




East London
NHS Foundation Trust



QUALITY ACCOUNTS
2022/23

East London NHS Foundation Trust

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If you require any further information about the 2022/23 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000

Contact with the Trust





Services and Developments 2022/23

Our Services

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 £640 million. The Trust provides Mental Health, Community Health and Primary Care services.

East London NHS Foundation Trust (ELFT) provides local services to an East London population of 950,000 and to a Bedfordshire and Luton population of 820,000.

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. 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.

A new acute mental health inpatient unit for children and young people in Bedfordshire, Luton and Milton Keynes opened to admissions in February 2023. The unit consists of 8 beds. The service will provide specialist, short-term care for young people aged 13-17 with severe or complex mental health difficulties. The unit is a partnership between ELFT, Central and North West London Foundation Trust (CNWL) and Bedfordshire, Luton and Milton Keynes Clinical Integrated Care Board.

This unit is based at the Luton Centre for Mental Health, part of the Luton & Dunstable Hospital site. It was developed in partnership with service users and carers, who chose the name 'Evergreen' for the unit. Coproduction has been at the heart of the development of Evergreen. An engagement group consisting of young people who have all had experience of inpatient admission have supported the team with recruitment, the selection of furniture/fittings, the unit's layout, policies, and will also be delivering training to new starters.

Increasing integration of services, and greater partnership working, has continued apace. The Trust is part of a CAMHS Provider Collaborative involving a partnership with Barnet, Enfield & Haringey Mental Health NHS Trust (BEH), NELFT, The Tavistock & Portman NHS Trust and The Whittington Health NHS Trust. We also work closely with NELFT to make optimum use of adult health care resources to ensure that people can be cared for locally where possible.

With the greater emphasis on Integrated Care Systems (ICSs), much of the Trust's work and the way services are provided is in collaboration with partner organisations such as fellow NHS trusts, local authorities, other public bodies and the voluntary sector.

In our 2021/22 Quality Accounts we spoke about the example of the Mental Health Community Transformation programme taking place across East London and Bedfordshire that aimed to deliver:

- More joined-up care
- Care closer to home
- Reduced inequalities
- Greater Coproduction

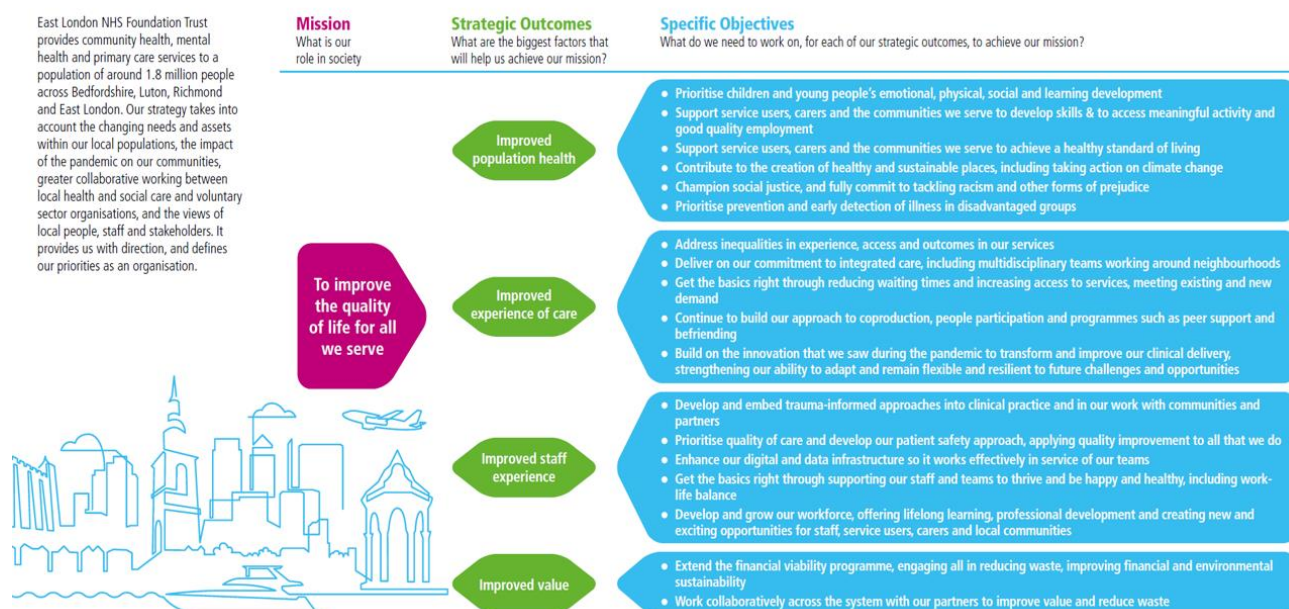
This transformation is now embedded across East London services and starting to deliver real impact. Since the very start of the work in 2019 the experience of people using services has changed.

The formation of Neighbourhood Mental Health Teams	The introduction of new professional roles	New and expanded service offers	Partnership working with VCSE orgs to tackle inequalities
<ul style="list-style-type: none"> • Organising our core community mental health teams around neighbourhoods (which align to social care localities and Primary Care Networks) • New ways of working which bring together professionals daily in these footprints to collaborate in providing care, build relationships, and shift focus towards population health across the neighbourhood • Integration of mental health care, social care, primary care and voluntary sector (VCSE) care offers through these teams 	<ul style="list-style-type: none"> • Community Connectors – <i>Focus on connecting people to their communities, delivered through VCSE</i> • Clinical Associates in Psychology (CAPs) – <i>A new Psychological profession in applied psychology more representative of local communities</i> • Mental Health Practitioners (through ARRS Programme) – <i>Jointly funded roles spanning primary care and mental health</i> • GP Mental Health Lead – <i>The Primary Care voice in Neighbourhood Mental Health</i> 	<ul style="list-style-type: none"> • Focussed work and new specialist roles for Young Adults and Older Adults • Recovery College learning streams for Community Inclusion and Young Adults • Growing our People Participation workforce around key focus areas • Expanding our pilot of Patients' Know Best, a service-user held record, and our Personal Health Budget offer 	<ul style="list-style-type: none"> • Two grant schemes run to tackle inequalities and build resilience • New partnerships and projects to improve access, experience and outcomes for local communities, including the implementation of the 'Let's Talk Report'

The repercussions of the Covid pandemic, and latterly the increasing cost of living, have, of course, continued to provide a challenging context within which to deliver high quality care. Huge efforts, summarised in the report, continue to be made to improve patient flow and timely access to assessment and treatment.

Our Trust Strategy

The ELFT Board commissioned a refresh of the Trust strategy in early 2021. Building on the previous strategy, and retaining the mission to improve the quality of life for all we serve, the latest Trust strategy for 2021-2026 is set out below.



The Trust has strengthened its annual planning process to support implementation of the strategy, and align priorities with system partners, and are working in collaboration with our communities and partners, always striving towards continuous improvements in everything we do in order to deliver our strategy, and in support of wider Integrated Care Systems strategic objectives.

Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

The central aim of an ICS is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. Integrated care systems (ICSs) have been tasked with four main objectives:

- 1 To improve **outcomes in population health** and healthcare
- 2 To tackle **inequalities** in outcomes, experience and access
- 3 To enhance **productivity** and value for money
- 4 To help the NHS support broader **social and economic development**.

ELFT is a member of two ICSs, North East London (NEL), and Bedfordshire, Luton and Milton Keynes (BLMK). Each ICS has an established set of strategic priorities.

NEL

Our purpose:

“We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.”

Our flagship priorities:

Children & young people

- to make NEL the best place to grow up

Mental health

- to improve the mental health and well being of the people of NEL

Employment & workforce

- to create meaningful work opportunities for people in NEL

Long-term conditions

- to support everyone living with a long-term condition in NEL to live a longer, healthier life

Our operating principles:

- Improving quality and outcomes
- Securing greater equity
- Creating value
- Deepening collaboration

BLMK

Our Strategic Priorities





Part 1 – Statements on Quality

1.1 Statement on Quality from Paul Calaminus - Chief Executive

Alongside the continued importance of Quality Improvement methodology, co-production and clinical leadership, our Quality Accounts this year reflect the steps that have been taken over the year to improve the availability and use of data to try and improve services. This has led to real improvements in information available to teams, that can be used alongside our own observations, and the experience of our service users. It has been pleasing to see the growing appetite in the Trust to use this information for improvement, bringing some exciting innovation and improvement in outcomes.

Our Quality Accounts report also reflects our move to understand the broader issues our communities face and our efforts to provide our services in a way that is coherent and effective. Service users, patients and carers are key in helping us to get it right, to understand and accept when something isn't working, and seek to do better.

I want to thank everyone who has been, and continues to be, involved in the work reflected in this report, both those who provide services, and those who receive them as we continue to work to improve our provision of safe and effective care.

Paul Calaminus
Chief Executive

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

I am pleased to introduce the Quality Accounts for East London NHS Foundation Trust for 2022/23.

The report summarises our work to provide assurance about quality of care – through a variety of mechanisms, such as clinical audit, service user-led accreditation, service user feedback, external accreditation schemes and feedback from CQC inspection. The report also outlines the work of our teams to continue improving the quality of care they are providing, through the application of quality improvement (QI) on areas such as population health, equity and access. The last decade of focus on quality at ELFT has helped develop a structured and systematic approach, with greater autonomy and ownership of teams to understand and improve quality of care, together with greater service user involvement and leadership.

Some of the work contained in this report is truly ground-breaking, such as the application of quality improvement at scale to tackle the immense challenge of waiting lists and high demand in the wake of the pandemic, across 50 of our community-based teams. The examples of teams applying their QI skills to identify and tackle equity issues is also right at the forefront of this field globally, and the report contains some outstanding results that have been achieved so far.

The availability and accessibility of data and information at all levels of the organisation, from individual clinicians, teams, directorates and the Trust board, enables a system of quality control – allowing each level of the organisation to pay close attention to variation, understand and investigate causes of unusual variation and respond appropriately. The performance report to the Trust board includes a system-level dashboard of key quality metrics, together with narrative, to ensure we are alert to the key quality indicators on a routine basis.

The organisation's approach to quality is characterised by the appetite to continuously learn. The report contains details of how the organisation is responding to findings from targeted CQC inspections, from significant safety incidents during 2022/23 and how we plan to approach safety differently in future. The year ahead includes ambitious plans to apply our quality improvement approach at scale, across all our inpatient wards, to focus on safety and quality, in light of a number of themes emerging from safety incidents. This work has already begun, and is starting to yield creative new ideas and interesting learning. Our work on equity continues, with a second phase of the Pursuing Equity programme that will start to apply the method to larger-scale projects across our teams and directorates. The continued vigilance, and preoccupation with safety and quality on a daily basis, is a hallmark of ELFT's commitment to learning and improvement.

Dr Amar Shah
Chief Quality Officer



Part 2 – Priorities for Improvement and Statements of Assurance

This annual Quality Accounts provides the platform to share both our progress and achievements during 2022/23 and our plans and priorities for 2023/4.

In this section the Trust updates on progress on delivering our priorities for improvement for 2022/23, along with statements of assurance from our Trust Board.

During 2022/23 the Trust provided and/or sub-contracted 166 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 166 of these relevant health services. The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2022/23.

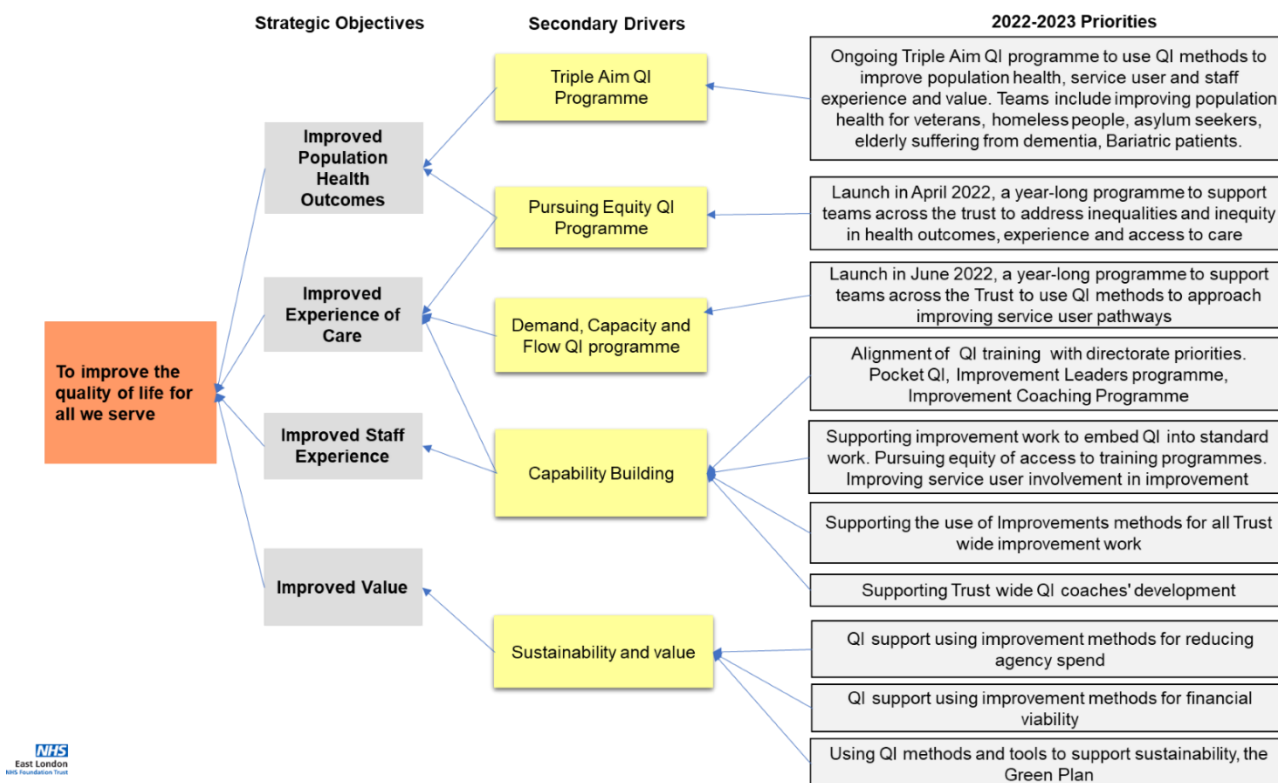
2.1 Reflections on 2022/23 – Progress Against Priorities

As set out in last year's report, our annual plan for 2022/23 focused on the following priorities aimed at progressing our aim to improve the quality of life for all we serve:

- *Triple Aim QI Programme*
- *Pursuing Equity QI Programme*
- *Demand, Capacity and Flow QI Programme*
- *Capability Building*
- *Value*

The Trust's quality improvement plan (below) demonstrates how Quality Improvement (QI) work across the Trust was organised to support delivery of the Trust's annual plan. This section of the report summarises progress in delivering the 2022/23 plan. The two large-scale improvement programmes, on equity and flow, were successfully delivered and are starting to see results. The report provides a number of stories from teams working on equity and flow, the ideas they are testing, and the results that are starting to emerge.

Trust annual quality improvement plan for 2022/23



Improving Population Health

Triple Aim:

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. Seven teams across the organisation worked on improving population health using the triple aim approach, working across organisational boundaries to simultaneously improve outcomes, experience and value. The teams worked on different populations including veterans, asylum seekers, homeless people, children, people who frequently present to crisis mental health services and people with long-term conditions accessing talking therapies.

One of the project teams from Newham adult mental health have been focusing on frequent users of the crisis pathway to help them thrive, be socially connected and receive the right support at the right time. The team have been testing and learning from the use of apps to reduce social isolation and loneliness. They have broadened their approach by seeking support from the Working Together Group for deeper service user involvement. They are now testing offering 1:1 support from community connectors to help service users access the Crisis Café to reduce social isolation and loneliness, and increase connection with the local community. This will also provide out-of-hours support at high-risk times for crisis presentations. The team will also be inviting stakeholders from the third sector to engage in this project.

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. ELFT partnered with the Institute of Health Equity, to work towards becoming the first NHS Marmot Trust. In February 2022 the Trust started applying the QI method using the Triple Aim approach and began offering QI support to this work in Luton and Newham.

In Luton, colleagues from human resources, public health, the local authority, a facilities management service and peer support workers are working together to support local vulnerable people into employment. The project team which involves partners from ELFT, the local authority, council and other system partners have agreed the portfolio of work that will help them achieve their aim “to support ELFT service users and the general population in Luton to gain and retain employment and skills”. This involves a task and finish group to Understand & address financial exclusion, as a major barrier to employment for people in vulnerable groups. And several QI projects to Improve the accessibility of recruitment processes; Promote opportunities more effectively and in a more targeted way; Provide pre-employment opportunities; Provide in-work support for new recruits and Provide support for managers & clinical teams to recruit from service users and other disadvantaged groups. The team have started to collect data related to their testing and have recruited 5 service users from the population into Health Care Support Worker roles in Luton.

In Newham, the work received funding from the ELFT charity to support some of their work to improve the wellbeing of children and young people in Newham by focusing on 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’. The project has agreed on two interventions to look at:

- 1 Healthier Wealthier family's pilot – placing financial advisors into community children's centres and specialist children's clinical services. The team are working with University College London department of Population Health
- 2 Family Literacy Project – Partnership with the bank HSBC and East London Business Alliance to offer health literacy courses to Specialist Children and Young Peoples Service (SCYPS) and Child and Adolescents Mental Health Service (CAMHS) families in Newham.

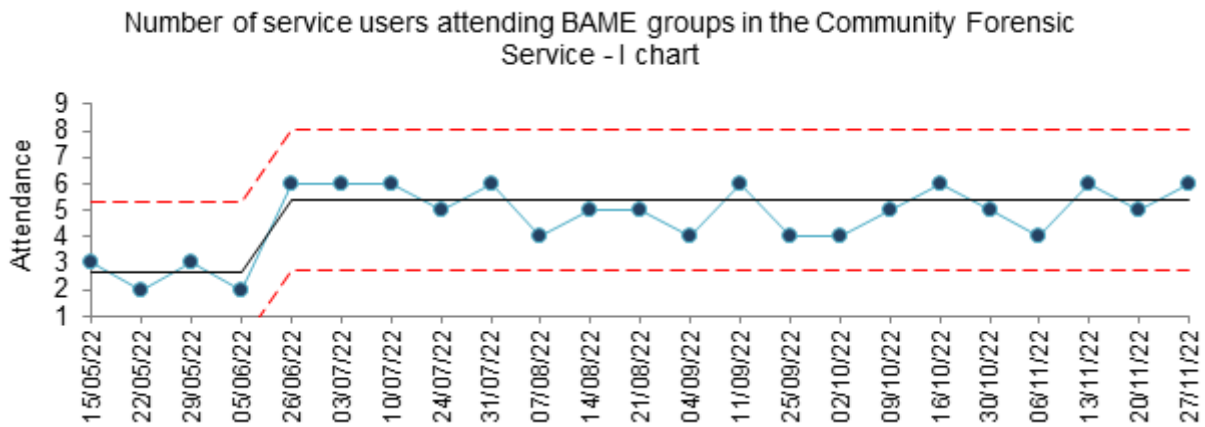
Improving Experience of Care

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 has been supporting teams to understand what contributes to inequity within the populations they serve, use improvement methods to test meaningful change ideas and develop measurement plans to know if they are making an improvement.

Currently thirteen teams are part of the programme. Since the programme launched, 11 of the teams are testing change ideas, with four having seen an improvement. Four teams are developing driver diagrams to construct their change theory and are receiving coaching support to help them begin testing change ideas. All teams are developing change ideas, with 10 teams actively testing.

Two inpatient teams are focussing on improving the experiences of LGBTQ+ service users on their wards. At the Coborn centre, the team are working with young people to improve their experiences and are testing having LGBTQ+ champions and the use of pronouns on room doors. Ruth Seifert ward in City and Hackney are collecting data via a patient and staff confidence survey to help understand their issue. They are testing training staff on LGBTQ+ issues and weekly ward huddles for staff and service users to discuss topics around LGTBQ+ issues on the ward.

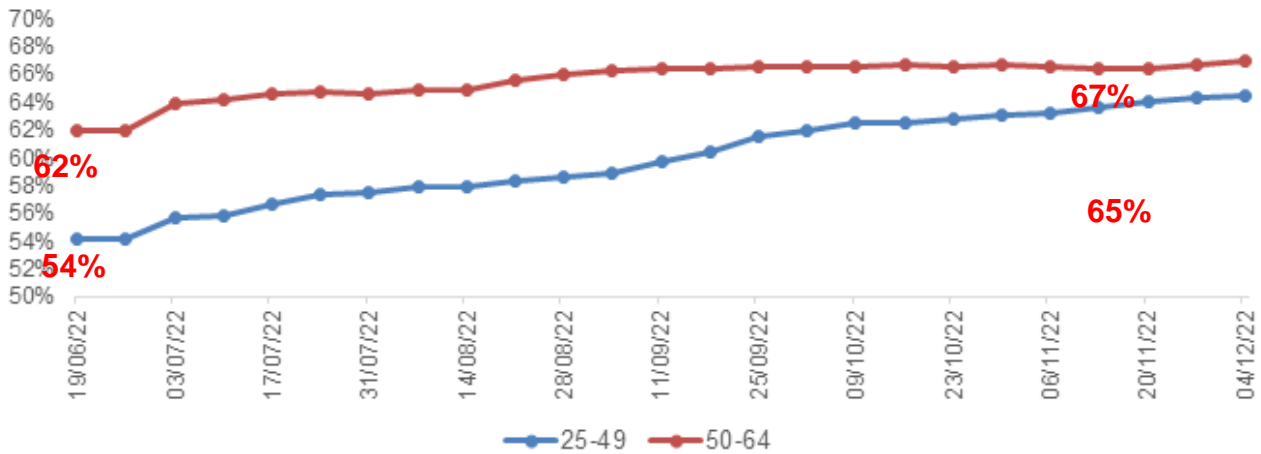


Bow Ward in Forensics have been testing the use of therapeutic groups to talk about sexual health and normalising the use of sex toys on the ward, as well as making changes to the recording of screening status on RiO (clinical recording system). As a result of their work, 100% of the women cared for have been offered cervical screening with 40% uptake, up from 23% the previous year.

Several teams have been working to improve outcomes, access, and experience for Black, Asian, and Minority Ethnic (BAME) service users. Tower Hamlets Early Intervention Service saw a 27% increase in the number of BAME service users receiving treatment because of prioritising service users who had recently been discharged from wards, and by introducing family-based therapy. Meanwhile, the community forensic team have been testing a weekly service user group welcome to anyone to discuss issues around race. Attendance at the group has increased over time as a result of offering a virtual option. One service user reflected “the group has been constructive and people that come here get energy from it and that it starts off the week, it’s a time for reflection... I find it innovative”.

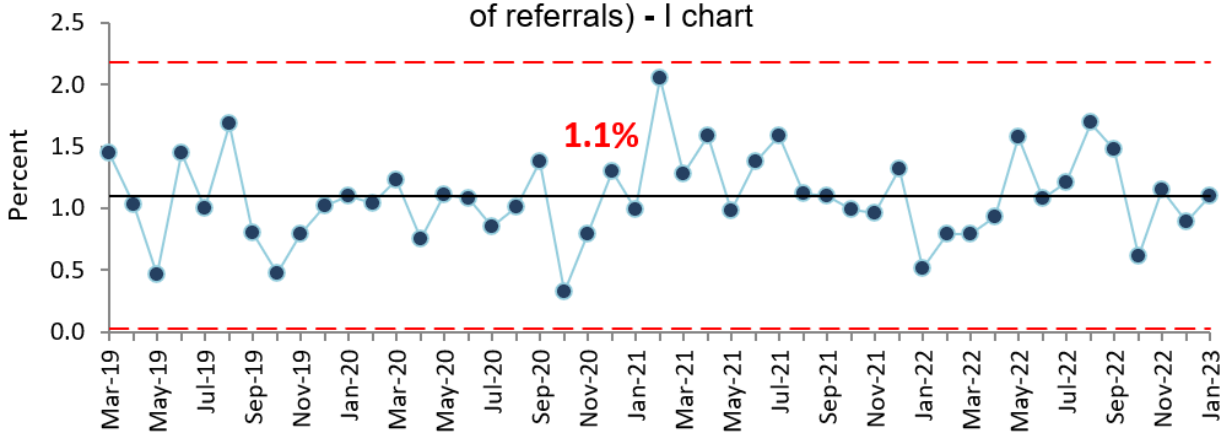
Cauldwell medical centre based in Bedford have been working to increase the percentage of eligible women receiving cervical screening. They identified that only 55% of women between 25-49 received screening compared with 63% of women over the age of 50. The team have tested a range of change ideas including text message reminders, changing the language of letters and outreach events, and have managed to increase overall screening rates and reduce the equity gap between women under and over the age of 50. The percentage of women aged 25-49 receiving cervical screening has increased from 55% to 63%. The percentage of women aged 50-64 receiving screening has increased from 63% to 66% (chart below).

Percent of eligible service users receiving cervical screening - Line chart



Improving Access to Psychological Therapies (IAPT) service team in Newham, are working to improve uptake of their service by Black men aged 18-25. This population is currently underrepresented, making up only 1% of all service users (chart below). All ideas have been developed and tested in collaboration with service users. Ideas include adapting social media presence to be more representative and inclusive; partnering with local gyms and barbers to provide free merchandise and offering digital links to their service to encourage conversations around mental health. Design for year two of the pursuing equity programme is underway. A Trust-wide scoping exercise has been conducted with all directorates to identify equity work that they want to support in 2023/24. A recruitment campaign will begin in May 2023 to identify teams that would like to use QI to approach an equity issue.

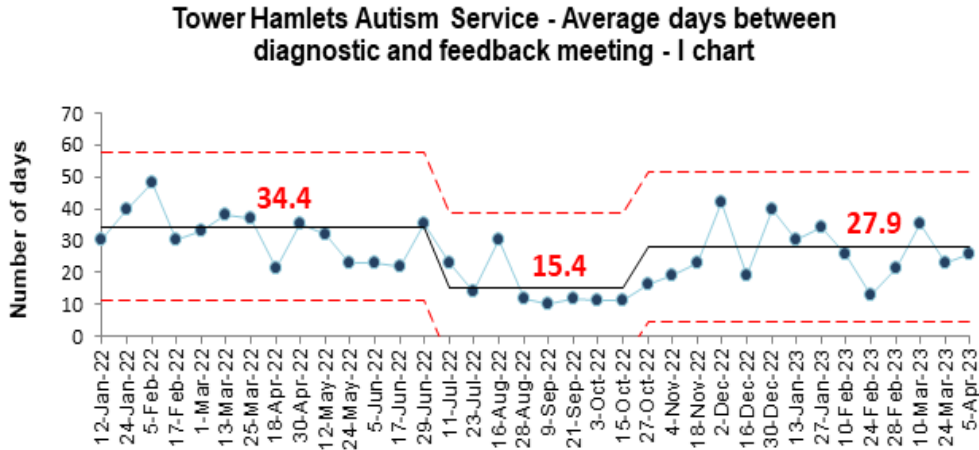
Percentage of referrals that are Black Males aged 18-25 (Percentage of referrals) - I chart



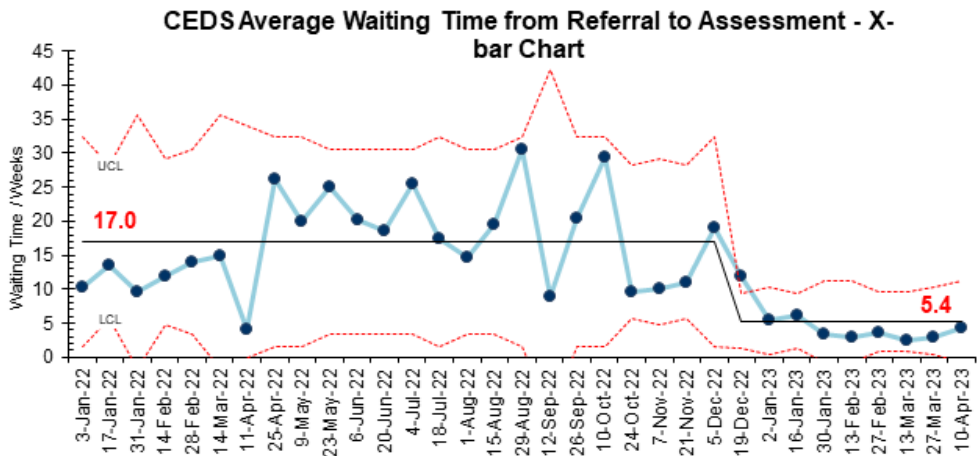
Optimising Flow programme

1.1 Since June 2022, 19 teams have been coming together to share ideas and apply QI to optimise flow through patient pathways in their services. A mid-programme evaluation demonstrated improved service user involvement in the work and that the programme has helped accelerate team progress. Of the teams on the programme, 16 progressed to the point of testing change ideas, with five teams showing improvement. Two teams were developing their change strategy and one team is in the implementation phase.

1.2 Tower Hamlets Autism Service: their aim was to reduce the wait time from referral to assessment by 50% in one year. Ideas tested include a referrals pack to streamline the process, this resulted in a 38% reduction in the wait time from referral to the active list (chart below). Additionally, increasing the time of their weekly assessment meeting by one hour meant they could discuss more cases and reduce the time a diagnosis is received by one week.



1.3 The East London Children’s Eating Disorder Service (CEDS) identified that there are long wait times for young people to receive an assessment after referral to the service. The aim of the project was to reduce their wait times and improve patient experience. They developed a process map to better understand where there were inefficiencies and bottlenecks in the system. Their change ideas included discontinuing the triage process, introducing a single assessor, and updating the referral form. After testing these ideas for a few months, the team saw a reduction in the average wait time of 17 weeks to 5.4 weeks (chart below).



Improving Staff Experience

Capability Building:

Building capability in QI skills is an important part of developing and maintaining a culture of QI across the Trust.

Pocket QI, the Trust's one-day foundational QI training is accessible to all staff and service users which means they will be able to apply QI methods to complex issues that require improvement in their area. The training is in both London and Bedfordshire and is consistently well attended. During the year, this training also received CPD (continuous professional development) accreditation after being scrutinised by an external accreditation organisation to ensure integrity and quality compatible with global CPD requirements. Efforts to align capability building for quality improvement into directorate annual planning has contributed to an increase in staff attending all QI training programmes. Pocket QI has seen a 150% increase in graduates in the past 10 months with a current average of 65 graduates per workshop. To meet the increased demand, the number of London training sessions has been doubled to one every month.

In March 2023, 167 staff and service users graduated from the six-month long Improvements Leaders Programme (ILP) to lead and support teams to progress with their improvement work in their areas. During the year, the programme was received CPD accreditation. Over a hundred teams displayed their improvement work to celebrate their progress. One senior leader graduate has now requested all the management team members in his area to attend the next wave of ILP, to embed the improvement culture in his area and the projects he is a sponsor for. A service user attending from Tower Hamlets mental health services reported that the ILP made her understand why her part in a project was so important and felt motivated to do more. The number of active QI projects has returned to pre pandemic levels throughout 2022 with a notable increase in November as a result of the onset of the current Improvement Leaders Programme.

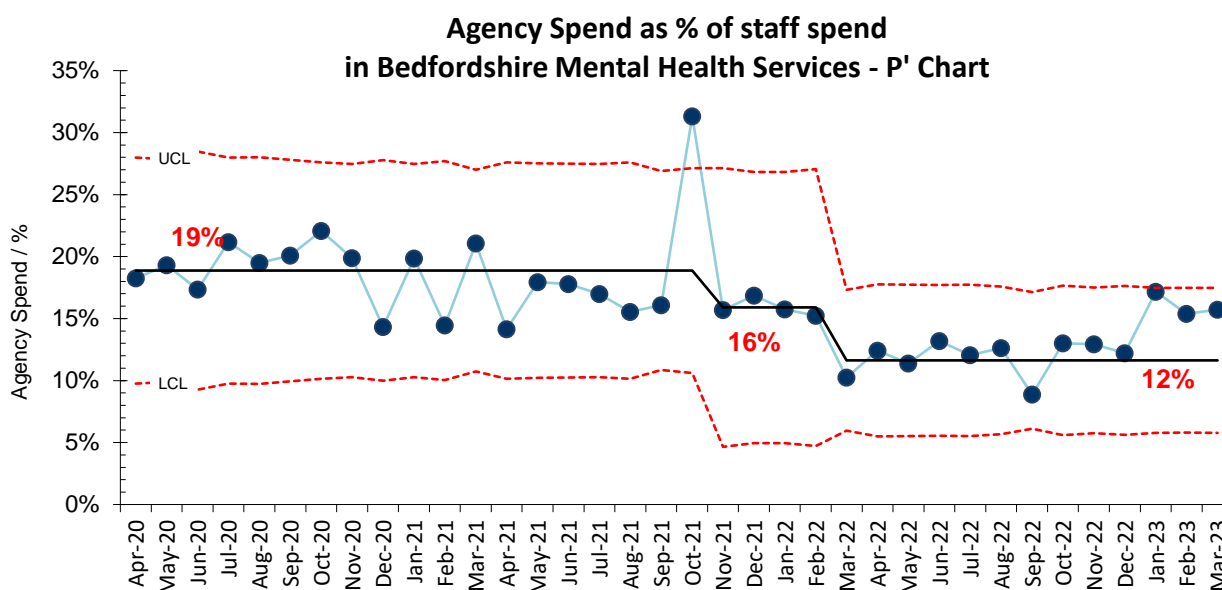
Also in March 2023, 55 staff and one service user graduated from the Improvement Coaching Programme (ICP), a seven-day course over six months equipping QI coaches with a deeper knowledge in improvement science so that they can support and guide teams working on QI projects. One of the many stories of how staff are benefiting from QI training, in addition to helping improve services, is from a QI coach on the current ICP. They work as a Life Skills Recovery Worker which involves supporting nurses and healthcare assistants with their care roles and facilitating activities and events on the ward for and with service users. They were encouraged by their manager to go on the Improvement Leaders Programme. They have been using the plan-do-study-act approach regularly in their job and even in their personal life and business. They were involved in a QI project that improved service user satisfaction with the quality of 1:1s from 65% to 93%, and staff reported that they felt more confident in facilitating 1:1s as a result of the project. The skills and experience they obtained from this work has built their confidence to speak and lead a team. They even had the confidence to present the work at a QI conference at the Royal College of Psychiatrists. This has given them the confidence to become a QI coach and support others with their QI projects.

Improving Value

Agency spend project:

The Trust-wide project on staff agency spend reduction has seen a reduction in percentage of agency spend in six areas across the Trust. Of particular interest is in Bedford Mental Health

where the project team primarily focussed their tests of change. They were able to reduce the percentage of agency spend from 19% to 14% and have sustained this for more than a year (chart below). Some of the change ideas from this work were applied across the organisation, Trust-wide data remains unchanged with an average of 7.7% of total staffing costs being spent on agency staffing. Change ideas that have been implemented into business as usual include redesigned job descriptions; internal process for agency pay rate limit and approval; finance business partner approving and coaching budget holders; appointment of a medical resourcing manager; an incentive scheme to encourage staff to take on staff bank shifts instead of filling those through an agency; changing to a direct engagement supplier whereby the Trust saved on VAT by paying agency staff directly or a 3rd party instead of by their agency. A recommendation from the work was to develop a central structure for managing temporary staff which is now established.

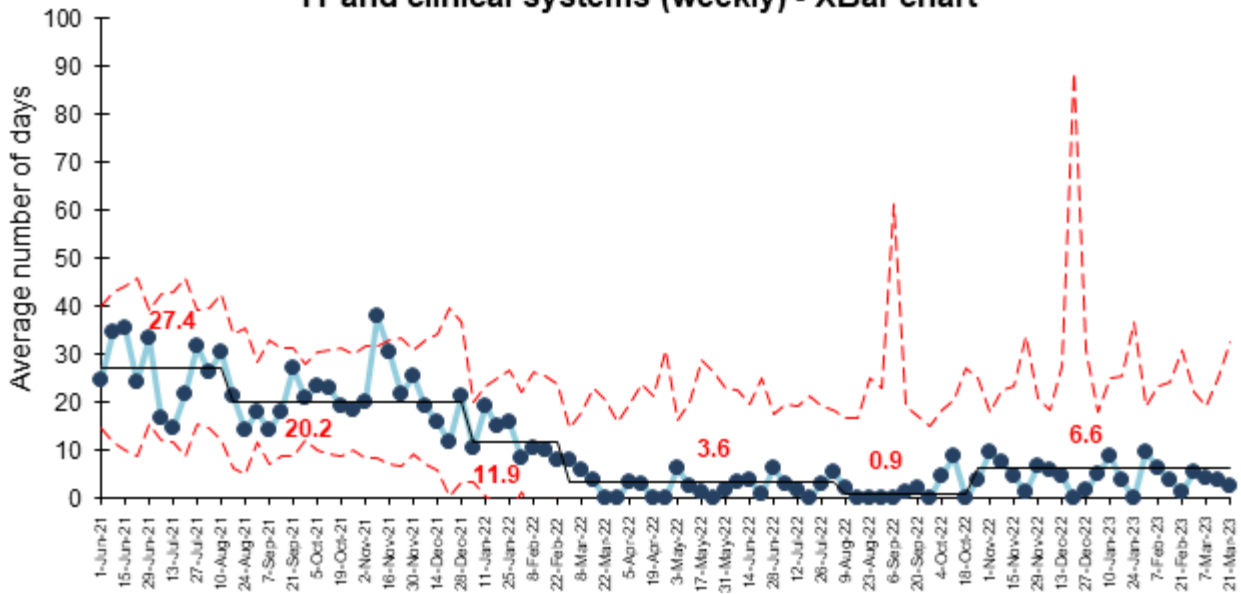


New Starter Project:

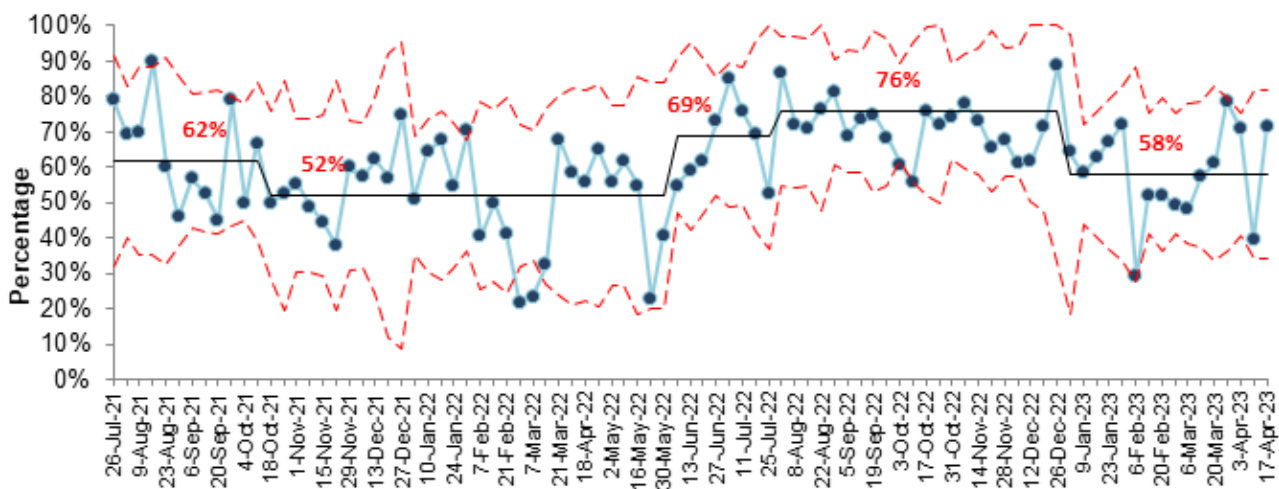
A team consisting of team members from people and culture, IT helpdesk and digital have been working towards improving the experience of new staff starting at ELFT. Their aim is that all staff on day one are in possession of their ‘smartcard’, a card that enables access to NHS systems, and that they are able to access clinical IT systems within one week of their start date. Access ensures clinical staff are equipped with essential patient information, a key factor in patient safety. Improving data quality and internal process change has resulted in clinical staff accessing clinical systems within seven days (chart below).

The team achieved an improvement in access to smartcards, however, sustaining the gain has been more challenging due to operational issues. A change in process was difficult to implement due to staff turnover and a lack of connection to the project work. A workshop was held for all staff involved to explore why the process change was difficult to adopt. An implementation package was designed with staff to standardise, document, and disseminate the process change. To continue to regain the improvement gains the team will train all incumbent staff and have made a commitment to have daily huddles and regularly review the data to enable a rapid response to any deviation from improvement.

Average number of days from staff start date to get set up with IT and clinical systems (weekly) - XBar chart

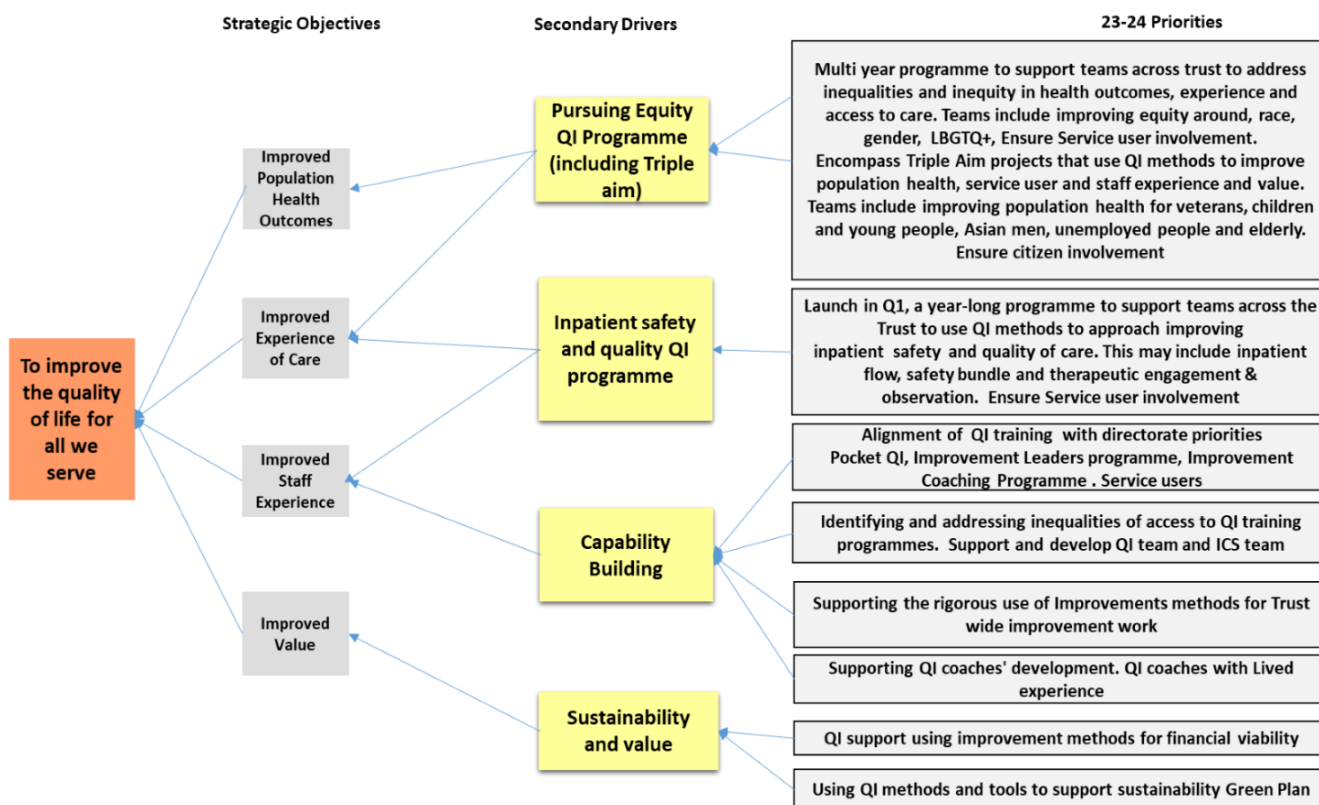


Percent of new starts in possession of smartcards on day 1 - P Chart



2.2. Quality Priorities for the coming year – looking forward to 2023/24

The driver diagram below sets out our priorities for the coming year, and shows how quality improvement projects across the Trust links to the key strategic priorities for ELFT and the annual plan for 2023/24.



2.3 Participation in Clinical Audits

2.3.1 National Audit

Throughout 2022/23, ELFT participated in five national clinical audits and one national confidential inquiry covering services the Trust provides. A list of these are below, along with the organisation that relevant data was submitted to.

Description of National Audit/Confidential Inquiry	Submitted to
Prescribing Observatory for Mental Health (POMH-UK) Topic 1h & 3e: Prescribing high dose and combined antipsychotics	Royal College of Psychiatrists
Prescribing Observatory for Mental Health (POMH-UK) Topic 21a: The use of melatonin	Royal College of Psychiatrists
Prescribing Observatory for Mental Health (POMH-UK) Topic 20b: Valproate prescribing in adult mental health services	Royal College of Psychiatrists
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis 2023	Royal College of Psychiatrists
Parkinson's National Audit	Parkinson's UK
Transition from Child to Adult Health Services	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Data was submitted to five national clinical audit projects and one 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 a 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	Organisations	Submissions	
POMH-UK Topic 19b: Prescribing for depression in adult mental health services ¹	22	73	60	4742	Dr Dominic Dougall
POMH-UK Topic 1h & 3e: Prescribing	23	190	62	7759	Dr Phillip Baker

¹ The Trust participated in POMH topic 19b in 2021/22 however, the report was published in May 2023.

high dose and combined antipsychotics					
POMH-UK Topic 21a: The use of melatonin	6	64	61	5097	Dr Cathy Lavelle
POMH-UK Topic 20b: Valproate prescribing in adult mental health services	15	77	60	4662	Dr Syed Ashraf
NCAP: Early Intervention in Psychosis Audit 2023	4	400	Not yet published	Not yet published	Dr Olivier Andlauer
NCEPOD: Transition from child to adult mental health services study	1 ²	1 ²	Not yet published	Not yet published	Dr Cathy Lavelle
UK Parkinson's Audit	1	20	Not yet published	Not yet published	Karen Coupland

In 2022/23, reports for three national audits were released, including a report for a national audit the Trust participated in during 2021/22. Reports for three national audits and one confidential enquiry are yet to be released.

The reports for NCAP Early Intervention in Psychosis Audit 2023 and POMH Topic 20b are due to be released in May 2023. NCEPOD will release the report for the study on transitions from child to adult mental health services on 8 June 2023. The UK Parkinson's Audit report will be released later in 2023.

The report for POMH Topic 19b: prescribing for depression in adult mental health services, was released in May 2022. This follows a baseline audit completed in 2019 (Trust sample size of 33). The re-audit in 2021 had a sample size of 55. Although larger than the baseline audit the sample size remains small therefore, the results are interpreted with caution.

The findings showed both good rates of documentation of co-morbid alcohol and drug use, physical and mental illness and good augmentation of antidepressants with antipsychotics. The findings will be discussed at the Trust medicines committee. The findings have been shared with relevant local teams, including neighbourhood teams, to highlight the importance of documentation. In response, a teaching event/webinar on best practice for the management of treatment refractory depression is being considered.

² 1 clinician questionnaire and 1 organisational questionnaire were requested by NCEPOD from ELFT. An ELFT patient was identified as eligible for inclusion in the study as a result of data submitted to the study by another Trust.

The report for POMH topic 1h&3e: prescribing high dose and combined antipsychotics was released in December 2022. The findings will be highlighted to the clinical directors working with inpatient mental health services. Support will be tailored down to team level to ensure those teams with relatively poorer performance in the Trust are assisted to review their practice.

The report for POMH Topic 21a: use of melatonin was released in February 2023. The audit focused on the prescribing of Melatonin to treat disturbances in sleep in children and young people. The findings were shared with all consultants' groups for the relevant services, including CAMHS and community paediatrics. In response to the audit findings, a CAMHS pharmacist was invited to attend the consultant group meetings to discuss melatonin prescribing. There will be further discussion collectively with the pharmacist lead for children's services around actions to be taken. Actions will include producing pre-prepared guidance covering advice around sleep hygiene and off-labels, to be provided to parents before prescribing melatonin.

ELFT children's services already have guidance for melatonin prescribing, including use of branded products, which will be refreshed and prescribers will be reminded of the requirement to conduct reviews at three months and annually. Further action to address regular reviews may involve conducting an internal audit. All guidance will also be shared with non-medical prescribers.

2.3.2 Performance against the NHSE Learning Disability Improvement Standards Year 4

The NHSE Learning Disability Improvement Standards were launched in 2018 by NHSE to ensure the provision of high quality, personalised and safe care from the NHS for the estimated 950,000 adults and 300,000 children with learning disabilities as well as the 440,000 adults and 120,000 children with autism across England. These standards were designed together with people with learning disabilities, autistic people, family members, carers and health professionals, to drive rapid and substantial improvements to patient experiences and equity of care (National Benchmarking Network).

The four standards that Trust's performance is measured cover:

1. Respecting and Protecting Rights
2. Inclusion and Engagement
3. Workforce
4. Specialist Learning Disability Services

The first three standards are universal and apply to all areas in all Trusts submitting a completed benchmarking tool. The fourth standard applies specifically to Trusts commissioned to provide specialist services to meet the needs of people with a learning disability and autistic people.

There is a data collection tool that is provided to bring together both qualitative and quantitative data. In addition, there is a staff survey and a service user survey that are distributed across participating teams.

The Trust receives a bespoke report from the NHS Benchmarking Network which demonstrates both compliance with the standards and also data that reflects where ELFT are performing in comparison to other Trusts across England. Of note, in Year 4 of the standards, 206 organisation participated, with 56 organisations providing specialist services.

ELFT's bespoke report returned positive outcomes in a number of areas which included being able to make reasonable adjustments for people who have a learning disability, being able to

disaggregate data to track people's journey through the organisation, routinely monitoring waiting times, and flags on electronic systems.

Total numbers of incidents of Physical Restraint were well below the mean average in comparison to other Trusts (Mean = 318, ELFT = 88)

ELFT also had a very low rate of Serious Incidents relating to people with a Learning Disability and Autistic people in comparison to other Trusts.

There was evidence demonstrating that all adult areas had 'Stopping over medication of people with a learning disability, autism or both' (STOMP) action plans or Quality Improvement projects, to reduce inappropriate prescribing for people with a Learning Disability.

There was also a clear commitment by the organisation to embed LeDeR (Learning from Lives and Deaths of People with a Learning Disability and Autistic People) with representation on internal meetings such as the Learning from Deaths Panel and the Patient Safety Group, as well as attendance and involvement in both ICB LeDeR Governance Groups.

The areas for development and improvement are outlined below:

- Ability to disaggregate data for Autistic people without a Learning Disability
- Monitoring readmission rates for people with a Learning Disability and Autistic people
- Monitoring total number of Safeguarding referrals made for children and adults with Learning Disabilities and/or Autism
- Monitoring the percentage of Safeguarding referrals that progress to a S42 Enquiry
- Consider creation of a dedicated post for a person with a Learning Disability or their family Carer on the Council of Governors or Board Sub-Committees
- The need to increase the number of people with a Learning Disability and/or Autistic people employed by the Trust
- Implementation of Ask, Listen, Do as a central component of responding to complaints, although this is practiced locally in responses to individuals
- The need to have a specific focus on workforce development for Learning Disability Services in the Trust Workforce planning
- Inclusion of a section about Learning Disability and Autism in the Trust Induction
- Accessible versions of Trust reports
- Sing up to STAMP (Supporting Treatment and Appropriate use of psychotropic Medication in Paediatrics)

The staff survey within the Standards reflected similar results with regard to the provision of reasonable adjustments, although there was a clear pattern of staff feeling that people with Learning Disabilities were not routinely involved in the planning of Trust services, and also that people with lived experience were not consistently involved in training other staff within the Trust

The service user survey highlighted that people felt that they were always treated with dignity and respect, and that staff cared about them. Positive response rates of 100% were evident around issues such as flexible appointment times, and whether the purpose of the appointment was explained to the person. However, only 44% of service users reported that staff provided choices about the way that they were cared for.

Unfortunately, there is no narrative reporting for this domain, so no ability to drill down on where this might be happening, but this will feature in the action plan going forward about how we can develop our conversations with people about their care and treatment.

Next Steps

As part of the Learning Disability Learning Network, a Benchmarking Task and Finish Group has been formed to review, address and escalate areas of action from these standards.

The group has representation from different areas across Learning Disability Services, and is currently in the process of identifying how areas of improvement can be met, either within specialist Learning Disability and Autism Services, or through collaboration with wider Mental Health, Community Health and Corporate colleagues.

It is proposed that the group uses Quality Improvement Methodology to review the data provided in the ELFT bespoke report, develop ideas and actions to test, with the intention that the following data return will feature a data set that has a greater degree of quality and compliance.

2.3.3 Trust Clinical Audit Activity

During 2022/23 the Quality Assurance team continued to facilitate the Trust-wide Clinical Audit programme. Audits were conducted in three cycles that took place in June, October, and February.

The Clinical Audit Programme consists of a mixture of pharmacy related audits, infection control audits, and directorate specific audits. All 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
14 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All

One medicines audit, the Controlled Drugs audit, continues to be audited 4 times per year, at the start of each quarter, as per regulatory requirements.

During 2022/23 Bedfordshire and Luton Community Mental Health Directorate designed and implemented their Directorate specific audit. This was audited for the first time in February 2023. This audit focuses on record keeping, showing each services compliance around updating dialog, sharing care plans with service users, offering and completing Care Act assessments.

The Trust continues to have a clear process to support learning and drive improvement from the clinical audit programme. 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 has an allocated owner who is responsible for completing the action and update the tracker accordingly.

An example of this is the Tower Hamlets Mental Health directorate. In this directorate all teams review results and discuss actions at local meetings with the Tower Hamlets Clinical Governance Coordinator. These actions are recorded on a Governance Tracker and progress against actions is monitored by the Clinical Governance Coordinator.

Another great example remains the Forensics directorate. Action plans are recorded on shared tracker which is also visible to the Quality Assurance Manager. The actions are then monitored in the Forensics Quality Committee and in Clinical Improvement Group meetings.

2.3.4 Service User Led Accreditation

The Service User Led Accreditation programme, launched in 2019, has continued in 2022/23. 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 award.

Services who 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 successfully transitioned back to being conducted in person after being moved virtually due to the Covid-19 pandemic. This has enabled a better experience for both services users involved and clinical teams. This programme is a crucial aspect of our commitment to providing high-quality services that are responsive to the needs and preferences of our service users. All visits include a Quality Assurance member who supports the assessors and ensures the process is as smooth as possible for the service involved.

In the past year, 13 clinical teams have registered to take part. Out of these, five teams have completed their assessment and visit, two teams have dropped out of the process before its conclusion, one team has requested to defer starting the process until summer 2023. Four teams are due to commence the programme in the next few months. Lastly, we are working with one of our Primary Care services to understand how the accreditation programme can work for them. Hopefully, this will inspire other teams to join our programme.

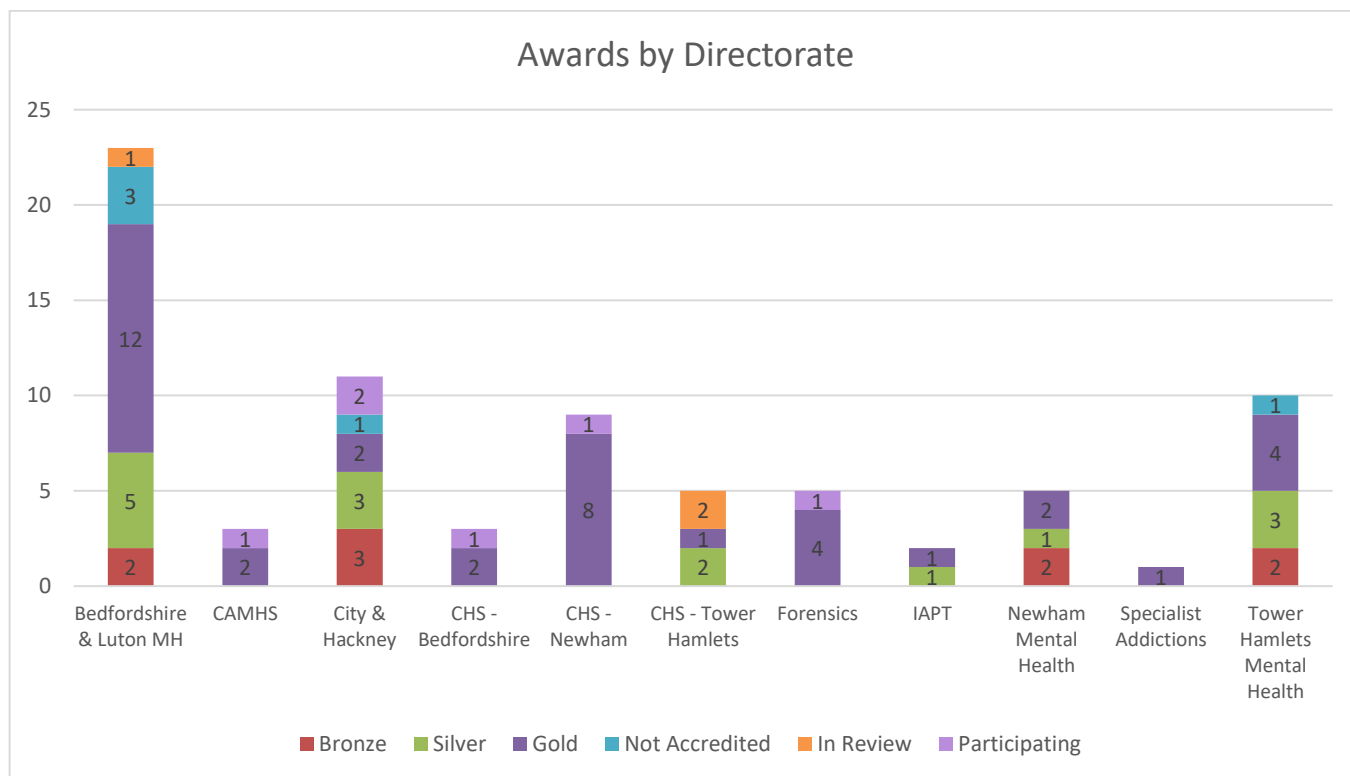
A total of 84 clinical teams have participated since the start of the programme.

The QA team and a service user have started a project to increase the number of registrations by two per month by May 2023. The project aims to encourage more services to participate in the programme and increase the uptake, ensuring that service users continue to be involved in developing and improving the services they use. As part of the project, we have also introduced Q&A sessions which provide an opportunity for services to ask questions and learn more about the accreditation process. By facilitating these sessions, we aim to increase understanding and awareness of the programme.

The QA team are also working with Service Users to introduce a developmental offer to services, which will aim to support services who do not yet feel ready to be accredited.

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 further assessment.



Impact of the programme

As part of the accreditation process, feedback is routinely collected from the clinical teams and assessors involved. In addition, feedback is discussed weekly at team meetings.

“That outside view on things from experts by experience is invaluable. And at the end its great reward for hard work – for us it was a real morale boost after working through some significant challenges.”

(Maham Shahzad, Service Manager, Brett Ward)

Feedback collected from clinical services showed that all would recommend other services to take part and rated the experience as valuable.

The impact of the programme has further been explored via storytelling. So far, two clinical teams have been interviewed to share what participating meant. Sharing these stories 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.

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

We also strongly focus on involving our service users in the process. Our QA Service User Lead produces newsletters designed to provide updates and information on upcoming visits and other opportunities for our service users to get involved in the programme.

To further involve our service users in the programme, we hold regular service user panels where service users can provide feedback and suggestions on reports from services going through the process. We also invite service users to deliver certificates to teams that have been accredited, recognising their contribution to the programme.

Overall, our approach to QA prioritises collaboration and engagement with our service users, ensuring that their perspectives and experiences are incorporated into our processes and decisions. We believe this approach will improve outcomes for everyone involved in our programme.


We are continuously improving and developing the programme, which is a main QA priority for the following year.









In May 2023 we will be launching the Platinum Award. The standards for the Platinum Award were designed in co-production with service users from across the Trust. Service users were asked to reflect on experiences of exceptional service and care and, using the Trust's values and current domains of the Accreditation as lenses, discuss what would need to happen make the services they access to be providing the same level of service. Following this exercise the feedback was collated and analysed and refined into three new 'Platinum Domains'; Place-Based Partnerships and Population Health, Peer-Support and Flexibility, Staff Wellbeing.





We are continuously improving and developing the programme, which is a main QA priority for the next year. We will continue to partner with our service users to review and develop our processes.

2.3.5 External Accreditation

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

Accreditation scheme	Location	Services Accredited
 <p>QNWA QUALITY NETWORK FOR INPATIENT WORKING AGE MENTAL HEALTH SERVICES</p> <p>CCQ</p>	Newham	Ivory Ward Opal Ward Ruby Ward Sapphire Ward Topaz Ward
	Tower Hamlets	Brick Lane Ward Roman Ward
	Bedfordshire & Luton	Ash Ward Coral Ward Crystal Ward Onyx Ward Willow Ward

Accreditation scheme	Location	Services Accredited
	East London	East London Community Eating Disorders Service for Children and Young People
	Bedfordshire & Luton	Bedford Child and Adolescent Mental Health Service Luton Child and Adolescent Mental Health Service
	City & Hackney	City and Hackney Child and Adolescent Mental Health Service
	Newham	Newham Child and Adolescent Mental Health Service
	Tower Hamlets	Tower Hamlets Child and Adolescent Mental Health Service
	East London	Galaxy Ward, Coborn Centre Coborn Centre GAU
	Tower Hamlets	Bethnal Green CMHT
	East London	Tower Hamlets ECT Clinic
	Bedfordshire & Luton	Luton ECT Suite
	City & Hackney	City and Hackney Memory Service
	Luton & Bedfordshire	Luton Memory Assessment Clinic
	Newham	Newham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Mental Health and Psychological Medicine Team
	City & Hackney	Homerton Psychological Medicine
	East London NHS Foundation Trust	East London NHS Foundation Trust
	Community	
	City & Hackney	City and Hackney Perinatal Outpatient Service
	Bedfordshire and Luton	Bedfordshire and Luton Perinatal Mental Health Service
	Tower Hamlets	Tower Hamlets Perinatal Service

Accreditation scheme	Location	Services Accredited
		Inpatient
	City & Hackney	Margaret Oates Mother and Baby Unit
	City & Hackney	Bevan Ward
	Bedfordshire and Luton	Crystal Ward (PICU) Jade Ward
		Clerkenwell Ward Shoreditch Ward
	Forensics	John Howard Centre/Wolfson House
	Tower Hamlets	Tower Hamlets Home Treatment 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 three 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).

Recruitment into research studies has increased 65% in two years back to pre-pandemic levels. Overall, we enrolled 768 participants into 25 studies from the Department of Health and Social Care's (DHSC) National Institute for Health Research (NIHR)³ research Portfolio.⁴ This is 48% above the average of 518 participants recruited at other London-based trusts providing mental

³ 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.

⁴ 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*.

health services; indeed ELFT is the highest recruiting mental health trust in the North Thames region.

Partnership with the University of Cambridge

Our most significant achievement is execution of an agreement to establish a new hub for health research in Bedfordshire and Luton to help improve patient care in primary and community healthcare services. The University of Cambridge and ELFT will together run the research hub, which is the first partnership of its kind for the University.

The new hub will carry out its research programmes working closely with healthcare staff in primary and community health and social care services in the area, and with the patients and carers of Bedfordshire and Luton. It will also help to bring new academic opportunities to GPs and community healthcare professionals in the area, offering training and support to help them get started on their research journeys.

The research will address some of the area's most important healthcare problems, such as frailty amongst older people as well as long-term medical conditions, and explore how primary and community healthcare can best address the needs of the local population.

Training and development is imperative. For this reason, in collaboration with Queen Mary and City University professors, we developed the Research Skills Series, fortnightly training with sessions covering how to get a grant, research methodology, and various analysis techniques. These sessions are being recorded and uploaded to the R&I section of the ELFT website to create an enduring resource.

This year we also collaborated with City University to provide two master's students with a week-long work experience with the R&I team. Students learnt about the life cycle of a research project and were encouraged/equipped to undertake their own research project at ELFT. In line with our role as a Marmot Trust, we hope to expand this offering and extend it to local colleges and undergraduate programmes.

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 2022/23.

The Trust received an inspection of four Acute Working Age Mental Health Wards during February 2023. The inspections looked into serious incidents of suicides and self-harm, ligatures, observations and learning in in-patients wards. The wards inspected were:

- Willow ward (Bedfordshire)
- Coral ward (Luton)
- Gardner ward (City and Hackney)
- Roman ward (Tower Hamlets)

The formal written report from CQC is expected in late May 2023. In the meanwhile, we have received verbal feedback during the engagement meeting in February, which highlighted the following

Positive practice:

- staff had good level of awareness around serious incidents that occurred across the Trust, and the learning from them,
- action plans from incidents were being implemented
- wards had embedded learning into day to day practice
- patient feedback was largely positive;
- staff feedback was positive and reflected a supportive work culture.

Areas for improvement identified:

- staff vacancies were noted across in-patient services
- variation in standard of documentation in patient record, particularly care plans and Dialog+;
- capacity and best interests assessments were not recorded in the notes in sufficient detail (an observation repeated during MHA visits);
- monitoring process for statutory and mandatory training was not working, requiring workarounds and introducing risk.



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 2022/23.

2.6 Learning From Deaths

Numbers of Patient Deaths Reported by ELFT in 2022/23

During the reporting period 1 April 2022 to 31 March 2023, ELFT reported a total of 2,863 patient deaths of which 2,520 were reported as expected and 343 were reported as unexpected. This showed an increase in deaths by 679 compared to the previous reporting period (2021/22), when 2,184 patient deaths were recorded by the Trust. Overall expected deaths were higher than unexpected deaths.

Table 1 Total deaths reported by ELFT 01 April 2022 - 31 March 2023

Period	Number of reported deaths
Quarter 1	696
Quarter 2	721
Quarter 3	721
Quarter 4	725
Totals	2863

**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 1216 (42.47%) of all reported deaths were subject to an investigation. 863 investigations were conducted using the Trust's Structured Judgement Review/Case Record Review process (SJR/CRR) and 330 investigated through the Trust's internal Serious Incident Review process including; 219 48hr Reviews; 57 Concise Reviews; 54 Comprehensive/Serious Incident [SI] Reviews) .

There were 23 Learning Disabilities Mortality Reviews (LeDeR). The youngest was a 21-year-old man who had number of physical health needs including a profound learning disability and had a feeding tube and a tracheotomy in situ.

Table 2 Investigations per quarter and types

Period	Reported deaths	Investigation Type				Total Investigations (%)
		SJR/CRR	48hr	Concise/SI	LeDeR	
Quarter 1	696	166	43	29	6	244 (35.05%)
Quarter 2	721	183	59	26	8	276 (38.28%)
Quarter 3	721	277	67	32	5	381 (52.84%)
Quarter 4	725	237	50	24	4	315 (43.44%)
Totals	2863	863	219	111	23	1216 (42.47%)

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

None of the 863 SJRs undertaken during the reporting period concluded that poor care provision was contributory to the patient deaths.

A total of 124 Coroners Inquests were concluded. A finding of Suicide accounted for 29 of the unexpected deaths. There were five Prevention of Future Death (PFD) reports issued by HM Coroners to the Trust during the reporting period (although the period during which the deaths occurred extends back outside of the reporting period for this document).

Reviews of the 124 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 identified:

- Poor or lack of communication.
- Failure to assess for venous thromboembolism (VTE) risk in contravention of Trust policy
- Inadequate assessments
- Inadequate falls risk assessment
- Failure to carry out enhanced observations according to policy
- Failure to carry out physical health observations according to policy
- Failure to record information
- Failure to complete an adequate search
- Failure to understand and provide emergency medical support
- Delay in decision making about the correct pathway for a patient.
- Uncertainty whether Cardiopulmonary Resuscitation (CPR) should be commenced.

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	696	1	0.14%
Quarter 2	721	2	0.27%
Quarter 3	721	0	0%
Quarter 4	725	2	0.27%
Totals	2863	5	0.17%

Summary of ELFT Learning from Case Record Reviews and Investigations Undertaken in 2022/2023

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 45 patients died, during the reporting period, Trust-wide who had tested positive for COVID-19 in the 28 days prior to death, five of which were inpatient deaths.

The remaining 40 deaths took place in the community where death occurred either in a care home; an acute hospital; or in the patient's own home.

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 2022 and 31 March 2023 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 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' 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. The youngest patient to die was 19 years old.

Gender

Differences in the numbers of deaths in males and females were noted monthly throughout the reporting period. Variations in gender were minimal. This had been consistent throughout the reporting period.

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 to consider 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 2022 and March 2023 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 ELP or a Co-ordinate My Care plan (CMC) in place.

Patients that did not have an ELP 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, followed by respiratory conditions and dementia. Cancer related deaths were higher in all age ranges. Older patients also died from causes related to end stage dementia.

Actions Taken and Planned based on Learning from Deaths

The Learning from Deaths Panel review process for the Trust evolved during the course of 2022/23.

The panel is responsible for overseeing the SJR process and compliance with EoLP expressed preferences. During the course of the year End of Life Pathways were reviewed to determine whether patients' preferences, including their wishes related to where they wish to die, had been met or not.

Engagement with Primary Care and Homeless Services, Rough Sleepers Mental Health Project (RAMHP) and St Mungo's Homeless Charity progressed. This continues to look at and improve the access to palliative care for this group of people.

Embraced learning from Prevention of Future Deaths (PFD's) reports issued to other organisations where the patient safety of ELFT patients can be further enhanced.

The Trusts team of Serious Incident Reviewers received bereavement awareness training to improve the support offered to families.

Going forward, The Learning from Deaths Group 2023-2024 plan is to focus on

- Patient Safety Incident Response Framework

- Reviewing, with the aid of the Structured Review of Deaths Toolkit inclusive of the Patient Safety Incident Response Framework. As part of working towards introducing PSIRF the Trust will use SJRs as one of the tools used to review patient safety incidents.
- Engage with Primary Care services
- Inclusion of PFD's actions and learning in the Learning from Deaths Quarterly meetings. PFD's and actions will be presented by responsible persons.
- Development and commencement of a new PFD's executive level oversight and sign-off system within the Learning from Deaths panel.
- The Learning from Deaths panel is currently under review as part of our work to design our new Patient Safety Incident Response Approach, with a focus on enhanced continuous learning and improvement. The review will consider how to make best use of qualitative and quantitative mortality data, the methods used to learn from both individual deaths and mortality themes as well as ensuring learning involves and engages staff, carers and service users in a compassionate and meaningful way.

At the time of writing, the Trust has responded to five of the issued PFDs and has taken appropriate actions to address the issues raised in the PFDs.

2.7 Staffing

2.7.1 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

- Improve flexible working policies, practice and modes of working to be consistent and transparent
- Streamline processes to get the basics right to reduce frustration and misunderstanding
- Enhance hybrid working and/or remote working
- Upskill workforce to make better use of technology to improve efficiently
- Work collaboratively with partner organisations across NEL and BLMK integrated care systems, closer working with NELFT
- Support for staff to go through the emotional impact of change management and changes to ways of working
- Create new roles and placements such as apprentices, Advanced Clinical Practitioners, etc
- Future proof People and Culture functions inline with the national HR and OD review to deliver and support the People Plan

Priority Area: Looking After our People

- A responsive and evolving wellbeing offer that develops a trauma informed approach to support the health of staff using the Wellbeing Wheel to support their emotional, environment, social, physical and financial needs
- Advice, guidance sign posting information sharing
- Health Checks and MOTs for staff
- Supporting staff who experience difficulties resulting from impact of trauma in their role
- Recognition and thank you mechanisms
- Environments suitable for staff to have breaks in and good quality work space that help staff to work comfortably and effectively
- Trauma informed approach to wellbeing and people policies
- Enabling the purchase and selling of annual leave via an electronic platform i.e. Health Roster

Priority Area: Belonging in the NHS

- Staff transferring into ELFT on to AFC terms and conditions at 'day 1'
- Celebration of diversity through events and marketing
- Increase the representation of people from Black, Asian and Ethnic minority communities in senior positions
- Develop the organisational culture in terms of all equality strands embedding the Trust values
- Becoming an anti-racist and multicultural organisation
- De-bias recruitment practices and processes to have greater representation from the local community

Priority Area: Growing and Developing for the Future

- Using certified and validated competency frameworks to inform and develop our staff including for recruitment at senior level
- Building in strategic workforce planning so that we build our future workforce in a more tactical and less reactive way
- Leadership Strategy that supports compassionate leadership across all staff groups
- A robust and equitable Organisational Development Offer
- Embed a new approach to managerial supervision which has at its core a focus on wellbeing and personal development
- Refocus the appraisal process to ensure that all staff have clarity of objectives, feel their work is valued and their personal development aspirations incorporated
- Professional development opportunities for all staff with clear, transparent and accessible pathways available
- Access to coaching and mentoring
- Improve the apprentice learner journey ensuring all staff maximise the experience and complete the programmes they start
- Increase the number of apprenticeships, ensuring all learners are supported and developed to a high standard
- As an Anchor organisation use our apprenticeship levy to enable small medium enterprises and charity organisations to access support
- Maximise the ELFT Learning Academy to become the primary home for the Trust's learning content and development processes
- Increase the uptake of informal learning activities such as shadowing, project work, and shadowing to support the professional development of staff
- A strategy for centralised temporary staffing leading to reduced agency usage
- Building on our pilot for international recruitment for difficult to recruit roles to incorporate a staff accommodation strategy
- Work with local schools and colleges

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

NHS Staff Survey

The Trust has recently received results from the 2022 NHS Staff Survey. The overarching themes emerging are:

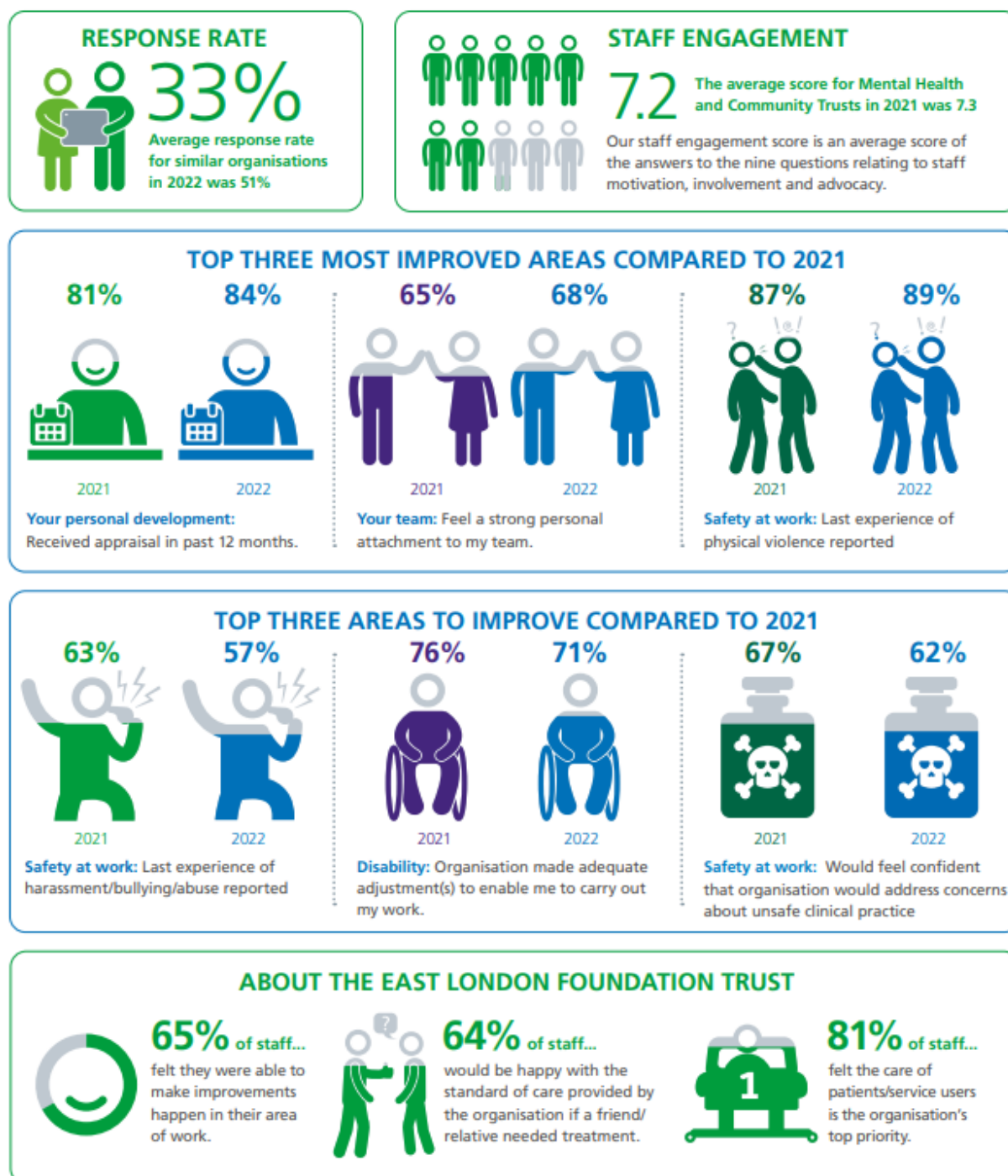
- Equality, diversity and inclusion.
- Retention and Morale.
- Staff wellbeing.

The Staff Survey draws on item banks within the survey to report on seven People Promise indicators. The People promise indicators measure the extent to which the Trust are compassionate and inclusive; staff feel recognised and rewarded, staff have a voice that counts; safe and healthy; always learning, working flexibly and work as a team. The Trust score consistently higher on each of the seven People Promise indicators compared with the national average. Compared with other Mental Health, Learning Disability and Community Health Trusts, the Trust score slightly lower than the national average on compassionate and inclusive, recognised and rewarded, safe and healthy, working flexibly and working as a team and scores the same as the national average for a voice that counts and always learning.

Staff engagement is made up from nine questions from the overall survey to create a 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. The Trust score consistently higher for staff engagement and for morale compared to the national average and other Mental Health, Learning Disability and Community Health Trusts.

People Promise Indicator	Average National Overall	Overall Average MH & LD and MH, LD & Community	ELFT	ELFT Compared to National Average	ELFT compared to MH & LD and MH, LD & Community
We are Compassionate and Inclusive	7.2	7.5	7.4	↑	↓
We are Recognised and rewarded	5.8	6.3	6.2	↑	↓
We have a Voice that counts	6.7	7	7	↑	=
We are Safe and healthy	5.9	6.2	6	↑	↓
We are always Learning	5.4	5.7	5.7	↑	=
We work Flexibly	6.1	6.7	6.5	↑	↓
We are a Team	6.7	7.1	7	↑	↓
Staff engagement	6.8	7	7.2	↑	↑
Morale	5.7	5.7	5.8	↑	↑

The infographic provides a handy overview of the Trust's report.



As part of the delivery of the people strategy, there is a range of work ongoing that address the three 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:

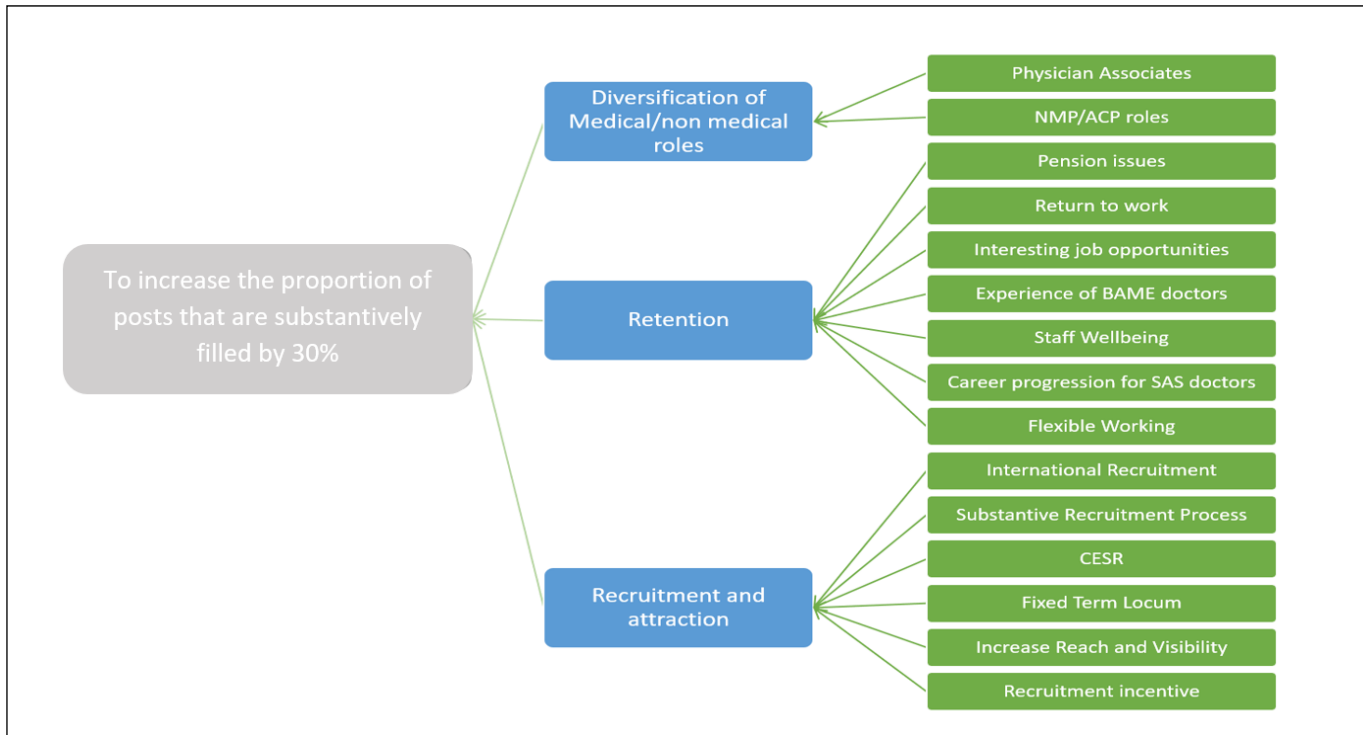
- Newham mental health services are seeking to improve access to care for children and young people from diverse ethnic communities.
- The Veteran's Alliance is working towards improving accessibility for veterans and their families to IAPT services and have successfully tested staff identifying veterans 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 vacancy rate remains stable at 8.7% despite an increase in establishment of 6.24% in the last financial year. Promoting ELFT as an Employer of Choice through enhancing our Staff Benefits offer, offering flexible working options, diversification of roles, creating more training roles and opportunities, engaging with our local schools and communities via Anchor, Veterans and other community involvement and support programmes, improving retention remains a priority and increasing the reach, visibility and enhancing the content of our adverts.

Although we have an additional 140 WTE nursing staff in our workforce as compared to the previous year, achieving a slight drop in nursing vacancy rate, we continue with focused efforts to recruit into MH Inpatient and Community based nursing roles via domestic and overseas routes. We have developed international recruitment pathways, such as Capital Nurse Programme, direct and indirect nurse recruitment via ethical routes, whilst developing pastoral support and an on-boarding package to enable integration of overseas recruits into our existing workforce. We are also strengthening our overall overseas recruitment including Medical and Allied health professionals to fill critical workforce gaps by tapping into qualified and experienced talent from abroad. However, Psychologists and Psychotherapists vacant roles at Band 7 remain a key area of focus with more work required to address these gaps.

A QI project has been launched to help tackle the medical vacancy hotspot in Luton and Bedfordshire directorate with an overall aim to reduce vacancy numbers helping tackle agency spend. The multipronged approach has proven beneficial so far in reducing gaps and making improvements in areas of high agency spend. A GMC sponsor route is being developed to support overseas IMG's. This project also focuses on increasing the reach and visibility of existing roles across the directorates promoting Luton and Bedfordshire as a desired place to live and work. The driver diagram below outlines the project aim and identifies key primary drivers as well as secondary drivers to address some of these challenges.



Another QI programme within the Primary Care directorate which aimed to reduce the vacancy rate has proven beneficial with a tangible outcome within this directorate.

The newly developed posts of Physician Associates across directorates including child and adolescent services, forensic services, learning disability services and inpatient services, across East London, Luton and Bedfordshire play a key role in the management of patients, and to support the effective functioning of the multidisciplinary inpatient and community teams aiming to contribute to wider service developments.

In 2022, we saw 66 colleagues start an apprenticeship at ELFT, and a further 70 apprentices complete their studies leading to development of skills across a range of health and care and administrative services. Additionally, we continue to work to increase involvement in a Trust-wide Work Experience Programme and T-levels to encourage young people into NHS careers

Wellbeing

Whilst the Trust has long recognised the connection between staff wellbeing, satisfaction and happiness, and the care and treatment we provide, the current context has been challenging with systemic issues impacting staff experience. In the Trust's continued focus on staff wellbeing, it has been necessary to support staff with specific initiatives to reduce the burden of the cost-of-living crisis. Specific initiatives have included enhancement of mileage rates, targeted at our

community health services staff who use their own transport to visit service users in their homes; money management workshops to empower staff to manage their financial resources more effectively and pension workshops to encourage staff to think about the importance of saving for their future retirement in the light of changes to the NHS Pension Fund.

The Wellbeing and Engagement team continue to offer a plethora of wellbeing and engagement initiatives to staff via regular wellbeing bulletins and by visiting teams and services across the Trust. This year's 'Sunshine in my Pocket' campaign saw the team dispatching 1,853 three-month packs of Vitamin D to staff members in the Trust during the Autumn. During the year, three cohorts of Non-Violent Resistance Parent classes have been run by internal staff and a parent. The workshops focus on Non-Violent Resistance, an approach to communicate effectively, establish boundaries and improve family relationships.

Paul Calaminus, CEO was appointed the Trust's Wellbeing Champion and co-chairs the Trust's Wellbeing Forum with Tanya Carter, Chief People Officer. The forum meets regularly to discuss and shape the Trust's wellbeing initiatives.

2.7.2 Raising concerns - Freedom to Speak Up

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

The NGO clarifies that Freedom to Speak Up is about speaking up about anything that gets in the way of colleagues doing a great job.

- ✓ Contact the FTSU Guardian:
 - FTSU ELFT inbox elft.freedomtospeakup@nhs.net
 - By phone: call FTSU Guardian directly **07436027388**
 - Online Referral: All referrals are treated in strict confidence and seen only by the FTSU Guardian <https://www.elft.nhs.uk/intranet/all-about-me/freedom-speak/freedom-speak-form>
 - In writing to: Robert Dolan House, Trust Headquarters, 9 Alie Street, London, E1 8DE
- ✓ Contact a FTSU Champion
- ✓ In addition, staff can contact the Senior Independent Director
- ✓ Staff can also raise whistleblowing concerns via **Protect – Speak Up, Stop Harm** (<https://protect-advice.org.uk/>) Call **020 3117 2520**
- ✓ Staff can also seek advice from Staff Side/Trade Unions
- ✓ 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.
- ✓ A signposting document on the FTSU intranet page also supports with directing staff to the appropriate support
- ✓ All information relating to Freedom to Speak Up and who to contact is available on the FTSU intranet page <https://www.elft.nhs.uk/intranet/all-about-me/freedom-speak>

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

172 concerns were raised to Freedom to Speak Up during 2022/23. This is an increase of 53.6% from 2021/22.

The most common themes of concerns raised relate to those of Processes/ Organisational Structure/ Other, Worker Safety and/or Worker Wellbeing and staff experiences of behaviours that amount to bullying and harassment.

FTSU Data: 1st April 2022 to 31st March 2023

FTSU Concern Themes	Number	Percentage %
Element of patient safety/ quality of care	50	15.7%
Element of bullying & harassment	51	16%
Processes/ Organisational Structure/ Other	118	37%
COVID19 related	3	1%
Worker Safety and/or Worker Wellbeing	61	19%
Other inappropriate attitudes or behaviours	33	10.3%
Unknown	3	1%
Total Number of Themes Raised*	319	100%

***Total number of themes** *will not 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.

2.8 Goals Agreed with Commissioners for 2022/23

Use of the CQUIN Payment Framework

In light of the impact on the Covid Pandemic the CQUIN scheme for Providers was suspended in 2020/21, the scheme resumed for 2022/23. Performance against targets is set out below.

East London

East London CQUIN	2022/23 Target	Q4 Position	Year end 2022-23 position
CCG1 - Flu Vaccinations for frontline health workers	70-90%	63% (Trust-wide) 48% (East London)	63% (Trust-wide) 48% (East London)
Mental Health CQUINs	2022/23 Target	Q3 Position	
CCG9 - Cirrhosis and fibrosis tests for alcohol-dependent patients*	20-35%	0%	0%
CCG10a - Routine outcome monitoring in CYP and perinatal mental health	10-40%	58% (Trust-wide) – February-23 56% - Perinatal (East London) 79.6% - CAMHS (East London)	58% (Trust-wide) – Feb-23 68% - (CYP and Perinatal East London)
CCG10b - Routine outcome monitoring in community MH services	10-40%	36% (Trust-wide) – February-23 49% (East London)	36% (Trust-wide) – Feb-23 51% (East London)
CCG11 - Use of anxiety disorder-specific measures in IAPT	55-65%	72.3% (Trust-wide) 68.4% (East London)	71% (Trust-wide) 68% (East London)
CCG12- Biopsychosocial assessments by MH liaison services*	60-80%	96%	92%
Community Health CQUINs	2022/23 Target	Q3 Position	
CCG13 - Malnutrition screening in the community	50-70%	93.7%	87%
CCG14 - Assessment, diagnosis and treatment of lower leg wounds*	25- 50%	52%	46%
CCG15 - Assessment and documentation of pressure ulcer risk	40-60%	90.6%	85%

Luton and Bedfordshire

Bedfordshire & Luton CQUIN	2022/23 Target	Q4 Position	Year end 2022-23 position
CCG1 - Flu Vaccinations for frontline health workers	70-90%	63% (Trust-wide) 52% (Beds & Luton)	63% (Trust-wide) 52% (Beds & Luton)
Mental Health CQUINs	2022/23 Target	Q3 Position	
CCG9 - Cirrhosis and fibrosis tests for alcohol-dependent patients*	20-35%	0%	0%
CCG10a - Routine outcome monitoring in CYP and perinatal mental health	10-40%	58% (Trust-wide) 38% - Perinatal (Beds & Luton) 85.7% - CAMHS (Beds & Luton)	58% (Trust-wide) – Feb-23 66% - (CYP and Perinatal Beds & Luton)
CCG10b - Routine outcome monitoring in community MH services	10-40%	36% (Trust-wide) – Feb-23 33% (Beds & Luton)	36% (Trust-wide) – Feb-23 42% (Beds & Luton)
CCG11 - Use of anxiety disorder-specific measures in IAPT	55-65%	72.3% (Trust-wide) 78.8% (Bedfordshire)	71% (Trust-wide) 74% (Bedfordshire)
CCG12- Biopsychosocial assessments by MH liaison services*	60-80%	90%	85%
Community Health CQUINs	2022/23 Target	Q3 Position	
CCG13 - Malnutrition screening in the community*	50-70%	Standard not applicable	Standard not applicable
CCG14 - Assessment, diagnosis and treatment of lower leg wounds	25- 50%	15%	18%
CCG15 - Assessment and documentation of pressure ulcer risk*	40-60%	Standard not applicable	Standard not applicable

Specialist Services

Mental Health CQUINs	2022/23 Target	Q4 Position	Year end 2022-23 position
PSS6 - Delivery of formulation or review within 6 weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings	50-80%	83%	87%
PSS7 - Supporting quality improvement in the use of the restrictive practice in Tier 4 CYPMH settings	65-80%	100%	98%
PSS8 - Outcome measurement in perinatal inpatient services	75-95% (CROM), 35-55% (PROM)	90% CROM 70% PROM	81% CROM 38% PROM

Action taken where targets have not been met:

Flu Vaccination for staff

Actions taken for Q4	Plan for the next year 2023-24
<p>In order to increase vaccination rates among our staff, we collaborated with Flu leads across the Trust and held outreach meetings every Monday. These meetings provide an opportunity for Vaccinators and Flu leads to request additional support from the central Flu team, who can then go out to their directorates to provide assistance. By providing this support, we overcame challenges that were hindering vaccination efforts and increased uptake among our staff.</p> <p>Waiting response on next steps from NHSE regarding how this issue can be sorted from their end.</p>	<p>Campaign Review – The Flu team has already sent out an end of campaign Survey to all staff and Flu leads to evaluate the different approaches used and things to improve on. A written report is shared with the Trust directors and planning for the next season begins based on recommendations and suggested improvements.</p> <p>Ordering of 2023/24 Flu vaccines made early to aid with earlier rollout for the next season.</p> <p>To form centralised Flu team and hub vaccinators that will be able to do ad hoc clinics for hard to reach areas.</p> <p>Directorate based data will be shared with the individual directorates on a weekly basis which helps them to review their current progress and could take appropriate steps/plans to improve the uptake.</p> <p>Further discussions with NHSE to resolve the denominator issue.</p>

Cirrhosis and fibrosis tests for alcohol dependent patients

Actions taken for Q4	Plan for the next year 2023-24
<p><i>East London</i></p> <p>During Q3, the service provider wrote letters to the ICB to inform them of the significant challenges faced in delivering the CQUIN and requested additional assistance to address the issues. The Interim Medical Director also reached out to the neighbourhood Acute Trust Medical Directors throughout East London to establish direct referral pathways and jointly address the challenges faced. However, due to a lack of engagement from the commissioners and Acute Trust Medical directors, no further work was carried out on this CQUIN in East London.</p> <p><i>Luton & Bedfordshire</i></p> <p>The Luton & Bedfordshire service is collaborating with the Clinical systems team to upload the referral letter onto RiO. After the letter is successfully uploaded, a pathway will be established to enable electronic transmission of referral letters through our RiO clinical system to GPs for individuals diagnosed with alcohol dependency, allowing referrals to be processed and managed through primary care.</p>	<p><i>The CQUIN has been discontinued for the year 2023-24 as a result of learning and feedback from providers.</i></p>

Assessment, diagnosis and treatment of lower leg wounds

Actions taken for Q4	Plan for the next year 2023-24
<p>During Q4, additional changes were made to the wound assessment template, including the addition of 'location of wound', which was not previously read coded.</p> <p>A number of cases where dopplers were not completed within the expected timeframe were due to a shortage of staff and ability, as well as issues with equipment availability due to servicing needs.</p> <p>A number of patients were seen and treated with no reason for onward referral at this time due to suitability for compression, if the wound does not show improvement in compression, the patient would then be referred onwards as per clinical pathways. This is reflected in the number of N/As above, removal of these results in 50% compliance for those applicable to the CQUIN for all CQUIN criteria being achieved.</p>	<p>This CQUIN is to be continued into the next financial year and therefore work will be done to renew training sessions that were previously given by the Tissue Viability Nurses (TVN)s throughout July and August 2023 in all localities to introduce new changes made to templates and care plans for the treatment of lower leg wounds within the community.</p> <p>The TVN Training sessions incorporated how to complete wound and leg ulcer assessments, and changes to SystmOne to reflect current guidance including Doppler and onward referral criteria to improve compliance.</p> <p>Work will also be undertaken to cascade further changes made to SystmOne following the end of 22/23 and we will continue to review and report 20compliance quarterly.</p>

2.9 Data Security and Quality

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
2020/21	98.00%	98.01%	N/A	N/A	0
2021/22	100.00%	98.00%	N/A	N/A	0
2022/23	100.00%	98.00%	N/A	N/A	0

ELFT's Data Security & Protection Toolkit Assessment Report overall score for 2021/22 was 'Standards met'. Due to changes made during the pandemic the submission date has altered to 30th June each year. ELFT's overall score for 2022/23 is therefore unavailable at this time

2.10 Reporting against core indicators

NHS England (NHSE) Assurance

This section of the report sets out indicators that are part of the NHSE Oversight Framework 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.

2.10.1 Single Oversight Framework Indicators

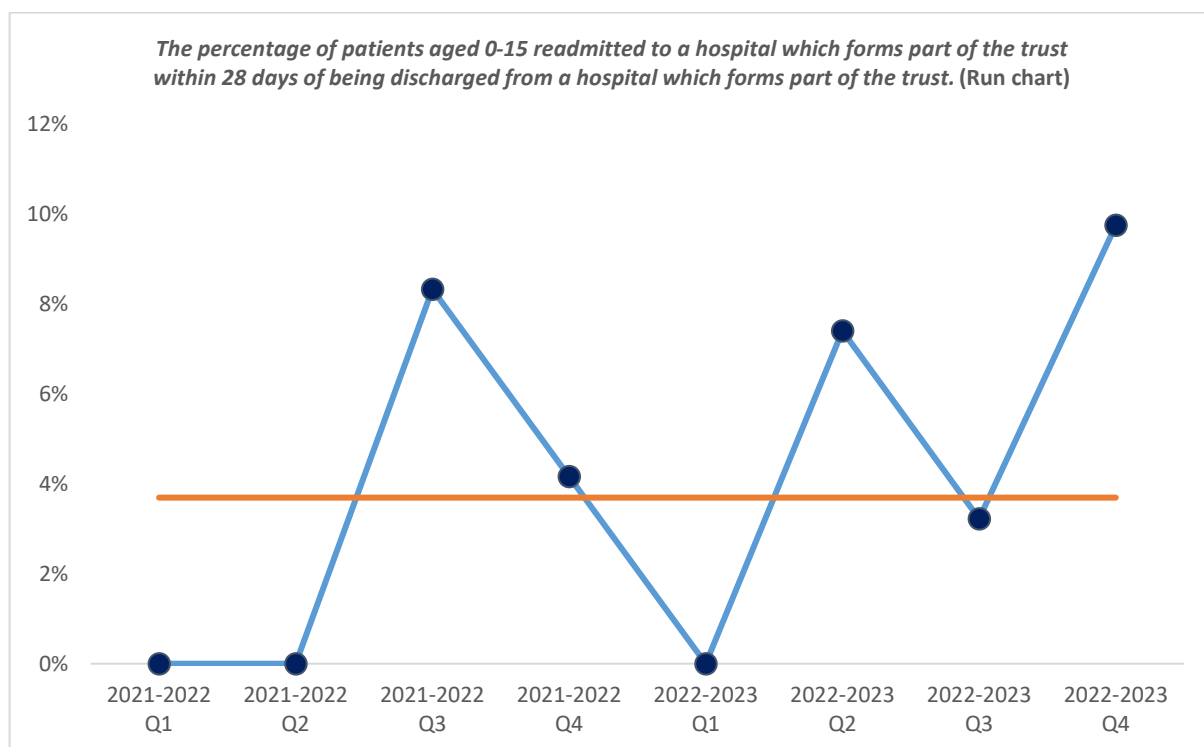
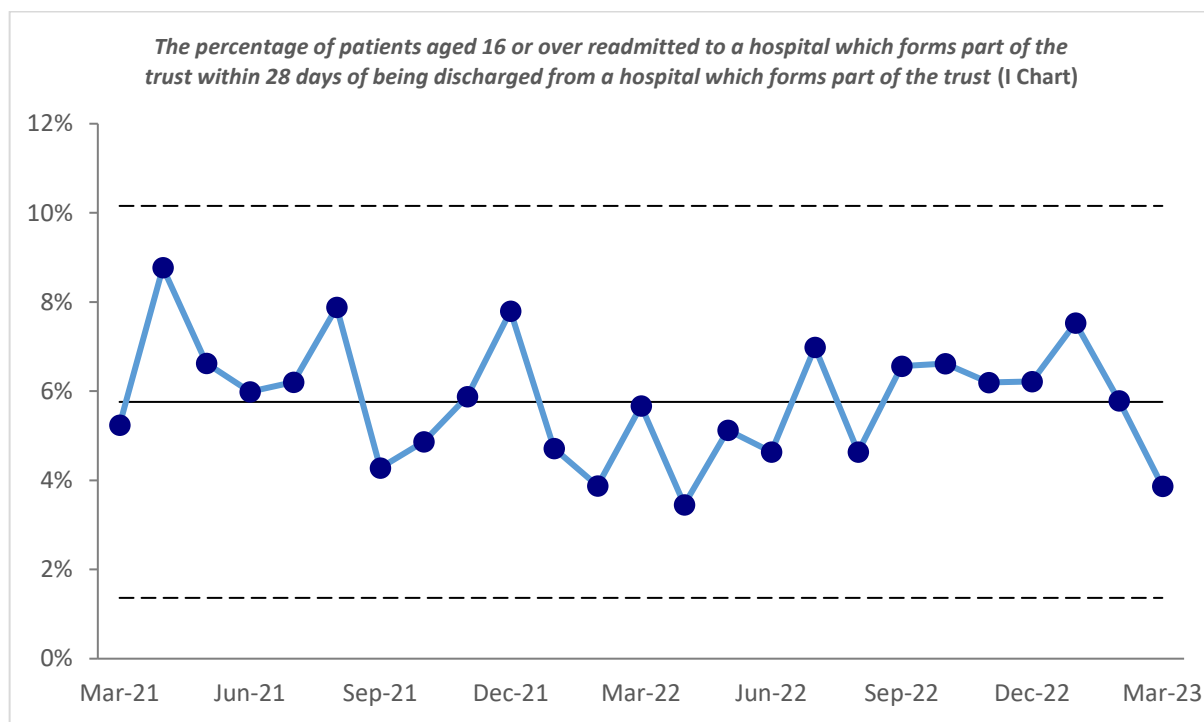
These indicators form part of appendices 1 and 3 of the Oversight Framework. The table below details each of the Trust's Performance against the Quality of Care Indicators and the Operational Performance Metrics (if not shown elsewhere in this report):

Quality of Care Indicators	Target	Actual 2018/19 Q4	Actual 2019/20 Q4	Actual 2020/21 Q4	Actual 2021/22 Q4	Actual 2022/23 Q4
Admission to adult facilities of patients under 16 years old	0	0	0	1	2	0
Meeting commitment to serve new psychosis cases by early intervention teams' measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	88.24%	70.2%	50.7%	73.3% (During Q4)	76.8% (During Q4)
Operational Performance	Target 2018/19	Actual 2018/19 Q4	Actual 2019/20 Q4	Actual 2020/21 Q4	Actual 2021/22 Q4	Q4 2022/23
Proportion of people completing treatment who move to recovery (from IAPT MDS)	50%	53.2%	51.6%	55%	52% (During Q4)	51%
Improving Access to Psychological Therapies - Patients referred with 6 weeks measure	75%	97.1%	98.1%	99.6%	98.4%	97.2%
Improving Access to Psychological Therapies - Patients referred with 18 weeks measure	95%	99.6%	100%	100%	100%	100%

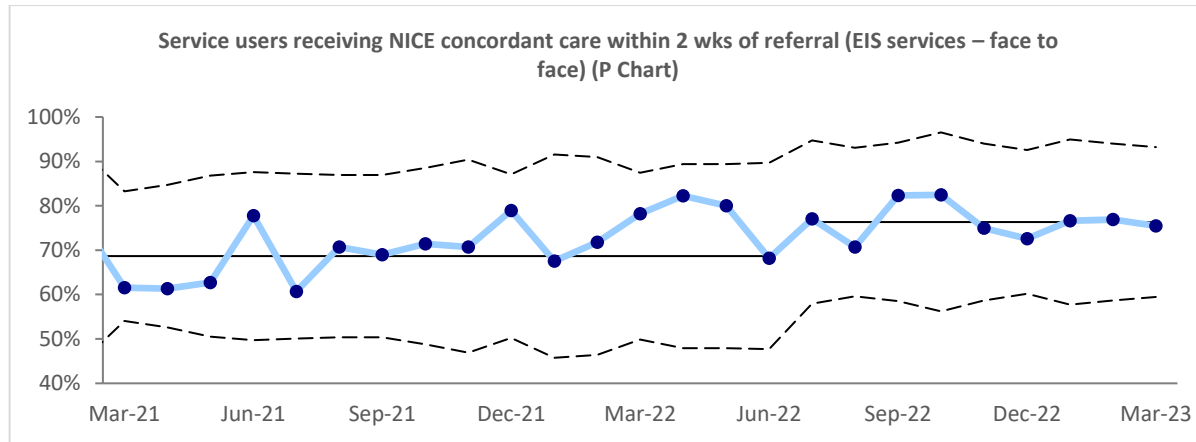
2.10.2 Quality of Care Indicators

Admissions to acute mental health services

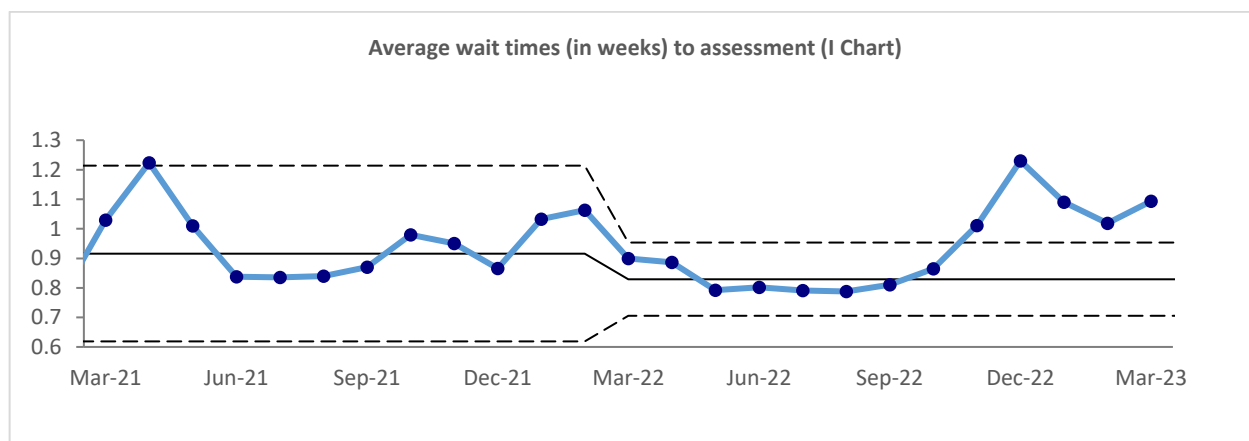
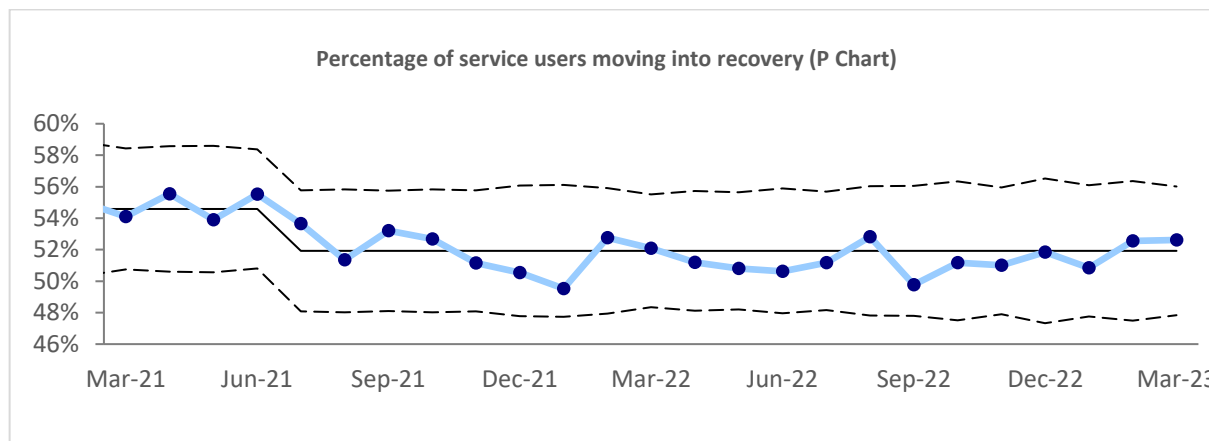
		Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper.		100%	100%	100%	100%	100%

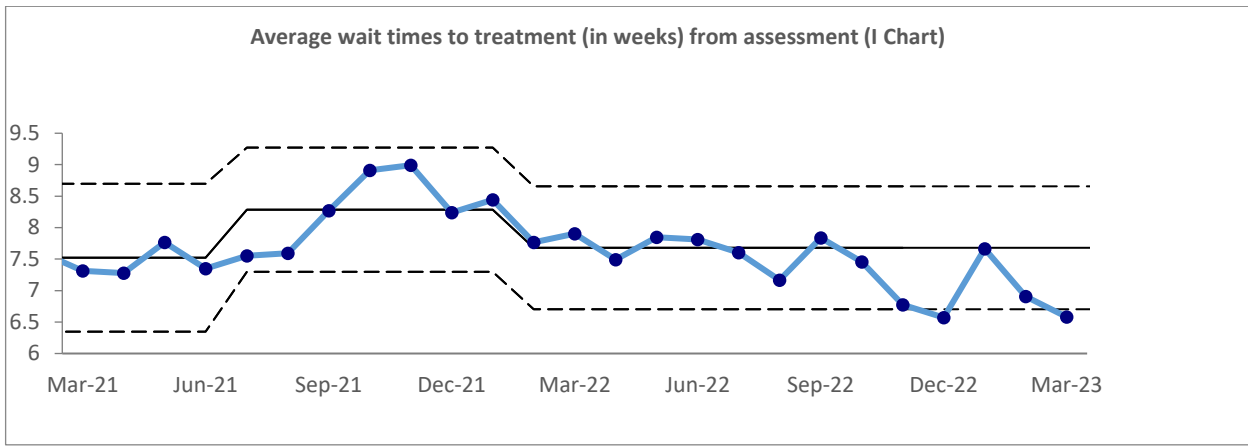


Percent of service users receiving NICE Standard treatment within two weeks of referral to early intervention in psychosis service – *excludes telephone or face to face contacts as per current definition* (Trust-wide)



Psychological Therapies

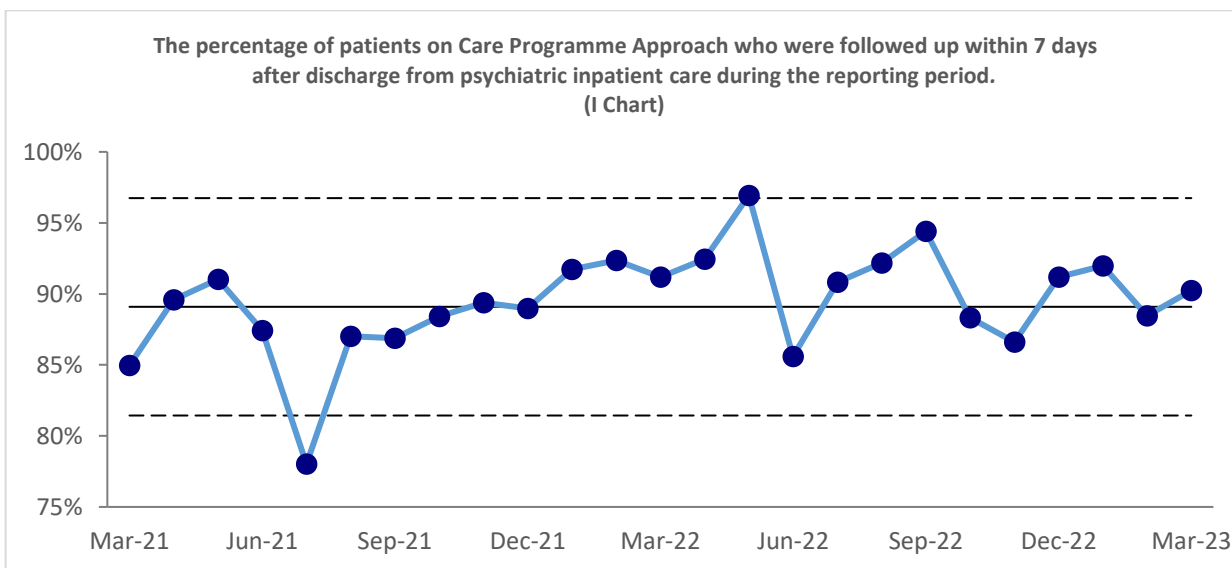




2.10.3 Care Programme Approach (CPA)

The CPA is the delivery framework for the care and treatment of a large proportion of the Trust's service users. The table below contains locally defined indicators and targets agreed with commissioners.

Indicator	Target	Q4	Q1	Q2	Q3	Q4
		2021/22	2022/23	2022/23	2022/23	2022/23
CPA patients – care plans in date (documents 12 months old)	95%	58.7% 2061/3510	58.6% 2050/3498	53.1% 1877/3537	54.4% 1939/3562	53.2% 1891/3557
CPA patients – care plans in date (documents 6 months old)	N/A	42.5% 1492/3510	42.9% 1501/3498	37.9% 1342/3537	38.1% 1358/3562	39.5% 1405/3557



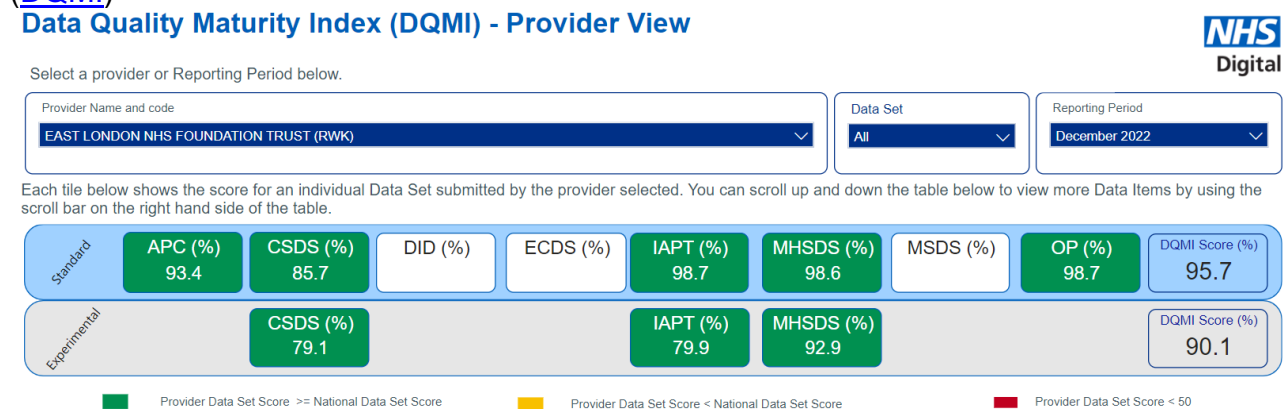
Trust services embed the new process and the use of RiO and continue to monitor reviews regularly focusing on supporting teams that are not meeting the target.

2.10.4 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 NHSE website and can be found here ([DQMI](#))



PART 3 – Other Quality Performance Information 2022/23

3.1 An Overview of Key Dimensions of Quality During 2022/23

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.

In addition to routine monitoring of key data, the Board also receives regular quality reports that include updates on the progress of priority quality improvement work, and assurance in relation to key, current quality and safety issues. Over the last 12 months the Board has received 6 such quality deep dives, the subjects of which are set out below:

Trust Board Meeting	Topic	Themes of learning and areas of action for improvement
May 2022	Triangulation of staff and service user feedback	<ul style="list-style-type: none"> - There are long waits for some services - Some staff and service users remain dissatisfied with the environments in which care and treatment are provided - Staff and service users are experiencing the impact of challenges in recruitment, leading to shortage of staff, waits or cancellations of appointments, and perception of overworked or stressed staff. - Information provision and communication with service users and carers is very important and could be better
July 2022	Clinical Record Keeping	<p>A more detailed understanding of the underlying system barriers to good record keeping is required to bring further improvement to record keeping practice. Actions put in place to achieve this</p> <ul style="list-style-type: none"> - a 'system review' of record keeping to fully understand the specific systemic causes of failures in clinical record-keeping - Feeding the findings of the review into a Trust-wide Learning Lessons seminar identify further opportunities to improve the reliability and safety of record-keeping - introducing human factors training for all serious incident reviewers, with a view to action plans being weighted towards systems factors
September 2022	Complaints	<p>Key themes of complaints where work is being undertaken to improve are:</p> <ul style="list-style-type: none"> - customer service, - to make better information more readily available to our service users and carers - to improve people's experience of phoning our services.

Trust Board Meeting	Topic	Themes of learning and areas of action for improvement
November 2022	Quality and Safety of in-patient mental health services	A focus on how we support the provision of safe, high quality inpatient care, following the two recent television documentaries highlighting significant failings in two mental health providers; The report outlines the approach we take at ELFT to creating an open culture on our wards, enabling service users, carers and staff to speak up about the quality of care being received or provided, and how we can continually improve. Visible and effective leadership is key to safety – the report outlines how we utilise walkrounds at different levels of the organisation, and support team and directorate leaders to be able to identify safe, high quality care and take action to improve when needed.
January 2023	Getting the basics right	<p>The report describes the findings from consulting with service users, carers and Governors about what this phrase means to people. The key aspects that emerge are:</p> <ul style="list-style-type: none"> - staff attitude - feeling listened to - effective communication - timely access to services. <p>These align closely to the key themes that emerge from an analysis of complaints that we receive as a Trust (see September Board quality report).</p> <p>The report outlines the work that is underway across the Trust to improve customer care, to improve integration of services to minimise handovers and repetition of information being required, to improve the way in which we manage and answer telephone calls, and tackling the demand and waits that people are experiencing when trying to access some of our services.</p>
March 2023	Recognition and prevention of closed cultures	<p>This report follows on from the November 2022 board report. The focus is specifically on those inpatient wards that are most at risk of developing closed cultures, outlining the risk factors and warning signs.</p> <p>The report summarises what our data tells us about these high-risk services, based on known warning signs such as incident reporting, use of restrictive practices, openness to external scrutiny and engagement of service users in providing feedback and improving services.</p> <p>The report also outlines the various workstreams underway to continue to strengthen our systems of quality and safety, from the leadership framework that we are currently co-designing across the Trust, to the data systems that give people intelligence about quality and safety within our services, to the testing of a new safety culture survey across inpatient teams</p>

Key metrics in the domains of patient safety, clinical effectiveness and patient experience are drawn from our 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

In 2019, the new NHS Patient Safety Strategy was launched, to support the NHS achieve its vision of continuously improving safety by building a strong patient safety culture and patient safety system.

The Trust has commenced work to deliver on the expectations of the strategy including the establishment of patient safety specialist roles within the organisation and promotion of core learning modules in Patient Safety.

Since 2021, national expectations have grown and the Trust is now mandated to deliver on four further core components:

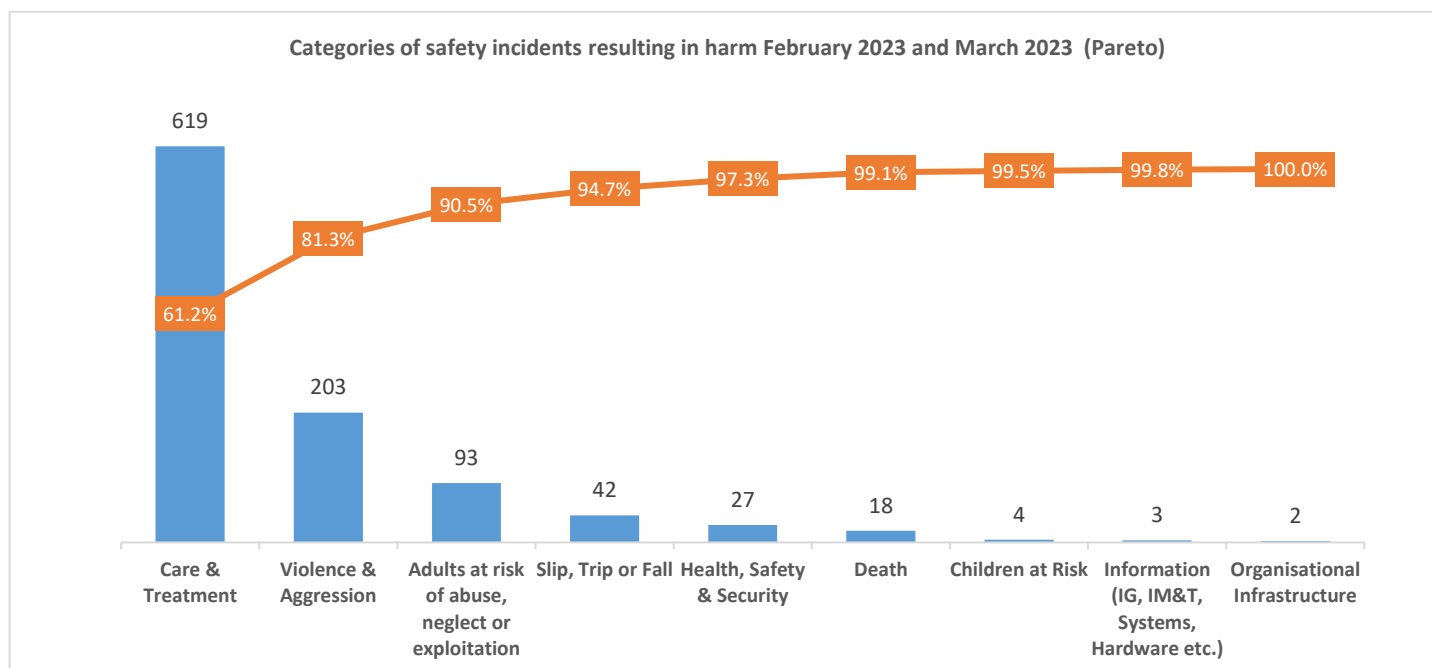
- Adaptation of our reporting systems to align with and feed into the new national **Learning from Patient Safety Events system**;
- Transition to the **Patient Safety Incident Response Framework (PSIRF)**;
- Delivery of the **Patient Safety Syllabus**;
- Engagement of dedicated patient role in safety, known as **Patient Safety Partners**.

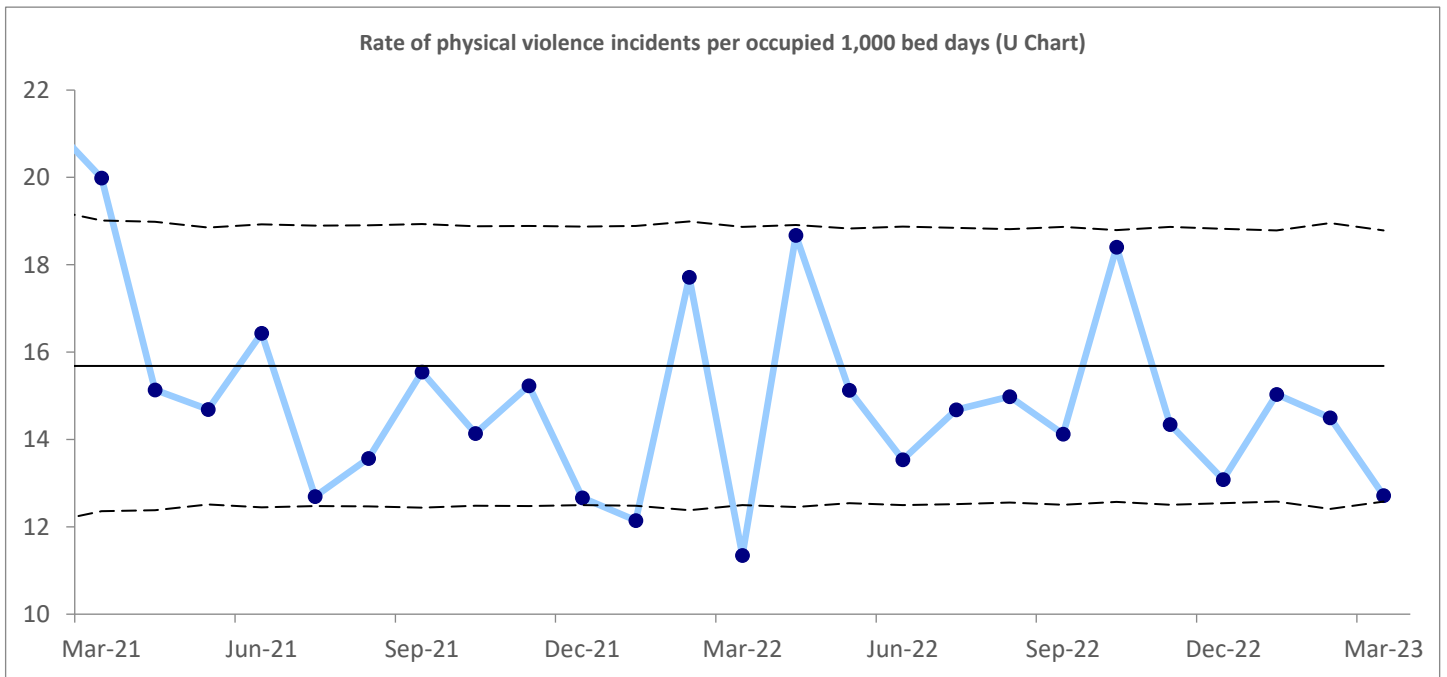
Over the course of 2022, led by the Director of Patient Safety, the Trust developed a Safety Plan, designed not just to deliver on the expectations of the NHS Patient Safety Strategy, but to go further to include evidence-based areas for improvement that are not included in the strategy.

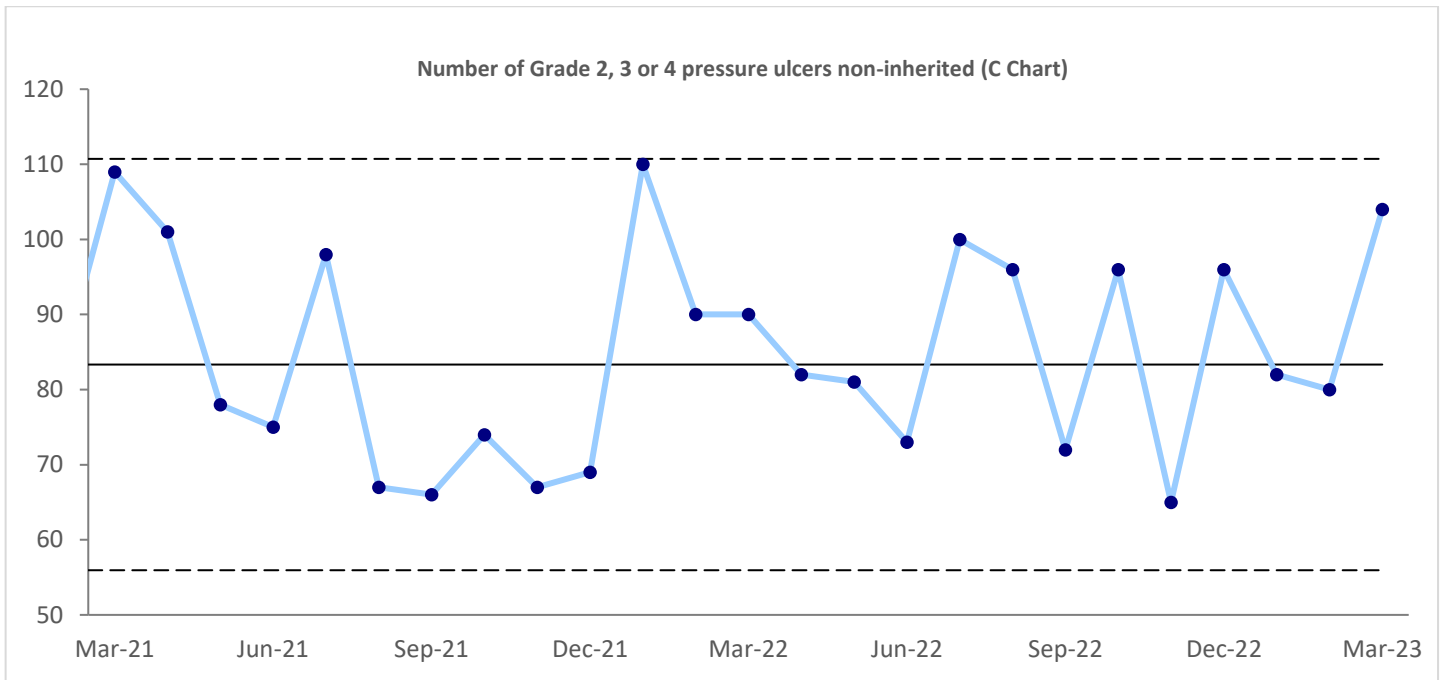
The plan was developed in collaboration with a wide range of staff, stakeholders and service users to understand what safety means to our people, the current status of safety, the gaps in our safety profile and the improvements they think are needed. The result is our Safety Plan set out below:



Here we set out some of the key safety metrics the trust has been paying close attention to over the past 12 months.







During 2022/23 29,102 incidents were reported in total. Of those 13,450 (46%) were designated as patient safety incidents and reported to the central NRLS system. Of those patient safety incidents 195 (1.5% of all patient safety incidents) were categorised as having resulted in severe harm or death.

Most reported incidents are categorised as low or no harm in terms of severity. The Pareto chart above shows the main categories of reported incidents during February and March. 62% of reported safety incidents were associated with care and treatment. The most common themes within the care and treatment category were pressure ulcers or moisture-associated skin damage, self-harm incidents, and complications or unexpected deterioration.

The number of expected deaths remains stable, while unexpected deaths have decreased, due to improvements made by staff in categorising expected deaths more accurately on the incident reporting system. Expected deaths are anticipated due to known illnesses, while unexpected deaths can happen suddenly and without warning. Healthcare professionals can often predict expected deaths, while unexpected deaths may result from accidents, sudden illnesses, or unforeseeable circumstances which may necessitate further investigation to help promote learning and improvement. More information about how the Trust reviews and learns when deaths occur is set out in detail in part 2 of the report.

Staff have actively participated in both established and new learning opportunities, such as a Trust-wide safety learning event, new training for incident response and after-action reviews, and the introduction of a new Safety Newsletter and intranet platform. Learnings from Serious Incidents continues to be shared through a range of channels, including regular cascades, the SI committee, newly launched 7-minute briefings and learning lessons seminars that have seen increasing attendance. Testing of new methods for frontline safety learning, including the After Action Review approach has also started.

The Trust is actively working to achieve its year 1 Safety Plan objectives, which include co-designing a new Patient Safety Incident Response Approach, planning for a new incident reporting system, and engaging with the NHSE Patient Safety Syllabus. Furthermore, plans are underway to develop an overarching Safety Strategy that will bring together all existing and new

programmes of work within the organisation that are focused on prioritising efforts to improve the overall safety culture across the Trust.

The rate of physical violence in inpatient settings remains stable, which is encouraging. Teams have highlighted that the recent focus on improving the reliability of "Safety Culture Bundles" has been useful in promoting a positive and proactive safety culture, and appears to have led to a reduction in the use of prone restraint.

These bundles were developed as part of the violence reduction quality improvement initiative and have a strong evidence base for improving safety. This work is part of the large-scale quality improvement programme on inpatient quality and safety, details of which are contained in the quality report.

The Use of Force steering group is aiding teams in implementing a variety of measures, including training on trauma-informed care, collaborating with Police and Ambulance services to establish effective and compassionate escalation protocols, partnering with service users and staff to create leaflets outlining restrictive practices procedures and Mental Health Law, and setting aside specific time to engage in reflective sessions with service users, aimed at learning and reflecting on how to minimise the use of restrictive practices. As a way to promote psychological safety, Community Health Services are currently testing Schwarz Rounds.

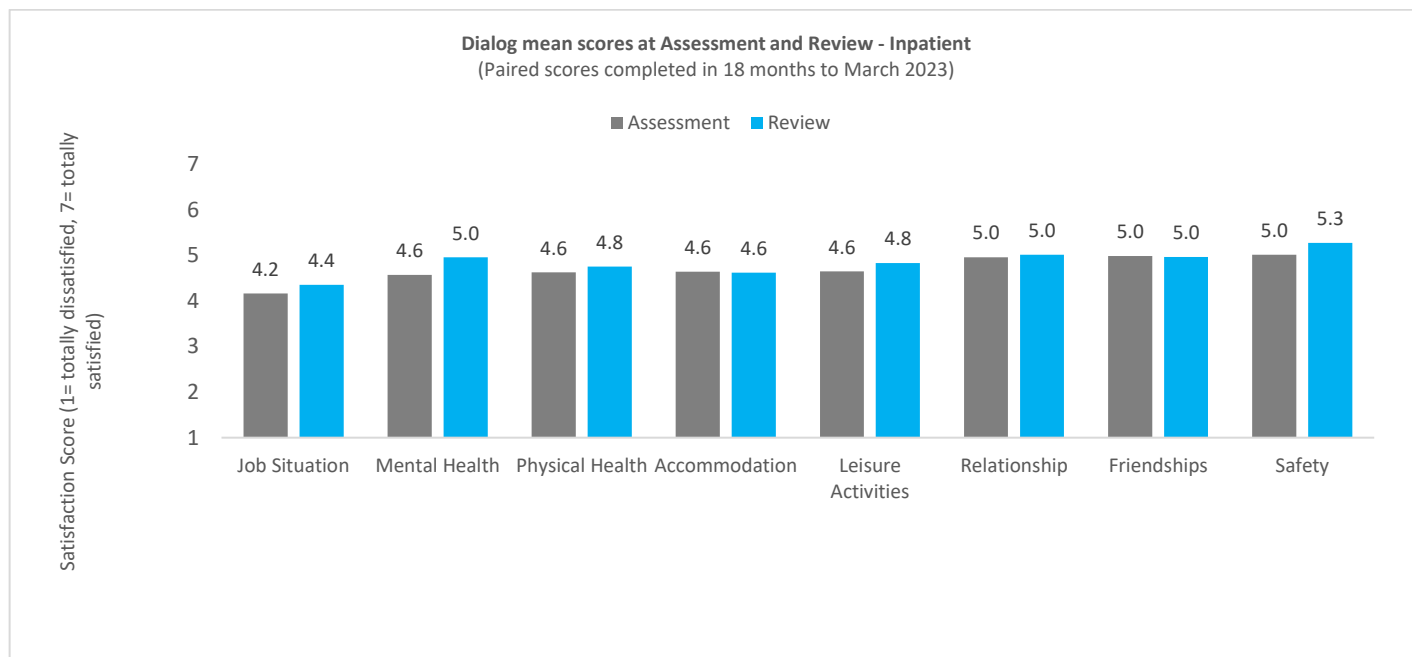
Across Community Health Services, the aggregate number of pressure ulcers continues to remain stable. In Newham, low harm pressure ulcers have reduced between January to March, while moderate pressure ulcers remained at a low and stable level.

In Tower Hamlets, one week saw higher than usual numbers of low harm pressure ulcers reported, but none worsened to moderate harm, which is a positive sign. In Bedfordshire, there are higher numbers of pressure ulcers, but the count of low and moderate harm pressure ulcers occurring whilst receiving care within the Trust has declined. This reflects the positive impact of staff and service user training and educational material that has been coproduced, encouraging service users to engage and adhere to recommendations and prevent deterioration of pressure ulcer condition. The Skin Matters steering group in Bedfordshire is aiding staff to conduct frequent assessments and document skin damage and wounds during all visits, with close monitoring.

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



DIALOG is a scale of 11 questions. People rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and

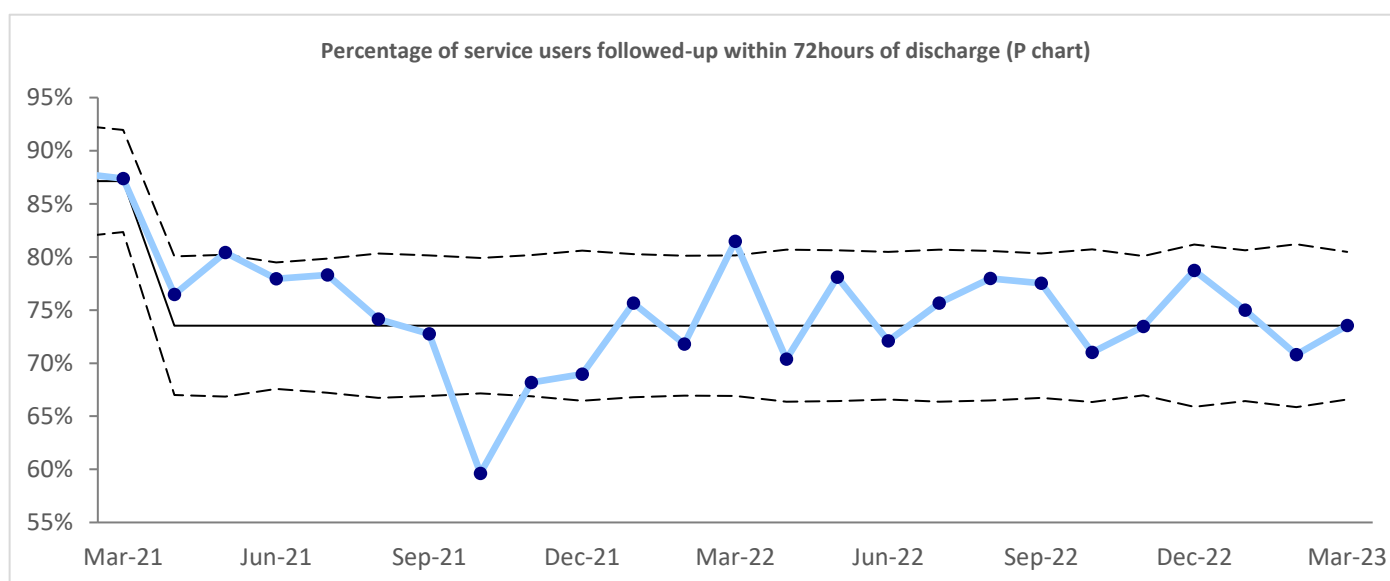
a score for treatment satisfaction. The scale is part of the DIALOG+ intervention but can also be used on its own.

DIALOG+ is a full therapeutic intervention. It incorporates the DIALOG scale but goes far beyond administering a scale.

DIALOG + is the first approach that has been specifically developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App. Research studies in different mental health services and multiple countries have shown that using DIALOG+ can improve patients' quality of life.

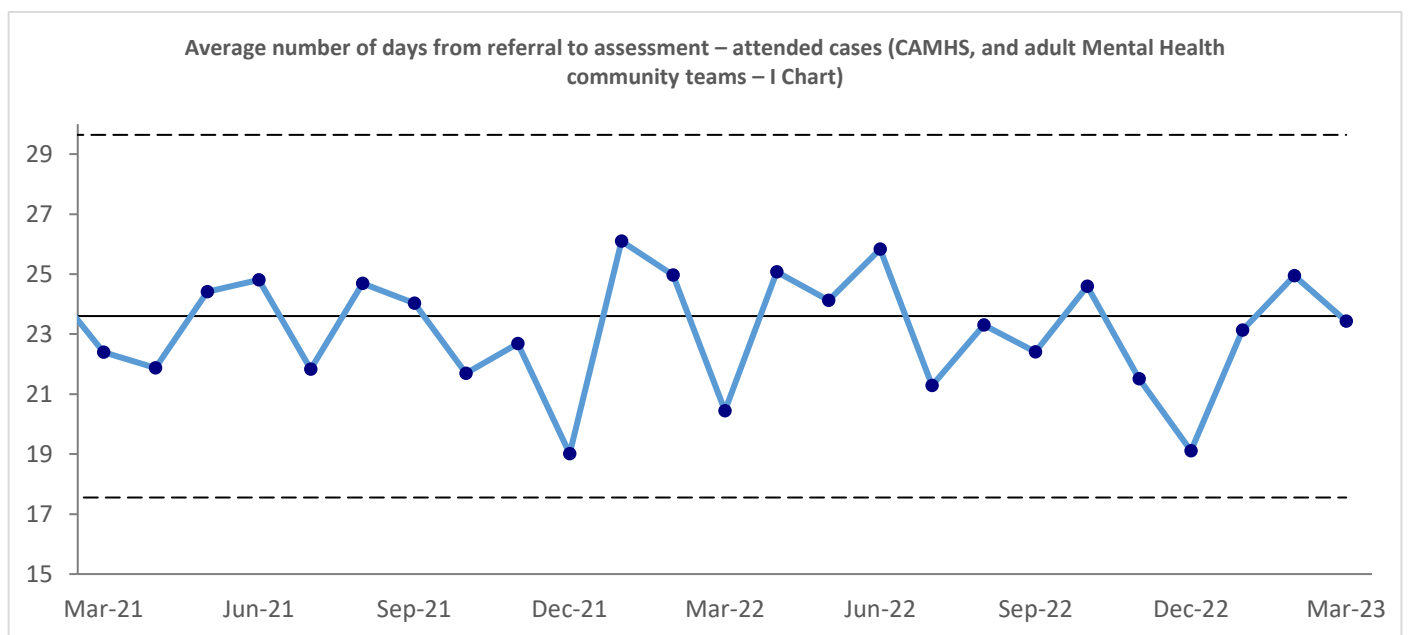
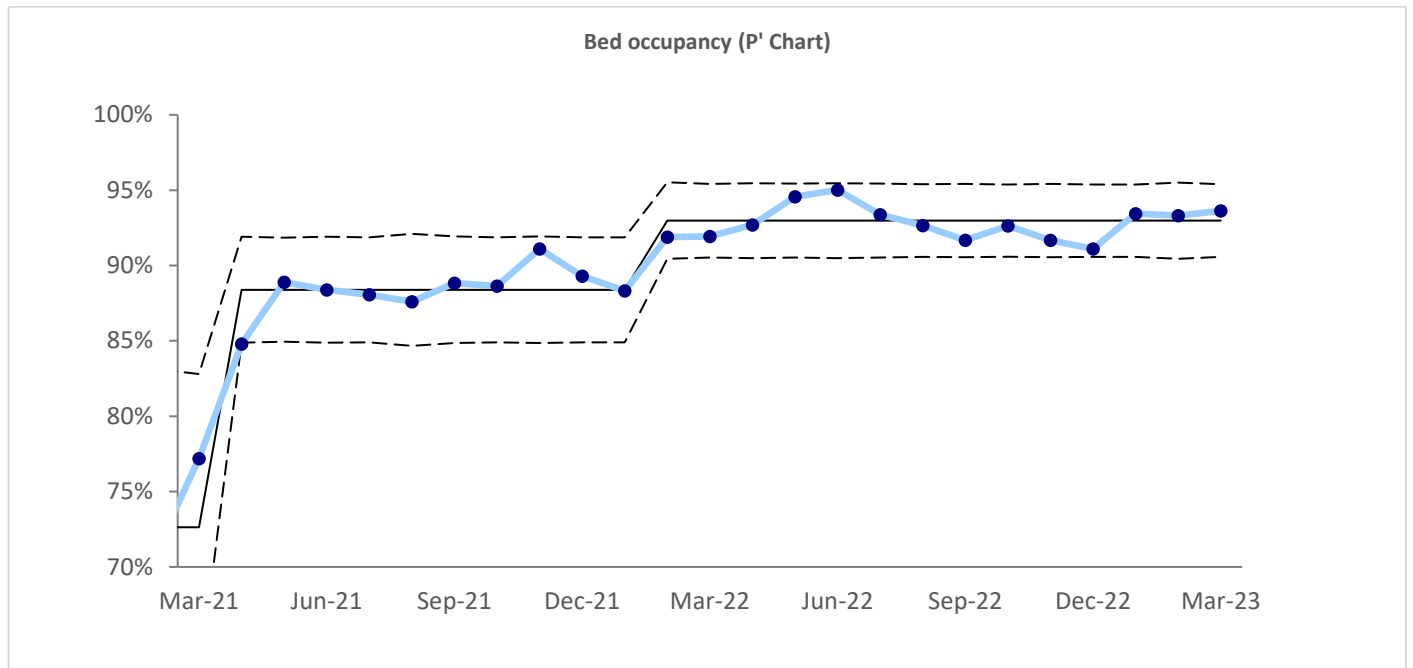
The DIALOG outcome charts above show that mental health services continue to demonstrate a positive impact on all quality-of-life measures. Various initiatives have been put in place to support improvements across directorates, as discussed in previous performance reports. The DIALOG committee is currently in the process of producing guidance to support staff and service users to best utilise DIALOG in preparation for discontinuation of the Care Plan Approach.

Services that are currently not using DIALOG are being consulted on reasons for non-engagement as well as co-designing it to best suit the requirements of the service user. Perinatal services are exploring specific mother and baby questions being added, which aims to be more inclusive. Learning Disability Services are reviewing the format to ensure it is accessible for service users. Ongoing training is being delivered to staff to best make use of DIALOG.

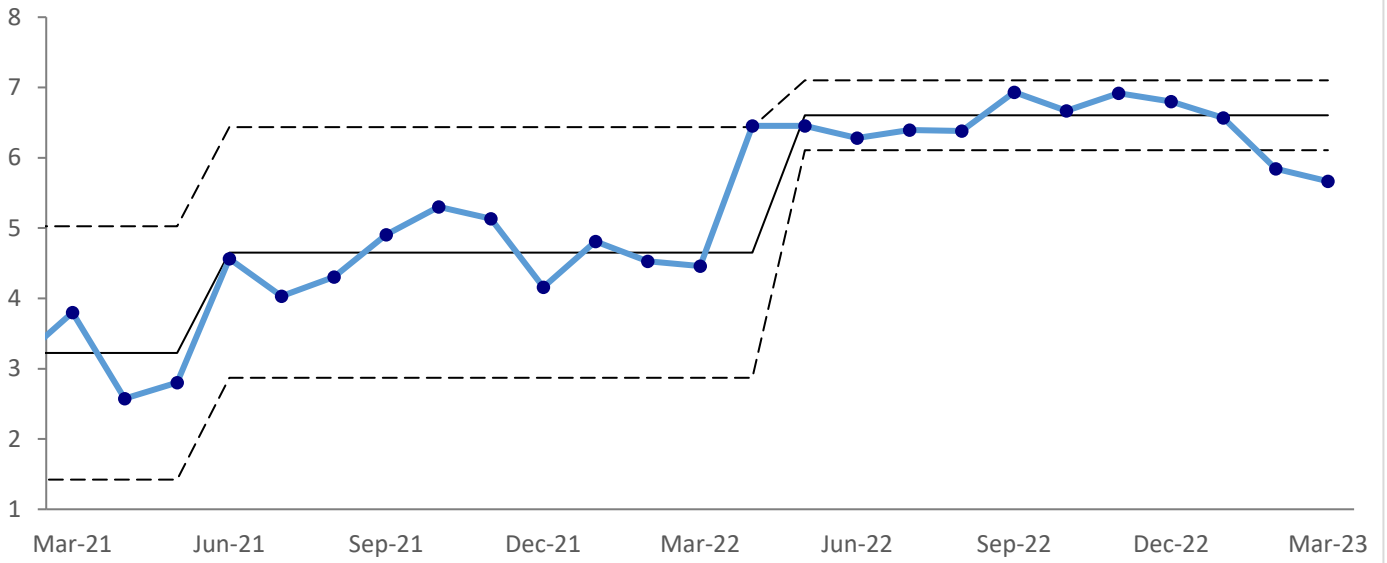


The percentage of service users followed up within 72 hours of discharge from mental health inpatient care is currently at 75%. There is some variation across the different Directorates of the the trust. This month, City & Hackney has seen the greatest drop, achieving 72-hour follow up for 59% of service users. The high bed occupancy in the inpatient unit of 98% has meant that staff are prioritising immediate patient needs. City & Hackney is collaborating closely with the Community Recovery teams and has introduced a daily process for its Flexible Assertive Community Treatment team (FACT) to divide caseloads and ensure that all service users receive follow-up within 72 hours. The aim is to enhance the efficiency of the process and ensure the safety of service users by sharing responsibilities across teams to meet their individual needs. Whilst Bedfordshire continues to surpass the target, achieving 84%.

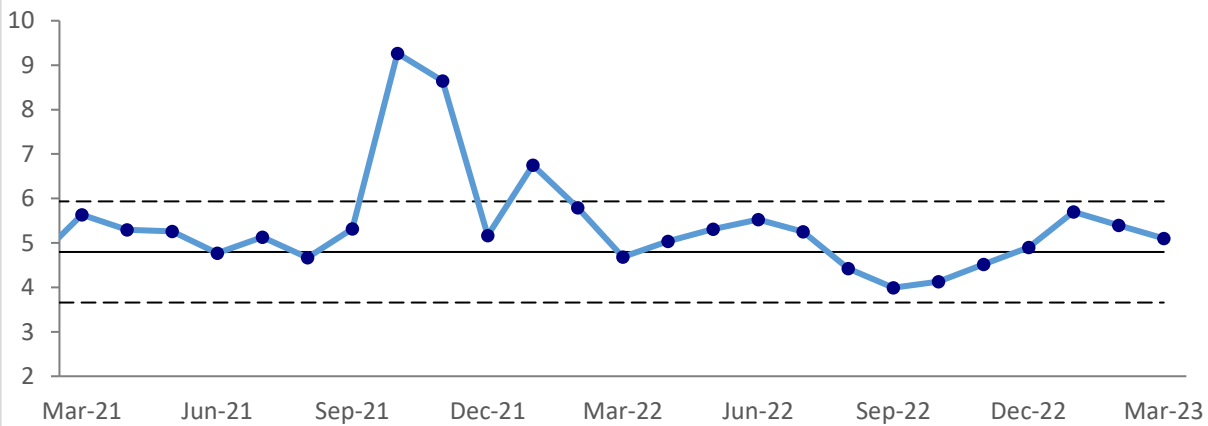
Access to services

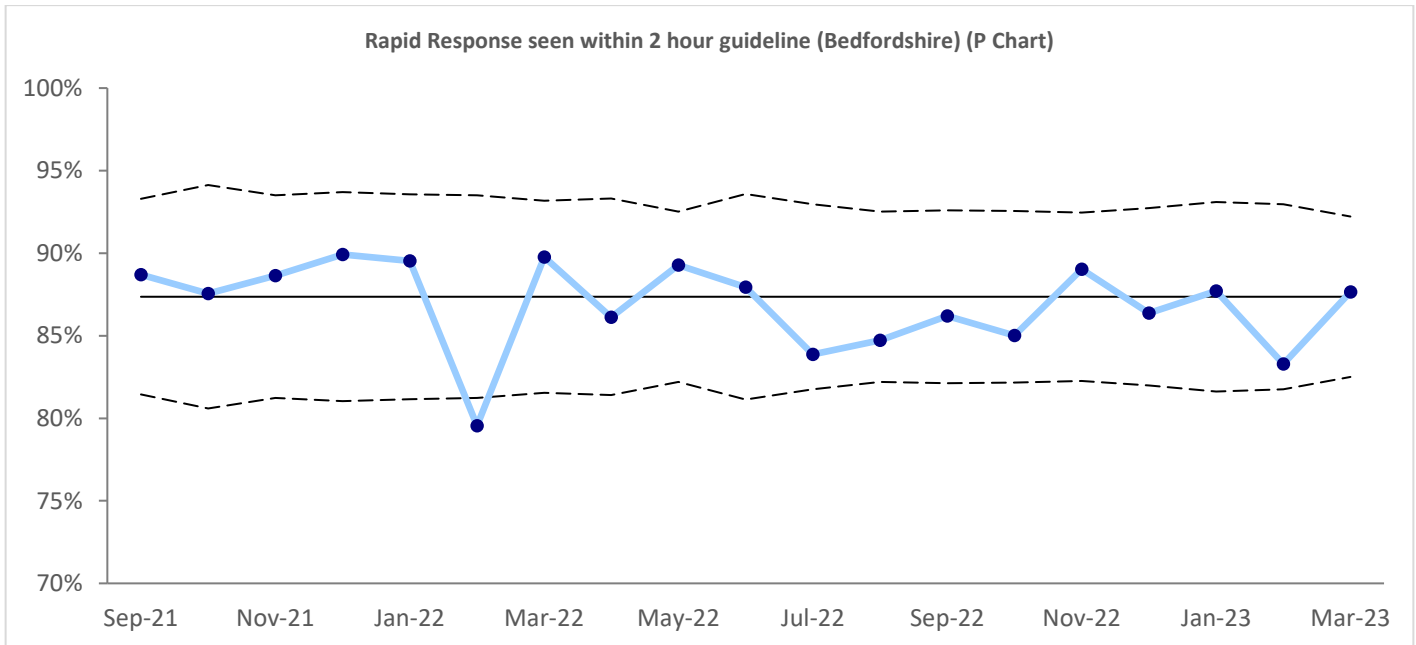
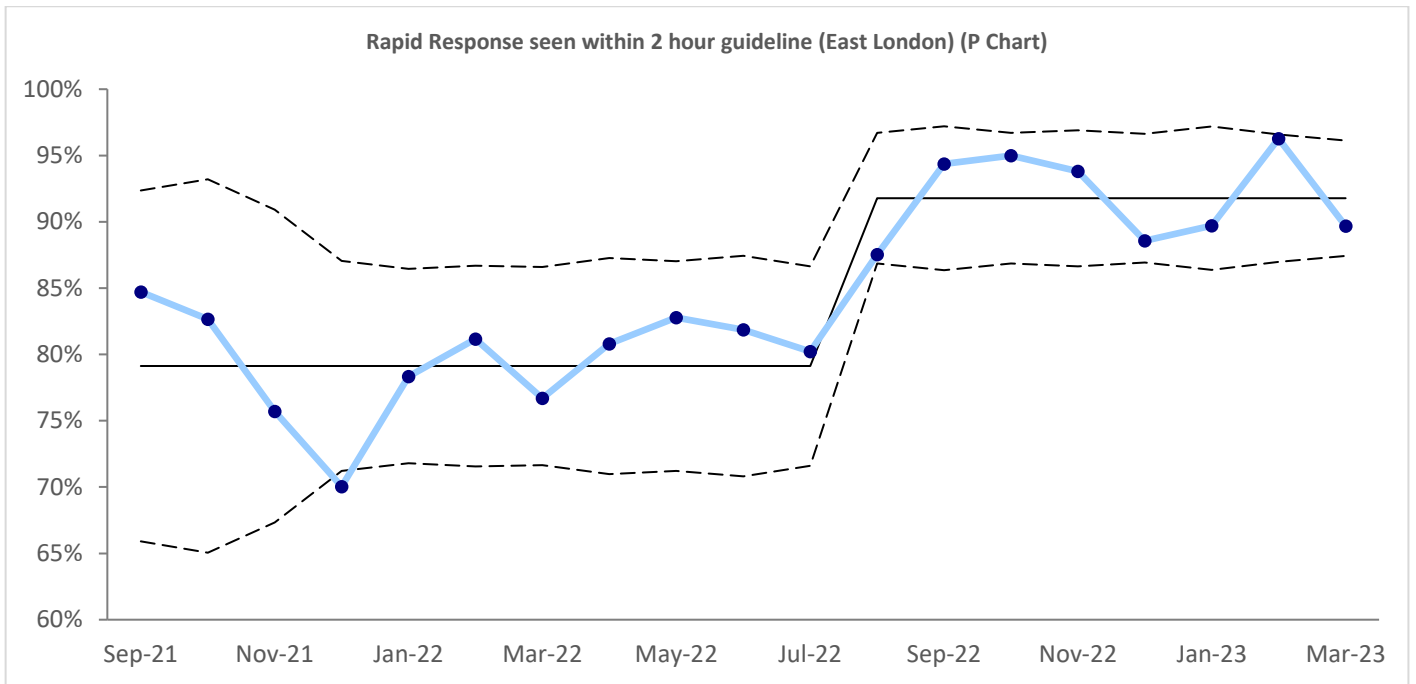


Average number of weeks from referral to first appointment in East London Community Health (I Chart)



Referral to treatment times Average weeks waited Bedfordshire Community Services (I chart)





While overall number of admissions has decreased compared to previous years, bed occupancy continues to remain high, at an average of 94%. This is related to several factors including higher levels of acuity and complexity, a rise in formal admissions under the Mental Health Act, out of area admissions, and social care related delays to discharge. Services have highlighted an increase in the number of service users who are homeless or lack a permanent residence, and who also have intricate social care requirements that can make the discharge process more protracted.

The Trust collaborated with NELFT to conduct a review of bed capacity, and the two organisations are planning to repurpose an existing ward into an additional male adult acute inpatient ward. This is aimed at improving overall bed capacity in the local system. Plans are also in place to reorganise the Health Based Places of Safety units by closing the facility in Newham and introducing a new one at Goodmayes Hospital. This change seeks to enhance quality and safety

for both adults and children by improving the unit's therapeutic environment, reducing delays, and providing care closer to a service user's residence. A promotional campaign is underway to raise awareness of alternatives to A&E, including crisis lines.

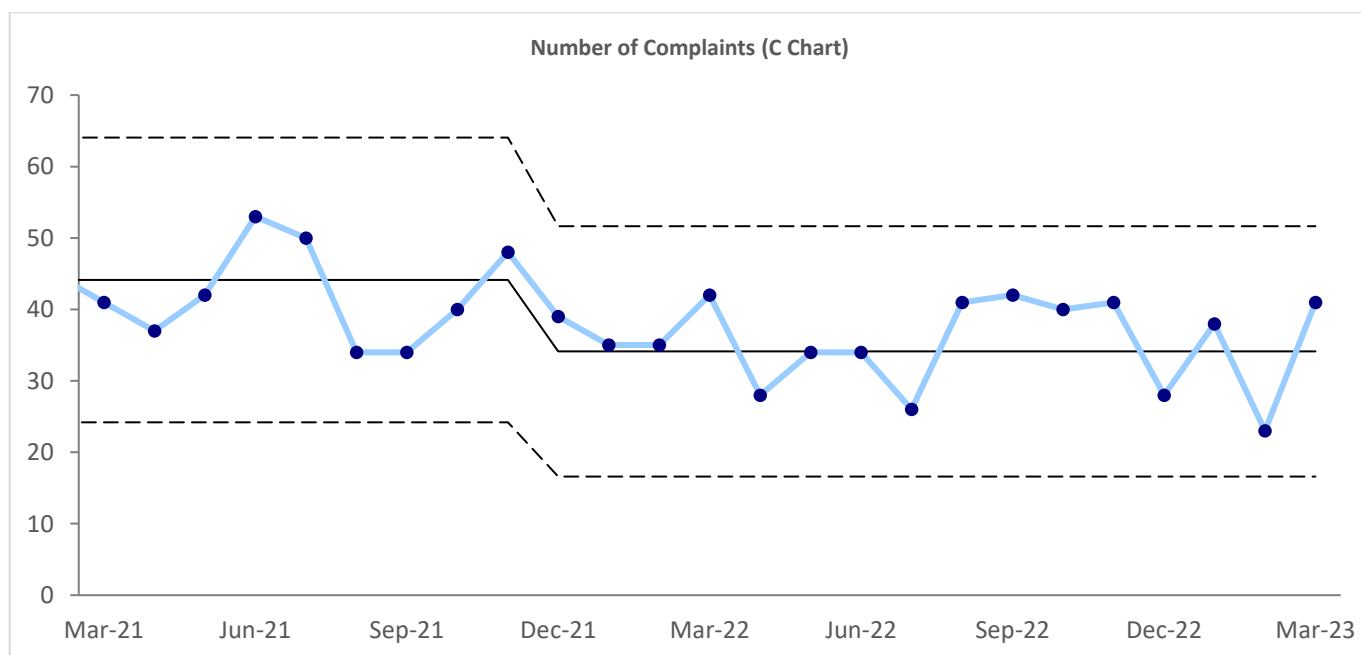
Mental Health Joint Response Cars are having a positive impact by providing additional mental health expertise to the ambulance response team. This approach diverts demand away from A&E by conducting assessments and referring individuals to mental health or voluntary sector services as appropriate. Initial review of the data suggests that 81% of people seen by the joint response cars are either treated or referred on, without need to convey to hospital. Additionally, services have reviewed the winter schemes that proved beneficial in managing flow, and are exploring ways to build upon these initiatives. One such approach involves providing additional funding for consultant cover on weekends to improve decision-making and expedite discharge.

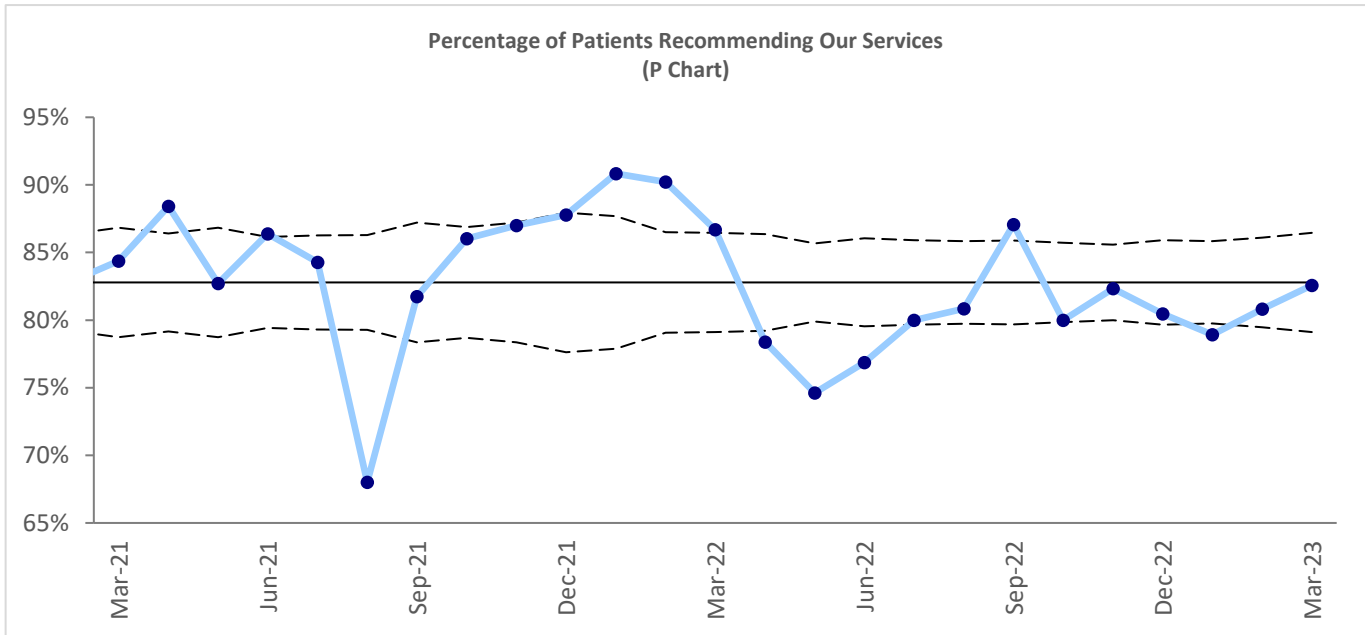
Rapid response in Community Health Services is stable, with 90% in East London and 88% in Bedfordshire assessed within two hours, surpassing the national 70% target. Services in Bedfordshire have highlighted that performance has been maintained despite higher levels of referrals during the past two months, reflecting increased demand from palliative care services. Services are working with acute providers to implement virtual wards in order to support people at home. This can include remote monitoring using apps, wearables, and other medical devices such as pulse oximeters. In Bedfordshire, the initial focus has been with respiratory, frailty, and cardio-vascular care pathways. Virtual wards, discharge to assess, and Integrated Discharge Hubs in East London are being strengthened to improve patient flow across the system.

Access and flow remains a priority focus for concerted quality improvement work, and some of the detail of that programme of work is set out in part 2 of the document.

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 has remained stable, with the majority of complaints received in the past two months being related to behaviour of staff, the management of clinical procedures, accessibility, coordination of care, and communication. As highlighted in the March report, learning from complaints are incorporated into a variety of forums and newsletters within each service to ensure that learning takes place and improvements are made. The complaints procedure is currently under review to enhance the process, and a proposal is scheduled to be presented to the Quality Committee for consideration.

In March, the percentage of service users who would recommend our services has returned to normal levels. In addition to the standard friends and family test, the Quality Assurance team has completed a series of workshops with clinicians and service users to redesign the Patient Report Experience Measures (PREM) survey questions to ensure these align with what matters most for service users. Through the workshops, clinicians and service users identified similar perspectives on the key areas that the Trust should focus on while measuring patient experience, with a common theme centred around 'getting the basics right'. The future survey questions will align to what our service users, carers and Governors have told us are the basics that we need to get right every time such as improving accessibility, communication, information, collaboration, and shared decision-making.

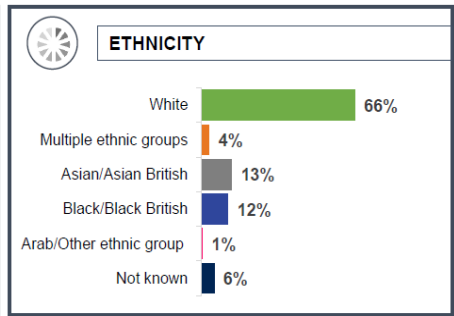
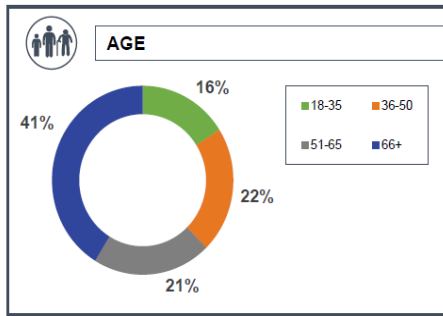
Externally, the Trust also receives feedback on service user experience via the annual Mental Health Community Service User Survey. This is an annual postal survey that provides a snapshot of service user experience, it administered by an appointed contractor and sponsored by the Care Quality Commission.

The National Service User Survey was undertaken for East London NHS Foundation Trust in 2022. The figures below summarise participation and the findings of the report.

1250 invited to take part

199 completed

17% response rate
 21% average response rate for all trusts
 21% response rate for your trust last year

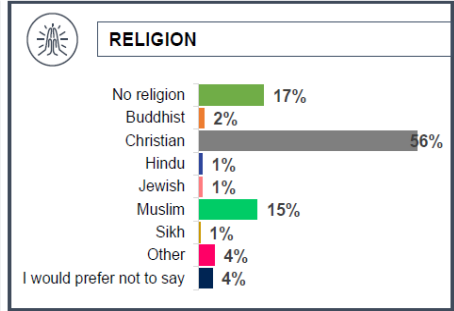
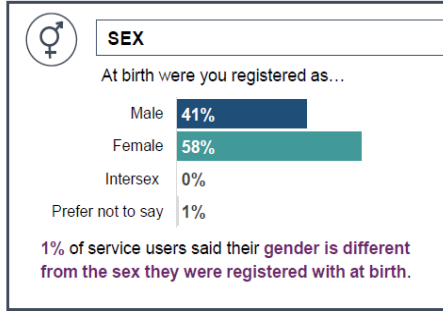


LONG-TERM CONDITIONS

92% of service users have a physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.

Number of long-term conditions reported:

Number of conditions	Percentage
1	29%
2+	71%



Headline scores

Health and social care workers	Patient Response 6.8 / 10	Compared with other trusts About the same
Organising care	Patient Response 8.1 / 10	Compared with other trusts About the same
Planning care	Patient Response 6.6 / 10	Compared with other trusts About the same
Reviewing care	Patient Response 7.0 / 10	Compared with other trusts About the same
Crisis care	Patient Response 6.5 / 10	Compared with other trusts About the same
Medicines	Patient Response 7.2 / 10	Compared with other trusts About the same
NHS talking therapies	Patient Response 7.8 / 10	Compared with other trusts About the same
Support and wellbeing	Patient Response 4.5 / 10	Compared with other trusts About the same
Feedback	Patient Response 2.4 / 10	Compared with other trusts About the same
Overall views of care and services	Patient Response 6.9 / 10	Compared with other trusts About the same
Overall experience	Patient Response 6.2 / 10	Compared with other trusts About the same
Responsive care	Patient Response 7.5 / 10	Compared with other trusts About the same

Where service user experience is best

- ✓ **NHS Talking Therapies:** service users being involved in deciding what NHS talking therapies to use
- ✓ **Medicines review:** NHS mental health services checking how service users are getting on with their medicines
- ✓ **Crisis care (access):** time taken to get through to staff
- ✓ **Views on quality of care:** NHS mental health services asking service users for their views on the quality of their care
- ✓ **Organisation of care:** service users knowing how to contact the person in charge of organising their care if they have concerns

Where service user experience could improve

- **Crisis care (access):** service users knowing who to contact out of hours in the NHS if they have a crisis
- **Support and well-being (Work):** service users being given help or advice with finding support for finding or keeping work
- **Overall:** overall experience of NHS mental health services
- **Organisation of care:** service users being told who is in charge of organising their care and services
- **Respect and dignity:** service users being treated with respect and dignity by NHS mental health services

In addition to the range of work in support of the strategic objective to improve experience of care, during 2022/23 the Trust has been promoting the use of the Care Opinion platform to its understanding of, and ability to respond to service user and carer experience.

Adoption of the platform has grown steadily through the year, with the Quality Assurance team providing dedicated support to services to engage with the platform. Over the past 12 months ELFT services received feedback from 88 service users and carers, and responded directly to 83 of those stories that have been shared.

Linked to this work, in September the Trust launched a Trust-wide Patient and Carer Experience Forum to provide a platform for discussion and review of patient and carer experience data with the aim of learning and, ultimately, improvement of patient experience within the organisation. The group brings together service users, carers and clinicians to perform its core functions:

- To help triangulate and identify themes from the various sources of patient and carer experience feedback across the Trust;
- To coordinate work to tackle opportunities for improvement that emerge from patient and carer experience feedback;
- To identify and celebrate good practice and innovation in relation to understanding and improving patient and carer experience;
- To support and encourage teams and directorates to deepen their understanding of patient and carer experience, identify themes and make improvements.

3.2 Achievements and Awards

March 2023. Two wins and one highly commended for Trust services, for the **Health Service Journal (HSJ) Partnership Awards 2023** that took place on Thursday, March 23, 2023:

Driving for Change, which uses refurbished London buses to provide an all-in-one direct intervention service for people experiencing homelessness, was named Primary Care Project of the Year.

<https://www.elft.nhs.uk/news/national-award-driving-change-programme>

Compass, ELFT's not for profit social enterprise, was **Highly Commended** in the Best Not for Profit Working in Partnership with the NHS category.

<https://www.elft.nhs.uk/news/compass-wellbeing-highly-commended-national-awards>

Clinical Associates in Psychology (CAP) was named Best Educational Programme for the NHS. It was also Highly Commended in the **Mental Health Partnership within the NHS** award category.

<https://www.elft.nhs.uk/news/second-national-award-apprenticeship-programme>

March 2023. The **British Journal of Nursing Awards** saw a Silver Award win for Newham and Tower Hamlets Community Health Services Pressure Teams for their work to reduce pressure ulcers.

March 2023. **Cavell Star** Award for East Ham Care Centre's Clinical Nurse Manager and dementia care specialist Admiral Nurse Tracy Connellan, for her work to improve the experience of people living with dementia, their carers and families.

December 2022. Winners of the HPMA Awards 2022. People & Culture team win Team of the Year & Chief People Officer Tanya Carter wins Director of the Year.

November 2022. Winners of a Forward Healthcare Award 2022. ELFT's not for profit community interest company Compass wins the Innovation in Supporting NHS Trusts award.

November 2022. HSJ Awards 2022. NCEL CAMHS Provider Collaborative of the Year, Place-Based Partnership Award for C&H Integrated dementia service; Workforce Initiative of the Year for the Clinical Associate in Psychology (CAP) programme, shared with EPUT & Sheffield health & Social Care Foundation Trust.

November 2022. The London Pathway Partnership Programme (The Inclusion Health Team based at Homerton Hospital) won at the 2022 London Homelessness Awards.

October 2022. Bow Ward at the John Howard Centre win the Nursing Times Award for Nursing in Mental Health.

October 2022. A Quality in Care Diabetes (CiQ) Award won by a collaborative project between Barts and ELFT for the Wellbeing category.

October 2022. Chartered Institution of Building Services engineering (CIBSE) Awards – Silver Medal for ELFT Director of Estates, David Stevens.

October 2022. RCN London Rising Star Award given to Mary Onikoyi, District Nurse Team Lead & Practice Assessor & Professional nurse advocate at City University.

August 2022. Winners of the HealthTech Digital Awards 2021, for the category Best COVID-19 Solution for Mental Health. Digital innovators Improve Well and ELFT's QI team worked together to develop a staff wellbeing app.

July 2022 The Royal Statistical Society and the Health Foundation jointly presented the **Florence Nightingale Award** to the Trust's Visual Analytics Team for Excellence in Healthcare Analytics.

July 2022 The Homeless and Vulnerable Person Outreach Service is the national winner in the **NHS Parliamentary Awards for the Primary Care and Community Care category**. Nominated by Dame Meg Hillier MP.

June 2022. ELFTs Quality Department win the **International Quality Awards' (IQA) Quality Team of the Year Award**.

June 2022 Sam Ogunkoya wins **National BAME Health & Care Awards Inspiring Diversity and Inclusion Lead** of the year category.

June 2022 Newham Specialist Children & Young People's Services, (SCYPS) Community Children's Matron Rebecca Daniels is awarded a **Cavell Star** for outstanding contribution to nursing.

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 Integrated Care Boards

Statement from North East London Integrated Care Board to ELFT Quality Accounts 2022 – 2023

NHS North East London Integrated Care Board is the lead commissioner responsible for commissioning health services from East London NHS Foundation Trust on behalf of the population of east London.

Thank you for asking us to provide a statement on East London NHS Foundation Trust's (ELFT) 2022/23 Quality Account and priorities for 2023/24.

We commend the Trust for continuing to provide high-quality care despite the ongoing impact of the pandemic. The Trust has made progress on the delivery of its 2022/2023 annual plan and has continued to make progress on improving population health outcomes; experience of care; staff experience; and improved value.

We congratulate the Trust on the work undertaken to successfully deliver on its priorities. There are a range of excellent examples of how this work is impacting on service users and staff and improving clinical outcomes.

We would like to congratulate the Trust on the impressive list of audits, achievements, awards and the innovative service user accreditation programme. We hope the Trust will be able to report next year that all our east London services achieved service user accreditation and quality network accreditation from the Royal College of Psychiatrists.

We are aware that the Trust has undertaken important work to address health inequalities in the last year. We welcome the range of QI projects planned for 2023/24 that will address inequity of care and patient outcomes and note the strong leadership and investment in this area.

We are grateful to the Trust and its staff for their continued commitment to collaboration and partnership working that will further support and develop our North East London Integrated Care System.

We confirm that we have reviewed the information contained within the account, and checked this against data sources where these are available to us, and it is accurate.

Overall, we welcome the 2022/23 quality account and look forward to working in partnership with the Trust over the next year.



Zina Etheridge
Chief Executive Officer
North East London Integrated Care Board

Statement from Bedfordshire, Luton & Milton Keynes Integrated Care Board to ELFT Quality Accounts 2022 – 2023

BLMK ICB acknowledges receipt of the 2022/2023 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 ICB's Quality Committee & Performance, as part of developing our assurance statement.

The ICB has been working closely with the Trust over the last year now as partners in the ELFT Quality Assurance Groups, gaining assurance and understanding of the challenges and transformation of services to deliver safe and effective care. Across Bedfordshire and Luton we have worked closely with ELFT and Partners (Local Authority, Healthwatch and ELFT senior leaders) in ensuring patient safety and quality of services. In line with the NHS (Quality Accounts) Regulations, BLMK ICB 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 ICB would like to commend ELFT on their continued commitment to patients during a year off high demand and increasing complexity. We recognise the significant increase in demand on both the Community and Mental Health services which includes transformation of services alongside the joint work from ELFT with other local providers to reduce system pressure. People participation further embeds in the development and review of service delivery ensuring a positive patient experience.

We note the achievements over 2022-23 in the ELFT Quality Improvement Plan and the performance of Quality Improvement the golden thread towards delivering their priorities. These include the increased access of cervical screening in primary care and ongoing work to improve access for specific demographic groups in Bedfordshire Wellbeing Service.

The continued embedding of the Improvement Coaching Programme is evidenced in the development of staff who have undergone extensive training, resulting in the success of QI projects with work being presented at a national conference.

The ICB have reviewed the Quality Priorities for 2023-24 with the overarching aim to improve quality of life for ELFT service. The strategic objectives of improved outcomes, experience of care along with improved staff experience and service value replicate the BLMK ICS vision.

Whilst the Quality Account does not specifically reference the Patient Safety Incident Response Framework, the ICB would like to acknowledge the continued partnership working in relation to the development of the Framework for the BLMK system. The partnership work over 2022-23 in developing the future of the Integrated Care System has notably made significant impact with regards to quality and patient experience.

It is assuring to see the continued Trust ambition to become the first 'Marmot Trust' in the country addressing inequity and create a fairer society partnering with the Institute of Health Equity. We will be interested to see how the expansion of the extended offer to local colleges and undergraduate programmes develops over the next year.

The achievement of additional nursing workforce and reduction in agency usage is a positive move towards recruitment challenges. The development of a QI project to tackle the medical vacancies in Luton and Bedfordshire is a welcomed solution to an extremely challenging national

issue. The ICB acknowledges the continued system management of the Children and Adolescent Mental Health Service waiting times with the waiting well programme and development of the iThrive model.

As System Partners with population health priorities, we recognise the transformation of services to support the ever-increasing demands, complexities and challenges of meeting the needs of our people. We are looking forward to further embedding partnership working to improve patient safety, quality of care alongside patient experience.

BLMK ICB looks forward to the continued developing collaboration of services with ELFT across our Integrated Care System in 2023/24 and the impact this will have for BLMK residents.

Signed

A handwritten signature in black ink, appearing to read 'Sarah Stanley', with a long horizontal flourish extending from the end of the name.

Sarah Stanley, Chief Nursing Director
BLMK Integrated Care Board

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 Accounts is available via:

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

2022/23 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 Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England 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 Accounts.

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

- the content of the Quality Accounts meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23 and supporting guidance
- the content of the Quality Accounts is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2022 to May 2023, papers relating to quality reported to the Board over the period April 2022 to May 2023
 - 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 Accounts
 - the national staff survey within Quality Accounts
- the Quality Accounts presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Accounts is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, 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 Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

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

Signature



**Eileen Taylor
Chair**

Date 28.06.2023

Signature



**Paul Calaminus
Chief Executive**

Date 28.06.2023

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