


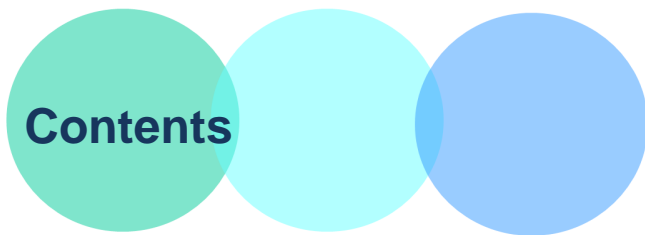


East London
NHS Foundation Trust



QUALITY ACCOUNTS
2021/22

East London NHS Foundation Trust



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If you require any further information about the 2021/22 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000



Services and Developments 2021/22

Our Services

East London NHS Foundation Trust (ELFT) provides a wide range of community and inpatient services to children, young people, adults of working age and older adults to the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. Additionally, we provide Talking Therapy Services in Richmond. We also provide primary care services in two GP practices in Bedfordshire along with primary care services to homeless people from three practices, one each in Tower Hamlets, Hackney and Newham.

The Trust provides forensic services to the City of London and the London Boroughs of Hackney, Newham, Tower Hamlets, Barking and Dagenham, Havering, Redbridge and Waltham Forest. The specialist Forensic Personality Disorder Service serves North London.

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

ELFT 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, as is Luton. The county of 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 health, community health and primary care services.

The Trust operates from over 100 community and inpatient sites, employs just over 6500 permanent staff and has a total annual income of £552million. The Trust provides Mental Health, Community Health and Primary Care services. Mental Health Services provide the greatest proportion of ELFT income, however current 'block' funding arrangements, instituted in response to the COVID pandemic mean it is not currently possible to calculate a breakdown of income by service type.

As during 2020/21 the Covid19 pandemic has cast a shadow over the country, and impacted on all health providers, with 2021/22 bringing some sense of consolidation and recovery as the year progressed.

Increasing integration of services, and greater partnership working, has continued apace, exemplified by the Mental Health Community Transformation project taking place across East London and Bedfordshire.

The project aims to deliver:

More joined-up care

We've been working more closely with Primary Care, Local Authority and Voluntary, Community and Social Enterprise (VCSE) partners to deliver more integrated and flexible care, to better support people with their mental health as well as to address some of the wider determinants of their health.

Care closer to home

We've been developing a more localised model of care built around neighbourhoods, and bringing care closer to home. By building our partnerships we're also able to offer more treatment and support in primary care or community settings.

Tackling inequalities

By working in closer partnership with service users and local communities, we've been able to focus on tackling some of the inequalities in access, experience and outcomes that some groups face.

Coproduction

Bringing these different partners together with people who have lived experience of mental health services, we are aiming to embed a more coproduced and collaborative approach to how services are designed and delivered in the future

Over the course of 2021/22 we have been scaling up our new model of care from a handful of 'pioneer' sites, to being the standard model of community mental health care that is delivered across all 24 of our Primary Care Networks in East London. This means people accessing care today see a wider range of staff including new roles like Community Connectors, Clinical Associates in Psychology (CAPs), Mental Health Practitioners in Primary Care, and GP Mental Health leads.

Services are also working much more closely together to reduce people's experience of being 'bounced around'. By having frequent (sometimes daily) multi-agency mental health huddles, professionals have developed stronger relationships and improved communication, and enabled more timely access to joined-up care.

We have also invested in some brand new services, including a Community Eating Disorder service which will cover all three East London boroughs and will be opening later this year.

In support of our growing partnership approach, we have run two grant schemes with the support of Compass Wellbeing CIC – one was a microgrant scheme to support hyper-local organisations, and the other was a larger programme of Voluntary Sector investment with two focus areas – inequalities and resilience. The total number of grant recipients of these two programmes was over 50, and total investment approximately £1.9m, all of which is enabling really focussed and often innovative community-based support for residents.

The Transformation Programme within the East London NHS Foundation Trust provided an opportunity to identify and address the unmet mental health needs of BAME people within local communities in Tower Hamlets, Newham and City and Hackney.

Between February and March 2021, we ran a series of BAME "Let's Talk" focus groups in each of the three boroughs respectively. The aim of these groups was firstly to understand the experience of Black, Asian and minority ethnic people with lived experience of accessing mental health services, or caring for someone accessing services. And following on from

that understanding, to generate ideas for change, building on the momentum of the wider Transformation work within the Trust. We've also been fully focussed on delivering the recommendations of the 'Let's Talk' report, and each of the boroughs has a BAME Implementation Group established to oversee its delivery.

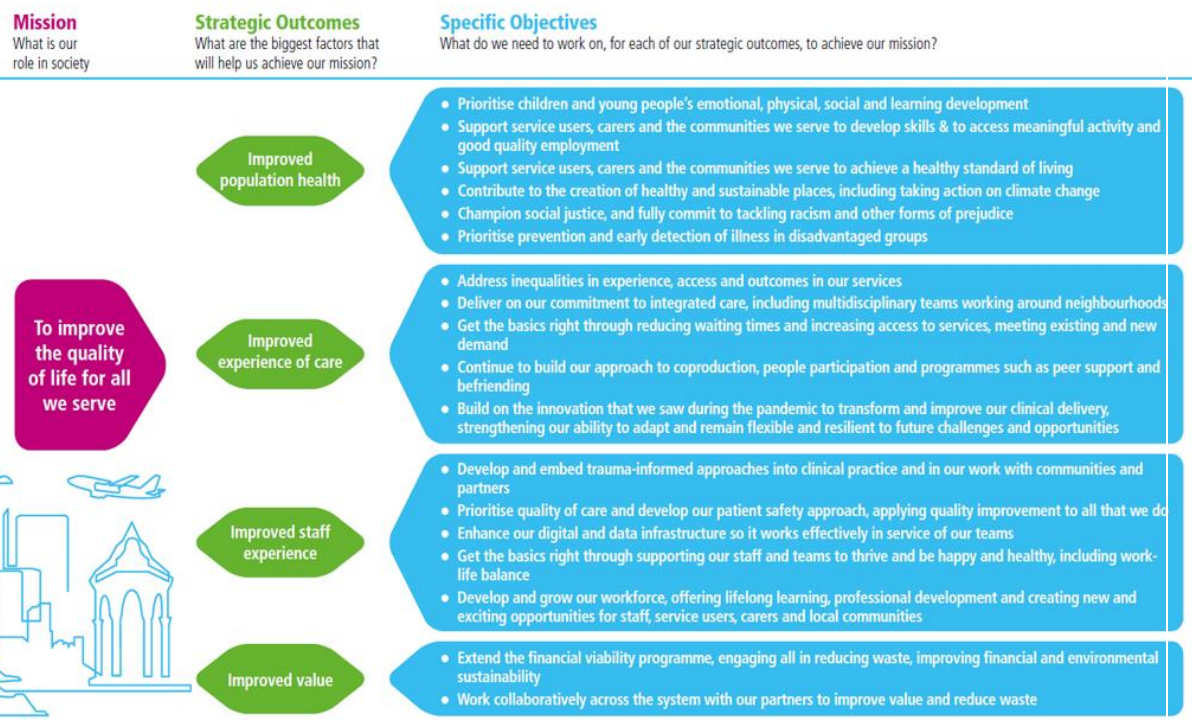
Our Trust Strategy

The ELFT Board commissioned a refresh of the Trust strategy in early 2021. Our existing strategy was developed in 2017 and reached through to 2022. Given the immense change and challenge brought by the pandemic, the advent of integrated care systems across England and the changing demographic and needs in our local communities, the refresh of our strategy ensures that we are adapting to our changing environment and focusing on the priorities of our service users, local communities and system partners.

Between June and August 2021, we undertook a 'Big Conversation' to engage a range of stakeholders, both within and outside the Trust, to help us understand what our priorities should be in a refreshed strategy through to 2026. We have utilised a range of methods (online workshops, paper forms, online survey, existing meetings) to engage key stakeholders in helping us understand where to focus in the future, and have heard from almost 400 people.

The new strategy that has been shaped by that big conversation retains the mission "To improve quality of life for all" and four strategic outcomes (improve population health, experience of care, staff experience and value – the triple aim) from our previous strategy – during the big conversation we had substantive feedback that these remain relevant and recognised by service users, staff and partners, and they align with the triple aim, which will become a statutory duty of NHS providers and Integrated Care Systems from July 2022.

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.





Part 1 – Statements on Quality

1.1 Statement on Quality from Paul Calaminus - Chief Executive Officer

The 2021-22 financial year has been one in which working to improve service users experience of care and the health of the population have never been more important. The impact of COVID-19 has been felt not only directly as a result of the virus, but also in the way that this has affected the wider physical and mental health of the population. This has been true of our staff as well as those who use our services.

The Quality Accounts outline how we have approached our continued goal to improve the quality of life for all we serve, and how we have aimed to improve and develop our service offers, as well as to tackle some of the backlogs that have resulted from the impact of COVID-19. In doing so, we have continued to develop and implement new models of service, and to work in partnership with service users across the range of services that we provide. We have continued to work to embed quality improvement methodology, and to bring a focus on inequalities into our work across the Trust. We have continued too to provide support for our staff, many of whom have also experienced significant impacts as a result of COVID-19. It was pleasing to see this work recognised by the Care Quality Commission in both primary and secondary care services in the Trust.

We remain focused on how to improve services and the quality of life for all we serve; to learn lessons when things go wrong and make improvements; to continue to develop new services, working with those who use our services, and, through this work, to try and address inequalities in our local populations

1.2 Statement on Quality from Dr Amar Shah - Chief Quality Officer

I am pleased to introduce the quality account for East London NHS Foundation Trust for 2021-22. The year has continued to be dominated by the impact and response to the global pandemic, which has changed so much about our world, the lives of our local citizens and service users and the working lives of our staff.

We are immensely proud of the extraordinary lengths that our staff and service users have gone to, to support our local communities and keep people safe and well during the covid-19 pandemic. 2021-22 has been a year of rebalancing – ensuring we remain alert and responsive to the impact of covid, whilst also reorientating ourselves to a world in which we need to live with the virus.

We have been paying particular attention to ways of managing the increased demand that our services have been experiencing, both in our community-based services and for inpatient care, to ensure that people can access care and treatment when needed. Waiting lists for our services have grown over the last two years, as staff have understandably needed to prioritise their time and expertise to manage the acute phases of the pandemic. Our teams have adapted to innovative new ways of working, some of which offer us much potential to be able to support people more effectively and provide more access. We have been utilising our quality improvement capability to help us navigate this challenge, supporting teams to think creatively about potential solutions, rather than simply trying to work harder.

Whilst supporting our teams to rest and recuperate, to manage the longer waits and higher demand that we are experiencing, we are still maintaining our energy to innovate and push the boundaries of what an NHS provider can do, in order to improve outcomes for our local communities. 2021-22 has seen the emergence of exciting work to become the first 'Marmot Trust' in the country, working with our local partners in order to implement the eight Marmot principles to address inequity and create a fairer society. A new quality improvement programme on Pursuing Equity launched in April 2022, supporting teams to work with service users and carers in order to identify and tackle disparities in experience, access and outcomes. The community mental health transformation programme has extended to Bedfordshire and Luton, and is already testing a number of innovative ideas to ensure people can access a wider range of support in order to improve access to expertise and support that can make a difference to people's quality of life.

Importantly, in the Summer of 2021, we refreshed our Trust strategy for the next 5 years. It has been an important time to reflect and regroup, with the emergence of integrated care systems, the widening of inequalities through the pandemic and the radical change in ways of delivering care. Through the Big Conversation, we engaged with a wide range of stakeholders, including citizens in our local communities, and local partner organisations, as well as our own service users, carers and staff, to develop our priorities for the five years ahead.

Providing high quality care remains at the heart of our ambitions at ELFT, and gives us the platform on which we can influence and engage wider, in order to impact on the many factors that create and sustain health for people in our local communities. We are proud to have received a third consecutive Outstanding rating from the Care Quality Commission in 2021.

There remains much for us to improve, involving people with lived experience as equal partners, and using quality improvement to keep testing and learning...



Part 2 – Priorities for Improvement and Statements of Assurance

In this section the Trust updates on progress on delivering our priorities for improvement for 2021/22, along with statements of assurance from our Trust Board.

Our mission is to improve the quality of life for all we serve, and our commitment to delivering the highest quality care remains. We continue to place the service user at the heart of everything we do, and are working tirelessly with our partners to achieve our mission.

This annual Quality Report provides the platform to share both our progress and achievements during 2021/22 and our plans and priorities for 2022/23.

During 2021/22 the Trust provided and/or sub-contracted 143 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 143 of these relevant health services. The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2021/22.

2.1 Reflections on 2021/22 – Progress Against Priorities

As set out in last year's report, our annual plan for 2021/22 focused on the following priorities aimed at progressing our aim to improve the quality of life for all we serve.

- *Triple Aim*
- *Enjoying Work*
- *Demand, Capacity and Flow*
- *Building QI capability*
- *Service user involvement*

The Trust's quality improvement plan (figure 1), demonstrates how Quality Improvement (QI) work across the Trust was organised to support delivery of the Trust's annual plan. Building the QI knowledge and skills with our staff, service users and across partner organisations in our two integrated care systems is crucial to embedding a culture of quality improvement. In support of this, we made the 'Pocket QI' introduction to quality improvement training available for external participants to join.

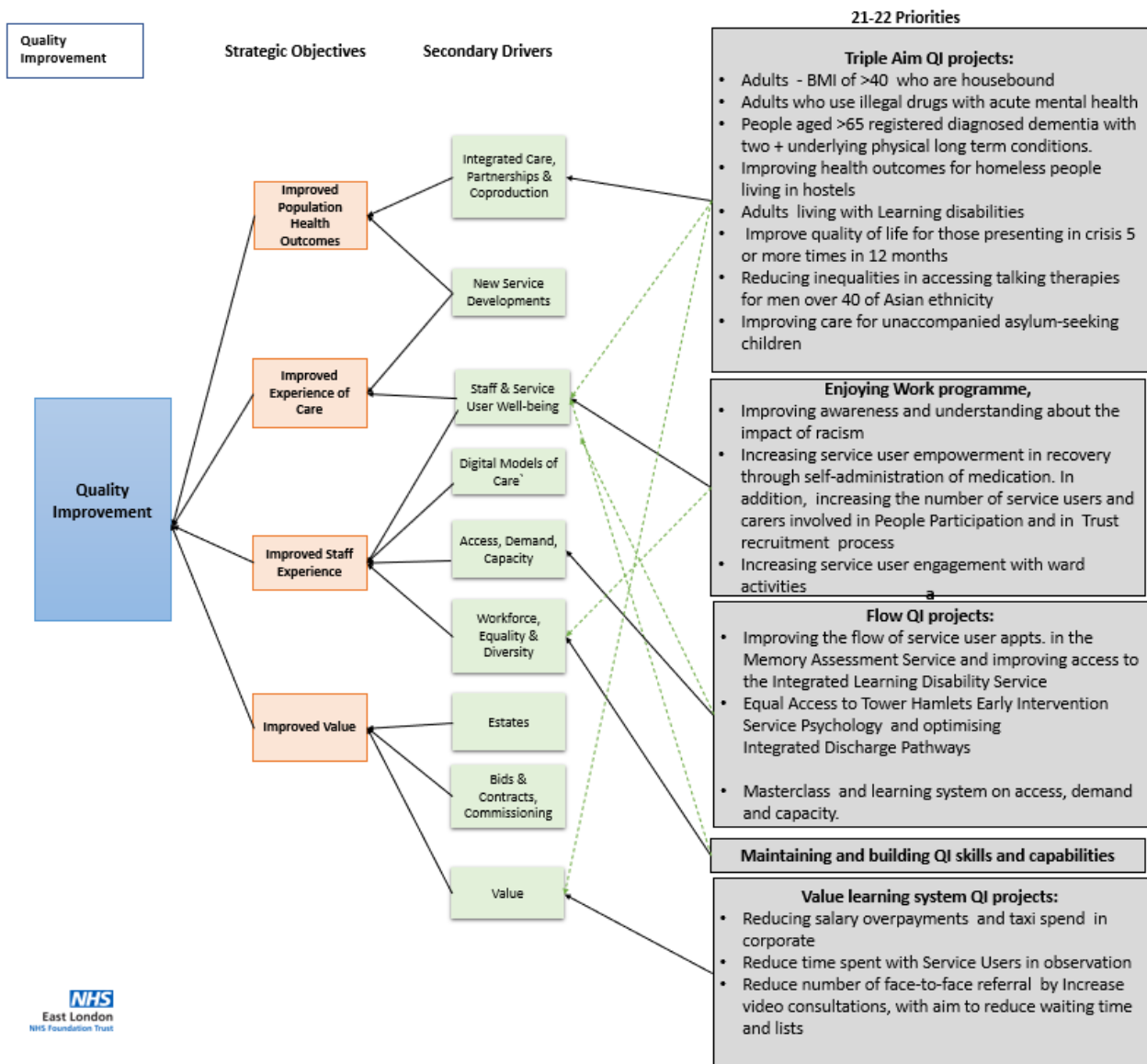


Figure 1. Trust annual quality improvement plan for 2021-22

Improving Population Health:

Triple Aim

The ‘Triple Aim’ learning system restarted in June 2021. The Triple Aim approach aims to simultaneously improve health outcomes, experience of care, and value for specific populations. This involves working with local external partners to effect better outcomes for population segments. In 2021, nine teams from across the organisation utilised the triple aim and QI to improve outcomes for specific populations. Triple Aim projects take a multi-year approach to improving outcomes. Of the nine Triple Aim projects, five progressed to the point of starting to test change ideas. Two new projects started in January 2022, one is working on reducing inequalities in school age children in the South Luton neighbourhood and the other for children in North, East and Central London are still working to identify a specific population. These projects are aligned to the Trust’s commitment of becoming a ‘Marmot’ Trust that works to improve social justice, health and sustainability in order to maximise individual and community potential. The other projects were focused on:

- Improving the health outcomes of people over the age of 65 with Dementia with two or more complex physical health conditions in Leighton Buzzard
- Improving the quality of life, and what matters to housebound adults who have a (body mass index) BMI of over 40 living in Newham
- For frequent users of crisis pathway services in Newham to thrive, be socially connected and receive the right support at the right time
- Improving health outcomes for homeless people living in Tower Hamlets' hostels
- Improving quality of life of care home residents across 5 care homes in Tower Hamlets
- To build health and social opportunities for armed forces veterans and their families to ensure acceptance and adding value to the Veterans Community
- Reducing health and life inequalities for Asian men over 40 living in Bedford

Marmot Trust

ELFT has committed to becoming a Marmot Trust. This involves working across sectors and organisational boundaries in a place-based way to improve population health in the communities we serve. In Luton, the initial priority area of focus will be to '*create fair employment and good work for all*' in line with the council's initiative to become a Marmot Town. In Newham, the initial focus will be on the wellbeing of children and young people in Newham by focusing on the two principles, 'giving every child the best start in life' and to 'enable all children, young people and adults to maximise their capabilities and have control over their lives'. We will be looking to apply QI approaches where it would enhance collaboration and improve outcomes, most likely around collaboration with a bias to action so we can test and learn in a deeper way, identifying a portfolio of projects, developing a measurement plan and supporting the testing and scaling of ideas. This work launched in February 2022 with a workshop in partnership with the IHI (Institute for Healthcare Improvement) and a stakeholder round-table event with partners in Luton to coproduce high impact areas of focus to enhance employment and skills. A similar session was held in Newham in March 2022.

Improving Experience of Care:

Addressing Inequalities

A new quality improvement programme aimed at 'Pursuing Equity' was designed in partnership with public health, people participation and the staff networks and launched in April 2022. The programme will support teams to understand what contributes to inequity within the population they serve, use improvement methods to test meaningful change ideas and develop measurement plans to know if they are making an improvement.

There are more than 20 QI projects across the Trust that aim to improve the experience of care through addressing inequalities and inequity in service users' experience, access to care and outcomes. Below are a few examples:

Quality improvement aim	Team
Tackling racism against staff	East India Ward in Forensics service
Increasing representation of the South Asian community in the cancer, palliative care and clinical health psychology service	Clinical Health Psychology Service in Bedfordshire Community Health Service
Improving access to preconception counselling for women with severe mental illness	City and Hackney Perinatal Team
Improving health outcomes for homeless people living in Tower Hamlets' hostels	Tower Hamlets Mental Health
Reducing inequalities by improving cervical screening uptake	Primary Care - all teams
Increasing access to mental health services for Black, Asian and minority ethnic service Users	Dean Cross team in Tower Hamlets Mental Health
Improving access for people with a learning disability to receiving electrocardiograms	Bedfordshire and Luton Learning Disability Services
Veterans Community at ELFT: meeting the required standards of the Veterans Healthcare Alliance	Veterans Alliance Team in Corporate services
Improving COVID vaccination uptake and reducing vaccine inequalities amongst ELFT staff	Trust Wide

Reducing waiting times and improving access to services

In 2021, four workshops were run to equip teams who were tackling long waiting lists and backlogs for assessment and treatment with the theory of flow management and quality improvement tools. Twenty-seven teams participated in these sessions. Some of the improvement seen by six out of the eighteen teams that were coordinating their improvement efforts through QI projects were:

- Bedfordshire Wellbeing Service increased the percentage of service users entering low intensity groups from 17% to 42%
- Bedfordshire community mental health team reduced the wait for occupational therapy appointments from 14 weeks to 3 weeks
- Luton crisis resolution and home treatment team reduced unnecessary pharmacy interventions from an average of 5.2 to 2.5
- City and Hackney integrated learning disabilities service reduced time from referral to assessment from 304 days to 81 days
- City and Hackney mother and baby unit reduced time from referral to screening from 464 minutes to 67 minutes

- Bedfordshire pharmacy team reduced the time taken to produce reports from 24 days to 10 days.

Given the strategic importance of tackling waiting lists and demand in the wake of the pandemic, a new year-long quality improvement programme on 'Optimising Flow' is currently being recruited to. This programme will launch in June 2022 and provide support to accelerate work across pathways of care to manage demand, develop creative ideas to enhance capacity and reduce waiting times.

People participation

A continuing priority was to strengthen meaningful service user and carer involvement in improving services. At the end of the financial year, the data was still showing random variation (figure xx) for the trustwide combined Big I (equal partnership and co-production) and Little I (consultation and feedback) levels of service user involvement. The work will be continuing in 2022-23. Some of the change ideas that were tested in directorates include:

- Co-designing and co-delivering all QI training related to service user involvement
- Standing agenda item on improving service user involvement at QI Forums and QI coaches' community meetings (Bedfordshire Community Health Services)
- Co-producing the directorate's QI Plan with service users (Bedfordshire & Luton Mental Health Inpatients).
- New projects presenting their proposal to the local Working Together Group and inviting service users to join the project (Community Health Newham)
- Inviting the Head of People Participation to help corporate teams think about how to involve service users in services that are not patient facing (Corporate)
- The QI Forum to have a service user as a co-chair (Bedfordshire & Luton Mental Health Crisis pathway)
- New QI projects required to have service user involvement in order to be approved (City and Hackney Mental Health)



Figure 2 - Percentage of total service user involvement from across the Trust – P Chart

Reducing pressure ulcers

Improving patient safety is a key part of our efforts to improve quality and patient experience. During the acute phase of the pandemic, the number of acquired pressure ulcers increased across the Trust for a variety of reasons that included the reduced ability to enter people's homes and support good skin care. Quality Improvement was utilised by the community nursing teams from Tower Hamlets, Newham and Bedfordshire in February 2021, with the

aim of reducing the number of pressure ulcers by 10% by December 2021. The team tested a range of change ideas including the use of telehealth and improved referral and triage process. More recently the Newham team have been testing a pressure ulcer passport with service users. Results demonstrate a sustained 30% reduction in pressure ulcers across the Trust over the period of the project (figure 3).

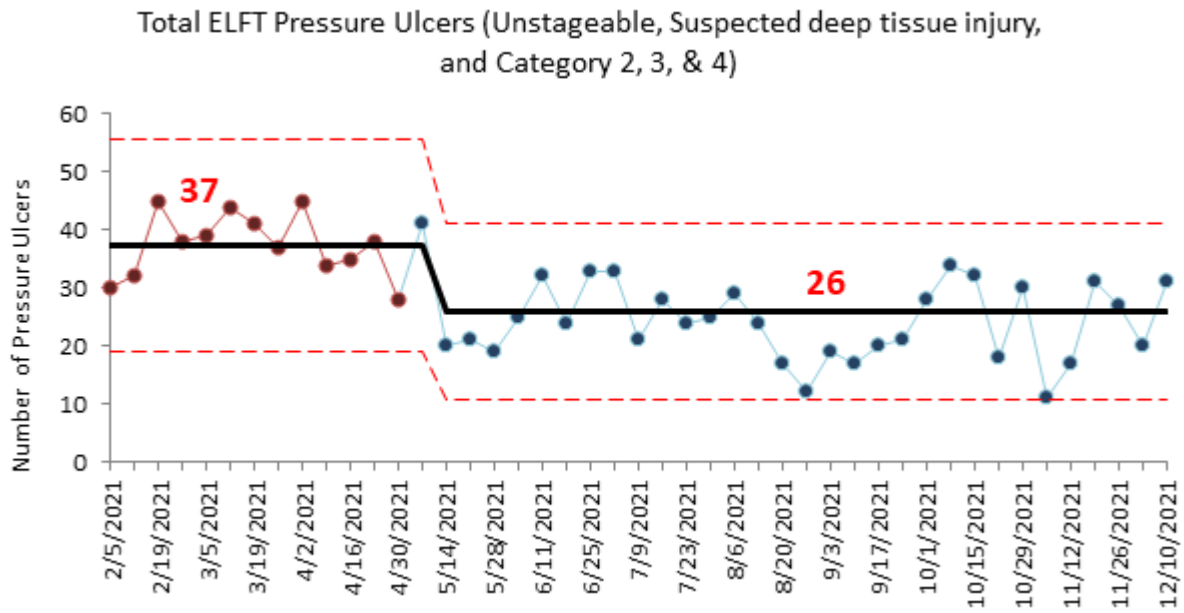


Figure 3 - Total ELFT pressure Ulcers - C Chart

Improving Staff Experience:

New starter project

In 2021, a quality improvement project brought together a number of corporate teams to collaborate on improving the experience of new starters at ELFT. The project has achieved their original aim of all staff receiving access to clinical systems within five days (figure 4). Change ideas tested include allocating the smartcard before the start date and ensuring IT equipment orders are received from line managers 10 days before the start date. The project team are now working towards ensuring all have their IT equipment and an active smartcard within five days of starting.

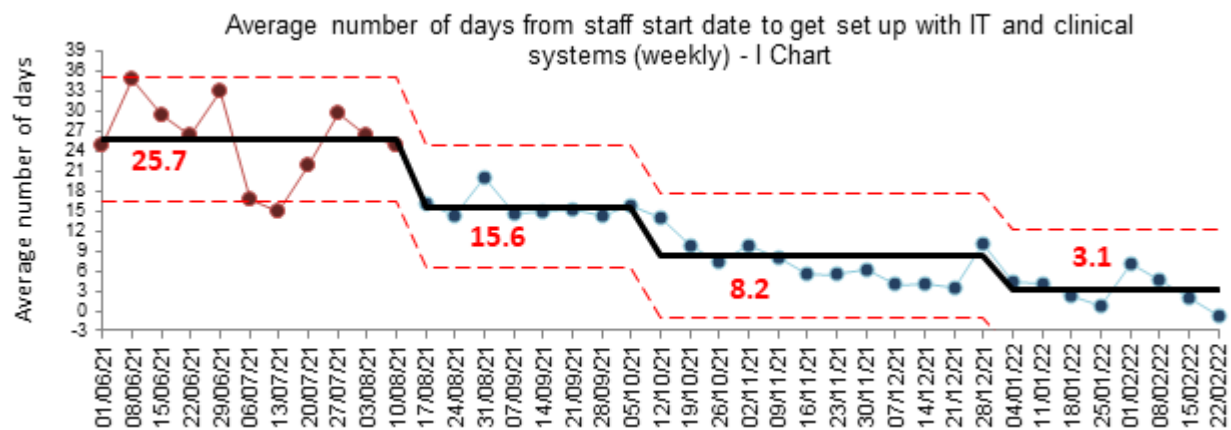


Figure 4 - Average number of days from staff start date to getting set up on IT and Clinical Systems - I Chart

Capability building:

Ensuring that all staff have the skills and confidence to improve the system in which they work, is core to delivering our Trust strategy. Quality improvement training and opportunities to apply the methods are offered to all staff and service users. These opportunities to grow and learn have a meaningful impact on improving staff experience. The graph below shows the number of staff and service users who have been trained each year through the three core offerings. *Pocket QI*, a one-day foundation course was delivered to 290 staff and service users in 2021.

An average of 26 people complete this training each month. The *Improvement leaders programme*, a six-month course to support specific improvement work was delivered to 159 staff and service users in 2021. There were 119 participants who started in 2021 and due to complete the course in April 2022. The *Improvement coaching programme*, a six-month course designed to develop QI coaches within ELFT who can support teams to apply quality improvement to a real-life issue, has developed a further 53 coaches in 2021. There were 35 coaches who started in 2021 and due to graduate in May 2022 and will join the 124 active coaches that make up the ELFT QI coaching infrastructure.



Figure 5 - Total number of people trained in quality improvement each year

The annual staff survey for 2021 shows that 66% of ELFT staff reported that they are able to make improvements in their area of work, compared to the national average of 59%. This is similar to the previous year. This was identified as one of the top 5 scoring areas for the organisation. Among other things, this is in part related to the Pocket QI training which roughly 1 in 6 existing staff have completed and has enabled them to contribute to the improvement their service using a trusted and shared model. Despite the change in the delivery method of the training at different stages of the pandemic, an average of 92% of attendees continue to report that they would recommend it to others as shown in the chart below (figure 6).

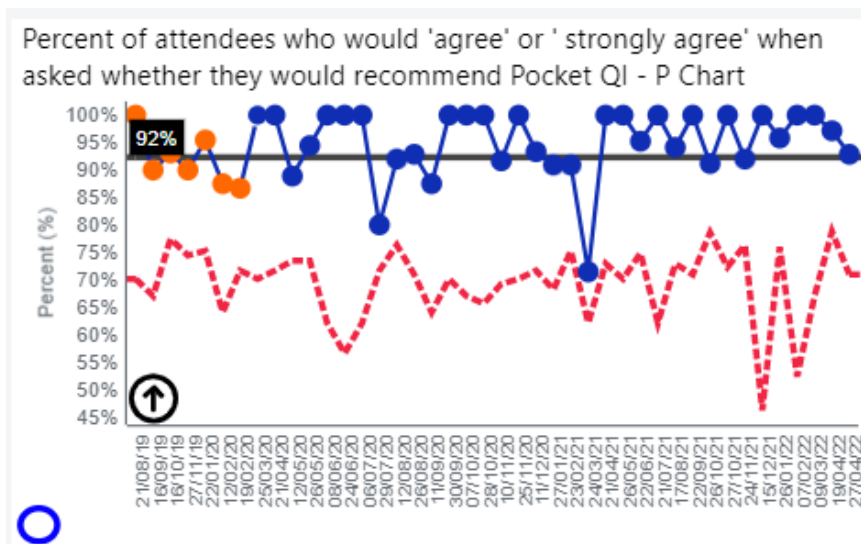


Figure 6 - Percentage of attendees who would recommend Pocket QI Training - P Chart

Improving Value:

Environmental Sustainability

The Trust has committed to contributing to the creation of healthy and sustainable places, including taking action on climate change. The aim of the 'ELFT Green Plan' is to reduce direct and indirect carbon emissions at ELFT by 2025. The project started in late 2021 and have created a driver diagram to visualise their theory of how to achieve the aim. They are now in the process of trying to understand key factors impacting on sustainability as well as how to measure and evidence progress when they start testing new ideas. Six workstreams have been agreed that will bring together teams working on similar areas: estates & facilities, medicines, procurement, sustainable models of care, travel and transport and workforce leadership. Each workstream will have a driver diagram and measurement plan. The work will initially focus on estates and sustainable models of care.

Reducing Agency Spend

A team is working towards reducing spend on agency staff by 25% by December 2022. The greatest area of opportunity for improvement is around systems and controls that are in place, or in some cases, not being applied consistently, or not in place at all. The team have run process mapping sessions with the temporary staffing team, customer feedback sessions with matrons and have sought feedback from recruiting managers and staff who have started on the bank in the last 6 months. Some of the impactful change ideas that have been tested include:

- Monthly contract monitoring meetings for reviewing invoices – this has led to a refund of £30k from a supplier due to high commissions
- Creating separate budget codes for services across a directorate – this allows for a better understanding of agency costs by service
- Coaching for Clinical Directors by Finance business partners – this has resulted in a price cap being applied for locum hourly fees which can only be exceeded with the express authorisation of the Chief Medical Officer
- A process for booking agency staff using a main supplier – this has resulted in a reduction in the use of non-framework agencies

- Targeted recruitment onto the staff bank - two doctors have agreed to join ELFT bank from agency
- Regular review of aggregated data from agency usage – some rates have been re-negotiated with suppliers as a result

The changes have not yet impacted the percentage of agency spend (figure 7) and the project will be continuing in 2022-23.

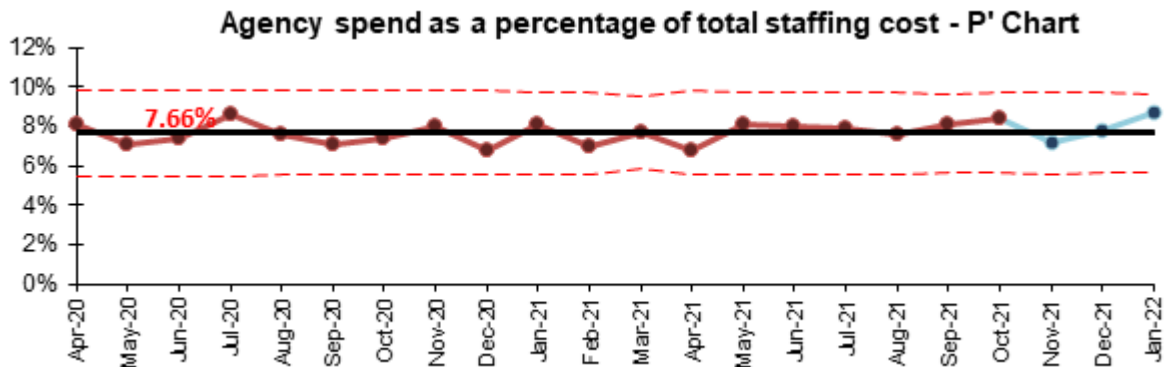


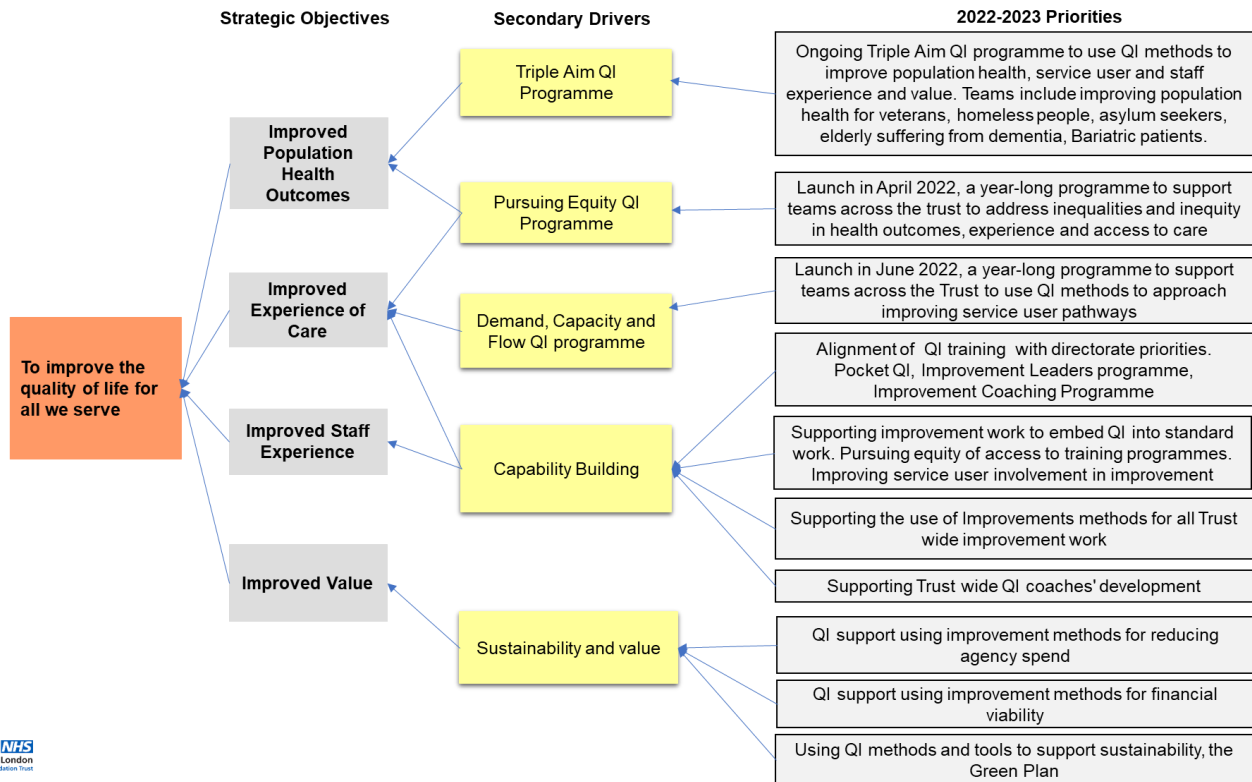
Figure 7 - Agency spend as a percentage of total staffing cost - P Chart

IHI Annual Visit

ELFT's strategic partner, the Institute for Healthcare Improvement (IHI) conducted their annual visit in February 2022 and met with staff, service users and carers to learn about improvement work happening across the Trust. They gave much commendation for how improvement work was being openly shared, the leadership on people participation, the commitment to equity and taking a trauma-informed approach to staff wellbeing, safety and dignity. They offered some opportunities about extending quality improvement (QI) beyond projects and into daily work within teams and into larger-scale change across the Trust, and about having a clear line of sight between the new Trust strategy and improvement work.

2.2. Quality Priorities for the coming year – looking forward to 2021/22

The driver diagram below sets out our priorities for the coming year, and shows how quality improvement projects across the Trusts link to the key strategic priorities for ELFT and the annual plan for 2022-23.



2.3 Participation in Clinical Audits

2.3.1 National Audit

Throughout 2021/22, East London NHS Foundation Trust participated in 6 national clinical audits and 1 national confidential inquiry which covered services that East London NHS Foundation Trust provides. A list of these are provided below, along with the organisation which relevant data was submitted to.

Description of National Audit/Confidential Inquiry	Submitted to
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists
National Audit of Dementia (NAD)	Royal College of Psychiatrists
National Inpatient Diabetes Audit (NaDIA)	NHS Digital
National Diabetes Audit Programme	NHS Digital
National Audit of Cardiac Rehab (NACR)	University of York
Mental Health Clinical Outcome Review Programme	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

Data was submitted to 7 national clinical audits and 1 national confidential inquiry. A breakdown of the number of teams involved and cases submitted is displayed in the table below where available. Each national audit is assigned Clinical Lead who oversees and supports data collection, and is also responsible for the sharing back of audit findings and identifying actions for improvement.

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION		Lead
	Teams	Submissions	Organisation	Submissions	
POMH-UK Quality Improvement Programme (QIP) 19b: Prescribing for depression in adult mental health services	22	73	Report due to be published May 2022	Report due to be published May 2022	Dr Dominic Dougall
POMH-UK Quality Improvement Programme (QIP) 1h & 3e: Prescribing high dose and combined antipsychotics	Currently ongoing	Currently ongoing	Report due to be published September 2022	Report due to be published September 2022	Dr Phil Baker

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION		Lead
	Teams	Submissions	Organisation	Submissions	
NCAP: Early Intervention in Psychosis Audit 21/22	4	350/350 (100%)	Report due to be published Summer 2022	Report due to be published Summer 2022	Dr Olivier Andlauer
NAD: Spotlight audit in community-based memory assessment services	4	203/200 (102%)	Report due to be published August 2022	Report due to be published August 2022	Dr Walid Fawzi
NHS Digital: National Inpatient Diabetes Audit (NaDIA)	23	23	Report due to be published May 2022	Report due to be published May 2022	Kate Corlett Bernadette Kinsella Eleanor Thompson
National Audit of Cardiac Rehab	1	458	191	Data not made publicly available	Kelly Read
National Diabetes Audit Programme: Core National Diabetes Audit	Data is extracted via GPES (general practice extraction service)	Data is extracted via GPES (general practice extraction service)	Data not made publicly available	Data not made publicly available	N/A
National Confidential Inquiry into Suicide and Safety in Mental Health: Mental Health Clinical Outcome Review Programme	N/A	20	Data not made publicly available	Data not made publicly available	N/A

In 2021/22 the preliminary results for 1 national audit and the national report for 1 national confidential inquiry ELFT participated in.

The Trust received the preliminary results for participation in the NCAP EIP Audit 21/22, pending release of the national report in summer 2022. The results were heavily caveated however, this enabled Early Intervention services to review their results, reflect on the findings and focus on improvement planning prior to release of the national and local reports in summer 2022.

The data, similar to the previous year, reflects service provision during COVID-19, where EIP services experienced disruptions and lockdowns. Services found it difficult to deliver interventions such as Carer Support and Education and Family Interventions due to avoiding face to face contact during this time however, such programmes have since been re-established. Teams are expecting to see improvements reflected in the following years audit results.

Teams also reported challenges around delivering Family Interventions due to demand on the team exceeding capacity and have actively addressed this by implementing actions such as training programmes to ensure BFT training for all care coordinators and psychology staff and have made amendments for families to opt out rather than opt in for BFT to increase uptake.

The Mental Health Clinical Outcome Review Programme published their National Confidential Inquiry into Suicide and Safety in Mental Health Annual Reports in May 2021 and April 2022.

The Cardiac Rehab team participate in the National Audit of Cardiac Rehab on an annual basis. For the last 5 consecutive years ELFT Cardiac Rehab team have been certified as green meaning the service provision meets the audit standards.

2.3.2 Trust Clinical Audit Activity

Throughout 2021/22 the Quality Assurance team has continued to facilitate the trustwide Clinical Audit Programme. During 2021/22 it was decided that the frequency of audit cycles is to be reduced from 4 to 3 times per year. As the timelines for the audit cycles have been adjusted, there were 4 audit cycles in 2021/22, carried out in April, July, November and February. From 2022/23 onwards clinical audit cycles will take place in June, October and February.

One medicines audit, Controlled Drugs, will continue to be audited 4 times per year, at the start of each quarter.

The clinical audit programme consists of a mixture of Pharmacy related audits, Infection Control audits and Directorate specific audits. All of the audits are listed below, along with a breakdown of where they are reported to and which directorates they apply to.

Audit Priority	Lead Committee	Directorate
Medication Audits – Controlled Drugs, Safe and Secure Handling of Medication, Transcribing Procedures and Clinical Use of Medication	Quality Committee / Medicines Committee	All
Infection Control Audit	Quality Committee / Infection Control Committee	All
12 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All

The newly formed Primary Care directorate has during 2021/22 implemented their medical equipment audit and specifically designed pharmacy audits. These were audited 3 times in 2021/22.

The Trust has a clear process to support learning and improvement from clinical audit. All audit results are communicated to Directorate Management Teams, Audit leads, local Quality Assurance Leads and Lead Pharmacists. Local audit leads disseminate audit results

after each audit cycle and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Agreed priorities and associated actions are expected to be logged on an audit action tracker. Each action have an allocated owner who is responsible for completing the action and update the tracker accordingly.

To provide an example, in the City and Hackney Mental Health directorate audit results are discussed at the Senior Nurses' Meeting as well as the Community Managers' meeting, and managers meetings for urgent and specialist teams. They are also discussed at quality DMT. Actions are agreed and discussed with individual teams where applicable. All agreed actions are documented on their designated action tracker.

Another great example is the Forensics directorate; they discuss audit results in both Forensics Quality Committee and Clinical Improvement Group meetings. The directorate have a shared live document where any actions in response to gaps found in the data are documented.

2.3.3 Service User Led Accreditation

The Trust's pioneering Service User Led Accreditation programme, launched in 2019, has continued in 2021/22. Clinical services volunteer to participate in the process. The process consists of a self-assessment against service user defined standards for excellence, followed by a visit by service user assessors to test the self-assessment and assess compliance with the standards. Following the visit an Accreditation Panel award the service Gold, Silver or Bronze depending on the number of standards met during the assessment visit. Services that do not meet the required 70% of standards are offered a package of support to work towards accreditation. The service is invited back to the panel once improvements have been made and they can provide evidence of meeting the required number of standards.

The programme has been impacted by the Covid-19 pandemic and the move to virtual working. Visits have continued to be conducted virtually throughout 2021/22. All service users and staff have been given additional support to undertake virtual visits. This includes additional training and technology support. All virtual visits include a Quality Assurance 'Tech person' whose role is to be in the background of the visit for extra support. The additional support has ensured that clinical services and service users continue to benefit from participating.

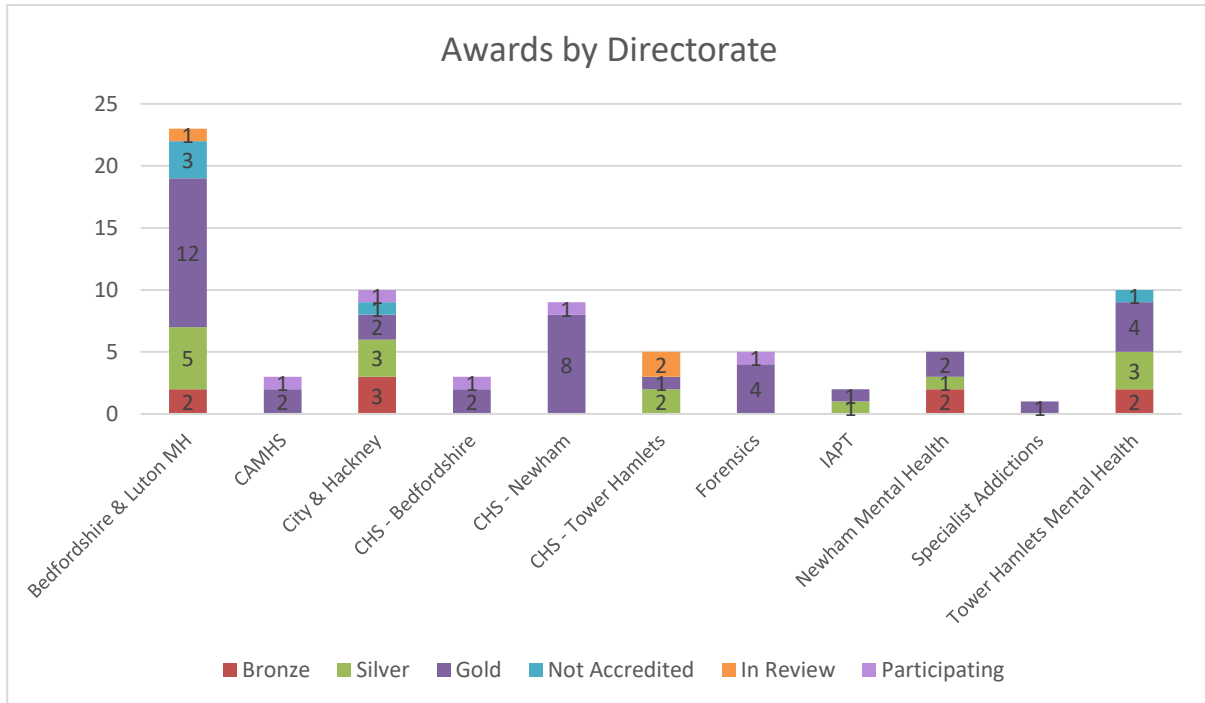
Prior to 2021/22 registrations to participate in the programme opened quarterly. During 2021/22 the decision was made to change this to allow registrations on an ongoing basis. This increases the availability of opportunities for service users on a regular basis, and further allows flexibility for services to identify the best dates for their self-assessment deadline as well as their visit.

In the past year, 20 clinical teams have registered to take part. Out of these, 8 teams have completed their assessment and visit, 3 teams have dropped out of the process before its conclusion. 9 teams have requested to defer starting the process until spring 2022. On average, the conversion rate of teams starting their self-assessment and fully completing the process during 2021/22 was 62%.

A total of 79 clinical teams have participated since the start of the programme.

Outcome of assessments

The accreditation awards are summarised below. All teams are encouraged to take steps to improve based on the outcome of their assessment, and, when they feel the time is right, to put themselves forward for a further assessment.



Impact of the programme

As part of the accreditation process, feedback is routinely collected from the clinical teams and assessors involved. Feedback is discussed weekly at team meetings. In 2021/22 we have established processes of also providing feedback to our assessors following their participation in an assessment visit, to ensure they are supported to reach their full potential within the programme.

Feedback collected from clinical services showed that all would recommend other services to take part and rated the experience as valuable. One example of service feedback:

"Receiving the positive feedback from the assessors and being told that we are doing an excellent job and providing a valuable service is priceless"

The impact of the programme has further been explored via storytelling. So far 3 clinical teams have been interviewed to share what participating meant to them. We are hoping this will encourage other teams to participate.

We have continued to host regular 'Assessors together' sessions with our assessors. This provides a space for shared learning and connections between assessors.






In May 2022 we will be hosting an external event where we will share how we developed and implemented the programme. The event will include the impact the programme has had on service users, clinical teams and on the trust as a whole. The content is co-produced with service user assessors who have been part of the programme since it launched. We hope

the event will inspire other organisations to develop something similar, spreading the impact beyond ELFT.



We are continuously working on improving and developing the programme and it is a main QA priority for the next year. We will continue to partner with our service users to review and develop our processes. We are planning to resume in-person visits where appropriate from summer 2022.

2.3.4 External Accreditation

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

Accreditation scheme	Location	Services Accredited
	Newham	Emerald Ward Ivory Ward Opal Ward Ruby Ward Sapphire Ward Topaz Ward
	Tower Hamlets	Globe Ward Roman Ward Brick Lane Ward
	Bedfordshire & Luton	Willow Ward Ash Ward Coral Ward Onyx Ward Crystal Ward
	East London	Coborn Centre for Child and Adolescent Mental Health
	East London	Mother and Baby Unit
	City and Hackney	City and Hackney Perinatal Outpatient Service
	Tower Hamlets	Tower Hamlets Perinatal Service
	Bedfordshire & Luton	Bedfordshire and Luton Perinatal Service
	East London	Cauzabon Ward
	City & Hackney	Bevan Ward
	Bedfordshire & Luton	Jade Ward

	East London	John Howard Centre/ Wolfson House
	Newham	Newham South
	Tower Hamlets	Bethnal Green CMHT
	City & Hackney	City & Hackney CAMHS
	Newham	Newham CAMHS Community Team
	Tower Hamlets	Tower Hamlets CAMHS Community Team
	Bedfordshire & Luton	Bedfordshire CAMHS Luton CAMHS
	East London	East London Eating Disorder Service for Children and Young People
	City & Hackney	City & Hackney Home Treatment Team
	Tower Hamlets	Tower Hamlets Home Treatment Team
	East London	Tower Hamlets ECT Clinic
	Bedfordshire & Luton	Luton ECT Suite (28/02/22)
	City & Hackney	City & Hackney Memory Service
	Newham	Newham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
	Luton & Bedfordshire	Luton Memory Assessment Clinic
	City & Hackney	Homerton Psychological Medicine

	Tower Hamlets	Tower Hamlets Department of Psychological Medicine
	East London	Changing Lanes Community Team

2.4 Research and Innovation

Innovation and research is a key part of the work of the NHS, ensuring that patients in the UK continue to benefit from improved and modern services, and helping to deliver better outcomes to patients across the country. Evidence shows that the engagement of clinicians and healthcare organisations in research is associated with improvements in healthcare performance. Furthermore, clinical trials activity is associated with improved Care Quality Commission (CQC) ratings.

ELFT is now two years into a five-year plan to transform Research & Innovation (R&I) into a corporate function supporting our services to deliver the improvement agenda, and broaden the spectrum of what we mean by 'R' to include not just clinical research trials, but also service evaluations, case studies, audit, and QI (Quality Improvement).

Although there were fewer studies actively recruiting participants during 2021/22; we still enrolled 560 participants into 21 studies from the Department of Health and Social Care's (DHSC) National Institute for Health Research (NIHR)¹ research Portfolio.² The highest recruiting study was the ELFT-sponsored Effectiveness of group arts therapy: Randomised controlled (ERA) trial (N=234) – a significant achievement enabling service users to engage actively in a wide range of face-to-face group therapy interventions throughout a pandemic.

A commitment to meaningful public engagement

In 2021, we created an additional Clinical Studies Officer³ post specifically for a person with Lived Experience both to provide employment opportunities for people on their recovery journey as well as to bring additional depth and breadth of lived experience to the team. This has been an extremely successful appointment, with the new team member one of our most prolific at enrolling study participants.

Working in collaboration with the experts

A significant part of research at ELFT is conducted in collaboration with a range of academic partners. In 2021, we welcomed Prof Liz Sampson of UCL as joint clinical lead for Liaison Psychiatry. Her expertise in epidemiology and health services research for older people will bring new focus to this clinical area.

In addition to Prof Sampson, two more senior academics are joining ELFT in the coming year, thus expanding our expertise in population health, older people's mental health, and learning disabilities – all new areas for ELFT in terms of research and innovation.

Consultant Psychiatrist Dr Afia Ali is a clinical-academic with a track record on stigma research and clinical trials of psychosocial interventions in people with learning disability from her previous post as Associate Professor at University College London.

¹ The NIHR was established in 2006 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". It is funded by the Department of Health and Social Care. Working in partnership with the NHS, universities, local government, other research funders, patients and the public, the NIHR funds, enables and delivers health and social care research focused on early translational research, clinical research and applied health and social care research.

² NIHR Clinical Research Network (CRN) support is available to all studies, regardless of location, study type, study size, therapy or research area, provided they meet the [Department of Health and Social Care established eligibility criteria](#). Those that do, are considered part of the *NIHR Portfolio*.

³ The CSO team is a group of research assistants, assistant psychologists and – in the future – nurse and allied health professionals (collectively referred to as 'Clinical Studies Officers', or CSOs) whose principal objective is to increase opportunities for ELFT service users, staff, carers and wider community to participate in relevant research.

While new head of Queen Mary University of London's (QMUL) Centre for Psychiatry and Mental Health⁴, Prof Claudia Cooper is a jointly appointed clinical-academic interested in the epidemiology of older people's mental health, happiness and wellbeing, and in the mental health of carers of people with dementia.

Sharing our findings

In October 2021, we relaunched the annual Health Research in East London conference, delivering it entirely on-line. Attendance at this half-day conference topped 300 people logged in live to hear brief presentations on the results from a wide range of research projects conducted in the Trust, ranging from epidemiological studies to clinical trials and qualitative work.

Twitter has proven to be a useful tool as a means to recruit and inform our followers - whether they be colleagues or service users - about the different studies the trust is supporting and ways they can get involved. In the last year we have gained over 300 followers and our profile has been viewed over 1300 times. Our engagement levels have doubled since this time last year.

One of our top tweets is a short interview with Professor Stefan Priebe, viewed over 1800 times where he talks about the PAAM study⁵ and how research can be viewed as "*the daily work of challenging existing wisdom*". We are optimistic that our growing number of followers will be inspired by the power of research through these stories and remain informed about the benefits their involvement could bring.

⁴ The Centre for Psychiatry and Mental Health is part of QMUL's [Institute for Population Health Sciences](#)

⁵ Accessibility and acceptability of perinatal mental health services for women from Ethnic Minority groups (PAAM)

2.5 Regulatory compliance - Care Quality Commission (CQC) Inspection

ELFT is required to register with the CQC and its current registration status is 'Registered with no conditions applied'.

The Trust has no conditions on registration and the CQC has not taken enforcement action against the Trust during 2021/22

The Trust received an inspection of Older People Wards and Forensic Services during September 2021. The CQC also conducted a Well Led inspection of the Trust in October 2021. The outcome of this inspection provides assurance to the Trust Board in relation to the Trust's provision of Regulated Activities, and identifies areas for continued improvement.

The findings of these inspections have been published and the trust has maintained its Outstanding rating for a third time. The Trust has had three comprehensive inspections in 2016, 2018 and now 2021.

The CQC found areas of positive practice:

- Inspectors found an overwhelmingly positive culture across the trust. Staff told us that they felt proud to work for the trust and we heard many examples of how they put the people who use services at the centre in their work.
- People participation had been extended since the last inspection and we heard of many examples where co-production was taking place. The CQC described the befriending service and Service User Led Accreditation Programme as examples of innovative co-production
- The CQC were inspired by the work being undertaken on race and privilege connected to the Black Lives Matter movement and the work taking place to improve staff wellbeing
- Quality improvement continued to be embedded and developed further across all areas of the trust.
- Work to refresh the Trust Strategy was almost complete and had been done with a wide range of internal and external consultation. The strategy on a page was clear and accessible.
- The trust had made a significant contribution to this work through its delivery of the vaccination programme in North East London.
- Partnership working had developed significantly since the previous well led review. We heard about the active participation and leadership roles by members of the trust leadership team in the two care systems where the majority of trust services were located.

The CQC also recognised challenges and areas for improvement:

- CQC stated they would like to see the progression of the work to achieve sustained improvements in recurring themes from serious incidents.
- Recognised the adverse impact some environments/estates are having on patient care and will continue to monitor short and longer term work to make improvements.
- Challenges staff report in daily use of IT equipment and platforms.

The CQC inspection identified 1 Must Do action in relation to Mixed Sex Accommodation in Older People Inpatient Services. There were also 13 Should Do actions identified within the report. An action plan is now being implemented to address each of the recommendations.

Overall
rating

Inadequate

Requires
improvement

Good

Outstanding

Are services

Safe?

Good

Effective?

Good

Caring?

Outstanding

Responsive?

Good

Well-led?

Outstanding

Special Reviews

The Trust has not participated in any special reviews during 2021/22.

2.6 Staffing

2.6.1 Staff engagement

The 2022-2026 Trust People plan was signed off in March 2022 at the Appointments and Remuneration Committee. and has been created to support the delivery of the Trust's strategy

- Looking after our people;
- Belonging in the NHS;
- Growing and developing;
- New Ways of working and delivering care.



Priority Area: New Ways of Working



Priority Area: Looking After our People



Priority Area: Belonging in the NHS



Priority Area: Growing and Developing for the Future



Progress on delivery of the People Strategy is reported on regularly to the Trust Board. I key measure of progress is the annual NHS Staff Survey.

NHS Staff Survey

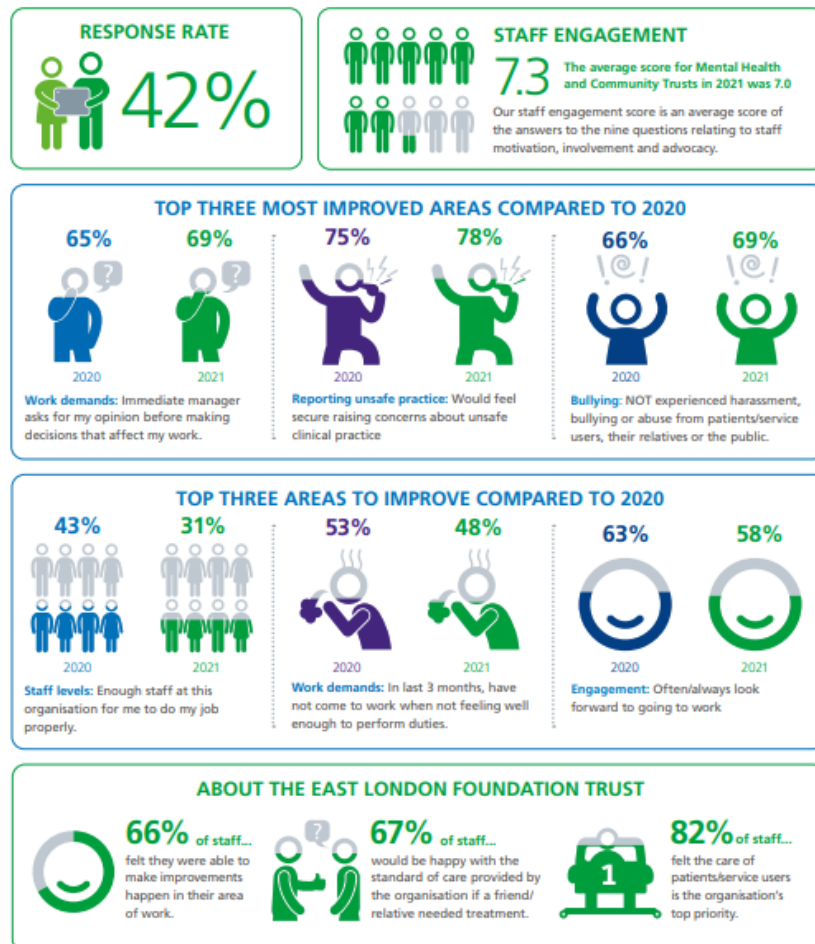
The Trust has recently received its 2021/22 staff survey results. The overarching themes emerging are:

- Equality, diversity and inclusion.
- Retention and Morale.
- Staff wellbeing.

The Staff Survey draws on 9 questions from the overall survey in order to create a staff engagement score. These questions measure aspects such as recommending the organisation as a place to work/receive care, looking forward to coming to work/being

absorbed in work and being involved as well as being able to have a say. Below the dark blue line represents ELFT. Indicating that in terms of staff engagement, we have tracked above average, when compared to other Trusts, since 2017. We are currently at a staff engagement score of 7.3, with the average trust in our comparator group being 7.0.

The infographic provides a handy overview of the trusts report.



As part of the delivery of the people strategy, there is a range of work ongoing that address the 3 dominant themes of staff feedback.

Equity

The 'Pursuing Equity' QI programme was launched in April with the aim of supporting teams to identify inequities in access, experience, and outcomes for service users and staff and to use quality improvement to generate and test ideas to address this.

The first session was attended by 40 participants, representing 24 teams across the Trust. The teams are working towards improving access and equity in health services for service users and staff from the Black, Asian, and Minority Ethnic (BAME) community, the LGBTQ+ community, women, veterans, and the elderly. Below are a few examples of the teams that attended and what they are working on:

- Newham mental health services are seeking to improve access to care for children and young people from diverse ethnic communities.

- The Veteran's Alliance is working towards improving accessibility for veterans and their families to IAPT services and have successfully tested staff identifying veterans at the point of referral.
- Forensics are working towards improving equity for female inpatients so that they have access to the same facilities for physical activity as males
- The LGBTQ+ network is working on increasing awareness of the network and improving their reach
- Bedfordshire and Luton services are aiming to increase representation in the eating disorder service.
- Mental health services in Newham and Tower Hamlets are aiming to improve access for those from ethnic minorities
- The Bedfordshire and Luton people participation working together group are working on an anti-racism project
- Primary care is working to improve access to cervical screening and are testing using outreach centres

Recruitment and retention

The Trust generally carries a vacancy rate of between 6 to 9% which is 'healthy'. However, there are areas and/ or roles that are particularly difficult to recruit to, and retain staff in, leading to a vacancy rate higher than this; for example Community Health Services can be higher than 15%. We also know that community nurses, GPs, psychologists, occupational therapists are all shortage skills within the labour market.

To address the areas and professions that experience particular challenges a Trust recruitment and retention strategy exists, a delivery group is Chaired monthly by the Chief Operating Officer and reports to the board via people delivery board and REMCO. It also has working sub-groups in various localities. The purpose of the group is to take a locality/ place-based approach to reviewing and enabling strategies that contribute to

- Agency reduction/usage
- Bank transfers to perm contracts
- Scrutiny of and support for the Workforce Plan of new roles/services as a result of new monies
- Recruitment strategy more generally for existing vacancies, ensuring that ELFT has a strong employer brand and a reputation for the best place to work
- The Trust's 'anchor institution' agenda
- Reduction in turnover

Currently the working sub-groups are prioritising 2 x QI Projects; one of which aims to reduce time to hire and the other aims to improve candidate experience by ensuring everything is ready for new starters on day one.

Newham specifically have delivered 40 successful appointments for local Newham residents and the Coburn Centre have achieved a step change from reporting regular staff shortages to a healthy vacancy rate.

The group are also working to increase involvement in a Trust wide Work Experience Programme and T-levels to encourage young people into NHS careers.

The group are working on increasing awareness of new role such as Physicians associates and prescribing nurses that may be able to offer an alternative means of closing staffing gaps. Remuneration also features as a workstream and 'career progression grades' and 'golden hellos' are currently being reviewed and scoped as possible incentives for candidates to choose ELFT.

Challenges still remain, particularly recruiting to medical vacancies in Luton and Bedfordshire mental health services.

Wellbeing

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

Our 2020/21 Quality Accounts set out at some length the support offer to staff at the time, and much of that continues. In the meantime, more has been done to make attention to wellbeing business as usual. Regular wellbeing bulletins are provided to staff offering information and tips, signposting guidance and support available, reminding of available benefits and promoting ongoing conversation around wellbeing. In February, the Trust launched #howareyoureally? - an invitation to all our staff to have wellbeing conversations at every interaction with their manager. To help with these conversations, the Wellbeing Team created two guides, one for the employee and one for the manager.

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

2.6.2 Raising concerns - Freedom to Speak Up

ELFT staff have clear, confidential and safe processes to raise concerns about any matter that is damaging to patient care or which puts patients at risk.

- ✓ Contact the FTSU Guardian – personal email or FTSU ELFT inbox (elft.freedomtospeakup@nhs.net)

- ✓ Contact a FTSU Champion – there are 10 Champions around the Trust
- ✓ By Phone: call FTSU Guardian directly
- ✓ Online Referral: All referrals are treated in the strictest confidence and seen only by the FTSU Guardian.
- ✓ The FTSU (Whistleblowing) Policy also outlines how and who to raise concerns with. The purpose of this policy is to also provide a safe mechanism for anyone who works for the Trust to come forward and raise any concerns they have about any aspect of the Trust's work, and to be able to do so without fear of detriment or reprisal.
- ✓ In addition, staff can contact the Senior Independent Director
- ✓ They can also raise whistleblowing concerns via **Protect – Speak Up, Stop Harm** (<https://protect-advice.org.uk/>)
- ✓ Via Staff side/Trade unions

Depending on the nature of the concern raised, feedback is given via the FTSU Guardian or by HR if an investigation was commissioned.

Once the case is closed, a feedback survey is given so that those that have used the service can feedback anonymously on the FTSU service, process and whether they suffered detriment as a result of raising the concern.

ELFT Staff have access to the following Employee Relations, Advice & Support

- ✓ Mediation Service – where to get support
- ✓ Bullying & Harassment – contact an advisor
- ✓ Employee Assistance - <https://www.carefirst-lifestyle.co.uk/>

Concerns raised

112 concerns were raised to the Freedom to Speak Up Guardian during 2021/22. The most common themes of concerns raised are related to processes and organisational structure, and staff reporting experience of behaviours that amount to bullying and harassment.

FTSU Data: 1st April 2021 to 31st March 2022

	1st April 2021 to 31st March 2022	
FTSU Concern Themes	Number	Percentage %
Element of patient safety/ quality of care	17	11.6
Element of bullying/harassment/behaviours	38	25.9
Processes/ Organisational Structure/ Other	69	46.9
COVID19 related	2	1.4
Unknown	8	5.4
Worker Safety*	13	8.8
Total Number of Themes Raised**	147	100%
Total Number of Cases Raised	112	100%

***Worker Safety** added as a category by the National Guardian's Office as of July 2021.

****Total number of themes** *does not always correspond* with the total number of cases raised, as a concern raised by one member of staff can relate to multiple themes.

All concerns raised are escalated to Service Directors and/or HR, as appropriate to the nature of the concern. The work done to resolve the concerns are fed back to who raised them, where possible (as not always possible when raised anonymously).

Themes are reviewed, and where it is possible to respond at a more system level the trust will do so. A good example of this is the implementation of 'Respectful Resolution' Training, which was developed by the Trust in response to cases of bullying and harassment cases being raised (directly with HR, managers and FTSU), to support with resolving these issues/concerns before they come to the point of a formal process.

2.7 Goals Agreed with Commissioners for 2021/22

Use of the CQUIN Payment Framework

In light of the impact on the Covid Pandemic the CQUIN scheme for Providers was suspended, and this will remain the case until 2022/23.

2.8 Data Security and Quality

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

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
2017/18	96.00%	95.00%	N/A	N/A	0
2018/19	98.00%	94.53%	N/A	N/A	0
2019/20	98.00%	97.00%	N/A	N/A	0
2020/21	98.00%	98.01%	N/A	N/A	0
2021/22	100.00%	98.00%	N/A	N/A	0

ELFT's Data Security & Protection Toolkit Assessment Report overall score for 2020/21 was 'Standards met'. Due to the pandemic the timetable for the 2021/22 submission is 30 June 2021. ELFT's overall score for this year is therefore unavailable at this time.

2.9 Learning From Deaths

Numbers of Patient Deaths Reported by ELFT in 2021/2022

During the reporting period 1 April 2021 to 31 March 2022, ELFT reported a total of 2,184 patient deaths of which 1866 were reported as expected and 318 were reported as unexpected. This showed a decrease in deaths by 706 compared to the previous reporting period (2020/2021), when 2890 patient deaths were recorded by the Trust. Overall expected deaths were higher than unexpected deaths.

Table 1 Total deaths reported by ELFT 01 April 2021- 31 March 2022

Period	Number of reported deaths
Quarter 1	523
Quarter 2	464
Quarter 3	602
Quarter 4	595
Totals	2,184

**Due to potential delays in the Trust being notified of some deaths, this figure may change if a further report is produced.*

Patient Deaths Subject to an Investigation

During this period a total of 51.51% (1125) of all reported deaths were subject to an investigation. 854 investigations were conducted using the Trust's Structured Judgment Review/Case Record Review process (SJR/CRR) and 238 investigated through the Trust's internal Serious Incident Review process including; 152 48hr Reviews; 21 Concise Reviews; 65 Comprehensive/Serious Incident [SI] Reviews) .

There were 33 Learning Disabilities Mortality Reviews (LeDeR). The youngest was an 18 year old male who had a degenerative condition and was under the care of the specialist Diana Team.

Table 2 Investigations per quarter and types

Period	Reported deaths	Investigation Type				Total Investigations (%)
		SJR/CRR	48hr	Concise/SI	LeDeR	
Quarter 1	523	241	18	1 concise 18 SI	8	286 (54.68%)
Quarter 2	464	240	36	1 concise 15 SI	4	296 (63.79%)
Quarter 3	602	196	56	10 concise 14 SI	7	283 (47.0%)
Quarter 4	595	177	42	9 concise 18 SI	14	260 (43.69)
Totals	2,184	854	152	86	33	1,125 (51.51%)

Patient Deaths Investigated and Adjudged to be Potentially Due to the Patient Care Provided

None of the 854 SJRs undertaken during the reporting period concluded that poor care provision was contributory to the patient deaths.

A total of 91 Coroners Inquests were concluded. Suicide accounted for 26 of the unexpected deaths. There were 5 Prevention of Future Death (PFD) reports issued by HM Coroners to the Trust during the reporting period.

Reviews of the 91 unexpected deaths heard and concluded at inquest were undertaken and the following themes identified. Associated recommendations and action plans have been developed to address these findings.

Themes:

- Poor or lack of communication
- Inadequate telephone response
- Inadequate assessments
- Failure to carry out observations according to policy
- Failure to record information
- Failure to complete an adequate search
- Failure to understand and provide emergency medical support

Table 3 Estimated deaths adjudged to be potentially due to patient care provided by quarter

Period	Deaths reported	Deaths likely to be related to care provide	%
Quarter 1	523	3	0.57%
Quarter 2	464	0	0%
Quarter 3	602	0	0%
Quarter 4	595	2	0.336%
Totals	2,184	5	0.228%

Summary of ELFT Learning from Case Record Reviews and Investigations Undertaken in 2020/2021

Themes & Trends

Themes and trends from both expected and unexpected deaths across the Trust were considered. The highest number of overall mortalities related to patients under Community

Health Services. The highest numbers of expected deaths in Community Health and Community Mental health Services were between the ages of 76 years and 100 years. This was consistent in Q1, Q2, Q3 and Q4.

A total of 49 patients died, during the reporting period, Trust Wide who had tested positive for COVID 19 in the 28 days prior to death, one of which was an inpatient death.

The remaining 48 deaths took place in the community where death occurred either in a care home; an acute hospital; or in the patient's own home.

The number of COVID 19 deaths declined from 380 after the second peak in January /February 2021 and continued to fall to 128 during Q2. There was a rise in deaths during Q3 and Q4, where deaths remained under 200.

There were no deaths where COVID 19 was the primary Cause of death and where 1a COVID 19 was recorded on the patient death certificate.

COVID 19 deaths were investigated within the samples of SJR's reviewed. These deaths were 'of patients who were on an End of Life Pathway prior to contracting COVID 19 and were not for resuscitation or for ventilation. All had authorised Do Not Attempt Resuscitation (DNAR).

Overall, there were more expected deaths than unexpected deaths.

End of Life Pathway (ELP) and Preferred Plan of Care (PPC)

Over the period 1 April 2021 to 31 March 2022 there has continued to be a steady increase in the number of patients with an End of Life Plan (ELP) in place. Patients that did not have an ELP in place and available for review had either; deteriorated unexpectedly requiring an emergent hospital or hospice admission or the patient was referred to ELFT and died before being seen or they were patients who had contracted and died from COVID 19. Patients without an ELP were not specific to a single directorate or geographical area.

Age

Overall expected deaths were higher in Community Health Services as they include more patients', in contact with Trust services, over 65 years of age and older, terminally ill patients and patients in receipt of palliative or end of life care.

Patients whose expected deaths resulted in an SJR tended to be older and were either accessing Community Health Services or Mental Health Services such as the Memory Clinics and therapies. Many of the older Mental Health Service users were also under continence, podiatry and diabetic services.

The highest mortality rates were observed in the 76 – 100 year old age group. Deaths that occurred in patients under the age of 18 were all under Specialist Children's Services and all had life limiting conditions.

Gender

Differences in the numbers of deaths in males and females were noted monthly throughout the reporting period. Variations in gender were minimal and when observed as a collective showed that overall only 6 more deaths were recorded in males than in females.

Standard of care

Care of the dying person was reviewed using the East London Foundation Trust (ELFT) Dignity in Care at the End of Life Practice Guidance and the Gold Standard Framework (GSF) Guidance.

Reviewers look at the quality of information being reported on the daily DATIX notifications incident report: missing information, missing patient details and any other required information.

Case notes on the Trust's electronic patient recording systems (RiO; EMIS and SystemOne) are reviewed and look at the care a dying person has received. Reviews are guided by the East London Foundation Trust (ELFT) Dignity in Care at the End of Life Practice Guidance and the Gold Standard Framework (GSF) Guidance.

Dignity in Care at the End of Life Practice Guidelines enables teams to develop a person-centred holistic plan of care enabling patients to make their own choices on where they wished to be cared for and their preferred place to die.

The GSF sets out 7 domains of guidance communication; co-ordination; control of symptoms; continuity of care; continued learning; care support and care in the dying phase. The domains are reviewed under the SJR process.

Between April 2021 and March 2022 the case notes reviewed under the SJR process showed that in general the care delivered across the Trust met the requirements expected when caring for a dying person and had a GSF EoLP or a Co-ordinate My Care plan (CMC) in place.

Patients that did not have an EoLP in place that was available for review had either: deteriorated unexpectedly requiring a hospital or hospice admission and end of life care was not provided by ELFT, or the patient was referred and died before being seen.

Diagnosis and Cause of Death

The highest number of deaths arose in patients with cancer and organ failure. Cancer related deaths were higher in all age ranges followed by deaths from organ failure. Older patients also died from causes related to end stage dementia and symptoms of COVID 19, not all cases were confirmed COVID 19.

Actions Taken and Planned based on Learning from Deaths

The Learning from Deaths Panel review process for the Trust evolved during the course of 2021/2022. The panel is responsible for overseeing the SJR process and during the course

of the year the group identified repetitions in themes arising following mortality reviews and moved to focus in greater depth on learning and driving improvements to end of life care planning and the revision of services where necessary.

Going forward, The Learning from Deaths Group 2022- 2023 plan is to focus on;

- I. Reviewing and evaluating End of Life Pathways to determine whether patients' preferences, including their wishes related to where they wish to die, have been met or not.
- II. Engaging in Partnership Learning from Deaths together with ELFTs partner healthcare providers, including GPs and Hospices.
- III. Engage with Homeless Services, Rough Sleepers Mental Health Project (RAMHP) and St Mungo's Homeless Charity to identify themes and issues in accessing palliative care and support at the end of life.
- IV. Reviewing, with the aid of the Structured Review of Deaths Toolkit;
 - deaths on the national personal demographics spine against those reported on the Trust's incident reporting database (Datix)
 - individual case reviews
 - Themes and trends identified from the process of care
- V. Conducting High Level Strategic Reviews of all deaths to inform systems and planning processes.
- VI. Embracing learning from PFD reports issued to other organisations where the patient safety of ELFT patients can be further enhanced.
- VII. Consider ways of providing enhanced support to ELFT staff emotionally affected by the death of long-term patients'/service users. The Trusts team of Serious Incident Reviewers will receive training in bereavement awareness to improve the support offered to families.

At the time of writing, the Trust has responded to 4 of the issued PFD's and has taken appropriate actions to address the issues raised in the PFD's. The PFD yet to be formally responded to by the Trust is currently being reviewed to develop appropriate action plans to address the issues raised.

2.10 Reporting against core indicators

2.10.1 NHS Improvement Assurance

This section of the report sets out indicators that are part of the Single Oversight Framework (SOF) which has replaced the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'.

East London NHS Foundation 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 and 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 Data Quality Maturity Index dashboard information.

2.10.2 Single Oversight Framework Indicators

These indicators form part of appendices 1 and 3 of the Single Oversight Framework. The table below details each of the Trust's Performance against the Quality of Care Indicators and the Operational Performance Metrics (if not shown elsewhere in this report):

Quality of Care Indicators	Target	Actual 2017/18 (Q4)	Actual 2018/19 Q4	Actual 2019/20 Q4	Actual 2020/21 Q4	Actual 2021/22 Q4
Admission to adult facilities of patients under 16 years old	0	0	0	0	1	9 (During Q4)
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%	94%	88.24%	70.2%	50.7%	73.3% (During Q4)
Operational Performance	Target 2018/19	Actual 2017/18 (Q4)	Actual 2018/19 Q4	Actual 2019/20 Q4	Actual 2020/21 Q4	Actual 2021/22 Q4
Cardio Metabolic Assessment & Treatment	90%	77.1%	70%	64%	This CQUIN is no longer monitored	
a) inpatient wards	90%	90%	87%	85%		
b) early intervention in psychosis services	60%	83.7%	84%	82%		
c) community mental health services (people on Care Programme						

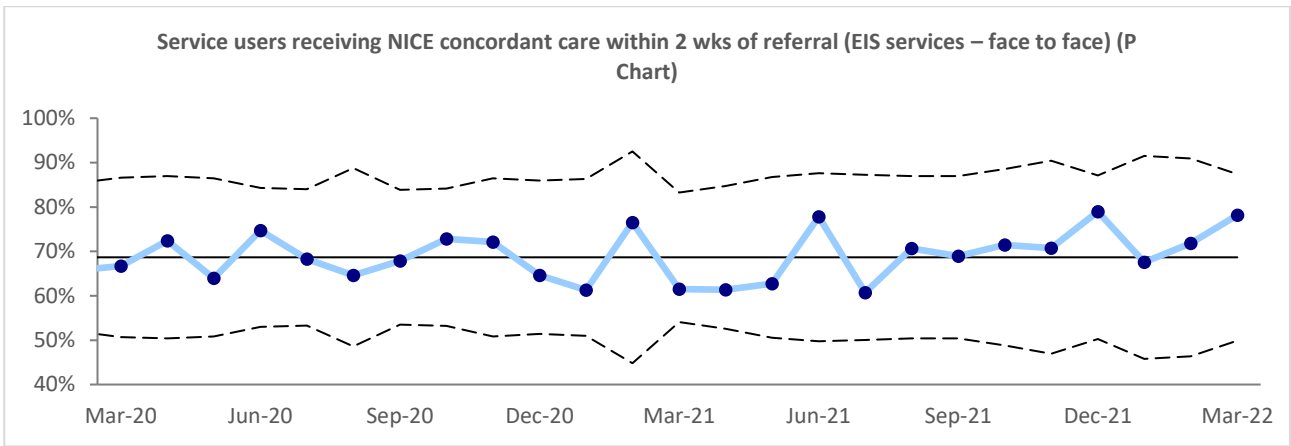
Approach)						
Proportion of people completing treatment who move to recovery (from IAPT MDS)	50%	50.1%	53.2%	51.6%	55%	52% (During Q4)
Improving Access to Psychological Therapies - Patients referred with 6 weeks measure	75%	98.1%	97.1%	98.1%	99.6%	Now reported as average weeks waited – 0.9 end of Q4
Improving Access to Psychological Therapies - Patients referred with 18 weeks measure	95%	99.9%	99.6%	100%	100%	Not reported – see above
Inappropriate Out of Area Placements for adult mental health services	n/a	0	0	2	3	Not reported

		Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q4 2021/22
Inappropriate Out of Area Placements for adult mental health services		3	0	2	3	4
Admission to adult facilities of patients under 16 years old		1	2	2	4	2

2.10.3 Quality of Care Indicators

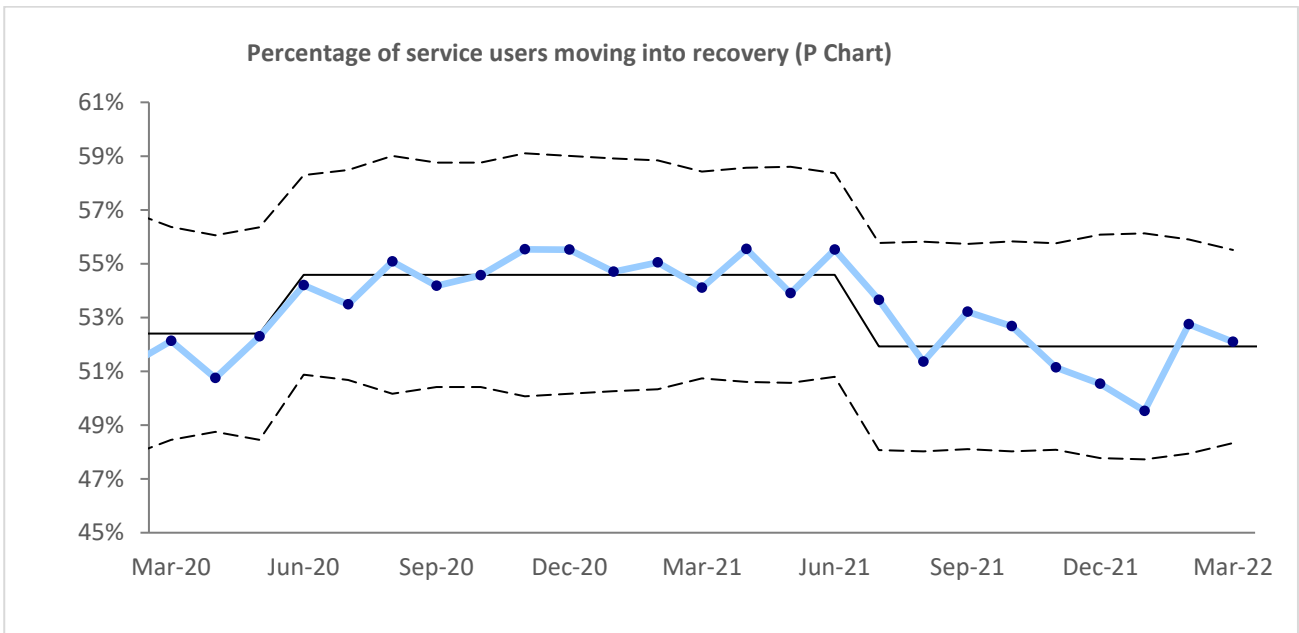
1. Meeting commitment to serve new psychosis cases by early intervention teams' measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral

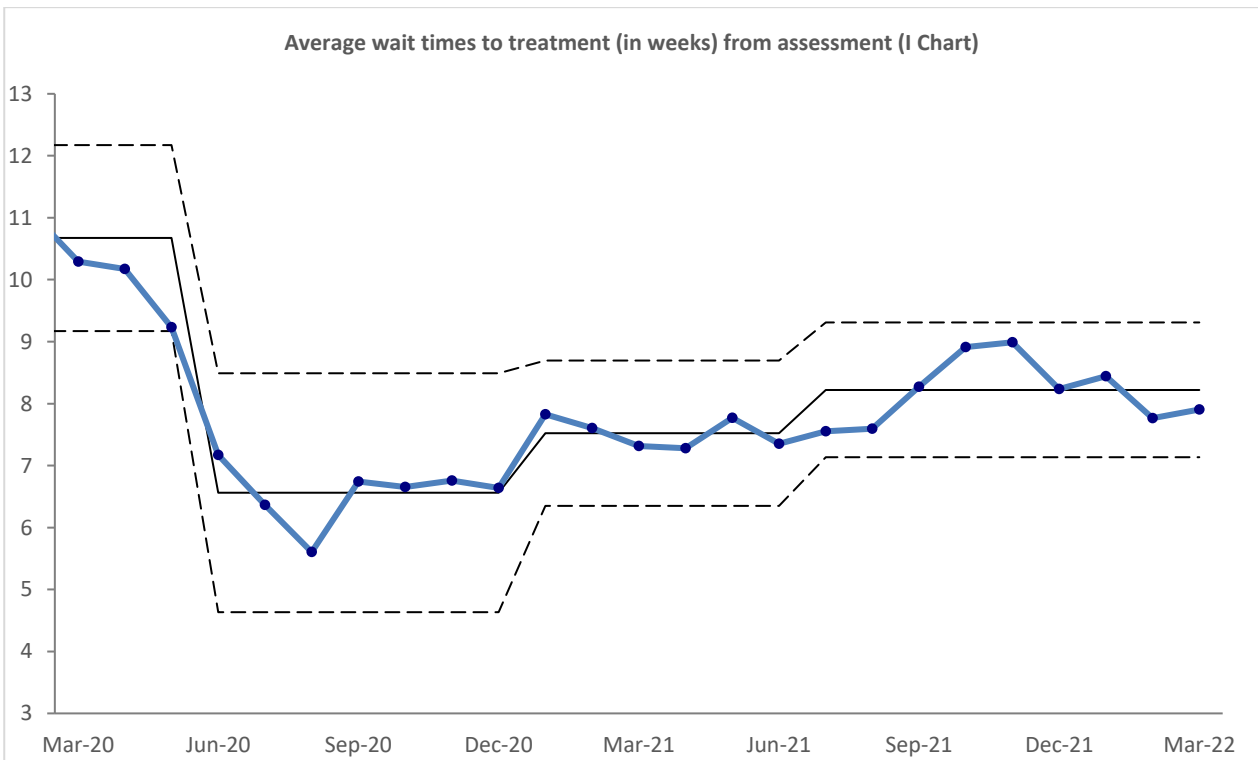
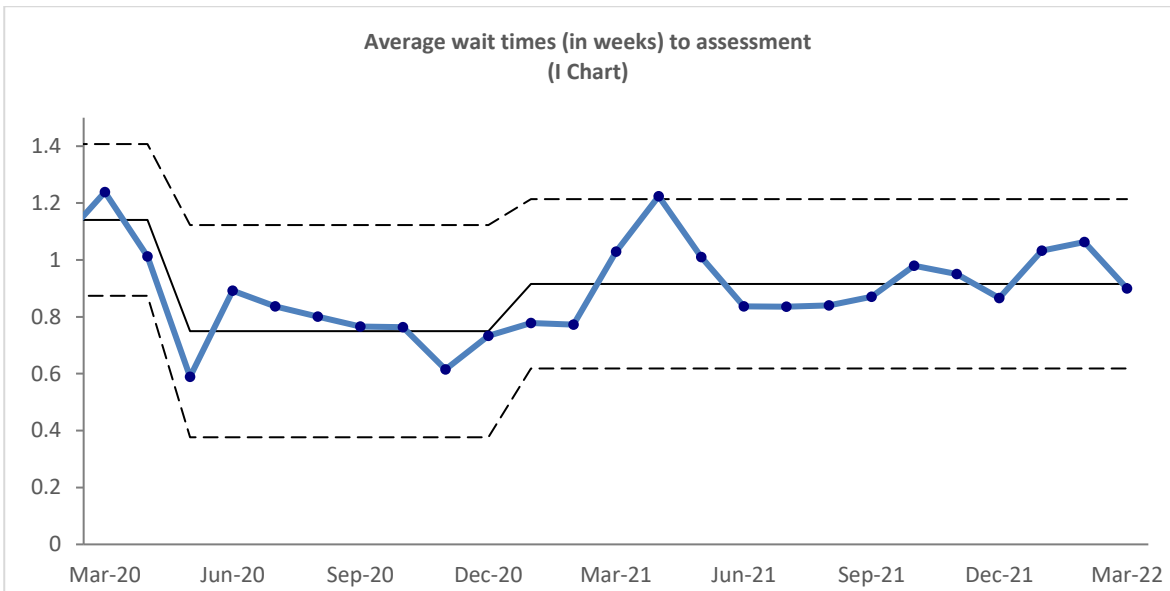
Percent of service users receiving NICE Standard treatment within two weeks of referral to early intervention in psychosis service – *excludes telephone or face to face contacts as per current definition* (Trustwide)



Operational Performance

2. Psychological Therapies





2.10.4 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 contains locally defined indicators and targets agreed with commissioners.

Indicator	Target	Actual 18/19 Q4	Actual 19/20 Q4	Actual 20/21 Q1	Actual 20/21 Q2	Actual 20/21 Q3	Actual 20/21 Q4	Actual 21/22 Q4
Indicator	Target	Actual 18/19 Q4	Actual 19/20 Q4	Actual 20/21 Q4	Actual 21/22 Q1	Actual 21/22 Q2	Actual 21/22 Q3	Actual 21/22 Q4
CPA patients – care plans in date (documents 12 months old)	95%	87.4%	88.3%	48.7% 1987/4080	60.2% 2514/4176	61.8% 2560/4145	62.0% 2476/3996	58.7% 2061/3510
CPA patients – care plans in date (documents 6 months old)	N/A	73.5%	67.2%	42.3% 1708/4034	49.3% 2058/4176	48.5% 2009/4145	45.7% 1824/3996	42.5% 1492/3510

Trust services embed the new process and the use of RiO and continue to monitor reviews regularly focusing on supporting teams that are not meeting the target.

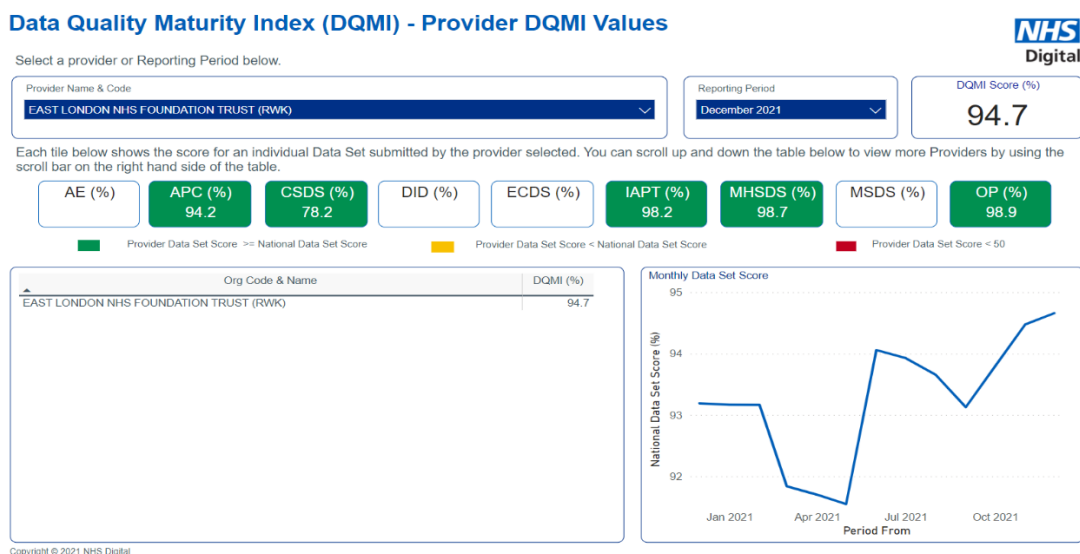
2.10.5 Data Quality Maturity Index reporting

Data quality metrics and reports are used to assess and improve data quality

The datasets the Trust submits are:

- Mental Health Services Data Set (MHSDS)
- Community Services Data Set (CSDS)
- IAPT Data Set
- Admitted Patient Care
- Out Patients

The visual below shows the DQMI scores published on the NHSI website and can be found here ([DQMI](#))



PART 3 – Other Quality Performance Information 2021/22

3.1 An Overview of Key Dimensions of Quality During 2021/22

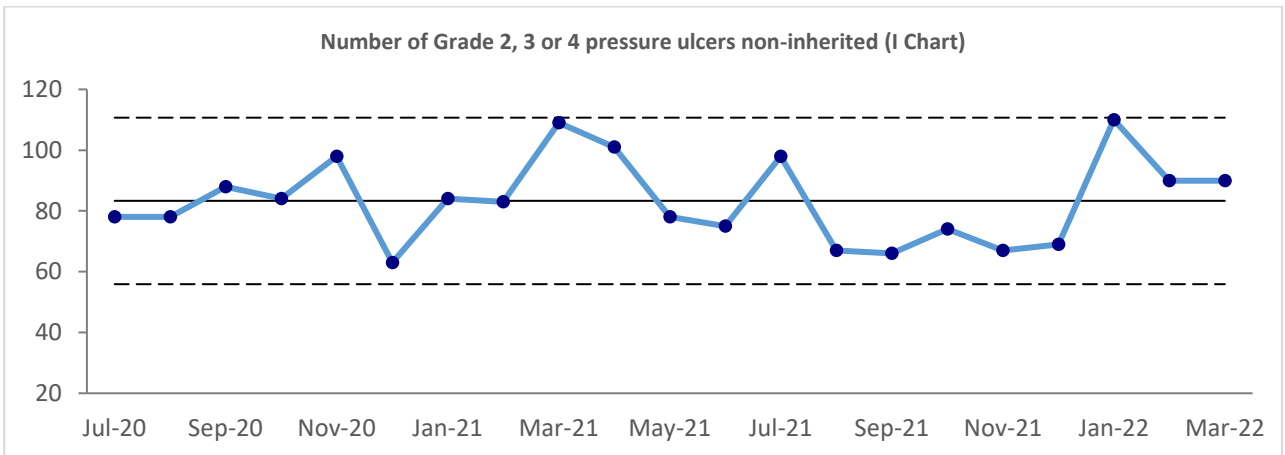
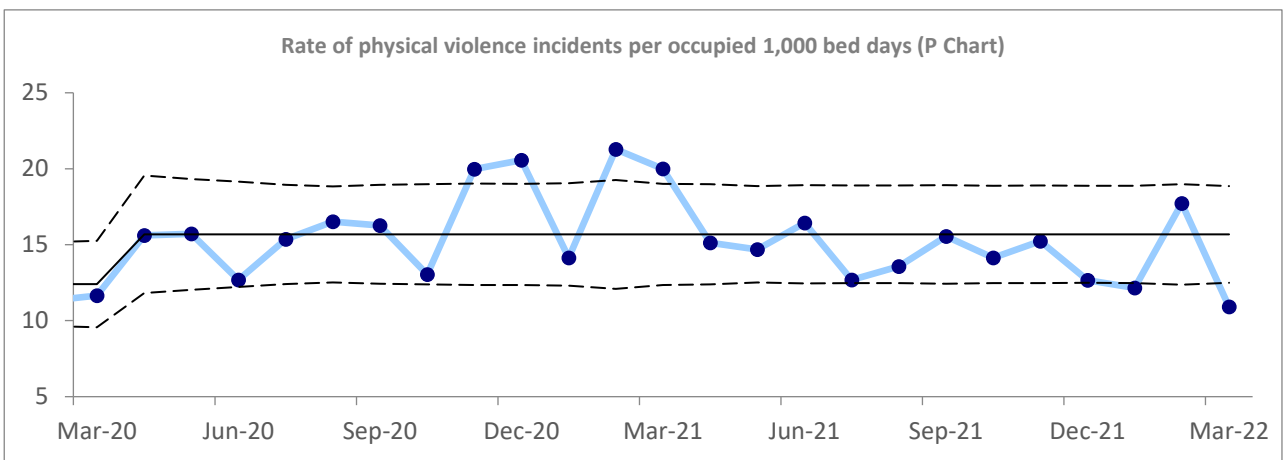
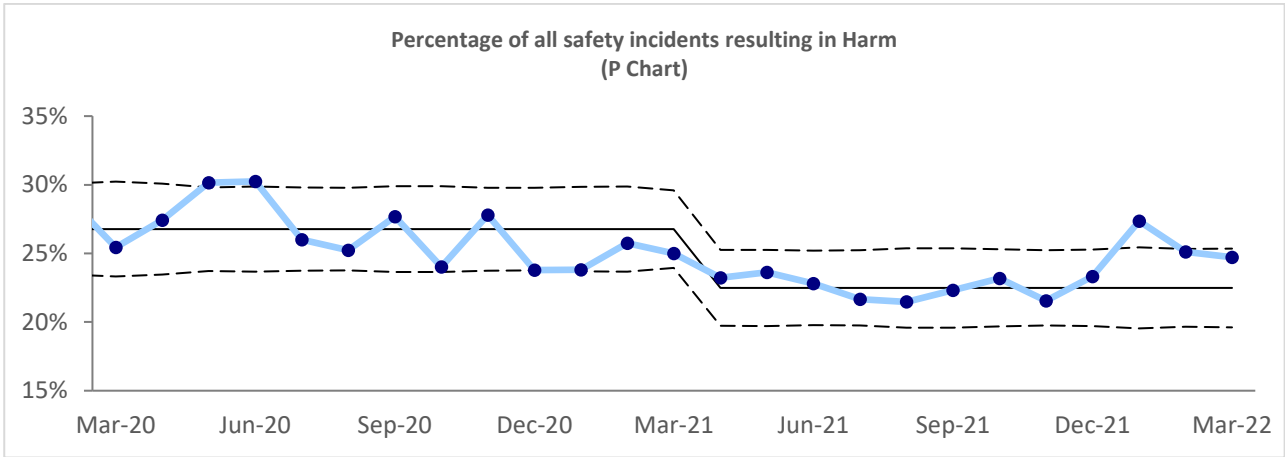
The Trust pays close attention to a whole range of a set of quality measures. The Trust Board monitors measures that enable oversight of delivery of the Trust strategy. A broader selection of quality and performance measures are available to all staff at Trust-wide, Directorate and Service level via our real-time dashboards.

Key metrics in the domains of patient safety, clinical effectiveness and patient experience are drawn from both dashboards and set out below as a Trust-wide view. They are intended to give a flavour of the quality data that the Trust generates and uses, and, read alongside the other content of this report, of the prevailing quality of Trust services. Some measures are Mental Health specific, others relate to Community Health Services, reflecting the increasing diversity of the Trust. Each is relevant to priority areas for the Trust, encompassing improving physical health, access, experience of care.

Data shows progress over time, enabling informed decision-making in relation to assurance and improvement. Data is generated from the Trust's internal reporting systems; it is not benchmarked but triangulated with relevant internal data to build an accurate picture of the quality of services.

3.1.1 Patient Safety





The Pareto chart above shows the distribution of reported incidents by category during February and March. This highlights that 62% of all reported incidents related to care and treatment, 21% related to violence and aggression and 6% related to adults at risk of abuse or neglect. The main care and treatment themes were pressure ulcers, self-harm incidents, moisture associated skin damage and overdose of medication.

The last three months have seen an increase in the percentage of safety incidents resulting in harm. This is believed to be linked to increased levels of complexity and acuity experienced by services..

Patient safety incidents resulting in harm are reviewed to ensure appropriate remedial action, but also to understand underlying causes and systemic issues that may be contributing to their occurrence, enabling improvement actions to be put in place.

The overall number of pressure ulcers remains stable although some teams continue to struggle with staffing vacancies and increased complexity of service users on the caseload who are at risk of developing pressure ulcers despite preventative measures being in place. Across Bedfordshire, low harm pressure ulcers (category 2 and Suspected Deep Tissue Injury - SDTI) are showing an increase, but these have not deteriorated into moderate harm pressure ulcers (category 3 and unstageable), which is reassuring.

However, there are early signs that the number of moderate pressure ulcers are starting to increase across Tower Hamlets and Newham in the last few weeks. This is believed to partly relate to a focused piece of work on improving accurate pressure ulcer categorisation and reliability of skin checks being completed at every contact. This has included Datix training and services often report a rise in the number of recorded incidents after training and awareness sessions are delivered.

Further investigation on three weeks of data for moderate harm pressure ulcers (category 3 & unstageable) indicate that all equipment and preventative measures were in place for those patients on the end-of-life pathway. Additional support was provided to the team to correctly categorise the pressure ulcers utilising wound photography. Investigations are also being conducted where there has been a delay in documentation at the first assessment and where residential staff did not escalate a delay in equipment.

The rate of physical violence on our inpatient units continues to fall as a result of a range of initiatives that had been detailed in previous reports. The rate of restraints increased above normal levels during February as a result of higher occupancy levels and a few service users with complex needs.

The Trust is committed to providing a safe environment for its staff, service users and visitors, as well as delivering high standards of care. It acknowledges that sometimes, in the course of providing healthcare, incidents can occur. Some of these incidents may have serious consequences for service-users, their carers, families, staff and the public. In some cases, even where human error is involved, incident investigation may reveal other related organisational failings which need to be addressed.

The Trust positively encourages open and honest reporting of risks, hazards and incidents regardless of the level of harm caused. The Trust is very committed to promoting a culture of openness and has adopted the Being Open principles.

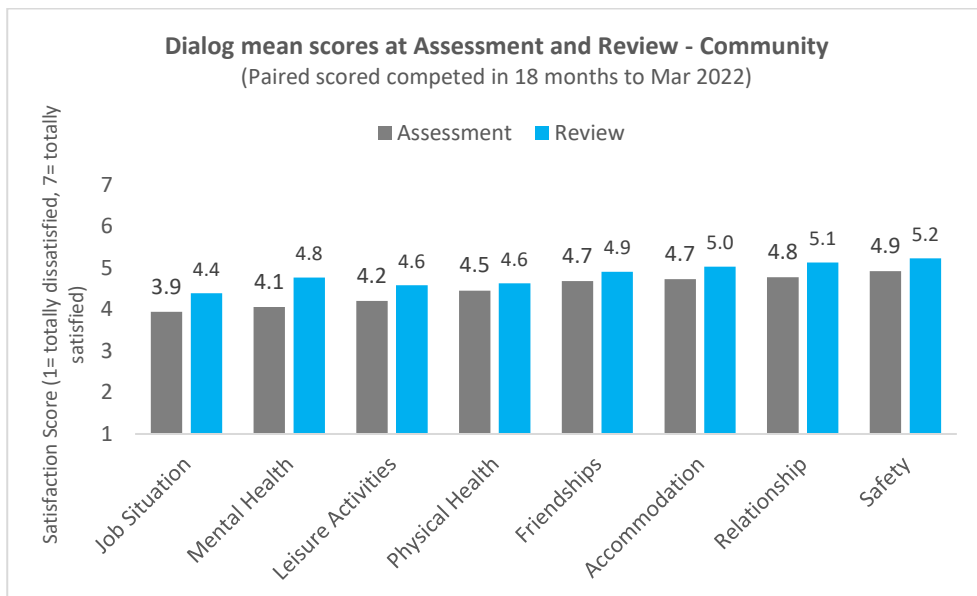
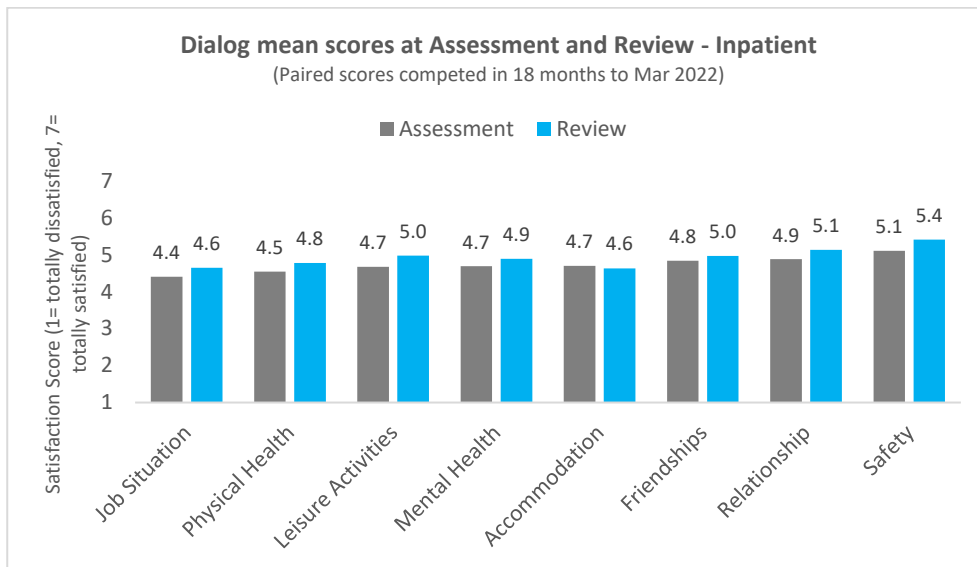
In order to deliver improvements in incident reporting the following have been undertaken to ensure;

- Continual development of the Datix risk management software system
- Targeted training programmes at all levels
- Leadership training
- Induction training for new services
- Improved literature to support increased levels of incident reporting
- Addition of new reporting categories i.e COVID
- Improvements to the incident reporting system to more effectively deliver Duty of Candour requirements.

3.1.2 Clinical Effectiveness

The Trust monitors a range of measures of clinical effectiveness as part of its view on the quality of its services. The measures feed into our understanding of patient experience and value within our strategy. The charts below show some of the measure the Trust Board sees every month as it tracks progress towards our objectives

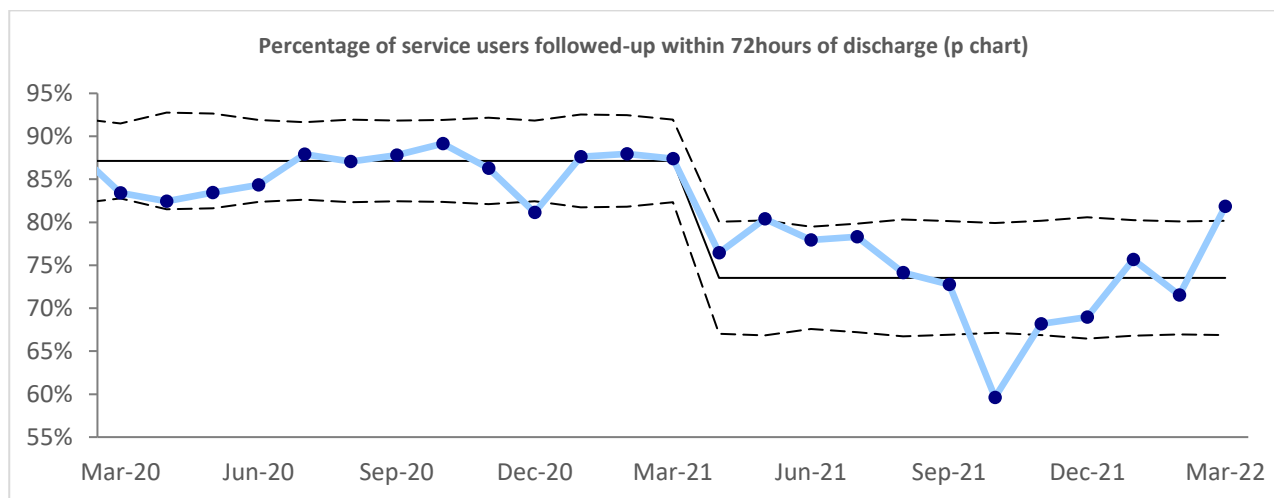
Measuring outcomes



The Dialog outcome charts show the results of paired outcome measures for service users who have received care from both community and inpatient mental health services. For inpatient services, the top three dissatisfaction domains are employment, physical health, and leisure activities, whereas, for community services, it is primarily related to employment, mental health, and leisure activities. This is based on 2136 outpatient and 401 inpatients paired scores.

Overall, the data shows improvement in average scores between initial assessment and subsequent review for both cohorts of service users across all dissatisfaction domains, more pronounced in community teams. It should be noted that inpatient analysis is based on a relatively small cohort of service users with paired scores. Furthermore, most inpatient services are still working to integrate the use of Dialog as part of a single care planning tool for the whole multidisciplinary team.

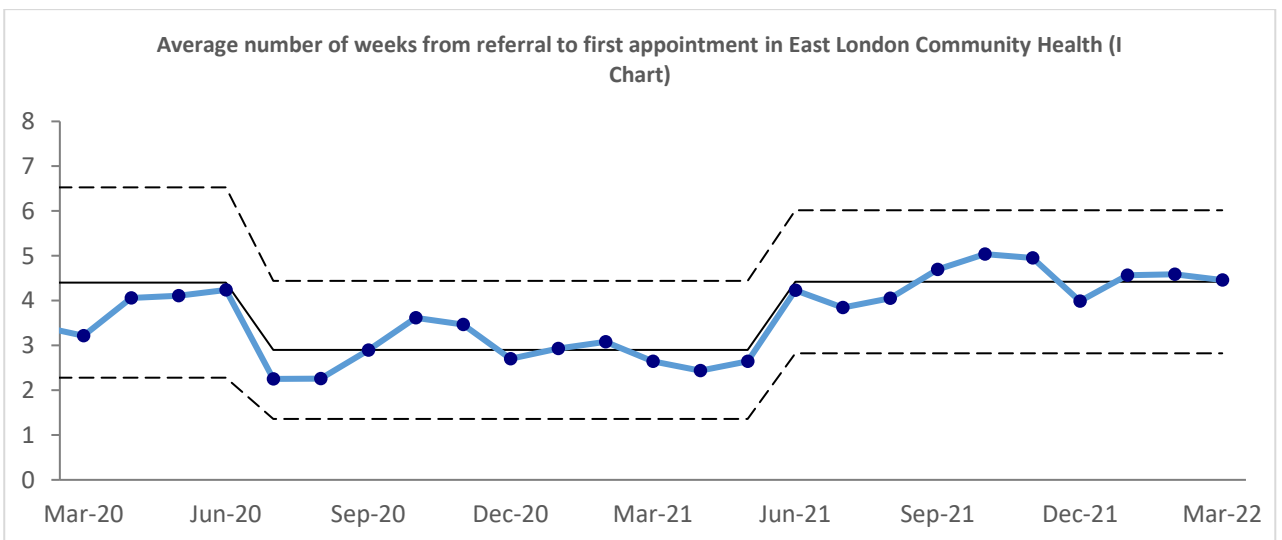
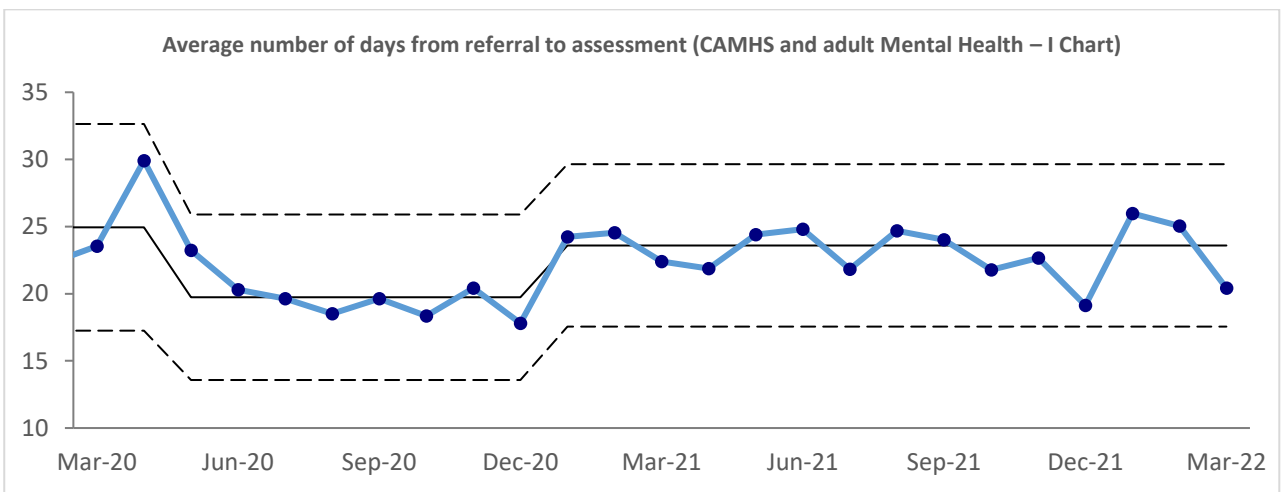
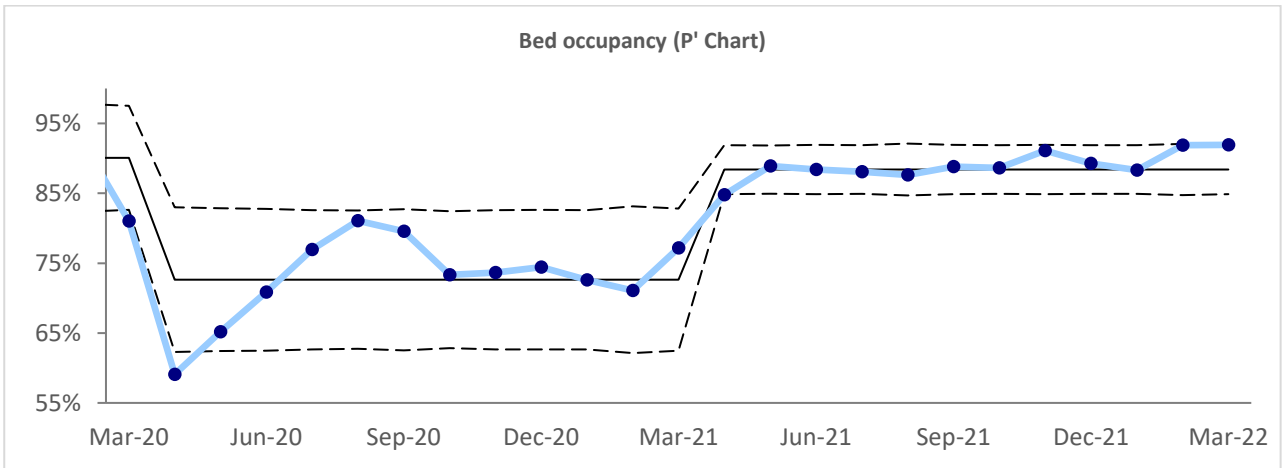
The Care Programme Approach (CPA), which governs current care management, is being replaced with a new care model that is yet to be announced. It is believed that this refresh will support mobilising Dialog further across mental health services for all service users. Over the next two months, teams will be able to view change in Dialog scores over time, at service user level and at service and directorate level, through PowerBI. This will enable clinicians and teams to be able to better monitor impact on outcomes and quality of life.

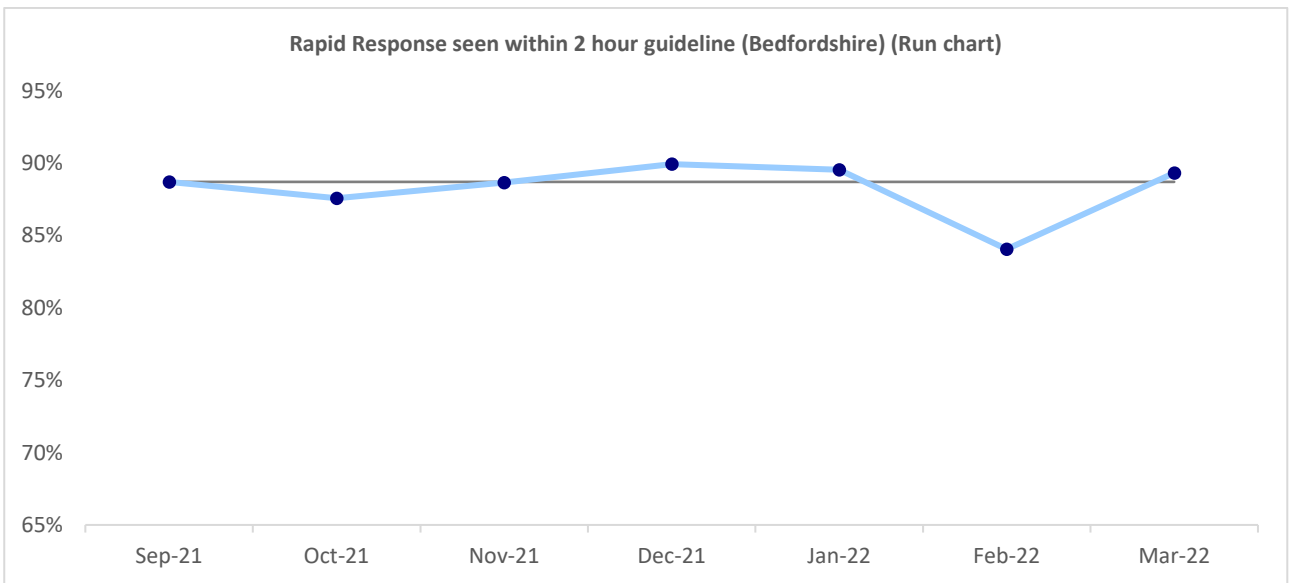
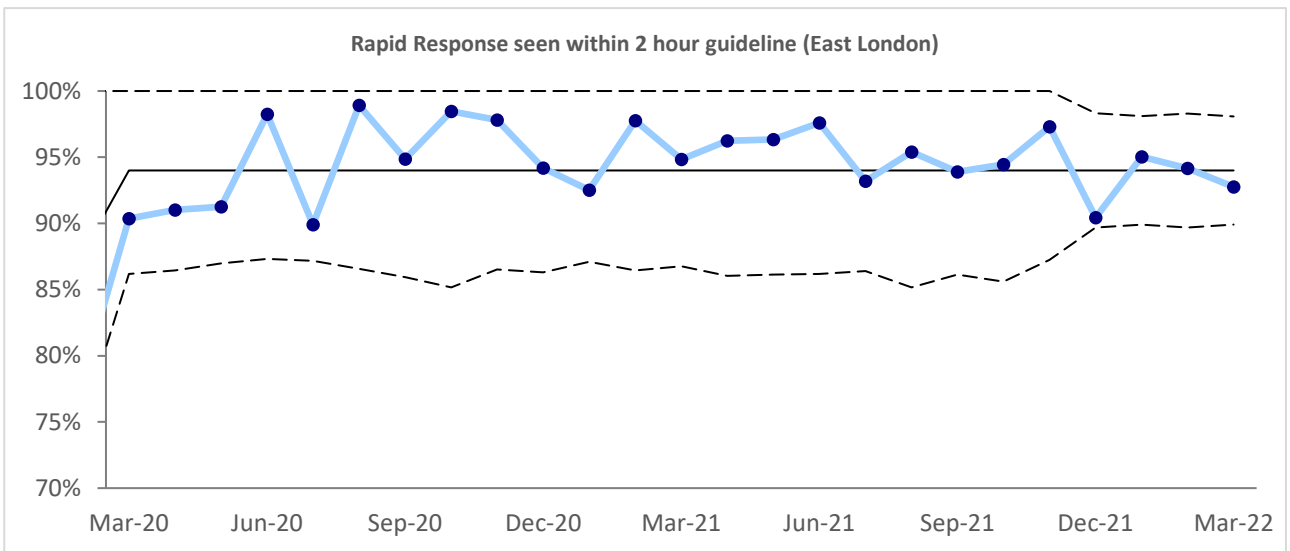
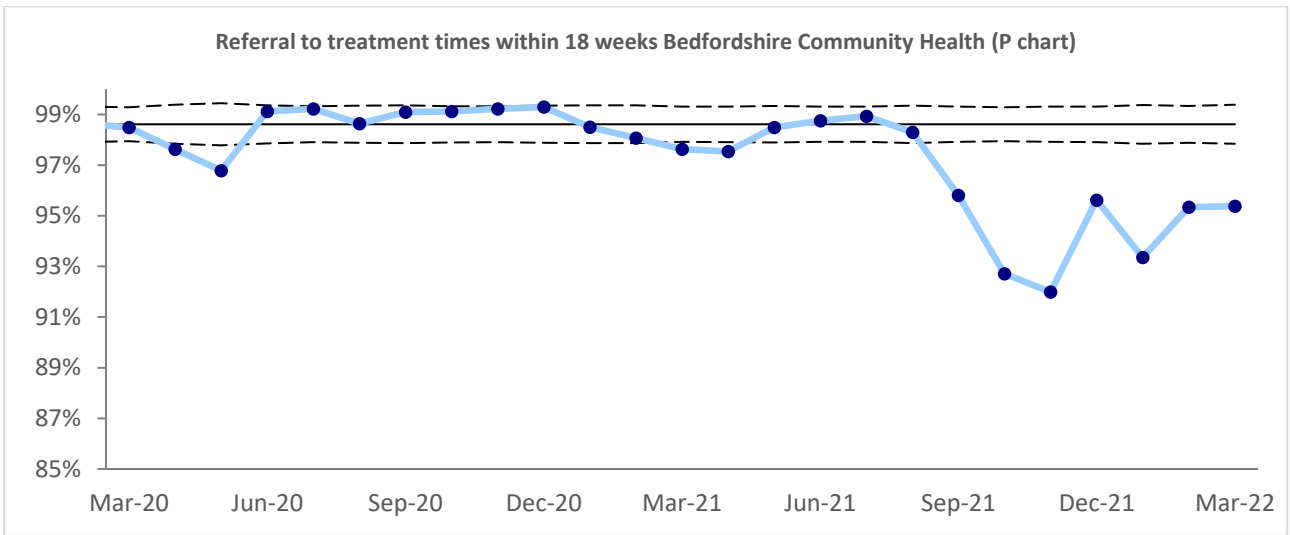


The percentage of service users followed up within 72 hours of discharge has continued to improve, reaching 82% in March and exceeding the national 80% target for the first time. This reflects improvements across all services, particularly in City and Hackney. City & Hackney held a “reset” meeting in January and have implemented new processes similar to other services, where wards were given responsibility to follow up all discharges. This led to the introduction of named 72-hour follow-up champions to oversee follow-up care.

The service is working with these champions to improve monitoring procedures, reviewing any instances where standards are not met and feeding their findings back to their teams regularly during team huddles.

Access to services





The charts above provide a summary of the total number of service users waiting to be seen across the Trust. The overall waiting list for assessment and treatment is decreasing. There

has been progress in reducing waiting lists and backlogs across several services including Tower Hamlets Mental Health and Memory Assessment Services across Luton & Bedfordshire. Across CAMHS, ADHD and autism services, the total number of service users waiting continues to rise.

The services that have large waiting lists have produced recovery plans to help plot trajectories based on their current demand and capacity estimates, and are utilising quality improvement to develop and test creative ideas. A Trustwide Quality Improvement (QI) programme on flow is due to start in June to support to improve flow, manage demand and redesign pathways to enable greater access.

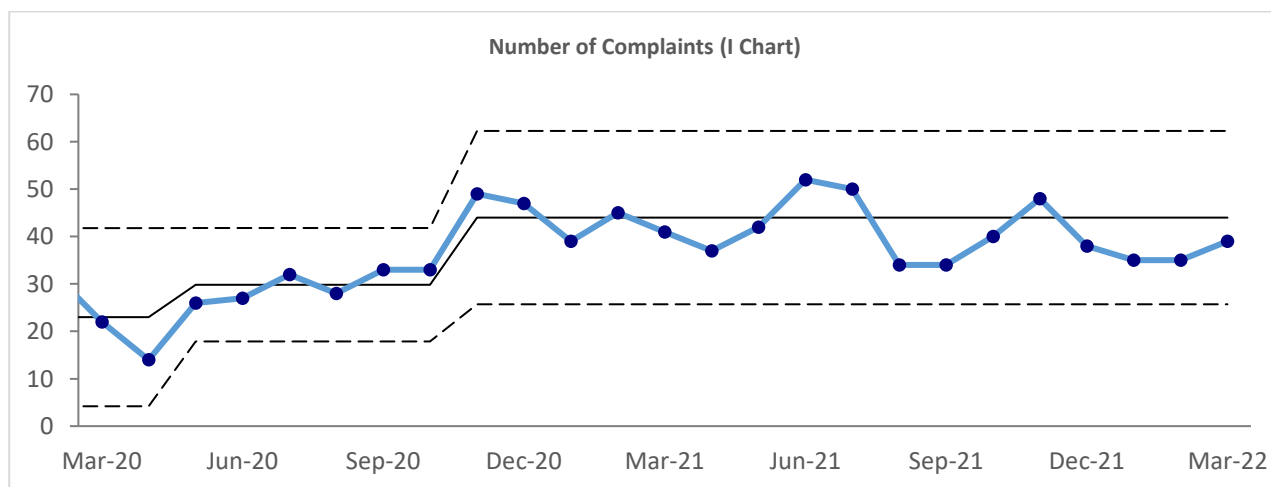
Forty-three services across the Trust have developed recovery plans for their waiting lists, 15 of these are seeing a reduction, 9 remain stable, and 19 are increasing. Of those experiencing a reduction, Memory Services across Luton and Bedfordshire and Tower Hamlets Learning Disabilities have seen the greatest reduction.

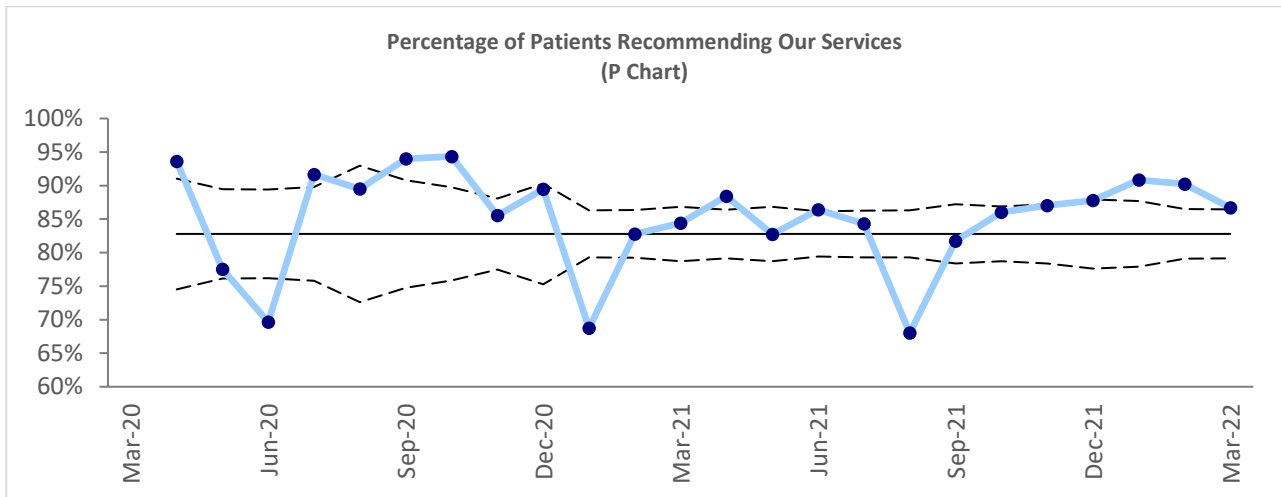
The Memory Services in Bedfordshire managed to secure additional clinic space to increase their capacity in January and a funding proposal for additional staffing was submitted this month to expand the number of appointments the service can offer. The service is working with primary care colleagues in Central Bedfordshire to provide early diagnosis for service users that do not have co-morbid conditions.

In Tower Hamlets, the Learning Disabilities service has started working with the CAMHS team to understand the complexity of service users that are likely to enter the service in the future, in order to plan for future demand and improve the young person’s transition from CAMHS to the Learning Disability service.

3.1.3 Patient Experience

Central to the delivery of the Trust’s 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 charts below provide assurance across a range of service user experience indicators.





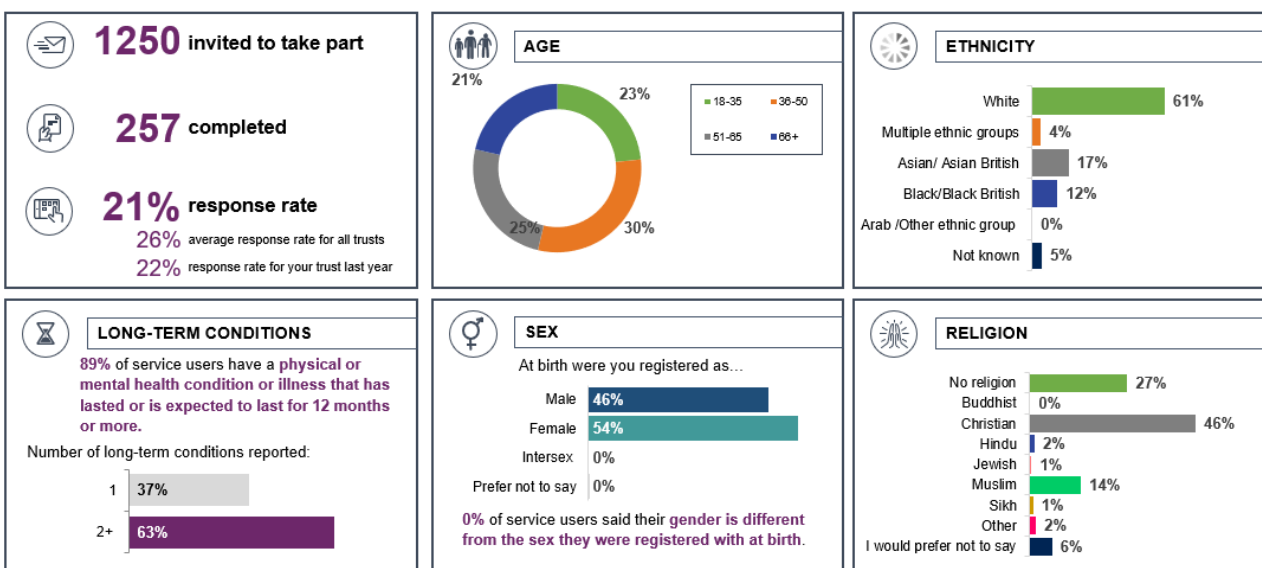
The number of complaints remains stable and has now been below the average of 44 for seven of the past eight months. The top complaint themes continue to relate to communication, attitude of staff, assessment, access to services and clinical management. Lessons are routinely shared across different forums to support improvement.

The percentage of service users who would recommend our services remains high at 87% in March. There has been a further 3% increase in number of responses received monthly, largely related to Newham, Tower Hamlets and Specialist Children & Young People’s Services. The Quality report contains a deep dive analysis into the themes from service user experience feedback, triangulated with other forms of service user and staff feedback.

Externally, the Trust also receives feedback on service user experience via the annual Mental Health Community Service User Survey. This is an annual postal survey that provides a snapshot of service user experience, it administered by an appointed contractor and sponsored by the Care Quality Commission.

The National Service User Survey was undertaken for East London NHS Foundation Trust between February and June 2021.

The figures below summarise participation and the findings of the report.



Where service user experience is best

- ✓ **Crisis care contact:** service users knowing who to contact out of hours in the NHS if they have a crisis
- ✓ **Medicines review:** NHS mental health services checking how service users are getting on with their medicines
- ✓ **Views on quality of care:** NHS mental health services asking service users for their views on the quality of their care
- ✓ **NHS Talking Therapies:** staff explaining NHS talking therapies in a way service users can understand
- ✓ **Seen often enough:** service users being seen by NHS mental health services often enough for their needs

Where service user experience could improve

- **Enough time to discuss treatment:** service users being given enough time to discuss their needs and treatment
- **Who organises care:** service users being told who is in charge of organising their care and services
- **Crisis care help:** service users getting the help needed when they last contacted the crisis team
- **Communicating changes in care due to Covid-19:** informing service users of changes in care due to Covid-19
- **Mental health needs:** staff understanding how service user mental health needs affect other areas of their life



As set out in the introduction to this report, it's anticipated that the transformation work taking place across community services will serve to improve patient experience.

In addition to the range of work in support of the strategic objective to improve experience of care, during 2022/23 the Trust will be enhancing its understanding and ability to respond and improve through the Care Opinion platform, opening up far greater functionality and support. The Quality Assurance Team is currently leading a project, working with clinical services, and their service users, to engage with the platform and optimise it as a means of understanding, learning from and responding to patient experience.

The project will also include a focus on bringing together the full range of patient experience feedback, and putting in place structures to share, make sense of, and make use of the information in the round.

3.2 Achievements and Awards

The Forward Healthcare Award: Workforce & Staff Engagement

Multiple trust teams and colleagues led by the People & Culture team won The Forward Healthcare Award for the category Workforce & Staff Engagement for their work to create and deliver the Learning Activities programme for staff children and families during lockdown in November.

Royal Society for Public Health Health and Wellbeing Awards 2021

Professor Michelle Heys, a Consultant Paediatrician based within the Trust's Newham Specialist Children & Young Peoples' Services (SCYPS), is part of a team that won the Royal Society for Public Health Health and Wellbeing Awards 2021 for their work on the Nurture Early for Optimal Nutrition (NEON) programme

Violence Initiative Award

The National Association for Healthcare Security award for Violence Reduction Initiative went to ELFT's Richard Harwin and Bedfordshire Police for their collaborative work to ensure safety on inpatient wards for staff and patients in November 2021.

Queen's Nursing Institute

The Queen's Nursing Institute International Award went to Newham based nurse Mark Rodruquera in December 2021.

Zenith Global Award

A Zenith Global Health Award went to ELFT's Director of Nursing Ruth Bradley for her work promoting excellence in healthcare in December 2021.

HSJ Workforce and Wellbeing Initiative

Winners of the HSJ Partnership Awards 2021, for the category Workforce & Wellbeing Initiative of the Year. Digital innovators Improve Well and ELFT's QI team worked together to develop a staff wellbeing app.

Positive Practice in Mental Health (PPiMH) Awards 2021

Three ELFT Winners:

- The Trust's team leading the Community Mental Health Transformation project were joint winners for the Quality Improvement and Service Transformation Award.
- The John Howard Centre's Clerkenwell Ward won the Learning Disability, Autism and ADHD Services Award.
- The Peer Support Services Award went to the Trust's Telephone Befriending Service based in Luton and Bedfordshire.

BMJ Awards 2021 for the Diversity & Inclusion Team Award

East India Ward, John Howard Centre were winners for the BMJ Awards 2021 for the Diversity & Inclusion Team Award, for their work in Recognising Racism. October 2021.

HSJ Value Awards 2021

The HSJ Value Awards 2021 saw the City & Hackney Specialist Psychotherapy Service win for their work to create A Digital Recovery Platform for Severe Mental Illness with partners in the local Integrated Care Partnership, North East London CCG, The Advocacy Project and Core Arts.

Additionally, 'The Darzi Seeds of Change Project for the People by the People' won for the HSJ Value Pilot Project of the Year Award. This collaboration involved ELFT clinicians and the Trust's Tower Hamlets Recovery College take part.

3.3 An Explanation of Which Stakeholders Have Been Involved

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

3.4 Statements of Clinical Commissioning Groups (CCGs)



Statement from Bedfordshire, Luton & Milton Keynes Clinical Commissioning Collaborative (BLMK) to East London Foundation NHS Trust (ELFT) Quality Account 2021 – 2022

BLMK Commissioning Collaborative acknowledges receipt of the 2021/2022 Quality Account from East London Foundation Trust (ELFT). The Quality Account was shared with BLMK's Executive Directors, Contract, Performance and Quality Teams and systematically reviewed by key members of the CCG's Quality Committee & Performance, as part of developing our assurance statement.

The CCG have been working closely with the Trust during the year, gaining assurance on the delivery of safe and effective services. Across Bedfordshire we have worked closely with ELFT and Partners (LA, Healthwatch and ELFT senior leaders) in gaining assurances and updates. In line with the NHS (Quality Accounts) Regulations, BLMK CCG have reviewed the information contained within the ELFT Quality Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate.

BLMK CCG would like to commend ELFT on their efforts to manage and support patients and staff through the ongoing and relentless challenges of the COVID-19 response over 2021/22. We recognise the significant increase in demand on both the Community and Mental Health services which includes recovery and restoration of services alongside the joint work from ELFT with other local providers to reduce system pressure. We are appreciative of the continued efforts undertaken to remodel wider services to meet patient demand, endeavouring to provide a positive patient experience. BLMK CCG will continue to work collaboratively with ELFT to support these endeavours.

It is pleasing to note the findings from the CQC inspections during 2021 and that the trust has maintained its Outstanding rating for a third time. The CQC also recognised challenges and areas for improvement which include recurring themes from serious incidents, adverse impact some environment/estates have on patient care and the challenges staff report in daily use of IT equipment and platforms.

BLMK CCG welcomes the description of the Trusts modelling and examples provided within the report to describe progress against the 2021/22 priorities, identifying the work with local external partners via the 'Triple Aim' approach. Priorities for 2022/23 are clear in

methodology for improvement illustrating how the organisation plans to improve population health outcomes, experience of care, staff experience and value.

ELFT Quality Account 21/22 appropriately celebrates successes and recognises areas which are challenging. The CCG is encouraged by the refresh of the Trust's Strategy and 'Big Conversation' to understand the priorities through to 2026, retaining the mission "To improve quality of life for all we serve".

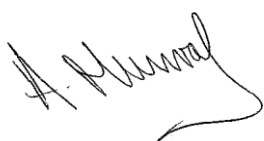
The Trust's ambition to become the first 'Marmot Trust' in the country to address inequity and create a fairer society supports the adapting health and social care landscape of Population Health Management. The CCG welcomes the work to improve access and equity in health service users and staff from the BAME community, LGBTQ+ community, women, veterans, the elderly and specifically the pan Bedfordshire people participation working together group who are working on an anti-racism project

The CCG also notes that the Trust are actively committing to the creation of healthy and sustainable places which includes climate change, with the aim of reducing direct and indirect carbon emission by 2025.

Workforce has been increasingly challenging over 2021/22, the CCG recognises ELFT's ambitions plans to reduce spend on agency staff by 25% by December 2022. The CCG acknowledges the continued system management of the Children and Adolescent Mental Health Service waiting times and looks forward to further work over 22/23 to reduce and support children and young people and their families.

As the CCG moves into the Integrated Care system, we look forward to working increasingly closely with the Trust in the improvement of patient safety in their efforts to improve quality and patient experience. We note the continued Quality Improvement work relating to pressure ulceration. With the increased levels of complexity and acuity services are experiencing it is positive that the Trust encourages open and honest reporting of risks, hazards and incidents, this has been evidenced during the commencement of quality visits to the Trust services.

As Strategic Commissioners and System Partners we recognise the challenging period we have been in and acknowledge the ongoing commitment from the Trust to keep our local population and health workforce safe in the coming year. We look forward to working with ELFT across our Integrated Care system in 2022/23 and beyond.



Anne Murray
Chief Nurse /Executive Director Nursing & Quality
BLMK Commissioning Collaborative





North East London Clinical Commissioning Group

NHS North East London Clinical Commissioning Group (NEL CCG) Commissioner Statement for East London NHS Foundation Trust (ELFT) 2021-22 Quality Account

NHS NEL CCG welcomes the opportunity to provide this statement on the ELFT NHS Trust Quality Account. We recognise and thank the Trust for its ongoing efforts to provide quality healthcare to the residents of East London over the past year. The Trust and its staff have gone to extraordinary lengths to support the communities that rely on them during the continued pandemic response.

We commend the Trust on supporting its staff to rest and recuperate, while managing increased demand and waiting lists in innovative ways, underpinned by its consistent use of established quality improvement tools and methodology.

We are grateful to the Trust and its staff for continuing to work with us in an open and collaborative way that will support our future work together as we move toward becoming the North East London Integrated Care System.

Review of Progress against 2021-2022 Priorities

We are encouraged by the Trust's focus on improving population health outcomes, patient and staff experience and value over the past year, despite the challenges posed by the continued pandemic.

The Quality Account details the significant work the Trust has undertaken in each of these priorities, including work streams aiming to improve health outcomes for local communities, while reducing inequalities, which have been exacerbated by the Covid pandemic response. The continued embedding of quality improvement methodologies as part of business as usual is clearly demonstrated throughout the summary of last year's achievements.

We congratulate the Trust on achieving its third consecutive *Outstanding* rating from the Care Quality Commission in 2021, a reflection of its dedication to using quality improvement methodologies to drive high quality care and services.

2022-2023 Priorities

In terms of priorities for 2022-23, we welcome the refreshing of the Trust strategy for the next five years, acknowledging the development of Integrated Care Systems, and recognising that inequalities have widened over the past two years. It is encouraging that the Trust has gone out of its way to involve communities and staff in the development of the current five-year strategy. The continued focus on improving population health outcomes; experience of care; staff experience; and improved value is welcomed.

Having reviewed the content of the Quality Account against the requisite information, form and content as set out by NHS England / Improvement, we are of the view that the account is in line with the requirements and is a fair reflection of the healthcare services provided by the Trust in 2021-22.

**Director of Nursing
NHS North East London Clinical Commissioning Group (NEL CCG)**

3.5 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Chief Quality Officer, Dr Amar Shah, on 020 7655 4000.

A copy of the Quality Report is available via:

- East London NHS Foundation Trust website (<https://www.elft.nhs.uk>)

2021/22 Statement of Directors' Responsibilities in Respect of the Quality Accounts

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

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting 2019/20 and supporting guidance
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2021 to May 2022, papers relating to quality reported to the Board over the period April 2021 to May 2022
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the national patient survey within Quality Account
 - the national staff survey within Quality Account
- the Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

and

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

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

Signature 

Mark Lam
Chair

Date 29 June 2022

Signature 

Paul Calaminus
Chief Executive

Date 29 June 2022

CONTACT US

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