

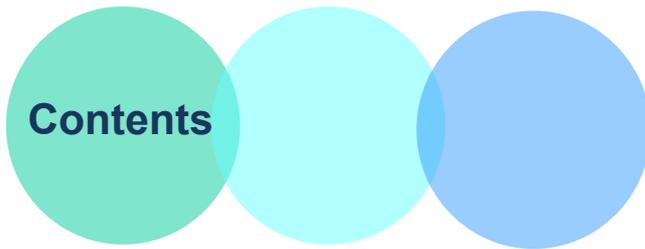
Appendix E

East London 
NHS Foundation Trust



QUALITY ACCOUNTS 2016

East London NHS Foundation Trust



Achievements

Executive Summary

Part 1 – Statement on Quality

- 1.1 Statement on Quality from Dr Robert Dolan, Chief Executive
- 1.2 Statement on Quality from Dr Kevin Cleary, Medical Director

Part 2 – Priorities for Improvement

- 2.1 ELFT Quality Strategy
- 2.2 Quality Indicators & Priorities for 2015/16
- 2.3 Review of Services
- 2.4 Participation in Clinical Audits
- 2.5 Research
- 2.6 Goals Agreed with Commissioners
- 2.7 What Others Say about the Trust
- 2.8 Data Quality
 - 2.8.1 Information governance Toolkit attainment levels
 - 2.8.2 Clinical Coding Error Rate

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

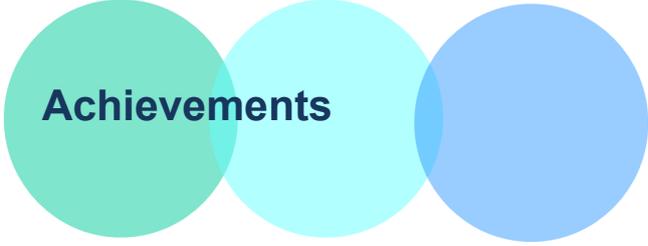
Part 3. Review of Quality Performance 2014/15

- 3.1 Review of Priorities 2014/15
 - 3.1.1. Quality indicators for 2014/15
 - 3.1.2. Positive Stories
 - 3.1.3. Good Quality Care across the Trust
- 3.2 Patient Reported Experience Measures (PREM)
- 3.3 Staff Survey
- 3.4 Complaints and PALS Annual Report
- 3.5 An Explanation of Which Stakeholders Have Been Involved
- 3.6 Joint Statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs)
- 3.7 Statement from Newham Healthwatch
- 3.8 Statement from Tower Hamlets OSC
- 3.9 An Explanation of any changes made to Quality Accounts Report
- 3.10 Feedback
- 3.11 2014/15 Statement of Directors' Responsibilities

Glossary

Contact with the Trust





Achievements

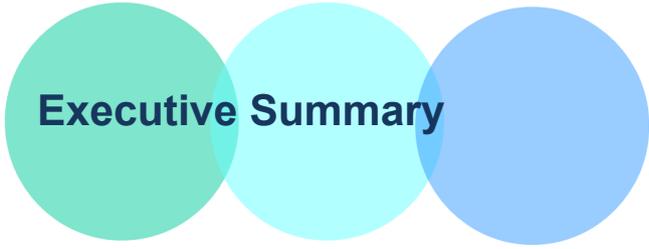
The Trust is proud of the achievements made over the last year, below is a summary (including links) of just a few:

- **Staff Survey results**

- The Trust's film 'Still Here' has been shortlisted for an EVCOM award as a part of Dementia Awareness week in 2014 to raise awareness of dementia in young people. EVCOM, the Event and Visual Communication Associations screen award is Europe's largest and most prestigious celebration of corporate and public sector communication
- Ruth Seifert Ward at the City and Hackney Centre for Mental Health has been voted an outstanding place to learn and develop by nursing students from City University. It was awarded Placement of the Year by students who undertake placements in a range of NHS organisations in London
- 'Finalist Award' in the Healthcare People Management Association (HPMA) Awards. The HPMA is a long established awards programme that showcases and rewards excellence in human resource management and OD in healthcare. This year HPMA received over 200 entries
- Shortlisted in the Nursing Times Awards in the Care of Older People category, for violence reduction work across three wards resulting in over 50% reduction in violence and 40% reduction in staff sickness
- Voted Trust of the Year in the HSJ Patient Safety Awards, due to the harm reduction work within the quality improvement programme
- Ranked the best place to work across mental health and learning disabilities trusts in the HSJ annual awards
- Won "most improved award" in Stonewalls 2015 Workplace Equality index, health sector awards, moving up an impressive 117 places from 228 in 2014, to 111 in 2015
- Received an award in The Howard League for Penal Reform Annual Awards in the Liaison & Diversion Services category. The Howard League is a national charity that lobbies for penal reform, including safer communities, less crime and fewer prison sentences
- Director of Nursing, Professor Jonathan Warren and Head of Forensic Services, Dr Paul Gilluley joined seven other clinicians from across the UK as professional advisors in the upcoming national CQC inspections. They will work with the CQC to provide advice and leadership on how the CQC inspect and regulate mental health services across England
- Bevan Ward at the City and Hackney Centre for Mental was runner up in the 'Team of the year' award at the annual National Association of Psychiatric Intensive Care and Low secure services conference
- Shortlisted in the RCPsych Awards for Psychiatric Team of the Year in the Care of Older-Age Adults category. The awards run by The Royal College of Psychiatry showcase outstanding teams and individuals who are making a real difference to mental health services
- Shortlisted for four HSJ awards in the Provider Trust of the Year, Board Leadership, Staff Engagement and Workforce categories. Shortlisted for one HSJ Value in Healthcare award for quality improvement training
- Two clinicians have received prestigious global awards at the World Association of Cultural Psychiatry 4th World Congress in Mexico. Dr Ascoli and Professor Bhui were recognised for their services respectively to Cultural Psychiatry, and as a world leader in the field of Cultural

Psychiatry and mental health policy and practice. The WACP is the world's leading Scientific Society in Cultural Psychiatry

- Winner of the 'Care of Older People' Nursing Times Award 2015, for 'violence reduction on older adult mental health wards'.



Part 1 – Statement on Quality

1.1 Statement on Quality from Dr Robert Dolan, Chief Executive



Quality Accounts Chief Executive Foreword

2015-16 has been an outstanding year and one during which the Trust has enjoyed considerable external recognition for improvement in quality.

We launched our QI programme almost three years ago to bring meaningful improvement to the quality of care we provide. We are now starting to see change - not just because a new approach is being tested - but sustained change as key interventions are embedded and become an everyday part of the way a service or team functions. It has been good to see the endeavours of our staff acknowledged by their inclusion on national awards shortlists and in winning key awards.

Although a key area of focus for us has been service user satisfaction, we know that increasing staff satisfaction and engagement is also instrumental in improving patient outcomes. So we were pleased that our Staff Survey scores were in the top five for the third year running. Our staff engagement score remains high with a summary score of 3.93, well above the national average when compared with trusts of a similar type which is 3.81

We launched our Quality Strategy in February 2016 which outlines our quality priorities and approach to quality over the next two years. Our priority areas for quality improvement will be: reducing inpatient violence (still the most commonly reported safety incident in the Trust); reducing community acquired pressure ulcers (still the most common cause of serious incidents in the Trust) – engaging more frontline caregivers, informal carers and community groups in the work; improving the physical health of people with severe mental illness - specifically focused on reducing cardiovascular risk, the biggest cause of premature mortality in this population; and improving access to services to reduce waiting times from referral to assessment and treatment, and spreading this across the whole organisation.

Alongside our quality improvement programme, we will also work to ensure we meet key local and national standards. This will include ongoing internal inspection, clinical and service-user led audit, utilising patient experience feedback to drive local improvement, and apply learning from serious incidents and complaints.

A key part of our work over the past 12 months has been integrating services in Bedfordshire and Luton into the organisation. We have had a lot to do very quickly in terms of providing the right environments to deliver safe, therapeutic treatment and care, and to provide clinical leadership,

effective systems and processes, and all the necessary tools for staff to provide care to the standard we require.

I am proud of the achievements and the determination of all our staff to maintain high standards and bring about sustained improvement. I would like to take this opportunity to thank all our staff for striving to provide the best for our local communities.

I declare that to the best of my knowledge, that the information contained in this document is accurate.

1.2 Statement on Quality from Dr Kevin Cleary, Medical Director and Director for Quality and Performance





Part 2 – Priorities for Improvement

2.1 ELFT Quality Strategy

The Trust Quality Strategy outlines our quality priorities and approach to quality over the next two years. The strategy focuses on three key functional areas of Quality: Assurance, Control and Improvement.

East London NHS Foundation Trust (ELFT) has made great progress against its Quality improvement strategy over the past two years, to embed a culture of continuous improvement at all levels of the organisation. The new quality strategy outlines our quality priorities and approach to quality over the next two years.

We will be focussing on changing our approach to quality assurance, developing quality control systems and building on our work on quality improvement; introducing this work to services in Bedfordshire and Luton.

The strategy outlines our work on all three strands of our quality work and reflects the changing healthcare environment that we are working in.

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

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

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

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

Progress Quality Assurance and Improvement Since 2012

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

review by internal audit, and recent reviews into incident management and safeguarding have resulted in substantial assurance being awarded.

Recruited and developed a central QI team to coordinate the programme of work and support teams and directorates. Trained approximately 500 people through the 6-month Improvement Science in Action programme. Developed 30 QI coaches with deeper QI and coaching skills to provide close support to project teams. Supported the involvement and training of service users and carers in QI, with 60 service users and carers completing bespoke training.

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

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

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

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

Values Our three core values are:

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

And the following values support us in achieving them:

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

What Is Our Quality Strategy?

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

To deliver this we need to:

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

Quality Assurance

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

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

- Safe
- Effective
- Caring
- Responsive
- Well Led

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

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

Quality Assurance Work Programme Summary

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

Quality Control

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

The work that our staff have undertaken to improve quality of care has been very impressive and within a healthcare context has been achieved at great speed. As this becomes part of our normal business this is no longer improvement work. The systems for monitoring improvement will no longer be used; integrated processes should not require the same intensity for monitoring. However experience has taught us that assuming that standards will be maintained after intensive focus has reduced is not reliable.

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

Guidelines and Standards

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

Areas of priority include:

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

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

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

Listening and Learning to Service Users, Patients and Carers

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

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

- Recognizing and promoting good practice
- Identifying gaps in service provision
- Assisting with programmes of internal inspection/ accreditation
- Peer to peer assessments of adherence to standards
- Helping to develop systems to capture feedback
- Working the trust to develop effective listening forums
- Feeding back directly to the board about their story and experiences

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

Our patients with severe mental illness die on average 20 years before the general population. We have in the last year worked on improving the monitoring of physical health as part of a national quality improvement requirement. Patients are often the passive recipients of monitoring of various aspects of their healthcare. In the last year, we have started to develop a different paradigm in which the patient is the person primarily responsible for the monitoring of their own health. This has proved

to be much more effective at engaging our service users and has significantly improved the overall monitoring rates. We will over the next three years work to extend this model of patient involvement.

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

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

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

2.2 Quality Indicators & Priorities for 2015/16

What are our Quality Priorities

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

These are:

- Inclusion, equity and equality
- Care Integration
- Listening and Learning
- Access to services
- Decreasing variance in Evidence Based Care
- Technology
- Our Quality Improvement work

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

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

Quality Improvement

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

Quality Improvement Priorities

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

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

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

- 1) Scaling up and spreading the violence reduction work across other directorates
- 2) Re-energising the pressure ulcer work with more direct care staff involvement

- 3) Continuing the access learning system, which has only been in operation since April 2015 and will require another 6-9 months to see sustained improvement before considering scale-up and spread
- 4) Reducing cardiovascular risk for people with severe mental illness through supporting physical health work across the Trust on health promotion interventions

Quality improvement work programme

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

- a) Introduce a new development programme for our team leaders.
- b) Focus on the systematic scaling up and spreading of interventions that have been shown to work in one setting and which are applicable to other settings
- c) Test different ways to deepen the involvement of service users and carers in our QI work
- d) Promote the wider application of QI within corporate services
- e) Continue to engage our commissioners with our QI approach.
- f) Redesign our information systems so that our staff have better access to the data they need to understand quality and performance, and to support their QI projects
- g) Redesign our HR and workforce processes, such as recruitment and selection, performance appraisal and internal training and development.
- h) Continue to build will and build improvement capability across the organisation, including the programme into Bedfordshire and Luton services
- i) Continue work on our four priority areas of QI work (violence reduction, pressure ulcers, physical health and access to services)

Quality and cost improvement

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

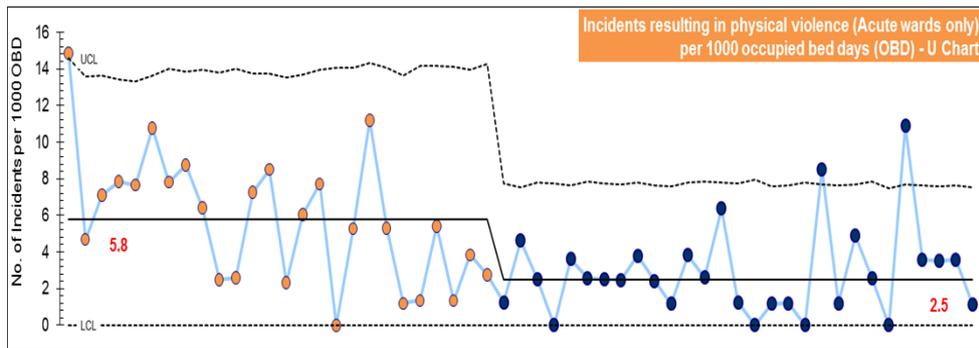
Over the next two years, there will be a greater emphasis on quantifying the financial impact of QI projects. For many projects, this will be exhibited as cost avoidance, which is helpful in reducing our in-year financial pressures. A small number of projects may have the potential to demonstrate cost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

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

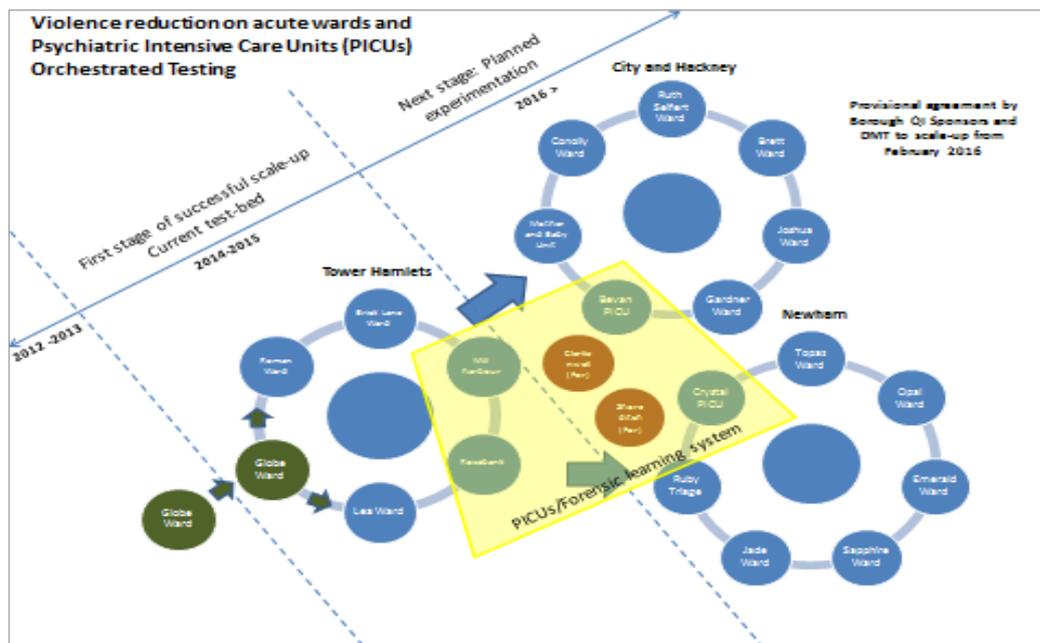
1. Tower Hamlets Violence Reduction Collaborative

Following previous violence reduction work on Globe ward, where they successfully managed to reduce violence by in excess of 60% for over a year, we wanted to scale this work up to more wards within the Trust. The Tower Hamlets Violence Reduction Collaborative was launched with the main aim of transferring this work to 5 further wards, based at the Tower Hamlets Centre for Mental Health and seeing whether the change package tested on Globe ward would still be successful when applied in different ward environments.

As part of this learning system, all teams would come together to share and learn their progress on implementing key elements of our safety culture bundle, before then going away and applying this learning during action periods on their respective wards. This process was repeated on a 2 monthly basis during the course of the collaborative.



Across all 4 acute wards in Tower Hamlets we are now observing a 57% reduction in the rate of violence over the last year.



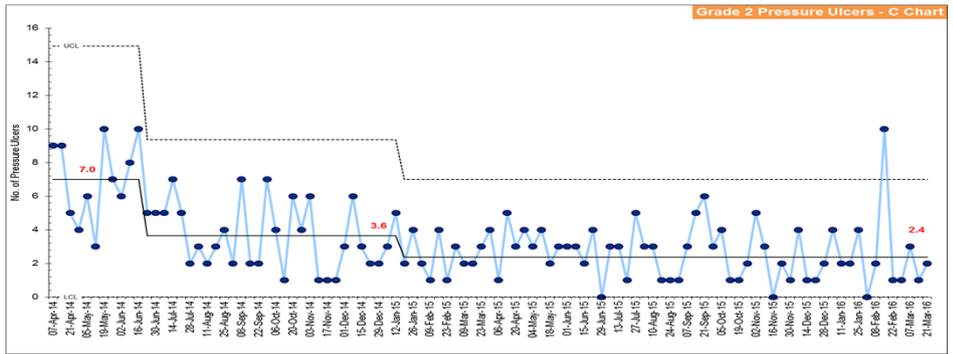
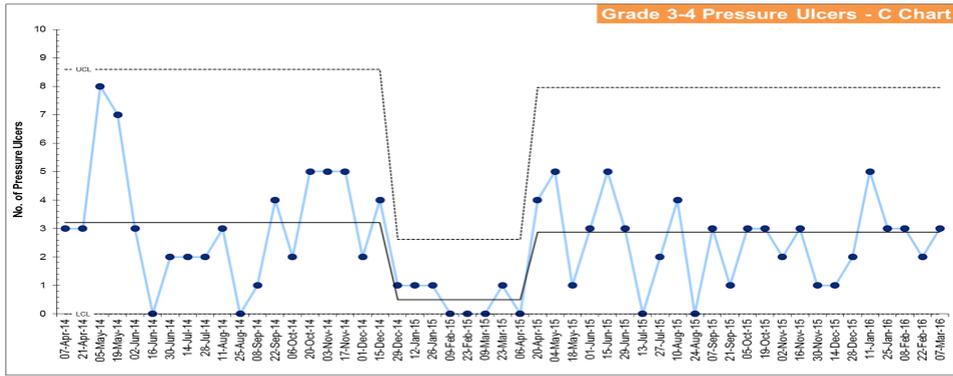
Over the course of the next year we will be scaling this work up again, this time starting to test in the adult mental health wards in City and Hackney and Newham, using an orchestrated testing method designed to increase our degree of belief further in the change bundle that we are testing.

2. Extended Primary Care Team (EPCT) Pressure Ulcers Reduction Project

The EPCT continue to work on tackling this complex problem by reducing pressure ulcers acquired in their service. What is interesting about this project is that we are working with patients based in the community, who may only see a member of staff once or twice a week. Consequently, much of the care delivered to patients is via third party carers. This presents its own unique challenges as we tackle this important issue.

To date, the team have focused on increasing the reliability of Waterlow assessment (this has now increased from 57% to 96%), on ensuring that all patients who need it receive a SSKIN bundle preventative care package, on increasing training for staff and carers and focusing on staff retention and recruitment.

Currently we are observing a 66% reduction in grade 2 pressure ulcers since the project began in 2014 and a 10% reduction in grade 2-4 pressure ulcers.

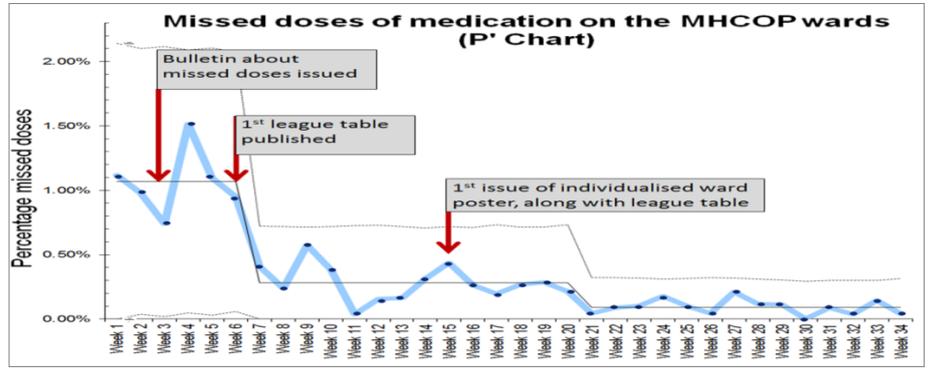


Over the coming year, the team will be looking to test new ways of working with higher risk groups of patients who are more likely to develop pressure ulcers.

3. Reducing missed doses of medication on Mental Healthcare of Older People’s (MHCOP) Wards

We know from our own published research that missed doses of medication are the most common type of medication error in the Trust, representing almost 40% of all administration errors. Moreover, this is a national (and international) issue and has been estimated by the National Patient Safety Agency to have resulted in 27 deaths and 68 instances of sever harm between 2006-2009 in England.

The MHCOP team undertook a Quality improvent project to tackle this work and tested change ideas that included issuing bulletins highlighting missed doses, publishing missed dose league tables on a fortnightly basis and publishing individualised ward posters on a fortnightly basis.



Through their work the team saw a 94% sustained reduction in the number of omitted doses of medication. Furthermore, the team estimated that in addition to having a beneficial effect for patients, there was also a cost saving of £38,402 on the basis of what it would have cost to treat adverse effects associated with missed doses of medication.

2.3 Review of Services

East London NHS Foundation Trust (formerly East London and The City University Mental Health NHS Trust) was originally formed in April 2000. In April 2007, the Trust was awarded University status in recognition of the extensive research and education undertaken in the Trust. On 1 November 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006.

In February 2011, the Trust integrated with community health services in Newham making us now a trust that provides mental health and community health services. This was followed in June 2012 by joining with Richmond Borough Mind to provide The Richmond Wellbeing Service (Improving Access to Psychological Therapies service).

In April 2015, the Trust became the mental health provider for Bedfordshire and Luton. In May 2015, we took over the provision of specialist alcohol and drug services in Redbridge (R3) and on 1 September 2015, ELFT became the provider of Bedfordshire specialist addiction service (P2R) providing services to Bedford Borough and Central Bedfordshire

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 5,000 permanent staff and has an annual income of £322m.

Integrated Care across East London

The Trust is working closely with partner organisations in each of the east London boroughs to develop more integrated approaches to care and support, in line with the vision of the Five Year Forward View.

Integrated care is most commonly used to describe the arrangements health and social care partners can put in place to deliver more joined up person-centred coordinated care for people with complex health conditions and social circumstances

City and Hackney Devolution

In City and Hackney, health and social care organisations have come together to be a 'devolution pilot.' This will open up new opportunities for the City and Hackney partnership to take local control of how services are commissioned and delivered.

Newham

In Newham, the Trust has been working with Barts Health, Newham CCG, Newham Council and GP

partners for several years to develop integrated care for people with complex health and social care conditions, as developed through the Waltham Forest and East London Pioneer Programme and the local Newham Integrated Care Board. As the provider of both community health services and mental health services in Newham, the Trust has been involved in developing and delivering more joined up care planning across services and organisations, improved care coordination, primary care based multi-disciplinary meetings, Rapid Response and Assessment, Interface and Discharge (RAID) team.

THIPP in Tower Hamlets

The Trust has been working with the Tower Hamlets Integrated Provider Partnership (THIPP) for two years to develop an approach to integrated care for people with complex health and social care conditions. THIPP partners include the Trust, Tower Hamlets GP Care Group, Barts Health and Tower Hamlets Council. Earlier in 2015, THIPP successfully applied to become a Five Year Forward View 'Vanguard' site, becoming the only Vanguard site in London and placing the Trust and partners right at the forefront of developments in integrated care nationally. Vanguard status will allow THIPP partners to work closely to further develop integrated approaches to the care and support of adults and children. An Innovation Fund launched in February inviting staff to make suggestions on joint ways of working.

Bedfordshire and Luton

Improvements to Inpatient Services

A main focus in our first nine months in Bedfordshire and Luton was to improve the environments where we provide inpatient care. Following a review, it was decided that the quickest way to expedite the changes needed without daily disruption would be to decant the wards to temporary accommodation to progress the work.

All wards have undergone extensive refurbishment and now provide a much improved setting for patient to receive treatment and begin their recovery.

Psychiatric Intensive Care Unit

Jade Ward, on the Calnwood Road site in Luton, opened in October 2015 as our new Psychiatric Intensive Care Unit for patients in Bedfordshire and Luton. The new facility has nine beds and is an all-male service. It is called Jade Ward PICU.

Establishing this ward will ensure that patients with more complex needs can be treated within the county and not have to travel outside of Bedfordshire for this type of support. The unit offers a short, rapid intervention to help people regain a sense of control and order so they can move forward with their recovery.

Other Changes to Inpatient Services

We have closed Chaucer Ward in the Weller Wing at Bedford Hospital and have moved the service to Fountains Court. It means that Fountains Court now provides a one-stop service to older people with dementia, a functional or organic mental illness and/or who require continuing care.

We have closed Whichellos Wharf in Leighton Buzzard for the time being as the patients who were cared for there have moved into alternative accommodation and in some cases to independent living.

Liaison Psychiatry Service Expansion

The Liaison Psychiatry Service at Luton and Dunstable Hospital has been expanded to provide 24-hour care to patients. A 24 hour liaison psychiatry model service came into being on 1 November 2015 providing specialist care for patients aged 16 or older. Bedford Hospital Liaison Psychiatry received additional funding to enable us to expand it in line with national standards. This additional resource freed up clinical time, enabling the Crisis Resolution Home Treatment team to expand to provide a service to people over 65 too.

Redesign of Learning Disability Services

The Learning Disability service model was required to change in line with new commissioning requirements to focus on recovery and reintegration, and integrating our services with local authority learning disability teams.

Specialist Addiction Services

R3 – Launch of Redbridge Drug and Alcohol Service

14 October saw the official launch of R3 (Redbridge Recovery and Reintegration), a new integrated drug and alcohol treatment service to support people whose lives are affected by drug and alcohol use. It brings together the best of NHS care combined with the expertise of the voluntary sector. R3 offers a range of expertise and interventions in one place

Path to Recovery (P2R)

New Drug and Alcohol Service Bedford Town and Central Bedfordshire

From September 2015, ELFT began providing drug and alcohol services to residents in Bedford Borough and Central Bedfordshire. The addition of this service means that we will be better able to support people with mental health issues and substance issues.

Category	Indicator	Performance
Monitor	Finance risk rating (on a scale of 1-4, with 4 being the best)	4
Monitor	Governance risk rating (on a scale from green to red, with green being the best)	Green
Care Quality Commission	Number of standards that are assessed to be non-compliant following CQC inspections	Nil
National targets	National targets relevant to mental health and community services	Fully compliant
National staff survey	National ranking for overall staff engagement score	= 4th
National community patient survey	Overall national ranking	= 4th

Top 5 for last 3 yrs.

2.4 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 2015/16, 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 **two** national clinical audits and **one** national confidential enquiry were reviewed by the provider in 2015/16 and East London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. The Trust develops specific action plans for each audit which are managed through the Clinical Effectiveness Committee.

During that period the Trust participated in **60%** (three out of five) of national clinical audits and **100%** 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 2015/16 are as follows:

Description of National Audit	Submitted to
National Confidential Inquiry (NCISH) into Suicide and Homicide by People with Mental Illness	Centre for Suicide Prevention Psychiatry Research Group School of Community-Based Medicine University of Manchester 2nd Floor, Jean McFarlane Building Oxford Road Manchester M13 9PL
Early Intervention in Psychosis Audit (AEIP)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB
Female Genital Mutilation (FGM) Enhanced Dataset	Health & Social Care Information Centre 1 Trevelyan Square Boar Lane Leeds LS1 6AE
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	NCEPOD Ground Floor Abbey House 74-76 St John Street London EC1M 4DZ
Learning Disability Census	Health & Social Care Information Centre 1 Trevelyan Square Boar Lane Leeds LS1 6AE
Prescribing Observatory for Mental Health (POHM UK)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB

The Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) also undertakes a range of external and peer review programmes. The Trust participates in a wide range of improvement projects as outlined below:

CCQI Programme	Participation by the Trust	% of cases submitted
Service accreditation programme		
Forensic mental health services	1 service	100
Inpatient child and adolescent units	1 unit	100
Learning Disability Inpatient Wards	1 ward	100

Mother and Baby Units	1 ward	100
Older people mental health wards	1 ward	25
Psychiatric intensive care units	2 PICUs	100
Psychiatric liaison teams	2 teams	100
Working age adult wards	13 wards	100
Service quality improvement networks		
Child and adolescent community mental health teams	3 teams	100
ECT clinics	1 ECT clinic	100
Memory services	7 services	100
Perinatal mental health inpatient units	3 teams	100
Psychiatric Liaison Teams	2 teams	100
National Audit of psychological therapies (NAPT)		
	1 team	100
Multisource feedback for psychiatrists (ACP 360)		
	31 enrolments	

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION	
	Trust	Submissions	Teams	Submissions
QIP 13b: Prescribing for ADHD in children, adolescents and adults	8	208	359 Teams	6109 Submissions
QIP 15a: Prescribing for bipolar disorder	45	341	650 Teams	6705 Submissions
QIP 14b: Prescribing for substance misuse: Alcohol detoxification			TBC Teams	TBC Submissions

The reports of **nine** local clinical audits were reviewed by the provider in 2015/16 and East London NHS Foundation Trust intends to implement the recommendations to improve the quality of healthcare provided. The Trust develops specific action plans for each audit which are managed through the Clinical Effectiveness Committee.

Audit Priority	Lead Committee	Directorate
CPA and Risk Assessment Audit	Clinical Effectiveness Committee / CPA Group	All
Record Keeping Audit	Clinical Effectiveness Committee / Health Records Development Group	All
Medication Audits – Prescribing, Administration and Rapid Tranquillisation	Clinical Effectiveness Committee / Medicines Committee	All
Infection Control Audit	Clinical Effectiveness Committee / Infection Control Committee	All
Inpatient Standards Audit	Clinical Effectiveness Committee / Service Delivery Board	All inpatient units
Mental Health Act (including Consent to Treatment)	Clinical Effectiveness Committee / Mental Health Act Committee	All
Community Treatment Orders	Clinical Effectiveness Committee / Mental Health Act Committee	All community teams
Prescribing antipsychotic medicines for people with dementia (POM UK)	Quality Committee / Medicines Committee	MHCOP teams
High dose prescribing audit (POMH UK)	Quality Committee / Medicines Committee	All

Service User Auditors Leading the Drive for Quality Improvement



The Trust's team of service user auditors are out and about on inpatient wards, gathering audit responses from current service users. The Quality Outcomes and Experience Team who co-ordinate the Trust's clinical audit programme support the auditors to gain confidence and skills by taking the lead with the audits.

The service user-led audits test compliance with standards covering areas such as welcome packs, inpatient food and ward rounds. These quarterly audits are a key way in which the Trust embeds service users at the heart of its drive for high quality services.

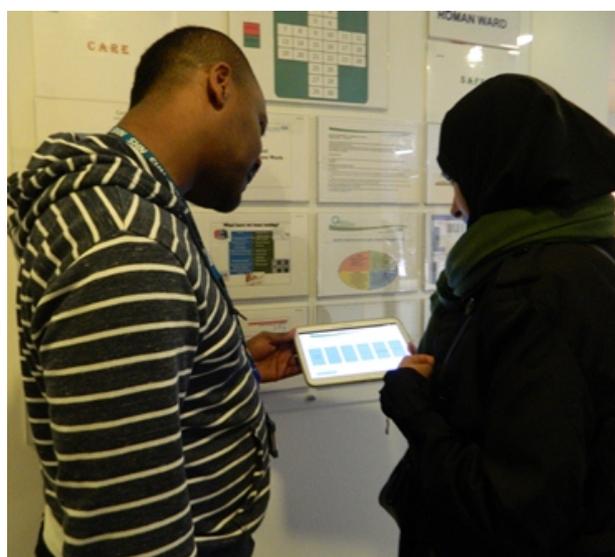
As well as helping the auditors gain useful skills, this innovative scheme is an excellent way to engage current service users and make them the initiators of change.

Auditor Baljit Singh Degun said: *"Before I start the audit, I introduce myself and I ask them how they're doing and they often start to open up. Finding out where they are at and how they're feeling helps to build a rapport."*

"Audits are very important because they give the Trust an awareness of what's going on and we are here to improve services as much as possible."

Teams of auditors will be heading out to inpatient wards in City & Hackney, Newham and Tower Hamlets this week and next, engaging service users with the audit process and collecting feedback via tablets. Feedback is also gathered on Forensic and MHCOP wards, and there are plans to extend the scheme to Luton and Bedfordshire. This feedback is then included in the audit results for each directorate and the directorates decide on changes they will make to their services as a result

Results from the Service User-Led Audits are published on the intranet and you can find the most recent results on the QOET intranet page. Service user feedback will also be added to the "You Said, We Did" display boards which are now going up around the Trust.



2.5 Research and Innovation

Fostering a research culture

The Service User and Carer Research group is now well established, meeting monthly and developing ideas for recovery care research projects with support from Dr Domenico Giacco, senior researcher from the Academic Unit in Newham

A Clinical-Academic Group for Psychological Therapies meets bi-monthly, clinicians and researchers discuss service and research priorities and agendas and consider new projects in partnership

In order to foster the interface between research and quality improvement and to align their strategies a group of senior clinicians from within ELFT is now regularly scanning research evidence, examples of good practice and innovative ideas from other industries in order to gather ideas for QI that will be pitched at bi-annual events with Directors

Implementation of locally derived research findings into clinical practice;

In cooperation with the strategic head and professional lead for arts therapies an implementation plan for the provision of body oriented psychological group therapies was developed so that from July 2016 these therapies will be available for all patients in East-London with chronic schizophrenia or depression

The structured needs assessment and therapeutic engagement tool DIALOG is now rolled out across ELFT and in RIO for the purpose of capturing Patient Reported outcomes (PROM) and the complex version "DIALOG-plus" (providing all care coordinators with solution-focused therapy skills) is going to be tested in local QI projects

ELFT and the three East-London CCGs successfully implemented Enhanced Primary Care Services for service users with stable severe mental illness, allowing for better integration of their care within their local communities and with clinical provided at primary care level. The results of the corresponding service evaluation for about 2000 service users have been analysed and will be published in partnership with our primary care colleagues and are now considered by other NHS organisations as a blue-print for integrated care pathways

Innovations and Service Development

ELFT is currently reviewing all clinical processes and related clinical documentation forms relevant for assessment and care planning under the Care Programme Approach (CPA) in partnership with local authorities; the work-stream developed ideas for a highly innovative service user focused and recovery care oriented set up streamlined electronic documents for piloting within ELFT in autumn

The new Arts & Wellbeing Group is considering a wide range of innovative proposals to improve the therapeutic environment across ELFT; most recently the group considered models of "Milieu therapy", successfully implemented in Europe.

ELFT is piloting innovations to improve the supervision experience for all staff members, aiming to systematically relate and structure the supervision to capture staff concern and to relate to staff needs in respect of maximising the quality of work environments

The Acute Day Hospital in Newham is piloting new schemes for recovery care of patients who require acute psychiatric treatment: in order to help service users making the transition from intensive treatment back into the community the team set up "Recovery Stalls" three times per week at lunch time with input from a variety of third-sector/ voluntary care organisations

For patients with long-term, chronic and treatment resistant conditions, the Acute Day hospital offers now places for "elective admissions", a period of 4-8 weeks of intensive care review and psychosocial group therapy

Other

ELFT developed a teaching and training tools web-platform for primary care mental health: www.primary-mentalhealth-care.elft.nhs.uk the website contains videos produced by service users to help practitioners understand their condition and their clinical needs: <https://vimeo.com/138186725>

ELFT has been awarded with a dissemination grant in relation to spreading findings from a local care pathway study, aiming to improve the mental health care for patients with somatic distress disorders; a one-day international symposium is organised for the 6th May: www.mus.elft.nhs.uk

Participation in clinical research

The number of participants from the East London NHS Foundation Trust recruited in 2015 to take part in research included on the National Institute of Health Research (NIHR) Portfolio was 1,063.

Throughout the 2015/2016 year, the Trust has been involved in 97 studies; of which 58 were funded studies included on the NIHR Portfolio, 19 were unfunded explorations such as pilot studies, plus 20 student theses.

During 2015, researchers associated with the trust have published over 75 articles in peer reviewed journals.

Further information regarding the research undertaken across the Trust, including a list of on-going and previous research is available: <https://www.elft.nhs.uk/Research>

2.6 Goals Agreed with Commissioners for 2015/16

Use of the CQUIN Payment Framework

A proportion of East London NHS Foundation Trust's income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between the Trust and the local Clinical Commissioning Groups (CCG) for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The CQUIN Scheme for Adult and Older Adult Mental Health Services constitutes £2.9 million.

In addition, ELFT delivers against CQUINs across all areas of provision specialist commissioning for ELFT forensic, mother and baby and inpatient CAMHS services, Newham community services and IAPT services. In 2015/16 this also includes Luton & Bedfordshire services.

Further details of the agreed goals for 2015/16 and for the following 12 month period are available electronically on the website: <http://www.eastlondon.nhs.uk/> or on request from the Trust secretary.

- The table below summarise the Trust's position on delivery of 2015/16 **East London Mental Health** CQUIN targets.

East London Mental Health CQUINs and performance

Goal Number	Goal Name	Description of Goal	Trust Performance
1	Improving Physical health to reduce premature mortality in people with Severe Mental Illness.	a. To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.	ACHIEVED
		b. 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.	ACHIEVED
2	Improve the physical health of users of mental health services by providing smoking cessation support	a. Provider to implement a comprehensive programme of training in smoking cessation for staff so that at least a third of professional staff have been trained in a recognised brief intervention protocol.	PART PAYMENT
		b. Nicotine smoking status of service users recorded in at least 75% of electronic patient records.	ACHIEVED
		c. At least 2% of service users are involved in agreeing and adopting a care plan intervention for smoking cessation.	ACHIEVED
3	Improving physical health to reduce premature mortality in people with Mental Illness in ASOTs and CTOs	a. This indicator enhances the national indicators 1a and 1b to deal specifically with patients in AOTs and on CTOs.	ACHIEVED
		b. 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.	ACHIEVED

4	Complete package of lifestyle care for all initiations of antipsychotics	Provider to improve the identification of lifestyle care needs of patients and work with existing other providers, for example, in facilitating external providers use of ELFT services.	ACHIEVED
5	Staff training and improvement in the utilisation of the Lester Tool	a. Improve the levels of staff trained to use the Lester Tool	ACHIEVED
		b. In conjunction with the above indicator, the Lester Tool is to be visible and accessible to patients and staff in all consultation rooms and clinical areas of trust owned sites where patients are assessed.	ACHIEVED
6	Smoke Free Wards	Implement smoke free wards across the trust – Two Year CQUIN	ACHIEVED
7	Reduction in Staff Smoking	Two Year Indicator to assist a reduction of the percentage of staff that smoke	ACHIEVED
8	City & Hackney – Access and Waiting Time to Early Intervention in Psychosis	That, by 1 April 2016, 75% of people experiencing a first episode of psychosis will be assessed by a trained member of the EIS team within two weeks of referral.	ACHIEVED

- The table below summarise the Trust's position on delivery of 2015/16 **Luton Mental Health** CQUIN targets.

Luton Mental Health CQUINs and performance

Goal Number	Goal Name	Description of Goal	Trust Performance
1	Improving Physical health to reduce premature mortality in people with Severe Mental Illness.	a. To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.	ACHIEVED
		b. 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.	ACHIEVED
2	Psychiatric Liaison Service	A process of joint working and development work between ELFT and L&D Hospital. Key items of work included ELFT rolling out a training programme throughout the year to A&E Clinical Staff at all levels and setting up shared access to electronic systems. The overall objective of this CQUIN was to integrate the two services and reduce Mental Health related re-attendance at A&E.	PART PAYMENT
3	Awareness of Community Psychiatry in Black and Minority Ethnic Populations		ACHIEVED
4	360 Feedback use in Nurse Appraisals		ACHIEVED

- The table below summarise the Trust's position on delivery of 2015/16 **Bedfordshire Mental Health** CQUIN targets.

Bedfordshire Mental Health CQUINs and performance

Goal Number	Goal Name	Description of Goal	Trust Performance
1	<i>Improving Physical health to reduce premature mortality in people with Severe Mental Illness.</i>	a. <i>To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.</i>	ACHIEVED
		b. <i>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.</i>	ACHIEVED
2	<i>IAPT</i>	<i>Development of access strategy to include a marketing programme and specific focus on BME and Over 65s populations</i>	ACHIEVED
3	<i>Transformation Plan</i>	<i>This CQUIN reported against the wholesale transformation of services following the acquisition of the contract</i>	ACHIEVED

The full report for Forensic Services, Child and Adolescent Mental Health Services, Newham Talking Therapies and Community Health Newham are available upon request from the Trust secretary.

2.7 What Others Say about the Trust

Care Quality Commission inspection of Forensic Services Directorate - John Howard Centre

The CQC last inspected forensic wards provided by ELFT at the John Howard Centre in December 2012. The CQC carried out that inspection under our previous inspection regime. Consequently, the CQC did not rate the service. The service complied with all the regulations checked at that time.

The CQC will rate forensic wards at our next comprehensive inspection of East London Mental Health Foundation Trust.

The CQC carried out this focused inspection on 11 November 2015 in response to information we had received about the safety of the service. Some patients had gone absent from the service without leave. Additionally, in July 2015, there was a serious disturbance on Westferry ward.

The inspection was focused on checking whether the service was meeting the required standards in relation to:

- How staff managed risks to ensure the service was safe.
- Patient involvement in planning their care and treatment.
- Patient access to activities.

The inspection found:

- The service robustly assessed and managed risks. The service obtained information about each patient prior to their admission. This included detailed information on risk. Ward staff developed plans to manage risks to the patient and others which were put into practice as soon as the patient was admitted. The multi-disciplinary team (MDT) on each ward regularly reviewed risks and amended management plans to ensure they were effective.
- The MDT kept patient leave arrangements under constant review. Patients were only granted leave when staff had followed trust procedures and made the appropriate safety checks.
- The trust had undertaken detailed investigations when patients had gone absent from the service and after the disturbance on Westferry. The trust had ensured the learning from these investigations had been shared with staff to improve the security of the service.
- Staff safely administered patients' medicines.
- The MDT assessed each patient's needs and developed a comprehensive care plan. Patients' mental and physical health needs were effectively met.
- Staff had the appropriate skills and knowledge in relation to working with patients in a forensic service.
- Staff supported patients to plan and review their care.
- Staff treated patients with dignity and respect.
- Patients reported that they were able to participate in a range of activities.

The Trust is committed to welcoming and learning from the expertise and guidance from the Care Quality Commission through the identification of both good practice and that which can be improved upon following visits and inspections.

The CQC will undertake a full inspection of East London NHS Foundation Trust in June 2016

2.8 Data Quality

The Trust's Information Governance (IG) framework, including Data Quality (or "Information Quality Assurance") policy and responsibilities/management arrangements are embedded in the Trust's Information Governance and Information Management and Technology Security Policies.

Information Quality Assurance:

- The Trust established and maintains policies and procedures for information quality assurance and the effective management of records
- The Trust undertakes or commissions annual assessments and audits of its information quality and records management arrangements
- Data standards are set through clear and consistent definition of data items, in accordance with national standards
- The Trust promotes information quality and effective records management through policies, procedures, user manuals and training.

The Trust's Commissioners, Trust Board and Information Governance Steering Group receive regular reports on data quality/completion rates against agreed targets. The IG Steering Group receives and reviews performance on data quality benchmarked across London and nationally – including the use of the national data quality dashboard.

To support action and improvement plans, Directorate Management Teams receive a range of cumulative and snapshot data quality reports from the Trust's Information Management team – these show missing or invalid data at ward, team and down to individual patient level. Data validity and accreditation checks are undertaken annually in line with the IG Toolkit national requirements and an annual audit of clinical coding is undertaken in line with the IG Toolkit national requirements.

East London NHS Foundation Trust submitted records during 2015/16 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 published data taken from local RiO data as of 31st March 2016 which included:

	Inpatient Mental Health	Community Mental Health	Inpatient CAMHS	Community CAMHS	CHN	Addiction Services
Patient's valid NHS number ELC	97.8%	99.5%				
Bedford	99.6%	100.0%	100.0%	100.0%	99.4%	94.0%
Luton	99.4%	100.0%				
Patient's valid General Medical Practice Code ELC	94.4%	98.0%				
Bedford	96.9%	99.6%	100.0%	99.0%	88.5%	97.7%
Luton	93.6%	99.0%				

The Trust has implemented the following actions to improve data quality:

- Deployment of 'Open RiO' across mental health services
- Monthly performance management meetings
- Expansion of RiO community systems
- Migration of CAMHS legacy system to RiO
- Major initiatives to embed captured Mental Health Tariff clusters.

2.8.1 Information Governance Toolkit attainment levels

East London NHS Foundation Trust's national Information Governance Toolkit assessment compliance rating for 2015/16 was **74%**. The Trust achieved Level 2 or above for all Requirements except one (112 information governance training) resulting in an overall 'Not Satisfactory' rating'.

2.8.2 Clinical coding error rate

East London NHS Foundation Trust was recently audited for Clinical Coding by D&A Consulting. The audit evaluated the standard of coding using the NHS Health and Social Care Information Centre (HSCIC) Clinical Coding Audit Methodology Version 8.0 and was undertaken by accredited clinical coders who are registered NHS approved Clinical Coding Auditors.

The sample taken for the audit at the East London NHS Foundation Trust amounted to 50 finished consultant episodes (FCEs) and covered the Adult Mental Illness, Old Age Psychiatry and Child and Adolescent specialties following National Clinical Coding Standards. The Audit Results summary is as follows:

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

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.

Duty of Candour

Secondary care providers in England registered with the CQC are now subject to a statutory Duty of Candour. Although clinicians already have an ethical responsibility to be open and honest, the Duty of Candour is an organisational responsibility. This new regulatory requirement was introduced in November 2014 in response to the findings of the Francis Inquiry and the Berwick Review which recommended the enforcement of fundamental standards to prevent problems like those at Mid Staffordshire and Winterbourne.

The Duty of Candour applies when moderate or severe harm occurs as a result of a notifiable safety incident. It also applies to the death of an individual where the death relates to the incident rather than a natural cause or underlying condition. The Trust uses the harm fields on Datix to identify incidents falling within the scope of the Duty of Candour.

The Duty of Candour means we should be open and honest with patients or their representatives when something goes wrong that causes, or has the potential to cause moderate or severe harm, or distress. In your professional capacity you have an important role to play in making sure patients or their relatives receive a full and open explanation, an apology and appropriate support.

What is the Duty of Candour?

- A new legal duty on Trusts to inform and apologise to patients and / or their family if there have been mistakes in care that have led to moderate or severe harm, or death

- Having truthful, accurate and open discussions with the patient or their family when things go wrong to help them understand what has happened
- Apologising – verbally as soon as the incident happens and then in writing, clearly stating we are sorry for the suffering and distress caused
- Following up with the patient or their family as investigations evolve
- Documenting those communications

What the Duty of Candour is not

- An apology or explanation is not an admission of liability
- It is not about being defensive
- It is not speculation – Candour is about facts. Never speculate - agree to provide the information later

What is harm?

- Some incidents have an obvious ‘harm’ threshold – death including suicides and homicides, Grade 3 and 4 pressure ulcers
- Some are less obvious – medication incidents, violence and aggression
- When you complete an incident form you decide whether or not harm has occurred and complete the ‘harm’ dropdown box appropriately –the Help function on Datix provides guidance

Who should say sorry?

- A senior member of the team where the harm occurred should speak to the patient or their family as soon as possible and follow this up in writing
- The apology should include a dedicated contact in case patients or their family want to get in touch. If necessary include an explanation about next steps
- If there is a subsequent serious incident investigation, the lead SI reviewer will contact the patient or their family when the investigation commences

Where should you record your apology?

- Record the dates of your verbal and written apologies in the ‘Additional information’ box on Datix and on the patient’s clinical record
- If it hasn’t been possible to give an apology record the reason why in the ‘Additional information’ box
- Attach your written apology to Datix and in the patient’s clinical record

ELFT’s commitment to the five ‘Sign up to Safety’ pledges



- 1. Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
- 2. Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
- 3. Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- 4. Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
- 5. Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

The Trust signed up to the campaign in July 2014. The trust has embraced the relevant components of this work by ensuring that safety are key priorities of the Quality Improvement work, for example, reduction in pressure ulcers and reducing violence on wards: <https://qi.elft.nhs.uk/current-qi-projects/>

PART 3 – Review of Quality Performance 2015/16

3.1 Review of Priorities for 2015/16

Our quality strategy underpins everything we do and enables us to set targets and monitor their impact. In addition to the national clinical targets, we have developed a range of quality indicators covering patient safety, clinical effectiveness and patient experience.

We have continued to encourage a culture within all our services where staff feel recognised and supported but also where poor performance is challenged and managed appropriately.

This quality report will detail the key achievements and a summary of progress across indicators. Each indicator is described in respect of improvements achieved during the year, and the identification of further improvements required during 2016/17.

3.1.1 Quality Indicators for 2015/16

The quality indicators set out below were developed in partnership with our key stakeholders, such as service users, carers and representative groups across the four boroughs and cover those three main domains. By focusing our time and resources on these priorities, the Trust has been able to achieve each of the targets. This is why we have chosen to maintain this focus for 2016/17.

The Quality Indicator priorities 2015/16

Quality Indicator	Area	Rationale	Status
1 Development of Quality and Safety Dashboards at ward/team level	Right Care (Clinical Effectiveness)	Being led by ELFT Informatics Team. This work will provide Trust, Borough and team level data across a range of domains to facilitate greater understanding of the key areas of improvement and whether any changes which are being implemented are resulting in measurable change. A vital tool in the 'plan, do, study, act' methodology.	Directorate level views available for 5 directorates. Currently integrating new software with the data warehouse which will support ward and team-level views. This programme of work is currently at the testing and designing stage. This has been a new area of focus for the trust and was not in place prior to 2014/15.
2 Implementation of real-time PREM data collection methods in 50% of trust services	Right Care (Patient Satisfaction)	Patients and carers are at the heart of everything we do. Without up-to-date and reliable information from the people who use our services will be unable to know whether the changes are leading to improved levels of service satisfaction.	The trust has successfully implemented real-time Patient Reported Experience Measures (PREM) across ALL East London inpatient mental health services and ALL community health services in Newham. Roll-out across East London community mental health services as well as mental health services in Luton and Bedfordshire has started. Prior to this process, in 2013/14 the Trust had piloted electronic PREM devices in four IP wards.

3	<p>A. To eliminate grade 3 and 4 pressure ulcers acquired in our care by December 2014</p> <p>B. Reduce grade 2 pressure ulcers acquired in our care by 30% by December 2014</p>	Reducing Harm (Patient Safety)	Stretch aims to be achieved through use of IHI Model for Improvement through iterative PDSA cycles. The pressure ulcer team are focussing on reliably implementing the SSKIN bundle of care throughout the entire organisation.	<p>Fifty per cent reduction in Grade 2 pressure Ulcers.</p> <p>Early indications that we are seeing a reduction in grade 3 and 4 pressure ulcers of approximately 75%.</p>
4	To reduce violent incidents in the Trust by 30%.	Reducing Harm (Patient Safety)	Stretch aims to be achieved through use of IHI Model for Improvement through iterative PDSA cycles. The violence reduction team are focussing on implementing a bundle of care that includes use of the Brosset Violence Checklist throughout the organisation.	We have seen a 19% reduction across the whole trust of incidents of physical violence.
5	200 staff to be trained face to face in Quality Improvement methodology.	Staff engagement	Sequencing and timing to be determined following input from our newly appointed strategic partners.	Two hundred and ten people will have completed the six-month long Improvement Science in Action training by May 2015.

The quality Indicators are developed as a means of making the greatest improvement to the quality and safety of services based on what the Trust and key stakeholders believe are the Trust priorities. Although the Trust has maintained a focus on improving patient and carer satisfaction, staff satisfaction and maintaining financial viability, the individual areas of focus, and corresponding indicators, change every year. As such, it is not always possible to provide historical or comparative data.

3.1.2 A selection of positive stories from across the Trust

- **Bedfordshire and Luton Mental Health & Wellbeing Services**

Commissioned by Bedfordshire and Luton CCGs the Trust has provided these services since April 2015. They are managed by a dedicated Senior Team and two integrated Directorate Management Teams to facilitate closer relationships and pathways between Child and Adolescent, Adults, Older Adults, Recovery and Learning Disability.

By putting the Trust's values at the heart of day-to-day working the Senior Team learn from local good practice to deliver quality improvements, for example:

- More adult acute beds and a new male Psychiatric Intensive Care Unit, reducing out of area placements and improving the experience of service users, their carers and families
- Improved inpatient care through 'this is me' care planning, ward BME focus groups and service user feedback sessions
- Access to psychological treatments for Bedfordshire residents from our new Wellbeing Service (IAPT) and treating all people on the waiting list we inherited
- Improved access to Child and Adolescent Mental Health Services and significant reductions in waiting times
- Greater service user and carer co-production with the introduction of People Participation plans, supported by dedicated full-time leads
- An electronic patient record by deploying RiO across all sites

- Reducing vacancies and reliance on bank and agency staff by recruiting over 550 new staff
- More training and development opportunities for our staff

Building on these in 2016/17, the Trust will continue to improve services by using the Quality Improvement Programme. This will include on-going refurbishment of our buildings, particularly community venues, to provide high quality environments. Not only enhancing the everyday experience we believe this strengthens engagement with our staff and service users to continue the transformation of community services and primary care liaison, fostering our One Trust approach.

- **Newham Transitional Practice (NTP) – A General Practice with a Difference**

NTP operates general practice services at two sites in Newham delivering holistic, empathetic non-judgemental healthcare to mainly disadvantaged and vulnerable groups: refugees, asylum seekers, new entrants, migrants, homeless, sex workers, probationers, and drug & alcohol misusers. Many patients have very limited English language and therefore many appointments take place with an interpreter.

NTP are the only practices in Newham which do not require proof of I.D. and address in order to register, thus facilitating access to healthcare for many people who otherwise could not access a GP and would present instead at A&E.

NTP has 4800 patients - improved case finding has increased the prevalence of several diseases as follows:

	2013	2015
Type 2 diabetes	135	264
Hypertension	212	437
Mental health	41	77
COPD	11	21

Early detection of these illnesses will greatly improve both the quality of life and life expectancy.

NTP also provides GP consultations to mental health adult in-patients in Newham, Tower Hamlets and City & Hackney. Mental health staff are able to discuss any physical health concerns with a GP in person or over the telephone. All new in-patients are booked to see the GP for a health check where any health problems can be identified and treatment started.

The Team consists of GPs, Practice Nurses, a Health Care Assistant, a Nurse for the Homeless, TB screening nurses, Receptionists and a Service Manager. The clinicians have expertise in mental health, substance misuse and in particular how to work best with these vulnerable groups. The service offers flexible appointments to help people with chaotic lifestyles e.g. the nurse for the homeless can bring a patient along to see the GP at the end of surgery without an appointment if necessary.

The Nurse for the Homeless provides outreach clinics to various hostels and day centres. The Nurse can deal with dressings, suture removal and checks that patients are taking their chronic disease medication. She also facilitates registration with the GP and has accompanied patients to hospital appointments to give them some confidence to attend.

NTP works closely with voluntary groups such as Refugee and Advice Project, Anchor House, church groups and Doctors of the World.

The health inclusion nurses provide TB screening and BCG vaccination for 5 –16 year olds who may have missed out on this screening as it is not routinely carried out in all borough and countries. This important intervention ensures 'herd immunity' and protects children.

NTP have worked with the Prison Service and probationers to effect a smooth transition from prison healthcare to general practice. Previously clients would turn up to NTP with no medical summary or

medication history. The GP would be unable to prescribe certain medications without some history and this could lead to confrontation and patient dissatisfaction. Now the transition is much improved with nurse consultations and registration taking place at the hostel and the GP having advanced sight of a medical summary.

The NTP model works on the basis of access and equality of healthcare to all irrespective of their background. The culture of staff development has seen many nurses develop their skills to become prescribers and nurse practitioners. Receptionists have been inspired to become nurses themselves. The Team are committed and dedicated which has resulted in the long term existence of the service that has adapted to the ever changing demographic in Newham

- **CHN Health visiting**

The service has implemented an additional two contacts (at 2 weeks following the existing new birth visit and at 6-8 weeks). These are proving beneficial to parents as extra support and help to both build a relationship with families and show good outcomes for children.

The introduction of specialist health visitors in several areas in the wider Children's Service (e.g. Child Development Service for disabled children, the Sickle Cell and Thalassaemia Service, an HIV specialist and specialists in perinatal mental health) ensure that families in those teams have one health care key worker.

The specialist health visitors have an educational as well as a care co-ordinating role in relation to families affected by these conditions.

The service implemented a Saturday clinic to improve accessibility during week-ends.

The service operates to a set of procedures and policies. It has a preceptorship programme and offers health visitors the opportunity to become part of an action learning set.

The increase in the workforce (as part of *Call to Action*) has increased staff capacity in the service.

The service has full corporate membership of the Institute of Health Visiting which allows staff free access to learning materials online.

Below are examples of patient feedback collected on the tablet devices:

- *"The health visitor is very knowledgeable and supportive and made us feel very comfortable and valued"*
- *"The health visitor was reassuring and listened to my concerns"*
- *"The health visitor was very friendly and provided all the information I needed. She always took interest in me as well not just the baby, she made me feel welcome and someone to easily talk too"*
- *"Father of child - I find HV useful information. HV advised us on diets and nutrition now seen at Altmore Children Centre, HV advice was good"*

The service has implemented the ASQ3 (Ages and Stages Questionnaire) and updated RiO to allow recording of the scores. In February the health visiting service implemented the 2 year health review assessment. The service continues to offer the 2 ½ year review assessment, with the aim of completing the catch up programme over the next six months, at which point the universal offer will be at 2 years with the scope for further follow ups before the child reaches 2 ½ years.

In the next year the service will re-design its model to integrate fully with other early years services commissioned and provided by the local authority. The model will require further provision of services from Children's Centres as well as a continuation of the existing home visiting and clinic based model.

The service aims to implement the eRedBook (a parent held child health record) on a pilot basis to, initially, complement the paper version of the RedBook. The service is already one of the national pilot development sites for the eRedBook.

The service will work closely with the London Borough of Newham to join up the health visiting two year development check with that provided by schools as an integrated review.

Specialist health visitors for perinatal and infant mental health will train all health visitors to use the Edinburgh Postnatal Depression Score (EPDS) assessment tool and implement it across the service.

An infant feeding coordinator will lead on breastfeeding training with the aim of increasing breastfeeding initiation and sustainability rates.

The service will introduce a guide for managing minor illnesses.

In addition to fulfilling all the quality priorities set out over the previous year, the Trust has met all Care Quality Commission (CQC) and all Commissioner targets.

3.1.3 Good Quality Care across the Trust

Monitor Assurance

East London NHS Foundation Trust has a range of Monitor targets on which we report throughout the year. The targets outlined below are tested by external monitors to provide assurance that the data provided are reliable. Two are statutory, one is locally defined.

The figures below show the trust has exceeded all national targets. As set-out in section 2.7 the Trust considers that this data is as described for the following reasons; the trust has data quality arrangements in place which ensure the Trust's Commissioners, Trust Board and Information Governance Steering Group receive regular reports on data quality/completion rates against agreed targets. The IG Steering group receive and review performance on data quality benchmarked across London and nationally – including the use of the national data quality dashboard.

Monitor Target	1. CPA inpatient discharges followed up within 7 days (face to face and telephone)	2. Patients occupying beds with delayed transfer of care - Adult and Older Adult	3. Admissions to inpatient services had access to crisis resolution home treatment team
Target 2015/16	95%	7.5%	95%
Q1	97.3%	1.7%	99.4%
Q2	98.6%	2.4%	99.9%
Q3	97.8%	3.5%	99.9%
Q4	96.5%	3.5%	99.7%
2015/16 YTD to Q4	97.5%	5.5%	99.8%

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

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

The Trust has successfully reached all monitor targets for 2015/16.

Patient Safety

The number of 'patient safety incidents' indicator is reliant on staff reporting incidents and there is a degree of clinical judgement regarding the classification of harm associated with any incident. The Trust undertakes regular reviews of these data. As such the figures presented here may vary from those currently held by the NRLS. The trust benchmarks itself against other trusts in order to review and improve reporting practice.

The total number of patient safety incidents, including the percentage of such incidents that resulted in severe harm or death	2014/15	2013/14	2012/13
<ul style="list-style-type: none"> Total incidents reported 	<ul style="list-style-type: none"> 8981 	<ul style="list-style-type: none"> 8774 	<ul style="list-style-type: none"> 8064
<ul style="list-style-type: none"> Incidents identified as 'patient safety incidents' (as per NPSA definition) 	<ul style="list-style-type: none"> 4043 	<ul style="list-style-type: none"> 4119 	<ul style="list-style-type: none"> 2631
<ul style="list-style-type: none"> Of which resulted in severe harm or death 	<ul style="list-style-type: none"> 28* (0.69%) 	<ul style="list-style-type: none"> 27 (0.65%) 	<ul style="list-style-type: none"> 7 (0.3%)

*Plus three homicides

The Trust is keen to increase the reporting of incidents, but reduce the patient experience of harm. The Trust are supporting this by seeking to develop whole system measures of quality, which would allow us to better understand whether we are improving the quality and safety of our services over time.

In parallel, the Trust is looking at developing a more continuous and rounded view of system safety, incorporating a continuous measure of adverse incidents (using trigger tools), complaints, serious incidents, voluntary reporting of incidents, mortality, and other indices.

The table below details each of the Trust's Monitor Indicators for the last two reporting periods. The data are presented as Quarter 4 figures.

Monitor Target	Target 2015/16	Actual 2015/16 (Q3)	Actual 2015/16 (Q4)	Actual 2015/16 (Q4)
Mental Health Patients occupying beds with delayed transfer of care - Adult & Older Adult (Only CAMHS excluded)	7.5%	3.1%	3.5%	
Admissions made via Crisis Resolution Teams (end of period)	95.0%	99.9%	99.7%	
Number of adult CPA patients meeting with care-coordinator in past 12 months	95.0%	87.4%	93.3%	
Access to healthcare for people with a learning disability – report compliance to CQC	Self-Assessment Completion	19	19	
Newly diagnosed cases of first episode psychosis receiving Early Intervention Services	236	479	508	This is not Monitor Target but SDB and target have increase due to L&B
Completeness of Mental Health Minimum data set – PART ONE	97.0%	98.6%	99.5%	
Completeness of Mental Health Minimum data set – PART TWO	50.0%	89.3%	83.1%	
Referral to treatment time within 18 weeks (non-admitted patients)	95.0%	100.0%	100.0%	
Maximum time of 18 weeks from point of referral to treatment (patients on incomplete pathways)	92.0%	N/A	N/A	Removed from Monitor for 2015/16
A&E Clinical Quality - Waiting time in A&E	95.0%	96.2%	N/A	UCC no longer managed by ELFT from March 16
MRSA bloodstream infections - reported instances	0	N/A	N/A	Removed from Monitor for 2015/16
Reduction in Clostridium Difficile - reported instances	0	1	1	This is a YTD figure
Monitor Targets - Community Information Data Set (CIDS - Data Completeness)				
Community Referral to treatment information	50%	100.0%	100.0%	
Referral information	50%	66.1%	66.7%	
Activity information	50%	82.2%	84.4%	
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (Scored from Q4 2015/16)	50%		84.9%	New for 2015/16
Improving Access to Psychological Therapies - Patients referred with 6 weeks NEW measure (scored from Q3 2015/16)	75%	84.0%	76.0%	New for 2015/16
Improving Access to Psychological Therapies - Patients referred with 18 weeks NEW measure (scored from Q3 2015/16)	95%	94.0%	92.0%	New for 2015/16

NB: Maximum time of 18 weeks from point of referral to treatment in aggregate is not included as ELFT does not have elective inpatients

28 Day Re-admission rates

ELFT considers that these percentages have reduced for people 15 years of age and over due to the concerted effort teams have made to ensure assessments and discharges are as thorough as possible. The increased rate in re-admission rates for people under 15 years of age is due to the small sample size.

ELFT has taken the following actions to improve these percentages, and so the quality of its services, by increasing staff training and ensuring clinical decisions are based on multi-disciplinary input, levels of community support are high and patients have greater access to Community Mental Health Teams (CMHT).

Presented below are the percentages for the last five reporting periods.

Total discharges

Period	Number of Clients (0 to 14)	%age of Clients (0 to 14)	Number of Clients (15 or Over)	%age of Clients (15 or Over)	Discharges
2011/12	0	0	270	8.1	3332
2012/13	1	7.1	262	7.6	3468
2013/14	0	0	238	6.5	3650
2014/15	0	0	185	5.1	3603
2015/16 (YTD)	0	0	444	7.9	5648

Presented below are the discharges based on Split Cohort for discharges for the last two reporting periods

Based on Cohort Age (0 to 14)

Period	Number of Clients (0 to 14)	Discharges	%age of Clients (0 to 14)
2011/12	0	16	0
2012/13	1	14	7.1%
2013/14	0	21	0%
2014/15	0	20	0%
2015/16 (YTD)	0	17	0%

Based on Cohort Age (15 and Over)

Period	Number of Clients (15 Over)	Discharges	%age of Clients (15 and Over)
2011/12	270	3316	8.1%
2012/13	262	3454	7.6%
2013/14	238	3629	6.5%
2014/15	185	2583	5.1%
2015/16 (YTD)	444	5648	7.9%

Care Programme Approach (CPA)

The CPA is the framework through which care and treatment is delivered for a large proportion of the Trust's service users. The table below containing Quarter 4 data shows that for the vast majority of services users on CPA their care plans are kept up to date. However, the proportion of service users on CPA who are seen every month is below the level we would hope to achieve. Increasing contact time is one of the Trust's priorities for the year ahead.

Indicator	Target	Actual Performance
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CPA patients – care plans in date (documents 12 months old)	95%	85.1%
CPA patients – care plans in date (documents 6 months old)	N/A	76.9%
% CPA patients seen per month – face to face only	85%	88.7%

Trust figures for CPA are down on 2014/15 levels, however, this is due to the integration of Luton & Bedfordshire services and caseload.

Safeguarding Adults and Children

The Trust works with around 16,000 adult mental health service users at any one time. Many of these are parents, pregnant women, grandparents, stepparents or in contact with children. Over 25% of our service users will be subject to the Care Programme Approach.

The following information should demonstrate how good performance in training compliance in health and safety areas leads to fewer staff safety incidents and therefore reduces the potential for personal injury claims. This is vital for improving patient safety, clinical effectiveness and patient experience, the Trust's priorities.

CPA Audit Tool – Safeguarding Children Standards

Four of the standards in the CPA audit tool relate to safeguarding children. Once it is known that the service user has children, the Safeguarding Children Audit Tools applies. These are to ensure children are identified at the outset.

'Safeguarding Children Level 1' training compliance

The Trust continues to ensure that all staff attend relevant mandatory training courses. The target set by the CQC for all levels is 80%.

Safeguarding Children Level 1

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	3,404	94.8%
2012/13	3,653	3,454	94.6%
2013/14	3,502	3,383	96.6%
2014/15	3,324	3,198	96.4%
2015/16	988	956	96.8%

'Safeguarding Adults' training compliance

The Trust is about to embark on a major training programme around safeguarding adults to ensure that all our staff have the appropriate training to manage this agenda
'Safeguarding Adults' training compliance

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	2,913	81.1%
2012/13	3,580	2,978	83.2%
2013/14	3,502	2,831	81.7%
2014/15	3,449	2,523	73.2%
2015/16	4,521	3,953	87.4%

‘Health and Safety’ training compliance

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	2,969	82.7%
2012/13	3,653	2,627	71.9%
2013/14	3,482	2,619	75.2%
2014/15	3,464	2,685	77.5%
2015/16	4,530	4,182	92.3%

‘Manual Handling’ training compliance

Total	Number of staff	Number of staff attended	% compliance
2011/12	2,901	2,684	92.5%
2012/13	3,653	3,451	94.5%
2013/14	2,808	2,603	92.7%
2014/15	2,711	2,202	81.2%
2015/16	3,677	3,401	92.5%

‘Fire Safety (including fire marshal)’ training compliance

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	2,665	74.2%
2012/13	3,653	2,434	66.6%
2013/14	3,479	2,278	65.5%
2014/15	2,393	1,640	68.5%
2015/16	1,301	913	70.2%

Medicines management is a high risk activity; we therefore pay specific attention to medication errors of all types. The most common type of error is known to be administration errors and as a result the Pharmacy department undertook a large study which involved the direct observation of the administration of medicines. The findings and recommendations have been widely discussed and currently being implemented.

Incident data

	Prescribing error	Dispensing error	Administration error	Chart not signed	Medication availability	Other	Total
2013/14	44	41	180	0	11	55	329
2014/15	44	75	178	0	29	19	345
2015/16							

Dispensing errors have increased in number but have decreased as a percentage of the total number of items dispensed. The dispensing activity has increased by 30% in the last year, and the increase in number of dispensing errors is reflected in this. Medicines incidents continued to be reported via the Trust DATIX system and discussed at local Medicines Safety Groups. Measures then are taken to minimise risk and repetition of incidents.

Training Compliance

All non-mental health nursing staff and pharmacy staff are to receive medicines safety training. This increases awareness of how to minimise risks around the prescribing, dispensing and administration of medicines.

Medicines Safety

	% compliance
Total	88.7%

The Trust uses an e-learning programme to provide this training, as such we have seen significant increases in compliance rates.

Medicines Reconciliation

The Trust's target is that over 95% of patients' medicines are to be reconciled by pharmacy staff within 72 hours. This is a directive from the NPSA, NICE and has previously been a CQUIN target for the Trust. Reconciliation of medicines on admission ensures that medicines are prescribed accurately in the early stages of admission. It involves checking that that the medicines prescribed on admission are the same as those that were being taken before admission and involves contacting the patient's GP.

The Trust reviewed and updated the Medicine Reconciliation policy in 2015/16. Staff can access this via the intranet.

Medicines Reconciliation 2015/16		
Directorate	Complete (%)	comments
City and Hackney	96.7%	
MHCOP	99.0%	(with Luton MHCOP removed from reporter data)
Newham	98.6 %	
Tower Hamlets	98.1%	
Forensics	100%	
Trust Total	98.5%	

Meeting the Needs of People with a Learning Disability

The requirement is to assess six criteria for meeting the needs of people with a learning disability as set out in the Care Quality Commission indicator on 'Access to healthcare for people with a learning disability'. These are based on recommendations set out in *Healthcare for All* (2008). The Trust has met each of these standards.

Ref	Standards	Trust Score 2014
A	Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	4
B	Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria? <ul style="list-style-type: none"> • Treatment options; • Complaints procedures; and • Appointments. 	3
C	Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?	3
D	Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?	3
E	Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	3
F	Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	3
TOTAL SCORE (Max 24)		19

NOTES

The scoring guide for all questions (except question b) is as follows:

- (1) = Protocols/mechanisms are not in place.
- (2) = Protocols/mechanisms are in place but have not yet been implemented.
- (3) = Protocols/mechanisms are in place but are only partially implemented.
- (4) = Protocols/mechanisms are in place and are fully implemented.

For question b) the scoring is as follows:

- (1) Accessible information not provided
- (2) Accessible information provided for one of the criteria
- (3) Accessible information provided for two of the criteria
- (4) Accessible information provided for all three of the criteria.

3.2 Patient Feedback

Central to the Trust's Quality Strategy is the belief that the people who use the services we provide should be the ultimate arbiters of their quality. To ensure that patients and carers have the opportunity to provide feedback regarding their experience the Trust employs a range of methods to collect their information.

The Trust collects service user and carer feedback 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, Luton and Bedfordshire.

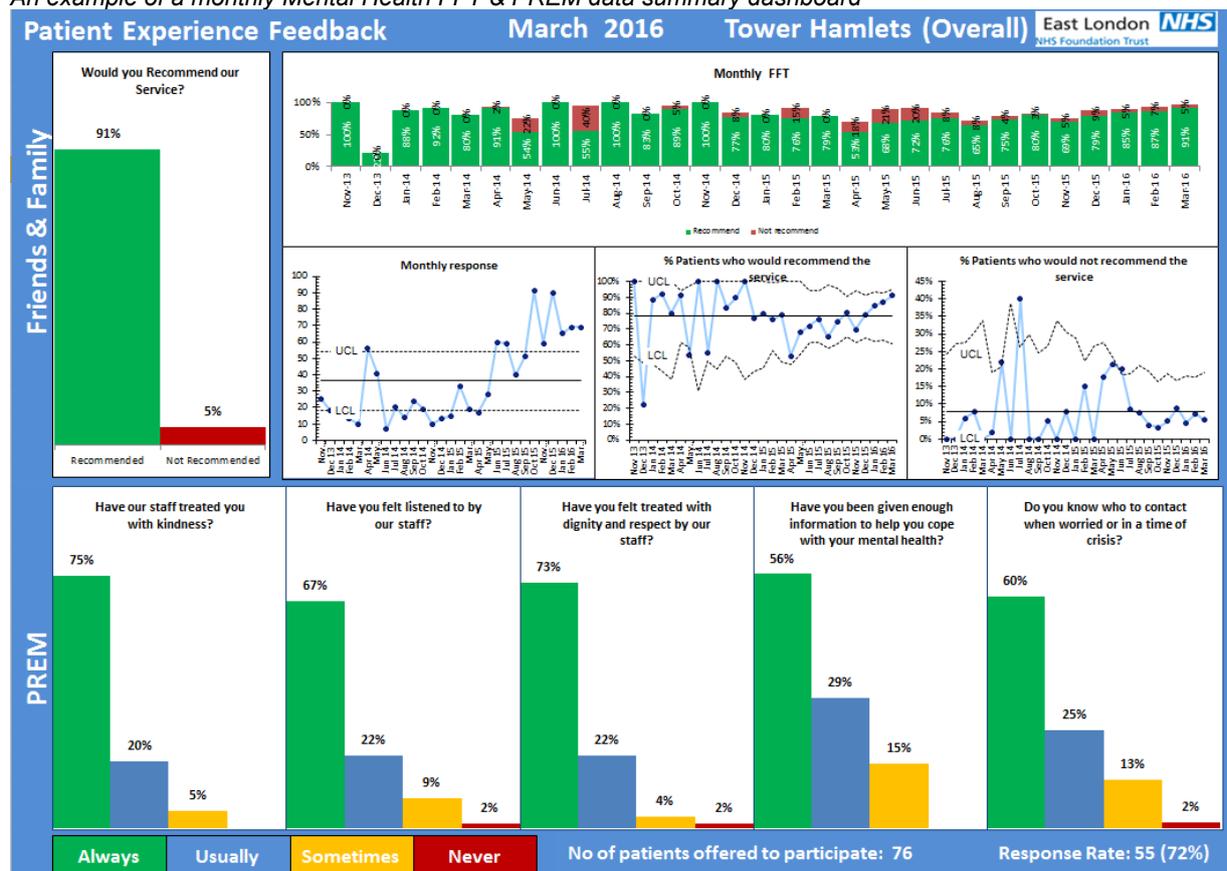
These data are typically collected using electronic devices such as 'tablets' or kiosks, however, it is also possible for service users and carers to complete identical feedback questions via the Trust

website. All questions are available in easy-read versions to ensure that all people are able to provide feedback.

The FFT and PREM data which are collected as part of an on-going process (any time, any day) are available to view by clinical and operational staff within 24hrs of collection. Presented below is a cover page from a monthly summary report which is used by staff to monitor feedback and identify changes to improve the quality of the service. All FFT data are uploaded and published Friends and Family Test scores via NHS England website.

Each ward or team gets a separate report with their specific data which includes the qualitative feedback (comments) and the actions the team are undertaking as a result of the feedback. The reports are subsequently printed and displayed in communal areas of the service.

An example of a monthly Mental Health FFT & PREM data summary dashboard



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

Services across Community Health Newham (CHN) collect patient experience data, using the Department of Health Patient Experience questions (PREMs) which includes the Friends and Family Test (FFT) and the national EQ-5D tool (PROMs). A number of CHN services have included bespoke questions to the PROM tool, in order to refine the information obtained. Some areas such as Children’s services and Learning Disabilities are in the process of agreeing bespoke PROM questions.

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



All services collect data via tablet devices, touchscreens and via the trust website. Results from PROMs and PREMs are circulated to teams and monitored by the CHN Quality Assurance Group.

Mental Health – Inpatient Service User-Led Standards Audit (SULSA)

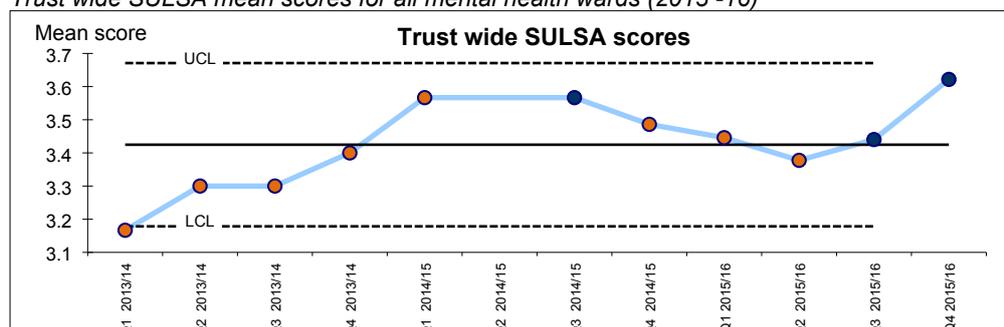
The Trust also collects patient feedback via a quarterly audit. The Service User-Led Standards Audit (SULSA) collects data across ten service user defined standards using 20 service user developed questions (two per standard).

The data are collected by current and former service users and carers using electronic 'tablet' devices from all inpatient wards. These auditors are part of the trust Quality Outcomes and Experience Team and are trained and supported to undertake this, and many other audits throughout the Trust.

1. Service users can access ward staff at all times and feel treated with dignity and understanding.
2. Service users are provided with information and guidance on how to complain and feel able to raise concerns without fear.
3. The religious, spiritual and cultural needs of every service user are respected and accounted for.
4. Service users are provided with information (written) and guidance (verbal) about medications, including potential side effects.
5. Service users are involved in important decisions about care planning and discharge.
6. Service users have regular access to therapeutic groups and activities that enhance their wellbeing.
7. Service users receive regular, quality 1:1 time with their allocated named nurse.
8. Service users are informed of their rights in regard to the Mental Health Act 1983 and accessing clinical notes.
9. Service users are provided with information and advice on practical matters, such as housing and benefits.
10. On admission, service users receive a Welcome Pack containing useful information.

The data presented below are 'mean scores' for each directorate against the standards listed below (rated 1-very poor to 5-excellent).

Trust wide SULSA mean scores for all mental health wards (2013 -16)



CQC – Survey of people's experiences of community mental health services (2015)

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 2015, questionnaires were posted to 850 people who received community mental health services. Responses were received from 205 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	Compared with other trusts	Change since (2014/15)
Health and social care workers	7.6/10	About the same	-
Organising Care	8.7/10	About the same	- 0.1
Planning Care	7.2/10	About the same	- 0.2
Reviewing Care	7.7/10	About the same	- 0.1
Changes in who people see	7.1/10	About the same	- 0.4
Crisis Care	6.9/10	About the same	- 0.1
Treatments	7.5/10	About the same	- 0.4
Other areas of life	5.7/10	Better	+ 0.1
Overall views and experiences	7.4/10	About the same	-

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. It is noticeable that the gains made in last years (2014) survey were maintained in 2015. The Trust ratings are 'about the same' as national averages in eight of the nine domains and 'better' in one. The overall rating (6.8) is slightly down on last year's score.

3.3 ELFT 2015 NHS Staff Survey

The 2015 NHS Staff Survey results are encouraging with staff reporting high rates of job satisfaction and motivation, a strong sense of team working, a high level of support from line managers and good communication with senior managers.



Our score places us in the top five in the country for mental health and community trusts. Our staff engagement score remains high with a summary score of 3.93, well above the national average when compared with trusts of a similar type which is 3.81.

There are some excellent scores, and in some cases, the Trust has some of the best scores in the sector. For example, on staff looking forward to going to work, quality of appraisals, learning and development, and communication with senior management.

It is, however, a mixed picture as our lowest scores reflect that staff do not always feel there is the opportunity for career progression and consider there to be discrimination in the Trust. We also registered high scores for incidents of harassment, bullying and abuse. This area will be a particular focus of our action plan.

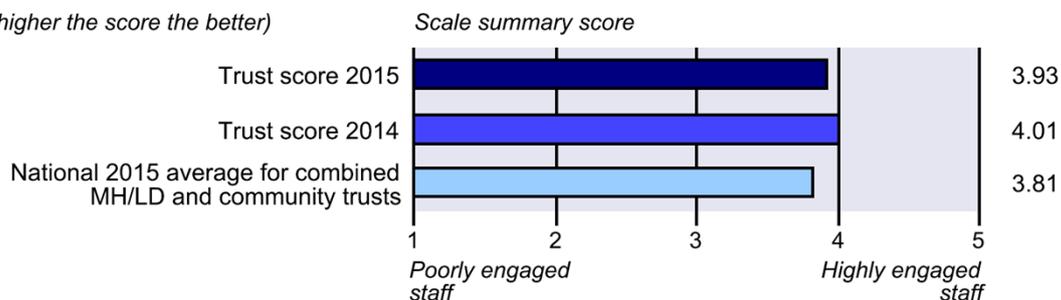
Our Quality Improvement Programme has supported staff throughout the Trust to really engage in making improvements in the workplace and I feel it has raised awareness and help us all to focus on tangible changes that add value to patient care and to our working lives.

Overall indicator of staff engagement for East London NHS Foundation Trust

The figure below shows how East London NHS Foundation 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. The trust's score of 3.93 was **above (better than) average** when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



The table overleaf shows how the Trust compares with other mental health/learning disability trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2013 survey.

ELFT Staff Survey data compared to 2014 and other trusts

	Change since 2014 survey	Ranking, compared with all mental health/LD and community trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Above (better than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment <i>(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.)</i>	• No change	✓ Above (better than) average
KF4. Staff motivation at work <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	✓ Above (better than) average
KF7. Staff ability to contribute towards improvements at work <i>(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.)</i>	• No change	✓ Above (better than) average
KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	! Below (worse than) average

Summary of 2015 Key Findings for East London NHS Foundation Trust

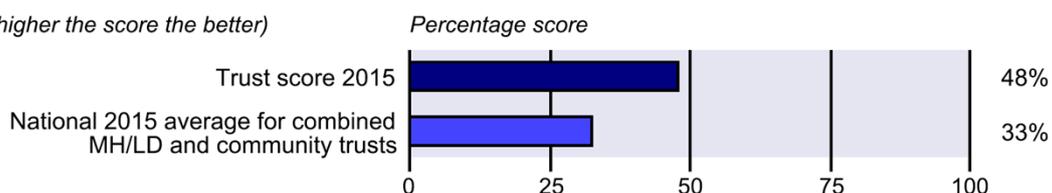
Top and Bottom Ranking Scores

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

TOP FIVE RANKING SCORES

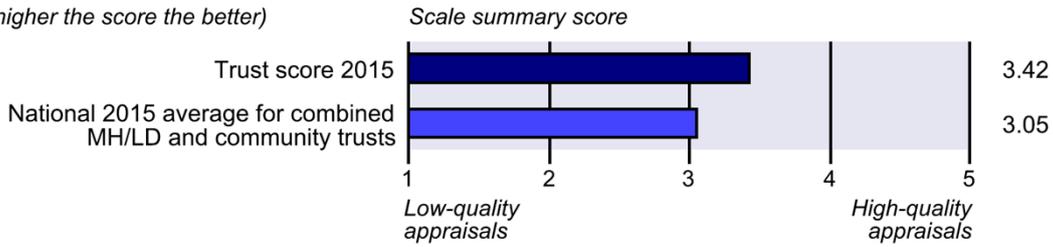
✓ KF6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



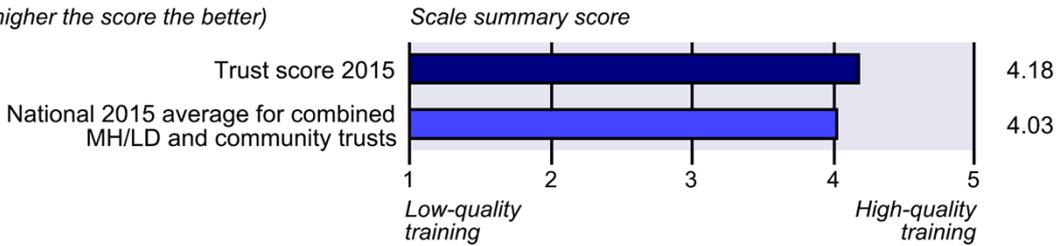
✓ **KF12. Quality of appraisals**

(the higher the score the better)



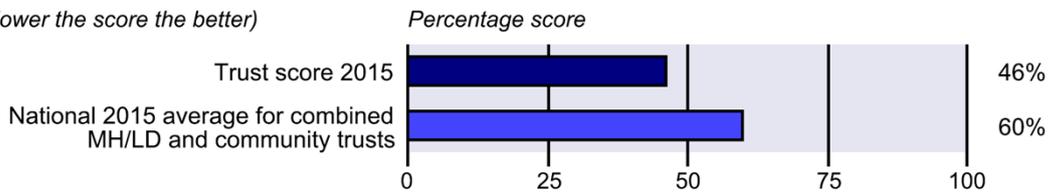
✓ **KF13. Quality of non-mandatory training, learning or development**

(the higher the score the better)



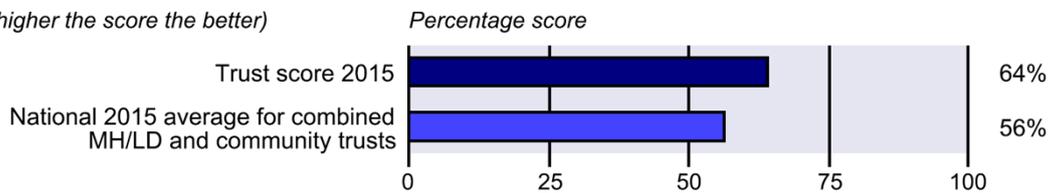
✓ **KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell**

(the lower the score the better)



✓ **KF15. Percentage of staff satisfied with the opportunities for flexible working patterns**

(the higher the score the better)



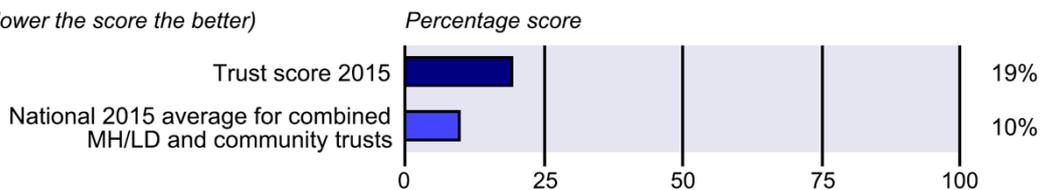
These data highlight the five Key Findings for which East London NHS Foundation Trust compares least favourably with other mental health/learning disability trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

BOTTOM FIVE RANKING SCORES

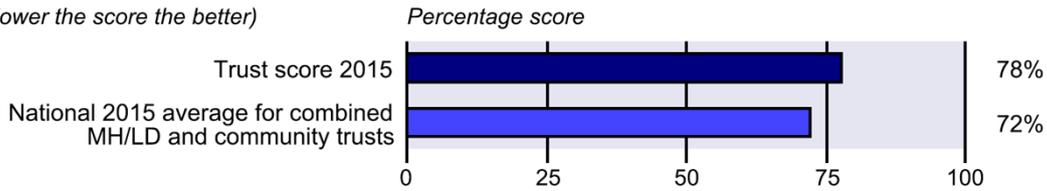
! **KF20. Percentage of staff experiencing discrimination at work in last 12 months**

(the lower the score the better)



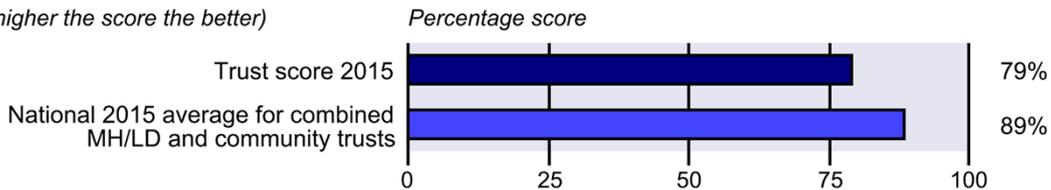
! KF16. Percentage of staff working extra hours

(the lower the score the better)



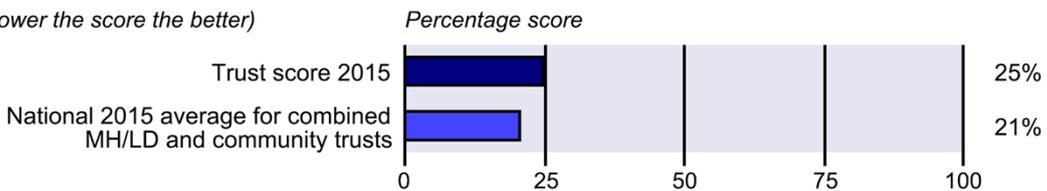
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



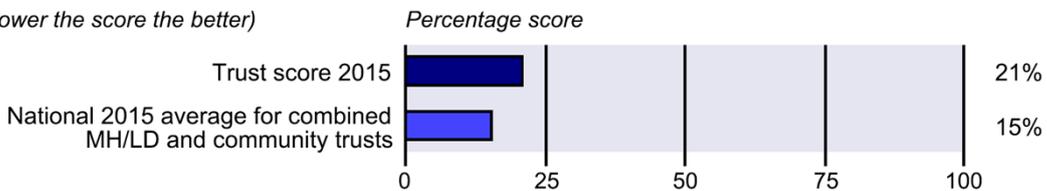
! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



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

(the lower the score the better)



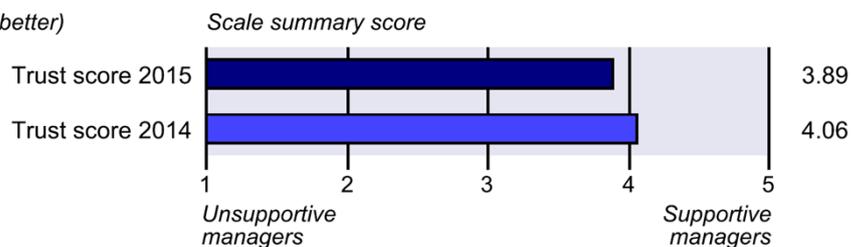
Largest Local Changes since the 2014 Survey

The following finding indicates where the trust has deteriorated most since the 2014 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer. However, when compared with other combined mental health / learning disability and community trusts in England, the score for Key finding KF10 is better than average.

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF10. Support from immediate managers

(the higher the score the better)



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 worked closely with a cross section of corporate and clinical staff to discuss the priorities that we should focus on in the coming year. We have collated a Trustwide 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 now have a dedicated area on the intranet for the NHS Staff Survey where you will find the Trustwide action plan for 2015/16. This page will be updated on a regular basis and will include links to all related topics. You can also give your comments on the web page.

We have already been working on delivering some of the priorities as per the action plan. There are four main themes that the Trust is concentrating on for the forthcoming year. These themes include Valuing Staff, Communication, Team Working and Fair Treatment. Some of the key actions include; developing a Reward and Recognition Strategy, improving communication channels for staff to engage with senior directors, driving forward the Leadership Strategy to focus on promoting the collective leadership model and continue delivering the priorities around Workforce Equalities Strategy. [Please visit the intranet to access the detailed action plan, click here.](#)

You can find the Trust's results here:

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2015_RWK_full.pdf

ELFT Internal Staff feedback 2015/16

The Trust rolled out the fourth quarter of the 2015/16 NHS Staff Friends and Family Test (FFT) in March 2016. The survey includes two mandatory questions along with a few local questions. A quarter of our workforce was randomly selected to take part in this survey:

1. How likely are you to recommend the Trust to friends and family as a place to work?

FFT Survey	Quarter 1 %	Quarter 2 %	Quarter 3 %	Quarter 4 %
Recommend	68%	71%	68%	75%
Not Recommend	12%	18%	11%	9%

2. How likely are you to recommend the Trust to friends and family if they needed care or treatment?

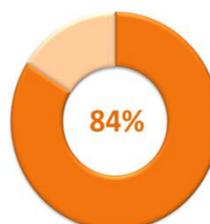
FFT Survey	Quarter 1 %	Quarter 2 %	Quarter 3 %	Quarter 4 %
Extremely Likely	73%	69%	65%	79%
Extremely Unlikely	4%	8%	8%	7%

Additional Local Questions

In addition to the above mentioned mandatory questions, staff provided feedback on the following areas



67% staff said that there was **effective communication** with local senior management



84% staff agreeing that they were **treated fairly** by their colleagues and managers at work

83% staff believed that there was **effective team working** in their area of work



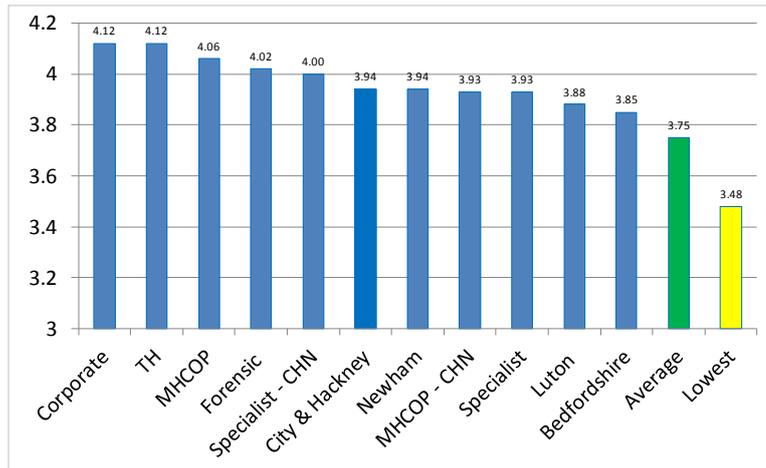
84% staff feeling that their **work was valued** by colleagues and their line manager



The Trust maintained its generally high scores. The Trust's score for the overall staff engagement indicator was 3.93, which places it 4th across mental health/community trusts (n=58). The Trust's ranking over the last three years is therefore as follows:

Year:	National ranking:
2013	4 th
2014	1 st =
2015	4 th =

The Trust's overall staff engagement score, and a number of other indicators, were lower than 2014. This is mainly due to the inclusion of Luton & Bedfordshire services in this year's survey. The graph below shows the scores in relation to other directorates (and compared to the national average and lowest score nationally):



Although lower than other directorates, scores in Luton & Bedfordshire are well above the national average, and have increased since 2014 (as shown below) This is positive given the short time that the Trust had managed the services at the time of the survey (6 months), and the amount of organisational change that the services are undergoing.

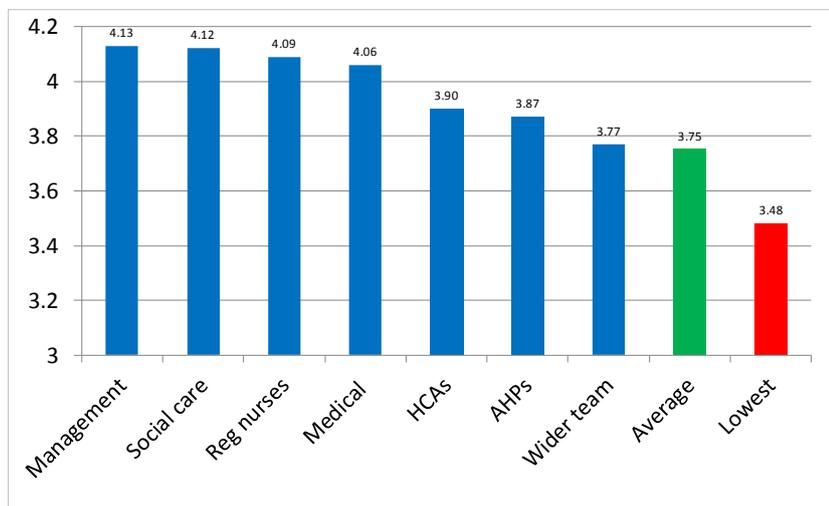
	2014 (combined score)	2015
Luton	3.81	3.88
Bedfordshire	3.81	3.85

The Trust was still able to gain a number of scores that were the best in its category (mental health and community providers), i.e.:

- Communication with senior management
- Quality of appraisals
- Quality of non-mandatory training, learning or development
- Pressure to attend work when unwell
- Flexible working

As the Trust's overall scores are less useful as a comparison to previous years, due to both the changed composition of the Trust workforce, and changes to key findings, focus has been on analysing raw scores at question level for each directorate.

Scores are also broken down by profession, which also shows variation, although all groups are above the national average. Action plans are in place for each staff group, and are being refreshed.



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).
- As a result of the above, the Trust has a small number (4) of areas as a framework for action:
 - valuing staff
 - communication
 - team working
 - fair treatment

The 2015 results have been widely distributed in the Trust, and presented to the Trust Board, 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 2015 results have been 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.

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.

A high-level summary of key areas of focus is set out below. This includes a mixture of initiatives already in place and working well and new developments.

Theme:	Action:	Timescale:
Valuing staff	The Trust will continue to run its staff recognition programme, through monthly directorate employee/team awards and the annual staff awards.	On-going. Annual staff awards ceremony in November 2016.
	A Reward and Recognition Strategy will be developed, which will capture the range of initiatives used across the Trust, and promote more consistent use of best practice. This will include a new scheme for recognising long service.	July 2016
Communication	All directorates to review their two-way communication channels in order to provide a consistent standard across the Trust	June 2016
	Increase the opportunities for executive directors to meet groups of staff, with focus on areas where staff experience is less positive	May 2016 and on-going
	Further development of the new staff intranet in order to improve electronic communication and two-way engagement with staff	July 2016
Team working	The Trust continues to develop and implement a Leadership Strategy based on the collective leadership model.	On-going
	Team “away days” and reflective practice sessions for teams will continue to be rolled out across the Trust. General guidance on format and content to be developed.	On-going
	OD interventions and support to be made available for teams	September 2016
Fair treatment	The Trust continues to deliver the Workforce Equalities Strategy, which incorporates actions in relation to the Workforce Race Equality Standards (standards which measure the difference of experience between BME and white staff in particular areas)	On-going.
	Additional support to be provided to Disability, LGBT and BME networks in order to produce recommendations for action	May 2016
	Increased range of training and development opportunities (i.e. BME mentoring, reverse mentoring, unconscious bias training)	In place and on-going

Actions have also been developed for the Trust’s bottom five ranking scores (although it should be noted that the Trust’s scores are similar to the average for London mental health trusts, as shown below).

Indicator:	Trust score:	London MHT average:	Analysis:	Action:
Physical violence from patients, relatives or the	21%	19%	Spikes experienced in Hackney and Luton & Bedfordshire during the time of the survey	QI Violence collaborative currently being spread to Newham and Hackney.

public				
Harassment, bullying or abuse from managers/staff	25%	24%	75% of staff report experiencing 1-2 incidents in the last year. High scores in areas with operational challenges, and in certain staff groups (healthcare assistants, admin, female and disabled staff). There is a strong correlation with the view of general support provided by line management.	Leadership strategy and first line managers development programme to focus on inclusive leadership Develop a framework for learning from Bullying & Harassment cases and provide input into management development programmes
Discrimination at work (from patients, relatives, public or other staff)	19%	18%	Decreases seen in areas where QI violence programmes have been successful High scores in areas with operational challenges, and in certain staff groups (healthcare assistants, admin, female and disabled staff) Mainly reported to be on the grounds of race (9%), gender (5%) and age (4%), although research shows the biggest area nationally is disability.	QI Violence collaborative currently being spread to Newham and Hackney. Leadership strategy and first line managers development programme to focus on inclusive leadership Specific initiatives about various aspects of discrimination reported (i.e. secondment process, sickness management for disabled staff)
Equal opportunities for career progression or promotion	79%	80%	Significantly lower scores for BME staff	QI project to improve BME career progression BME mentorship and reverse mentorship programmes commenced
Working extra hours	78%	76%	Includes both paid and unpaid hours. From 2014, there has been an increase in staff working additional paid hours (+8%) and a decrease in staff working additional unpaid hours (-2%)	Further research as to the causes of staff working additional unpaid hours and joint working with staff representatives to explore solutions

3.4 Complaints & Patient Advice and Liaison Service's Annual Report 2015/16

EXPECTED - 18.05.16

3.5 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 bi-monthly Quality Committee, Patient Participation Committee and the Patient Experience Committee meetings.

3.6 Joint Statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs)

TBC

3.7 Statement from NHS Bedfordshire Clinical Commissioning Group (CCG)

TBC

3.8 Statement from Tower Hamlets Healthwatch

TBC

3.9 Statement from Tower Hamlets Overview and Scrutiny Panel

TBC

3.10 An Explanation of any Changes Made

UPDATE

3.11 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Trust Secretary, 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>)

3.12 2015/16 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 2010 to prepare Quality Accounts for each financial year. Monitor 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 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*;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes for the period April 2015 – April 2016
 - Papers relating to Quality reported to the Board over the period; April 2015 – April 2016
 - Feedback from governors dated; TBC
 - Complaints & PALS Annual Report TBC
 - Mental Health Community Survey 2015 service users survey, issued in September 2015
 - National NHS staff survey 2015, issued in February 2016
 - Care Quality Commission Intelligent Monitoring Report, dated TBC
 - the Head of Internal Audit's annual opinion over the trust's control environment, dated TBC.
 - Statement from Newham Healthwatch received TBC
 - Joint Statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs) received TBC
- 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 Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

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

By order of the Board

.....Date.....Chairman

.....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	East London NHS Foundation Trust

Foundation Trust (ELFT)	
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

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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