REPORT TO THE TRUST BOARD IN PUBLIC
23 September 2021

Title	Quality Report
Author Name and Role	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 of care, and our organisational approach to quality improvement.

Committees/Meetings where this item has been considered

Date	Committee/Meeting
18.08.21	Digital strategy board – progress against our digital strategy is overseen by the digital strategy board
06.09.21	Quality Assurance Committee – progress on waiting times and backlogs is tracked on a 3-monthly basis at the Quality Assurance Committee

Key messages

The Quality Assurance section of this report provides an analysis of themes emerging from feedback from service users, carers and staff from five different sources, in order to identify any emerging quality issues over the past 12 months. The Board has requested that this triangulation of data be contained in the quality report on a regular basis. The three key themes that emerge from the analysis are staff well-being, digital systems and waiting times. None of these are a surprise, as they have been the focus of concerted work for the past year, with plans in place and close oversight. The report contains further details of the progress being made on these areas. Our digital strategy was approved by the Board earlier this year, and implementation is overseen through the digital strategy board. Waiting times is reviewed every three months as a deep-dive at Quality Assurance Committee. The Quality Improvement section of the report provides assurance on how we are adopting and applying QI across the organisation, how we are addressing variation in adoption of QI, and how we are applying QI with our system partners.

Overall, QI remains utilised across all areas of the Trust, but with some variation. Directorates where the infrastructure around QI has been less robust have seen some deterioration in support structures through the pandemic, and these areas will be developing one-year plans to systematically rebuild the structures, support and culture around QI work. Throughout the pandemic, we have seen new QI work being initiated. Teams are deploying their QI skills to new and emerging improvement opportunities, for example in our work with the veterans community, or in improving health outcomes for unaccompanied minors and young people. Most of this new work involves partners outside ELFT, and helps build relationships and collaboration with a shared purpose. The involvement of service users as equal partners in our QI work (Big I involvement) has seen a slight reduction during the pandemic. A group consisting of service users, people participation and quality improvement will be developing a plan and testable ideas to start addressing this. A number of teams that have been applying QI to tackle challenging issues such as racism (East India ward), sexual safety (Clerkenwell ward) and waiting times (Bedford CMHT) have been shortlisted for 6 awards (HSJ, Nursing Times, BMJ, RCPsych) over the coming months.

Strategic priorities this paper supports

Improved population health outcomes	☒	The information provided in the Quality Report supports the four strategic objectives of improving patient
Improved experience of care	☒	

Improved staff experience	☒	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 value	☒	

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.
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 (QA)

1.1. Following from the QA section of the July quality report, which focused on patient safety in the context of increasing waiting times for assessment and treatment, this report provides an analysis of feedback from service users and staff on quality of care. The Quality Assurance team have conducted a thematic analysis, triangulating various data sources to provide an overview of quality issues emerging during the 12 months from 1 August 2020 to 31 July 2021.

1.2. This represents a time when people's lives, Trust services, and feedback and assurance processes have been greatly affected by the pandemic. However, we have been able to continue collecting Patient Experience Reported Measures (PREM) and Executive Directors continued to meet with teams virtually conducting Executive Walkrounds, with in-person walkrounds now starting to be reintroduced wherever practicable. The report brings together the thematic findings from these two data sources, together with complaints, feedback received via 'Care Opinion' (a website on which anyone can share their experience of care, in their own words) and the findings of the recent 'People Pulse Survey' which has enabled staff to provide their feedback.

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 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, three supplementary questions were added related to 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. Feedback from Executive walkrounds

2.1 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:

What are you proud of?	What gets in the way?
Team being adaptable and responsive Teams supporting one another and looking after their wellbeing Working effectively and delivering a service during transition or transformation	Extent of the workload IT Issues: • Connectivity • Quality and availability of equipment • Capability • Digital poverty amongst service users Quality of the working environment

3. Feedback from People Pulse Survey

3.1. Key messages coming out of the survey align with walkround feedback:
• A proportion (17%) of staff fed back that they or colleagues were overworked and/or tired
• Around a third of staff are experiencing anxiety, and a quarter feel unmotiviated
• Over a third of staff (36%) would like greater IT support
• Over a third of staff (35%) would like greater flexibility in their working arrangements

4. Feedback from Patient Reported Experience Measures (PREM)

4.1. During the past 12 months, having been reduced by the initial impact of Covid and strict lockdown restrictions, the number of service users providing feedback has steadily and consistently increased from a monthly average of around 400 in May 2020 to around 1500 in July 2021. The table below outlines the themes from analysis of qualitative PREM feedback:

What has worked well?	What could have been better?
Services efficient and well-organised	Poor customer care
Feel listened to and cared for	Don't feel listened to
Have choice	Poor communication / information provision

Clear information provision	Long waiting times – for phone to be answered and/or appointments

5. Care Opinion

5.1. The number of people using Care Opinion to give feedback is currently fairly low, around 20 in the last 12 months. However, this open means of collecting feedback means that the data is rich in detail. With such low numbers, whilst thematic analysis is less valuable, there is useful detail about the impact of poor or good experience, which is acutely felt and clearly articulated.

5.2. Those people providing negative feedback on their experience were most often frustrated by:
- Lengthy waits and/or poor access to services
- Poor communication or information provision
- Poor 'customer care'
- Not feeling listened to or their needs being met

5.3. Those people providing positive feedback were happy that:
- They felt listened to
- They experienced kindness

6. Complaints data

6.1. The key themes are set out below:
- Communication / information provision
- Attitude of Staff / Customer care
- How individual care is managed and coordinated
- Access to Services and waiting times
- Diagnosis and treatment

6.2. The themes from complaints have remained consistent for some time and appear unaffected by the Covid pandemic. However, the average number of complaints received each month has increased over the past 8 months from around 25 to 40. This is highly likely to be Covid related, with more people expressing their views on virtual and other means of consultation, interacting with potentially tired and burnt-out staff, and experiencing longer waiting times.

7. Looking at the data in the round

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

Strengths to build on	Areas for improvement
- Increased flexibility and choice for staff and service users - Attention being paid to wellbeing	- Some staff feel overworked and/or burnt out – and this seems to be impacting on customer care

- Many service users feel listened to and cared for - Many service users experience a well organised and efficient service	- There are long waits for some services - Information provision and communication with service users and carers is very important and could be better - Staff need improved IT infrastructure and capability

8. Actions taken to improve

8.1. Many of the cross-cutting themes identified above are similar to those found in our last thematic analysis of various sources of feedback presented to the Board (September 2020). There is less feedback on the medium of contact (i.e. face to face, telephone, or virtual), perhaps as people get used to new methods, but also as restrictions are relaxed and greater levels of choice are being provided.

8.2. Staff well-being, the IT systems they work with on a daily basis, and access to services are key themes arising from the analysis. These are not a surprise, and have been the focus of concerted improvement work for the past year already, with the longer term digital solutions and improvements detailed in the Digital Strategy, approved by the Trust Board in March 2021.

8.3. Staff well-being

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

The previous report in September 2020 set out at some length the support offer to staff at the time, and much of that continues. In the meantime, more has been done to make attention to wellbeing business as usual. Regular wellbeing bulletins are provided to staff offering information and tips, signposting guidance and support available, reminding of available benefits and promoting ongoing conversation around wellbeing. In February, the Trust launched #howareyoureally? - an invitation to all our staff to have wellbeing conversations at every interaction with their manager. To help with these conversations, the Wellbeing Team created two guides, one for the employee and one for the manager.

There remains a focus on helping staff utilise their leave, and to get proper rest. Managers and leaders continue to pay close attention to staff sickness, to ensure that there is adequate staffing. As the situation has allowed, teams are beginning to return back to in-person away days, which have not been possible since March 2020, yet are critical to team effectiveness. Throughout the pandemic, teams have been applying their QI skills to redesign the way they work and find ways to enhance wellbeing, through the Enjoying Work programme.

8.4. IT and Digital

The digital challenges in a multi-sited, geographically very diverse organisation, supported by a number of differing clinical platforms are complex. The vision for the service is to provide fit for purpose, interoperable, scalable, robust, and resilient digital infrastructure, and responsive support offerings for all of our stakeholders. This has been articulated in the Trust's Digital Strategy, which was approved by the Board in March 2021, phase one of which is currently being implemented. Whilst implementation of the strategic plan is medium to longer term, a lot of work has been done during the past year to address the immediate issues faced by staff, exacerbated by the adoption of online platforms and increased need for digital devices, to support the new hybrid working environment following the COVID-19 pandemic.

The intranet is now a source of a range of how-to guides around the Office365 suite and provides clear guidance around decision making and use of online meeting platforms. The IT service desk has focussed on improving response times to user requests and queries and is constantly monitoring the speed and quality of the interactions via on-line surveys.

There is a comprehensive assessment of wi-fi and network connectivity across all of the Trusts sites, and initial work has been carried out to improve network access across 30 key sites which were experiencing difficulties. An improved remote access solution has been implemented at pace given the limitations of the old platform, which hindered our ability to meet the 10-fold increase in the number of workers accessing systems remotely.

All key supplier contracts have been reviewed, and a business case for a virtual desktop offering is being assembled to support a more robust and secure approach to our hardware solution. Cyber security has been a big focus for the Strategy and the digital team this year, given the increased threat posed during COVID and the reliance on online platforms to enact business. The Digital Strategy describes a more robust approach going forward to this threat, and a dedicated team to focus on it.

Alongside improvements to the digital infrastructure, there have also been improvements to our data and information systems. The delivery of new integrated analytics within PowerBI is well underway. Inpatient mental health services have access to all their data in a single app, accessible via any device on or off the network. All community-based teams are able to see their caseload, waiting times for assessment and treatment, and the proportions of face-to-face, telephone and video contacts.

8.5. Access and waiting times

The July quality report to the Board provided assurance around the safe management of referrals and waiting lists for assessment and treatment, together with plans to reduce waiting times. In addition, quality assurance committee has now received a deep dive on the same topic in September 2021, providing data and narrative to describe the waits by service type and the variation across the Trust, together with the plans to address these. Backlog recovery plans are in place and are monitored locally, alongside regular data and analysis at team-level to show waiting time, caseload and backlog. These are overseen within directorate management teams and progress is tracked within the performance management mechanisms. All services have processes in place to monitor their caseload and backlog, to review these with multidisciplinary input and to make decisions about risk

stratification in order to prioritise. Progress on this area will continue to be reported on a 3-monthly basis to the Quality Assurance Committee.

8.6   Summary

Overall, the key themes that emerge from triangulating feedback from a range of sources remain similar to those from a year ago, but with less mention of the mode of consultation. There are no major surprises that staff wellbeing, access to services and IT systems form the big themes, and these have been, and continue to be, the focus of improvement efforts.

9.0   Quality improvement

This section of the report provides an overview of our Quality Improvement (QI) work, with a summary of how we are applying QI across the Trust, how we are working with system partners through QI, and progress against some of our key strategic priorities through QI.

10.0   Adoption of QI across the Trust

QI is being used across all directorates and areas of the Trust. The volume of QI work has remained largely unchanged through the pandemic, with new QI work being initiated every month. One finding has been that the directorates where there is a robust infrastructure in place (with clear leadership attention, oversight in directorate meetings on a monthly basis, a group of active QI coaches with protected capacity to support improvement work), there has been less disruption to QI during the pandemic. For the directorates where we have seen a reduction in activity, or the deterioration of improvement infrastructure, we are co-developing one-year plans with clinical or service directors to ensure that there is robust oversight and support structures in place again.


Number of active QI projects (I chart)   New projects initiated each month (I chart)
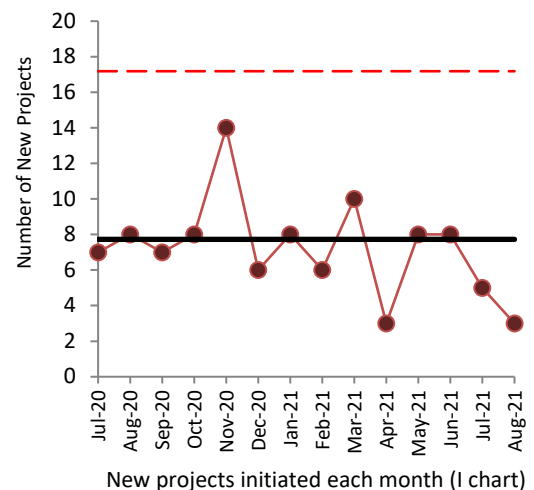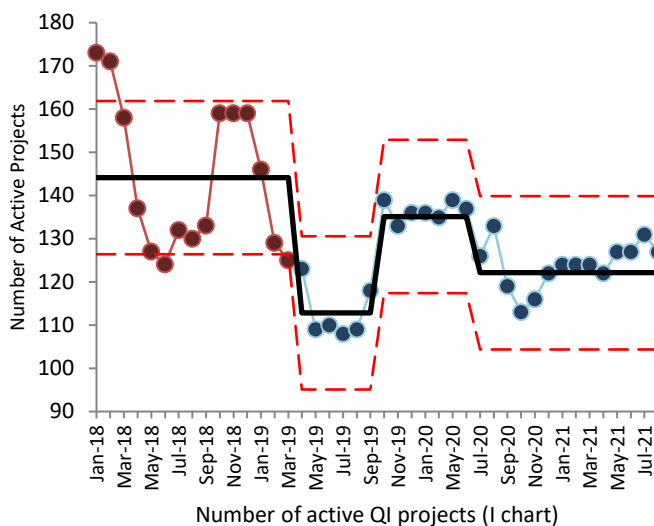
10.1   **New and emerging improvement work across the Trust**

Despite the pandemic, QI has continued to be initiated to deal with new and emerging improvement opportunities. Below are a few examples:

Improving the health pathway for Unaccompanied Minors and Young People in Newham:

The Specialist Child and Young Persons Services (SCYPS) in Newham have been seeking to improve the care of unaccompanied minors to ensure they receive a mental health review, are registered with a GP, and receive the vaccinations they require. The team have developed a driver diagram, including change ideas such as sending letters to foster carers, providing information directly to minors and offering workshops to focus on health improvement. The team are collecting baseline data which demonstrates a high percentage of those being seen are receiving their vaccinations, but there is a need to reach more vulnerable minors. The team are initiating change ideas with the aim of increasing the count of minors they see by making access to care easier for them.

Percentage of unaccompanied minors being immunised (P chart)
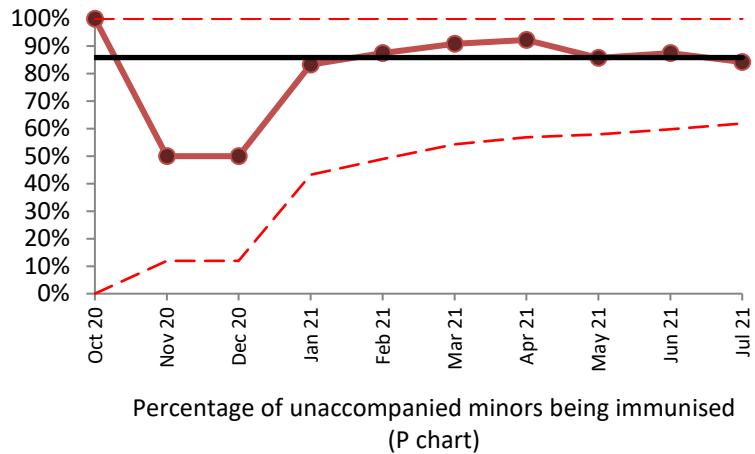
Veterans' community project: The veterans alliance - a collaboration of ELFT, the third sector, veterans and their families - are working in partnership to improve the quality of life for all veterans who receive care at ELFT. The focus of the early stage of the project has been to improve the identification of veterans by staff. A survey to assess veteran awareness amongst staff will help the team understand how veterans can be sign-posted for appropriate care.

Pressure Ulcers: The district nursing teams across the Trust have been utilising QI in their work to reduce the incidence of pressure ulcers in vulnerable service users. Teams are being supported to develop specific aims and change ideas for the work. In addition, a dashboard is being developed to provide regular insight to help inform local tests of change and scaling up of successful improvement ideas.

Total pressure ulcers (acquired and inherited) - C chart
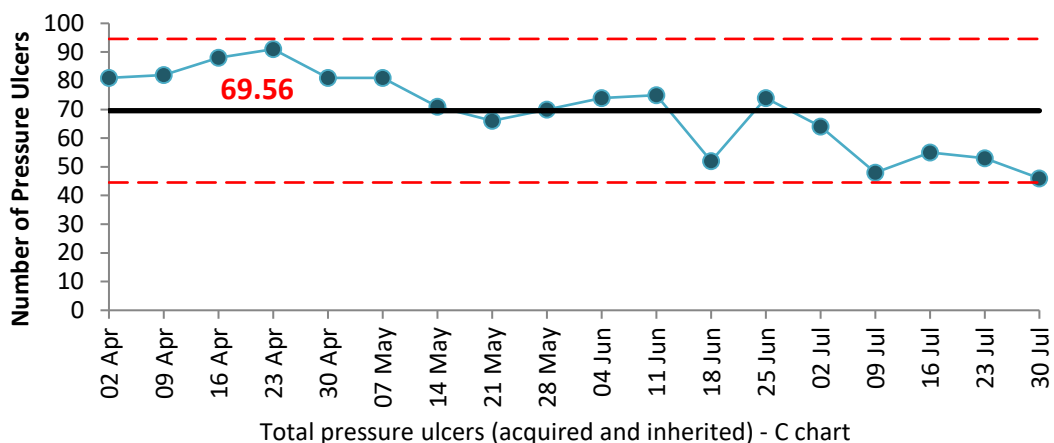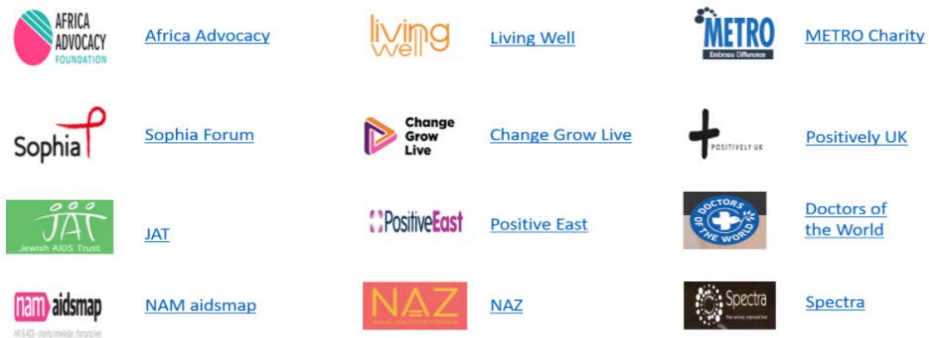
10.2   Partnership working

ELFT is using QI in its work with local partners, collaborating to improve outcomes for our service users and local communities. QI can provide an effective means to bring partners

together, develop shared purpose and use a systematic method to support active testing and learning.

The community mental health transformation programme continues to utilise quality improvement to support local testing within primary care networks. ELFT has offered free 'pocket QI' (foundational QI training at ELFT) to partners involved in the transformation work.

In addition, we have made places available to system partners for our two deeper training programmes – the '*Improvement Leaders Programme'* and the *'Improvement Coaching Programme'* in order to build improvement fluency and capability across our two integrated care systems.

ELFT has been supporting Healthy London Partnership in the Fast Track Cities Programme for 3 years, with the aim of reducing HIV transmission, loss to follow up treatment and to support people with HIV to live well. Twelve third sector organisations have been supported with funding from Healthy London Partnership and QI support from ELFT to develop and test ideas to help tackle this global issue.

Africa Advocacy Foundation	Africa Advocacy	living Well	Living Well	METRO	METRO Charity
Sophia	Sophia Forum	Change Grow Live	Change Grow Live	Positively UK	Positively UK
JAT	JAT	PositiveEast	Positive East	Doctors of the World	Doctors of the World
nam aidsmap	NAM aidsmap	NAZ	NAZ	Spectra	Spectra

*Third sector organisations that are part of Fast Track Cities*

One of the third sector organisations, Change Grow Live, has been working on supporting those living with HIV and substance misuse to adhere to treatment and reduce viral load. Change ideas tested include recruiting six HIV champions across the boroughs, having a presence in the multidisciplinary team HIV clinical meetings and developing a training package. They have seen an increase in the identification and recording of those who have tested positive for HIV.

Percentage of HIV status recorded from assessment (run chart)
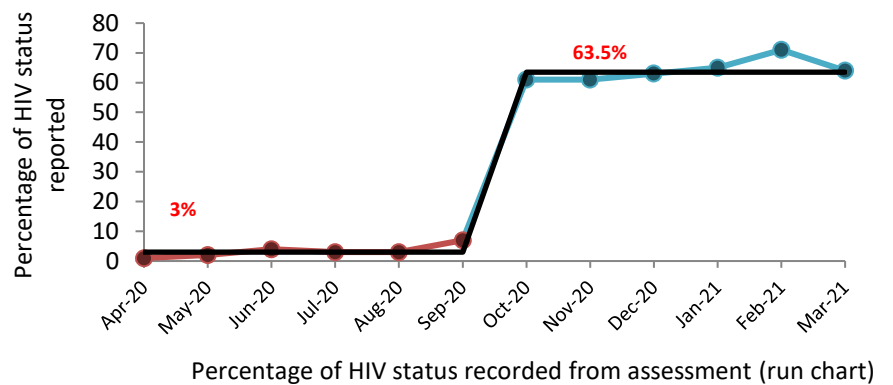
Service user and carer involvement

Service user involvement is at the core of ELFT intentions for co-produced improvement work. There has been a small reduction in 'Big I' involvement in QI projects, where service users are active and equal members of the project team. This may be partly due to the pandemic and the move to virtual project working, where some service users may not be able to be involved as easily.

Despite the overall reduction, there are good practice examples within the Trust of service user involvement.

Big I involvement in QI projects (P chart) - Big I means having a service user as an active and equal member of the project team
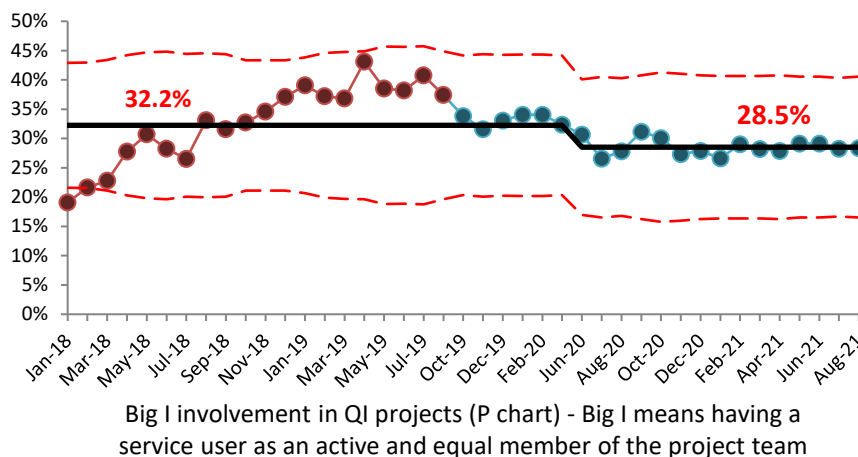
All the IAPT (Improving Access to Psychological Therapies) service projects currently have 'Big I' involvement. To achieve this, they have a robust infrastructure around their QI work, in collaboration with people participation, and established working together groups. The directorate have tested providing a leaflet to fully explain the role of the service user and utilised service user skills to contribute to developments such as improving their website. One service user reported that "they always feel part of the team".

The Forensic service appointed a nominated QI coach to support teams without service user involvement to try new ways of involving people. They have also tested ideas to ensure that service user involvement status of each project is explored at monthly QI forums and recognised efforts by presenting a monthly service user QI award, with the nominees being celebrated in the Forensic Voice newsletter.

To approach this issue in a co-produced way, a theory of change has been developed to seek to improve service user involvement across the Trust. The collective purpose statement of the work is to 'establish a culture of high-quality co-production in QI with our service users and carers'. The ongoing plan is to work with people participation and service users to develop a co-produced project that will encourage service users to become involved in improvement work that matters to them. Recent changes in practice have included ensuring the presence of improvement advisors at working together groups, supporting service users to lead aspects of QI training, advocating for service users to become QI coaches with lived experience and encouraging directorates to test having service users chairing the QI forums. Progress on this area will continue to be provided to the Board regularly through this report.

## 11.0   Organisational improvement capability

11.1   Evaluation

Our six-monthly evaluation, to understand the barriers and enablers to the application of QI across the Trust, has recently been conducted with teams across each of our directorates. 24 team leaders were interviewed and 62 team members completed a short survey to provide an insight into how QI is perceived and utilised across the Trust. Two

areas which came through in the analysis were the limited level of knowledge the 62 respondents felt they had around QI methodology, and that the majority felt they had limited skill in using QI approach and tools. However, most of the respondents suggested that accessibility to QI resources and team were 'easy'. In order to address this, a new short training called 'learn and apply' has been tested, which provides a 30-minute insight into an improvement tool, allows participants to go and try this in the real-world and then return for a follow-up half-hour session two days later to reflect on their practice. In addition, all new starters at the Trust are now being asked to compete Pocket QI within their first 3 months.

*Number of participants describing level of knowledge*
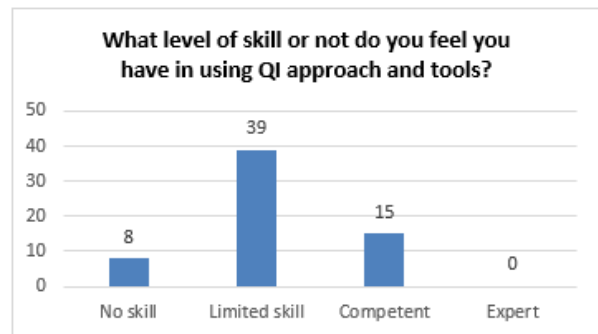
*Number of participants describing level of skills*

12.0   QI programmes linked to strategic improvement opportunities

12.1   Optimising Flow

This short-term QI programme was developed with the aim of helping services to improve flow, reduce waiting times and improve access, in the context of the pandemic lengthening waits and backlogs for assessment and treatment in many teams. The monthly learning sessions provide an opportunity for teams to use specific QI tools and to receive QI coaching in small groups to tackle the emerging issues with a focus on understanding their current situation and to help with developing, sharing and testing ideas. The charts below demonstrate the results from teams that have been applying QI to improve flow and manage increased demand.
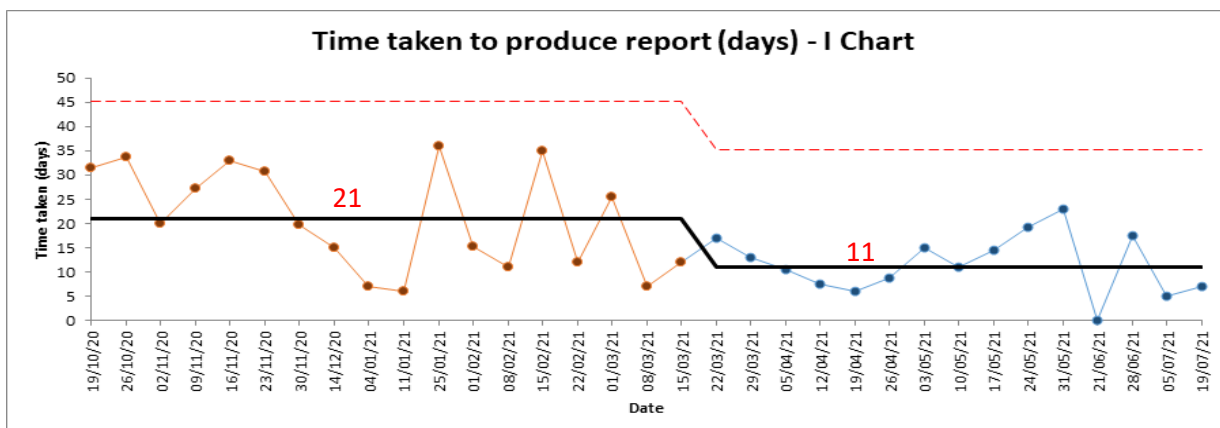
Bedford psychology service – reducing the length of time taken to produce reports, to ensure that service users receive appropriate assessment decisions and treatment in a timely manner
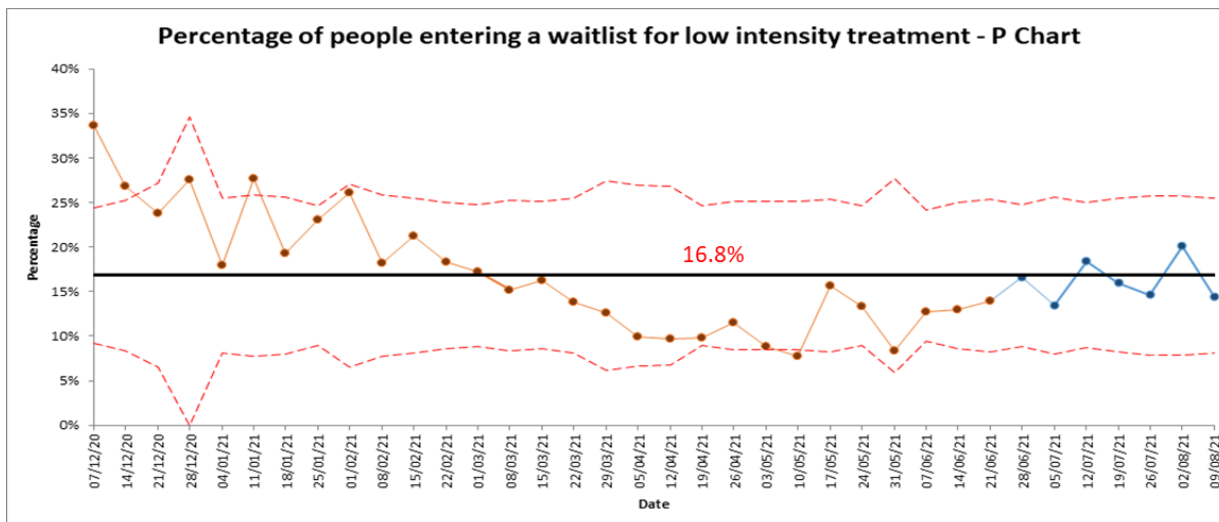
Bedfordshire IAPT – increasing the percentage of people being placed onto the pathway for low intensity group intervention (thereby reducing the demand on one-to-one interventions, and reducing the waiting list for individual treatment)
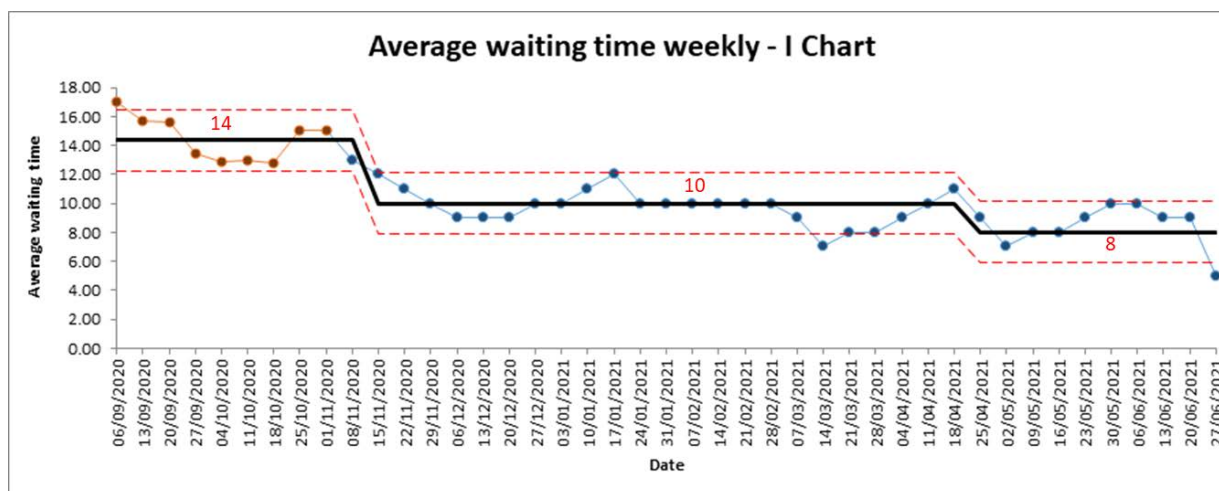
Bedford CMHT – reducing the waiting time for occupational therapy intervention

12.2   Enjoying Work

The fifth cohort of this programme will commence in September 2021, with a further 11 teams participating. At present, teams are being supported with the preparatory work, and to introduce the weekly measurement system.

Two projects which have aimed to improve conditions for staff and service users have recently been shortlisted for awards. The reducing racism project on East India ward and the improving sexual safety project on Clerkenwell ward have both been shortlisted for the British Medical Journal awards and the Health Service Journal awards for pioneering approaches to these challenging issues. This important work has encouraged other teams across the Trust to also commence tackling these topics.

Bow Ward in the forensic service has focused their Enjoying Work project on the levels of racism, bullying and harassment the staff were reporting. The team have been building

links with police liaison officers. Successful change ideas included assigning a bullying and harassment advisor, creating an anti-racism board and anti-racism buddy role. Since February they have seen an increase from 65% to 92% in staff experiencing a good day at work.

13.0   Action Being Requested

13.1   The Board is asked to
- **RECEIVE** and **DISCUSS** the report
- **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required.