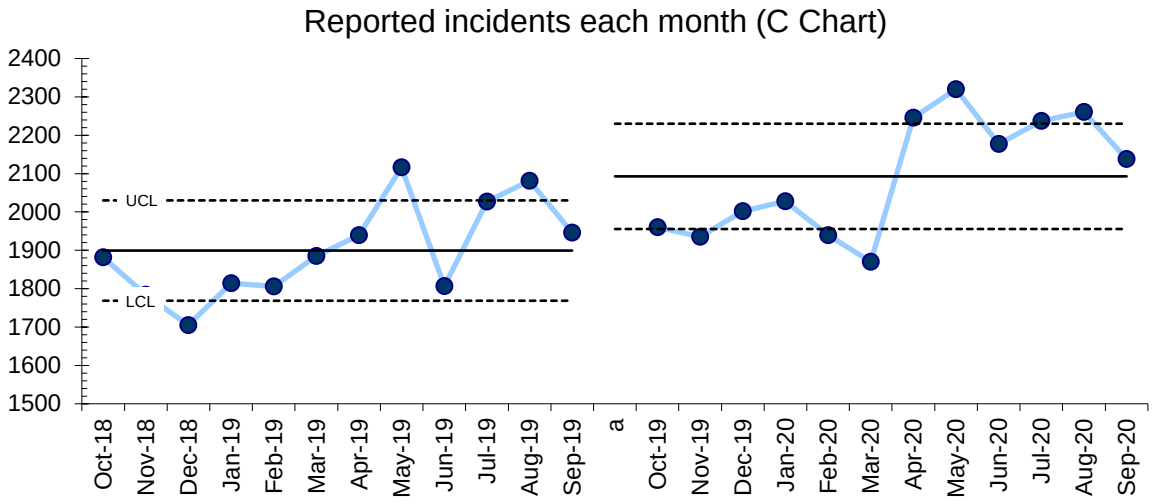
1.1. Following on from the September quality report, which provided an analysis triangulating data from four sources (patient experience feedback, executive walkrounds, reported incidents and complaints) to understand quality issues during the acute phase of Covid-19, this report provides an in-depth analysis of incident data between April and September 2020, comparing to the same period in 2019. This analysis can be considered complementary to the early review of excess deaths presented to the Board in July.

1.2. It should be noted that the most significant change in service provision between the two time periods was the joining of two substantial GP practices, Cauldwell Medical Centre in January 2020 and Leighton Road Surgery in April 2020. However, the impact of the two surgeries on overall incident reporting number is very small.

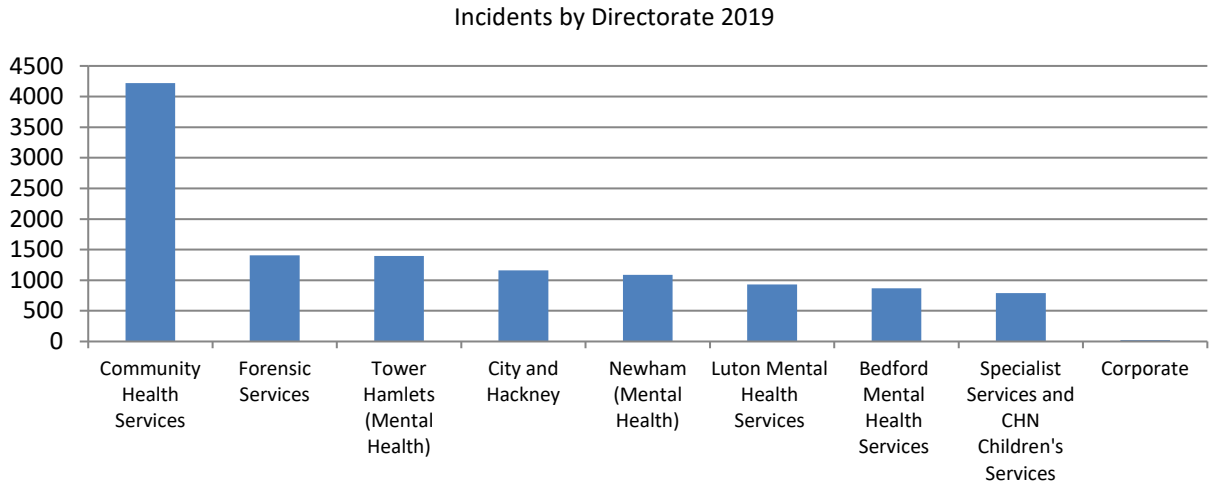
1.3. For further context it should be noted that numbers of incidents reported across the Trust continue to increase year on year, independently of additional services provided, whilst the proportion of serious incidents, and incidents resulting in harm, have remained fairly consistent.

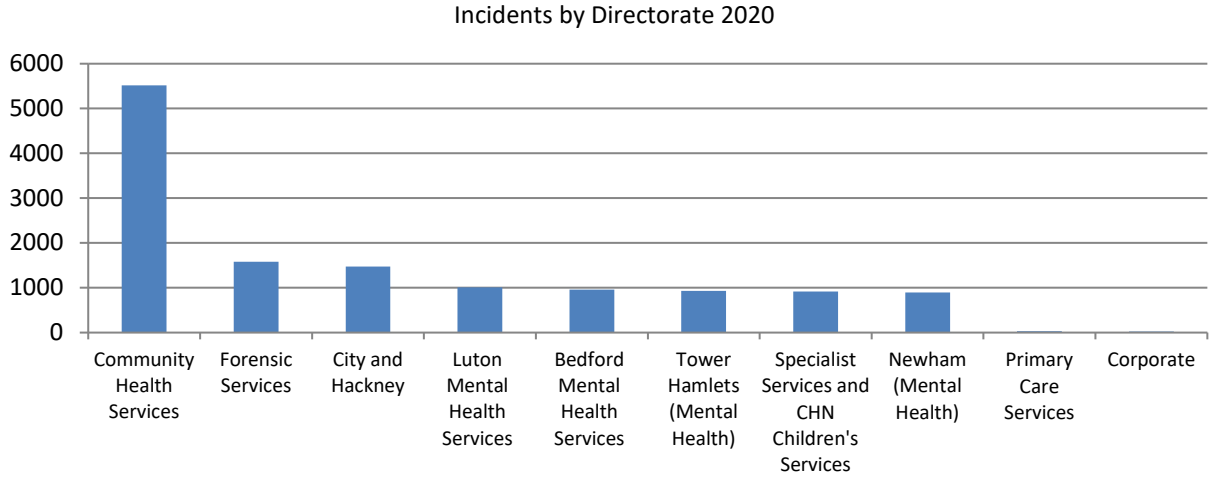
Analysis of incident reporting data

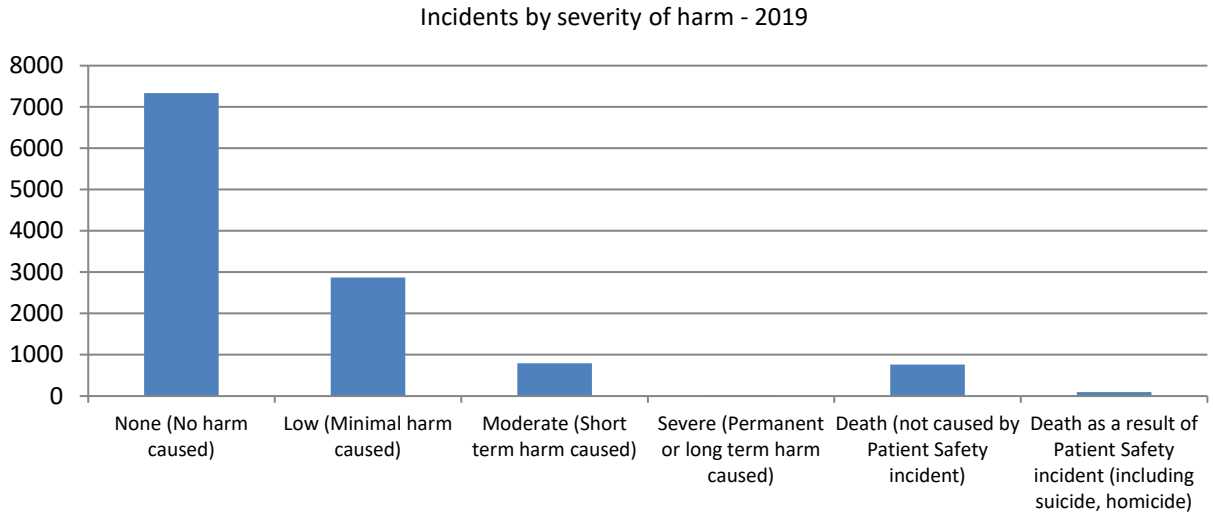
1.4. The graphs below show numbers of incidents reported over a two year time period:

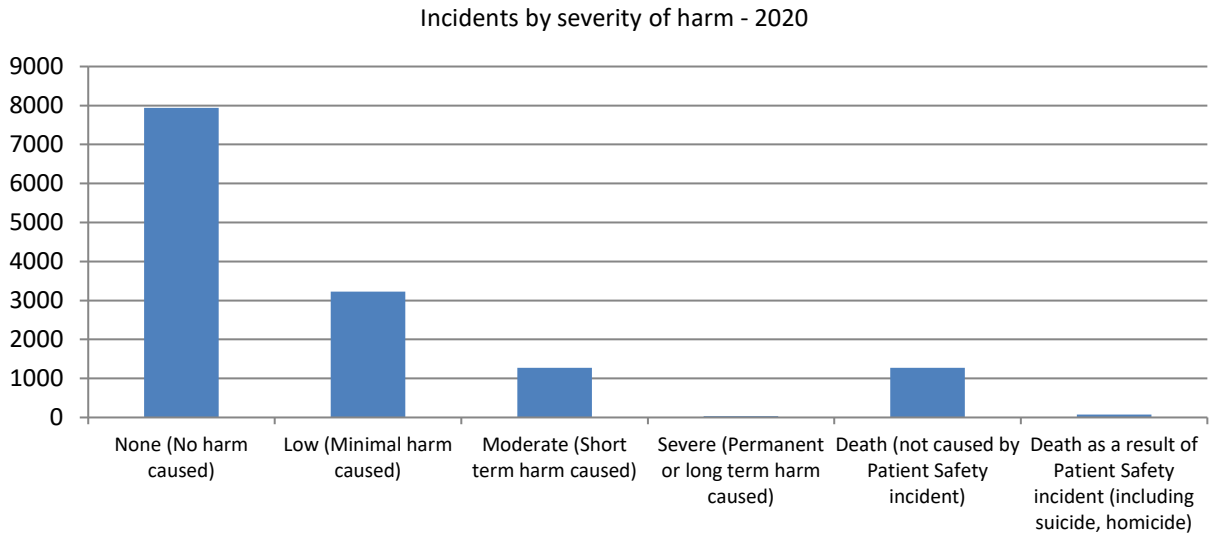


1.5 There is a clear increase in incident reporting coinciding with the pandemic. However, the overall pattern of incident reporting when compared to the previous year is not radically different. The distribution of incidents reported across directorates remained reasonably consistent during the Covid period compared to the previous year, as did proportion of incidents resulting in harm (38% during April to Sept 2019, compared with 41% in 2020).









1.6 Incident types reported

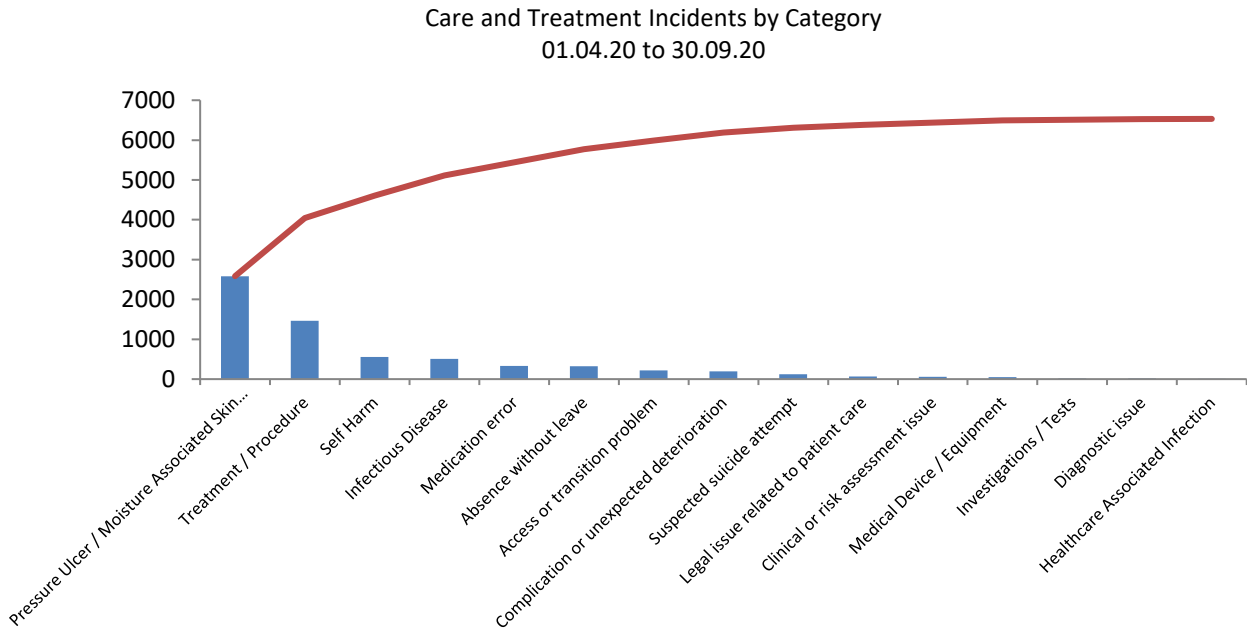
Incident Type	April – Sept 2019	April – Sept 2020	Difference
Adults at risk of abuse, neglect or exploitation	390	456	66
Care & Treatment	5216	6533	1317
Children at Risk	28	79	51
Death	930	1211	281
Health, Safety & Security	921	771	-150
Information (information governance, IT, Systems, Hardware etc)	327	256	-71
Organisational Infrastructure	209	143	-66
Slip, Trip or Fall	367	307	-60
Violence & Aggression	3497	3585	88
TOTAL INCIDENTS	**11885**	**13341**	**1456**

1.7 Overall 1456 more incidents were reported between 1 April to 30 September 2020, compared with the same period during 2019. 1317 (90%) of those fell under 'Care and Treatment', a broad heading incorporating a wide range of categories:

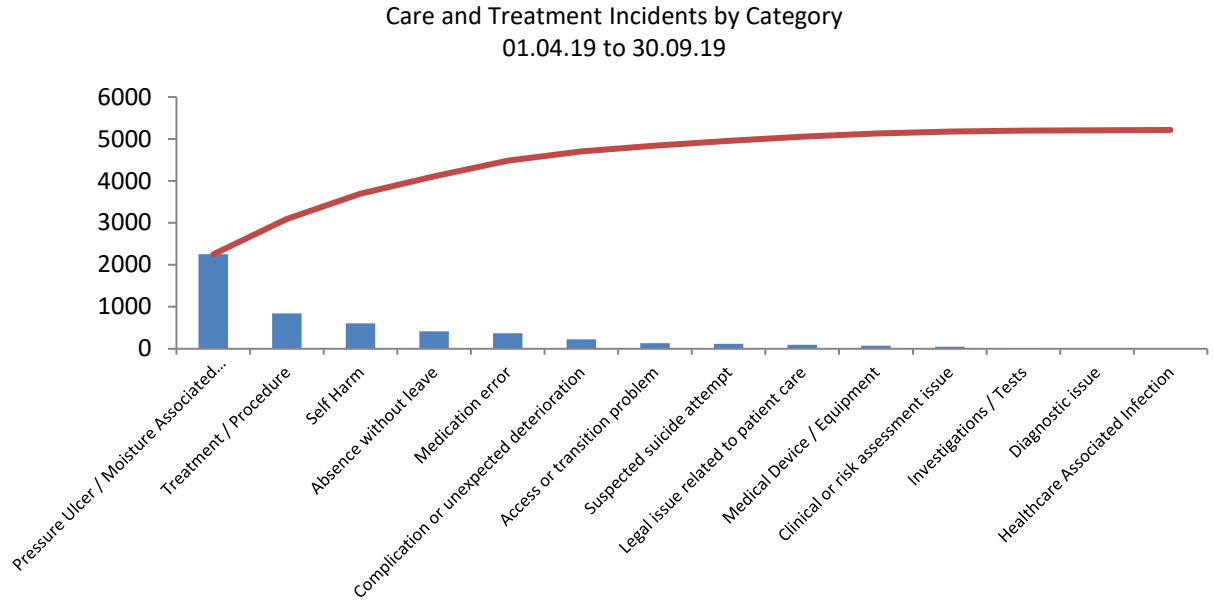
- Absence without leave
- Access or Transition Problem
- Clinical or risk assessment issue
- Complication or unexpected deterioration
- Diagnostic issue
- Healthcare Associated Infection
- Infectious Disease
- Investigations / Tests
- Legal issue related to patient care
- Medical Device / Equipment issue
- Medication error
- Pressure Ulcer / Moisture Associated Skin Damage

- Self Harm
- Suspected suicide attempt
- Treatment / Procedure

1.8 The Pareto chart below shows the breakdown of categories reported during the Covid period:



1.9 This compares with the corresponding period in 2019, below:

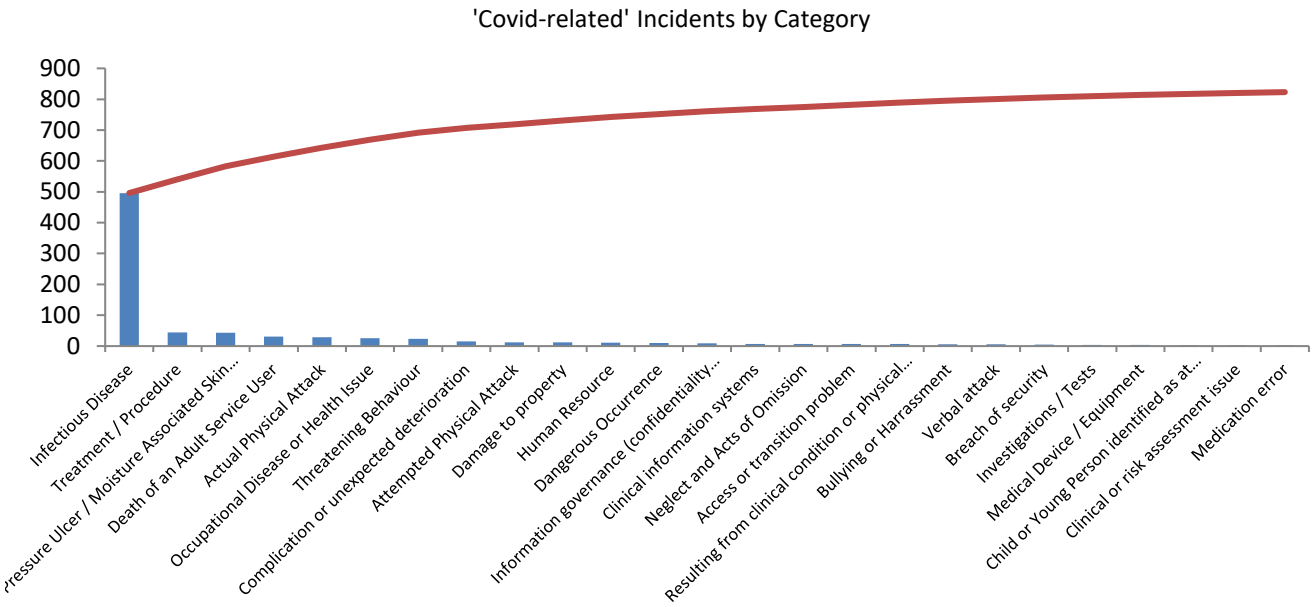


1.10 The most notable observation in comparing the two charts is the increase in reporting of Pressure Ulcers, with 2584 reported in 2020 compared to 2252 in 2019, a 15% rise.

1.11 In addition, the number of infectious diseases reported increased from 0 to 508, unsurprising given that these are broken down into suspected and confirmed cases of Covid19.

1.12 Following the onset of the pandemic, the incident reporting form was amended to enable the reporter to record if they considered an incident to be 'Covid related'. During the period 1 April to 30 September 2020, 836 incidents were identified as 'Covid related'. 623 (75%) of those were care and treatment type incidents.

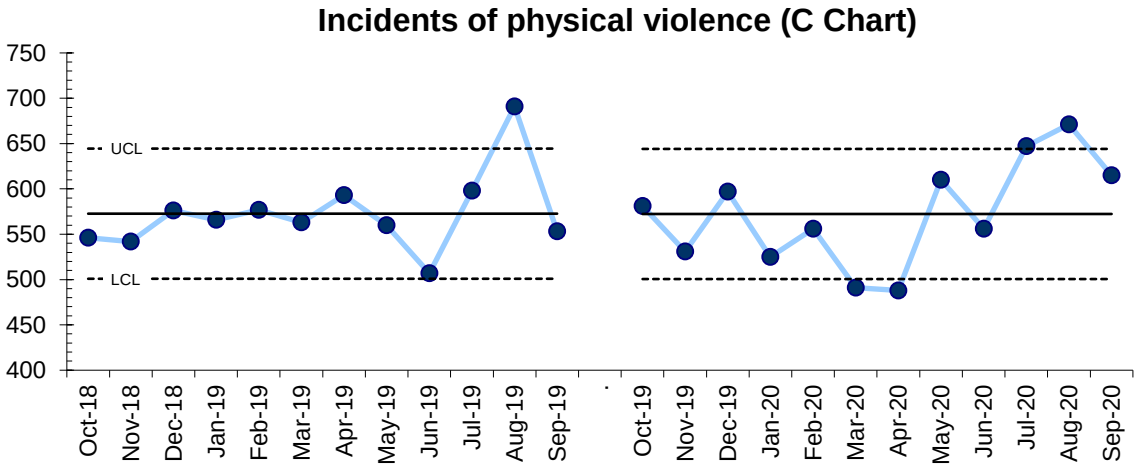
1.13 The pareto chart below gives a more detailed breakdown of those incidents.



1.14 The numbers are overshadowed by the cases of Covid reported, but it is notable that a significant number of pressure ulcers, deaths and incidents of violence are attributed, or related, to Covid.

1.15 It is worth taking a closer look at those incidents. 'Excess' deaths during Covid were reported in detail to the Board in July, and so will not be looked at again here, but the report should be viewed in conjunction with this. Numbers of incidents of violence and aggression during the Covid period have been similar to those for the same period in 2019 (an increase of 88 or 2.5%).

Looking back over a 12 month period, the data over time shows an unusually high number in July and August 2020. There are some incidents that have been linked to the lockdown and restrictions on movement, but a range of other factors that have also contributed. It is noteworthy that we also saw an unusually high number of incidents of physical violence in August 2019, so there also may be a seasonal pattern.



1.16 The impact on pressure ulcers seems more pronounced. This is a complex area, one that the Board monitors routinely via its integrated performance report, and the development and detection of pressure ulcers is multifactorial, and often multi agency. It is known that the pandemic and ensuing national lockdown placed community health services under significant stress. In addition, the often highly personal nature of care delivery and vulnerability of service users impacted significantly on the assessment and management of risk, and ability to deliver personal care. The number of pressure ulcers over time is presented within the integrated performance report, with further narrative to explain the increased numbers being seen since the start of the pandemic.

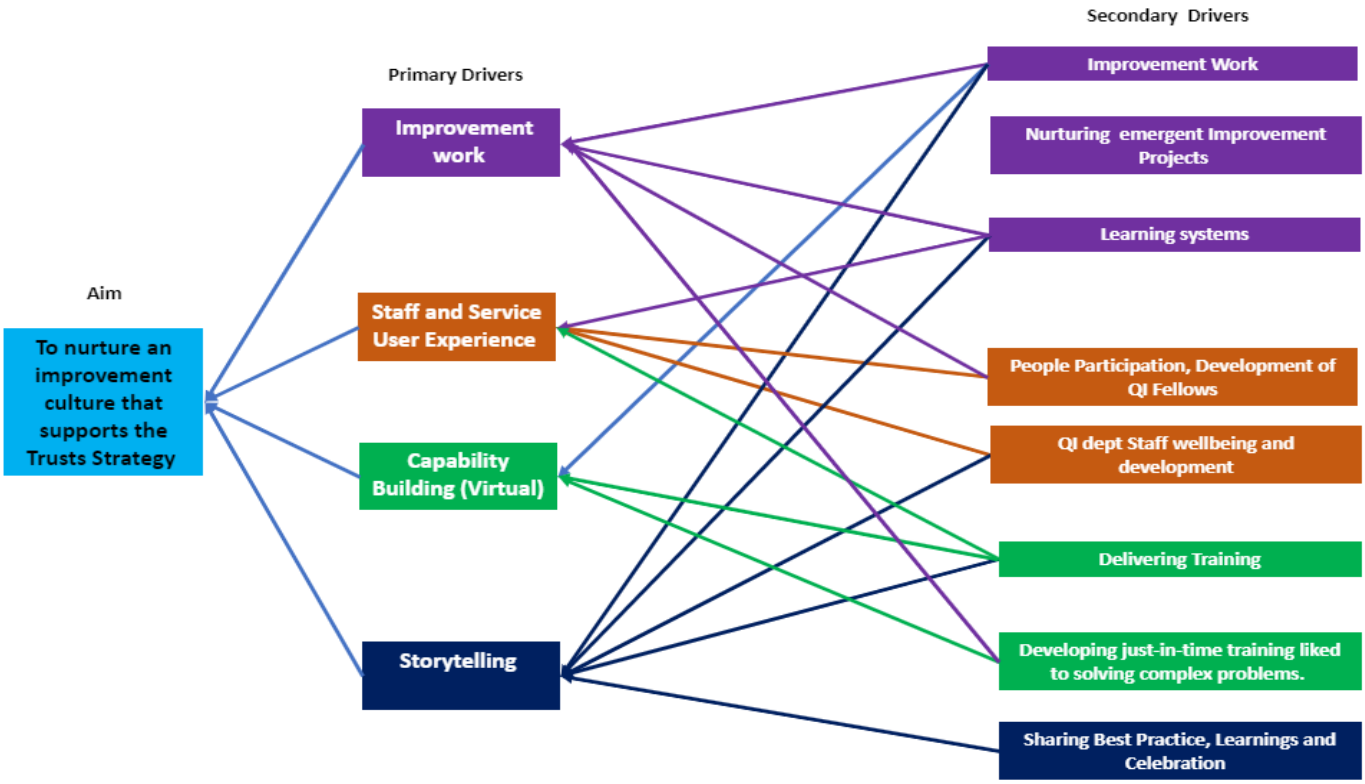
Conclusions

1.17 Overall, the lack of significant impact on the level of reporting, level of harm, and types of incidents reported during the pandemic is reassuring. It indicates a relatively stable system, and enables the continuation of work to reduce risk and improve safety in key areas, without priorities significantly changing.

1.18 Acuity, staffing challenges and service change do not seem to have led to incidents not being reported, when previously they might have, and we don't see a picture from the incident reporting data where Covid dominates the landscape to the exclusion of all else. It will be important to continue to monitor this through the pandemic, and ensure that reporting systems remain proportionate and reliable, and sensitive to the emergence of any new risks that arise.

2.0 Quality Improvement

In response to the pandemic, the Trust's QI plan has consisted of a series of 90-day cycles, in order to enable rapid adaptation.



2.1 Improvement work

Supporting the re-emergence of improvement work across the Trust has been the recent focus of the QI department. There have been positive signs of a return to structured improvement work.

2.1.1 Daily Improvement:

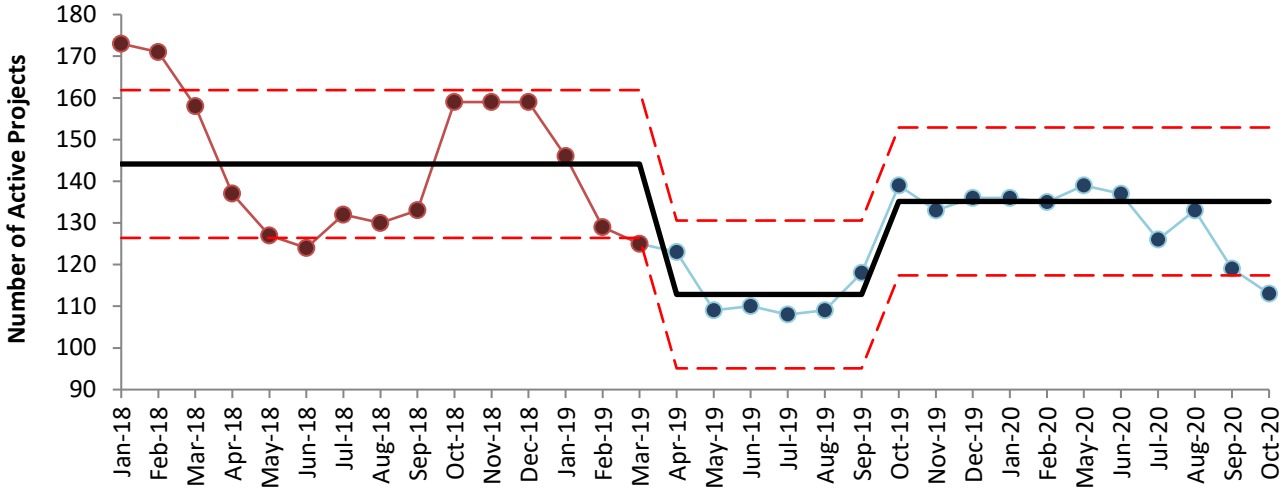
In quarter 1 of 2020-21, there was more focus on helping teams use QI tools in daily work, outside of formal QI projects. This successful as teams were able to apply QI to tackle challenges they encountered in their pandemic response. Approximately 30 accounts of 'daily improvement' have been shared across the Trust since March 2020. The 'tools' pages of the QI website (www.qi.elft.nhs.uk) have seen greater traffic, suggesting that people are accessing resources to support the use of improvement tools in their daily work.

2.1.2 Programme evaluation:

In Quarter 3 of 2020-21, a more robust method of measuring the application and embedding of quality improvement is being developed, which will be tested in Quarter 4. This will help us understand outcomes at multiple levels – from how people feel about QI, to how they are applying their QI learning, to the behaviour change that people are witnessing within teams, to the impact that QI has. This new mixed method evaluation will be built into our quality improvement work, through quarterly interviews and surveys with a sample of teams.

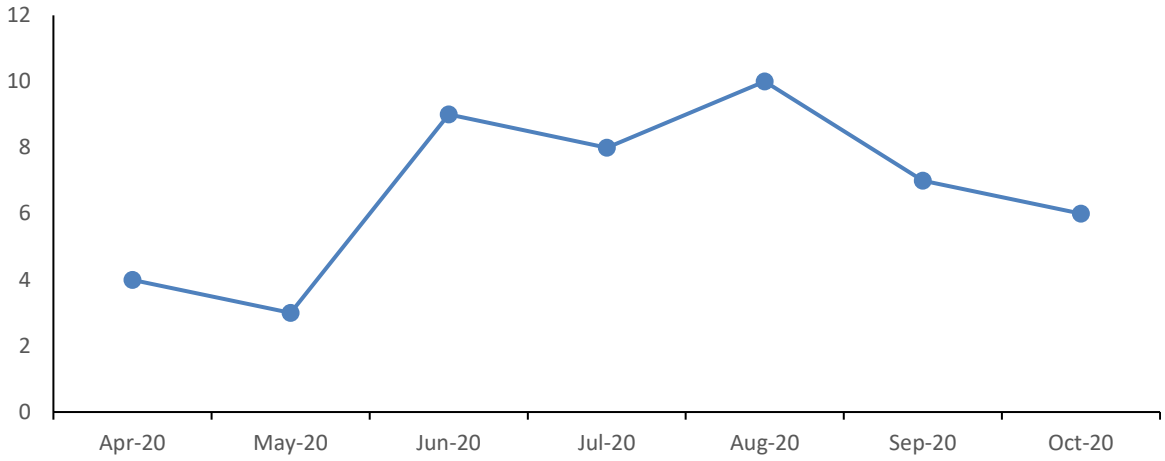
2.1.3 QI projects:

In the previous quarter, it was evident that quality improvement activity, particularly QI projects, across the organisation had been adversely affected by the pandemic. Due to shifting priorities, some QI projects had stopped testing or had been cancelled altogether. There was also a reduction in new QI projects. Coordinated efforts were taken in Quarter 2 to review and cleanse the online database of QI projects to make sure it represents active QI work. As shown in the chart below, this has had the expected effect of reducing the overall number of QI projects at ELFT.



Total number of QI projects

Working with leaders across all directorates, we have begun to re-establish the standard structures and processes for QI activity. For instance, 85% of directorates held a QI Forum in October, giving them an opportunity to initiate, resource and support local QI activity. A number of new QI projects are starting each month, focused on the current complex challenges that we are facing in the wake of covid-19.



New QI projects initiated each month

2.1.4 Large-scale improvement:

Below is a summary of some of the high priority and large-scale quality improvement work taking place at present:

i. Triple aim work in Leighton Buzzard. Redesign work involving primary care, mental health and community health at ELFT, for 'people age 65 and over, with a diagnosis of frailty or dementia as a primary diagnosis, in addition to an underlying physical health long term condition'. This work is in the early stages of understanding the needs and assets in the population.

ii. Learning Disabilities services are starting to develop a learning network to bring together all services towards a shared purpose, creating a portfolio of projects to improve population health outcomes, quality and value, using consistent outcome measures and introducing a way to learn across the different geographical areas.

iii. Memory Assessment Services in Bedfordshire and Luton moved to a single county-wide service in Q1. During the acute phase of the pandemic, assessments were paused briefly, which has created a backlog. There is also a need to redesign the assessment process in order to operate virtually. To address this complex problem, the memory assessment service in Bedfordshire has established a QI project, and has begun testing change ideas.

iv. Integrated Discharge Hubs have been crucial during the pandemic for safely managing the discharge of patients from acute hospitals. Tower Hamlets Community Health Services are working across the health and care system in their borough to improve the effectiveness and experience of discharge hubs. This is a unique QI project of its type, bringing together Bart's Health NHS Trust, Age UK, London Borough of Tower Hamlets Social Care and ELFT. The project has already tested promising change ideas such as twice daily virtual multidisciplinary team meetings, a more user-friendly referral form and testing the roles of the social workers in discharge planning.

2.2 Staff and Service User Experience:

2.2.1 After four years of 'Enjoying Work' learning collaboratives, the 2020 cohort is being delivered entirely virtually. This work brings together teams from across the organisation and empowers them with QI and team engagement tools, methods and approaches to enable them to improve staff experience and wellbeing. There have been two learning sessions to date, and 11 teams are engaged in the work.

One of the QI coaches supporting an 'Enjoying Work' project in community health services, who is also a people participation lead, shared the value of this type of project. He noted that the team have been able to test out having daily check-ins which have revealed insights into the experience of staff working from home that previously hadn't been explored. The team are starting to understand the human toll of some aspects of remote working and are developing change ideas to try and address these.

2.2.2 Co-production: A QI fellow who is a service user with lived experience has been recruited to the QI department who will be an active advocate for QI across the Trust and encourage more service users to join QI work. The QI fellow is a trained

QI coach, has been involved in many projects across the Trust, and has already been active in designing and delivering the *'Introduction to QI for service users and carers'*.

2.3 Capability building:

2.3.1 All QI trainings are now delivered virtually, and the confidence in this format of delivery has also supported those attending sessions to learn and utilise virtual platforms. Attendees report they feel more at ease with virtual platforms and the use of virtual whiteboard technology has become more commonplace across the Trust.

2.3.2 The success of virtual QI training has prompted the design of an amended Improvement Leaders Programme, which is usually delivered from September to March, and forms the main vehicle to support people and teams to apply QI to complex problems.

2.3.3 Pocket QI remains the introductory level of QI training, aiming to inspire, engage and equip staff and service users to get involved in QI work. There has been a steady attendance despite the pandemic, and switch to virtual delivery. This programme is due to become mandatory for all new starters at ELFT, as part of their induction.

2.3.4 Improvement Coaching Programme: The sixth cohort of this programme commenced in September and will continue through to February 2021. A total of 82 participants are taking on the QI coach role through this programme, including 23 from our partners in East London (primary care and commissioning bodies).

2.4 Storytelling:

2.4.1 Storytelling remains a key mechanism for engaging and inspiring people to undertake QI work. Through the acute phase of the pandemic, many of the stories shared were about the application of improvement tools by teams as part of their response to Covid-19. The focus now is on new emerging QI projects focused on the current complex challenges we are facing. Stories are shared through the monthly QI newsletter, within local QI forums and through external events, such as the ELFT Quality Open morning which is hosted every 4 months for anyone outside ELFT to gain an insight into our approach to quality. As part of our storytelling activities, ELFT has presented in a number of sessions at the (virtual) International Forum on Quality and Safety in Healthcare, and will be presenting at the IHI national forum in December (virtually).

3.0 **Recommendations and Action Being Requested**

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