East London NHS
NHS Foundation Trust

Quality Strategy 2016-2018

We care We respect We are inclusive

Introduction

East London Foundation NHS Trust has committed to providing the highest quality mental health and community care in England by 2020. This is a demanding goal which requires a focused commitment from us as an organisation on all the components of quality.

Why are we doing this? Our patients, service users and carers deserve the very best care that we can provide for them. High quality care is not an accidental by-product of good intentions. We can only deliver the best care if we nurture our staff and ensure that they are developed and are working in an environment that fosters positive attitudes and a desire to strive to improve.

We have been doing well recently - do we really need to do anything differently? There is no doubt that we have made some good progress with our quality improvement programme and we have learnt much but there is so much more that we could do. To really do our best we need to be flexible and responsive to our stakeholders and understand the local and national context. We need to get the right balance between quality assurance, improvement and control. Our framework for quality assurance needs to improve and change as we change as an organisation.

How can we focus on quality when we have other demands? Well, quality is our organising principle. It is not an add-on, it is what we do every day of the week. If we focus on what is important to our patients, service users and staff then we can provide the highest quality care. We inevitably have targets that we need to meet, for waiting times, physical healthcare for patients with severe mental illness and access times for patients with first episode psychosis to name a few. These are all aspects of quality which are important in their own right. The most important thing for us is that we integrate this work into overall approach to quality and not view these as this year's targets. We need our improvements to be sustainable.

Progress with Quality Assurance and Improvement since 2012

The Trust has had a number of inspections by the Care Quality Commission since its inception in 2010, and full compliance has been awarded in all recent inspections. The Trust was the first mental health/community trust in the country to be awarded level 3 of the NHS Litigation Authority risk management standards in 2013. The Trust's quality assurance processes are also subject to regular review by internal audit, and recent reviews into incident management and safeguarding have resulted in substantial assurance being awarded.

We have recruited and developed a central quality improvement team to coordinate our QI work and support teams and directorates. We have trained approximately 500 people through a 6-month Improvement Science in Action programme, developed 30 QI coaches with deeper QI and coaching skills to provide close support to project teams, and supported the involvement and training of service users and carers in QI, with 60 service users and carers completing bespoke training.

We have 150 active QI projects across the organisation as at January 2016, with 28 showing sustained improvement. Allowing flexibility for teams to choose what to work on, and then discuss locally how these align with directorate and Trust-wide priorities, has been key to making QI feel meaningful for staff and service users. We have seen a 23% reduction in rate of physical violence (number of violent incidents per 1000 occupied bed days) across the entire Trust, and 16% reduction in time from referral to assessment across the community teams working on this issue.

What Is our Strategic Context?

The Trust's vision, mission and values are based on the core values of the NHS. They have been developed through engagement and consultation with staff and key stakeholders.

Vision *To be making a positive difference to people's lives*

Mission *To provide the highest quality mental health and community care.*

Values Our three core values are:

- **We care**
  Everyone is entitled to the highest quality care
- **We respect**
  Everyone should be treated with kindness and respect
- **We are inclusive**
  Everyone should have access to our services when they need them, and we actively seek suggestions from all on how we can improve

And the following values support us in achieving them:

- **We work together**
  Together with our service users, carers and partners we work as a team to promote the health, wellbeing and independence of the people we serve
- **We strive for continuous improvement**
  Our mission to deliver the highest quality services is a continuous process
- **We discover and share our knowledge**
  We encourage research and innovation to find new and better ways of treating people and keeping them healthy and well. We then share what we learn

What Is our Quality Strategy?

It is the plan we have for delivering our commitment to our patients and service users to provide the highest quality mental health and community care in England by 2020. The strategy reflects our core values.

To deliver this we need to:

- Ensure that every day for every patient and all of our staff has quality underpinning every decision.
- Listen effectively to our patients, carers and service users.
- Provide the safest care we can and learn lessons when things go wrong.
- Support our staff to deliver the highest quality care.
- Attract and retain the best staff and then develop them further.
- Work with our commissioners in a positive relationship to ensure that quality is their number one aim.
- Foster a culture of quality improvement that is an integral part of who we are.
- Maintain our financial viability.

How will we Govern, Measure and Improve the Quality of Care we provide?

Quality Assurance

Over the next three years we will radically change the way that we approach quality assurance as an organisation. We need to do this as we grow and the boundaries of the organisation change. As we become a more integrated care organisation with more complex governance arrangements the systems that have supported us will need to change.

A significant part of our assurance processes have an external locus of control. CQC, the healthcare quality regulator is completing its first complete wave of inspections using its framework of 5 key lines of inquiry:

- Safe
- Effective
- Caring
- Responsive
- Well Led

We have developed an internal inspection team to prepare for our CQC inspection. We will continue with a series of internal inspections using the CQC framework over the next three years and will visit each clinical area with an inspection team annually. This will be extended to our community services in Tower Hamlets in the next 12 months.

We have used the Royal College of Psychiatrists' quality assessment process to accredit our services. This has provided valuable external validation of the quality of our services. However the visits are triennial and services can change and deteriorate within that three year period. We will develop an internal accreditation process to certify the level of care being provided in our clinical services. This will be trialled in selected clinical areas and further developed for our other mental health and community services. We aim to integrate our inspection processes into our accreditation programme as part of our quality assurance process.

Quality Assurance work programme summary

- Design of new inspection/accreditation programme
- Service user involvement in assuring and improving services
- Listening and learning
- Compliance with NICE standards
- Developing quality and performance measurements
- Audit

Quality Control

Over the next three years we will be developing our quality control processes to ensure that the gains we have made in improving services are monitored and maintained, that we have more standardised processes in delivering healthcare, and we are quickly alerted to abnormal variation and move to understand causes and take corrective action where necessary.

The work that our staff have undertaken to improve quality of care has been very impressive and within a healthcare context has been achieved at great speed. As this becomes implemented into routine business, this no longer requires improvement work. The systems for supporting intensive,

accelerated improvement are no longer required. However experience has taught us that assuming that gains will be sustained after intensive focus has reduced is not reliable. Teams need to develop lower intensity internal quality control mechanisms to ensure that their gains are maintained.

For areas where quality improvement has delivered sustained improvements there are already quality monitoring processes which have been developed using statistical control charts. These should continue to be reported to the board and directorate management teams. In addition, to ensure that the correct control is being maintained, sampling audits will be undertaken and may be integrated into the accreditation/assurance work.

Guidelines and Standards

NICE has over the last decade produced a number of "guidelines" in relation to best clinical practice which is evidence based. We believe that these guidelines should become the standard treatment offered to our patients and they represent the standards we expect our clinicians to adhere to. Work has commenced on the complete implementation of the guidelines for treatment of Schizophrenia. Where there are gaps in provision, particularly availability of psychological therapies these will be highlighted to commissioners but we will also where possible redistribute resources to cover gaps in treatment.

Areas of priority include:

- Treatment of schizophrenia and psychosis.
- Treatment of affective disorders
- Management of violence and aggression
- Antenatal and post-natal mental health
- Treatment of ADHD
- Diagnosis and treatment of autistic spectrum disorders
- Dementia Care
- Service User Experience

NICE have produced standards in addition to clinical guidelines, which have been primarily designed for commissioners to assess whether services are meeting the required standards. Where appropriate we will use the standards to assess our performance as part of our overall assurance processes.

The measurement of compliance with NICE standards has been a largely manual audit process which is time consuming and uses considerable human input into the process. We have had significant success with the development of more automatic processes for the production of statistical control charts to support the QI work. We will look to develop these processes to ensure that we can in real time monitor compliance with guidelines and standards.

Listening and Learning to Service Users, Patients and Carers

A key part of our quality strategy is our engagement of service users, patients and carers. ELFT has made some significant progress with its work on engaging service users and their carers but there is also much that can be improved.

Service users and carers have a critical role to play in our quality assurance processes including:

- Recognizing and promoting good practice
- Identifying gaps in service provision
- Assisting with programmes of internal inspection/ accreditation

- Peer to peer assessments of adherence to standards
- Helping to develop systems to capture feedback
- Working with the trust to develop effective listening forums
- Feeding back directly to the board about their story and experiences

The further development of systems to accurately capture patient reported experience and outcomes is necessary to ensure that we have an accurate patient focused picture of the quality of care that we are providing. We have undertaken some new and innovative work in this area including the use of Dialog developed by Professor Priebe at the WHO Collaborating Centre in Newham. ELFT will work over the next three years on developing techniques to ensure that the feedback captured will be used to shape services provided. Whilst different tools will inevitably be used in different clinical areas the end result should always be responsive flexible services providing safe, effective care which are focused on the needs of the patient and service user.

Our patients with severe mental illness die on average 20 years before the general population. We have in the last year worked on improving the monitoring of physical health as part of a national quality improvement requirement. Patients are often the passive recipients of monitoring of various aspects of their healthcare. In the last year, we have started to develop a different paradigm in which the patient is the person primarily responsible for the monitoring of their own health. This has proved to be much more effective at engaging our service users and has significantly improved the overall monitoring rates. We will over the next three years work to extend this model of patient involvement.

In the last two years, ELFT has developed a carer's strategy which covers 5 domains:

- Identifying and recognizing carers
- Communicating with carers
- Providing information for carers
- Working in Partnership with other agencies
- Working with young carers

All of these are quality issues for our patients and their carers and need to be integrated into our quality assurance processes. These domains will be included in our accreditation and assurance work so that they form part of the overall assessment of the quality of care that we are providing.

What are our Quality Priorities

Though we are concerned about the quality of all our services and need to be vigilant about all aspects, we do have particular quality priorities that we want to focus on for the next three years. These are:

- Inclusion, equity and equality
- Care Integration
- Listening and Learning
- Access to services
- Reducing variation in the provision of Evidence Based Care
- Technology

We have arrived at this list by listening to our service users and carers, thematic reviews of complaints and incidents, discussions with local and national commissioners, work with IHI, NHS Improvement and Monitor. Some of these are more aligned to one domain of quality than another e.g. listening and learning are aligned to quality assurance, whilst others cross domains e.g. access to services covers assurance, improvement and control, and therefore our work on these priorities will use a number of techniques including:

- Quality improvement
- Training and development
- Partnership working
- IM&T strategy
- Value based recruitment
- Quality Assurance Systems capturing feedback
- Commissioning for Quality and Innovation
- Health promotion
- Accreditation and inspection

Quality Improvement

ELFT has made great progress with its work on QI and has developed a national reputation for its work on QI in mental health and community services. This has had a large impact on the developing culture of the organisation and we need to hold the gains that we have made and to use the lessons learnt to develop the programme further and integrate it into operations so that it becomes work as usual. For services in Bedfordshire and Luton, the work will start on engaging and training staff in 2016.

Quality Improvement Priorities

Teams have freedom to work on issues of quality that matter most to the staff in the team, the service users and carers that they serve, and the local priority areas for improvement. This facet of the programme is unusual for large-scale improvement programmes, but is critical to engaging staff and making QI feel relevant and meaningful.

The current four Trust-wide priority areas of QI work (**reducing harm from violence, reducing harm from pressure ulcers, improving access to services and physical health**) have been determined by this dual process of identifying common themes emerging from the frontline projects and identifying issues of strategic importance for the Trust. The priority areas are approved by the Board on an annual basis.

Over the next two years, priority areas of QI work will include:

1) Scaling up and spreading the violence reduction work across other directorates
2) Re-energising the pressure ulcer work with more direct care staff involvement
3) Continuing the access learning system, which has only been in operation since April 2015 and will require another 6-9 months to see sustained improvement before considering scale-up and spread
4) Reducing cardiovascular risk for people with severe mental illness through supporting physical health work across the Trust on health promotion interventions

Quality improvement work programme

Over the next two years, the quality improvement programme will focus on the following key areas of work, which both address current challenges we are facing and build on the progress already made so far:

a) Introduce a new development programme for our team leaders.
b) Focus on the systematic scaling up and spreading of interventions that have been shown to work in one setting and which are applicable to other settings

c) Test different ways to deepen the involvement of service users and carers in our QI work
d) Promote the wider application of QI within corporate services
e) Continue to engage our commissioners with our QI approach.
f) Redesign our information systems so that our staff have better access to the data they need to understand quality and performance, and to support their QI projects
g) Redesign our HR and workforce processes, such as recruitment and selection, performance appraisal and internal training and development.
h) Continue to build will and build improvement capability across the organisation, including the programme into Bedfordshire and Luton services
i) Continue work on our four priority areas of QI work (violence reduction, pressure ulcers, physical health and access to services)

Quality and cost improvement

In 2015, the finance team have begun to start evaluating the cost impact of some of our priority areas of QI work. Across the 145 projects, there are some clear areas where teams are demonstrating increasing efficiency and productivity, with some of these projects also suggesting possible cash savings.

Over the next two years, there will be a greater emphasis on quantifying the financial impact of QI projects. For many projects, this will be exhibited as cost avoidance, which is helpful in reducing our in-year financial pressures. A small number of projects may have the potential to demonstrate cost reduction, and our finance team will prioritise these for detailed evaluation.

From the 2017-18 financial year, each directorate will be asked to identify a relatively small amount of their annual cost improvements (CRES) that they can use QI to help extract. It is anticipated that over the coming years, as our confidence with QI grows, the proportion of our annual cost efficiencies that can be projected to be released by QI can increase.