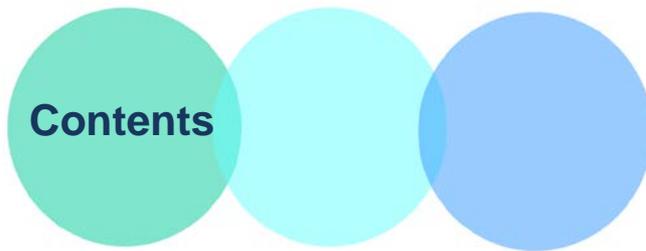


DRAFT
May 2017





Contents

Achievements

Executive Summary

Part 1 – Statement on Quality

- 1.1 Statement on Quality from Dr Navina Evans, 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
- 2.3 Review of Services
- 2.4 Participation in Clinical Audits
- 2.5 Research
- 2.6 Goals Agreed with Commissioners - CQUINs
- 2.7 What Others Say about the Trust – CQC inspection report
- 2.8 Data Quality
 - 2.8.1 Information governance Toolkit attainment levels
 - 2.8.2 Clinical Coding Error Rate

Part 3 - Quality Performance 2016/17

- 3.1 Review of Performance 2016/17
 - 3.1.1. Quality indicators for 2016/17
 - 3.1.2. Positive Stories from across the Trust
- 3.2 Patient Feedback
 - 3.2.1 Reported Experience Measures (PREM)
 - 3.2.2 Complaints and PALS Report
- 3.3 Staff Feedback
 - 3.3.1 Staff Survey
 - 3.3.2 Staff Friends and Family Test
- 3.4 An Explanation of Which Stakeholders Have Been Involved
- 3.5 Joint Statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs)
- 3.6 Statement from Tower Hamlets Healthwatch
- 3.7 Statement from Tower Hamlets OSC
- 3.8 An Explanation of any changes made to Quality Accounts Report
- 3.9 Feedback
- 3.10 2016/17 Statement of Directors' Responsibilities

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

Glossary

Contact with the Trust





Awards & Achievements 2016/17

The Trust is proud of the achievements made over the last year, here are some of the most significant:

HSJ Awards 2016

Provider Trust of the Year – winner
Clinical Research Impact – Shortlisted

HSJ Value in Healthcare Awards 2016

Training and Development – Highly Commended
Mental Health – Shortlisted
Community Health Redesign – Shortlisted

BMJ Awards 2016

Education Team of the Year – Winner
Nursing Times Awards 2016
The Prince of Wales Award for Integrated Approaches to Care – Shortlisted

Positive Practice Awards 2016

The London Pathways Partnership (LPP) – Winner
(Health, the Emergency Services and Criminal Justice category)
Early Intervention – Shortlisted

Royal College of Psychiatrist' Awards 2016

Team of the Year for Child and Adolescents – Newham Child and Family Consultation Service – Winner
Psychiatric Trainer of the Year – Dr Ian Hall, Consultant Psychiatrist – Winner
Team of the Year – Tower Hamlets Adult Mental Health Inpatient Team – Shortlisted

HSJ Awards 2016

Provider Trust of the Year – Winner
Clinical Research Impact – Shortlisted

NHS Employers 2017

Annual Flu Fighter Award – Shortlisted
(Most improved flu fighter campaign)

Patient Safety Awards 2017

Mental Health Category
Mental Health Street Triage project - Shortlisted

Health Service Journal (HSJ) 2017

Value in Healthcare award
Mental Health Street Triage project – Shortlisted
Medical Unexplained Symptom project – Shortlisted

UK Rail Industry Award 2017

Back on Track project (Corporate Social Responsibility category)
Awarded to KeolisAmey Docklands in partnership with ELFT



Executive Summary

The Quality Accounts Report is an important tool for strengthening accountability for quality within our organisation. In this report you will see how the Trust has worked hard to ensure that resources and energy are focused on improving the quality of the services we provide and ensuring they are sustained, putting our service users and staff at the heart of all we do.

We have made a commitment to quality of care being our foremost priority. This is embodied in our mission to provide the highest quality mental health and community care in England by 2020. This document demonstrates both our ongoing commitment, and the progress we are making towards this challenging goal.

The report is in three parts. Part 1 contains the statements from the Chief executive and the Medical Director. Part 2 sets out progress against our quality priorities for 2016/17 and looks ahead to 2017/18 and sets out the Trust's 'Priorities for Improvement'.

Part 3 of the report provides a review of quality performance in 2016/17. Where possible we present the data together with comparative information so that you can see how well the Trust is doing against previous levels of performance and alongside our NHS colleagues.

Part 1 – Statement on Quality

1.1 Statement on Quality from Dr Navina Evans, Chief Executive



2016-17 will go down in memory as an exceptional year in the history of the Trust. Attaining a CQC 'Outstanding' rating has made us so proud and is recognition of the consistent attention to detail of staff to provide healthcare that is thoughtful and effective, and truly supports people in their recovery.

The work of the Trust in improving the quality of the care we provide was further recognised by a number of awards we have received in the last 12 months most notably, the HSJ's Provider Trust of the Year.

Providing good quality services is only possible if you have a supported and motivated workforce, so we were pleased that our Staff Survey scores were again in the top five for the fourth year running. Thank you to all staff

who took the time to share their views. This is a vital tool for us to understand staff experiences at work and to help us improve.

The overall results are very positive and feedback from suggests that we have improved on a significant number of key areas. The results also raised some areas where we need to continue to improve. Our staff engagement is high at 3.95 out of 5.0, this is well above the national average which is 3.80 for similar Trusts.

Our QI programme launched four years ago. With most services and teams involved in a QI project, QI has become a mainstream part of the work of the Trust. As projects are led by staff and areas of potential change are identified by teams, the impact and benefits to patients are immediate and sustained as it involves everyone.

As well as our quality improvement programme, we have succeeded in meeting key local and national standards and Commissioning for Quality and Innovation (CQUIN) standards. I want to thank staff for their tremendous efforts this year which has seen the Trust hit green on all our key performance indicators.

In 2017/18, we will be building on the progress made in integrating services in Bedfordshire and Luton into the organisation. We have enhanced clinical leadership and introduced new systems and processes to support clinical practice and provide staff with the tools they need to provide high standard care.

Going forward, we will be working more closely with partner organisations both at a local level within our local boroughs and regions, and on a broader scale within two Sustainability and Transformation Plan areas in London and Bedfordshire. This represents another opportunity to share our learning with others, learn from partners and look at quality measures to ensure we make the best use of our joint resources to the satisfaction of patients and their families. In particular, with the addition of our new community health service workforce in Tower Hamlets, we will be looking at new ways of working in a community setting and new models of care.

The last 12 months have been a remarkable period for the Trust. We need to work together now to ensure that we stay focused and continue to deliver sustained high quality care to every patient who needs our input, their families and our communities.

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



2016/17 has proved to be another exciting year for us as an organisation. The continued work to transform services in Luton and Bedfordshire, to meet the needs of the local population, has entered year two, with tangible success. Our work around quality improvement continues apace, and we continue to work closely with our partners the IHI; and look to share, and seek out, ideas and innovation nationally and internationally.

We have received an outstanding rating from the Care Quality Commission (one of only two providers of Mental Health services to receive such a rating) and an HSJ Provider of the Year award are this is testament to the tremendous efforts of our staff - do we really need to do anything differently?

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

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



Part 2 – Priorities for Improvement

2.1 ELFT Quality Strategy

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

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

Our Quality Strategy is the plan we have for providing the highest quality mental health and community care in England for patients by 2020. The strategy reflects our core values.

To deliver the strategy we need to:

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

Quality assurance

While we have placed great emphasis on supporting the organisation to develop an improvement focus and culture over the last two years, our success in achieving high levels of care for our service users depends on bringing together our efforts in research, assurance and quality improvement to meet our strategic goals.

Strengthening our programme of quality assurance is particularly important to make sure we continue to meet key local and national standards. This includes ongoing internal inspection, clinical and service-user led audit, using patient experience feedback to drive local improvement, building different ways to support learning from experience and sharing of knowledge, and assuring effective implementation of NICE clinical guidelines.

Quality Control

We now have established systems of quality control, with our quality and safety dashboard tracking key measures, and reported regularly to the Trust Board.

2.2 Quality Priorities 2017/18

Quality Improvement context

East London NHS Foundation Trust has a **mission** to:

‘Provide the highest quality mental health and community care in England’

We have two broad aims to help move us towards achieving our goal:

1) Reduce harm by 30% each year, by tackling the ‘big safety issues’:

- Reduce physical violence
- Reduce falls
- Reduce restraints
- Reduce medication errors
- Reduce harm from pressure ulcers

2) Right care, right place, right time

- Improve patient and carer experience
- Reduce delays and inefficiencies
- Improve reliability of evidence-based care
- Improve access to care at the right location

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

Current 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.

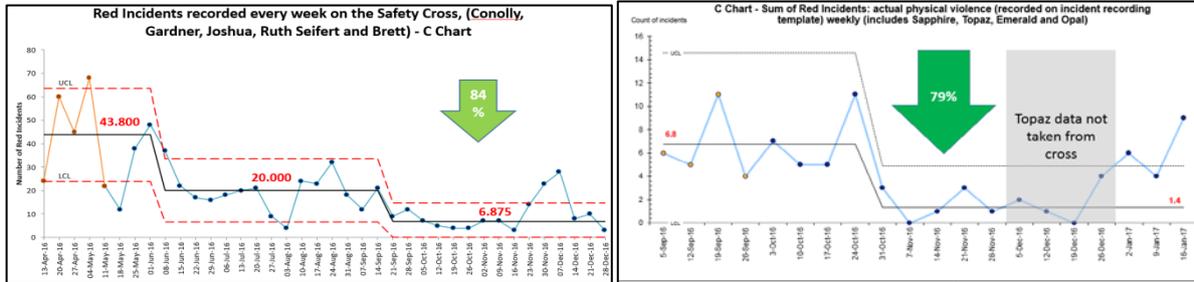
The current four Trust-wide priority areas of QI work have been determined by this dual process of identifying common themes emerging from the frontline projects and identifying issues of strategic importance for the Trust.

The priority areas are approved by the Board on an annual basis.

Progress against this year's key priorities (2016/17)

1. Scaling up and spreading the violence reduction work across other directorates

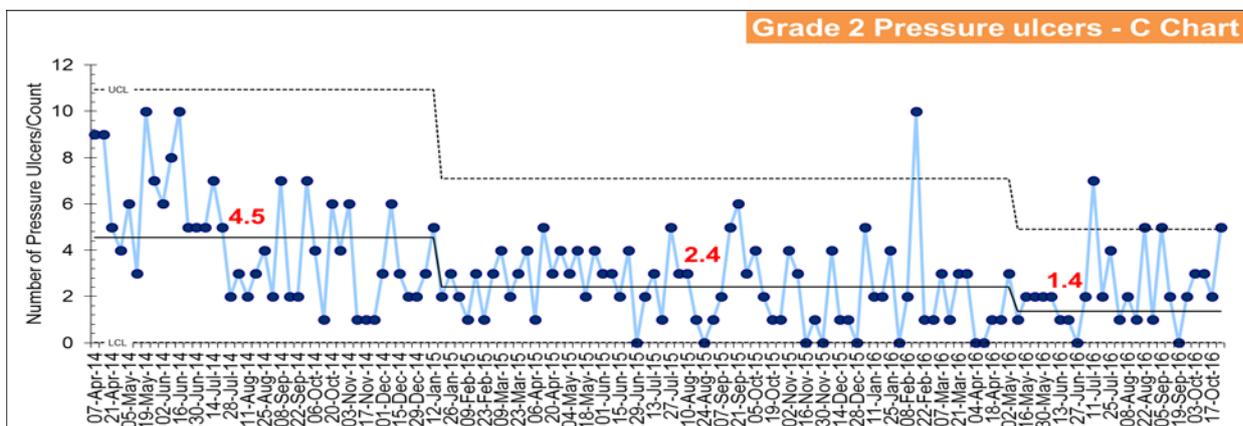
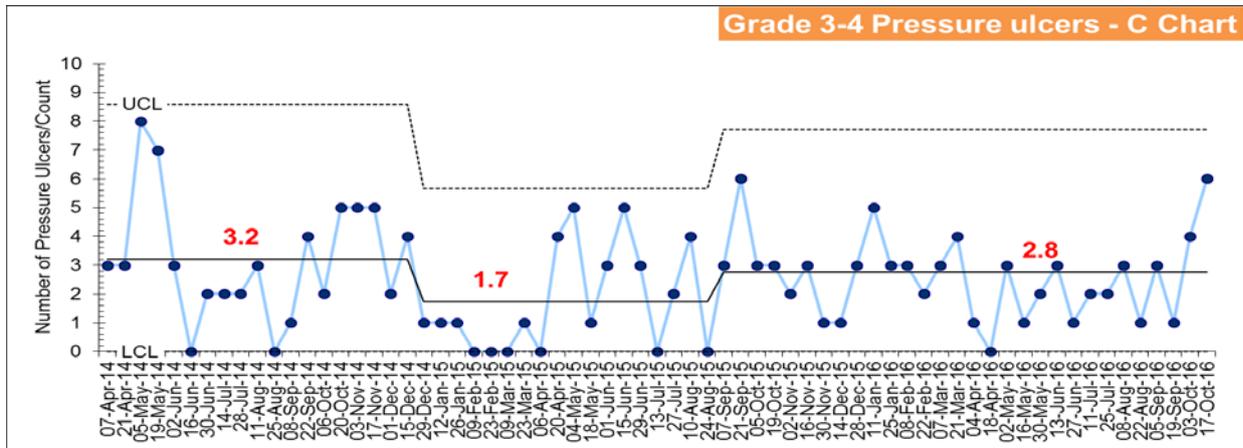
The violence reduction collaboratives continue to operate in City and Hackney and Newham. City and Hackney are observing an 84% reduction in violence across 5 wards whilst Newham have observed an initial reduction of 79%.



A forensics violence reduction collaborative is now operating in Forensics. A formal dashboard is now live and meetings have commenced.

2. Re-energising the pressure ulcer work with more direct care staff involvement

Overall we continue to observe a 12% reduction in the number of grade 3-4 pressure ulcers since the QI project began in 2014. However, we are now observing increased variation in the number of reported grade 2 pressure ulcers since June 2016. The EPCT management team are currently investigating potential causes for this.



In addition to making clinical RAG rating meetings reliable, current work in the EPCT is focused on 3 areas. The first of these is retention of staff, which is seen to be a critical driver in pressure ulcer prevention and is now a QI project in its own right. The second of these areas is bringing Waterlow assessment completion rates back under control. Reliability of this process is now improving and currently stands at 92%. The third area is proactively working with patients with a high risk of recurrent pressures. Clinical practice leads will be taking change ideas forward once RAG rating meetings are reliably re-established.

3. Continuing the access learning system, which has only been in operation since April 2015

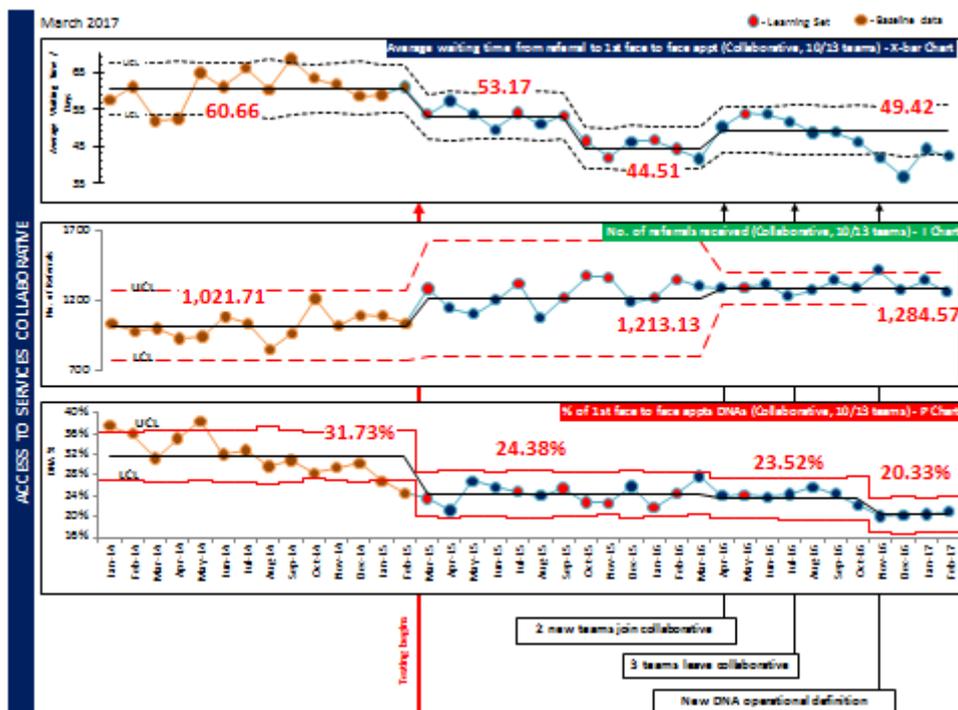
The improving access to services learning system was formed in March 2015. The aim of the learning system has been to bring together quality improvement projects from across the Trust working on:

- Reducing Wait Times - Average days from referral accepted to first face-to-face contact
- Reducing DNA Rates - DNAs before first face-to-face contact / total number of appointments booked (excluding cancellations)
- Increasing New Referrals - Total number of referrals received from external referrers (non-ELFT)

Over the past two years, the teams have tested out a variety of different change ideas with the aim to develop a change bundle that can be shared across the wider Trust.

The teams that are part of the learning system have already achieved some fantastic results. To date across ten of the thirteen teams within the learning system we have seen a 19% reduction in average waiting times despite there being a 26% increase in the number of new referrals. In addition the teams have achieved a 40% reduction in first face to face DNAs.

The data below sets out progress in adult community mental health teams, and forms part of the dashboard for monitoring the progress of the project.



IMPROVEMENTS SO FAR

	Community Mental Health Teams (CMHTs)		Psychological Therapy Service (PTS)			Other			
	City & Hackney	Tower Hamlets	City & Hackney	Tower Hamlets	Newham	Enhanced Primary Care Liason Team Clinic	MSK Physio	Specialist Health Visiting	Sexual and Reproductive Health Clinic
Waiting Times from referral to 1 st appointment	↓ 49%	↓ 50%	* ↓ 23%	* ↓ 63%	↓ 18%	-	-	-	-
No. of referrals received	↑ 129%	↑ 25%	* ↑ 25%	↓ 18%	↑ 27%	-	-	-	-
First appointment non-attendance	↓ 36%	↓ 18%	-	* ↓ 35%	↓ 50%	-	↓ 43%	↓ 22%	↓ 21%

* = bi-weekly data

4. Reducing cardiovascular risk for people with severe mental illness through supporting physical health work across the Trust on health promotion interventions

The QI team is currently supporting three QI projects within the forensic service that are focusing on reducing cardiovascular risk for their service users. Ludgate, Clissold and Woodbury wards, at Wolfson House Low Secure Forensic Services, are all focusing on increasing physical activity and reducing weight and we are currently thinking about how we build a collaborative around these times to that we can share and maximise learning.

Looking ahead - Strategic Priorities for 2017/18

As part of our transition to a more systematic way of aligning improvement work to strategic priorities, we will be moving towards a small number of strategic Trust-level priorities which will be delivered through rigorously designed and run improvement projects with a greater level of support from the central QI team. Most team-level improvement work will now align with directorate-level priorities, with support coming from local improvement coaches and sponsors.

The five strategic priority areas for the coming year, following consultation with our stakeholders, are proposed to be:

1. Reducing inpatient violence
2. Improving access to community services
3. Improving joy in work

4. Recovery-focused community mental health services
5. Improving value for money

Collaborative learning systems and project boards chaired by an executive director will be set up for each of these areas to provide line of sight with local testing and learning.

Progress will be monitored via our Quality and Safety Dashboard of key metrics, and a regular Quality Report to the Trust Board.

Local directorates are being supported to develop a quality planning cycle which will help identify local quality priority areas, based on the views of service users, carers and staff as well as all available data and intelligence.

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 5,500 permanent staff and has an annual income of £349m.

During 2016-2017 the East London NHS Foundation Trust provided and/or sub-contracted 165 relevant health services. ELFT has reviewed all the data available to them on the quality of care in 165 of these relevant health services. The income generated by the relevant health services reviewed

in 2016-17 represents 100% of the total income generated from the provision of relevant health services by the East London NHS Foundation Trust for 2016-17.

East London – at the vanguard of integrated care

During 2016/17, the Trust has continued to work with partners to develop more integrated health and care services that place service users and carers at the centre and promotes life as well as health outcomes. across all of the boroughs in which we provide services, we are working with service users and carers, GP's, hospitals, other community and mental health providers, and councils and the voluntary sector to identify how best to organise services around people and communities: joining up primary and secondary care, health and social care, mental and physical health care. We are also working across two Sustainability and Transformation Plan areas, North East London and Bedfordshire Luton and Milton Keynes, both of which have designing and delivering integrated accountable care services as priorities. Whilst each borough is designing services around the specific needs of their populations, there are a number of similar features in the design of new integrated services across boroughs, and as we provide services in a number of boroughs we are working to both ensure we share learning and that mental health is kept at the heart of the thinking.

In Tower Hamlets, moving into its third year as a multi-specialty community provider vanguard, we have worked with the GP Care Group, Barts Health NHS Trust and the Council to deliver the best performance on emergency admissions to acute hospital of all of the vanguards, keeping more people at home more effectively. Our integrated care mental health nurses working as part of locality based multi-disciplinary teams, consultant and occupational therapists working in care homes have provided support to service users with complex mental and physical health needs and to the district and care home nurses supporting them. Our psychiatric liaison services have provided a comprehensive mental health and drug and alcohol service to the Royal London Hospital, delivering a statistically significant reduction in the length of time people with mental health problems stay in hospital over the course of this year.

In Hackney and the City, we have worked with the GP Confederation, the Homerton Hospital and the Council to deliver mental health nursing into the One Hackney and City programme, providing coordinated whole person care to people at risk of admission to hospital, and through dementia, talking therapies and CAMHS alliances. We are continuing to work with Hackney partners through the devolution pilot to develop new ways of delivering support through locality based multi-disciplinary teams with streamlined access.

In Newham we continue to work with GPs, Barts Health NHS Trust and the Council to deliver high quality community and mental health services for people with complex needs, through improved MDT working with practices and rapid response for people in need of more urgent support in their own home.

Across all of the boroughs in which we work, in response to the context of the STP's, we are beginning to consider how we can develop the contractual infrastructure and financial flows that appropriately incentivise integrated care delivery.

Bedfordshire and Luton – continued service development to meet local needs

Improvements to Inpatient Services

In year 2, we have continued to enhance our in-patient services, now providing single-sex accommodation to all acute in-patient services. A stabilised leadership structure is in place and improved staffing is reducing use of bank and agency staff. Bedfordshire in-patients will no longer be provided in Weller Wing, Bedford, a building identified by the CQC as inappropriate.

By the end of March 2017, we will have closed Townsend Court, a unit for older people with dementia and this will be reopened as an adult acute in-patient service for women. For Bedfordshire and Luton, older people's in-patient services will now be provided at Poplars (functional illness) in Houghton Regis, or Fountains Court (organic/functional illness) in Bedford.

We are consulting on the rehabilitation service based in London Road, Luton, with a proposal to move from a bed based model of Rehabilitation to an enhanced non bed based community support model.

Community Mental Health Services

Transformation of our Community Mental Health Services is well underway. Within Luton the teams have increased to four CMHTs, incorporating the Assertive Outreach Team and Primary Care Link workers bridging the interface between Primary and Secondary care services are established and are being received positively. Similar work has commenced in Bedfordshire. Teams are engaged in developing new ways of working to improve the outcomes for people accessing the service and operational policies and procedures are being reviewed to support the governance of the new services.

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 service came into being on 1 November 2015 providing specialist care for patients aged 16 or older. The service now provides a maximum 2 hour waiting time for Urgent referrals and the outcome of the bid to extend the service to achieve Core 24 principles, 1 hour max waiting time is expected shortly.

Integrated care

In Luton we have begun working with Cambridgeshire Community Services NHS Trust and GPs to consider how mental health can be integrated into the primary care home model they are piloting as part of the National Association of Primary Care pilot.

In Bedfordshire, we are working with GPs, the Council and South Essex Partnership University NHS Foundation Trust to pilot a more integrated multi-disciplinary approach in Iwel Valley as a starting point for further work across Bedford county and borough.

Other service developments

A review of the proposed model for Specialist Learning Disability service has been completed and the service now operates through a single point of access, as one specialist team for people in Luton and Bedfordshire.

As part of a pilot we have been providing a Street Triage service with Bedfordshire Police and the Ambulance service. This is currently being reviewed, the hours of operation may be extended as a result of the review and due to the positive feedback so far, it is expected that the model will continue to be delivered next year.

Bedfordshire Academy

The Recovery College was launched in May 2016 and continues to grow, providing a range of workshops/learning opportunities across Bedfordshire and Luton. Links with Bedfordshire University have been established, improving nurse learning experiences and good recruitment opportunities for nurses in our local services.

Break the Stigma Campaign

The Break the Stigma Campaign has made great progress in year 2, reaching into Schools and Colleges as well as working within communities and wider services, as well as receiving extensive media coverage.

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 2016/17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of **three** national clinical audits (POMH 7e & 11c and AEIP), and **one** national confidential enquiry (NCISH) were reviewed by the provider in 2016/17. The Trust develops specific action plans for each audit report which are managed and coordinated through either the Quality or Medicines Committees.

During that period the Trust participated in **100%** (four out of four) 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 2016/17 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
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	NCEPOD Ground Floor Abbey House 74-76 St John Street London EC1M 4DZ
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION	
	Teams	Submissions	Teams	Submissions
POMH 1d & 3d: Prescribing high doses and combined antipsychotic *Data collection still underway (March), report due July 2017	38	484	TBC teams still in data cleansing	TBC submissions still in data cleansing
POMH 7e Monitoring of patients prescribed lithium	8	21	829	5182
POMH 11c Prescribing antipsychotic medication for people with dementia	11	185	508	10199
POMH 16a Rapid Tranquillisation *Report due June 2017	7	36	300	2000

The reports of **seventeen** local clinical audits were reviewed by the provider in 2016/17 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 Quality Committee.

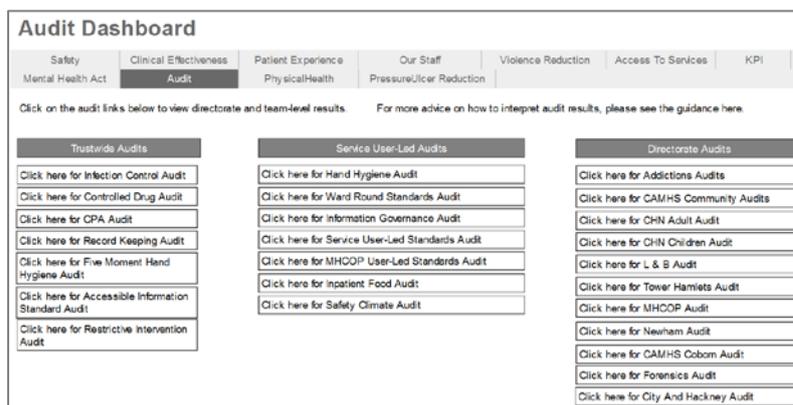
Audit Priority	Lead Committee	Directorate
CPA and Risk Assessment Audit	Quality Committee / CPA Group	All mental health
Record Keeping Audit	Quality Committee / Health Records Development Group	All
Medication Audits – Controlled Drugs, Prescribing, Administration and Rapid Tranquilisation	Quality Committee / Medicines Committee	All
Infection Control Audit	Quality Committee / Infection Control Committee	All
Hand Hygiene Audits – Five Moments, and Service User-observed	Quality Committee / Service Delivery Board	All inpatient units
Accessible Information Standard	Quality Committee	All
Restrictive Interventions Audit	Quality Committee	All inpatient units
Mental Health Act (including Consent to Treatment)	Quality Committee / Mental Health Act Committee	All
10 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All
Community Treatment Orders	Quality Committee / Mental Health Act Committee	All community teams

Auditing for Improvement

This year the Quality Outcomes and Experience Team have carried out a major reshaping of the Trust's audit process to create a system that enables maximum focus on improvement by equipping them with quick access to clear data, and a robust system for planning and tracking actions.

Early in the year, the Trust moved to reporting audits entirely by means of time series analysis to enable services to track their progress over time on each standard. In addition, this quarter saw Luton and Bedfordshire become fully aligned to the ELFT audit programme with the launch of their directorate audit and participation in Infection Control and Service User-observed Hand Hygiene audits.

Following this, in Q2, the Trust developed and rolled out a new system for tracking change ideas emerging out of audit findings with the goal of ensuring that the Trust's Clinical Audit programme is built for continuous improvement. Each directorate appointed an audit lead and was given local ownership over an "Audit Action Tracker". Directorates are now responsible for populating and following up actions emerging out of audit findings, and uptake of this process is reported to Trust Quality Committee every quarter.



Complementing this, significant work took place to bring audit reporting online into the new "Quality and Performance Dashboards", alongside other data such as patient experience feedback. These represent a significant step forward for transparent audit data at ELFT, providing quicker access to results, displaying all audit standards in time-series charts and offering team-level data for the first time.

In addition to the automation of data, the Quality Outcomes and Experience Team has developed a network of audit leads covering the whole Trust to promote and embed consistent clinical audit practice across the Trust. The main benefit of this effort has been to drive up the number of change actions arising out of audit results and to improve awareness of areas of low compliance. All directorates have participated in change planning based on audit findings this year. This is evidence of increased engagement with clinical audit as a result of the innovations made this year.

To close the loop between smart data and a comprehensive network of audit leads, the Trust has also just introduced "Audit Summary Reports" to provide dedicated feedback to each directorate to inform their discussions about audit. These Summary Reports condense a

Case Study: How ELFT CAMHS use audit to improve services

CAMHS' proactive audit process involves interrogating their data regularly and testing change plans to drive down non-compliance. A team of audit leads meets regularly to plan their response to audit data, linking closely with the central audit team for support around data display, interpretation and action tracking. CAMHS collects audit data via informatics on a monthly basis which allows for more data points and the ability to see changes more quickly.

During the year, CAMHS teams made a number of changes to their processes to improve compliance with standards. They began laminating treatment standards for clinicians, standards were included in induction packs, and caselists were distributed among clinicians with gaps highlighted. Around this time compliance with risk assessment completion began to jump up markedly leading initially to a trend, then a shift in a positive direction.

The drive towards greater compliance with core record keeping standards also revealed some thornier underlying problems which were contributing to lower results. It was felt that these issues would benefit from the more concerted focus of a QI project. For example, the directorate plans QI projects around reducing inactive caseloads and reducing the number of patients with no next appointment.

CAMHS directorates that have now reached a position of strong compliance are continuing to devise change plans to sustain this level. Despite compliance approaching 90%, City & Hackney services introduced a reminder checklist in the new patient folder at the assessment clinic. By maintaining momentum on core standards, CAMHS have sustained the gains they made earlier in the year.

large array of data into the key highlights, helping clinicians quickly see: where to celebrate success, where to focus improvement action and when to share learning.

Audit Summary Report

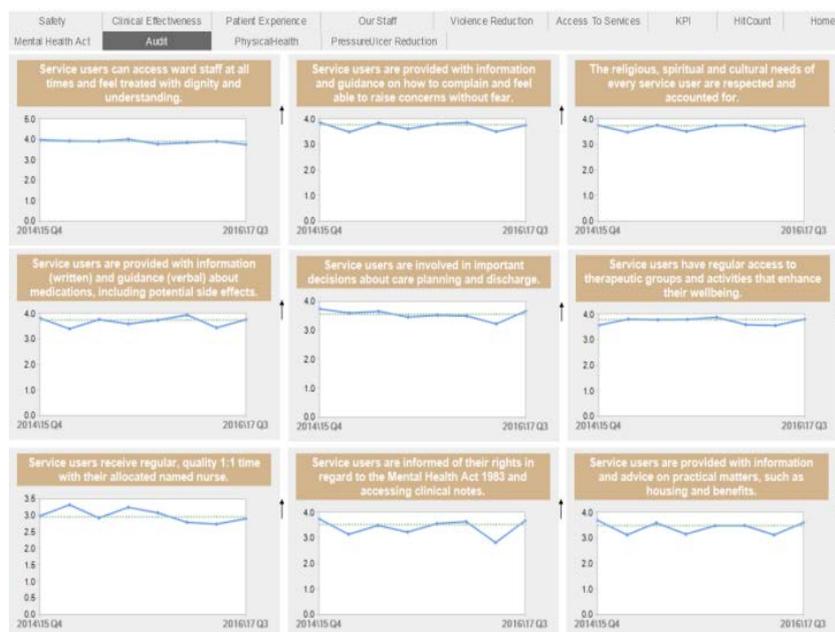
Forensics

Participation	Key Messages	Success Stories																																																																		
<p>Teams taking part within the audits:</p> <p>Central Audit - Infection Control</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bow Ward</td><td>Limehouse Ward</td></tr> <tr><td>Broadgate Ward</td><td>Loxford Ward</td></tr> <tr><td>Butterfield Ward</td><td>Ludgate Ward</td></tr> <tr><td>Clerkenwell Ward</td><td>Morrison Ward</td></tr> <tr><td>Clissold Ward</td><td>Victoria Ward</td></tr> <tr><td>East India Ward</td><td>Westferry Ward</td></tr> <tr><td>Hoxton Ward</td><td>Woodbury Ward</td></tr> </table> <p>Central Audit - Controlled Drugs</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bow Ward</td><td>Loxford Ward</td></tr> <tr><td>Broadgate Ward</td><td>Ludgate Ward</td></tr> <tr><td>Butterfield Ward</td><td>Moorgate Ward</td></tr> <tr><td>Clerkenwell Ward</td><td>Morrison Ward</td></tr> <tr><td>Clissold Ward</td><td>Shoreditch Ward</td></tr> <tr><td>East India Ward</td><td>Victoria Ward</td></tr> <tr><td>Hoxton Ward</td><td>Westferry Ward</td></tr> <tr><td>Limehouse Ward</td><td>Woodbury Ward</td></tr> </table> <p>Central - Audit CPA Audit</p> <p>Sample of 50 cases across Forensic CMHT Teams</p> <p>Directorate Audit</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr><th>Team</th><th>Cases audited</th></tr> </thead> <tbody> <tr><td>Bow ward</td><td>5</td></tr> <tr><td>Broadgate</td><td>5</td></tr> <tr><td>Butterfield</td><td>5</td></tr> <tr><td>Clerkenwell Ward</td><td>5</td></tr> <tr><td>Clissold Ward</td><td>5</td></tr> <tr><td>East India Ward</td><td>5</td></tr> <tr><td>Hoxton Ward</td><td>30</td></tr> <tr><td>Limehouse Ward</td><td>9</td></tr> <tr><td>Loxford Ward</td><td>5</td></tr> <tr><td>Ludgate Ward</td><td>10</td></tr> <tr><td>Moorgate Ward</td><td>2</td></tr> <tr><td>Morrison Ward</td><td>10</td></tr> <tr><td>Shoreditch Ward</td><td>5</td></tr> <tr><td>Victoria Ward</td><td>5</td></tr> <tr><td>Westferry Ward</td><td>5</td></tr> <tr><td>Woodbury Ward</td><td>5</td></tr> </tbody> </table>	Bow Ward	Limehouse Ward	Broadgate Ward	Loxford Ward	Butterfield Ward	Ludgate Ward	Clerkenwell Ward	Morrison Ward	Clissold Ward	Victoria Ward	East India Ward	Westferry Ward	Hoxton Ward	Woodbury Ward	Bow Ward	Loxford Ward	Broadgate Ward	Ludgate Ward	Butterfield Ward	Moorgate Ward	Clerkenwell Ward	Morrison Ward	Clissold Ward	Shoreditch Ward	East India Ward	Victoria Ward	Hoxton Ward	Westferry Ward	Limehouse Ward	Woodbury Ward	Team	Cases audited	Bow ward	5	Broadgate	5	Butterfield	5	Clerkenwell Ward	5	Clissold Ward	5	East India Ward	5	Hoxton Ward	30	Limehouse Ward	9	Loxford Ward	5	Ludgate Ward	10	Moorgate Ward	2	Morrison Ward	10	Shoreditch Ward	5	Victoria Ward	5	Westferry Ward	5	Woodbury Ward	5	<ul style="list-style-type: none"> Participation in Central and Directorate Audits is high. Moorgate and Shoreditch Wards should be reminded of the importance of completing the infection Control and Directorate Audits Teams should put audit on their agenda at least once a quarter to discuss audit results and change ideas Team managers should ensure they share the audit schedule with all relevant team members and is displayed in all staff areas Feedback change ideas to your audit leads Number of directorate change ideas outstanding is 4 <div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: inline-block;"> <p>Your directorate audit lead is Matt Charles and PE lead is Dr John Wilson</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; display: inline-block;"> <p>Click to access the dashboards for team-level results</p> </div>	<p>Directorate Audi</p> <p>Results show signs of an emerging trend with compliance rising from 70% (Q4 15/16) to 100% (Q4 16/17) with the standard '1PCP uploaded in the notes dated within the last 6 months. This is evidence of positive change as teams are currently achieving above the Median.</p> <p>Areas for Improvement</p> <p>Specific Carers Views</p> <p>CPA Audit</p> <p>There is not enough data points to establish if a downward trend is approaching. However 2/15 standards show that compliance has dropped lower than the Directorate and Trust median in Qtr 3 therefore highlighting the need for improvement in the standard 'Specific Carers Views'</p>	<p>National Audits</p> <p>POMH-UK. Topic 7e Monitoring of patients prescribed lithium Report Published February 2017</p> <p>POMH-UK. Topic 11c Prescribing antipsychotic medication for people with dementia Report published November 2016</p>	<p>Shared learning</p> <p>Specific Carers Views</p> <p>Quarter 4 results show that the compliance level for the standard relating to specific carers views has significantly dropped below the median (75%) to 13% compliance. The 3 directorates included in the Quarter 4 Audit (Forensics, Bedfordshire and Luton) could discuss change ideas within their teams to improve compliance and share there learning and change ideas with each other.</p>
Bow Ward	Limehouse Ward																																																																			
Broadgate Ward	Loxford Ward																																																																			
Butterfield Ward	Ludgate Ward																																																																			
Clerkenwell Ward	Morrison Ward																																																																			
Clissold Ward	Victoria Ward																																																																			
East India Ward	Westferry Ward																																																																			
Hoxton Ward	Woodbury Ward																																																																			
Bow Ward	Loxford Ward																																																																			
Broadgate Ward	Ludgate Ward																																																																			
Butterfield Ward	Moorgate Ward																																																																			
Clerkenwell Ward	Morrison Ward																																																																			
Clissold Ward	Shoreditch Ward																																																																			
East India Ward	Victoria Ward																																																																			
Hoxton Ward	Westferry Ward																																																																			
Limehouse Ward	Woodbury Ward																																																																			
Team	Cases audited																																																																			
Bow ward	5																																																																			
Broadgate	5																																																																			
Butterfield	5																																																																			
Clerkenwell Ward	5																																																																			
Clissold Ward	5																																																																			
East India Ward	5																																																																			
Hoxton Ward	30																																																																			
Limehouse Ward	9																																																																			
Loxford Ward	5																																																																			
Ludgate Ward	10																																																																			
Moorgate Ward	2																																																																			
Morrison Ward	10																																																																			
Shoreditch Ward	5																																																																			
Victoria Ward	5																																																																			
Westferry Ward	5																																																																			
Woodbury Ward	5																																																																			

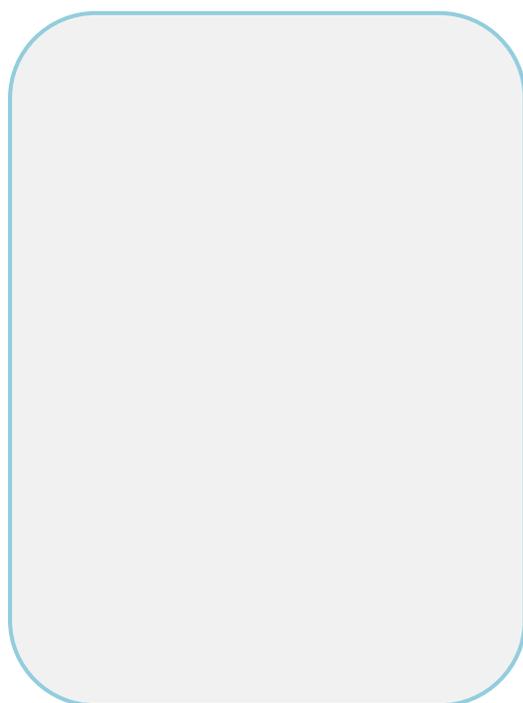
Service Users and Audit

The Trust continues to pioneer service user leadership of clinical audits with its Service User-Led Standards Audit (SULSA) programme. This year a consultation exercise took place across a wide range of Service User groups, carers forums, focus groups to review and revise the Service User-led Audit Standards. New standards were drawn up under the headings of a new "Knowledge and Information" Audit and a "Respect and Understanding" Audit. In quarter 4 these were piloted in City & Hackney, Newham and Tower Hamlets inpatient wards and they will be extended to Luton and Bedfordshire in Q1 2017/18.

User Led Standard Audit



New Service User-Led Standards:



Respect and Understanding

1. How often do you get to have a meaningful conversation with a staff member?
2. Do you feel respected by staff on the ward?
3. Do you feel respected by the other service users?
4. Are your family/carers respected by staff?
5. Do you feel encouraged personally?
6. Do you feel encouraged to engage with your health & wellbeing?
7. Do you find it easy to understand staff?

As well as complementing the clinical audit programme with additional insight about standards on our wards, the SULSA programme also acts as a work readiness programme for the auditors themselves. Auditors are recruited, trained and supervised throughout their time working for the Trust and they report a number of benefits in their own recovery and development as well as making a contribution to improving quality at the Trust. For example, during 2016/17, Bedfordshire and Luton services successfully collaborated with the Recovery College to roll out the Service User-Led Standards Audit and training programme. A number of Service User auditors have since been recruited and audits are now taking place regularly within the adult inpatient wards.

External Accreditations

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

Accreditation scheme	Location	Services Accredited
	City & Hackney	Gardner Ward Ruth Seifert Ward
	Newham	Emerald Ward (Excellent) Ruby Ward (Excellent) Sapphire Ward (Excellent) Topaz Ward
	Tower Hamlets	Brick Lane Ward Roman Ward (Excellent)

	East London	Coborn Centre for Child and Adolescent Mental Health
	Bedfordshire	The Coppice (Excellent)
	East London	East London NHS Foundation Trust Perinatal Services
	East London	Columbia Ward (Excellent)
	Newham	Crystal PICU
	East London	John Howard Centre Wolfson House
	City & Hackney	South Hackney Recovery Team
	City & Hackney	City & Hackney Child and Family Consultation Service
	Newham	Newham CAMHS Community Team
	Tower Hamlets	Tower Hamlets CAMHS Community Team
	City & Hackney	City & Hackney Home Treatment Team
	Tower Hamlets	Tower Hamlets Home Treatment Team
	East London	Tower Hamlets Centre for Mental Health

	City & Hackney	City & Hackney Memory Service
	Newham	Newham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
	Luton & Bedfordshire	Luton Memory Assessment Clinic Bedford Memory Assessment Service Mid-Bedfordshire Memory Assessment Service South Bedfordshire Memory Clinic
	Newham	Newham Liaison Psychiatry Team
	Tower Hamlets	Tower Hamlets Department of Psychological Medicine (RAID Team)

Following a period of service development and stabilisation Luton and Bedfordshire in-patient wards will be applying for AIMS accreditation during 2017/18.

2.5 Research and Innovation

Fostering a research culture

In 2016 the Service User and Carer Research group developed the first service user led research project and successfully applied for a grant from Queen Mary University, Centre for Public Engagement. The project, called PRIDE, is led by Paul Binfield (People Participation Lead), Domenico Giacco (Researcher from the Unit for Social & Community Psychiatry) and Frank Röhrich (AMD Research & Innovation); it will investigate the impact of people participation work on service user recovery and the project is a unique step forward as the research topic was chosen by service users and the award is utilised to provide training on research methodology to service users, so that they can participate as research assistants.

The HORIZON research scanning advisory group is now well established and new senior clinicians joined the team in 2016.

In August 2016 the group presented change ideas for large scale projects with potentially high impact to the group of clinical and service directors in a “Dragon’s Den” format; the ideas were chosen according to ELFTs QI priorities and included three main project pitches as follows:

- Patient Controlled Admission (aiming at reduced bed occupancy, improved self-management/empowerment, and reducing violent incidents)
- Transitional interventions pre/post discharge from inpatient care (aiming to foster recovery during crisis and to reduce readmission rates)
- Structured Medicines Optimisation (main aims: Optimise physical health and reduce harm through reducing number of prescribed medications, Improve treatment adherence, improve cost-effectiveness)
-

These ideas have since been taken forward by directorates for local QI projects. The group is currently working on new ideas for the next round of pitches to directors, concentrating on the themes “Access and Demand management” and “Cost effectiveness”.

Following the introduction of the new CPA process and template a group of clinicians is getting involved with a large scale service evaluation that ELFT is about to undertake in partnership with Professor Alan Simpson’s team from City University.

Implementation of locally derived research findings into clinical practice

Following the successful implementation of DIALOG as the trust-wide PROM (Patient Reported Outcomes Measure), “DIALOG-plus” (providing all care coordinators with solution-focused therapy skills) has been tested in local QI projects. At the same time a multidisciplinary working group developed a new CPA template and corresponding clinical processes that utilise the evidence based approach of DIALOG+ for service user engagement and care planning as the main building block.

Seven teams across ELFT piloted the new approach and both service users and health professionals rated the new approach highly, acknowledging that it fosters recovery care and puts the service user at the centre of the care planning process.

Innovations and Service Development

The Arts & Wellbeing Group is now collaborating with a team from Charite University Hospital in Berlin (Psychiatrist and Architect) with a view to initiate innovative service redesign projects for inpatient and community team environments. In May 2017 a joined workshop will be facilitated with the team from Berlin and the staff on Joshua ward in City & Hackney with a view to launch a pilot project.

This is followed by a one-day conference on “Architecture & Mental Health” on Friday 19th May, organised in partnership with the Royal College of Psychiatrists Arts special interest group.

A new working group has started to gather ideas for new models of primary care pathways, aiming to test innovations that integrate mental health care into generic medical primary health care. New ideas will be piloted both in Community Health Newham and the Newham Transitional Practices managed by ELFT.

There are now two projects under way to explore telehealth technologies as opportunities for innovative health care interventions and support systems. A QI project in Tower Hamlets and a research project in Newham are testing innovations in information sharing and gathering as well as recovery care support systems using technology such as the Florence text messaging service.

ELFT continues to explore opportunities to pilot 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.

Aligning research and QI strategy, ELFT is now exploring ways to maximise synergies between the two approaches to care quality improvement and service development. See: <https://qi.elft.nhs.uk/bringing-research-and-qi-together/>

Other

ELFT recently reviewed its processes and policies for different types of data collection. Guidance for clinicians has been developed, outlining the different practical and ethical implications between data collection in the context of audit, service evaluation and research. The guidance and the new Service Evaluation / Development Protocol Template can be accessed through ELFTs website: <https://www.elft.nhs.uk/Research/Conducting-Research>

A research project developed and implemented by the Unit for Social and Community Psychiatry (WHO Collaborating Centre for Mental Health Services) was shortlisted for the 2016 HSJ Research Impact award: Using Dialog+ to Improve Patient Outcomes in Community Mental Health Services.

The Trust has been shortlisted for the HSJ Value in Healthcare Award, in the category for ‘Improving the value of primary care services’, in recognition of a research project for a primary care treatment package that aims to meet the unmet health needs of patients with medially unexplained symptoms.

Participation in clinical research

The number of patients receiving relevant health services provided by East London NHS Foundation Trust in 2016-17 that were recruited during that period to participate in research approved by a research ethics committee is in excess of 900.

Throughout the 2016/17 year, the Trust has been involved in 96 studies; of which 62 were funded studies included on the NIHR Portfolio, 11 were unfunded explorations such as pilot studies, plus 23 student theses.

During 2016, 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 2016/17

Use of the CQUIN Payment Framework

A proportion of East London NHS Foundation Trust's income in 2016/17 was conditional on achieving quality improvement and innovation goals, known as CQUINs (Commissioning for Quality and Innovation). These CQUINs were agreed between the Trust and our local Clinical Commissioning Groups (CCGs): Tower Hamlets, City and Hackney, Newham, Luton and Bedfordshire, for delivery of Adult and Older Adult Mental Health Services, Children's Services and Community Health Services in Newham and IAPT in Newham. We also agreed CQUINs for our provision of specialist services, which includes forensic services, mother and baby services and inpatient CAMHS (Tier 4).

The table below summarises the Trust's position on delivery of 2016/17 CQUIN targets. Further details of the agreed goals for 2016/17 are available on request from the Trust Secretary.

Goal #	Goal	Description of Goal	Performance
National CCG Goals			
1a	Introduction of health and wellbeing initiatives (Option B)	Implementation of Health and Wellbeing initiatives (as agreed in their signed off plan) and actively promoted these services to staff to encourage uptake of initiatives.	Achieved*
1b	Healthy food for NHS staff, visitors and patients	Providers will be expected to achieve a step-change in the health of the food offered on their premises in 2016/17, including: <ul style="list-style-type: none"> a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)¹. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d. Ensuring that healthy options are available at any point including for those staff working night shifts. 	Achieved
1c	Improving the uptake of flu vaccinations for frontline clinical staff	75% of frontline health care workers have taken up flu vaccinations	Achieved*
2a	Cardio metabolic assessment and treatment for patients with psychoses	a. To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and	Achieved*

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

		community patients in Early Intervention psychosis teams.	
2b	Communication with General Practitioners	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*
Goals for East London CCGs (Tower Hamlets, City and Hackney and Newham)			
3a	Training Mental health staff in smoking cessation	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.	Achieved*
3b	Recording of patients smoking status	b. Nicotine smoking status of service users recorded in at least 75% of electronic patient records.	Achieved
3c	Care planning for smoking cessation	15% of service users who identify themselves as smokers and have accepted an offer of an intervention	Achieved
4a	Complete package of lifestyle care for all initiations of antipsychotics to improve physical health	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
5a	Improve the levels of staff trained to use the Lester Tool	Improve the levels of staff trained to use the Lester Tool	Achieved*
6a	Implement smoke free wards across the trust	Implement smoke free wards across the trust – Two Year CQUIN	Achieved
7a	Reducing staff smoking	Assist a reduction of the percentage of staff that smoke	Achieved*
8a	Development of Home Treatment Teams – Newham	Delivery against a programme of metrics agreed in Quarter 1 to support the development of HTT access and core standards.	Achieved*
9a	Being organised as part of the THIPP – Tower Hamlets	Achieving THIPP delivery standards.	Achieved*
10	Access and Waiting Time to Early Intervention in Psychosis (City & Hackney)	Expanding EIS to establish a relevant group programme for those aged over 35.	Achieved*
Goals for Community Health Services Newham			
N2	Quality improvement across Adult community services – Falls prevention and Preventing Harm from Falls for people on the EPCT caseload	100% of cohort patients who have a multi factorial risk assessment completed 50% of harm prevented from falls in house bound patients (defined by admission in Q3 and Q4 to hospital due to a fall) against the baseline	Achieved*
N3	Integrated Care – Improving quality of End of Life Care	<ul style="list-style-type: none"> % of patients identified by ELFT as at End of life with a care plan on EMIS ELFT staff to undertake mortality audit within each cluster with primary care 	Achieved*

		<p>colleagues (minimum 20 patients per cluster)</p> <ul style="list-style-type: none"> • Each of the 6 nursing homes to have a named EoL lead who attends nursing home monthly MDTs to discuss care for EoL patients home • ELFT EoL co ordinators to support palliative care MDTs in primary care by discussing patients known to the service (may be combined with H&SC MDTs) • ELFT to develop ongoing action plan for EoL care for 2017/18 with CCG 	
N4a	Increasing the uptake and quality of Health Checks provided for people with a Learning Disability in Newham	<ul style="list-style-type: none"> • Current take up numbers (Compare previous 2015-16 CEG Quarter) • Update current programmes delivered (Divided into Individual & Groups) • Visibility: Sample of Practices 	Achieved*
N4b	Increased number of health action plans developed for people with a learning disability who have had an annual health check	Increase in numbers of those with a Health Action based on on a baseline assessment from 2015/16.	Achieved*
N5	Quality improvement across Adult community services – Extended Primary Care Teams-Dressings Clinic Service	Delivery of dressing clinical service redesign programme, including service specification, training plan, stakeholder engagement.	Achieved*
Goals for Newham IAPT Service			
	Development of Non GP referral routes and marketing	Development of a marketing and communication programme and delivery of that programme.	Achieved*
Goals for Luton CCG			
L3	Adult Community - Therapy Provision in the CRHT (Crisis Resolution Home Team)	Development and roll out of psychosocial intervention training programme for crisis resolution and home treatment staff.	Achieved*
L4	Establishment of Peer Support Network in Luton	Recruitment, training and commencement of work for 5 peer support workers and identification of future peer support workers.	Achieved*
L5	Primary Care Link Consultant Input	22 practices visited by a MH consultant each quarter and 15 practices to have been visited by a primary care link worker and progress on numbers of meetings with GPs, service review involving stakeholders, patient feedback and GP survey results.	Achieved*
Goals for Bedfordshire CCG			
3	Primary Care Mental Health Workers – piloting a step down model from CMHTs to Primary Care	Delivery of step down clinics in primary care for an identified group of service users	Achieved*
4	Improving the quality of referrals to the Memory Assessment Services (MAS) and increasing the ability of primary care to screen people diagnosed with a Mild Cognitive	Baseline audit and re-audit of quality of referrals to the Memory Assessment Service. Develop referral standards, deliver training. Re-audit the proportion of service users assessed by MAS who have a diagnosis outcome of MCI.	Achieved*

	Impairment (MCI) for dementia 12 Part Achieved (Mth 9)months after the or Part Achieved (Mth 9)iginal diagnosis		
5	Support for children who are demonstrating age inappropriate Sexualised behaviour	Develop a baseline of numbers of children in CAMHS for child sexualized behavior. Identify any gaps in the management of their behavior and recommend treatment options. Provide report on suitable pathway and treatment options and what training should be offered to external organisations.	Achieved*
Goals for NHS England Specialised Services			
MH2 (2 yr CQUIN)	Recovery Colleges for Medium and Low Secure Patients	Proportion of target patient group enrolled and participating in courses.	Achieved*
MH3 (2yr CQUIN)	Reducing Restrictive Practices within Adult Low and Medium Secure Services	Implementation and evaluation of changes in practice to reduce restrictive practices.	Achieved*
MH4	Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer	Action plan and progress report to monitor improvements in family/carers experience.	Achieved*
MH7	Perinatal Involvement and Support for Partners/Significant Others	<p>Services will have developed systems to record and evidence:</p> <p>1) The emotional, practical and informational support offered to all partners and significant others with the mothers consent.</p> <p>2) The types of interventions offered from the following:</p> <p>Group I – All partners & significant others should be:</p> <ul style="list-style-type: none"> • Seen within 1 week of admission by a senior clinician to discuss the mother's condition • Offered the opportunity to attend ward reviews and significant meetings • Informed that requests for additional discussions are welcomed • Informed of the joint activities that are available • Directed to the range of written and electronic information available. <p>Group II – Partners/significant others should be offered at least one of the following documented in care plan</p> <ul style="list-style-type: none"> • Partner support sessions • Family sessions • Couple sessions <p>Group III – at least one of the following:</p> <ul style="list-style-type: none"> • Parent-infant activities e.g. massage, rhyme time, music sessions etc • Practical parenting advice/support with nursery nurse, health visitor etc <p>Group IV – Offered access to at least one of the following:</p>	Achieved*

		<ul style="list-style-type: none"> • Written/video narratives of experience and recovery of perinatal patients • Meeting recovered patients (e.g. service/family days, charities) 	
Local Scheme	Repatriation of London Adult Secure and CAMHS Patients	<p>A dedicated plan for all patients to be developed, that demonstrates all patients who can be repatriated back and those that will require a more considered option for local management.</p> <p>Rollout of business case with additional capacity, in line with the plans shared clinically for each of the patients on the list that have been clinically agreed.</p>	Achieved*
OBS	Providers required to complete an OBS compliance Audit and a robust Exit Plan for the mobilization of the new CHIService hubs.	Submission of an audit of OBS Compliance and Exit Plan.	Achieved

* data available to end of month 9 for these indicators, they are on track to be achieved at the time of writing and the year-end position will be available by June 2016.

2.7 What Others Say about the Trust

Care Quality Commission inspection

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

ELFT has no conditions on registration and the Care Quality Commission has not taken enforcement action against ELFT during 2016/17.

The Trust received the following ratings following inspection:

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

The CQC inspection report is naturally positive. Crucially, the introduction concludes:

“Although we have rated the trust outstanding overall, our inspection has identified a number of areas in core services rated good or outstanding where further improvement can be made. We expect the trust to continue its journey of continuous improvement and we will work with the trust to agree an action plan based on the findings of our inspection.”

The report identifies 5 'must do' actions that the Trust is required to undertake to ensure that it continues to comply with the regulations set out in the Health and Social Care Act (2008):

1. The trust must ensure that risk assessments for the use of electronic devices relate to individual patient care plans and reflect the views of the patient and that all risk assessments for each patient are easily accessible to the staff that need to use them.

2. The trust must make changes to the alarm systems on the learning disability ward to support the needs of patients especially those with an autism spectrum disorder. This should include considering how the use of flashing and noisy alarms could be reduced.
3. The trust must ensure that as most patients using the service had challenging behaviours that they have care plans reflecting a positive behaviour support approach.
4. The trust must ensure that waiting times for patients referred to memory clinics to attend a first appointment and to receive a diagnosis continue to be improved especially across the Bedfordshire services.
5. The trust must ensure all patient records are maintained appropriately. This is to ensure that patients have the necessary assessments, that assessments have been reviewed at appropriate timescales, that records of physical health observations are available and care plans in place. This is to ensure that district nurses in particular, deliver the appropriate care or recognise when the patients' needs are changing and if it is necessary to involve another care professional such as a tissue viability nurse.

The Trust has formulated a detailed action plan that sets out how it will address these issues. Progress is regularly tracked and reported on. These must do actions have naturally been prioritised, but all the issues identified by the inspection have been reviewed and the themes identified to help inform planning and prioritisation, namely:

1. Record keeping and the electronic patient record system
2. Use and recording of physical restraint
3. Evidencing the provision of information of legal rights to detained patients
4. Recording of consent, capacity and best interest decisions
5. Maintenance of equipment and medical devices

The report identifies further actions that the Trust should undertake to improve the services it provides. Our action plan sets out its response to all those actions required or suggested by the Care Quality Commission.

Special Reviews

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

In response to the Southern Health report into the investigation of patient deaths, the Trust obtained comparison data from Mazars that benchmarked the Trust against similar organisations nationally, providing assurance as to its reporting and investigation processes.

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 2016/17 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 December 2016 which are shown below:

	Inpatient Mental Health	Community Mental Health	Community CAMHS	CHN	Addiction Services
Patient's valid NHS number (including Bedfordshire Luton)	98.5%	100%	100.0%	99.3%	100%
Patient's valid General Medical Practice Code (including Bedfordshire Luton)	92.7%	98.0%	99.0%	86.7%	99.1%

2.8.1 Information Governance Toolkit attainment levels

The Trust achieved a Satisfactory compliance rate of 74% for Version 14 of the Information Governance Toolkit

2.8.2 Clinical coding error rate

East London NHS Foundation Trust was recently audited for Clinical Coding by Maxwell Stanley 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 Audit % to
2012/13	94.00%	83.65%	N/A	N/A	0

2013/14	98.00%	96.24%	N/A	N/A	0
2014/15	96.00%	89.58%	N/A	N/A	0
2015/16	94.00%	89.50%	N/A	N/A	0
2016/17	100.00%	93.75%	N/A	N/A	0

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.

PART 3 – Review of Quality Performance 2016/17

3.1 Review of performance for 2016/17

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 2016/17

NHS Improvement Assurance

East London NHS Foundation Trust has a range of NHS Improvement (NHSI) targets on which we report throughout the year. The targets outlined below are tested by external auditors 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 2.8 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.

NHSI 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 2016/17	95%	7.5%	95%
Q1	96.0%	1.9%	97.2%
Q2	96.7%	1.2%	100%
Q3	95.9%	1.1%	100%
Q4	97.3%	0.9%	99.7%

*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 NHS Improvement targets for 2016/17. The data presented above is in line with national averages, for example, national CPA inpatient discharges followed up within 7 days data are all above the 95% target for Quarters 1 to 4 respectively.

It should be noted, to calculate the figure for 7 Day follow-up, the Trust excludes Older Adult, Forensic and Rehabilitation services due to the clinical nature of the patient population and the structure of the services.

The table above also shows an improvement in all areas from 2015/16, where DTOC has improved from 2.8% and gatekeeping has improved to 100%

The average occupancy rate for Mental Health beds in England open overnight was 89.7% in Quarter 3 2016/17 compared with 88.6% in Quarter 3 2015/16. East London occupancy was 85.5% for Quarter 3 2016/17 and 89.1% for Quarter 3 2015/16. Target Occupancy is 85%, showing the Trust is moving towards safer occupancy levels.

The table below details each of the Trust’s NHSI/Monitor Indicators for the last two reporting periods.

Monitor Target	Target 2016/17	Actual 2015/16 (Q4)	Actual 2016/17 (Q4)	Actual 2016/17 (Q4)
Mental Health Patients occupying beds with delayed transfer of care - Adult & Older Adult (Only CAMHS excluded)	7.5%	3.5%	0.9%	improved
Admissions made via Crisis Resolution Teams (end of period)	95.0%	99.7%	99.7%	improved
Number of adult CPA patients meeting with care-coordinator in past 12 months	95.0%	93.3%	97.3%	improved
Access to healthcare for people with a learning disability – report compliance to CQC	Self-Assessment Completion	19	19	same
Completeness of Mental Health Service Data Set (MHSDS) – PART ONE	97.0%	99.5%	100%	improved
Completeness of Mental Health Service Data Set (MHSDS)– PART TWO	50.0%	83.1%	87.0%	Decreased – still compliant
Referral to treatment time within 18 weeks (non-admitted patients)		100.0%		No longer reported
Reduction in Clostridium Difficile - reported instances	0	1	0	
Meeting commitment to serve new psychosis cases by early intervention teams measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	84.9%	92%	improved

Improving Access to Psychological Therapies - Patients referred with 6 weeks measure	75%	76.0%	96.4%	improved
Improving Access to Psychological Therapies - Patients referred with 18 weeks measure	95%	92.0%	99.7%	improved
NHSI Targets - Community Information Data Set (CIDS - Data Completeness)				
Community Referral to treatment information	50%	100.0%	100%	No change
Referral information	50%	72.1%	73.6%	improved
Activity information	50%	88.0%	89.1%	improved

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

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 are seen every month by their care coordinator but the number of care plan in date are below target at 91.4%, a slight improvement on 2015/16.

However, the proportion of service users on CPA is below the level we would hope to achieve. Increasing contact time is one of the Trust's priorities for the year ahead. The Trust is also implementing new ways of working using a more recovery focused approach and has started to roll out DIALOG+ / eCPA in March 2017. This will include closer collaborative working with service users and carers, and include a formal review of CPA patients every twelve months.

Indicator	Target	Actual Performance Q4
CPA patients – care plans in date (documents 12 months old)	95%	91.4%
CPA patients – care plans in date (documents 6 months old)	N/A	78.7%
% CPA patients seen per month – face to face only	85%	83.8%

Trust figures for CPA are now increasing for both 6 month and 12 month reviews as Luton & Bedfordshire services have focussed on getting reviews in place as they embed the use of RiO and are now monitoring reviews regularly. Luton and Bedfordshire continue to monitor CPA cases seen in month where teams are not meeting the 85% target.

Patient Safety

The Patient Safety is one element of the Trust's Quality and Safety Dashboard, the means by which it monitors each of the elements of service quality.

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 total number of patient safety incidents, including the percentage of such incidents that resulted in severe harm or death	2016/17	2015/16	2014/15
<ul style="list-style-type: none"> Total incidents reported 	9260	8981	8774
<ul style="list-style-type: none"> Incidents identified as 'patient safety incidents' (as per NPSA definition) 	5893	4043	4119
<ul style="list-style-type: none"> Of which resulted in severe harm or death 	153 (2.6%)	143 (3.5%)	82 (1.9%)

The Trust continues to work 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.

Improving Safety: Training Compliance

The following information should demonstrate how good performance in training compliance in health and safety areas leads to fewer staff contributing to improved safety and quality.

Safeguarding Children Level 1

Total	Number of staff	Number of staff attended	% compliance
2014/15	3,324	3,198	96.4%
2015/16	988	956	96.8%
2016/17	999	878	87.89%

'Safeguarding Adults' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	3,449	2,523	73.2%
2015/16	4,521	3,953	87.4%
2016/17	4,559	4,125	90.48%

'Health and Safety' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	3,464	2,685	77.5%
2015/16	4,530	4,182	92.3%
2016/17	4,565	4,254	93.19%

'Manual Handling' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	2,711	2,202	81.2%
2015/16	3,677	3,401	92.5%
2016/17	3,806	3,506	92.12

'Fire Safety (including fire marshal)' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	2,393	1,640	68.5%
2015/16	1,301	913	70.2%
2016/17	4,691	3,618	77.13%

Medicines Safety

Incident data

	Prescribing error	Dispensing error	Administration error	Medication availability	Other	Total
2015/16	65	128	225	29	35	482
2016/17	145	54	487	17	13	716

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.

	% compliance
Total	84.94%

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 the medicines prescribed on admission are the same as those that were being taken before admission and involves contacting the patient's GP.

Directorate	2015/16 Complete (%)	2016/17 Complete (%)
City and Hackney	96.7%	93% (1077/1155)
MHCOP	99.0%	95% (242/256)
Newham	98.6 %	96% (1401/1460)
Tower Hamlets	98.1%	96% (1061/1103)
Forensics	100%	76% (47/62)
Trust Total	98.5%	95% (3828/4036)

Duty of Candour

Regulation 20: Duty of Candour came into operation in November 2014 to promote honesty, openness and transparency throughout the NHS. Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust.

Its purpose is to create a culture of openness and transparency between healthcare providers and patients about their care and treatment, including when it goes wrong. The process entails recognising when an incident has occurred which has caused the patient harm, notifying the patient and stating the known facts as to what has happened, keeping them informed as an investigation progresses, and most importantly, giving the patient a meaningful apology. For non-compliance there are fixed penalties of up to £4,000 that can be imposed by the Care Quality Commission and fines of up to £50,000 that can be imposed by magistrates.

The Trust is undertaking a Quality Improvement Project on Compliance with the Duty of Candour, the aim of which is to be fully compliant with the statutory Duty of Candour for 80% of cases to which it applies by 30 June 2016.

The Trust utilises the Datix Risk Management system for the reporting of incidents. Any member of the Trust has the ability to report an incident and will detail as much information as possible when they do so. The Governance Team monitors incidents where a Duty of Candour requirement exists, which includes a review of the severity of the incident against set criteria which is updated daily by the Governance Team.

In response to the internal audit report additional assurance has been built in to the duty of candour process. All incidents are screened by the Chief Medical Officer for potential duty of candour thresholds, additional fields have been added to Datix, the Trust's incident reporting system to ensure decisions are captured and there has generally been awareness raising throughout the Trust, both globally and at directorate level.

3.1.2 Positive stories from across the Trust

Quality Improvement – Violence Reduction April 2016 – March 2017

Building on work started in Tower Hamlets in 2012, we have continued to focus on reducing violence on our inpatient wards, using a Quality Improvement approach. This year the original test site in Tower Hamlets, the Tower Hamlets Violence Reduction Collaborative, continued to focus on holding the gains achieved in 2015, of 40% across the unit and 60% across the acute wards.

New Quality Improvement learning collaboratives were launched in City and Hackney adult inpatient unit in early 2016 and Newham adult inpatient unit, using the change ideas that were effective in Tower Hamlets. Major change has already been seen on a number of wards, as outlined below. Forensics has also launched its own violence reduction collaborative, drawing on learning from adult inpatient wards, but recognising the differences of the Forensic inpatient environment.

Results from this work include:

Tower Hamlets 6 inpatient wards have reduced violence across all 6 wards by 40% and restraints per 1000 occupied bed days across all 6 wards by 60%. There has been a 57% reduction in violence per 1000 occupied bed days across the acute wards only. There has been a 77% reduction in restraints per 1000 occupied bed days across the acute wards. As the first test ward on this project, Globe Ward in Tower Hamlets has achieved greater reductions, and has now sustained an 88% reduction over the past 4 years. Roman Ward, has achieved a 72% reduction in violent incidents, dropping from 42 in 2014 to 14 in 2015.

Violence has reduced by 42% across the acute wards in City and Hackney and there are early signs of reduction on Bevan PICU. Gardner Ward and Joshua Ward in City and Hackney have sustained reductions of around 66% since May and September 2016 respectively

Topaz Ward and Emerald Wards in Newham have seen early signs of reduction in the region of 60%.

Comments by staff, service users and patient liaison workers across the 3 units about the impact of this work include:

- *“4 months ago I was really scared to come to work, but it's getting better”*
- *“I think there is a shift. Before we started this, no one talked about it. Now we are bringing it up, which says 'it is not ok' “*
- *“We're no longer fire-fighting all the time... “*
- *“I'm just really pleased that it's permeating out and patients are feeling able to broach the subject”*
- *“The team feels more confident and are having better discussions around issues that may arise. The team are talking about risk and making decisions - something that would never have happened 18 months ago”*

- *'I find them (huddles) an essential part of the shift; a space for us all to communicate and highlight risks to keep us safe'*
- *"There's a better therapeutic environment and patient satisfaction. You can feel the lowered levels of stress for staff and patients. There's a much closer working relationship and respect between disciplines now and I think this has been a driving force"*
- *"Well, what can I say, the team are fantastic! Thank you for helping all the patients here. You save lives and give us a second and third chance"*

If you would like to learn more about this, work please find papers and blogs published in the past year:

Rethinking Expectations: Reducing Violence in Mental Health Using QI

By Andy Cruickshank, Associate Director of Nursing for QI and Improvement Advisor, ELFT | Friday, August 12, 2016

http://www.ihf.org/communities/blogs/_layouts/15/ihf/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=291

"Violence was the elephant in the room" – Empowering Staff to Face Hard Truths and Lead Change

By Jen Taylor-Watt, QI Lead and Improvement Advisor, ELFT | Thursday, February 16, 2017

http://www.ihf.org/communities/blogs/_layouts/15/ihf/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=364

Reducing physical violence and developing a safety culture across wards in East London

By Jen Taylor-Watt, Andy Cruickshank, James Innes, Brian Brome, Amar Shah | British Journal of Mental Health Nursing January/February 2017 Vol 6 No 1

<https://qi.elft.nhs.uk/wp-content/uploads/2017/02/Violence-reduction-at-ELFT.pdf>

Positive feedback from the CQC - Service User Involvement at ELFT

Our CQC inspection report highlights the great work going on across the Trust to involve service users, and their carers, in their care and in the development and improvement of services. It is evident that this was a key contributor to the outstanding rating we received. We are particularly proud that by putting the service user and carer values at the heart of day-to-day working, our People Participation Team has been able to support:

- Training, supporting and facilitating service users and carers to sit on staff interview panels
- Training staff in a range of topics like care planning, compassion, recovery and engagement
- Helped develop a new CPA process which has a greater focus on Recovery
- Our Back On Track project (with Docklands Light Railway) won a UK National Rail Award
- Training all Job Centre Staff in our East London boroughs in Mental Health Awareness
- Continuing to improve the input from service users/carers in our quality improvement programme
- Expanded the team to include a CAMHS People Participation Lead
- New interview process for consultant psychiatrists (formal and informal panels)
- First ever People Participation awards to celebrate the contributions of service users and carers
- Started an academic research project to measure the potential impact of people participation on recovery
- Have been working tirelessly to improve the impacts of stigma in our services, ourselves and our communities

Building on these in 2017/18, the People Participation Team will continue to support people to get involved. This will include on-going outreach and supporting new people to get involved; to continue to increase the number of people involved; to increase the range of activity, training and opportunities; to challenge poor service delivery and work towards continuous improvement.

Service Transformation - Luton and Bedfordshire CAMHS

Huge strides have been made during 2016/17 in developing CAMHS services across Luton and Bedfordshire to better meet the needs of the local population.

Leadership

The clinical leadership and management structure is now embedded across all teams to ensure the service is clinically led and managerially supported.

Access to services

The new model has now become embedded within everyday practice following the implementation of the single point of entry and the daily triage of all new referrals. The service has developed a Clinician of the Day (COD) rota which all clinical staff contribute towards. In addition to screening all referrals for risk the COD acts as a single point of contact for all new or urgent business coming into CAMHS, such as new referrals, urgent enquiries about future/possible referrals and urgent queries about cases where the allocated clinician is not available. They also gather additional information from referrers and/or families when it is unclear whether the referral is appropriate for CAMHS. This model and the development of new services has improved access and reduced waiting times for people referred to our services.

Crisis Services

The local transformation plans continue to progress with momentum and we are pleased to confirm that we have now appointed 5.00 of the 6.00 wte funded posts for the countywide CAMHS Crisis service covering Luton and Bedfordshire.

The service is staffed with Registered Mental Health Nurses who are skilled to provide rapid face to face mental health crisis assessment to any young person in mental health crisis at the local acute NHS Trusts (L&D and/or Bedford hospital) between 09.00 – 21.00 weekdays and 10.00 – 14.00 hours at weekends. It is hoped to increase the weekends to 16.00 hrs once all the staff are in place.

Once assessment has been completed the outcome will determine appropriate signposting to relevant services on the presenting clinical needs and risk; which may include in-patient admission, therapeutic interventions from any of the local CAMHS teams for further treatment options or other mental health services if appropriate.

The staff are also able to offer telephone advice to potential referrers on the management of cases presenting with potential risks which may trigger a possible referral into the services – such cases have been diverted from local A&E departments, and offered an assessment in the CAMHS clinic or home environment. This has helped to reduce numbers of young people being admitted onto paediatric wards

Community Eating Disorder Services

The countywide Community Eating Disorder service (CEDS) are currently working in line with the National Eating Disorder targets for assessment of 5 days for urgent cases and 28 days for routine cases. The COD will assess daily and if the presenting problem is eating disorder will forward the referrals to the Eating Disorder team to ensure any unnecessary delays are eliminated.

Staffing into the team is almost complete and it is hoped that the Consultant Psychiatrist and Dietician will be appointed in Q4.

The team have had various team away days to plan priorities for the service and agree a training plan. In keeping with NICE guidance, the team have recently completed training for Dialectic Behavioural Therapy (DBT) in Family Therapy for the management of Anorexia Nervosa at the Maudsley NHS Trust.

Early Help/School Programme

The targeted CAMHS workers are both now embedded in each of the Early Help teams within BBC and CBC and are providing integrated support to children, young people and their families.

The key objective is to offer advice, support, consultation and training as well as directing case work, with the intention of early intervention and prevention. Intervention at an early stage aims to prevent escalation, therefore reducing the need for statutory or further interventions later in life. This can involve intervening both at an early age and an early stage of a presenting difficulty.

The Early Help CAMHS staff have negotiated strong links with both the Local Authorities, in order to bridge the gap between health and social care, and work closely with a range of statutory services, voluntary organisations, and schools.

In addition to direct clinical work which is predominantly undertaken at home or in the school, the Early Help CAMHS workers will provide consultation and training to local authority staff within the Early Help Teams. Consultation will consist of case discussion and exploration of current difficulties as presented by the worker. The training is led by a needs analysis based upon feedback from workers with regards to broadening an understanding of child and adolescent mental health. The training will also aim to equip staff with strategies and interventions where necessary in order to respond to early presentations of mental health difficulties that emerge within the Early Help arena.

Health promotion - Flu fighter campaign.

In 2017 East London NHS Foundation Trust (ELFT) became one of the most improved trusts in the country increasing its uptake among staff of the flu vaccine from 21 per cent the year before to 67 per cent.

More than 3,000 staff were protected (up from 1,000 the previous year!) following an ambitious campaign engaging staff across more than 100 sites ranging from Bedford and Luton to east London. A survey carried out the previous year showed the extent of the challenge. Staff were cynical about the merits of the flu jab and were sceptical of its relevance, especially in mental health.

The decision was taken to have a bespoke campaign tested with staff that tackled the myths around the vaccine and ensured it was as easy as possible for staff to get the jab.

The previous year's survey of ELFT staff showed the top three reasons for refusal were:

- The vaccine doesn't fully protect
- Flu isn't a serious illness
- Events should take their course

It was decided that the myth busting campaign, which ran for four weeks prior to the vaccinations starting, would relay four key messages:

- All patients are at risk
- Flu is a serious illness
- You're better protected with the flu jab
- You can't catch flu from the vaccine

Each week, over four weeks, a different theme was used for the myth-buster campaign with posters and flyers sent to all sites, a specially dedicated intranet page featuring frequently asked questions, and a letter was sent to the home of all staff from the chief executive asking for their support. A new story appeared on the staff intranet almost every day including an interview with the chief pharmacist to emphasise that the 'science behind the jab does work' and that the main cause of staff illness were colds and flu and the impact that had on colleagues struggling to provide cover.

Vaccinations began with an intensive two week campaign with clinics at more than 50 sites. This was supplemented with 121 specially identified peer vaccinators available on request in every team.

The entire campaign ran from September 2016 to March 2017. ELFT ensured the Trust's success was celebrated and those we'd rely on for next year's campaign, especially the peer vaccinators,

were thanked. An extensive survey has already been launched with staff to find out what worked well and what didn't so we can start already preparing for next winter.

In the meantime, ELFT's patients are better protected, myths have been busted changing the culture of the organisation to make it easier in future years to encourage staff to be vaccinated and the Trust looks set to realise £660,000 of CQUIN incentive money to invest in frontline services.

3.2 Patient Feedback

3.2.1 Patient reported experience measures (PREMs)

Central to the Trust's Quality Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The Trust employs a range of approaches to collect this information, using a variety of methods and measures. The primary measure is the Friends and Family Test (FFT) which is collected alongside appropriate Patient Reported Experience Measures (PREM) from all inpatient and community services across East London, Bedfordshire and Luton. All FFT data is then submitted to and published on the NHS England website. The Trust continues to exceed the average 'mental health recommend' response across the country during 2016/17.

All data is collected using electronic devices such as 'tablets' or kiosks, however, it is also possible for service users and carers to complete feedback questions via the Trust website. All questions are available in easy-read versions to ensure that all people are able to provide feedback. During 2016/17, 85% of teams across the trust collect patient feedback electronically, with 100% of teams inputting the data electronically.

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

An example of the real-time Patient Experience Dashboard FFT & PREM by directorate

Patient Experience Dashboard

Desired direction of change ↑ ↓

Safety | Clinical Effectiveness | **Patient Experience** | Our Staff | Violence Reduction | Access To Services | KPI | Hit Count | Home
 Mental Health Act | Audit | Physical Health | Pressure Ulcer Reduction

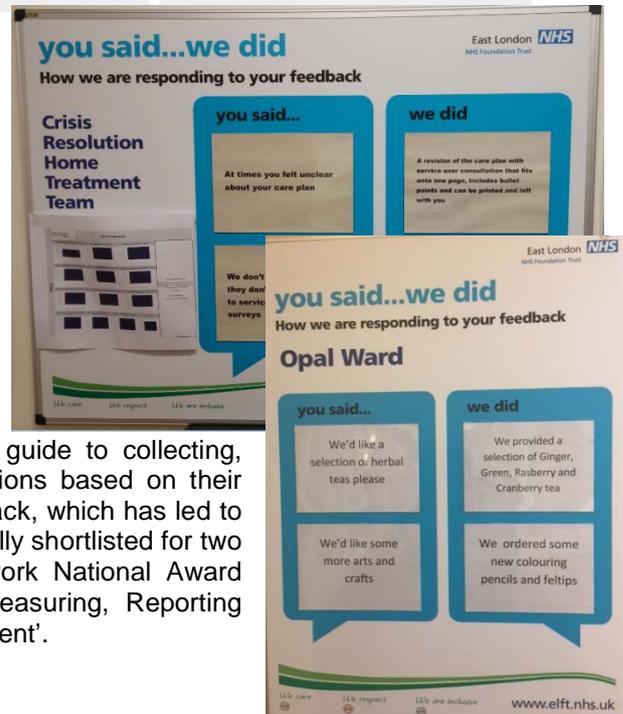
[Click here to see Patient Experience Comments](#)



In addition, it is vital services are acting on feedback and during 2016/17 the Trust implemented the 'You Said We Did' board campaign across the Trust to provide an opportunity for services to demonstrate actions arising from service user comments and showcase the changes made in response to this. Furthermore, 'Patient Experience Action Trackers' were formally introduced within services to monitor and document any changes identified from feedback received.



Also, a series of supporting videos were created to provide an accessible 'step-by-step' guide to collecting, reviewing and taking actions based on their patient experience feedback, which has led to the Trust being successfully shortlisted for two Patient Experience Network National Award categories including 'Measuring, Reporting and Acting' and 'FFT and Patient Insight for Improvement'.



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

“Everything is fantastic”

“Nothing is too much trouble; I have always been offered time and advice in equal measures when needed. The amount of care dignity and kindness shown to my father in law by all staff has surpassed my expectations in every way. I go home and know he is truly being cared for and for me that us priceless...THANK YOU ALL”

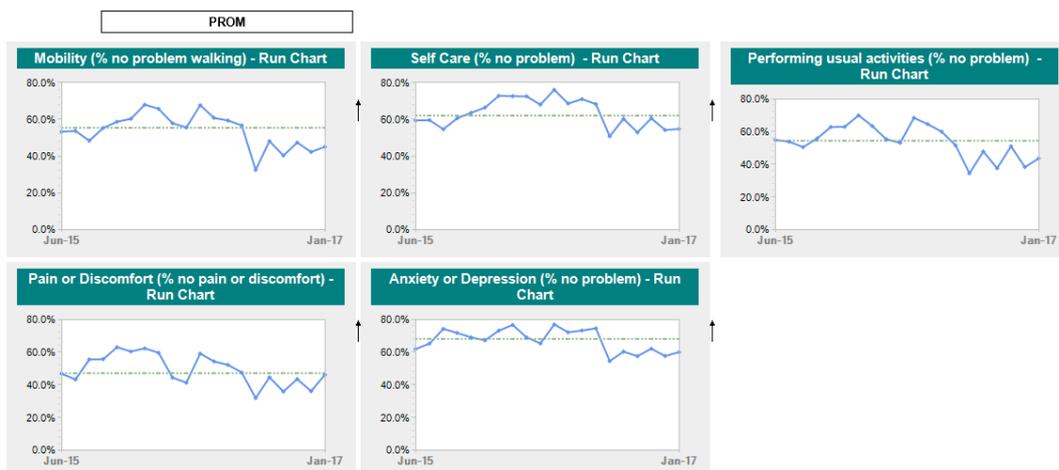
“The level of care here is amazing and everyone is the same, I've not come across anyone here who has not shown a genuine kindness”

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

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

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

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



CQC – Survey of people's experiences of community mental health services (2016)

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 2016, questionnaires were posted to 850 people who received community mental health services. Responses were received from 180 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 (2015/16)
Health and social care workers	7.8/10	About the same	+ 0.2
Organising Care	8.6/10	About the same	- 0.1
Planning Care	7.1/10	About the same	- 0.1
Reviewing Care	7.4/10	About the same	- 0.3
Changes in who people see	7.4/10	Better	+ 0.3
Crisis Care	6.5/10	About the same	- 0.4
Treatments	7.5/10	About the same	-
Support and wellbeing	5.3/10	About the same	- 0.4
Overall views of care and services	7.2/10	About the same	- 0.2

²

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

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

3.2.2 Complaints & Patient Advice and Liaison Service's Annual Report 2016/17

East London NHS Foundation Trust is a learning organisation that is committed to listening to the views of its services users, their carers and families and continually improving the quality of care and services we provide.

Concerns and complaints were dealt with by both the Patient Advice & Liaison Service (PALS) and Complaints functions. We want the process to be fair, flexible and conciliatory and PALS staff work with patients who wish to have a speedy and informal resolution to their concerns. Between 1 April 2016 and 31 March 2017, PALS received 786 contacts. This is currently a slight proportionate increase on last year (730 contacts for the entire year). The service assisted on 445 occasions when individuals had concerns and sought resolution compared to 385 for the entire 2015/16 year. This is a proportionate increase on the number of contacts.

Individuals who contacted PALS for assistance in resolving concerns, most commonly raised issues relating to Communication (11%) Clinical management of mental health (7%) and access: Appointment issues (Late/DNA/Cancellation) (6%). In 56% of cases, PALS were able to resolve the issue to the satisfaction of the individual. Of the remaining cases, 47% of issues were either passed to the local teams to undertake further work with the service users, or the Trust considered there was nothing further that could be done to resolve the issues. In 5% of cases, concerns could not be resolved informally and were escalated for formal investigation under the Trust's complaints procedure. In 9% of cases where concerns were raised remained unresolved or resolved from the Trust point of view only.

During the same period, the Trust received 402 complaints. This is a proportionate increase compared to the whole previous year 2015/16, when 298 formal and 7 informal complaints were received. Four complaints were referred to the ombudsman, one was withdrawn, one remains under ongoing investigation, one was partially upheld, and one of those was upheld.

The Trust aimed to acknowledge 90% of complaints within 3 working days and 82% of complaints received were acknowledged within this timeframe. The Trust aimed to respond to a minimum of 85% of complaints within 25 working days or an agreed extension. At the time of writing, the Trust has replied to 52% of complaints within this timescale, with 55 of the formal complaints still remain actively open (13%) and under investigation with an agreed plan made with the complainant.

The majority of complaints are made by service users who account for 240 (60%) of the formal complainants. 118 (29%) complaints were made by relatives and / or carers, or friends or advocates on behalf of service users the Trust has seen an increase since last year on this type of contact. The Trust received 4 contacts from the MPs directly raising issues on behalf of his constituents all of which required an investigation and a formal response.

As a learning organisation, there continues to be an emphasis on ensuring that we learn from complaints and that recommended changes to our systems and practice, are implemented. This is all the more important given that many of the complaints which are investigated reveal shortcomings in the delivery of care or in our services. Of the cases which have been investigated and closed to date, 36% were either upheld in part or fully upheld following a full investigation into the complaint.

As a result of lessons learned from complaints, the following actions have been taken to improve services for patients:

Community Health Newham

MSK

- Waiting list - now greatly reduced, due to increased staffing, re-allocation of GP clusters to more evenly distribute caseload amongst staffing/resources. So now able to prioritise and see urgent referrals in timely way.
- Team to continue to prioritise recruitment, speedy advertising of vacancies as soon as they arise.
- Team to continue to educate referrers on providing full information on referral to enable triage/prioritisation.

EPCT and VW

- Service has included information leaflets in the home notes
- Fact sheet for staff on recording keeping (face to face and non-face to face contact)
- At team meetings staff discuss ways in which they can help relieve some of the anxieties around catheter care and wound care for service users and family/carer through conversation and information leaflets
- Roll out of Positive Patient Experience Training – external provider with training objectives around first impressions, managing patient expectations, cultural awareness and verbal/nonverbal communication.

Vicarage Lane Health Centre

- Service has submitted a bid for screens to be installed at the reception areas across all CHN sites
- Health Safety and Security group integrated to invite GP services at Vicarage Lane

Foot Health

- The team now offers a walk in clinic once a week
- Service is working closely with Barts Health Transport Company to improve the service they provide for service users particularly around waiting times

MHCOP - Leadenhall Ward and Columbia Ward

- Managing Property Board set up to monitor incidents / process
- Training for staff away day

- Spot check carried out by counter fraud team
- CCTV to be set up on all ward areas
- Roll out of EHCC Patient Property Policy in MHCOP services

Luton

- Communication with service users' needs to improve in the following areas: receiving copies of care plans, discharge summaries, medication reviews, diagnosis, letters following appointments and when transferring between services
- Communication between the services and other external agencies G.P's particularly around discharge arrangements.
- In-patient teams to improve communications with the respiratory team to better manage respiratory issues on the ward. Training on physical health parameters to be offered to ward staff
- Improved communications with carers. This includes speedy responses when patient property goes missing or is lost Improved processes for recording patient property on the ward
- Risk management process around collecting chronology and family history and involvement in managing risk
- Appointment of People Participation Leads will ensure increased engagement and support
- Lessons Learned Group now established
- The launch of Q1 Projects for Bedfordshire 16/17. Feedback from complaints will be included for consideration of local projects
- Review of the local complaints process to minimise the risk of re-opened complaints and improve response times. Completion of action plans requested if recommendations/learning is identified in a complaint response. More frequent complaints training for Bedfordshire and Luton staff is required
- Operational guidance for staff on the handling of complaints is required to support the Trust's complaints policy

3.3 STAFF FEEDBACK

3.3.1 ELFT 2016 NHS Staff Survey

Over 2,070 employees took part in the 2016 NHS Staff Survey resulting in an improved response rate of 45% as compared to 35% in 2015.



The 2016 NHS Staff Survey results are encouraging with staff reporting high scores of staff reporting good communication with senior management, quality of non-mandatory training, learning or development, staff recommending the organisation as a place to work or receive treatment

Our overall staff engagement score remains high with a summary score of 3.95, well above the national average when compared with trusts of a similar type which is at 3.80. The results also indicate that staff engagement amongst BME staff is at 4.02 which is higher than amongst staff from White ethnic backgrounds.

The Trust has achieved the best scores for 10 key findings amongst Trusts of a similar type in the entire country. These include the following:

- Staff recommendation of the organisation as a place to work or receive treatment
- Staff satisfaction with the quality of work and care they are able to deliver
- Staff agreeing that their role makes a difference to patients/service users
- Recognition and value of staff by managers and the organisation
- Staff reporting good communication between senior management and staff
- Staff able to contribute towards improvements at work
- Quality of non-mandatory training, learning or development
- Staff satisfaction with resourcing and support
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Effective use of patient/service user feedback

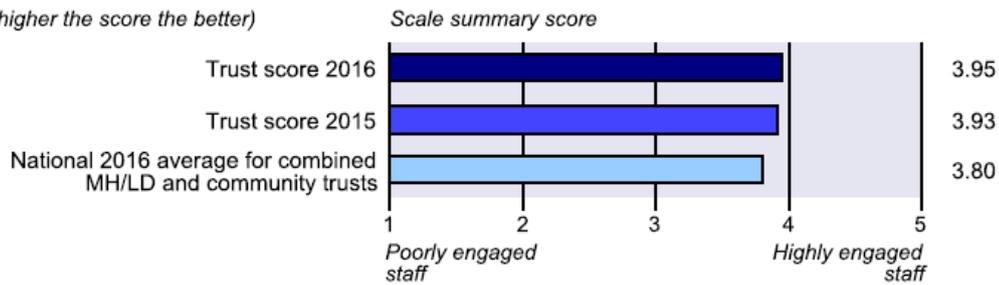
The results also highlights areas where further improvement is required and they include: staff experiencing discrimination at work, staff experiencing physical violence from patients, relatives or public, staff working extra hours and staff believing that the organisation provides equal opportunities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

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 3.95 was **above (better than) average** when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



The below table 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 2015 survey.

	Change since 2015 survey	Ranking, compared with all combined MH/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

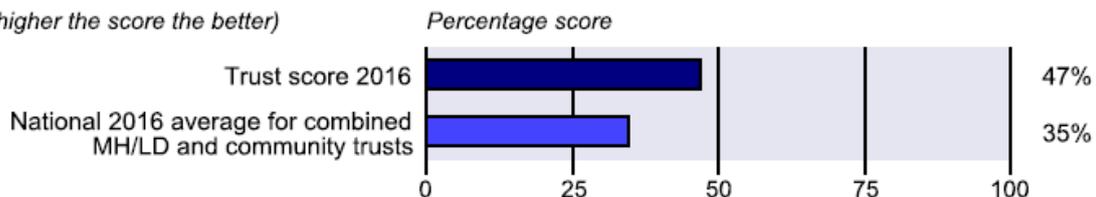
Summary of 2016 Key Findings for East London NHS Foundation Trust

Top and Bottom Ranking Scores

TOP FIVE RANKING SCORES

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

(the higher the score the better)



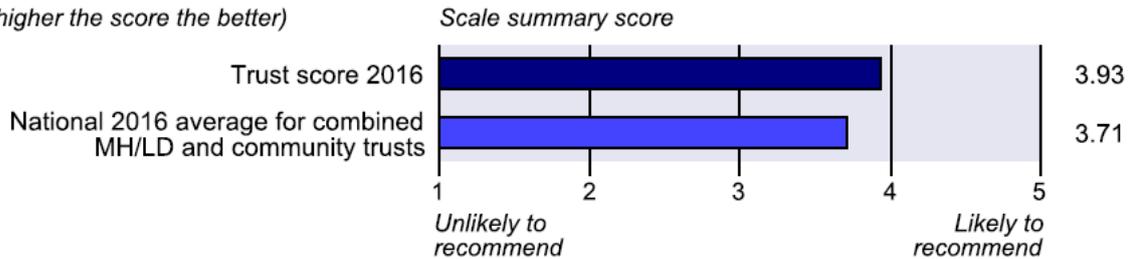
✓ **KF13. Quality of non-mandatory training, learning or development**

(the higher the score the better)



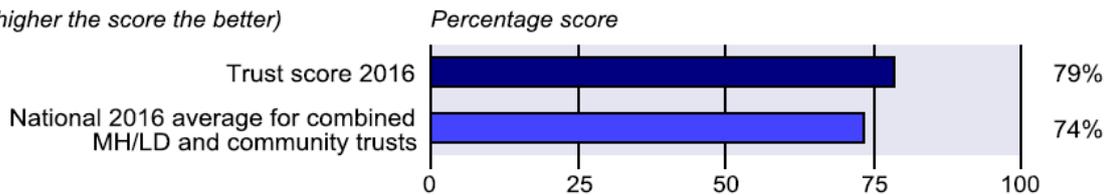
✓ **KF1. Staff recommendation of the organisation as a place to work or receive treatment**

(the higher the score the better)



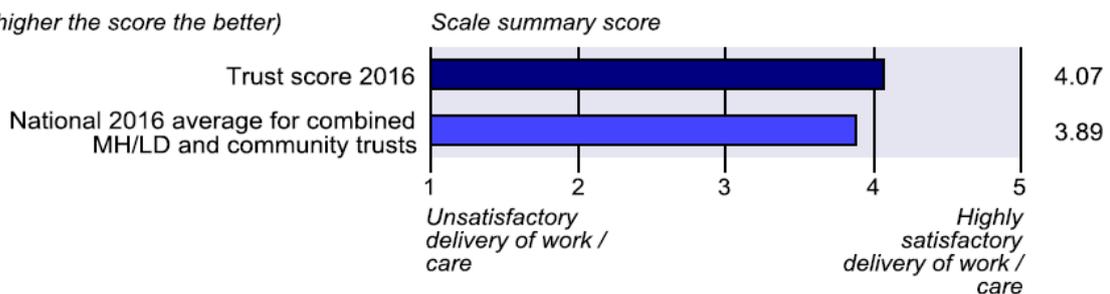
✓ **KF7. Percentage of staff able to contribute towards improvements at work**

(the higher the score the better)



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

(the higher the score the better)

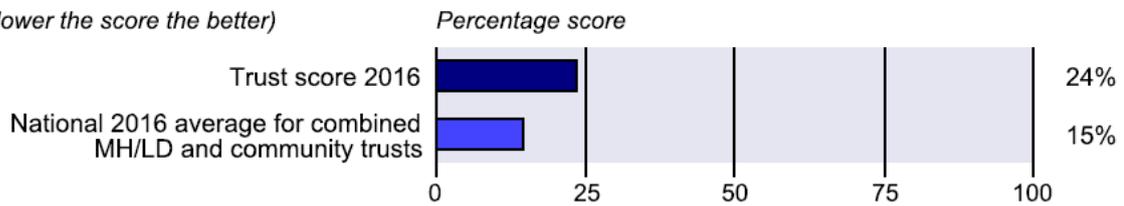


These data highlight the five Key Findings for which East London NHS Foundation Trust compares least favourably with other mental health/learning disability trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

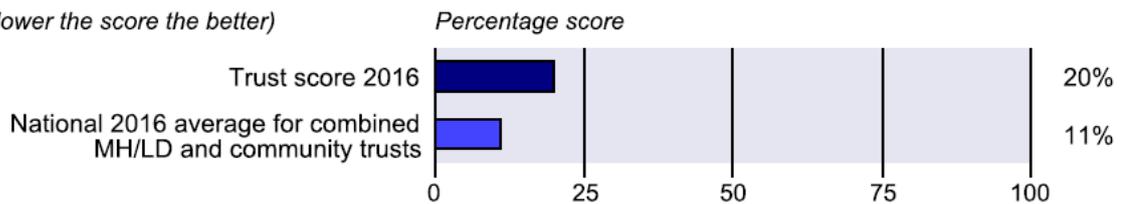
! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



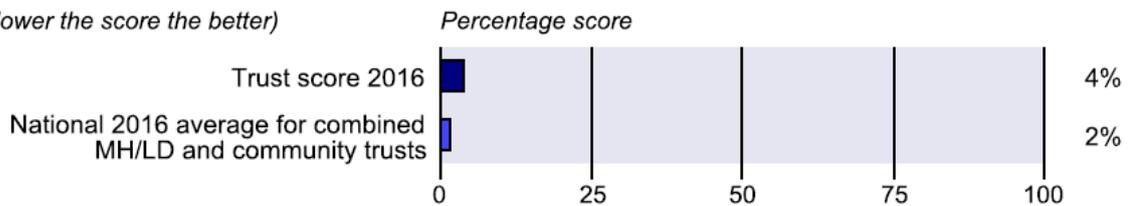
! KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



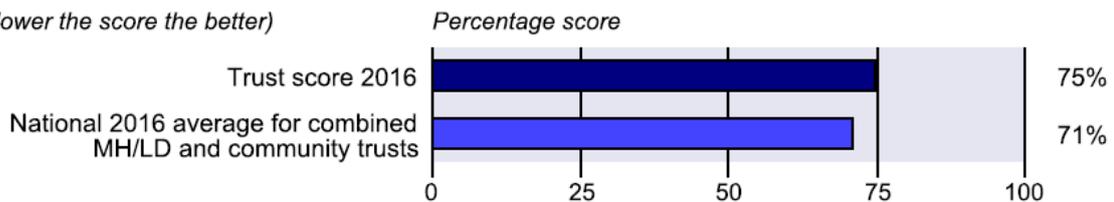
! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



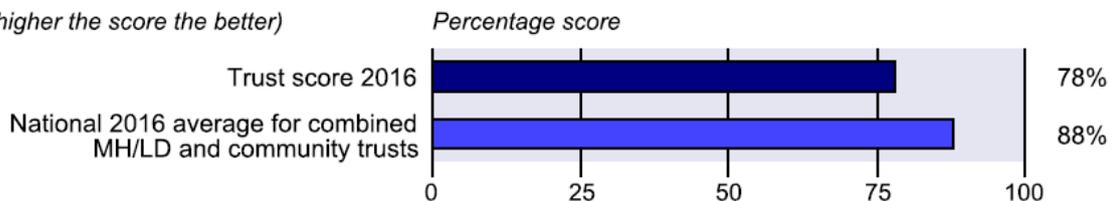
! KF16. Percentage of staff working extra hours

(the lower the score the better)



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

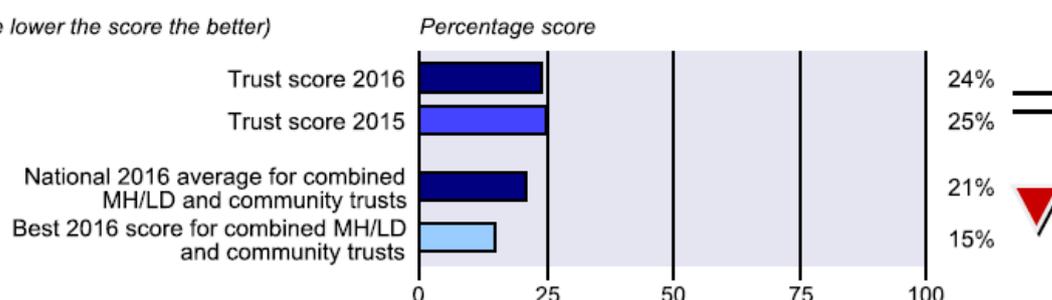
(the higher the score the better)



Key Finding 26

KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



The internal Bullying and Harassment Advisory service is promoted extensively on the Trust intranet. There are plans to review the current service and assess if a recruitment drive is required to further increase the pool of Advisors to ensure that there is a presence across all sites.

As an additional resource, Trust employees can contact the free Employee Assistance Programme helpline in case they want to access confidential care service and free counselling sessions.

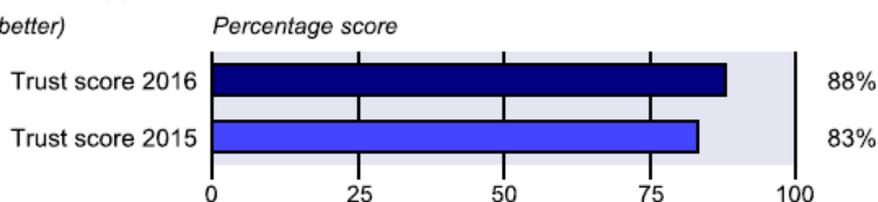
Largest Local Changes since the 2015 Survey

The following finding indicates where the trust has improved most since the 2015 survey. However, it is to be noted that when compared with other combined mental health/learning disability and community Trusts in England, the score is worse than average.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓ KF11. Percentage of staff appraised in last 12 months

(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 started 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 are currently collating a Trust-wide action plan which addresses the key tasks under each of these areas. Whilst the majority of the actions will be delivered in the forthcoming year, some of the actions are long term objectives. There will be an overlap of priorities that will be delivered locally in each of the Directorates and across the entire organisation.

We will have a dedicated area on the intranet for the NHS Staff Survey where you will find the Trust-wide action plan for 2016/17. This page will be updated on a regular basis and will include links to all related topics. You will be able to give your comments on the web page.

3.3.2 Feedback from NHS Staff Friends and Family Test 2016/17

The Trust will roll out the fourth quarter of the 2016/17 NHS Staff Friends and Family Test (FFT) in the end of February 2017. The Trust carries out the survey for Quarters 1, 2 and 4 and the results from the NHS Staff Survey provides the results for the Quarter 3.

The survey includes two mandatory questions along with a few local questions. 33% of our workforce across all directorates were 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?

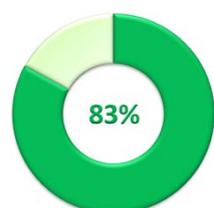
FFT Survey	Quarter 1 %	Quarter 2 %	Quarter 3 %	Quarter 4 %
Recommend	74%	75%	70%	N/A
Not Recommend	12%	10%	11%	N/A

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	79%	80%	71%	N/A
Extremely Unlikely	6%	5%	9%	N/A

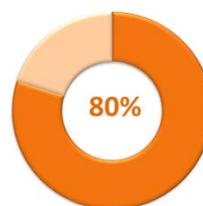
Additional Local Questions

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



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

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



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

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

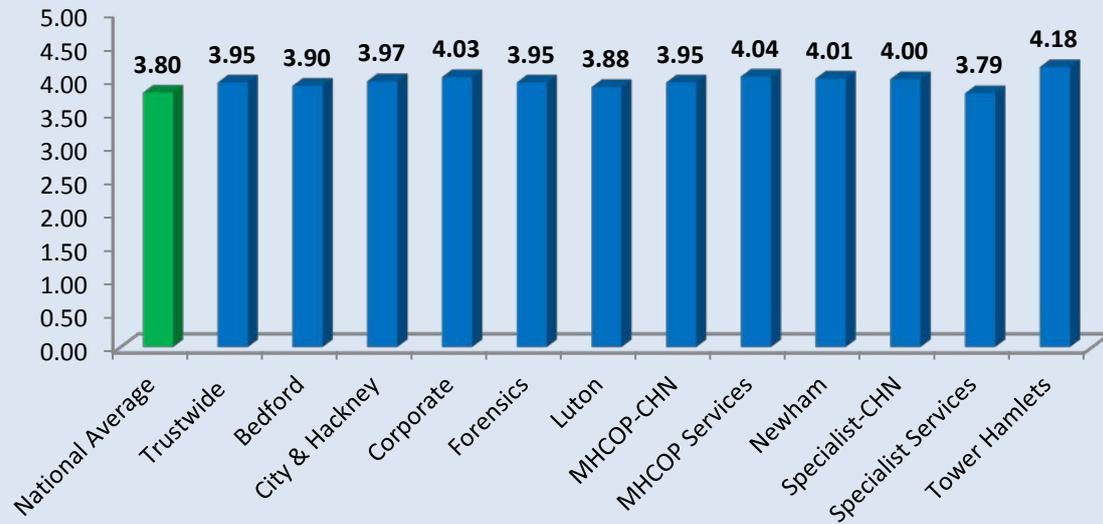


The Trust maintained its generally high scores. The Trust's score for the overall staff engagement indicator was 3.95 across combined mental health/learning disability and community trusts in England. The national results for all NHS Trusts are currently not available and we will only be able to compare our Trust's results with the others once the national results for all the Trusts are released. The Trust's ranking over the last three years is therefore as follows:

Year:	National ranking:
2014	1 st =
2015	4 th =
2016	N/A

The graph below shows the scores in relation to other directorates (and compared to the national average and lowest score nationally):

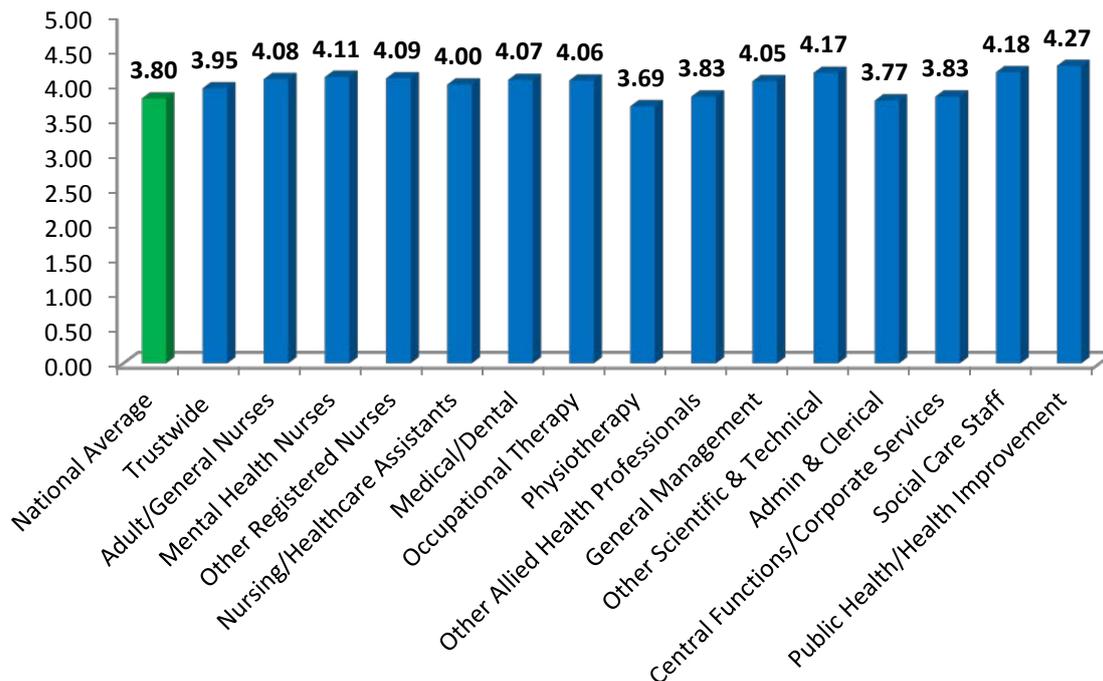
Overall Staff Engagement Scores - ELFT



The table below shows the levels of engagement in Luton & Bedfordshire which are well above the national average, and have slightly increased since 2015 (as shown below) This is positive given the short time that the Trust took over the services in Bedfordshire and Luton in April 2015 and the amount of organisational change that the services are undergoing.

	2015	2016
Bedfordshire	3.88	3.90
Luton	3.85	3.88

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



The Trust's approach to improvement

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

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

The 2016 results have been recently published by the NHS Staff Survey Coordination Centre and the results have been discussed at the Trust Board. The summary of the results will be circulated to all staff and discussed at the various Trust meetings including Service Delivery Board, Directorate Management Teams, professional groups and the Joint Staff Committee. Presentations will also be made to the staff equalities networks and other relevant forums.

Improvement plan

As stated above, the 2016 results will be widely distributed, and each directorate and professional group have been asked to consider the results and develop an improvement plan, in line with the framework set out above. This work is being monitored by the Service Delivery Board.

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.

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 Statements of Clinical Commissioning Groups (CCGs)

3.7 Statement from Tower Hamlets Healthwatch



3.8 Statement from Tower Hamlets Overview and Scrutiny Panel

3.9 An Explanation of any Changes Made

3.10 Feedback

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

A copy of the Quality Accounts Report is available via:

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

3.11 2016/17 Statement of Directors' Responsibilities in Respect of the Quality Report

TBC

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 1 April 2016 – 31 March 2017
 - Papers relating to Quality reported to the Board over the period; April 2016 – April 2017
 - Feedback from governors dated March 2017
 - Complaints & PALS Annual Report 2016/17
 - Mental Health Community Survey 2016 service users survey, issued in September 2016
 - National NHS staff survey 2016, issued in February 2017
 - Care Quality Commission Intelligent Monitoring Report, dated [February 2016]
 - The Head of Internal Audit's annual opinion over the trust's control environment, dated April 2017.
 - Statement from Tower Hamlets Healthwatch received [insert date]
 - Statement from Tower Hamlets Overview and Scrutiny Panel received [insert date]
 - Joint Statement from NHS Newham, NHS Tower Hamlets, and NHS City and Hackney Clinical Commissioning Groups (CCGs) received [insert date]
 - Statement from Luton CCG received [insert date]
- 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

xx May 2017

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

xx May 2017

.....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

The Trust's postal address is:

Trust Headquarters

9 Alie Street

London

E1 8DE

Switchboard Telephone Number: 020 7655 4000

Fax Number: 020 7655 4002

Email: webadmin@elft.nhs.uk

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