Appendix F

East London NHS Foundation Trust

DRAFT
May 2018

Contents

If you require any further information about the 2015 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000 or email webadmin@elft.nhs.uk

Our Services

ELFT provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. We provide psychological therapy services to the London Borough of Richmond, as well as Children and Young People's Speech and Language Therapy in Barnet.

In addition, the Trust provides forensic services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, and some specialist mental health services to North London, Hertfordshire and Essex.

The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome/ME adult outpatient service serves North London and the South of England.

The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England.

The Trust provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide forensic services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas. Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low income and deprived groups. Both areas therefore pose significant challenges for the provision of mental and community health services.
The Trust operates from over 100 community and inpatient sites, employs almost 6,000 permanent staff and has an annual income of £390m.

During 2017/18 the Trust provided and/or sub-contracted 170 relevant health services. ELFT has reviewed all the data available to them on the quality of care in all 170 of these relevant health services. The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant health services by the East London NHS Foundation Trust for 2017/18.

During the course of the year ELFT has seen a range of service developments, improvements and achievements:

- **The Big Conversation –** During the summer of 2017/18 our staff took part in the biggest face-to-face engagement exercise this Trust has ever under taken – the Big Conversation. More than 700 staff and patients told us what they thought ELFT was good at and what we should be known for in the future. We have analysed the feedback and discussed this with Directorate Management Teams (DMTs), the Council of Governors and the Trust Board. Now this feedback has been used to inform ELFT's emerging strategy and a new mission 'To improve the quality of life for all we serve'

- **TH CHS partnership –** ELFT is a founding partner of the Tower Hamlets Together partnership, which includes the key Tower Hamlets health and care commissioning and provider partners. Over the past three years ELFT has been centrally involved in developing the Tower Hamlets partnership, managing the process of bidding to deliver community health services as a provider alliance (with the Tower Hamlets GP Care Group and Barts Health as alliance partners), and developing the Tower Hamlets Multi-specialty Community Provider Vanguard, and supporting transition into an accountable care system. The contract for Community Health Services began on 1/4/17, as part of which ELFT took on a number of general adult community services, and since when ELFT has managed a programme of transformation to consolidate and improve the quality of services. As part of our work through the Vanguard, we have developed a number of approaches to delivering more integrated care for people with mental health problems, including a pilot of the Buurtzorg model in Tower Hamlets Neighbourhood Care Team.

- **Focus on recovery –** As part of its commitment to recovery principles the Trust has rolled out a revolutionary new approach to patient assessment using the DIALOG approach. This focus on the goals and aspirations of service users and works with them to identify the steps needed to reach these. Patients and carers have been involved in designing the new programme, and in delivery the training to staff. Alongside this there are now Recovery Colleges in place across the whole Trust, and a quality improvement workstream dedicated to reshaping community mental health services and delivering truly recovery focused care.

Clinical services have been working hard to deliver innovative, high quality care, with numerous examples of exciting projects:

- **Newham Mental Health Services** - **Goodbye to Ward Rounds, Hello to Daily Review Meetings**
  Daily multi-disciplinary meetings have replace ward rounds on all acute wards at the Newham Centre for Mental Health. These are shorter decision-making meetings which ensure inpatient admissions are well managed and responsive to changes in the individual. It is a more dynamic real-time process which benefits inpatients and staff.

- **Bedfordshire and Luton** - **Mental Health Street Triage**
  The Bedfordshire Mental Health Street Triage team was set up in partnership with the East of England Ambulance service to provide immediate assessment and support to people in crisis.

- **Forensic Services - Self-catering Project at Wolfson House**
  This project has grown and grown with patients cooking their own food on the wards.

Not only are we helping patients to develop vital cooking skills which they may never have learnt before, the project is enabling them to eat more healthily.

- **Tower Hamlets Community Health Services - Home Not Hospital**
  New Rapid Response and Intermediate Care service is now in place and has been well received by patients and are succeeding in preventing admissions and enabling rehabilitation in the home.

The Trust is proud of the awards it has won and been nominated for over the last year, here are some of the most significant:

Patient Safety Awards 2017
Mental Health – Shortlisted

RCPsych Awards 2017
Psychiatric Team of the Year: Quality Improvement
East London MHCOP Memory Service
(winner - November 2017)

UK Rail Industry Awards
Back on Track (KeolisAmey Docklands)
Social Responsibility Category – Winner

World Illustration Award
QI Visibility Wall at Newham Centre for Mental Health (Jonny Glover)
Site Specific Professional Category – Winner

Bedfordshire Junior Young Person of the Year (YOPEY) Award
CAMHS Service Users Roshni Patel (December 2017)

Royal Television Society North West Awards 2017
Best Learning or Education Programme (November 2017)
Film series: When I Worry About Things

HSJ Awards 2017
Butabika Link: International Health Partnership –Winner (November 2017)

Rail Business Awards (January 2018)
Customer Service Excellence Award 2018
The 'Back on Track' project run by the Trust and KeolisAmey Docklands, the operator of the Docklands Light Railway

Student Nursing Times Awards - shortlisted
Fern Glenister, Bedford, shortlisted for the Student Nurse of the Year in Mental Health and Student Innovation in Practice (March 2018)

RCNi
Commitment to Carers (Shortlisted April 2018)
Tower Hamlets Primary Care Mental Health Carer's Hub

Part 1 – Statement on Quality

1.1 Statement on Quality from Dr Navina Evans, Chief Executive

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1.2 Statement on Quality from Dr Paul Gilluley, Chief Medical Officer and Dr Amar Shah, Chief Quality Officer

Part 2 – Priorities for Improvement

2.1 ELFT Quality Strategy

In 2013, East London NHS Foundation Trust committed to providing the highest quality mental health and community care in England by 2020. This demanding goal required a focused commitment from the whole organisation on all the components of quality.
In order to deliver this mission, we recognised that we would need to:

- Ensure that every day, for every patient, our staff have quality underpinning every decision.
- Listen 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 our high standards.
- Attract and retain the best staff and then develop them further.
- Work with our commissioners in a positive relationship, making sure that quality is the number one aim.
- Foster a culture of quality improvement that is an integral part of who we are.
- Maintain our financial viability.

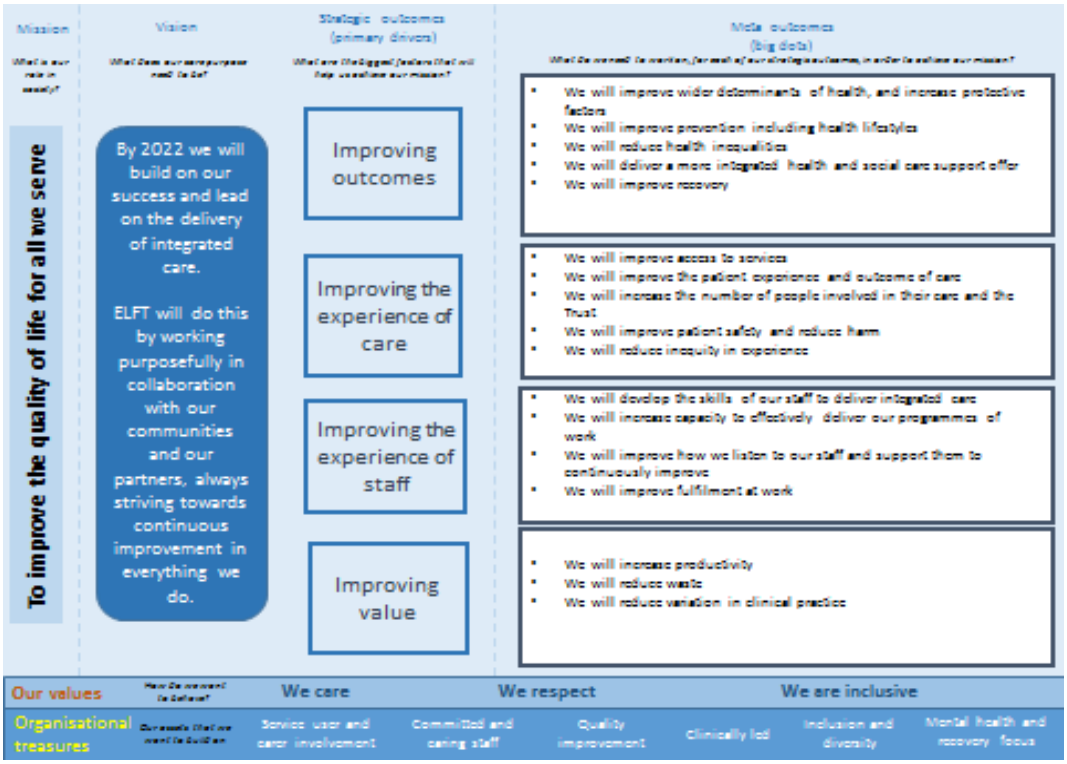
In 2016, our efforts were recognised by the Care Quality Commission, who rated the organisation as Outstanding.
East London NHS Foundation Trust has been considering, for the last 18 months, the vision, mission and strategy for the Trust in light of the changing national and local context. A key driver for these discussions has been the national policy context of integration, and the Trust's own ambition to make a positive difference to people's lives, regardless of our specific role in providing services.

The creation of Sustainability & Transformation Partnerships, and more recent progress towards the development of Accountable (Integrated) Care Systems, provides the structural template for this new ambition.

The Trust's strategic partnership with the Institute of Healthcare Improvement (IHI) has exposed the Trust to organisations with vast experience of delivering integrated care at scale, as well as the benefit of the IHI's own expertise in relation to the "Triple Aim" of improving the patient experience of care, improving the health of populations and providing value for money.

The Trust Board has decided to expand the range of community services provided by the Trust, with the integration of Tower Hamlets community health services on 1 April 2017, and the expected integration of Bedfordshire community health services on 1 April 2018.

During 2017/18, ELFT undertook the largest face-to-face consultation it has ever undertaken, in order to help define and shape its future direction. "The Big Conversation" exercise engaged 800 staff, service users, carers and Governors in this discussion. In February 2018, the Trust Board approved the new mission for the organisation: "To improve quality of life for all we serve". The organisation is currently finalising the content of the new strategy to deliver this.



In order to achieve this new mission, all aspects of the Trust will need to adapt, including the culture, service provision, operating model and organisational structure. All functions within the Trust are currently engaged in a planning process to align their work towards the new mission.

2.2 Quality Priorities 2017/18

Quality Improvement context

East London NHS Foundation Trust's **mission** from 2013 to 2018 was to:

'Provide the highest quality mental health and community care in England'

The five strategic improvement priorities for 2017/18 were:

1. Reducing inpatient violence
2. Improving access to community services
3. Improving joy in work
4. Recovery-focused community mental health services
5. Improving value for money

Progress to date

<u>Reducing Physical Violence:</u>

The name of the Violence Reduction QI Project board has changed to the 'Stop and Think' strategy group to reflect the expanding remit of this group. In summary, this remit includes:

- Overseeing Quality Control of previous violence reduction work in the organisation: With Tower Hamlets, City and Hackney and Newham now all in quality control, all sites are using visual management systems to help them analyse their system, reflect and adjust to ensure that they continue to hold the violence reduction gains achieved through their improvement work. These quality control processes are currently being re-invigorated to make sure that this work remains meaningful to all staff and service users. City and Hackney and Tower Hamlets will shortly be testing the use of a regular 'Stop and Think' group for all ward staff, as part of this quality control system.

- Quality Improvement Violence Reduction Work: In Forensics, the focus is now on reliably embedding quality control systems to hold the gains achieved (40% reduction in rate of violence across all wards in John Howard Centre via Safety Cross), before they formally move into quality control in May. In Luton and Bedfordshire seven wards are now collecting data using the safety cross and are currently testing safety huddles. Currently the rate of violence across all seven wards remains unchanged.

- Reducing Restrictive Practice: Work is underway using quality improvement tools to reduce the volume of restraint being use in the Trust. Despite recent violence reduction work in the organisation, the volume of restraints has remained largely stable.

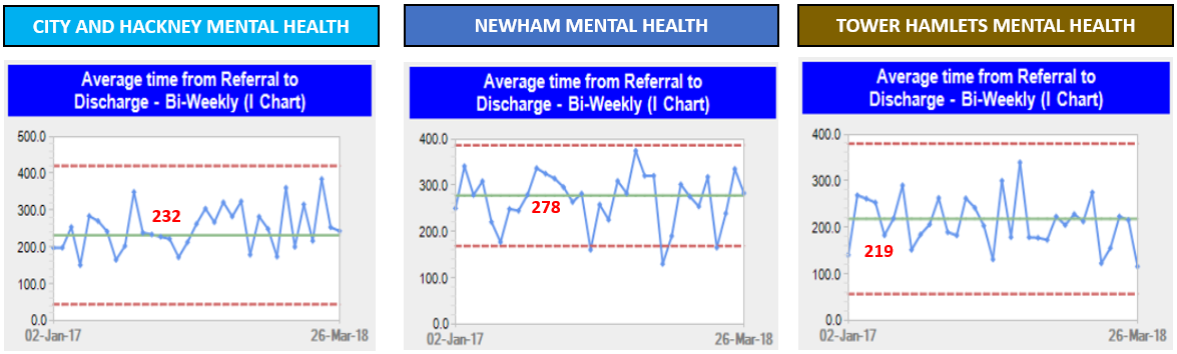
- Equalities Work: The strategy group are keen to look at how relative rates of restrictive practice differ in different populations of people. The group are currently looking at how we better measure rates of restrictive practice in a sensitive and representative way and also about where initial project work could be targeted.

Improving Access and Flow in Community Services

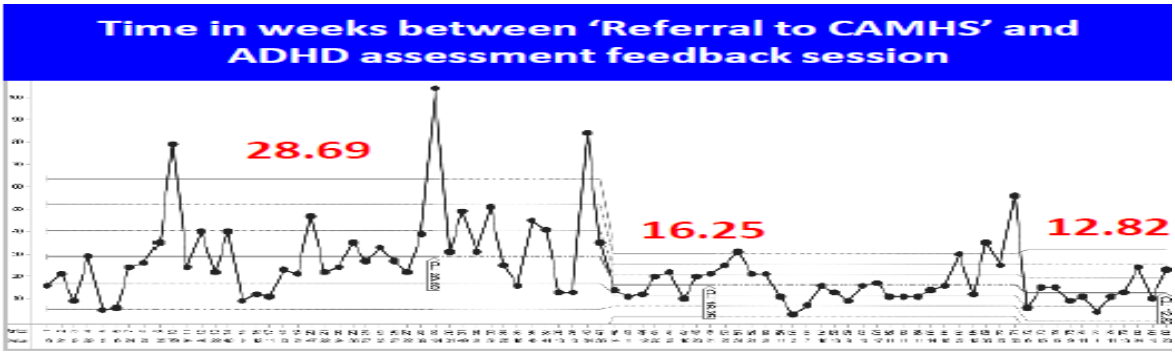
This high priority work stream can be divided into two main areas of work:

1) **Reducing the length of time from referral to completion of treatment for CAMHS and Psychological Therapies Services (PTS).** The QI team is currently supporting 8 teams across 10 pathways.

To date, all PTS teams have completed process mapping, have set aims and created driver diagrams and are actively testing change ideas. A measurement system is now place and we are currently focusing on pairing clinical outcomes to demand, capacity and flow measures. Currently the average time from referral to discharge (outcome measure) remains stable, indicating no change.



In CAMHS, five out of seven teams now have aims, driver diagrams and measurement systems in place and are now starting to test change ideas. To date, one team (City and Hackney ADHD) are observing improvement against their outcome measure, a 55% reduction in the time from referral to CAMHS and ADHD feedback session.



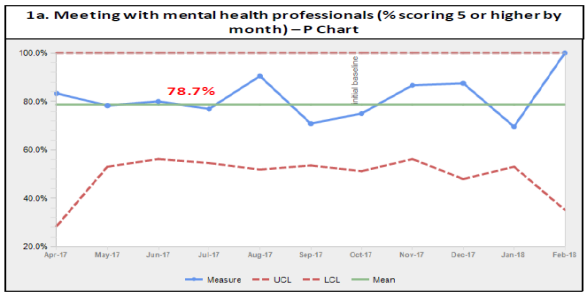
2) **The reliable upscale of automated pre-appointment text messaging across the organisation.** Dashboards and a successfully tested checklist for reliably implementing text message reminders are now in place. The Chief Operating Officer is working with Operational Leads to implement the use of automated text messages Trust wide.

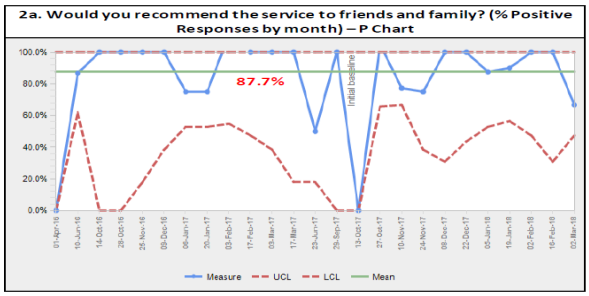
Reshaping Community Services

The aim of this work stream is that 90% of community patients and staff report satisfaction with the care they receive and give by December 2018.

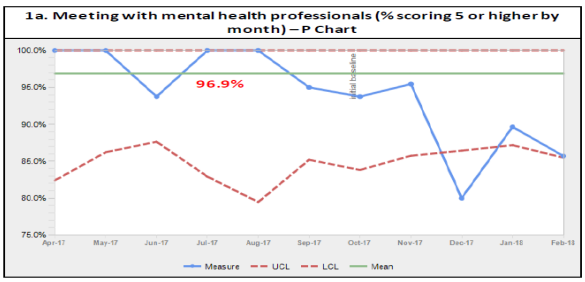
Work continues in the two prototype sites (Isle of Dogs CMHT, Tower Hamlets and South CMHT, Newham) with both teams testing change ideas to improve satisfaction (for example targeting depot clinics with poor satisfaction) in addition to those that improve data collection against their outcome measures. Both teams are actively involving service users with Big I involvement present.

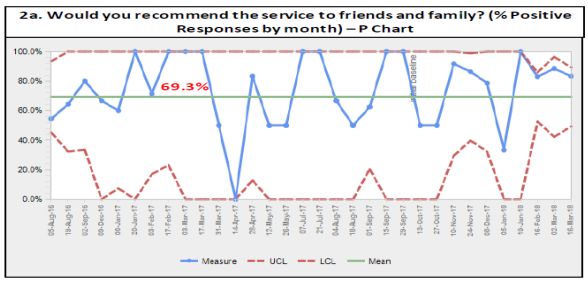
Service User Focussed Outcome Measures for Isle of Dogs CMHT





Service User Focused Outcome Measures for South CMHT





Simultaneously, we are also recruiting a second wave of teams to join this high priority work stream. The teams include North CMHT (Hackney) in addition to a CMHT from Luton and in Bedfordshire. Each of these teams will be join the existing 6 weekly learning sets, and project board and will be guided through an appreciative enquiry process to help them understand where in the work stream driver diagram they should begin their initial tests of change.

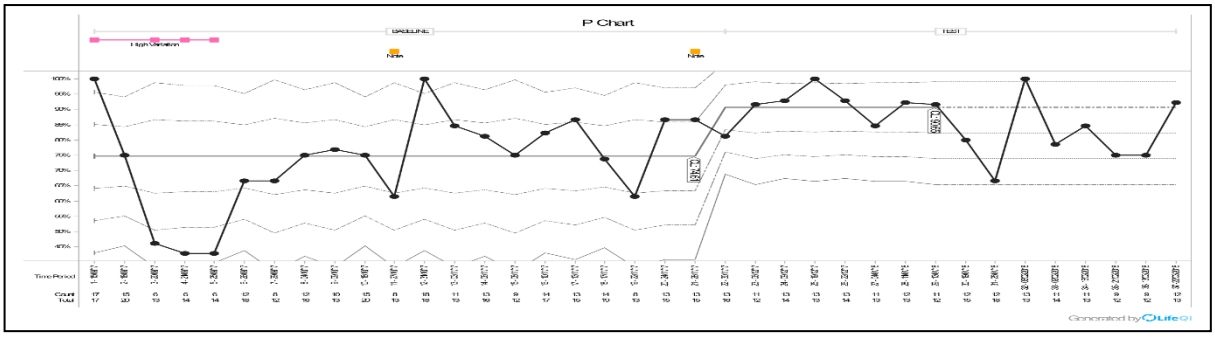
Finally, we are regularly updating the high level driver diagram to incorporate learning and new advancements. One particular change idea which all teams are particularly keen to test is the use of REFRAME SMS technology system following a recently successful randomised controlled trial in ELFT in a similar population.

Enjoying Work

The aim of this work stream is to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users.

Initial Work with Prototype Teams: We continue to support 4 prototype teams that represent the different working environments and geographically dispersed nature of the Trust. All teams are testing change ideas and regularly collecting outcome measure data using the Improve Well App. Isle of Dogs CMHT are now seeing a 21% increase in self-reported enjoyment at work using the good day outcome measure.

Isle of Dogs CMHT Good Day Measure



Scale Up of This Work: We are now in a recruitment period for a second cohort of teams to join the enjoyment at work high priority work stream. This is being advertised by a Trust wide communications campaign and the deadline for expressions of interest is the 30th April. Following this deadline and approval from respective DMTs, project teams will attend 4 learning 6-weekly learning sets between June and November 2018. At these workshops project teams will receive support from local QI sponsors, QI coaches, HR business partners, Improvement Advisors and Executive Board members.

Increasing Value:

We have now created an organisational driver diagram for increasing value for money at ELFT and have undertaken two exercises to map existing value based work against this and to prioritise the relative impact of each driver. Following on from this we are now working with the Chief Financial Officer and Chief Operating Officer to plan our future strategy for this work stream.

2.3 Participation in Clinical Audits

The national clinical audits and national confidential enquiries that East London NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of three national mental health clinical audits (POMH 1g & 3d prescribing high-dose and combined antipsychotics, POMH 16 rapid tranquillisation and POMH 17a Use of depot/LA antipsychotic injections for relapse prevention) were reviewed by the provider in 2017/18. The Trust develops specific action plans for each audit report, which is managed and co-ordinated through the Medicines Committee and below are examples of actions implemented across the Trust:

- POMH 1g & 3d prescribing high-dose and combined antipsychotics: Clinical Directors shared results across the directorates and local improvements were implemented within teams. In addition, an allocated working group has been developed and an innovative electronic form created, to capture and record accurate data.
- POMH rapid tranquillisation 16: new policy has been developed and re-audit underway across the teams.

During the period the Trust participated in 100% (four out of four) of national mental health clinical audits and 100% (one out of one) of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that East London NHS Foundation Trust participated in during 2017/18 are as follows:

Description of National Audit	Submitted to
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB
National Confidential Inquiry into Patient Outcome and Death, Young Peoples Mental Health Study	NCEPOD Ground Floor Abbey House 74-76 St John Street London EC1M 4DZ

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION	
	Teams	Submissions	Teams	Submissions
POMH 17 (a) Use of depot/LA antipsychotic injections for relapse prevention	34	293/293 (100%)	877	7441
POMH 15 (b) Prescribing valproate for bipolar disorder	17	65/65 (100%)	Report postponed	Report postponed

			until (April 2018)	until (April 2018)
POMH 16 (b) Rapid tranquillisation	Currently in data collection	Currently in data collection	Currently in data collection	Currently in data collection
National Clinical Audit of Psychosis (NCAP)	43	243/250 (97%)	Report not yet published (June 2018)	Report not yet published (June 2018)
National Confidential Enquiry into Young Peoples Mental Health	8	11/18 (61%)	Report not yet published (April 2018)	Report not yet published (April 2018)

The Trust has a clear process to support learning and improvement from clinical audit:

- Once teams have discussed their audit results, they complete the audit action tracker. This identifies gaps in performance and determines actions to address the gaps. The allocated owner of the action will complete the action and update the tracker.
- Progress against action trackers is reported on a monthly basis and discussed at local management team meetings. Then all learning from the audit action process is shared with relevant committees and across the trust.
- Audit leads disseminate the Quarterly Quality narrative report, which is shared with relevant committees and forms the basis for the Trust wide annual audit report.
- Directorate engagement with this process is via results reported and discussed on a quarterly basis at Quality Committee.

Audit Priority	Lead Committee	Directorate
CPA and Risk Assessment Audit	Quality Committee / CPA Group	All mental health
Record Keeping Audit	Quality Committee / Health Records Development Group	All
Medication Audits – Controlled Drugs, Prescribing, Administration and Rapid Tranquilisation	Quality Committee / Medicines Committee	All
Infection Control Audit	Quality Committee / Infection Control Committee	All
Hand Hygiene Audits – Five Moments, and Service User-observed	Quality Committee / Service Delivery Board	All inpatient units
Accessible Information Standard	Quality Committee	All
Restrictive Interventions Audit	Quality Committee	All inpatient units

Mental Health Act (including Consent to Treatment)	Quality Committee / Mental Health Act Committee	All
10 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All
Community Treatment Orders	Quality Committee / Mental Health Act Committee	All community teams

The provider reviewed the reports of seventeen local clinical audits in 2017/18 and East London NHS Foundation Trust intends to implement the recommendations to improve the quality of healthcare provided. An example of the local audit actions include:

- Results from the 'infection control audit' highlighted a drop in compliance with the provision of products being distributed, this was identified as an area of improvement within Newham and each team identified an individual to carry out a monthly stock audit, ensuring all relevant protective equipment and cleaning kits were available at all times.

- Results from the 'controlled drugs audit' highlighted a drop in compliance (100% >72%) with the standard 'all pages and order request slips in the CD register are accounted for' and identified as an area of improvement within Bedfordshire and Tower Hamlets. Wards have now implemented a process for carrying out regular checks to ensure all pages and request slips are now recorded and accounted for.

- Community Health Newham Directorate, saw improvement in compliance in a number of teams with their directorate standard 'is the discharge report copied to GP' (8 3% > 95%). Improvements in the results increased due to an number of initiatives being introduced: including regular discussion within supervision and sample of discharges monitored monthly for 6 months.

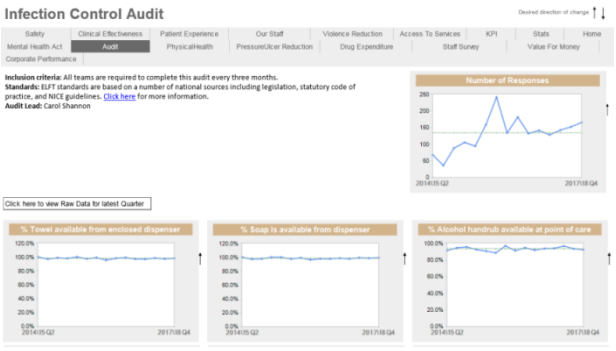
- To improve reliability of audit data collection and results, the IAPT Directorate initiated a QI project aimed at ensuring staff apply consistent methodology for all audits, to ensure all audit results can be compared effectively across teams: and have improved the completion of records in a number of ways:
    - Checking completion of records together at team meetings monthly
    - Completion is checked and raised in supervisions
    - Increased standardisation across the directorate to improve understanding of completion

Auditing for Improvement Programmes

1. Clinical Audit

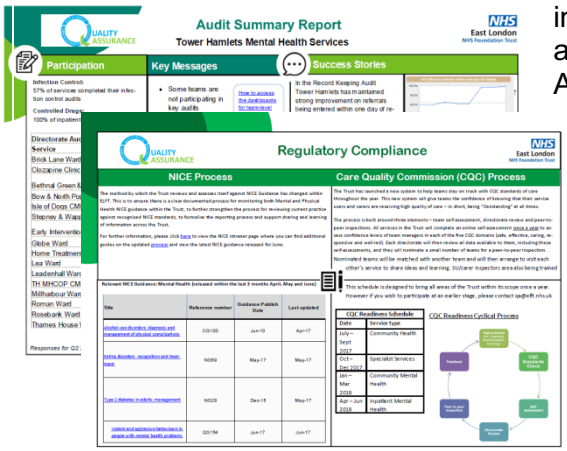
This year the Quality Assurance Team continued to reshape the Trust's audit process, striving to continue to create a system that enables maximum focus on improvement by equipping teams with quick access to clear data, and a robust system for planning and tracking actions.

The Trust quarterly audit programme reports audit data entirely by means of time series analysis to enable services to track their progress over time, and building on the success of 2016/17, teams were better able to identify areas to celebrate success and areas in which to focus improvement by confidently identifying key trends and shits in the data. Regular quality reports of all audit data is shared with Directorate Management Teams on a Quarterly basis, bringing together all quality streams ensuring lessons are shared across the Trust.



During July 2017, for the first time, Bedfordshire and Luton Directorate launched their own developed directorate audit standards using a framework to identify key issues and trends from quality data to create their locally agreed standards.

During 2017/18, the team expanded their remit to cover additional assurance process including the implementation of an internal CQC inspection programme and also the management of the NICE guidelines programme. All streams are now aligned and regularly reported on to provide dedicated feedback to each directorate to inform their discussions about audit alongside the other streams of assurance work. These Summary Reports condense a large array of data into the key highlights, helping clinicians quickly see: where to celebrate success, where to focus improvement action and when to share learning.



2. Locally Led CQC Internal Inspection Audits

The Trust launched a new internal Care Quality Commission (CQC) audit programme during April 2017, which was designed to be locally led, while providing directorate and Trust assurance about the ongoing regulatory compliance of our services. The process is built around three core elements, which all rely on local input and

Case Study:

Audit Drives Changes for Looked After Children Team

CHN Children's Services have developed audit standards specific to each of their diverse teams. This reflects the different work streams covered by the directorate.

As a result of having transparent data quickly available at the press of a button on standards relevant to the team, many teams are seeing early signs of improved practice.

For example, the 'Looked After Children' team started out with only 0% of early requests to GP being sent. Moreover, perhaps as a result, less than 80% of GPs responded to the requests.

Now both of these standards are showing 100% compliance which will mean that assessments of Looked after Children are better informed by primary care information.

intelligence. The first of these is a team self-assessment, which assesses confidence levels of team managers in each of the five CQC domains (safe, effective, caring, responsive and well led). This is asked of all teams once a year resulting in each manager having their own results, which has provided, a handy prompt to help them define and focus their improvement priorities.

The second is the Directorate Management Teams (DMT) nominations; the quarterly process rotates between community health, specialist, community mental health, and inpatient and DMTs are provided with all their teams' self-assessments and based on this and all the other assurance data available to them; they can then nominate a handful of teams to put forward for the mock inspection.

Finally, the mock inspections, or "peer reviews", have proven to provide sustainable local leadership with the process, as this involves knowledgeable peers from each nominated service visiting similar services to their own, which has alleviated any need for a central team of inspectors. These visits have proven to be a valuable opportunity for staff working in similar specialisms to share ideas and learning across the Trust.

Overall, during 2017/18 the trust has under taken a total of just under 100 self-assessments and 50 peer review visits across the Trust with key actions and learning identified for improvement.

3. Service Users and Audit

The Trust continues to pioneer service user leadership of clinical audits with its Service User-Led Standards Audit (SULSA) programme. SULSA is undertaken across London, Luton and Bedfordshire inpatient wards including Forensic wards.

Notable changes during 2018/19 include;

- Building on the success of inpatient SULSAs, the Trust held a number of focus groups to develop a unique innovative set of Service Users audit standards specific to Community Mental Health Teams, these are in the final stages and will be embedded across the Trust during 2018/19.
- Furthermore, auditors in Tower Hamlets successfully piloted a new fortnightly data collection rota, which saw a notable increase in response numbers as opposed to the old system which saw audits take place only over an intensive two week period at the start of the quarter.
- Based on SU feedback, a new set of SULSA standards around "Knowledge" and "Respect" were agreed and began to be rolled out in Tower Hamlets. These are implemented across all directorates from Q1 17/18.

As well as complementing the clinical audit programme with additional insight about standards on our wards, the SULSA programme also acts as a work readiness programme for the auditors themselves. Auditors are recruited, trained and supervised throughout their time working for the Trust. They report a number of benefits in their own recovery and development as well as making a contribution to improving quality at the Trust. During 2017/18, the team has successfully appointed into employment a Service User Lead to manage the Service User programme across the Trust, to work closely with the Quality Assurance Team, and wider trust to develop and implement a plan for meaningful and effective service user led audit. The lead will ensure the trust recruits an adequate pool of suitably trained and equipped service user

auditors and ensure the Trust builds upon work to analyse data and report on findings, leading to the face-to-face delivery of feedback of audit findings to service users.

External Accreditations

The Trust has gained national accreditation for the quality of services provided in many wards and teams.

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
AIMS-WA: Quality Network for Working-age Adult Wards	Brett Ward, City & Hackney Centre for Mental Health	Accredited	145
	Conolly Ward, City & Hackney Centre for Mental Health	Accredited	145
	Joshua Ward, City & Hackney Centre for Mental Health	Accredited	145
	Opal Ward, Newham Centre for Mental Health	Accredited	145
	Emerald Ward, Newham Centre for Mental Health	In Interim Year	145
	Gardner Ward, City & Hackney Centre for Mental Health	Accredited	145
	Topaz Ward, Newham Centre for Mental Health	Accredited	145
	Sapphire Ward, Newham Centre for Mental Health	In Interim Year	145
	Brick Lane Ward, Tower Hamlets Centre for Mental Health	In Interim Year	145
APPTS: Accreditation Programme for Psychological Therapies Services	Richmond Wellbeing Service	Not yet assessed	32
C o C: C o C: Community of Communities	Millfields Medium Secure Unit	Accredited	8
ECTAS: Electroconvulsive Therapy Accreditation Service	Luton (Bedfordshire)	Accredited	80
	Tower Hamlets	Accredited as excellent	80
EIPN: EIPN: Early Intervention in Psychosis Network	Early Intervention in Psychosis Service Bedfordshire and Luton	Accreditation not offered by this Network	155
	Equip - City and Hackney Early Intervention Service	Accreditation not offered by this Network	155
	Newham Early Intervention Psychosis Service	Accreditation not offered by this Network	155
	Tower Hamlets Early Intervention Service	Accreditation not offered by this Network	155

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
HTAS: Home Treatment Accreditation Scheme	City and Hackney	Accredited	54
	Tower Hamlets Home Treatment Team	Accredited	54
MSNAP: Memory Services National Accreditation Programme	Mid Bedfordshire Memory Assessment Service	Not yet assessed	75
	Tower Hamlets Diagnostic Memory Clinic	Accredited	75
	Newham Diagnostic Memory Clinic	Accredited	75
	City and Hackney Memory Service	Not yet assessed	75
	South Bedfordshire Memory Assessment Clinic	Accredited	75
	Bedford Memory Assessment Service	Not yet assessed	75
PQN: Perinatal Quality Network	Tower Hamlets Perinatal Service	Undergone Peer Review	51
	City and Hackney Perinatal Outpatient Service	Accredited	51
	City and Hackney Mother and Baby Unit	Accredited	51
PLAN: Psychiatric Liaison Accreditation Network	Newham University Hospital Psychiatric Liaison (RAID) Team	Accredited	81
	Tower Hamlets Department of Psychological Medicine (RAID) (Royal London and Mile End Hospitals)	Accredited	81
QNCC: Quality Network for Community CAMHS	Newham CAMHS	Participating but not yet undergoing accreditation	42
	Tower Hamlets CAMHS	Participating but not yet undergoing accreditation	42
	City and Hackney CAMHS	Participating but not yet undergoing accreditation	42
	Luton CAMHS	Participating but not yet undergoing accreditation	42
	Bedfordshire CAMHS	Participating but not yet undergoing accreditation	42

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
	East London CEDS-CYP	Participating but not yet undergoing accreditation	42
QNFMHS: Quality Network for Forensic Mental Health Services	John Howard Centre	Accreditation not offered by this Network	83
QNIC: Quality Network for Inpatient CAMHS	Coborn Centre	Accredited	131
QNOAMHS: Quality Network for Older Adults Mental Health Services	Columbia Ward	Participating in re-accreditation	87
QNPICU: AIMS PICU: Psychiatric Intensive Care Units	Crystal Ward	Accredited	38
	Millharbour Ward	Not yet assessed	

2.4 Research and Innovation

The number of patients receiving relevant health services provided by East London NHS Foundation Trust in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee was in excess of 700.

Particular successes of research in the Trust during 2017/18 included:

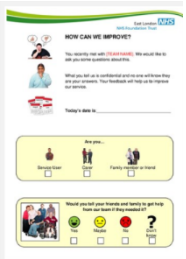
Two new large Research Programmes started that were awarded to the Trust:

1 A National Institute for Health Research (NIHR) Programme Grant for Applied Research (PGfAR) led by Victoria Bird called *TACKling chronic depression - adapting and testing a technology supported patient-centred and solution-focused intervention (DIALOG+) for people with chronic depression*, or TACK (ref RP-PG-0615-20010);
and
2 A second NIHR PGfAR being led by Domenico Giacco called *Improving quality of life and health outcomes of patients with psychosis through a new structured intervention for expanding social networks*, or SCENE (ref RP-PG-0615-20009).

In 2017/18 there was also the start of a NIHR Global Health Research Group (ref 16/137/97). It is led by Prof Stefan Priebe and run in partnership by Queen Mary, University of London, and the Trust. It focuses on developing psycho-social interventions for mental health care in Low- and Middle-Income Countries (LMICs), exploring the potentials of DIALOG+, family involvement in care, and befriending through volunteers for patients with severe mental disorders in Bosnia-Herzegovina, Colombia and Uganda. It started with preliminary funding in August 2017, was favourably evaluated in February 2018 and was then awarded substantial funding until 2020.

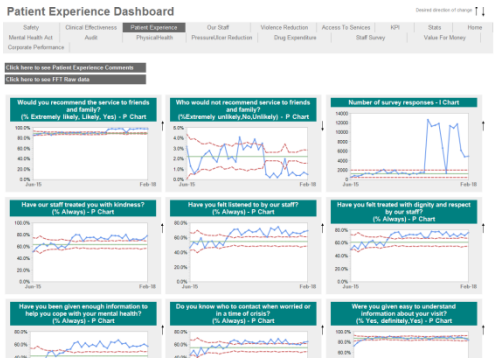
ELFT has also been awarded an NIHR Health Technology Assessment (HTA) grant led by Catherine Carr called *Effectiveness of group arts therapy for diagnostically heterogeneous patients: Randomised controlled trial in mental health services*, or ERA (ref 17/29/01). The study will begin in September 2018.

2.5 Patient Feedback



Central to the Trust's Quality Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The Trust employs a range of approaches to collect this information, using a variety of methods and measures. The primary measure is the Friends and Family Test (FFT) which is collected alongside appropriate Patient Reported Experience Measures (PREM) from all inpatient and community services across East London, Bedfordshire and Luton. All FFT data is then submitted to and published on the NHS England website. The Trust continues to exceed the average 'mental health recommend' response across the country during 2017/18.

All data is collected using electronic devices such as 'tablets' or kiosks, however, it is also possible for service users and carers to complete feedback questions via the Trust website. All questions are available in easy-read versions to ensure that all people are able to provide feedback.



The FFT and PREM data is available to view by both clinical and operational staff via the development of real-time patient experience dashboards in the Trust. Illustrated below is an example Directorate dashboard. The dashboards are an innovative idea used by staff to monitor feedback and identify changes to improve the quality of the service and can be broken down to Trust, Directorate and Team-level data. The dashboards also display all qualitative feedback (comments) received and reports are printed and displayed in communal areas within each service. In addition, Directorates are also provided with supporting 'summary reports' which condense large amounts of data into the key highlights including where to: celebrate success, focus improvement action and share learning.

Further to the automation of data, a network of patient experience leads has been identified within each Directorate to promote and embed consistent patient experience practice across the Trust. The main benefit of this effort has been to drive up the number of change actions arising out of patient experience feedback and to further embed changes across the services.

Case Study

Patient Experience and QI for Improvement

The phlebotomy clinics in Community Health Newham see hundreds of patients on a daily basis, so, receiving feedback is vital to help improve the service.

With the help of QI, the team has come up with innovative ways to collect more feedback. They started a small scale test of collecting patient feedback using buckets. Three buckets were placed underneath the board for denoting happy, neutral or sad responses to the patient experience question. Service users attending the phlebotomy clinic are encouraged to place their clinic queue ticket in the bucket that represents their response as they leave their appointment.

With this one change idea, one of the phlebotomy clinics has gone from receiving 2 patient experience responses in a month to 1,994 responses in a week. From this, they learnt that 93% of service users were happy, 6% were neutral and 1% was unhappy about the service. This demonstrates how easy it can be to collect data for improvement work.

Alongside this, a review of all comments was under taken throughout the year and a large number commented on what was good about their visit. A number of themes emerged from the data with the majority of service users stating that they had a positive experience of care, a sample are highlighted below:

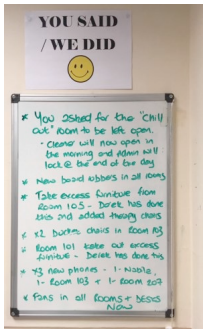
"All very good happy with the good services"

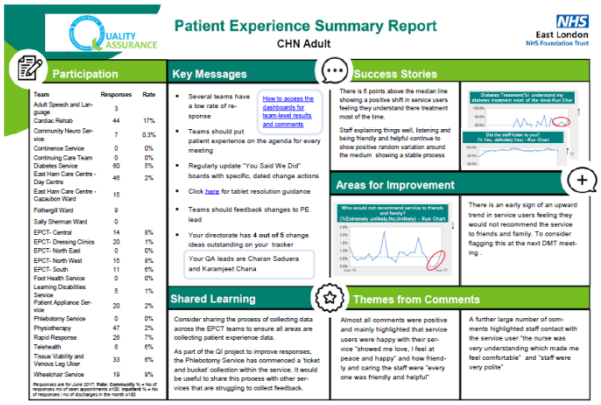
"Nothing else could have made their visit better and were happy with the care and treatment they received".

"Very personalised and met our specific needs. We were constantly kept updated. Staff always pleasant and professional"

"Excellent and professional method of assessment, being involved in the care provided. Very empathetic and always encouraging progress, smile on face"

In addition, it is vital services are acting on feedback and during 2016/17 the Trust implemented the 'You Said We Did' board campaign across the Trust to provide an opportunity for services to demonstrate actions arising from service user comments and showcase the changes made in response to this. Teams continue to update these boards with examples shared across the Trust. During 2017/18 the boards have been further adapted to include staff experience for example Luton IAPT has done some fantastic work involving QI. By adapting the concept of You Said We Did to involve staff as well as service users they have increased visibility of work being done which has had a fantastic impact on staff and they have seen a rise in staff having a good day from 55% to 75%.





During 2017/18 the patient experience findings are regularly reported on to provide dedicated feedback to each directorate to inform their discussions about patient experience alongside the other streams of assurance work. These Summary Reports condense a large array of data into the key highlights, helping clinicians quickly see: where to celebrate success, where to focus improvement action and when to share learning.

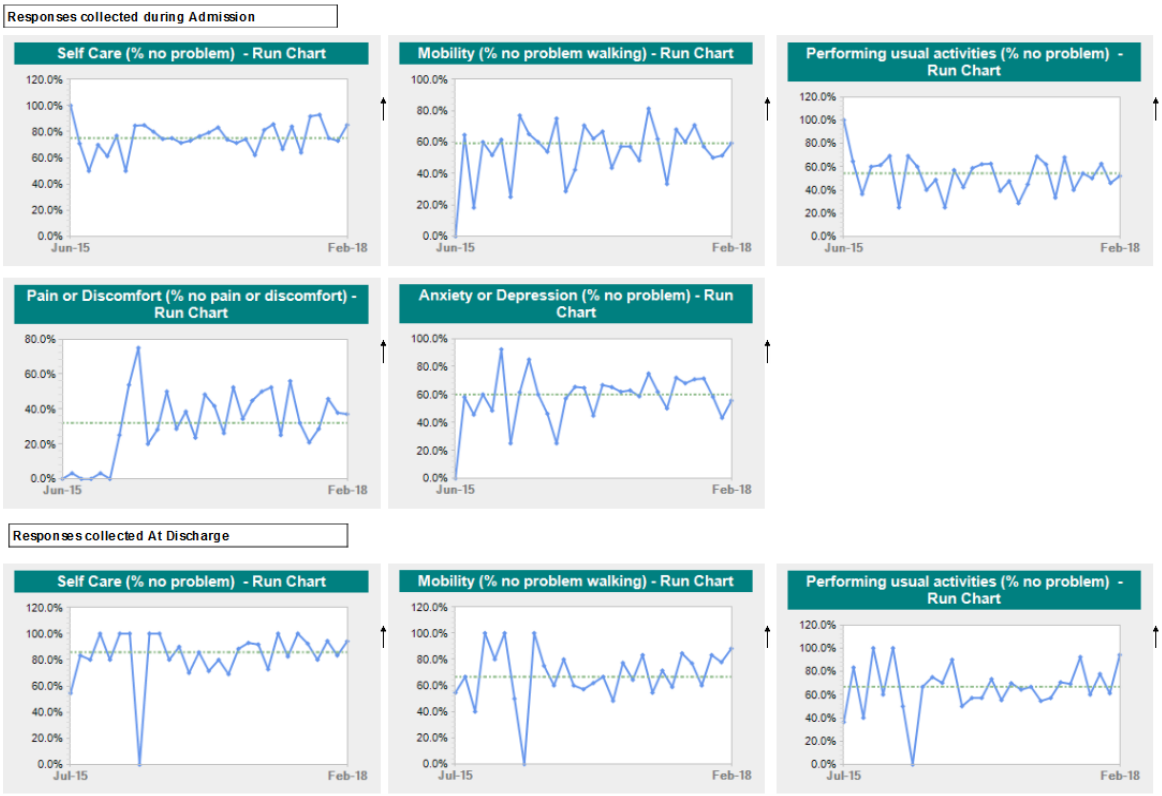
Speak up be heard! The team launched the ‘Speak Up and Be Heard’ campaign during September 2017, with the aim of asking staff to identify any challenges faced with collecting service user feedback. A range of responses were received from teams across the Trust. 78 services fed back and 58 services were visited. From the feedback the team have undergone a procurement process and are upgrading the patient experience data collection system to enable more sophisticated collection ensuring we get feedback from a range of service users which will go live during early 2018/19.

Furthermore, during the Trust’s patient experience feedback system was recognised nationally by the Patient Experience National Network (PENN). The Trust was shortlisted for two categories and was proud to be runners up and finalists against some fantastic competition across the country.

Community Health Newham (CHN) – Patient Reported Outcome and Experience Measures (PROM and PREM)

In addition to patient experience data, services across Community Health Newham (CHN) collect patient reported outcome measure (PROMs) data which includes collation of the national EQ-5D tool. All services collect the data via tablet devices, touchscreens and via the trust website. Results from PROMs are circulated to teams and monitored by the CHN Quality Assurance Group. In addition, a number of CHN services have added bespoke questions to the PROM tool, in order to tailor the information obtained. The PROM questions are also displayed on the Trusts real-time patient experience dashboard.

An example of the Community Health Newham PREM & PROM summary dashboard



CQC – Survey of people's experiences of community mental health services (2017)

The Trust also participates in the CQC National Community Mental Health Patient Survey. Although the response rate for this is relatively low, the feedback is often very positive. At the start of 2017, questionnaires were posted to 850 people who received community mental health services. Responses were received from 183 service users. The Trust's scores are compared against scores from other trusts nationally. This takes into account the number of respondents from each trust as well as the scores for all other trusts, and makes it possible to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts.

CQC summary table of ELFT data compared to all other trust and data from the previous year

Patient survey	Patient responses (2017/18)	Compared with other trusts	Change (2016/17)
Health and social care workers	**7.0/10**	**Worse**	- 0.8
Organising Care	**8.2**/10	**About the same**	- 04
Planning Care	**6.6/10**	**About the same**	- 0.5

Reviewing Care	**7.3/10**	**About the same**	- 0.1
Changes in who people see	**5.4/10**	**About the same**	- 2.0
Crisis Care	**6.3/10**	**About the same**	- 0.2
Treatments	**7.5/10**	**About the same**	No difference
Support and wellbeing	**5.2/10**	**About the same**	- 0.1
Overall views of care and services	**6.9/10**	**About the same**	- 0.3

Detailed data are available on the CQC website: http://www.cqc.org.uk/provider/RWK/survey/6#undefined

ELFT service user ratings are similar to last year across most domains. The areas where ratings have reduced, ELFT scores are still 'about the same' as most other mental health trust scores. The Trust ratings are 'about the same' as national averages in eight of the nine domains and 'worse' in one. The overall rating (6.9) is slightly lower than last year's score.

The Trust is working hard to improve patient experience across its services, with a range of transformative and improvement work taking place. Alongside this it has been engaged in two major workstreams aimed at improving quality and patient experience of community mental health service:

1 Transforming the CPA process
2 Quality Improvement Work stream - 'Shaping Recovery in the Community'.

Progress will be closely monitored over the coming year.

2.6 Staff Feedback

ELFT 2017 NHS Staff Survey

2,384 employees took part in the 2017 NHS Staff Survey resulting in an improved **response rate of 50%** compared to 45% in 2016. This is our highest response rate to date which is above the national average rate of 48% amongst our Trust's type category.

The 2017 NHS Staff Survey results are encouraging with staff reporting high scores on: good communication with senior management, good quality of appraisals, and good quality of non-mandatory training, learning or development. Less staff have reported working additional unpaid hours and the high percentage of staff are recommending our Trust as a place to work or receive treatment.

A summary of our key improvements and core strengths can be seen below:

Key Improvements since 2016

- More appraisals/performance reviews discussed organisational values
- Fewer staff work additional unpaid hours per week for this organisation
- Less physical violence from patients/service users, their relatives or other members of the public
- More immediate managers are supportive in a personal crisis
- Fewer staff saw errors, near misses or incidents that could hurt patients

Our core strengths

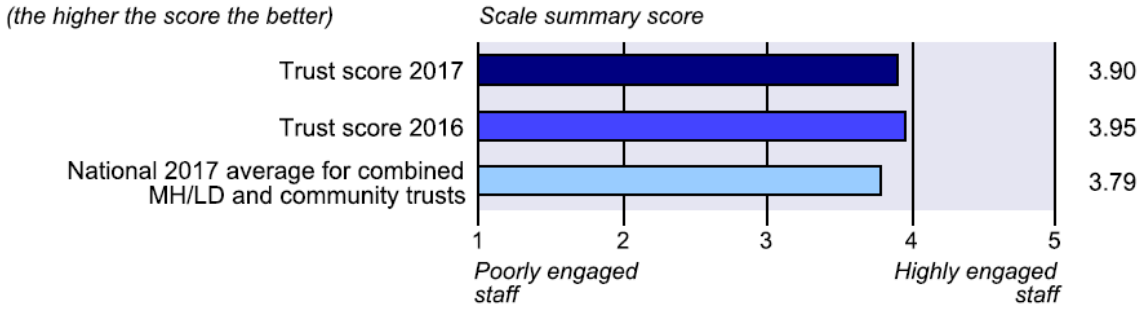
- Communication between senior management and staff is effective
- Senior managers try to involve staff in important decisions
- Staff are able to meet conflicting demands on their time at work
- Senior managers act on staff feedback
- Feedback from patients/service users is used to make informed decisions within directorate/department

Overall indicator of staff engagement for East London NHS Foundation Trust

We have performed significantly better than other Trusts in our category on 36 questions and our overall staff engagement score remains high with a **summary score of 3.90**, well above the national average when compared with Trusts of a similar type which is at 3.79. This, however, is a slight decrease from 2016 survey which had a score of 3.95.

The figure below shows how our Trust compares with other combined mental health, learning disability, and community Trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged.

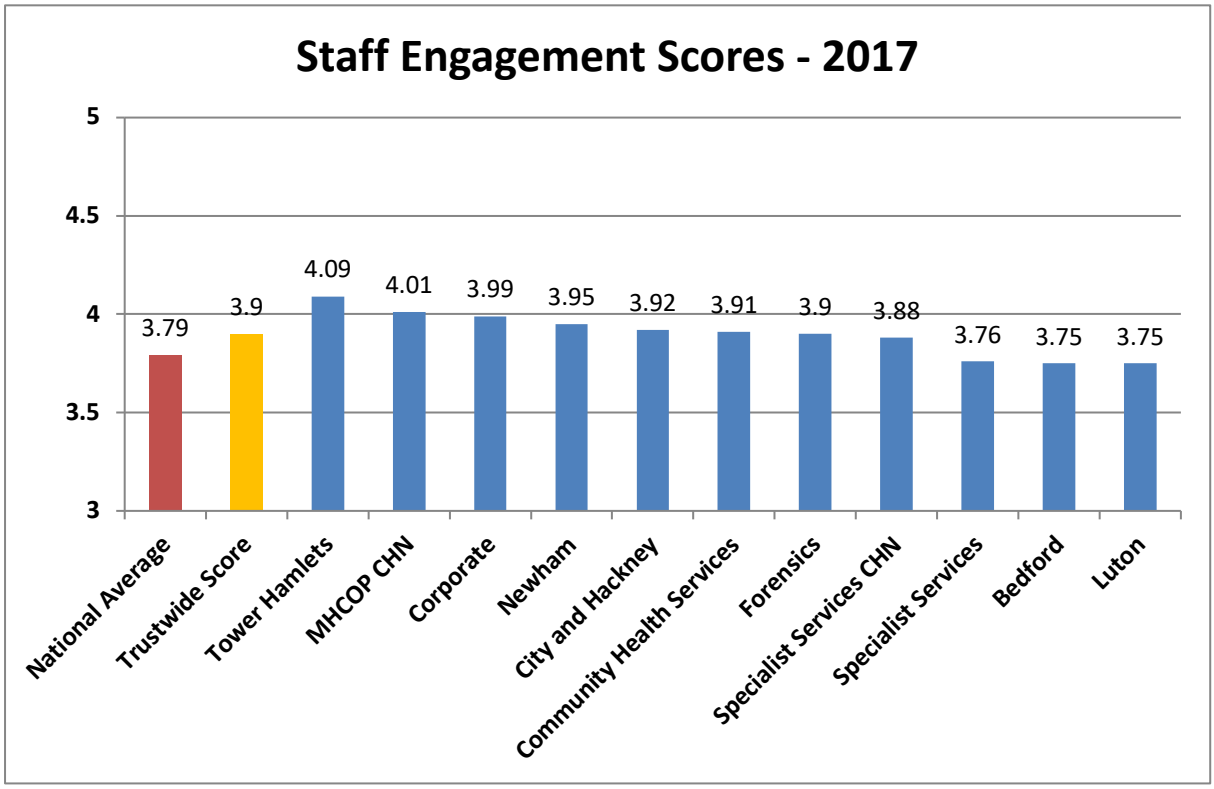
OVERALL STAFF ENGAGEMENT



The results also highlight areas where further improvement is required and they include: staff experiencing discrimination at work; staff experiencing physical violence from patients, relatives or public; and staff believing that the organisation provides equal opportunities for career progression or promotion. The HR&OD Team along with the individual Directorates have already started working on delivering actions for a few of these areas in order to bring about an improvement.

A summary of our views and issues to address can be seen below:

The graph below shows the scores in relation to all our Directorates and compared to the national average score:



Scores are also broken down by profession, which also shows variation, although all groups are above the national average. The Trust-wide action plans will incorporate strategies to address concerns affecting various staff groups.

The below table shows the engagement scores' breakdown by professional group and also compared to Trust-wide and national average scores:

The below table shows how the Trust compares with other mental health, learning disability, and community Trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2016 survey.

	Change since 2016 survey	Ranking, compared with all combined MH/LD and community trusts
OVERALL STAFF ENGAGEMENT	! Decrease (worse than 16)	✓Above (better than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	! Decrease (worse than 16)	✓Above (better than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓Above (better than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓Above (better than) average

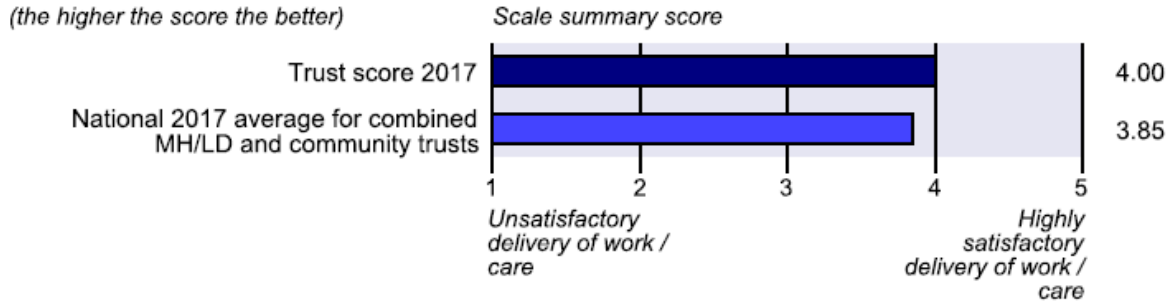
Summary of 2017 Key Findings for East London NHS Foundation Trust - Top and Bottom Ranking Scores

This data highlights the five Key Findings for which East London NHS Foundation Trust compares most favourably with other combined mental health / learning disability and community Trusts in England.

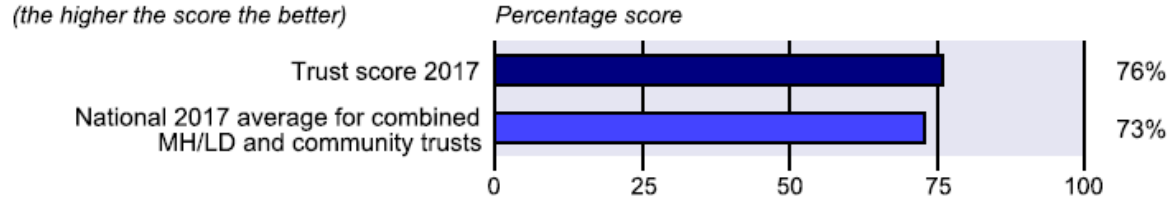
TOP FIVE RANKING SCORES

✓KF13. Quality of non-mandatory training, learning or development

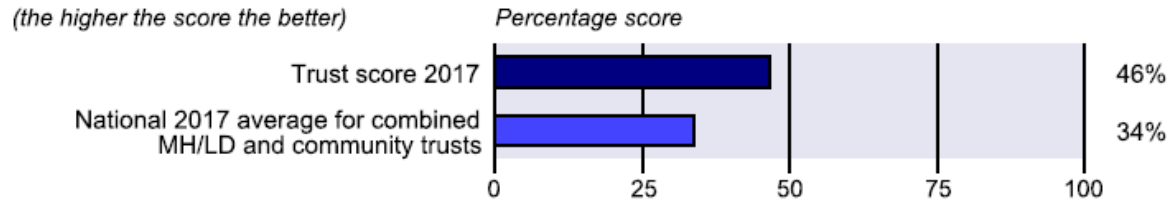
✓KF2. Staff satisfaction with the quality of work and care they are able to deliver



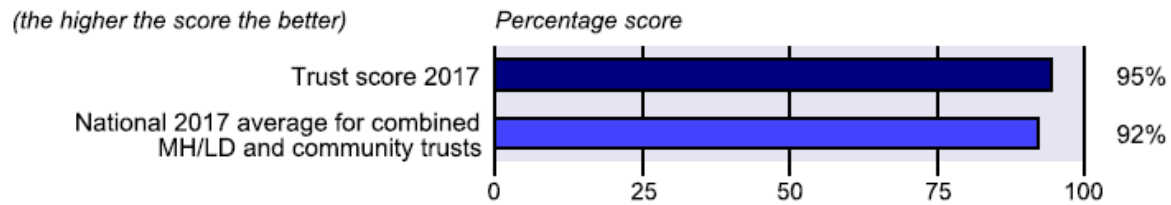
✓KF7. Percentage of staff able to contribute towards improvements at work



✓KF6. Percentage of staff reporting good communication between senior management and staff



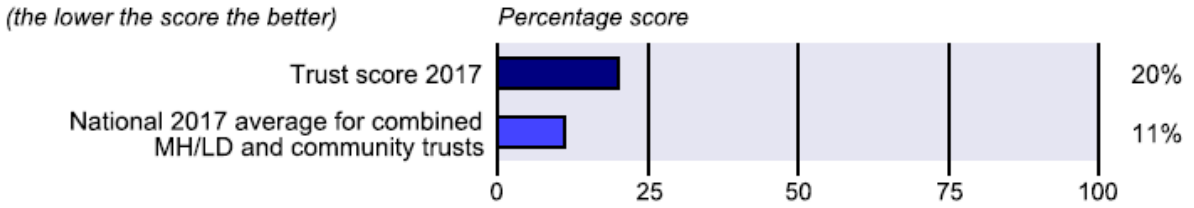
✓KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month



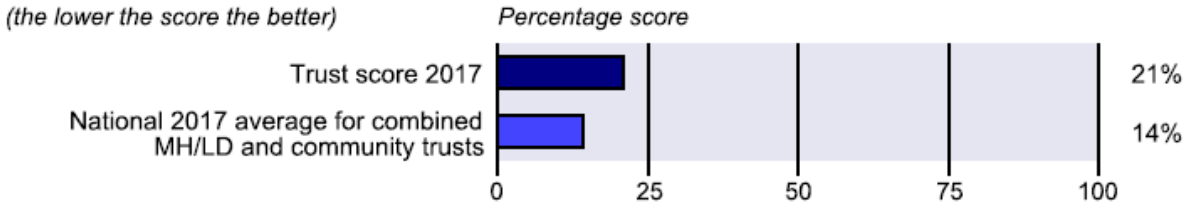
The below data highlight the five Key Findings for which East London NHS Foundation Trust compares least favourably with other mental health, learning disability, and community Trusts in England. It is suggested that these areas might be seen as a starting point for local action for us to improve.

BOTTOM FIVE RANKING SCORES

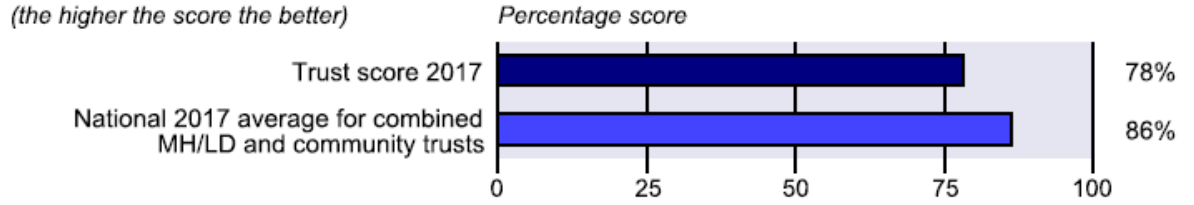
! KF20. Percentage of staff experiencing discrimination at work in the last 12 months



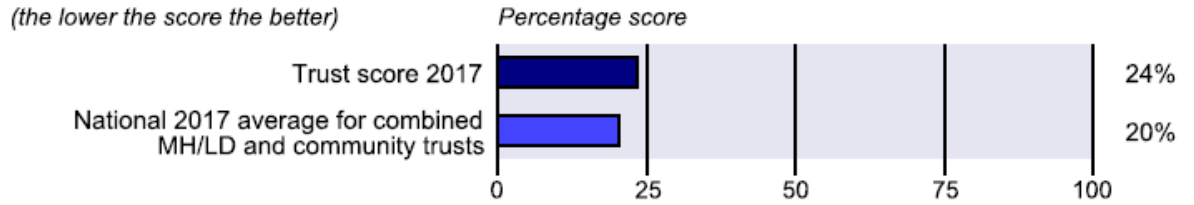
! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months



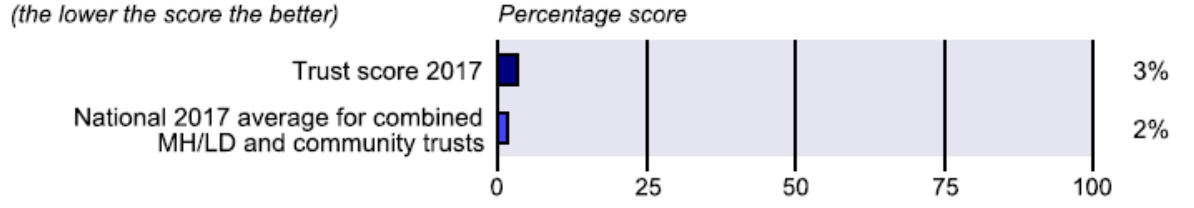
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

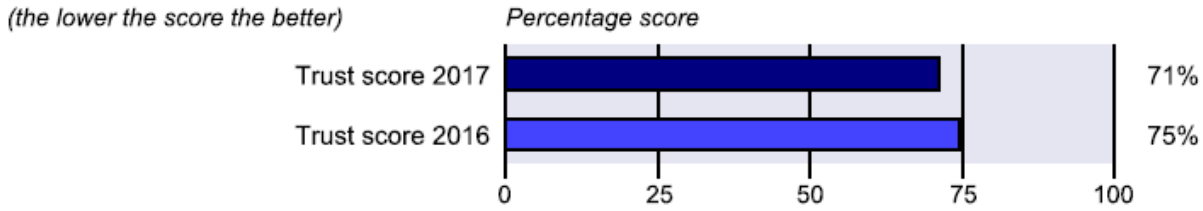


Largest Local Changes since the 2016 Survey

The following finding indicates where the Trust has improved most since the 2016 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓KF16. Percentage of staff working extra hours



This feedback is extremely important in helping shape the actions we will take in the future to create a work environment that is not only productive but also rewarding for all our employees. Whilst the overall results indicate that the Trust's performance on various key factors is very positive, there are certain areas where the Trust can further improve.

We have started working closely with a cross-section of corporate and clinical staff to discuss the priorities that we should focus on in the coming year. We are currently collating a Trust-wide action plan which addresses the key tasks under each of these areas. Whilst the majority of the actions will be delivered in the forthcoming year, some of the actions are long term objectives. There will be an overlap of priorities that will be delivered locally in each of the Directorates and across the entire organisation.

We will have a dedicated area on the intranet for the NHS Staff Survey where staff will be able to find the Trust-wide action plan for 2017/18. This page will be updated on a regular basis and will include links to all related topics. Staff will also be able to give their comments on the web page.

Feedback from NHS Staff Friends and Family Test 2017/2018

The Staff Friend and Family Test is performed by all NHS organisations to provide its staff the opportunity to feedback their views of the Trust on a quarterly basis. The survey includes two mandatory questions along with a few local questions.

33% of our workforce from all Directorates is randomly selected to take part in this survey every quarter. The Trust carries out the survey for Quarters 1, 2 and 4 as the NHS Staff Survey is undertaken in Quarter3.

Quarter 2 Friend and Family Test was undertaken and we have received 492 responses back from 1631 staff in the original sample – this equates to **30.2% overall response rate**.

The summary of the Quarter 2 results can be seen below:

How likely are you to recommend this organisation to friends and family if they needed care or treatment?

Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
134	236	73	32	7	8

% of people who would be likely to recommend it	Picker Average	% score last quarter
76%	0%	80%

How likely are you to recommend this organisation to friends and family as a place to work?

Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
152	209	62	38	24	2

% of people who would be likely to recommend it	Picker Average	% score last quarter
74%	0%	73%

Response Rate	Eligible Staff	Staff Responses	
	1631	492	30.2%

The results from the survey are currently being reviewed and we will be planning the interventions to address these. The results will be uploaded to the Trust Intranet shortly alongside the results from Quarter 4 (these will be released in April 2018) and the next steps will be communicated to staff in due course.

The Trust's Approach to Improvement

The Trust's approach to improving staff experience and engagement can be summarised as follows:

- Improvement action to focus on a small number issues most relevant to staff satisfaction, rather than a “deficit model” approach of trying to improve all indicators that are low and/or below the national average.
- To link with existing work streams/quality improvement project where appropriate, in order to avoid duplication of effort and maximise impact
- Wide dissemination and consideration of results, so that improvement can also be planned and owned at a local level (directorate and sub-directorate, professional group and equalities).

The 2017 results have been recently published by the NHS Staff Survey Coordination Centre and the results have been discussed at the Trust Board. The summary of the results will be circulated to all staff and discussed at the various Trust meetings including Service Delivery Board, Directorate Management Teams, professional groups and the Joint Staff Committee. Presentations will also be made to the staff equalities networks and other relevant forums.

Improvement plan

As stated above, the 2017 results will be widely distributed, and each Directorate and professional group have been asked to consider the results and develop an improvement plan, in line with the framework set out above. This work is being monitored by the Service Delivery Board and Trust Performance Managers.

A Trust-wide improvement plan was developed last year, and has been refreshed. This is a detailed project plan that pulls together many areas of work relevant to staff experience, and links to the Quality Improvement programme and other related work streams. The plan seeks to balance the need to continue improvement in areas that are most relevant to staff experience, regardless of whether the Trust’s score is above or below the national average.

2.7 Goals Agreed with Commissioners for 2016/17 - Use of the CQUIN Payment Framework

£7.125 million (1.8%) of East London NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between ELFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. This compares with £6.86million (1.9%) for the 2016/17 period.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

These CQUINs were agreed between the Trust and our local Clinical Commissioning Groups (CCGs): Tower Hamlets, City and Hackney, Newham, Luton and Bedfordshire, for delivery of Adult and Older Adult Mental Health Services, Children's Services and Community Health Services in Newham and IAPT in Newham. We also agreed CQUINs for our provision of specialist services, which includes forensic services, mother and baby services and inpatient CAMHS (Tier 4) and our community health services in Newham and Tower Hamlets.

The table below summarises the Trust's position on delivery of 2017/18 CQUIN targets. Further details of the agreed goals for 2018/19 are available on request from the Trust Secretary.

National CQUINs	Description of Goal	Predicted Achievement *
Mental Health Goals		
1a (b) Improvement of health and wellbeing of NHS staff	Achieving a 5% improvement (over 2 years) in two of three NHS annual staff survey questions on H&WB, MSK and stress.	**Part Achievement**
1b Healthy food for NHS staff, visitors and patients	Build on the 2016/17 work by maintaining: a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)[1]. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and Ensuring that healthy options are available at any point including for those staff working night shifts.	**Achieve**

[1] The Nutrient Profiling Model can be used to differentiate these foods while encouraging the promotion of healthier alternatives. https://www.gov.uk/government/publications/the-nutrient-profiling-model

	Secondly, introducing three new changes to food and drink provision: a.) 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml). b.) 60% of confectionery and sweets do not exceed 250 kcal. c.) At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g2	
1c Improving the uptake of flu vaccinations for frontline clinical staff	75% of frontline health care workers have taken up flu vaccinations	**Part Achievement**
3 1a Cardio metabolic assessment and treatment for patients with psychoses	To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas: a) Inpatient wards. b) All community based mental health services for people with mental illness (patients on CPA), excluding EIP services. c) Early intervention in psychosis (EIP) services.	**Part Achievement**
3 1b Communication with General Practitioners	• Establish clear plans for aligning and cross checking SMI QOF and CPA registers. • Establish a Shared Care Protocol. • 90% of patients should have either an updated CPA i.e. a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed.	**Part Achievement**
4 Improving services for people with mental health needs who present to A&E	Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable.	**Achieve**

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419245/balanced-scorecard-annotated-march2015.pdf

5 Transitions out of Children and Young People's Mental Health Services (CYPMHS)	This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN: 1. a casenote audit in order to assess the extent of Joint-Agency Transition Planning; and 2. a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and 3. a survey of young people's transition experiences after the point of transition (Post-Transition Experience).	**Achieve**
8 Supporting Proactive and Safe Discharge – Community Providers	Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5% points from baseline (Q3 and Q4 2016/17). Inappropriate, early discharge carries risks to patients and therefore providers and commissioners should carefully monitor readmission rate.	**Achieve**
9 Alcohol and Tobacco	**a. Tobacco Screening:** 90% of all eligible patients (7 days or more) have been screened **b. Tobacco brief advice:** 90% of all patients who have been identified as smokers have been given brief advice **c. Tobacco referral:** 30% of all patients who have been identified as smokers have been given a referral **d. Alcohol screening:** 50% of all eligible patients (7 days or more) have been screened **e. Alcohol brief advice and referral:** 80% of those drinking about the lower risk level have received brief advice and/or a referral	**Part Achievement**
10 Improving the assessment of wounds	To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.	**Achieve**
11 Personalised Care and Support Planning	1. Submission of a plan to ensure care & support planning is recorded by providers and how patients will be identified will be a yes/no requirement. 2. For all patients identified as having one or more LTCs, all patients to have a patient activation score recorded. To confirm the final cohort as the number of patients with one more LTCs and who have a low activation level (as described above) 3. The provider to identify the number of staff who have undertaken training in personalised care and support planning	**Achieve**

Local Goals		
12 BME/ MHA	To explore whether there is overall high rates of use of the Mental Health Act for the 3 East London CCGs particularly in BAME minority groups and understand what can be done to reduce this. To analyse detention data in Year 1 to identify whether any BAME minority group is over-represented and identify cohort(s) of patients who are receiving multiple detentions.	**Achieve**
13 Implementation of the Greenlight Toolkit	Increasing the Learning Disability Service, to improve their score against the Greenlight Toolkit. The greenlight Toolkit is A guide to auditing and improving your mental health services so that it is effective in supporting people with autism and people with learning disabilities	**Achieve**
14 Homeless	Improving access to mental health and wellbeing services for people experiencing street homelessness in Luton and improving the skills of our homeless sector partners who support them.	**Achieve**
15 Upskilling Staff in the identification and management of dementia and delirium. With particular reference to BAME communities.	Training staff in identifying and managing dementia in those patients from BME communities. Also, increasing the number of dementia diagnoses.	**Part Achievement**
NHSE Goals		
MH2 Recovery Colleges	Increasing the level of engagement and participation in Recovery Colleges.	
MH3 Restrictive Practices	Implementation of action plan to: 1) Reduce episodes of physical restraint by the employment of a restraint reduction strategy e.g. No Force First, safe words, restrain yourself. 2) Reduce episodes of supportive observations by developing an appropriate framework e.g. care-zoning. 3) Reduce seclusion and Long term segregation by utilizing best practice guidance in this area.	**Achieve**
MH5 CAMHS Inpatient Transitions	Deliverables to improve CAMHS to AMHS transitions: • Audit of discharge/transition process • Survey of all patients discharged [at point of discharge], that is anyone who has been discharged from CAMHS to AMHS • Audit of liaising early with other agencies – children's//adult social care, CAMHS/AMH, education. • Delayed discharges: - Number of delayed discharges - Clear action plans in place to address and evidence progress - Submit minutes from each quarterly CQUIN delivery group (or similar) meeting	**Achieve**
Local Secure Learning Disability	Undertaking assessments of Learning Disability patients across London	**Achieve**
Local Repatriation Local	Develop a reporting system and report on numbers of admissions and discharges for out of area placements.	**Achieve**

Improvement of Information flows across the justice pathway to improve patient outcomes	Q1 baseline reporting. Q2 agreement and implementation of improvement plan achieved with planned actions against exceptions. Q3 to agree a programme of attendance for all L&D staff to participate in a risk management programme commissioned by NHS E. Q4 all staff to have attended 3 day risk management training (achieved); improvement plan achieved; develop an audit programme to assure achievements in action plan will be maintained and embedded into practice for 18/19	**Achieve**
Learning Disability Goals (Tower Hamlets)		
LD2 Health Action Plans	Increased number of health action plans developed for people with a learning disability who have had an annual health check	**Achieve**
LD3 Care coordination	Increased identification of a care co-ordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition	**Achieve**
STP & Risk Reserve Goals		
STP CQUIN	If in 17/18 the STP has been agreed through STP governance and agreed by the individual Board of every other organisation in the STP, the provider's board must have approved the plan. Where the STP has not been agreed through STP governance and individual boards, the provider (and all other organisations) must agree a plan to reach timely agreement on the STP. •If during 2017/18 and 2018/19 the provider makes the required contribution to STP transformation initiatives and demonstrates to the STP governance arrangements how it is supporting and engaging in the local STP initiatives, the 0.5% for 2018/19 will be paid.	**Achieve**
Risk Reserve CQUIN	For those providers that delivered their 2016/17 control total and agreed with NHS Improvement that they could access the 0.5% CQUIN risk reserve.	**Achieve**

* Final feedback on achievement against all goals will not be available until June/July 2018.

2.8 Regulatory compliance

Care Quality Commission inspection

East London NHS Foundation Trust (ELFT) is required to register with the Care Quality Commission and its current registration status is 'Outstanding'.

ELFT has no conditions on registration and the Care Quality Commission has not taken enforcement action against ELFT during 2017/18.

The Trust received the following ratings following inspection:

Key Question	Safe	Effective	Caring	Responsive	Well-Led
Trust Rating	Good	Good	Outstanding	Outstanding	Outstanding

The Trust received a focus inspection of in-patient services provided in Bedfordshire during November 2017. The inspection did not impact on the Trust's rating or registration status. The report identified a number of areas for improvement that the Trust is working hard to address.

During March 2018 the Trust received inspections of its Community and In-patient Learning Disabilities Services, and Forensic Mental Health Services as part of its wider annual 'well-led' inspection taking place during April 2018.

The outcome of these inspections is not available at the time of writing,

Special Reviews

East London NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

2.12 Learning from deaths

During 2017/18 1659 of East London NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Period	Deaths reported
Quarter 1 (2017/18)	431
Quarter 2 (2017/18)	398
Quarter 3 (2017/18)	455
Quarter 4 (2017/18)	375

By 31st March 2018, 4 case record reviews and 61 investigations have been carried out in relation to 1659 of the deaths set out above.
In 0 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

Period	Investigations carried out
Quarter 1 (2017/18)	20
Quarter 2 (2017/18)	22
Quarter 3 (2017/18)	16
Quarter 4 (2017/18)	7

Four deaths, representing 0.24% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

Period	Deaths reported	Deaths likely to be related to care provision	%
Quarter 1 (2017/18)	431	1	0.2%
Quarter 2 (2017/18)	398	2	0.5%
Quarter 3 (2017/18)	455	1	0.2%
Quarter 4 (2017/18)	375	0	0%

These numbers have been estimated using review of the Root Cause Analysis investigations undertaken, with particular reference to the care and service delivery problems identified.

In two cases the deaths may have been preventable if there had been more timely clinical assessment. In the third case urgent mental health treatment when the individual presented at A & E may have prevented the death. In the fourth case the death may have been prevented if there had been multi-disciplinary end of life care.

All deaths are reviewed and in the case of serious incident investigation, recommendations made and an action plan drawn up. In these cases the Trust has strengthened its clinical assessment rating system, reviewed its Assessment and Brief Treatment protocol and strengthened its handover arrangements.

Actions taken have been effective in that there has been no recurrence of similar incidents where the deaths took place.

0 case record reviews and 43 investigations completed after 31st March 2016 which related to deaths which took place before the start of the reporting period.

2.13 Reporting against core indicators

Table 1: **CPA inpatient discharges followed up within 7 days (face to face and telephone)** *

Time Frame	East London NHS Trust	NHS England	London Commissioning Region	Highest NHS Trust	Lowest NHS Trust
Target 2017/18	95%	95%	95%	95%	95%
Q1	95.0% (436/459)	96.7% (15824/16372)	96.6% (2535/2623)	100% (R1C 124/124)	71.4% (RR7 5/7)
Q2	96.8% (459/474)	96.7% (15814/16347)	97.4% (2626/2697)	100% (Several Trusts – RJ8 104/104)	87.5% (RR7 7/8)
Q3	87.2% (990/1135)	95.4% (16017/16790)	94.7% (3103/3276)	100% (Several Trusts – R1A 117/117)	69.2% (RT5 243/351)
Q4	87.1% (1017/1168)	National comparison data is not available			

*Data available via: http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/

The table above shows that for Q3 and Q4 the Trust has not met this target.

During 2017/18 we clarified the 7 day follow up indicator definition with the unify team as there seemed to be a confusion of the wording in the guidance compared to what the Trust was submitting. The Trust was submitting on CPA cases for this National return but the guidance states that all patients discharged from a psychiatric in-patient ward are regarded as being on CPA.

Detailed Definition:

The number of patients on CPA (described as new CPA in the refocusing CPA guidance) who were discharged from psychiatric in-patient care during the Quarter. All patients discharged from a psychiatric in-patient ward are regarded as being on CPA.

The change to all reported discharges has meant that this has impacted on performance from when this was changed in October 2017 with the introduction of the wider cohort and new recording practices.
The East London NHS Foundation Trust has taken the following actions to improve the performance against the 7 day follow up indicator, and so the quality of its services by:

- Introducing new recording practice for non-CPA cases by ward staff
- Creation of new automated reports for services and performance leads to monitor performance against the target.
- Introduction of a new operational policy to support staff with the changed process for following up non-CPA cases and recording.
- Performance managers continue to work with clinicians to improve and correct recording and ensure all appointments are recorded on the system in a timely way.
- The Trust expects to be back on target for the Quarter one return for 2018/19.

Table 2: Patients occupying beds with delayed transfer of care - Adult and Older Adult**

Time Frame	East London NHS Trust	NHS England	Highest NHS Trust	Lowest NHS Trust
Target 2017/18	7.5%			
Q1	3.3%	National comparison data is not available		
Q2	3.2%			
Q3	0.9%			
Q4	0.2%			

** Delayed transfer of care is calculated as (N days delayed / N occupied bed days) – national comparison data is not available

The table above shows that all targets have been met for this indicator for 2017/18.

Table 3: **Admissions to inpatient services had access to crisis resolution home treatment team***

Time frame	East London NHS Trust	NHS England	London Commissioning Region	Highest NHS Trust	Lowest NHS Trust
Target 2017/18	95%	95%		95%	95%
Q1	99.6% (953/957)	98.7% (16543/16763)	98.3% (3674/3736)	100% (Several Trusts – RXY 732/732)	88.9% (RW4 – 271/305)
Q2	100% (963/963)	98.6% (16506/16734)	99.2% (3739/3771)	100% (Several Trusts – RJ8 104/104)	94.0% (RW4 – 329/350)
Q3	99.7% (976/979)	98.5% (15992/16231)	99.3% (3765/3793)	100% (Several Trusts – R1A 102/102)	91.4% (RW4 – 329/360)
Q4	99.5% (1013/1018)	National comparison data is not available			

*Data available via: http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/

The table above shows that this target has been met for all quarters.

The Indicator relating to Admissions to inpatient services having access to crisis resolution home treatment teams has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

A new metric is being developed by NHSI for 2018/19 and the Trust will review the inclusion of any new indicators in the Quality Accounts accordingly.

The data presented above is in line with national averages, with the exception of CPA inpatient discharges followed up within 7 days data which is below the 95% target for Quarters 3 and 4.

Table 4: **Readmission rate (28 days)**

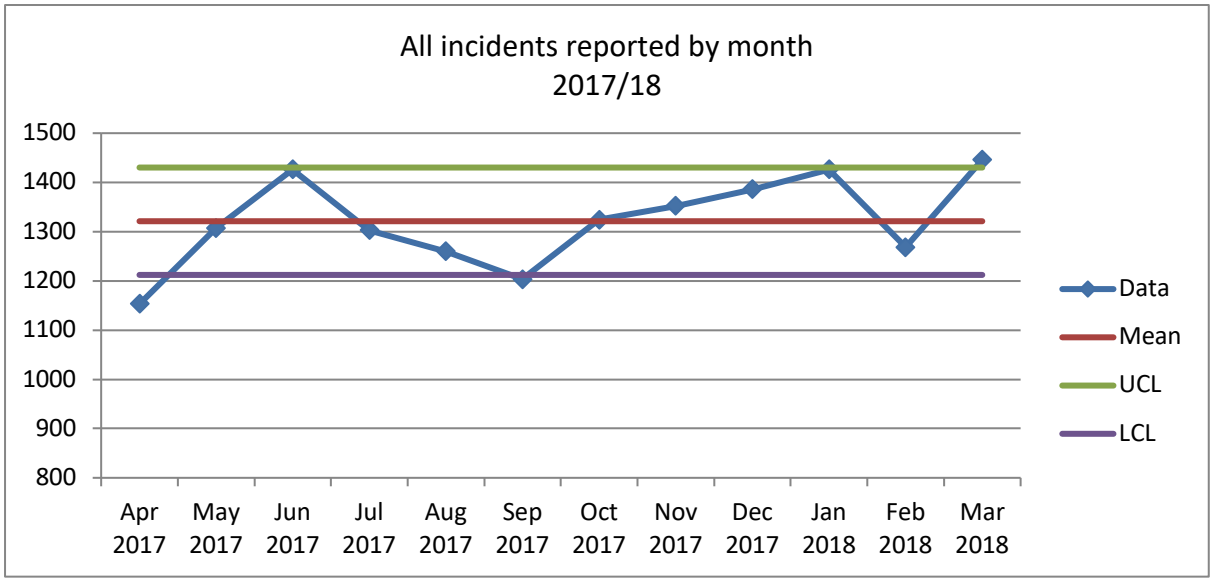
Time frame	East London NHS Trust Adult	East London NHS Trust Older People	East London NHS Trust Children's Services
Target 2017/18	7.5%	7.5%	7.5%
Q1 (YTD)	6.0% (75/1240)	3.6% (4/112)	3.8% (1/26)
Q2 (YTD)	5.6% (140/2507)	2.5% (5/203)	2.1% (1/48)
Q3 (YTD)	5.7% (208/3662)	2.0% (6/304)	3.9% (3/77)
Q4 (YTD)	5.6% (284/5076)	1.5% (6/403)	4.4% (5/114)

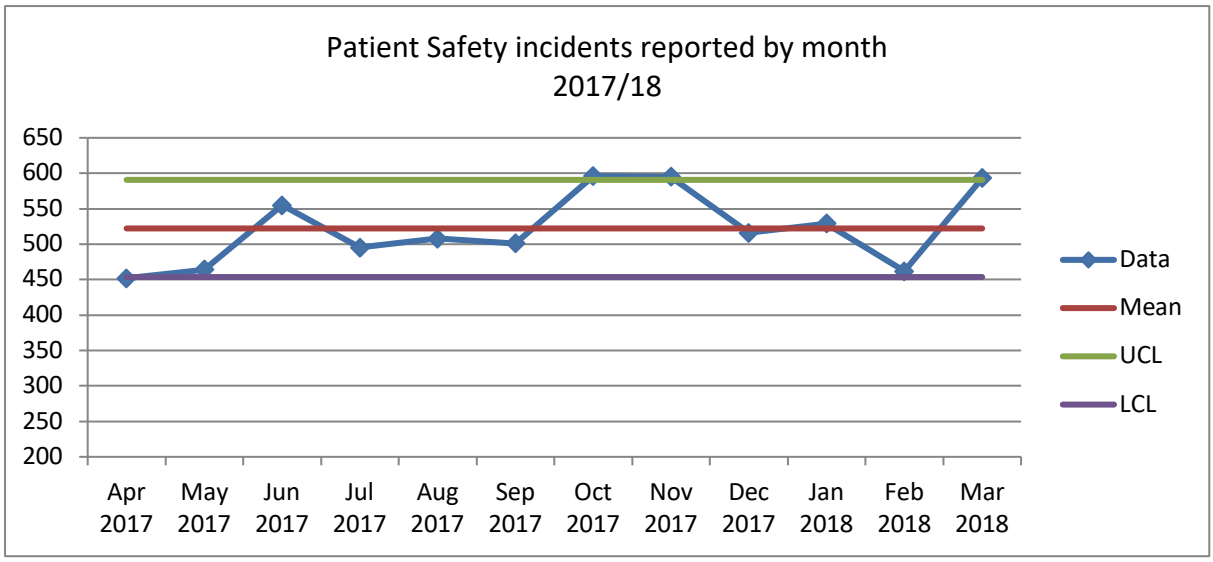
National comparison data is not available.

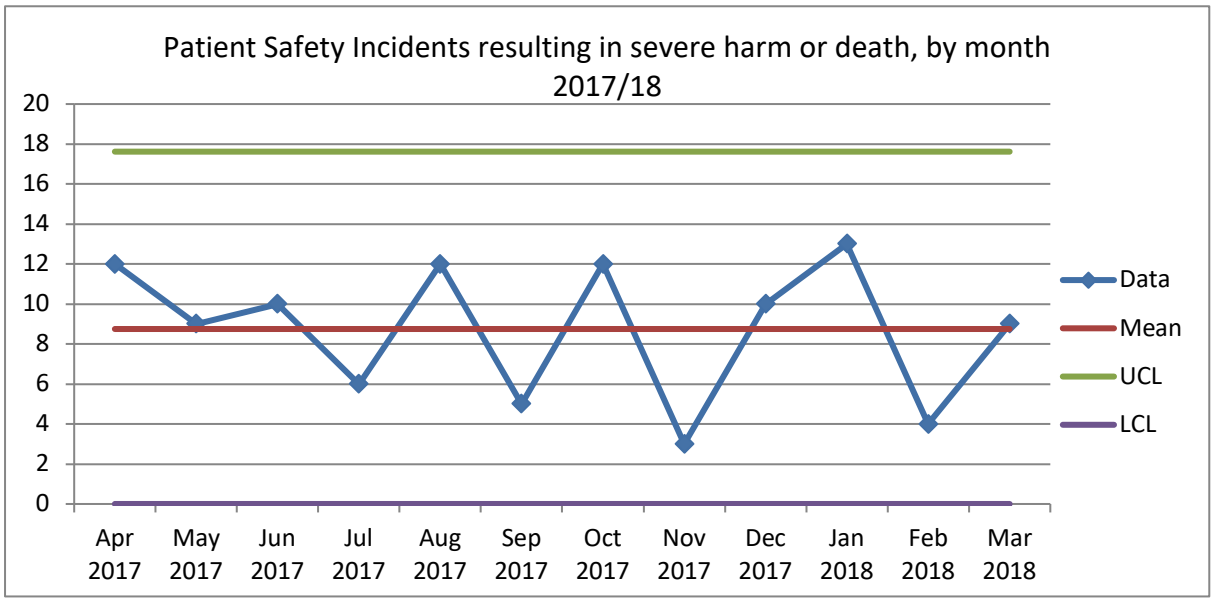
The Indicator relating to Re-admissions within 30 days has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

The data presented above is in line with national averages, with the exception of CPA inpatient discharges followed up within 7 days data which is below the 95% target for Quarters 3 and 4.

Incidents reported during 2017/18







ELFT considers that this data is as described given its open and transparent culture that promotes good incident reporting, and its sound processes for approving and managing incidents. The data provided is drawn directly from the incident management system.

ELFT continues to work to develop a healthy reporting culture continues across the Trust which impacts the number of incidents reported and helps the trust to learn and develop. This work includes the development of more transparent data reporting systems, such as the organisation Quality and Safety dashboards and the spread of quality improvement work across the Trust.

2.14 Data Security and Quality

Clinical coding accuracy was audited this year. The results of the audit demonstrate an excellent standard of diagnostic coding accuracy in the classification of both primary and secondary diagnosis coding, with both areas exceeding Information Governance requirements for Level 3.

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
2012/13	94.00%	83.65%	N/A	N/A	0
2013/14	98.00%	96.24%	N/A	N/A	0
2014/15	96.00%	89.58%	N/A	N/A	0
2015/16	94.00%	89.50%	N/A	N/A	0
2016/17	100.00%	93.75%	N/A	N/A	0
2017/18	96.00%	95.00%	N/A	N/A	0

East London NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the latest published data (Jul – Sept 2017) are as follows:

1 which included the patient's valid NHS number was:
98.9% for admitted patient care
99.9% for outpatient care

2 which included the patient's valid General Medical Practice Code was:
96.1% for admitted patient care
100% for outpatient care

East London NHS Foundation Trust Information Governance Assessment Report overall score for 2017-18 was 59% and was graded not satisfactory. The Trust is reviewing its evidence of compliance and developing an action plan focused on delivery of training and improving information asset management processes.

Internal audit of processes supporting data quality indicated the Trust can take substantial assurance that controls are in place to manage the identified risks.

A number of actions for improvement were identified and are being implemented, ensuring clear processes for the ongoing review of data quality policy, ensuring it is reflecting current practice.

East London NHS Foundation Trust was not subject to the Payment By Results clinical coding audit during 2017/18, by the Audit Commission.

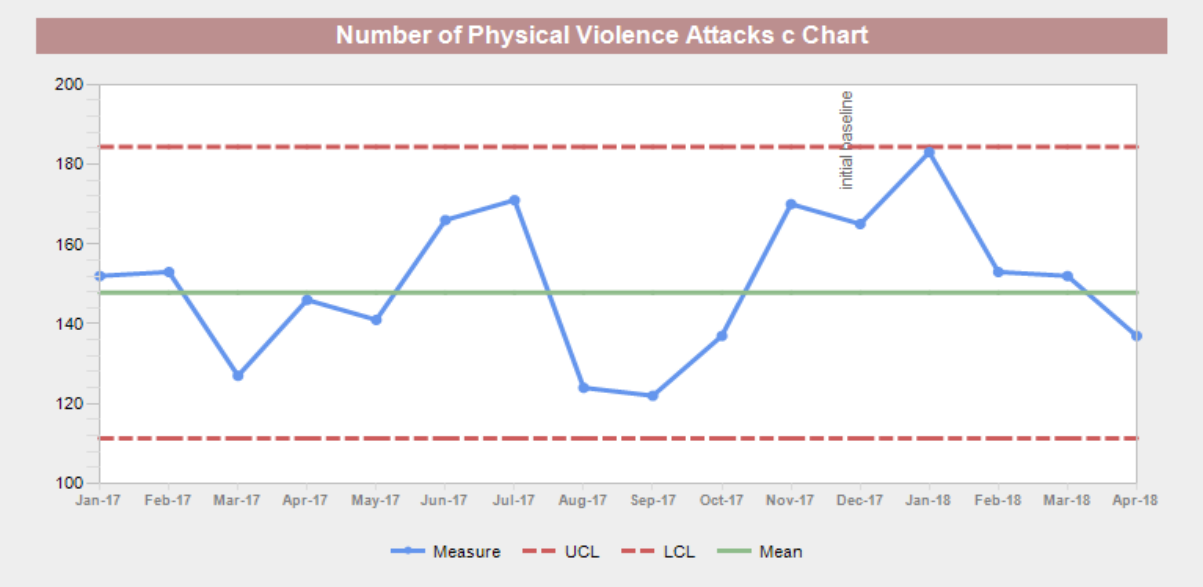
PART 3 – Review of Quality Performance 2016/17

3.1 An overview of quality during 2017/18

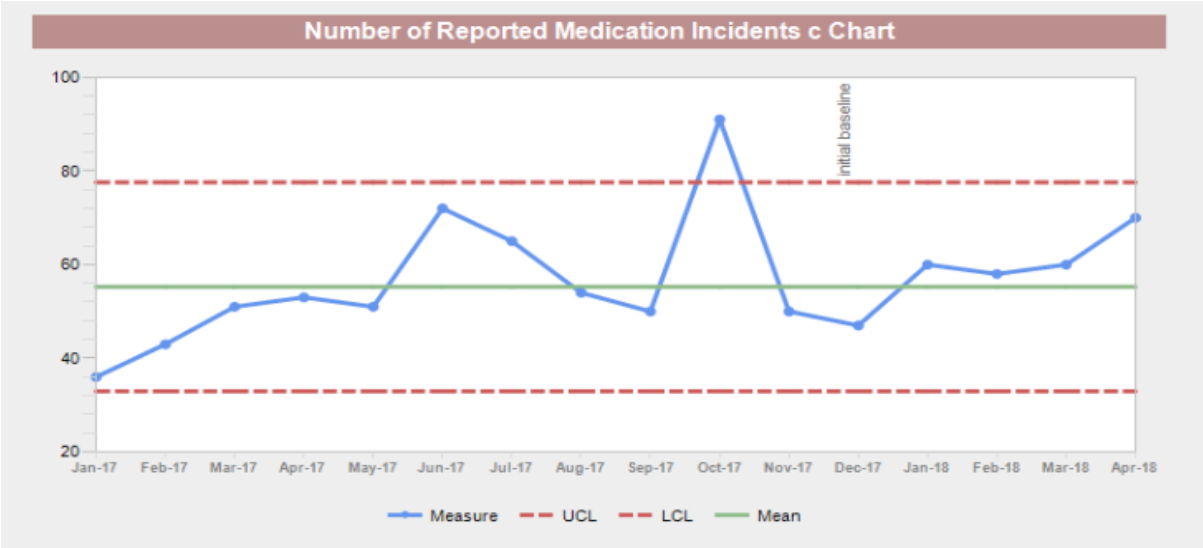
ELFT monitors a set of whole system quality measures, chosen by the Trust Board in consultation with stakeholders several years ago, via its Quality and Performance Dashboard. Key metrics in the domains of patient safety, clinical effectiveness and patient experience are set out below, illustrating progress over time.

Patient Safety

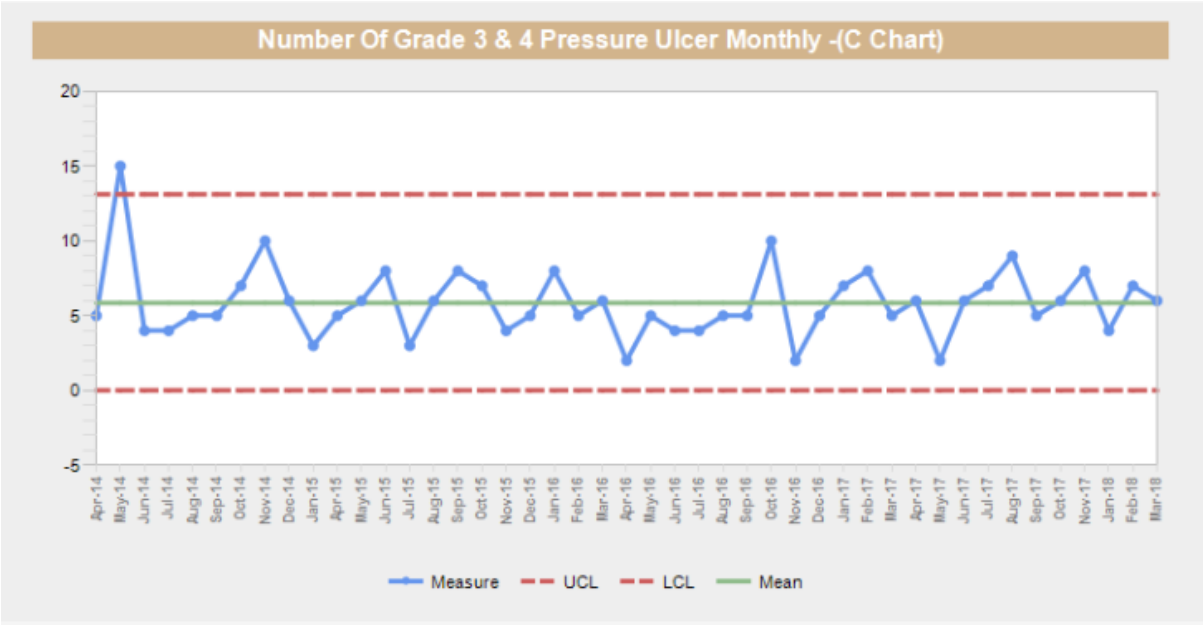
1. **Prevalence of physical violence**



2. **Prevalence of medicines incidents**

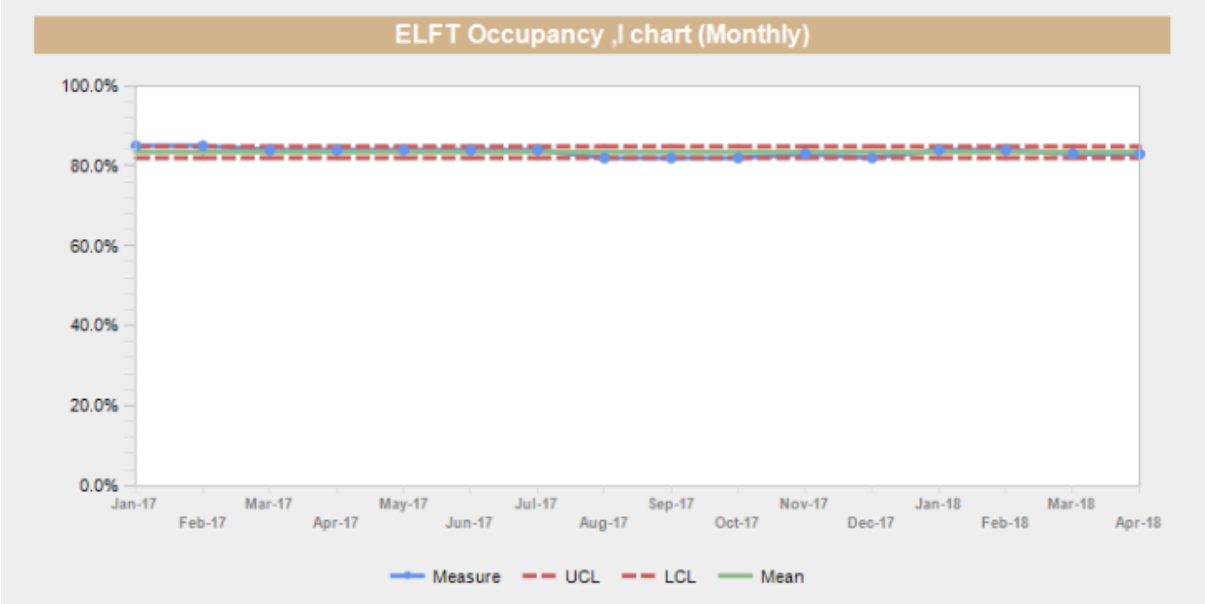


3. **Prevalence of Grade 3&4 pressure ulcers**

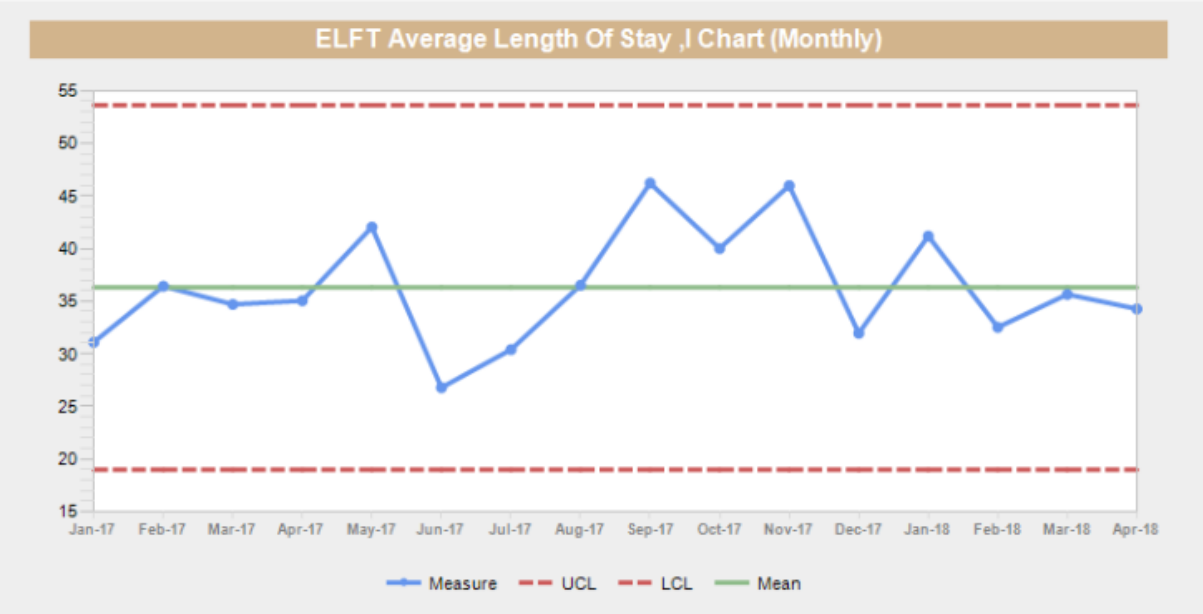


Clinical Effectiveness

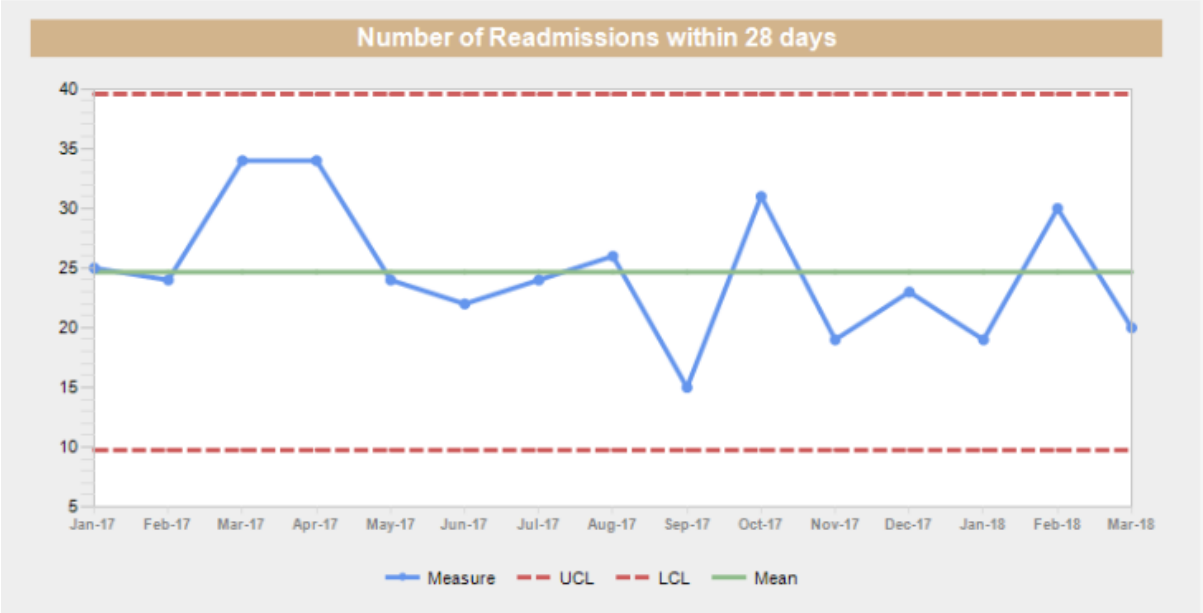
1. **Bed occupancy**



2. Length of stay

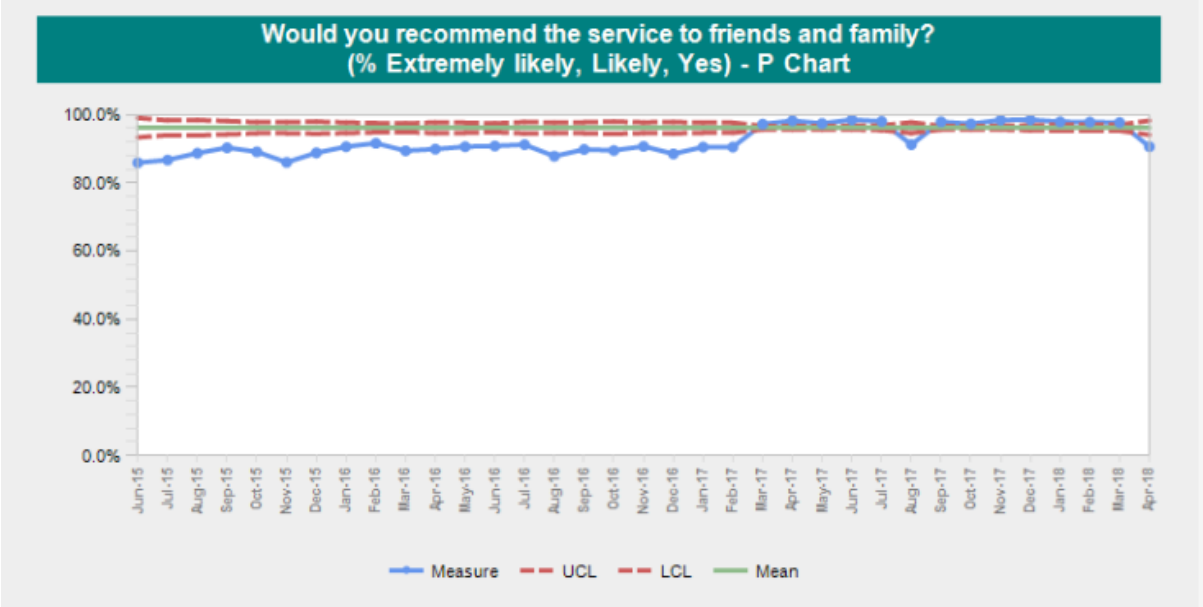


3. Readmissions within 28 days

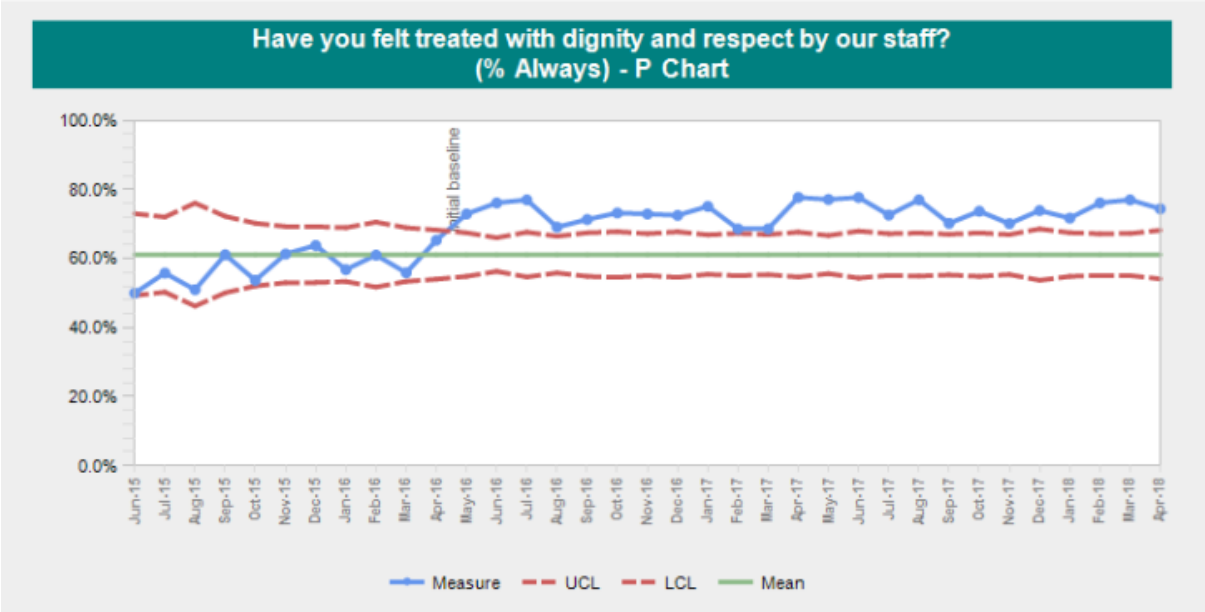


Patient Experience

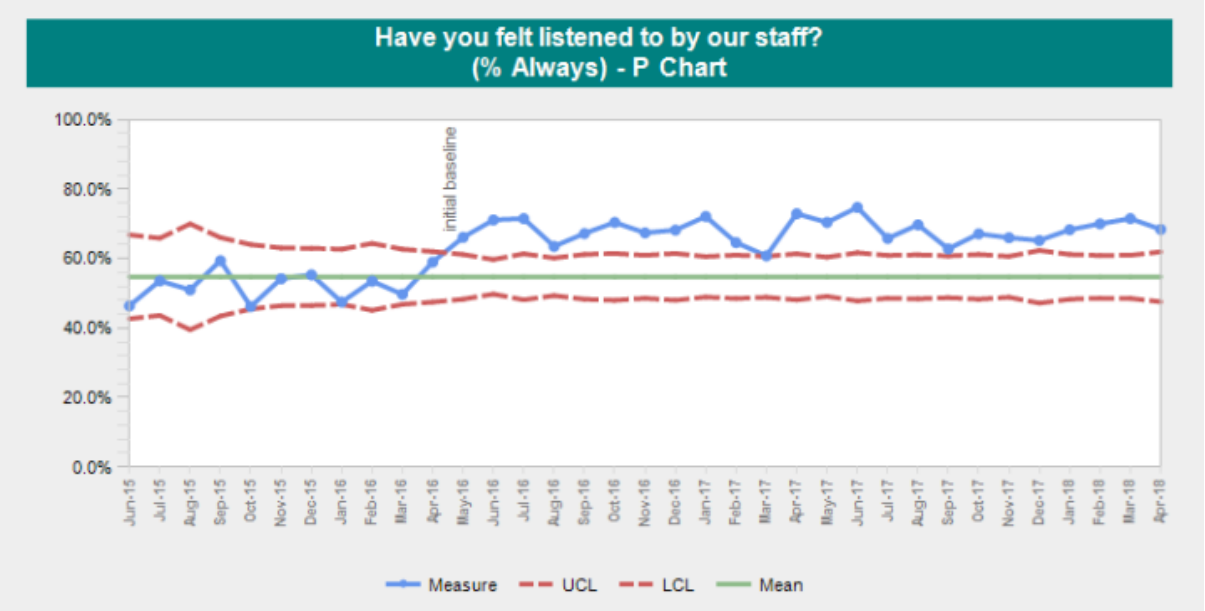
1. **Would you recommend the service to a friend?**



2. **Have you been treated with dignity and respect?**



3. **Did you feel listened to by our staff?**



3.2 Performance against quality indicators and performance thresholds

These indicators form part of appendices 1 and 3 of the Single Oversight Framework. The table below details each of the Trust's Performance against the Quality of Care Indicators and the Operational Performance Metrics:

Quality of Care Indicators	**Target 2017/18**	**Actual 2016/17 (Q4)**	**Actual 2017/18 (Q3)**	**Actual 2017/18 (Q4)**	
Admission to adult facilities of patients under 16 years old	0	0	0	0	same
Meeting commitment to serve new psychosis cases by early intervention teams' measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	92%	91%	94%	improved
Operational Performance	**Target 2017/18**	**Actual 2016/17 (Q4)**	**Actual 2017/18 (Q3)**	**Actual 2017/18 (Q4)**	
Proportion of people completing treatment who move to recovery (from IAPT MDS)	50%	50.2%	50.5%	50.1%	Decreased – still compliant
Improving Access to Psychological Therapies - Patients referred with 6 weeks measure	75%	96.4%	98.0%	98.1%	improved
Improving Access to Psychological Therapies - Patients referred with 18 weeks measure	95%	99.7%	99.8%	99.9%	improved
Inappropriate Out of Area Placements for adult mental health services	n/a	New	2	0	

3.3 An Explanation of Which Stakeholders Have Been Involved

The Trust has a long history of working collaboratively with our service user and carer groups, the Trust Governors and local stakeholder groups. There is significant service user and carer participation in all of the Trusts key overview and reporting mechanisms, e.g. the Trust Board, Quality Committee, People Participation Committee and the Patient Experience Committee meetings.

3.4 Statements of Clinical Commissioning Groups (CCGs)

3.5 Statement from Tower Hamlets Healthwatch

3.6 Statement from Tower Hamlets Overview and Scrutiny Panel

3.7 An Explanation of any Changes Made

3.8 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Director of Corporate Affairs, Mr Mason Fitzgerald, on 020 7655 4000.

A copy of the Quality Accounts Report is available via:

- East London NHS Foundation Trust website (http://www.eastlondon.nhs.uk/)
- NHS Choices website (http://www.nhs.uk/Pages/HomePage.aspx)

2016/17 Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2017 to [the date of this statement] papers relating to quality reported to the board over the period April 2017 to [the date of this statement]
    - feedback from commissioners dated XX/XX/20XX
    - feedback from governors dated XX/XX/20XX
    - feedback from local Healthwatch organisations dated XX/XX/20XX
    - feedback from Overview and Scrutiny Committee dated XX/XX/20XX
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX
    - the [latest] national patient survey XX/XX/20XX
    - the [latest] national staff survey XX/XX/20XX
    - the Head of Internal Audit's annual opinion of the trust's control environment dated XX/XX/20XX
    - CQC inspection report dated XX/XX/20XX
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

  and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

.....Date.....Chair

.....Date.....Chief Executive

Glossary

Term	Definition
Admission	The point at which a person begins an episode of care, e.g. arriving at an inpatient ward.
Assessment	Assessment happens when a person first comes into contact with health services. Information is collected in order to identify the person's needs and plan treatment.
Black and minority ethnic (BME)	People with a cultural heritage distinct from the majority population.
Care Co-ordinator	A care co-ordinator is the person responsible for making sure that a patient gets the care that they need. Once a patient has been assessed as needing care under the Care Programme Approach they will be told who their care co-ordinator is. The care co-ordinator is likely to be community mental health nurse, social worker or occupational therapist.
Care pathway	A pre-determined plan of care for patients with a specific condition
Care plan	A care plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy. (See Care Programme Approach).
Care Programme Approach (CPA)	The Care Programme Approach is a standardised way of planning a person's care. It is a multidisciplinary (see definition) approach that includes the service user, and, where appropriate, their carer, to develop an appropriate package of care that is acceptable to health professionals, social services and the service user. The care plan and care co-ordinator are important parts of this. (See Care Plan and Care Co-ordinator).
Care Quality Commission (CQC)	The Care Quality Commission is the independent regulator of health and social care in England. They regulate care provided by the NHS, local authorities, private companies and voluntary organisations.
Case Note Audit	An audit of patient case notes conducted across the Trust based on the specific audit criteria outlined by CQC.
Child and Adolescent Mental Health Services (CAMHS)	CAMHS is a term used to refer to mental health services for children and adolescents. CAMHS are usually multidisciplinary teams including psychiatrists, psychologists, nurses, social workers and others.
CAMHS Outcome Research Consortium (CORC)	CORC aims to foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who experience mental health and emotional wellbeing difficulties.
Community care	Community care aims to provide health and social care services in the community to enable people to live as independently as possible in their own homes or in other accommodation in the community.
Community Health Newham (CHN)	Community Health Newham provides a wide range of adult and children's community health services within the Newham PCT area, including continuing care and respite, district nursing and physiotherapy.
Community Mental Health Team (CMHT)	A multidisciplinary team offering specialist assessment, treatment and care to people in their own homes and the community.
Continuing Care	The criteria for assessing long term care eligibility
DATIX	Datix is patient safety software for healthcare risk management, incident reporting software and adverse event reporting.
Discharge	The point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan. (see Care plan)

East London NHS Foundation Trust (ELFT)	East London NHS Foundation Trust
General practitioner (GP)	A family doctor who works from a local surgery to provide medical advice and treatment to patients registered on their list
Mental health services	A range of specialist clinical and therapeutic interventions across mental health and social care provision, integrated across organisational boundaries.
Multidisciplinary	Multidisciplinary denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.
Named Nurse	This is a ward nurse who will have a special responsibility for a patient while they are in hospital.
National Institute of Health Research (NIHR)	The goal of the NIHR is to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
National Institute for health and Clinical Excellence (NICE)	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
(NCI / NCISH)	The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI / NCISH) is a research project which examines all incidences of suicide and homicide by people in contact with mental health services in the UK.
Patient Advice and Liaison Service (PALS)	The Patient Advice and Liaison Service offers patients information, advice, and a solution of problems or access to the complaints procedure.
PREM	Patient Reported Experience Measures. Indicators on patient levels of satisfaction regarding the experience of care and treatment.
Prescribing Observatory for Mental Health (POMH-UK)	POMH-UK is an independent review process which helps specialist mental health services improve prescribing practice.
Primary care	Collective term for all services which are people's first point of contact with the NHS. GPs, and other health-care professionals, such as opticians, dentists, and pharmacists provide primary care, as they are often the first point of contact for patients
Primary Care Trust (PCT)	Formerly the statutory NHS bodies with responsibility for delivering healthcare and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions
Quality Accounts	Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
QI	Quality Improvement. A systematic method for identify and testing change ideas to improve the quality of services.
RiO	The electronic patient record system which holds information about referrals, appointments and clinical information.
Service user	This is someone who uses health services. Other common terms are patient, service survivor and client. Different people prefer different terms.
Serious Mental Illness (SMI)	Serious mental illness includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment.

Contact us

The Trust's postal address is:

Trust Headquarters

9 Alie Street

London

E1 8DE

Switchboard Telephone Number: 020 7655 4000

Fax Number: 020 7655 4002

Email: webadmin@elft.nhs.uk

Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact the Communications Department on phone 020 7655 4066 or email Janet.Flaherty@elft.nhs.uk