NHS

East London
NHS Foundation Trust

QUALITY REPORT 2020/21

East London NHS Foundation Trust

Contents

> **If you require any further information about the 2020 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000**

Services and Developments 2020/21

Our Services

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

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

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

ELFT provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide Forensic Services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas, as is Luton. The county of Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low-income and deprived groups. Both areas therefore pose significant challenges for the provision of mental health, community health and primary care services.

The Trust operates from over 100 community and inpatient sites, employs just over 6500 permanent staff and has a total annual income of £508.4million. The Trust provides Mental Health, Community Health and Primary Care services. Mental Health Services provide the greatest proportion of ELFT income, however current 'block' funding arrangements, instituted in response to the COVID pandemic mean it is not currently possible to calculate a breakdown of income by service type.

2020/21 has seen the new Primary Care Directorate become established, and significant progress made in delivering Community Mental Health Service transformation across East London, where blended teams delivering more integrated care are becoming a reality.

The ELFT Promise

The Trust launched the ELFT Promise in February 2020 as a means to reinforce the identity of the Trust and explain how we deliver our mission, vision and values and commitment to local people.

The promise also allows staff, patients, clinicians, governors and board members to come together and own the promise.

'We promise to work together creatively to learn what matters to everyone, to achieve a better quality of life and continuously improve our services.'

Our Trust Strategy

We are now halfway through our five-year strategy which has the overarching mission of improving the quality of life for those served by the Trust by 2022. The strategy has a key focus on leading on the delivery of integrated care in collaboration with partner organisations and local communities. We have identified four main strategic outcomes to improve:

- Population health outcomes
- Experience of care
- Staff experience
- Value

We have made inroads into achieving this strategy in line with the New Models of Care programme looking at transformation of our services to be able to work with other sectors to improve the overall health of our communities in a sustainable way.
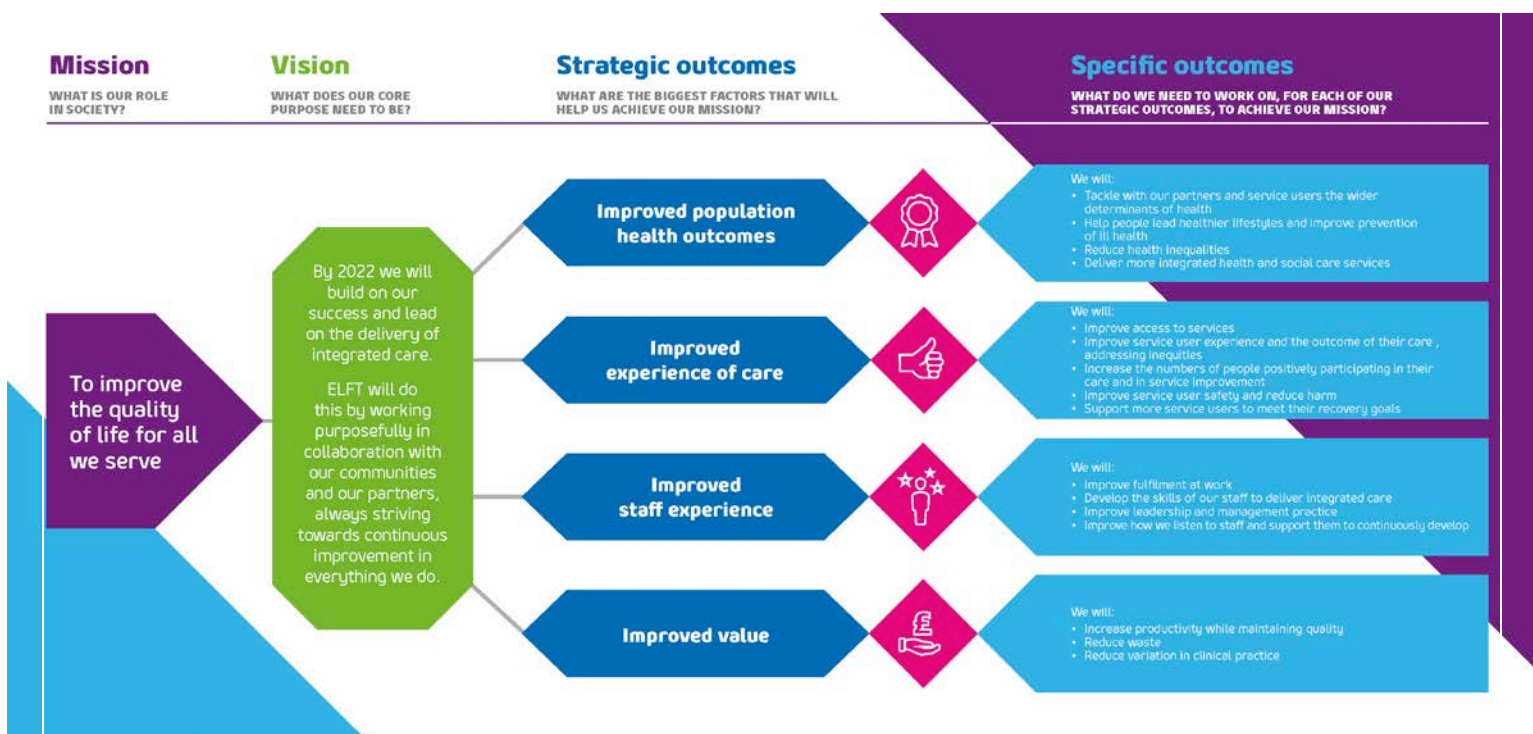
Part 1 – Statements on Quality

1.1 Statement on Quality from Paul Calaminus - Chief Executive Officer

It goes without saying that the coronavirus pandemic dominated all our activities in 2020-2021. It has been a time of great change for everyone but brought with it the need for innovation and imagination. It didn't stop us thinking about the quality of our services. If anything, introducing new approaches and adopting new ways to deliver care meant it was more important than ever that we evaluated changes to determine if these new approaches were effective.

Health and social care provision in England historically has depended on face-to-face relationships and communication. Yet in other parts of the world such as Africa and Australia, they have used telehealth and online technology to diagnose and provide treatment interventions for many years. The pandemic meant that our staff and those we provide services to had to adapt rapidly to new ways of working and communicating with one another, to ensure they were safely supported with their physical and mental health needs.

During 2020-21, our efforts have focused on the pandemic emergency response. It was important that we acted quickly, reduced risks and learned what we needed to do to keep service users, patients, carers and staff safe. We have learnt so much so quickly. We have worked with and relied on partner organisations as well as our Governors and People Participation teams to help us to navigate these uncharted waters.

The pandemic has highlighted health inequalities in many of the communities that we provide services to. Our focus on improving public health and improving the quality of life for all has never been more important.

I have never been more proud of our staff for the way they responded to all that we asked of the in the past year, despite the worries that had for themselves, their families and their care groups.

We still have a way to go as we see the impact of the new variants of COVID versus the national vaccination programme. We will need to support our communities to recover, get their lives back on track, and support them to have better health.

1.2 Statement on Quality from Dr Amar Shah - Chief Quality Officer, Dr Paul Gilluley – Chief Medical Officer and Lorraine Sunduza – Chief Nursing Officer

We are pleased to introduce the quality account for East London NHS Foundation Trust for 2020-21. The year has been dominated by the impact and response to the global pandemic, which has changed so much about our world, the lives of our local citizens and service users and the working lives of our staff.

We have been immensely proud of the extraordinary lengths that our staff and service users have gone to, to support our local communities and keep people safe and well during the covid-19 pandemic. The virus has also exposed and accentuated inequalities that have always existed in our communities, which has reinforced our commitment as a Trust to improving population health and achieving our mission of improving quality of life for all that we serve.

Our priorities during 2020-21 were redirected towards the pandemic emergency response, and the report describes the work we have done to support our service users and our people, to reduce the risks and keep people safe, to learn from the scale of change in the healthcare system so that we emerge better equipped to improve people's lives in our local communities. We have tried to stay true to our core principles of coproduction and quality improvement in the way that we have responded and learnt through the last year.

There has been a huge amount of innovation and development over the year, ranging from the establishment of a new primary care directorate at ELFT which offers us the opportunity to provide much more integrated care closes to people's homes, stronger partnership working across the health and care system to create new bed capacity during the pandemic and introduce integrated discharge hubs, and continued progress in transforming community mental health provision in partnership with social care, primary care and the voluntary sector.

Whilst we are proud of the progress we are making, we recognise there is still much to do, and much to improve, if we are truly going to improve quality of life for all that we serve. We are committed to this journey, holding true to the #ELFTPromise of working together creatively, learning what matters to everyone, to achieve a better quality of life, to continuously improve our services.

Part 2 – Priorities for Improvement and Statements of Assurance

In this section the Trust updates on progress on delivering our priorities for improvement for 2019/20, along with statements of assurance from our Trust Board.

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

This annual Quality Report provides the platform to share both our progress and achievements during 2020/21 and our plans and priorities for 2021/22.

During 2020/21 the Trust provided and/or sub-contracted 143 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 143 of these relevant health services. The income generated by the relevant health services reviewed in 2020/21 represents100% of the total income generated from the provision of relevant health services by the Trust for 2020/21.

2.1 Reflections on 2020/21 – Progress Against Priorities

As we reported in last year's Quality Report, during 2017/18 the Trust undertook the largest face-to-face consultation it has ever attempted, in order to help define and shape its future direction. The 'Big Conversation' exercise engaged over 1,000 staff, service users, carers and Governors in this discussion. In February 2018, the Trust Board approved the new mission for the organisation: "To improve quality of life for all we serve", and we shared our new strategy.

Whilst the Trust remains focused on, and committed to delivering its strategy and improving the health of the population we service, unsurprisingly the focus of the Trust and NHS planning has moved to understanding the impact of the COVID-19 pandemic to date, and on the restoration and reshaping of services for the future.

This work is being taken forward through five main workstreams, supporting services directorates and corporate teams as set out below.

In the current phase of the COVID-19 pandemic, the focus of Trust and NHS planning has moved to focus on trying to understand the impacts of the pandemic to date, and on how to try and restore and reshape services for the future.

The work in the Trust is being taken forward through five main workstreams, supporting directorates and corporate teams as set out below. The work overall is summarised in the driver diagram below.
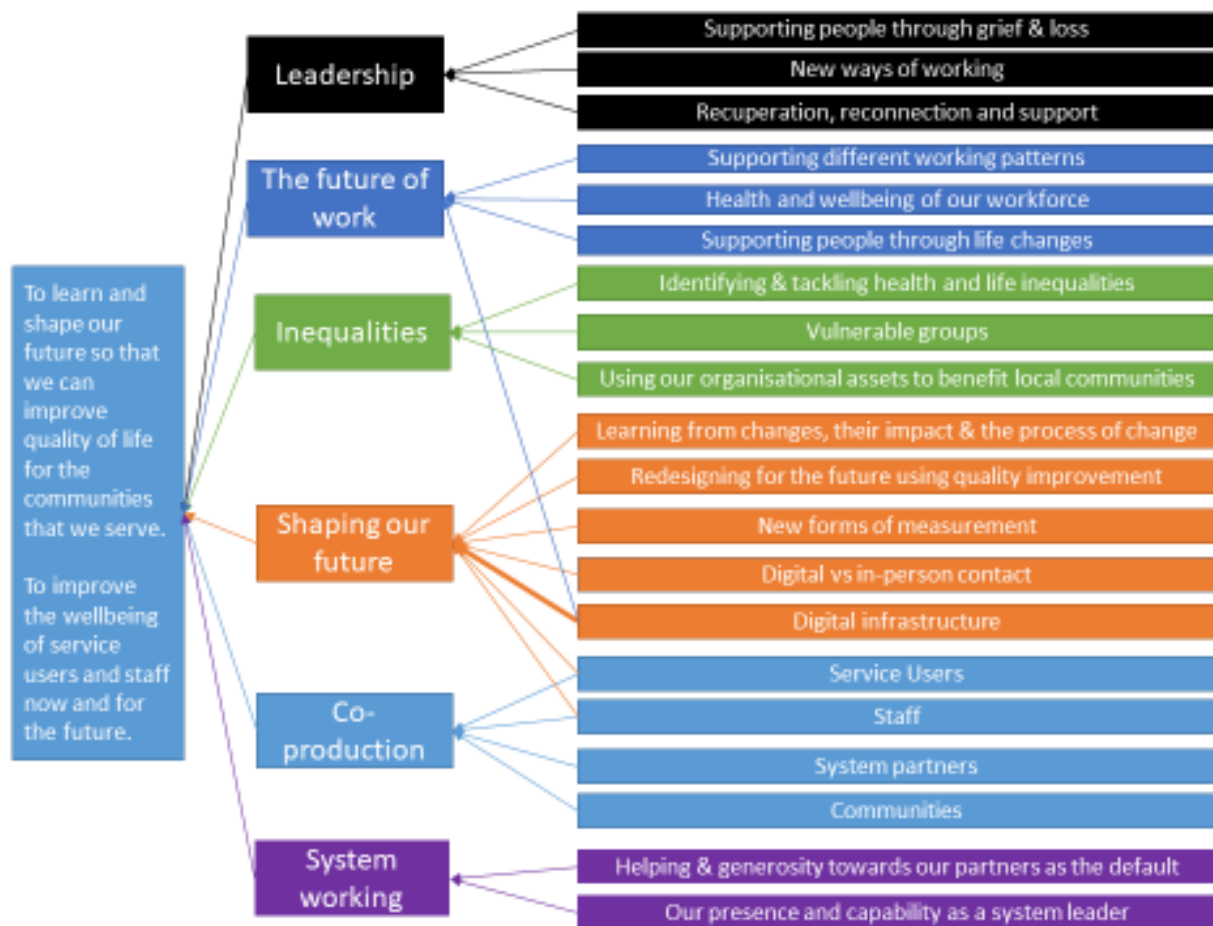
Leadership

The Leadership workstream set up three peer leadership circles in early 2021 to deliver three objectives:

1. To explore, in a psychologically safe space, the challenging aspects of being a leader/manager during the Pandemic.
2. To explore what matters most and help to discover what is being learned about their leadership.
3. To create new understandings about themselves

The peer leadership circles are a hybrid delivery of action learning sets and reflective practice as a response to support ELFT leaders during the COVID-19 pandemic.

Delivered by three OD practitioners in People & Culture, 20 multidisciplinary staff attended eight leadership peer circle sessions between February and June 2021.

The work of the groups continue, but a mid-point evaluation has been undertaken to measure the impact and effectiveness of the work. Feedback was positive, and highlighted the developmental and supportive potential of the work.

The

1. How would you rate your experience of exploring in a psychologically safe space, the challenging aspects of being a leader during the pandemic?

NEUTRAL
EXCELLENT
38%
25%
38%
VERY GOOD
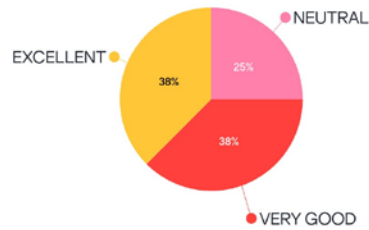
2. How would you rate your experience of exploring what matters most to you, and helping you discover what you are learning about your leadership?

57%

14%

29%

0%
POOR   NEUTRAL   VERY GOOD   EXCELLENT
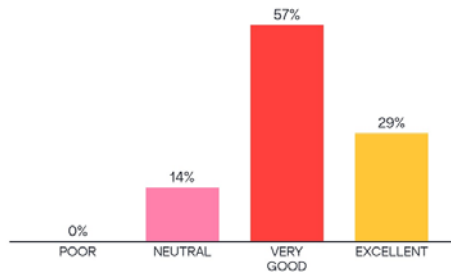
6. What else are you learning about yourself?

resilience
support needs
taking care of myself
relaxed and resilient   how to manage staff
stop personalising things
priorities   must share resposnibility   growth
good leader   leadership and team work
not alone in how feel
skills
frustrations and why   still learning
others feel similar

Future of Work

The focus of this workstream initially was to contribute to the emergency response, priorities were very much about how to enable staff to keep working and services to continue to provide a service during lockdown.

The most significant influence on this was the implementation of digital platforms to support remote working, which was conducted at pace and with great success.

Services have continued to function during the pandemic, and provide a safe service for their patients and carers. Systems have been put in place to support decision making around the various modes of contact, and provide assurance that the modes of contact are meeting service user need, and maintaining quality and equity.

Figure 1 shows the current position across the trust in terms of modes of contacts employed within different services, and highlights the variation across services from IAPT where there is virtually no face to face contact, to Community Health Services where the vast majority of contacts are face to face.
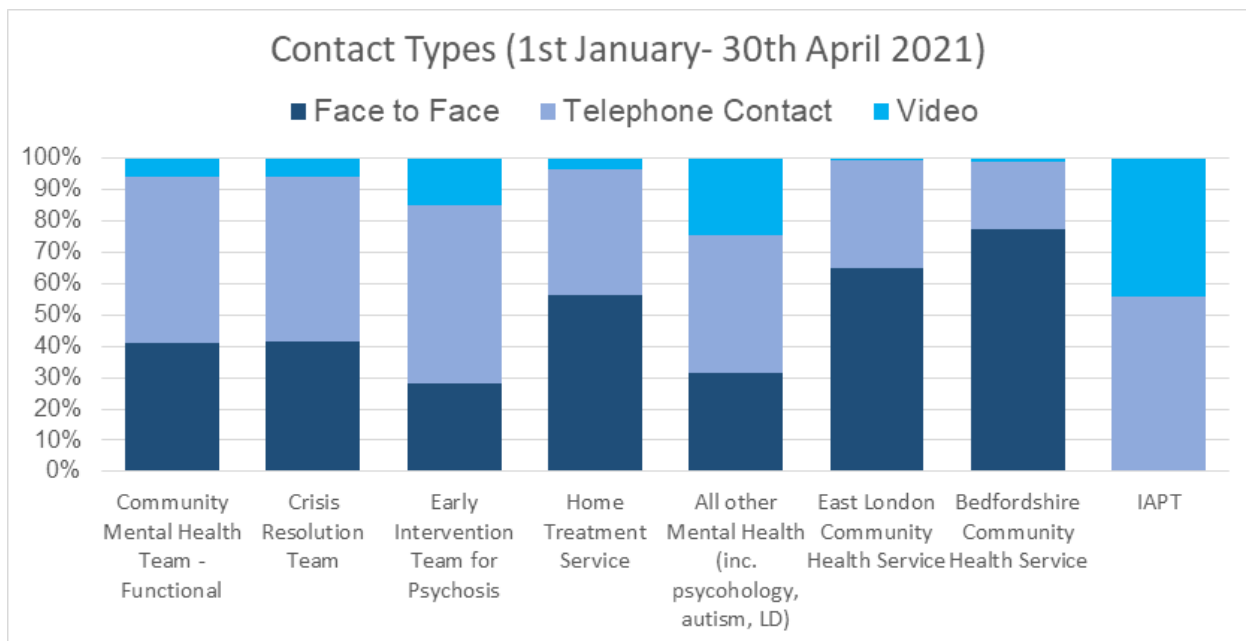
Figure 1. Variation in modes of contact across different types of ELFT services between January to April 2021

Figure 2 shows the comparative data from across England, from the NHS Benchmarking network. This shows that the use of digital consultation at ELFT is broadly in line with the variation seen nationally.
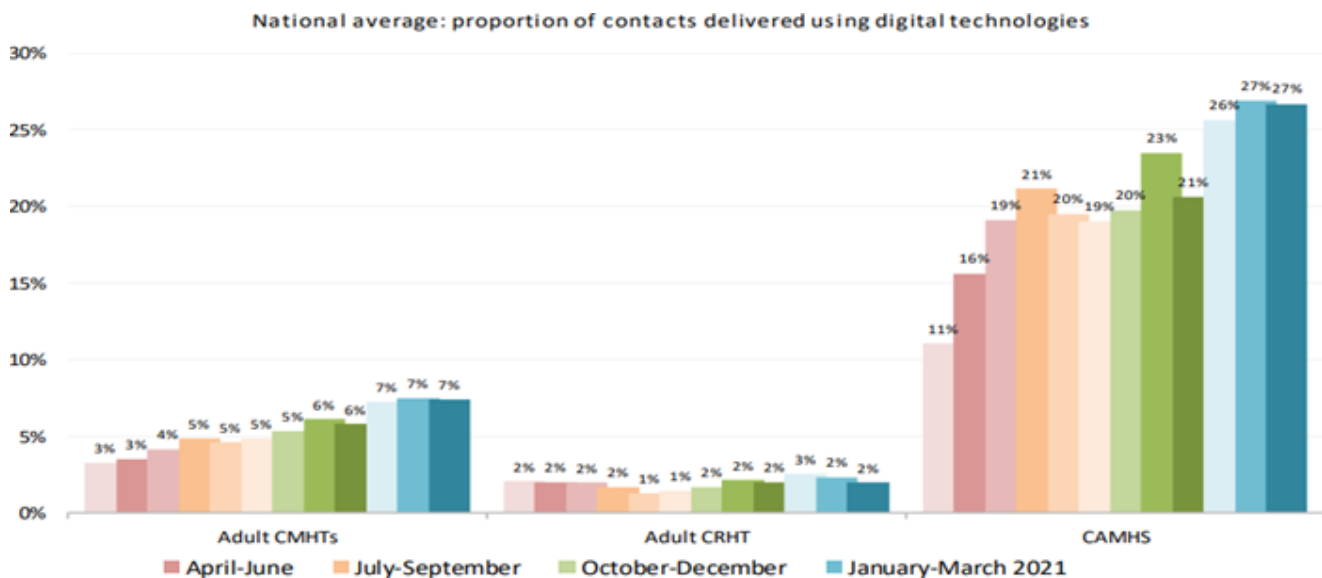
Figure 2. National average: proportion of contacts delivered using digital technologies. Source: National Mental Health Benchmarking Network – April 2021)

Guidance to support local decision-making

Since July 2020 the Trust has had in place documented guidance for all clinical teams to support decision-making on virtual appointments/contacts versus face to face, and their implementation.
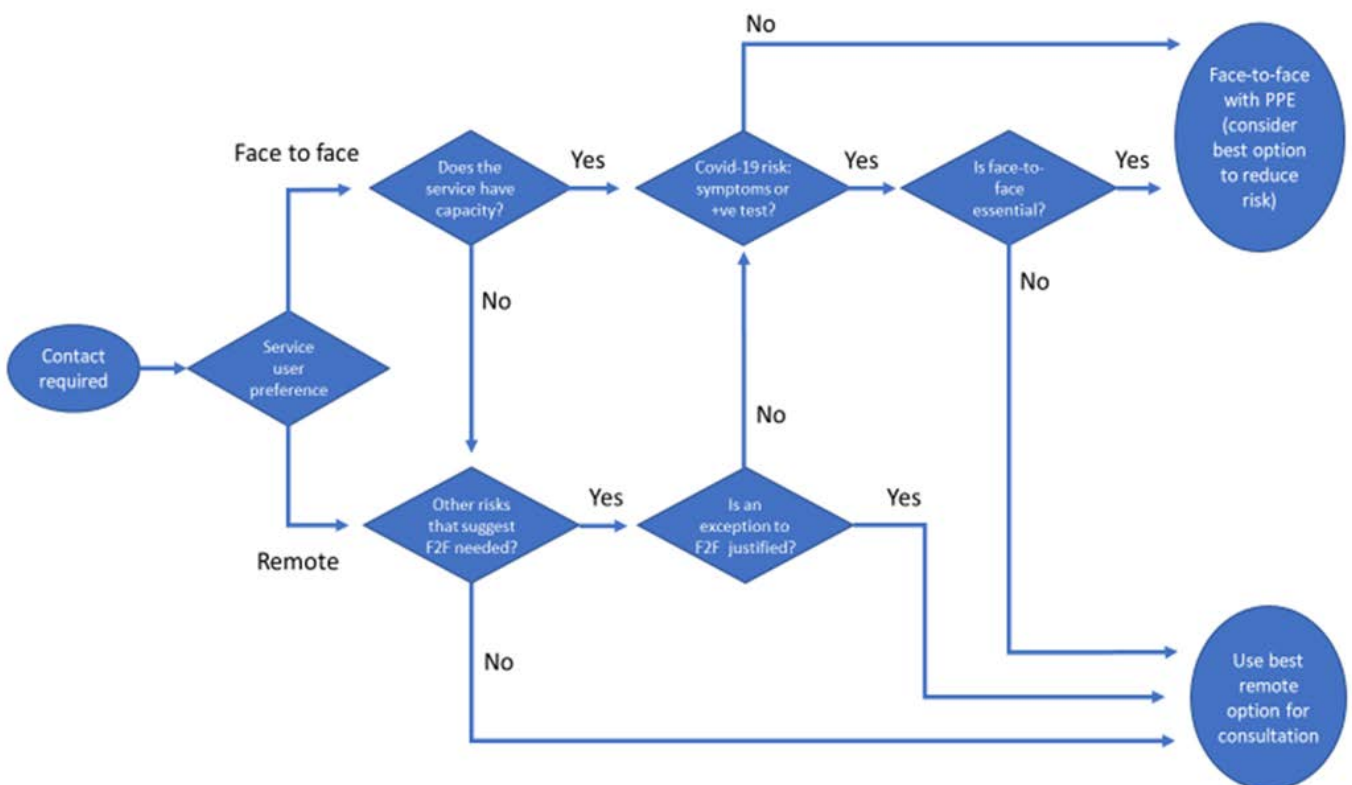
Figure 3. Decision-tree to support decision-making related to in-person or virtual consultation

This guidance is supplied alongside a 'decision tree' (figure 3) to provide a simple, practical tool for clinical services to support and enable implementation of the guidance.

The guidance makes clear that overall responsibility for deciding the method of contact lies with the clinician in consultation with service users, taking into consideration the following factors:

- Patient-centred care and co-production remaining at the core of ELFT ways of working
- Patient Safety
- Vulnerability and safeguarding concerns
- General risk factors and Covid-19 specific risk factors
- Mental state
- Nature of the task
- Access and ability to use remote communication methods
- Time since last face-to-face contact
- Disabilities
- Language

The guidance is also clear in supporting flexibility and the use of a combination of modes, according to the purpose and current situation.

Data is available to clinical and management teams which shows information on type of contact and last contact by team. This is reviewed at both service-level and directorate-level meetings. The primary focus in reviewing the data is to ensure that no one was being left behind and to provide services with visibility on when a service user was last seen, called by telephone or had a video contact. Figure 4 shows that attendance at virtual contacts has been extremely high.

Figure 4. Weekly attendance for routine appointments provided by telephone/video (CAMHS and adult mental health – P chart)

Services also have access to waiting times data that includes virtual contacts, and ensures timely contact regardless of medium. C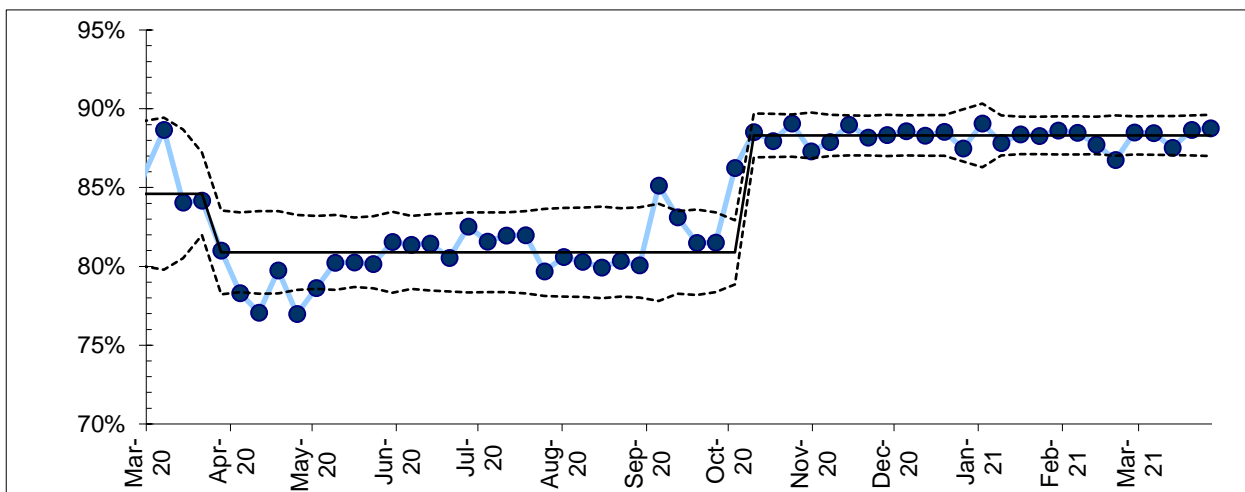urrent data for the Board is included in the Integrated Performance Report, but the overview is a picture of reducing virtual contacts that reflect the increasing use of face-to-face contacts as societal restrictions ease (figure 5).
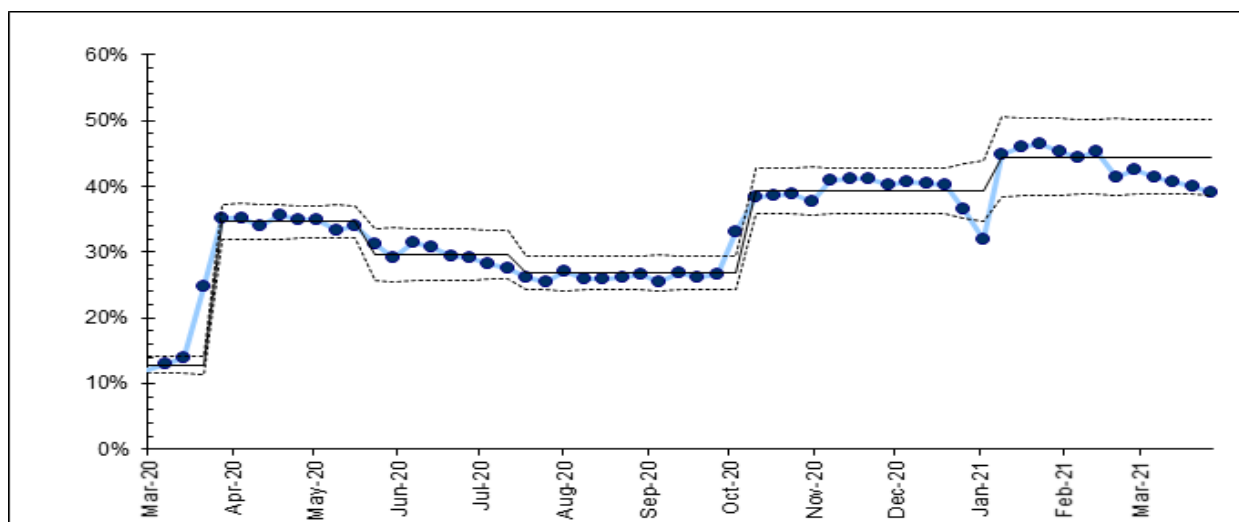
Figure 5. Percentage of all contacts each week made via telephone or video-consultation:

At the start of the pandemic, the Quality Assurance Team worked with a group of clinicians and service users to generate additional questions for inclusion in PREM surveys that aimed to understand the service user experience of changes introduced by services during the lockdown restrictions. The additional questions were put in place from May 2020 and continue to form a part of the survey. They are:

- While receiving care during COVID, what has worked well?
- Is there anything we could have done better during COVID?
- If you have experienced telephone/video sessions, were these helpful?

Collection of feedback at the start of the pandemic was patchy, the capacity of staff to collect the data and the risks inherent in the standard collection methods mitigated against high levels of feedback. However, over time, new approaches to collect feedback have emerged, infection control practices became tighter, and capacity improved, enabling increasing numbers of responses to be collected across increasing numbers of teams. As of March 2021, approximately 90 services are collecting around 1200 surveys each month. Whilst by no means providing the full picture, responses to the question – 'If you have experienced telephone/video sessions, were these helpful?' provide some insight as to how services are meeting need, and making decisions that suit service users.

Between October 2020 and April 2021, we have collected feedback from 2730 service users through this survey. With the caveat that some responses describe positive and negative aspects of experience, responses were the following:

- Not answered, not applicable or no opinion expressed – 56%
- Positive – 33%
- Negative – 11%

Of those patients who expressed an opinion, around 75% were broadly positive, and 25% were broadly negative about their experience of video or telephone consultation.

Many teams used the space afforded by the 'Shaping our Future' workstream to think further about how they support service users in the future, build upon innovations and new ways of working that service users like and meet their needs, whilst ensuring the greatest possible level of choice and flexibility. Consultation with service users and carers, reflection and discussion, and establishing sustainable systems and ways of working feature in the forward plans of many services, particularly those such as IAPT, CAMHS and Perinatal services that have adopted virtual contacts at scale.

IAPT, for example are already well advanced with planning a blended model where remote therapy is offered alongside face-to-face delivery to ensure choice for every patient to guarantee equitable and high quality clinical provision – where appropriate based on local and national COVID guidelines. They have also offered access to confidential spaces and technology (IT suites) to ensure access where digital inequalities were identified. As set-out in the NHSE/I recovery plans, IAPT services are building a return to face-to-face appointments as dictated by patient choice (in line with local and national COVID guidelines) from the beginning of July, and formulating plans to ensure meaningful patient choice going forward.

One significant issue that has been a feature of service user feedback and workshop discussions through the shaping our future workstream is that of 'digital poverty', and the risk of increased inequalities arising from the provision of virtual consultation and contact.
In the general population, 4% of households do not have internet access at home. Digital exclusion is more likely to affect older adults: 6% of 55-64-year-olds and 18% of over 65 year-olds not having used the internet in the previous three months. People with any disability are more likely to be digitally excluded. To establish the severity of digital exclusion amongst service users, ELFT is working with City University to conduct a detailed survey of digital access, preferences and needs. This will inform how we support service users with digital engagement. There has been a digital steering group in place through the pandemic, with service users involved, to help lead our work in this area. The people participation team has increased the remuneration for service user involvement, to compensate for the increased costs of engaging virtually. We now have two people participation leads in post who are focusing specifically on digital inclusion.

Services are also focusing on equity of access, such as the quality improvement project in Tower Hamlets early intervention service, which is aiming to ensure equal access to psychology for service users. A survey of 2,152 service users presenting at the Richmond

Wellbeing Service identified that 84% were able to satisfactorily access virtual care. However 12% depended on Smartphones which are insufficient for a quality video consultation, and 4% did not have a private space at home. Given that this is a primary care cohort from an affluent borough we anticipate that the planned survey will identify higher levels of digital exclusion.

The Richmond Wellbeing Service worked with Cisco, who donated two Webex boards and helped lock down the boards to create a digital pod so a service user could walk into a room, touch a screen to activate (if not already activated), have a consultation and leave. This requires no digital skill and enabled people to have a high-quality consultation. This approach also meant that spaces too small to accommodate social distancing could still function as a clinical space. Additional digital capacity consisted of repurposing PCs in Windows 10 kiosk mode to enable service users digitally safe web access.

As both BLMK & NEL Integrated Care Systems align the digital patient records more closely, the used of the patient or citizen held record will become more important as a communication method, being the repository for appointments, results, outcome data and advice. The importance of inclusion for all citizens will then be even more critical, and we will work together at all levels of both ICSs to address the gap in provision & skills. The use of different modes of contact will continue to be monitored within services and directorate management teams. Our Trustwide clinical guidance will continue to be reviewed to ensure it adapts with the changing context.

Inequalities

Our population health strategic objective is aimed at improving the health and wellbeing of the individuals, communities and populations we serve.

A population health approach means having conversations with service users about what matters to them, and working with them to achieve life goals as well as mental and physical health goals.

It also means going beyond providing great care and treatment to individuals: it includes improving physical and mental health and wellbeing across communities and populations, taking action to tackle the wider determinants of health and addressing health inequalities. It means working with communities and partners to create health and wellbeing, and using our presence in communities to promote social and economic benefits.

During the course of the past year there has been wide range of work undertaken that relates to our objective to address health inequalities. There have been a number of large scale workshops with staff, in the context not just of feedback from staff networks and the NHS staff survey, but also the inequalities highlighted by the Covid Pandemic and the Black Lives Matter movement. There has been ongoing work to establish ELFT as an 'Anchor Organisation' in its communities, and triple aim work linked to our trust strategy.

Addressing inequalities is an integral part of our aim to improve population health in our communities. The workstream is in place to enable, co-ordinate and oversee the work that can be complex and wide ranging.

Our approach is set out in the driver diagram below:

AIM

To improve population health outcomes we will:

- Tackle with our partners and service users the wider determinants of health
- Help people to lead healthier lifestyles & improve prevention of ill-health
- Reduce health inequalities
- Deliver more integrated health & care services

PRIMARY DRIVERS

- **UNDERSTANDING THE NEEDS & ASSETS** of the people, communities and populations we serve
- Demonstrably **IMPROVING POPULATION HEALTH OUTCOMES**, initially focusing on a small number of priority areas
- Developing more **PREVENTATIVE INTEGRATED HEALTH & CARE SERVICES**
- Building **EFFORT & MOMENTUM** with staff and citizens to drive cultural change
- Developing our **SYSTEM LEADERSHIP** capability, presence & influence
- Developing our **TRIPLE AIM/QUALITY IMPROVEMENT** capability & portfolio to support improvement of population health outcomes
- Using our **ORGANISATIONAL ASSETS** to benefit the communities we serve

Alongside the high-level trustwide work, there have been a number of projects undertaken to explore and address local issues in more detail. Below are just a few examples.

Equity Audit of IAPT services
What we did
In response to the COVID-19 pandemic ELFT set up Shaping our Future workstream aimed at re thinking how we work in response to the pandemic and its short and long term effects. One aspect teams were asked to consider was around inequalities. Teams were asked to think about if the pandemic had disproportionately affected certain groups or communities. The IAPT team were concerned that their move to online only therapy had impacted older peoples access.

In response to this we undertook an in depth equity audit for ELFT IAPT services which looked at access and outcomes pre and post lockdown by age, gender, ethnicity and deprivation.

What did it show
The audit showed that there was no statistical difference in access pre and post pandemic by age, gender, ethnicity but there was by deprivation status – people from the most deprived communities were much less likely to access IAPT services.

CAMHS Strategic Health Needs Assessment
What we did
We have undertaken a health needs assessment of Child and Adolescent Mental Health services tier 3 and 4 so more intensive support. We have taken an inequalities focus for this so have looked at access and outcomes to CAMHS services by age, gender, ethnicity, disability and deprivation.

What did it show
The HNA is showing differences in access and outcomes by gender and by disability in particular – so more white girls than would be expected are accessing tier 4 services but more black boys are admitted to psychiatric intensive care. More people with autism and LD are admitted to tier 4 and stay longer than young people without an LD.

Inequalities Vaccination Programme
What we did
We have set up a specific task and finish group focussed on inequalities in access and uptake in the COVID-19 vaccination in our staff groups. We are focussed on the differences by age, gender, ethnicity and payband. We are undertaking indepth analysis of the uptake data and trying to target groups with lower uptake to understand the barriers.

What did it show
There is lower uptake by BAME staff groups and by age as well as payband. We are tracking this over time and are beginning to see a narrowing of the differences.

Shaping our Future

The Shaping Our Future Workstream supported a series of 50 virtual workshops, with over 1500 people involved, in order to collectively make sense of all the changes that had taken place during the pandemic, plan ahead for future scenarios, and redesign services for the future. The workstream brought together service users, staff, and partners to draw out lessons from quality impact assessments and changes that were made (what has worked, and what hasn't), in order to start identifying future service design.

The framework provided by the workshops allowed services to take a population health and equity lens from the outset, and integrate quality, performance, value, and population health in the true meaning of the triple aim. A number of principles were adopted to support the workstream achieve its objective:

- Learn from service users and staff experiences along with data to enable this work to be co-produced together
- Enable work to happen locally
- Be a place where we can learn from each other
- Focus on themes that impact across multiple areas
- Use improvement to be creative, test, and learn
- Create consistency and standardisation where it makes sense

These workshops have led to 15 pathway redesign initiatives and numerous quality improvement projects across the Trust to enhance and improve service user experience and outcomes.

Co-production

Early studies show coproduction is linked to increased satisfaction from service users and carers. In order to ensure a consistent, high quality level of service provision across the whole organisation, it is essential for the Trust to set co production standards that are evidence based and developed in conjunction with relevant stakeholders. These need to be compliant with mandatory requirements and consistent with the Trust's strategic objectives.

The workstream has undertaken detailed review of the research evidence relating to co-production and how it is successfully delivered. It has explored the literature and peer experiences, and the most significant output of the work to date is Trust Policy that serves as best practice guidance, and a statement of intent. It has been written by members of the workstream to further strengthen our commitment to collaborative working with our partners, service users, patients, carers and our communities.

This guidance is written to promote consistent understanding of coproduction and support the development of coproduction in new businesses across the Trust. The guidance acknowledges that each directorate is at different stages of their coproduction journey. The guidance therefore will provide evidence-based direction to support staff on their coproduction journey.

The next stage of the journey will be implementation and evolution of the guidance, and the spread of best practice across the organisation, and to see its contribution to the delivery of the trusts strategic objectives.

System Working

The Trust is part of two Integrated Care System (ICS) footprints: East London Health & Care Partnership (ELHCP, the North East London Integrated Care System); and Bedfordshire, Luton & Milton Keynes. The partnerships are comprised of local NHS providers, Clinical Commissioning Groups (CCGs), and Local Authorities.

Bedford, Luton and Milton Keynes ICSP (BLMK)

The BLMK ICS Partnership Board met on 7/4/21 and 5/5/21, and considered in particular the development of the strategic priorities for the ICS going forward and planning for 2021/22.

The Trust has been working intensively with partners to prepare 2021/22 system plans, which were submitted on 6/5/21.

Our system programme plans for mental, including both the Trust and other partners including the voluntary sector, includes:

- Growth of £8.3m to support new service developments
- £2.1m CAMHS to support CAMHS Crisis, eating disorders services, core CAMHS services, new Mental Health in Schools Team in Bedfordshire
- Additional funding to support the enhancement of eating disorders services for children and young people including day support and Tier 4 inpatient beds
- £6.2m to support adults, including community mental health services, crisis services, young adults, physical health, maternal mental health services, rough sleepers
- A further £555k across the Integrated Care System to support suicide prevention and staff mental health
- Approximately 142 new posts in mental health in the Trust. Workforce development plans are in the process of being stood up.

Planning for community health services and learning disability services is still underway.

East London Health & Care Partnership (North East London ICS)

The Trust has been working intensively with partners to prepare 2021/22 system plans, which were submitted on 6/5/21.

Our system programme plans for mental, including both the Trust and other partners including the voluntary sector, includes:

- Growth of £19.6m in 2021/22, £15.9m to support new service developments
- £3.6m CAMHS to support CAMHS Crisis, eating disorders services, core CAMHS services
- £12.3m to support adults, including community mental health services, crisis services, young adults, physical health, maternal mental health services, rough sleepers

- A further £2m across the Integrated Care System to support suicide prevention and staff mental health
- Approximately 205 new posts in mental health in the Trust including early adopter funded community mental health posts. Workforce development plans are in the process of being stood up.

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

Improved Population Health Outcomes:

Triple Aim: The Triple Aim learning sessions will help teams progress towards improving population health. Though Triple Aim projects have continued throughout the last year, learning sessions that bring these teams together to learn from each other are being relaunched in June 2021. The learning sessions will help teams progress through developing projects around improving health outcomes, experience of care, and ensuring value for both service users, staff, and the Trust. Teams restarting their Triple aim projects include Beds and Luton Leighton Buzzard Triple Aim project who are working with local partners to improve healthcare for their identified population, residents who are older than 65 years with dementia and pre-existing health conditions.

Enjoying Work: The 5th cohort for the Enjoying work learning sessions will start in September 2021 and recruitment of teams for this programme is underway. The learning systems will provide support for teams to focus on the factors that they feel enhance and create joy and wellbeing, and to redesign the way the team works together in order to better support staff experience.

Demand, Capacity and Flow: In response to the longer waiting lists and growing backlog of appointments across multiple services in the wake of the pandemic, the QI department is offering a time limited learning system focusing on optimising flow, demand, and capacity. This will help teams progress with reducing backlog of appointments and waiting times for service users across the Trust.

Building QI capability: Building quality improvement knowledge and skills of staff, service users and across ELFT and partner organisations is crucial to embedding the culture of improvement across ELFT. Training and supporting staff to build their knowledge and skills around QI will continue to be a priority this year. Staff and service users who join the Trust are informed and provided with basic skills for QI as soon as possible. The aim is that all Trust employees will join pocket QI within the first 3 months of employment. A combined virtual and in person offering of Pocket QI will be tested this coming year once lockdown restrictions are eased. Improvement Advisors will continue to support directorates to ensure staff and service users are encouraged to join the Improvement Leaders Programme for the new wave 11 starting in November 2021, which will be a hybrid of in-person learning days and virtual action learning sessions. They will also identify and encourage those who would like to take up the role of QI coach and join the Cohort 7 Improvement Coaches Programme starting in October 2021 which is planned to be predominantly in person.

Service user involvement: Re-engaging service users in QI work will be a focus throughout the next year, by further strengthening the collaboration between the QI and people

participation departments. There will be focus on improving recruitment to the Introduction to QI for service users/carers training to engage and inspire people who use ELFT's service to become involved in improving the care ELFT provides.

Links to Trust objectives

The driver diagram below shows how quality improvement projects across the Trusts link to the key strategic priorities for ELFT and the annual plan for 2021-22.
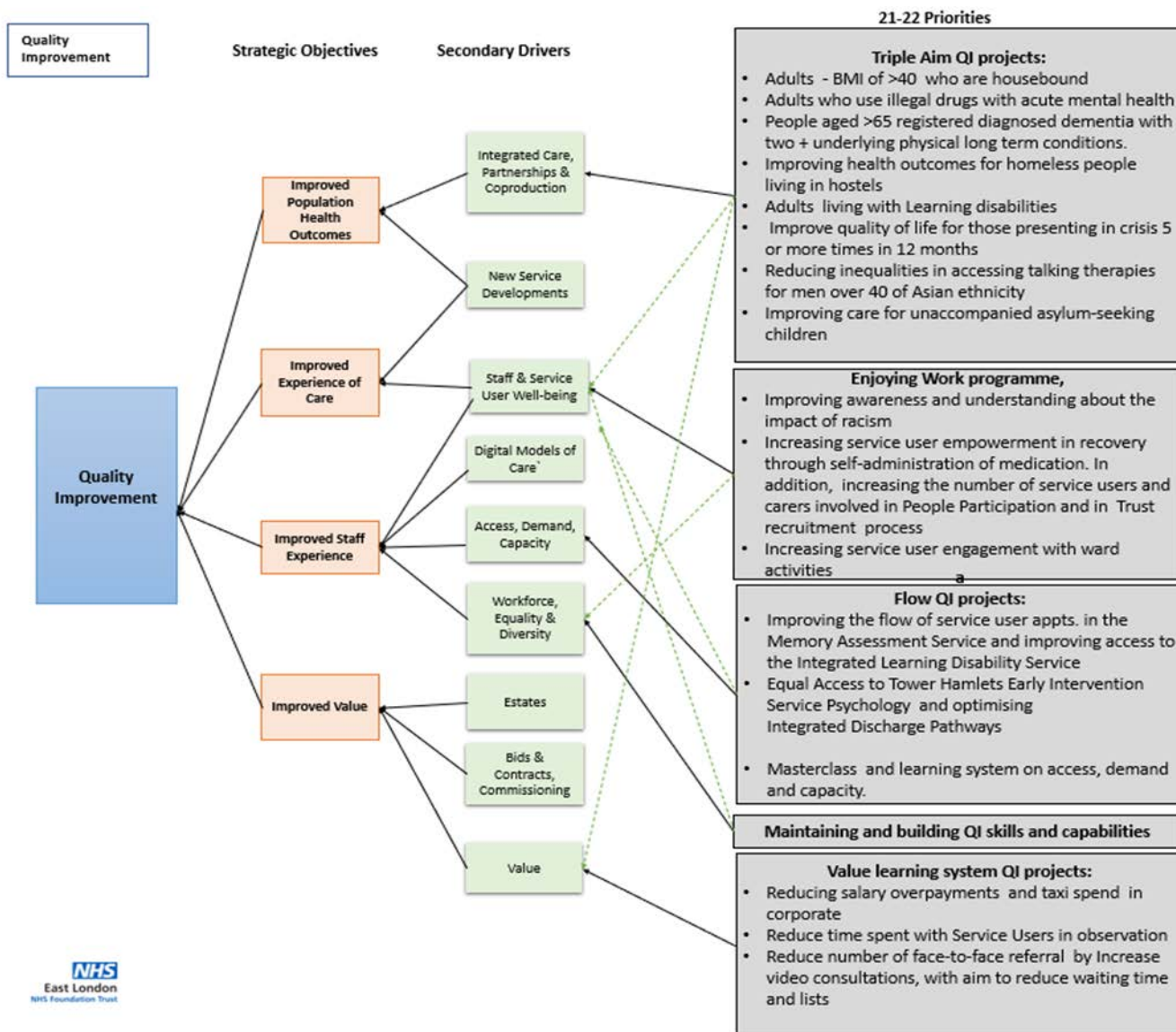
2.3 Participation in Clinical Audits

2.3.1 National Audit

Clinical Leads are invited to determine participation in national clinical audits based on the value that they will bring to clinical services.

During 2020/21, East London NHS Foundation Trust participated in 2 national clinical audits and 1 national confidential inquiry which covered relevant health services that East London NHS Foundation Trust provides.

A list of these are provided below, along with the organisation which relevant data was submitted to.

Description of National Audit	Submitted to:
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists
Physical Healthcare of Inpatients in Mental Health Hospitals	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Learning Disabilities Mortality Review Programme (LeDeR)	University of Bristol / Norah Fry Centre for Disability Studies
National Audit of Cardiac Rehabilitation	University of York

In 2020/21 data was submitted to 3 national clinical audits and 2 national confidential inquiry. A breakdown of the number of teams involved and cases submitted is displayed in the table below. Each national audit is assigned Clinical Lead who oversees and supports data collection, and is also responsible for the sharing back of audit findings and identifying actions for improvement.

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION		Lead
	Teams	Submissions	Organisations	Submissions	
POMH-UK Quality Improvement Programme (QIP) 20: The quality of valproate prescribing in adult mental health services	30	48	64	5320	Dr Guy Thompson
NCAP: EIP Audit	4	367/400 (92%)	Report not yet published	Report not yet published	Dr Olivier Andlauer
Physical Healthcare of Inpatients in Mental Health Hospitals - NCEPOD	7	246	No report provided yet	No report provided yet	Dr Paul Gallagher

The reports of 2 national clinical audits were also received in 2020/21.

The trust received the NCAP Spotlight Audit report in September 2020. The report was received at the time of the COVID pandemic when the EIP services experienced significant disruptions and suspended quality improvement projects. As a result, the services have been focussing on maintaining the existing standards of care, restarting the routine work, performance management and wellbeing of staff.

The trust received the report from POMH topic 20: The quality of valproate prescribing in adult mental health services. The results will be reviewed at the Medicines Committee.

2.3.2 Trust Clinical Audit Activity

Throughout 2020/21 the Quality Assurance team has also facilitated the trustwide Clinical Audit Programme. The Clinical Audit cycle takes place 4 times a year, during the first 2 weeks of the quarter. The frequency of the audit cycle is under review and may change to take place 3 times a year instead of 4 times a year in the future.

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

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

The directorate audits were paused in the first quarter of the 2020/21 audit cycle due to the COVID pandemic. Some directorates experienced further pressures associated with the pandemic and were given a choice to not complete their directorate audit in Q3.

During this time some services used clinical audit to support their work in keeping staff and service users safe, with Inpatient units and community and crisis services in Bedfordshire and Luton developing a new audit to identify key issues and trends in relation to Personal Protective Equipment.

Other audits have also been designed during the past year. The newly formed Primary Care directorate has been working towards defining quality standards they want to audit across the trust's 5 GP surgeries. This will start in 2021/22 and will include a medical equipment audit, and specifically designed pharmacy audits.

The Trust has a clear process to support learning and improvement from clinical audit. All audit results are communicated to Directorate Management Teams, Audit leads, local

Quality Assurance Leads and Lead Pharmacists. Local audit leads disseminate audit results after each quarter and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Once teams have discussed their audit results, and agreed priorities for improvement, and associated actions they are expected to complete an audit action tracker. This identifies gaps in performance and determines actions to address the gaps. The allocated owner of the action will complete the action and update the tracker.

To provide an example, in the Bedfordshire CHS directorate, the quality and performance team reviews the audit results for each service, highlights areas of good practice as well as improvements needed. Then they create an action log where they specify what actions they will take, who will be responsible for completing them and by when, and whether they will be discussed in any meetings. They also provide evidence of any changes and updates on the progress in the same document.

The Forensics directorate reviews the audit results and prepares a paper that is discussed at their Forensic Quality Committee meetings. For example, Pharmacy audits here have bought attention to non-compliance of paperwork after rapid tranquilisation administration and a dip in HDAT monitoring. This learning is shared with directorate management and teams to increase awareness of the requirements around this.
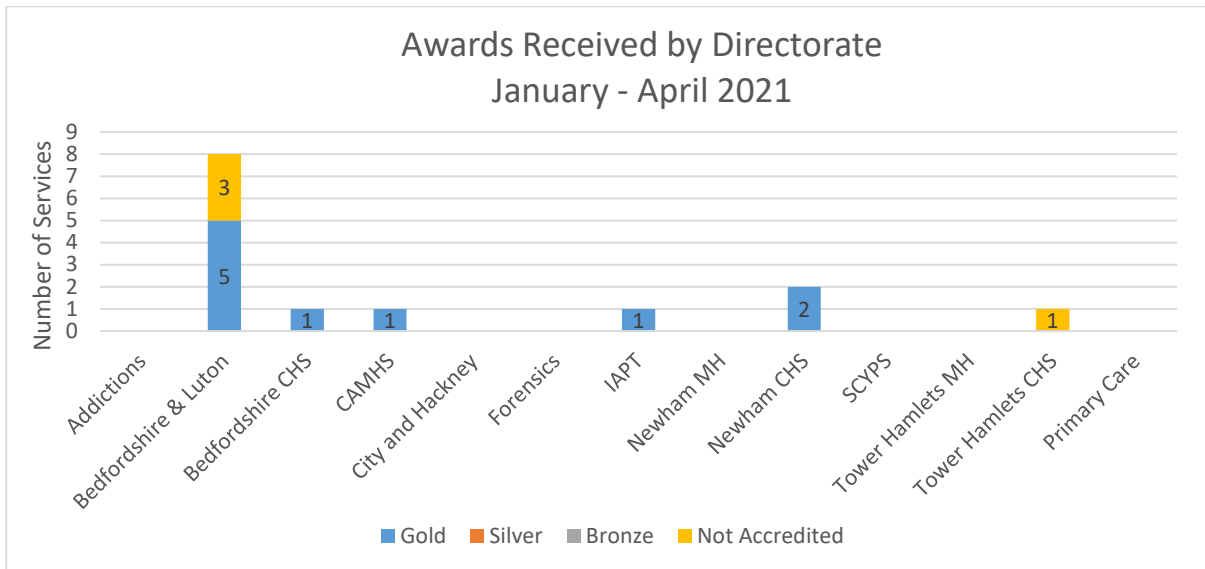

2.3.3 Service User Led Accreditation

The Trust's pioneering Service User Led Accreditation programme, launched in 2019, has continued in 2020/21. This 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 judge compliance with the standards. Following this 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 programme was significantly impacted by the Covid-19 pandemic, and the move to virtual working. However, our service users and staff have been supported to undertake visits virtually through additional training, technology support and changes to the process such as requesting additional documentation in advance. This has enabled services and service users to still benefit from participating in the process. In the past year, 23 clinical teams have registered to take part. 14 of those have completed their assessment, 1 is ongoing, and 8 teams have dropped out of the process before its conclusion. On average, the conversion rate of teams registering and fully completing the cycle is 61%.

Outcome of assessments

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

Awards Received by Directorate January - April 2021

Number of Services (y-axis: 0–9)

- Bedfordshire & Luton: Gold 5, Not Accredited 3
- Bedfordshire CHS: 1 (Gold)
- CAMHS: 1 (Gold)
- IAPT: 1 (Gold)
- Newham CHS: 2 (Gold)
- Tower Hamlets CHS: 1 (Not Accredited)

Categories: Addictions, Bedfordshire & Luton, Bedfordshire CHS, CAMHS, City and Hackney, Forensics, IAPT, Newham MH, Newham CHS, SCYPS, Tower Hamlets MH, Tower Hamlets CHS, Primary Care

Legend: ■ Gold ■ Silver ■ Bronze ■ Not Accredited

Impact of the programme

As part of the accreditation process, feedback is routinely collected from the clinical teams and assessors involved. From this feedback, 93% would recommend other services and service users participating in the accreditation programme, and 79% rated the virtual experience as 'Good' or 'Excellent'. We have also collected further feedback from a group of Service User Assessors regarding the impact the programme has on them.

This includes:
- Providing work experience and chance to develop new skills such as punctuality, people skills and organisation
- Gaining confidence from being an assessor and contributing back to society.
- The empowering nature of being able to use my knowledge and make judgement
- Supported recovery by offering opportunity to gain skills in a flexible and supportive environment

It was also pleasing to report that the Service User Led Accreditation Programme received the runner up award (2nd Place) at the Patient Experience Network National Awards (PENNA) in September 2020 in the Measuring, Reporting and Acting criteria. The programme was also a finalist in the Using Insight for Improvement award.

Over the next year we will continue to partner with our service users to review and develop our process. We've learnt a lot in the last year, and we will be working with our assessors to understand if the process should continue virtually once lockdown restrictions have been lifted.

2.3.4 External Accreditation

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

Accreditation scheme	Location	Services Accredited
AIMS WA — ACCREDITATION FOR WORKING AGE INPATIENT MENTAL HEALTH SERVICES	Newham	Emerald Ward
	Tower Hamlets	Globe Ward Roman Ward Brick Lane Ward
	Bedfordshire & Luton	Crystal Ward Coral Ward Onyx Ward Ash Ward Willow Ward
CAMHS — QUALITY NETWORK FOR INPATIENT CAMHS	East London	Coborn Centre for Child and Adolescent Mental Health
PERINATAL — QUALITY NETWORK FOR PERINATAL MENTAL HEALTH SERVICES	East London	Mother and Baby Unit
	City and Hackney	City and Hackney Perinatal Outpatient Service
	Tower Hamlets	Tower Hamlets Perinatal Service
	Bedfordshire & Luton	Bedfordshire and Luton Perinatal Service
QUALITY NETWORK FOR OLDER ADULTS MENTAL HEALTH SERVICES	East London	Cauzabon Ward
AIMS PICU — ACCREDITATION FOR PSYCHIATRIC INTENSIVE CARE UNITS	Bedfordshire & Luton	Jade Ward
FORENSIC — QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES	East London	John Howard Centre
ACOMHS — ACCREDITATION FOR COMMUNITY MENTAL HEALTH SERVICES	Newham	Newham South Recovery Team Newham North Recovery Team
	Tower Hamlets	Bethnal Green CMHT
	City & Hackney	City & Hackney CAMHS

	Region	Team
CAMHS QUALITY NETWORK FOR COMMUNITY CAMHS	Newham	Newham CAMHS Community Team
	Tower Hamlets	Tower Hamlets CAMHS Community Team
	Bedfordshire & Luton	Bedfordshire CAMHS Luton CAMHS
	East London	East London Eating Disorder Service for Children and Young People
HTAS HOME TREATMENT ACCREDITATION SCHEME	City & Hackney	City & Hackney Home Treatment Team
	Tower Hamlets	Tower Hamlets Home Treatment Team
ECTAS ECT ACCREDITATION SERVICE	East London	Tower Hamlets Centre for Mental Health
	Bedfordshire & Luton	Luton ECT Suite
MSNAP MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME	City & Hackney	City & Hackney Memory Service
	Newham	Newham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
	Luton & Bedfordshire	Luton Memory Assessment Clinic
PLAN PSYCHIATRIC LIAISON ACCREDITATION NETWORK	Newham	Newham Liaison Psychiatry Team
	Tower Hamlets	Tower Hamlets Department of Psychological Medicine
EE ENABLING ENVIRONMENTS	East London	Changing Lanes Community Team

2.4 Research and Innovation

In March 2020, ELFT agreed a transformational new vision for Research & Innovation (R&I) over the next five years to help deliver both the Trust's Strategy and the national ambition for health research as integral to improving NHS care and patient outcomes. Its aims are to transform Research and Innovation into a corporate function supporting our services to deliver their improvement agenda, and broaden the spectrum of what we mean by 'Research' to include not just clinical research trials, but also service evaluations, case studies, audit, and Quality Improvement.

Over the past year, everything has been up-ended to deal with the coronavirus pandemic in which healthcare research has played a vital role – from trials exploring ways to treat the disease, manage the contagion, and develop and test a vaccine, to dealing with the aftermath and inevitable impact on our mental health.

As the nationally prioritised studies were designed to take place in acute hospital settings, some of our researchers volunteered to redeploy to NHS Nightingale, St Barts and The Royal London to support that work.

ELFT staff have been proactive in designing COVID-related studies too.

Jo Beckmann, a consultant paediatrician, worked with Public Health England to design the sKIDs study to examine the outbreak and prevalence of COVID-19 in schools, and our nursing and research staff were critical in its delivery. Their findings in Newham from June/July '20 contributed significantly to general reopening of schools in the autumn.
In an example of the benefits of our university partnerships, Frank Röhricht, Medical Director for Research & Innovation, worked in collaboration with Prof Rose McCabe at City University and Prof Renos Papadopoulos at University of Essex[1] to design a survey to find out how the pandemic challenges have affected NHS staff in both positive and negative ways.

The pandemic caused a pause to non-COVID work during the first wave. Subsequently, however, most studies adapted their methods from face-to-face meetings to online/telephone recruitment before restarting.
In spite of the disruption, in 2019/20, over 600 patients, carers, family members, and staff were recruited from ELFT to participate in research approved by a research ethics committee.

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[1] Founder and Director of the Centre for Trauma, Asylum and Refugees, as consultant to the United Nations and other organisations, he has been working with refugees, tortured persons and other survivors of political violence and disasters in many countries.

Encouraging the next generation of leaders

Over the past year, ELFT has been awarded four new research grants, continuing the trend of funding awarded to chief investigators who are early career and/or in new clinical areas. In December 2020, work commenced on *remote delivery of an app-based intervention DIALOG+ in community mental health care* led by Dr Philip McNamee, funded by a grant from the NIHR Invention for Innovation (i4i) programme.

The Trust was awarded an NIHR Research for Patient Benefit (RfPB) grant to explore the *Role of Staff and Team Communication in Reducing Seclusion, Restraint and Forced Tranquilisation in Acute Inpatient Mental Health Settings* led by Dr Mary Lavelle at City University of London.

Prof Steve Gillard will lead the efforts to put the *ENRICH study into practice: informing the successful introduction of peer workers into mental health services (ENRICHMENT),* funded by an NIHR Programme Development Grant.

Finally, Consultant Paediatrician Michelle Heys has been awarded two new grants a) funding from The Barts & The London Charity for a study focused on *engaging unaccompanied asylum seeking children*; and b) from the Paul Foundation to explore *evaluating autism online in an ethnically diverse population of children and young people*.

Overall, ELFT is currently managing over £9 million in active research grants.

A commitment to meaningful public engagement

Following from the success of the PRIDE study,[2] we have continued with our research co-production initiative inviting new volunteers with lived experience to develop and deliver a study, this time on their chosen topic of advanced directives. The 20+ team are supported by experts from both the Trust and academics from City University. Their activities have been conducted remotely throughout the past year, providing our volunteers with new IT skills, peer support, and ways of working. Some group alumni have gone on to secure roles with South London & the Maudsley NHS Foundation Trust and McPin Foundation from the confidence they have developed.

Working in collaboration with the experts

A significant part of research at ELFT is conducted in international collaboration with a range of academic partners, mainly but not exclusively in Europe.
- principally the Unit for Social and Community Psychiatry at Queen Mary, University of London (QMUL), a World Health Organisation (WHO) Collaborating Centre led by Prof Stefan Priebe; and
- with the addition of a number of new posts wholly or partially funded by ELFT, an increasingly critical mass of collaborators at City, University of London including Jacqueline Sin (Professor of Mental Health Nursing), Steven Gillard (Professor of

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[2] Curwen et al (2019) *Exploring experiences of people participation activities in a British national health service trust: a service user-led research project,* Research Involvement and Engagement 5(1) DOI: 10.1186/s40900-019-0140-8

Mental Health), and Dr Mary Lavelle (Senior Research Fellow in Mental Health) joining Dr Kathleen Mulligan (Senior Research Fellow in Long-Term Conditions).

As part of the Community Transformation Programme, ELFT is pooling learning with three other pilot sites on an evaluation, led by Prof Richard Byng of University of Plymouth, intended to generate across-site insights and theory building.
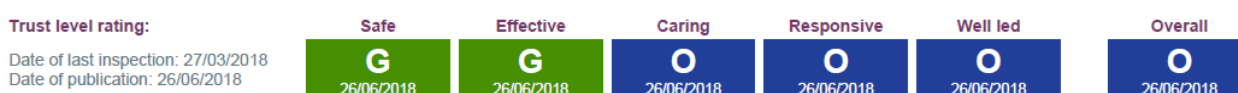
There are also two clinical academic posts across ELFT and University College London with senior research fellows in dementia (Dr Nicholas J Bass) and paediatrics (Dr Michelle Heys). In the field of medical education, ELFT collaborates with the University of Nicosia in Cyprus. And we have established a further joint venture between ELFT and Maltepe University in Istanbul, Turkey delivering a master programme (MA) in Clinical Psychology with Body Psychotherapy Certificate.

During this year we have been busy supporting the establishment with QMUL of a new Youth Resilience Research Unit which will be based in Newham by the Coburn Centre. Its aim is to study how young people use resources in the community to overcome mental distress beginning with a study of a large cohort of young people with mental distress, fully funded by Barts Charity.

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 2019/20

Trust level rating:	Safe	Effective	Caring	Responsive	Well led	Overall
Date of last inspection: 27/03/2018 Date of publication: 26/06/2018	G 26/06/2018	G 26/06/2018	O 26/06/2018	O 26/06/2018	O 26/06/2018	O 26/06/2018

Following the Covid-19 pandemic beginning from March 2020, the CQC paused routine inspections and focussed activity where there was a risk to people's safety. As a result of this, planned Well-Led inspections at ELFT for early 2020 did not take place.

As of April 2021, the CQC will continue using a risk-based approach but will also be restarting the following activities, which may impact ELFT.

- return to inspect and rate NHS trusts and independent healthcare services that are rated as inadequate or requires improvement, or where new risks have come to light, and develop plans to review ratings for all hospital providers to make sure they are still appropriate based upon our latest assessment of risk
- carry out some core service with well-led inspections of mental health trusts and independent mental health providers
- closely monitor how hospitals are ensuring robust infection prevention and control and carry out focused IPC inspections where we have concerns about a provider's oversight of infection risk
- conduct Mental Health Act (MHA) monitoring visits to ensure the rights of vulnerable people are protected
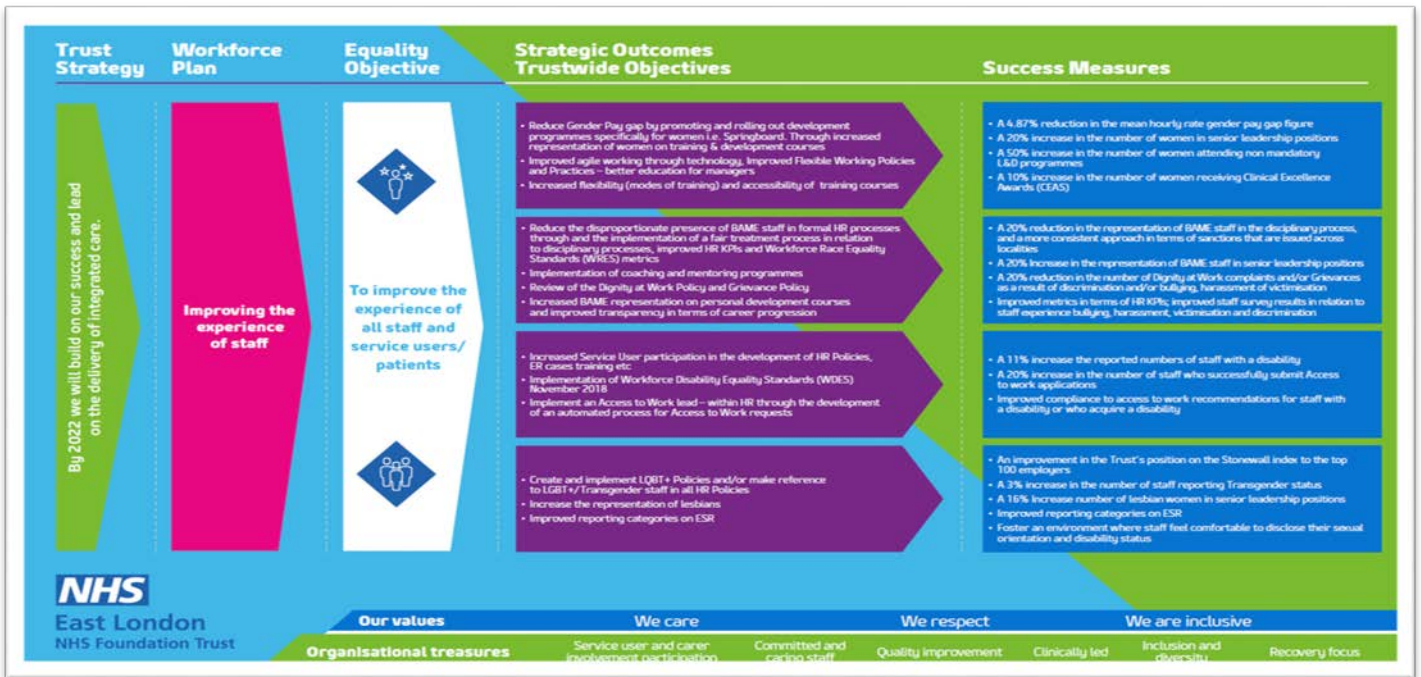
Special Reviews

The Trust has not participated in any special reviews during 2020/21.

2.6 Staffing

2.6.1 Staff engagement

Delivery of the Trust people plan (formally the Workforce plan) continues to progress well.

NHS Staff Survey

A summary of the Trust Staff Survey themes can be found below:

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	7.0	7.6	6.9	7.9	8.8	9.8	7.5	7.5	7.4
Your org	8.5	6.3	7.4	6.3	7.7	7.8	9.3	7.0	7.3	7.0
Average	9.1	6.4	7.3	6.4	7.5	8.3	9.5	6.9	7.2	7.0
Worst	8.2	5.9	7.0	6.1	6.8	7.6	9.1	6.1	6.6	6.6
Responses	2,555	2,567	2,571	2,531	2,342	2,491	2,561	2,545	2,591	2,576

As one might expect, there have been statistically significant increases in responses to questions around wellbeing and staff morale.

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	8.5	2779	8.5	2555	Not significant
Health & wellbeing	6.0	2798	6.3	2567	↑
Immediate managers †	7.2	2800	7.4	2571	Not significant
Morale	6.2	2737	6.3	2531	↑
Quality of care	7.7	2549	7.7	2342	Not significant
Safe environment - Bullying & harassment	7.8	2763	7.8	2491	Not significant
Safe environment - Violence	9.2	2767	9.3	2561	Not significant
Safety culture	7.0	2764	7.0	2545	Not significant
Staff engagement	7.3	2834	7.3	2591	Not significant
Team working	7.0	2801	7.0	2576	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

Below is an overview of how the Trust performed compared with other organisations:

NHS Staff Survey Themes	ALL TRUSTS	ALL ACUTE TRUSTS	LONDON AVERAGE	LONDON UPPER QUARTILE	LONDON LOWER QUARTILE	East London NHS Foundation Trust
Response Rate	47%	45%	53%	59%	44%	44%
Equality, diversity & inclusion	9.03	9.01	8.53	8.72	8.38	8.5
Safety culture	6.83	6.75	6.85	7.00	6.67	7.0
Health & wellbeing	6	6	6	6	6	6.3
Immediate managers	6.96	6.80	6.96	7.24	6.71	7.4
Quality of care	7.50	7.50	7.67	7.81	7.57	7.7
Morale	6	6	6	6	6	6.3
Staff engagement	7	7	7	7	7	7.3
Safe Environment - Bullying & harassment	8.12	8.05	7.84	8.06	7.62	7.8
Safe Environment - Violence	9.47	9.46	9.43	9.57	9.29	9.3
Teamwork	6.59	6.49	6.68	6.99	6.50	7.0
Top quartile scores						4
Bottom quartile scores						1

Below are details of the Trust's 5 best and 5 worst performing scores:

Satisfied with level of pay	37%		Not experienced physical violence from managers	99%
Organisation definitely takes positive action on health and well-being	37%		Not experienced physical violence from other colleagues	98%
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	35%		Know how to report unsafe clinical practice	96%
I have realistic time pressures	26%		Feel trusted to do my job	91%
Not put myself under pressure to come to work when not feeling well enough	8%		Feel my role makes a difference to patients/service users	91%

Staff Survey Themes 2017- 2020

- **Wellbeing** in 2020 we have seen an improvement to 6.3 which is just below the national average of 6.4, having been static at 6.0 in 2018 and 2019.
- **Immediate Line Managers in** 2020 we have seen an improvement to 7.4 which is just above the national average of 7.3, having been static at 7.2 in 2018 and 2019.
- **Morale** We have seen morale increase year on year from 6.1 in 2018, 6.2 in 2019 and 6.3 2020 against a national average of 6.4.
- **Quality of Care** in 2016 this was 7.9 and this has reduced in 2017 to 7.7 and has remained static at 7.7 between 2018 and 2020 against a national average of 7.9 in 2020.
- **Safe Environment Harassment and Bullying** reduced from 8.0 in 2017 to 7.9 in 2018. This figure reduced again in 2019 to 7.8 and has remained static against a national average of 8.3.
- **Safe Environment – Violence** a static score of 9.2 in 2017, 2018 and 2019 improving to 9.3 in 2020 against a national average of 9.5.
- **Safety Culture** the score has been consistent at 7.0 between 2017 and 2020 against a national average of 6.9.
- **Staff Engagement** scores have been static at 7.3 in 2018, 2019 and 2020 against a national average of 7.2
- **Team Working** the scores have been static at 7.0 in 2018, 2019 and 2020 at 7.0 against a national average of 7.0

Naturally there is some variation in reported experience across the organisation. Staff in Newham Mental Health, Newham Community Health and Corporate Services are among those reporting the most positive experience. Specialist Services, City and Hackney and Primary Care services responses are generally below the trust average. Within each of our Directorates there is room for improving staff experience, and action plans for improvement have been devised by Service Directors with support from their People and Culture team Business Partners.

Staff wellbeing has been of paramount importance during the Covid Pandemic. In addition to the delivery of our 'People Plan', particular attention has been paid to the wellbeing offer to staff, to ensure we remain able to provide high quality care to our local population.

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

Since the onset of the pandemic, and lockdown, the Trust has been sensitive to the impact on staff and service users alike. A great deal of work has been done, spearheaded by the People and Culture Team to support staff and to promote wellbeing.

During the first 3 months of the pandemic a regular 'Check In' survey was administered to a cross-section of staff. The feedback was instrumental in supporting the organisation to respond appropriately and in real time to the needs of the workforce.

Support sessions were held for those who were shielding and those who work in administrative roles.

Staff with expertise in Trauma Informed Care created an infographic to support staff:

Every Covid update bulletin, sent out weekly by the Communications Team, includes an ELFT wellbeing section which promotes these offers of support. Additionally, our 'wellbeing wheel' was launched in the first People and Culture wellbeing newsletter last month.

2.6.2 Raising concerns - Freedom to Speak Up

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

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

- ✓ Contact a FTSU Ambassadors in your Directorate – there are four across the Trust

- ✓ Contact a FTSU Champion in your Directorate – there are five across the Trust

- ✓ By Phone: call FTSU Guardian directly

- ✓ Online: Before submitting the referral, please take a moment to review the information you have provided to ensure you are satisfied with the content. All referrals will be treated in the strictest confidence.

- ✓ The FTSU (Whistleblowing) Policy also outlines how and who to raise concerns with. The purpose of this policy is to also provide a safe mechanism for anyone who works for the Trust to come forward and raise any concerns they have about any aspect of the Trust's work, and to be able to do so without fear of detriment or reprisal.

- ✓ In addition, staff can contact the Senior Independent Director

- ✓ They can also raise concerns via Public Concerns at Work (PCAW)

- ✓ Or via Staff side/Trade unions

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

HR – Raising Concerns

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
Just over 120 concerns were raised to the Freedom To Speak Up Guardian during 2020/21. The most common themes of concerns raised are related to processes and organisational structure, and staff reporting experience of behaviours that amount to bullying and harassment.

Annual Report – FTSU Data 1st April 2020 to 31st March 2021

FTSU Concern Themes 1st April 2020 to 31st March 2021	Number	Percentage %
Processes/ Organisational Structure/ Other	47	38.5
Element of bullying/harassment/behaviours	38	31.1
COVID19 related	21	17.2
Element of patient safety/ quality of care	12	9.8
Unknown	4	3.3
Total	**122**	100.0

2.7   Goals Agreed with Commissioners for 2020/21

Use of the CQUIN Payment Framework

In light of the impact on the Covid Pandemic the CQUIN scheme for Providers was suspended, and this will remain the case for at least the first half of 2021/22.

2.8   Data Security and Quality

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

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
2016/17	100.00%	93.75%	N/A	N/A	0
2017/18	96.00%	95.00%	N/A	N/A	0
2018/19	98.00%	94.53%	N/A	N/A	0
2019/20	98.00%	97.00%	N/A	N/A	0
2020/21	98.00%	98.01%	N/A	N/A	0

ELFT's Data Security & Protection Toolkit Assessment Report overall score for 2019 / 20 was 'Standards met'. Due to the pandemic the timetable for the 2020/21 submission has been changed to 30 June 2021. ELFT's overall score is therefore unavailable at this time.

2.9 Learning From Deaths

Numbers of Patient Deaths Reported by ELFT in 2020/21

During the reporting period 1 April 2020 to 31 March 2021, ELFT reported a total of 2,890 patient deaths of which 2637 were reported as expected and 253 were reported as unexpected. These figures encompass Mental Health, Community Health and Primary Care Services. As one might expect given the COVID pandemic, this showed an increase in deaths by 959 compared to the previous reporting period (2019/20), when 1,931 patient deaths were recorded by the Trust.

Table 1 Total deaths reported by ELFT 01 April 2020- 31 March 2021

Period	Number of reported deaths
Quarter 1	780
Quarter 2	535
Quarter 3	613
Quarter 4	962
Totals	*2890

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 64.04% (1851) of all reported deaths were subject to an investigation. 1403 investigations were conducted using the Trust's Structured Judgment Review/Case Record Review process (SJR/CRR) and 400 investigated through the Trust's internal incident review process including; 330 48hr Reviews; 23 Concise Reviews; 47 Comprehensive/Serious Incident [SI] Reviews) and 48 Learning Disabilities Mortality Reviews (LeDeR).

Table 2 Investigations per quarter and types

Period	Reported deaths	Investigation Type				Total Investigations (%)
		SJR/CRR	48hr	Concise/SI	LeDeR	
Quarter 1	780	517	31	6 Concise 17 SI	8	579 (74.23%)
Quarter 2	535	310	109	7 Concise 12 SIs	7	445 (83.17%)
Quarter 3	613	362	99	4 Concise 8 SIs	9	482 (78.62%)
Quarter 4	962	*214	91	6 Concise 10 SIs	24	345 (35.86%)
Totals	**2890**	**1403**	**330**	**70**	**48**	**1851 (64.04%)**

214 deaths were investigated through the Trusts SJR process in Quarter 4, this was lower than for the same period in 2019/20. During Q4 of 2019/20 100% of community deaths

and 25% of hospital or care home deaths were reviewed. Whilst, in Quarter 4 of 2020/21 only 50% of community deaths and no hospital/care home deaths were reviewed. The decrease, in reviews undertaken, was in response to the high number of excess deaths reported which were COVID 19 related.

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

Notably there were no patient deaths during the reporting period that were considered to have been due to problems in the care provided to the patient.

As was the case with the SJRs, there were no deaths subject to a serious incident review that were considered to be potentially due to the care provided. There were no prevention of future death (PFD) reports issued by HM Coroners to the Trust during the reporting period.

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	780	0	0
Quarter 2	535	0	0
Quarter 3	613	0	0
Quarter 4	962	0	0
Totals	2890	**0**	**0**

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

Themes & Trends

 Themes and trends from both expected and unexpected deaths across the Trust were considered. The highest number of overall mortalities related to patients under Community Health Services. The highest numbers of deaths in Community Health Services were seen in Quarter 1 and in Quarter 4 which coincided with high numbers in the peaks of the COVID 19 pandemic.

 A total of 281 patients died, during the reporting period, Trust Wide who had tested positive for COVID 19 in the 28 days prior to death, of these 30 were inpatient deaths.

The remaining 251 deaths took place in the community where death occurred either in a care home; an acute hospital; or in the patient's own home.

The increase in excess deaths due to COVID 19 occurred over two windows where the virus peaked, between March and April 2020 and January and February 2021.

There were 5 deaths where COVID 19 was the primary Cause of death and where 1a COVID 19 was recorded on the patient death certificate.

A Palliative Care Review in Bedfordshire and patient case notes show that swabbing was not carried out on symptomatic patients that were known to be palliative unless they had expressed a wish to be admitted to either a hospice or a care home. This would suggest that numbers of COVID 19 related deaths in Bedfordshire could be higher than reported.

COVID 19 deaths were investigated within the samples of SJR's reviewed. During the first outbreak a separate review of 16 inpatients' who were not transferred to an acute hospital was completed. These deaths were 'of patients who were on an End of Life Pathway prior to contracting COVID 19 and were not for resuscitation or for ventilation. All had authorised Do Not Attempt Resuscitation (DNAR) to be put in place and they remained under the care of the ELFT wards where they were admitted for End of Life Care.

Fothergill Ward was a dedicated ward for the care of COVID 19 patients and received admissions from Sally Sherman ward (a specialist ward providing care for older people with cognitive impairment; dementia and complex holistic needs) the Community and Newham University Hospital. Patients admitted from Sally Sherman Ward were not transferred to an acute hospital as they were not for resuscitation or for ventilation and received end of life care on Fothergill Ward.

Three inpatient deaths where the patient was under a section of the Mental Health Act (MHA) were reviewed under the SI process.

Notably, all COVID 19 deaths amongst ELFT community and inpatients had co-morbidities

Overall, there were more expected deaths than unexpected deaths. Unexpected drug related deaths in Mental Health Services had the highest number reported with suicide as the second highest. Unexpected deaths in Community Health Services were not patient safety related and related to patients' who had a terminal illness and who subsequently died sooner than the expected timeframe.

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

Over the period 1 April 2020 and 31 March 2021 there continued to be a steady increase in the number of patients with End of Life Plans (EoLP). Patients who did not have an EoLP in place that was available for review had either; deteriorated unexpectedly requiring a hospital or hospice admission and end of life care was not provided by ELFT, or the patient was referred and died before being seen.

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. Deaths that occurred in patients under the age of 18 were all under Specialist Children's Services and all had life limiting conditions.

Gender

Differences in the numbers of deaths in males and females were noted through each reporting quarter of the reporting year. There was no significant difference in males or females.

Standard of care

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 SystmOne) are reviewed and look at the care a dying person has received. Reviews are guided by the East London Foundation Trust (ELFT) Dignity in Care at the End of Life Practice Guidance and the Gold Standard Framework (GSF) Guidance.

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

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

Between April 2020 and March 2021 the case notes reviewed under the SJR process showed that in general the care delivered across the Trust met the requirements expected when caring for a dying person and had a GSF EoLP or a Co-ordinate My Care plan (CMC) in place.

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

Diagnosis and Cause of Death

The highest number of deaths arose in patients with cancer and organ failure. Cancer related deaths were higher in all age ranges followed by deaths from organ failure. Older patients also died from causes related to end stage dementia and symptoms of COVID 19.

Actions Taken and Planned based on Learning from Deaths

The Learning from Deaths Panel review process for the Trust evolved during the course of 2020/2021. The panel is responsible for overseeing the Structured Judgement Review process with a focus on;

    a. Reviewing - issues associated with deaths that arose during the process of care ensuring that any adverse trends are discussed and, where appropriate, following a review of individual cases, acted upon.

    b. Monitoring - deaths reported on the National Personal Demographics Spine against deaths reported on the Trust's Incident management database – DATIX - to identify themes and trends.

    c. Ensuring – that learning and all associated actions identified as a result of learning from deaths are acted upon.

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

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

    a. Reviewing and Evaluating End of Life Pathways to determine whether patient's preferences, including whether their wishes related to where they wish to die, have been met or not.

    b. Engaging in Partnership Learning from Deaths together with ELFTs partner healthcare providers including; GPs and Hospices.

    c. Reviewing, with the aid of the Structured Review of Deaths Toolkit;

- deaths on the national personal demographics spine against those reported on the Trust's incident reporting database (Datix)

- individual case reviews

- Themes and trends identified from the process of care

    d. Conducting High Level Strategic Reviews of all deaths to inform systems and planning processes.

    e. Embracing learning from PFD reports issued to other organisations where the safety of ELFT patients can be further enhanced.

In the previous reporting period 2019/20, there was one death, representing 0.05% of the patient deaths that was judged to be more likely than not due to problems in the care provided to the patient; there were no deaths due to problems in the patients care in 2020/2021

2.10 Reporting against core indicators

2.10.1 NHS Improvement Assurance

East London NHS Foundation Trust typically has a range of NHS Improvement (NHSI) targets on which we report throughout the year.

COVID-19 and the production of statistics (Notice from NHS England)

(Updated 21st April 2021)

Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, we paused the collection and publication of some of our official statistics.

A consultation took place to seek feedback from users regarding proposals to retire the Mental Health Community Teams Activity return. Responses to the consultation were reviewed and a decision made to retire this collection.

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

East London NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has data quality arrangements in place which ensure the Trust's Commissioners, Trust Board and Information Governance Steering Group receive regular reports on data quality and completion rates against agreed targets. The IG Steering group receive and review performance on data quality benchmarked across London and nationally including the use of the Data Quality Maturity Index dashboard information.

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

Time Frame	East London NHS Trust 2020/21 From IPR	East London NHS Trust 2019/20	NHS England	London Commissioning Region	Highest NHS Trust	Lowest NHS Trust
Target 2020/21	95%	95%	95%	95%	95%	95%
Q1	84.34%	86.3%	National comparison data is not available			
Q2	87.60%	88.0%	National comparison data is not available			

Q3	80.22%	88.7%	National comparison data is not available
Q4	87.60%	87.6%	National comparison data is not available

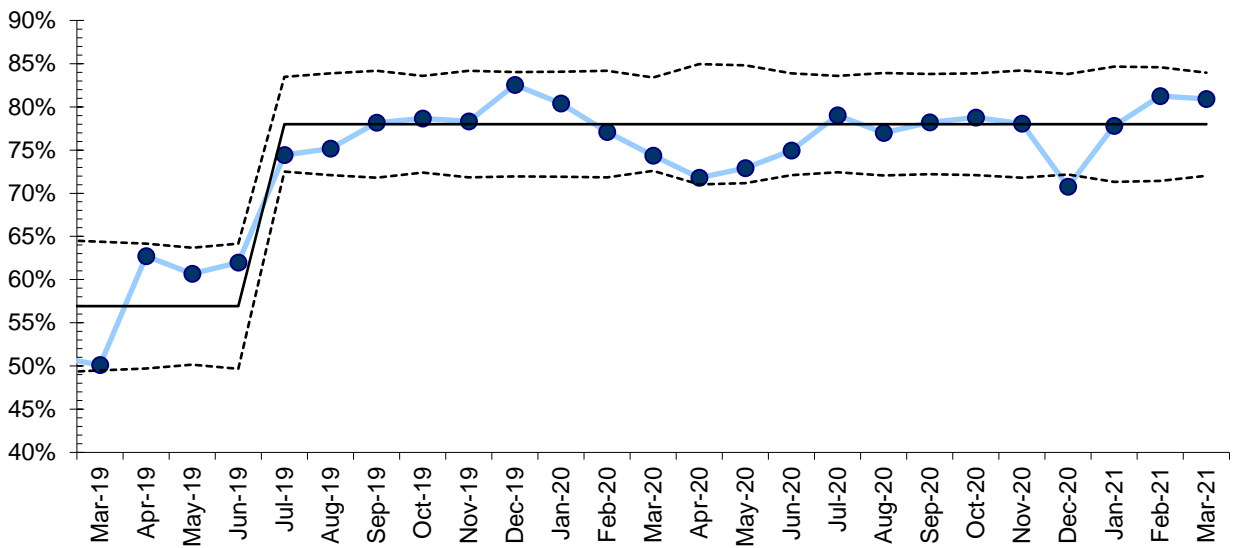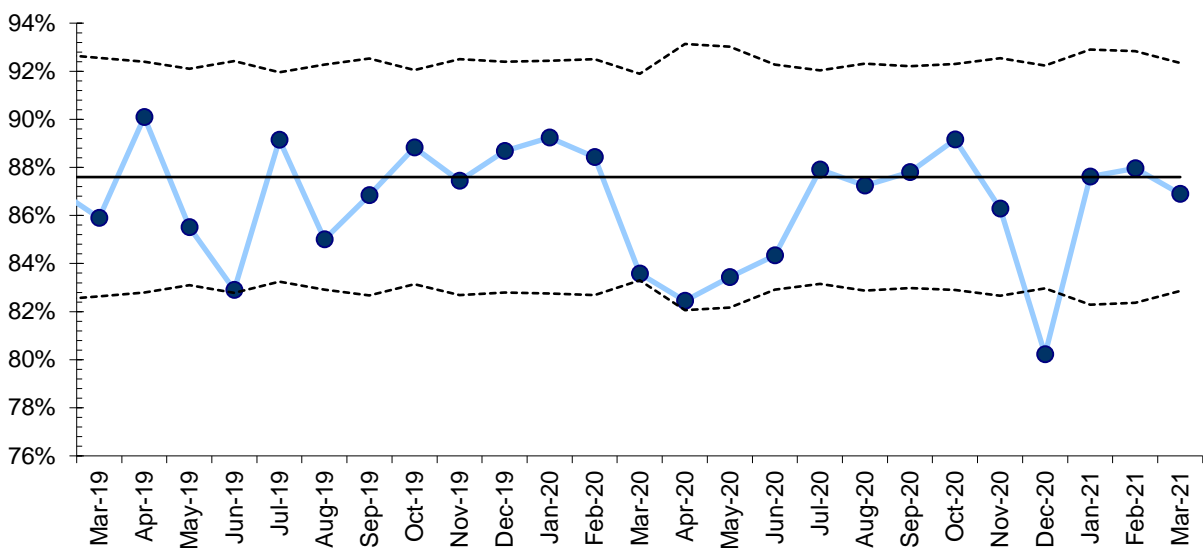Chart 1.6 Percent of service users followed up within 72 hours of discharge from ward (Trustwide - P chart)

Chart 1.7 Percent of service users followed up within 7 days of discharge from ward (Trustwide - P chart)

East London NHS Foundation Trust has taken the following actions to improve the performance against the 7 day follow up indicator, and so the quality of its services by:

- Introducing new recording practice for non-CPA cases by ward staff

- Creation of new automated reports for services and performance leads to monitor performance against the target.

- Introduction of a new operational policy to support staff with the changed process for following up non-CPA cases and recording.

- Performance managers continue to work with clinicians to improve and correct recording and ensure all appointments are recorded on the system in a timely way.

2.10.2 Single Oversight Framework Indicators

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

| Quality of Care Indicators	Target	Actual 2017/18 (Q4)	Actual 2018/19 Q4	Actual 2019/20 Q4	Actual 2020/21 Q4
Admission to adult facilities of patients under 16 years old	0	0	0	0	1
Meeting commitment to serve new psychosis cases by early intervention teams' measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	94%	88.24%	70.2%	50.7%
Operational Performance	**Target 2018/19**	**Actual 2017/18 (Q4)**	**Actual 2018/19 Q4**	**Actual 2019/20 Q4**	**Actual 2020/21 Q4**
Cardio Metabolic Assessment &Treatment a) inpatient wards	90%	77.1%	70%	64%	
b) early intervention in psychosis services	90%	90%	87%	85%	This CQUIN is no longer monitored
c) community mental health services (people on Care Programme Approach)	60%	83.7%	84%	82%	

Proportion of people completing treatment who move to recovery (from IAPT MDS)	50%	50.1%	53.2%	51.6%	55%
Improving Access to Psychological Therapies - Patients referred with 6 weeks measure	75%	98.1%	97.1%	98.1%	99.6%
Improving Access to Psychological Therapies - Patients referred with 18 weeks measure	95%	99.9%	99.6%	100%	100%
Inappropriate Out of Area Placements for adult mental health services	n/a	0	0	2	3

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

2.10.3 Quality of Care Indicators

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

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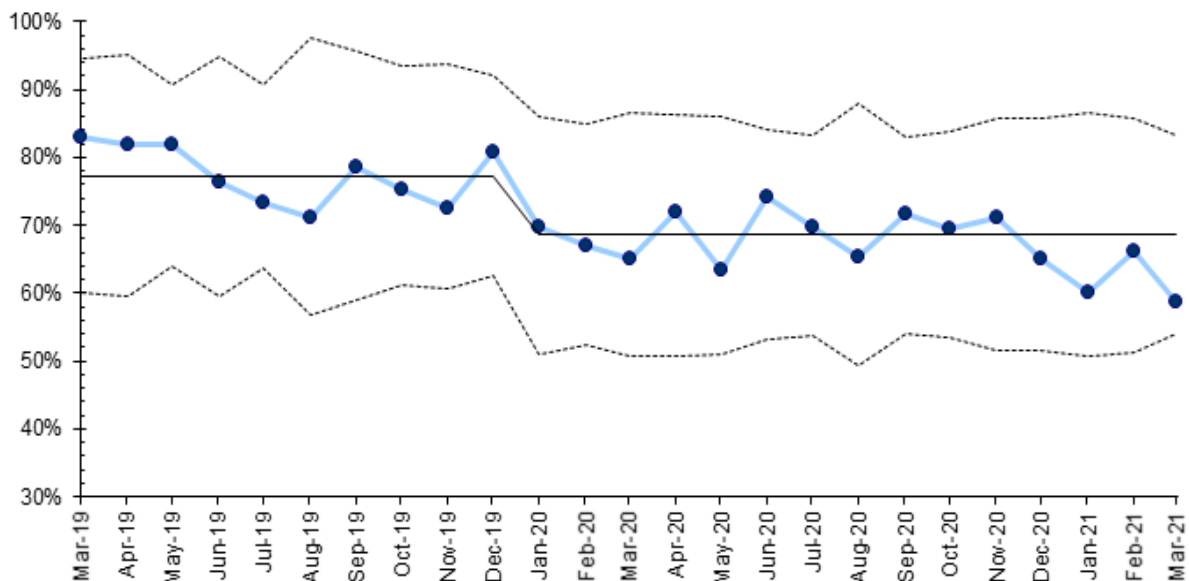
Operational Performance

2. Psychological Therapies

IAPT – percent demonstrating recovery at end of treatment (Trustwide – P chart)
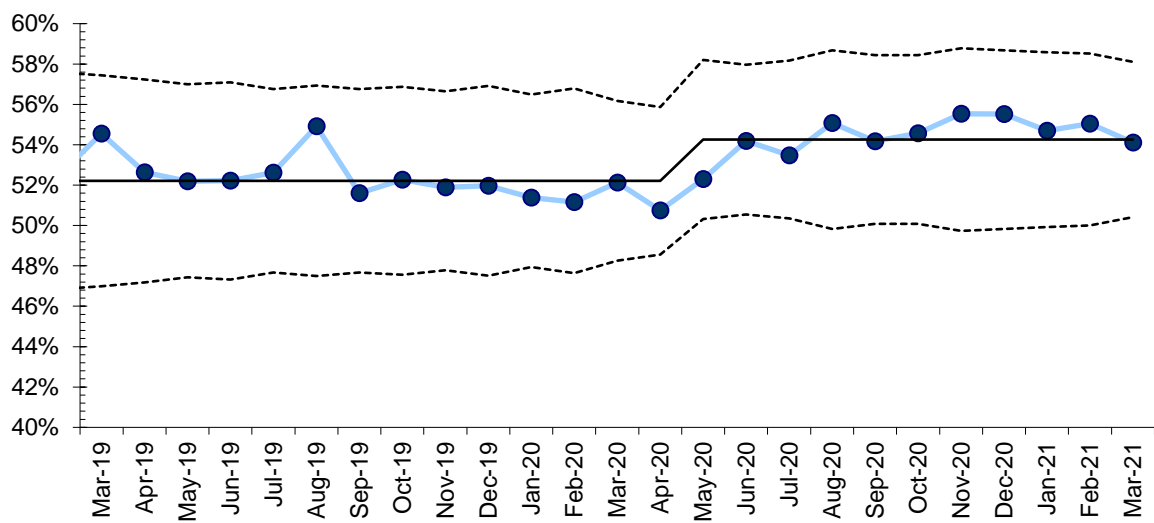
Percentage of service users starting treatment within six weeks of referral (Trustwide – P' chart)
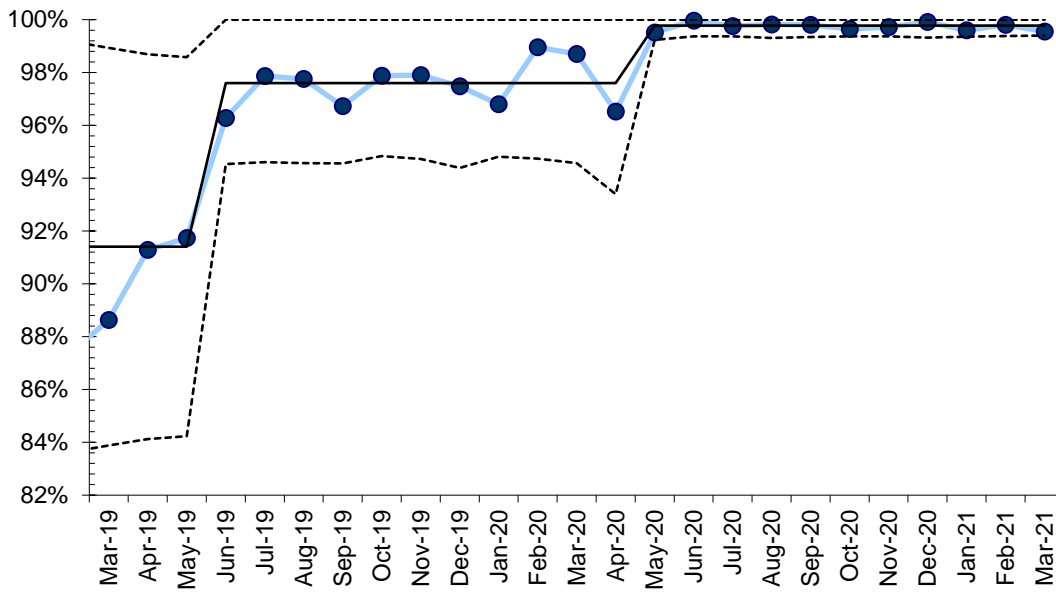
Percentage of service users starting treatment within 18 weeks of referral (Trustwide – P chart)
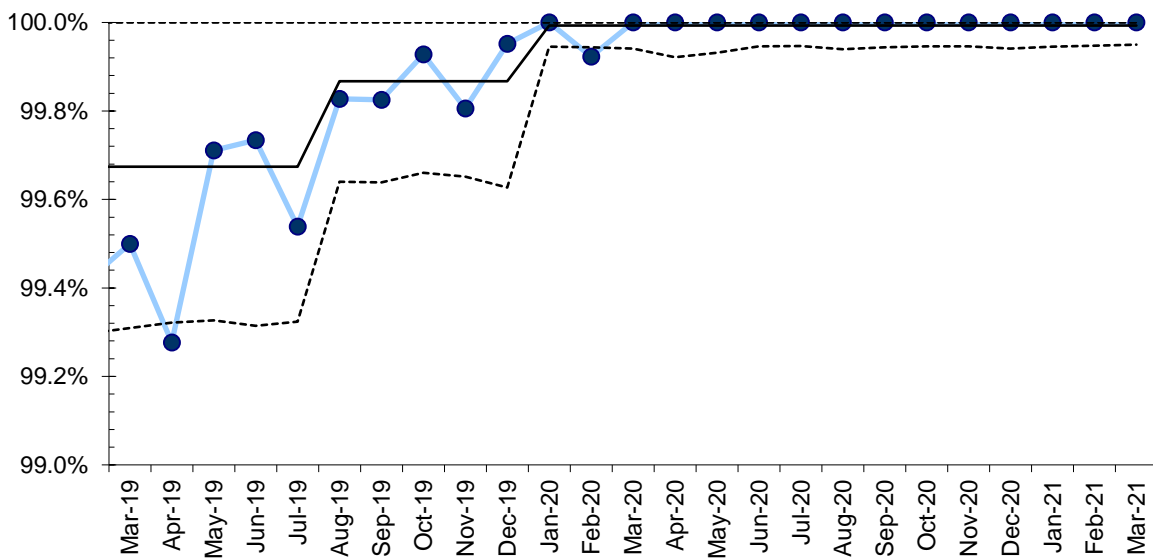
2.10.4 Care Programme Approach (CPA)

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

Indicator	Target	Actual 18/19 Q4	Actual 19/20 Q4	Actual 20/21 Q1	Actual 20/21 Q2	Actual 20/21 Q3	Actual 20/21 Q4
CPA patients – care plans in date (documents 12 months old)	95%	87.4%	88.3%	50.3% 2094/4162	50.4% 2113/4192	47.4% 1990/4203	48.7% 1987/4080
CPA patients – care plans in date (documents 6 months old)	N/A	73.5%	67.2%	47.0% 1944/4136	45.1% 1869/4144	40.2% 1655/4115	42.3% 1708/4034
% CPA patients seen per month – face to face only	85%	85.8%	69.2%	69.0%	72.0%	73.7%	80.0%

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

2.10.5 Data Quality Maturity Index reporting

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

The datasets the Trust submits are:

- Mental Health Services Data Set (MHSDS)

- Community Services Data Set (CSDS)

- IAPT Data Set

- Admitted Patient Care

- Out Patients

The table below shows the DQMI scores for the last 10 periods published on the NHSI website.

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
93.2	93.3	93.2	92.6	93.2	93.4	93.3	93.4	93.2	93.2

The table below shows the scores for each of the data sets for January 2021 (latest data published on the NHS digital Website). There has been no noticeable difference in any of the areas.

APC	CSDS	MHSDS	OP
94.2	70.1	97.8	98.8
(94.0 – Sept 2020)	(70.3)	(98.5)	(98.7)

PART 3 – Other Quality Performance Information 2020/21

3.1 An Overview of Key Dimensions of Quality During 2020/21

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

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

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

3.1.1 Patient Safety

The charts below demonstrate variation across a range of key safety measures. The number of incidents resulting in harm, post-discharge follow-up care, unexpected deaths, and IT incidents remains stable. However, the number of reported safety incidents, violence and aggression, and pressure ulcers have shown signs of increase during March.

Chart 1.1 Number of service user safety incidents reported (Trustwide - I chart)
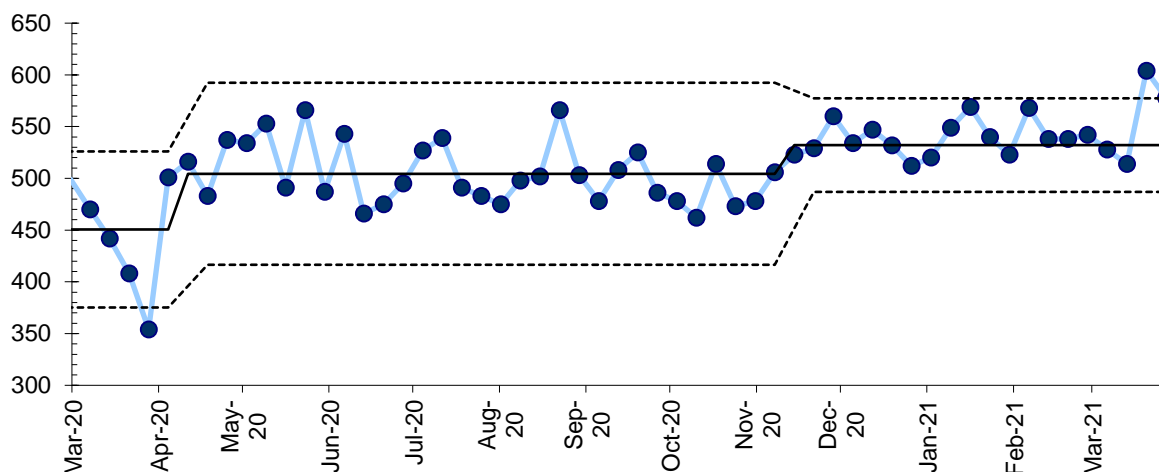
The number of safety incidents increased during March due to an increase in the number of reported deaths (expected), care and treatment incidents related to pressure ulcers in Community Health Services, and violence and aggression incidents across most inpatient Mental Health Services. The pareto chart below shows the distribution of incidents by category during the last two weeks of March. This highlights that 47% of all reported incidents related to care and treatment and 32% related to violence and aggression.

Categories of service user safety incidents reported in the last two weeks of March 2021 (Pareto chart)
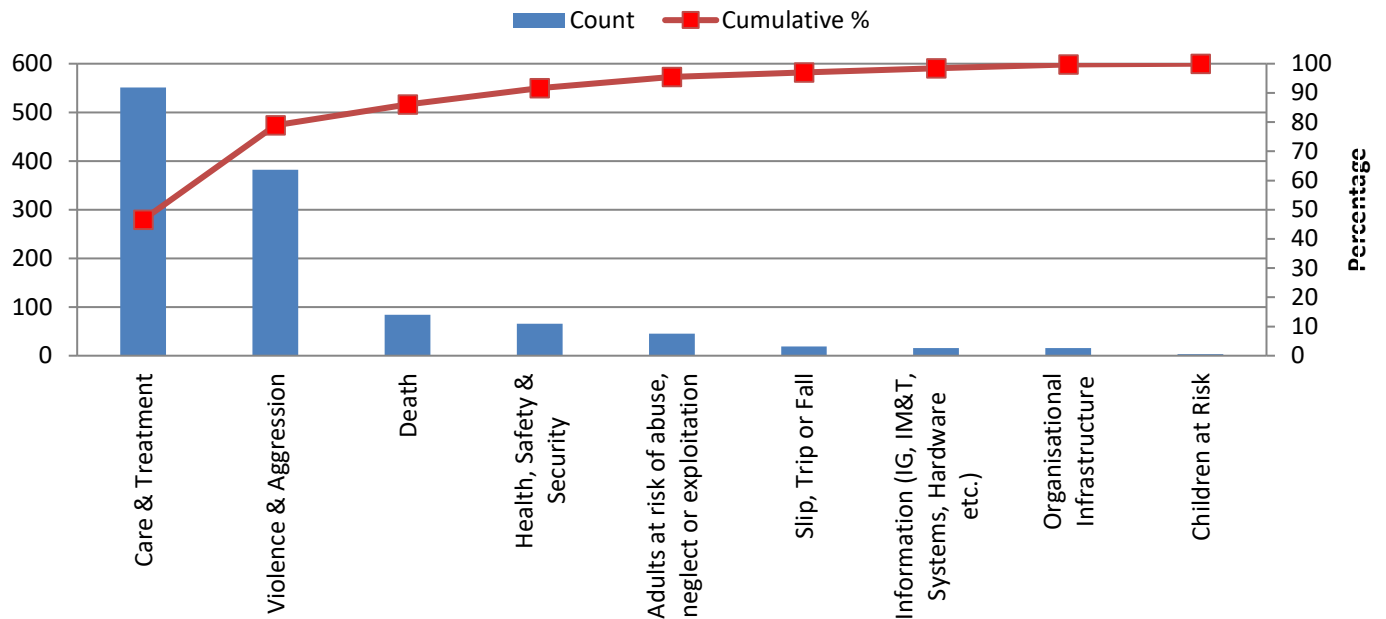
Percent of incidents resulting in harm (Trustwide – P chart)
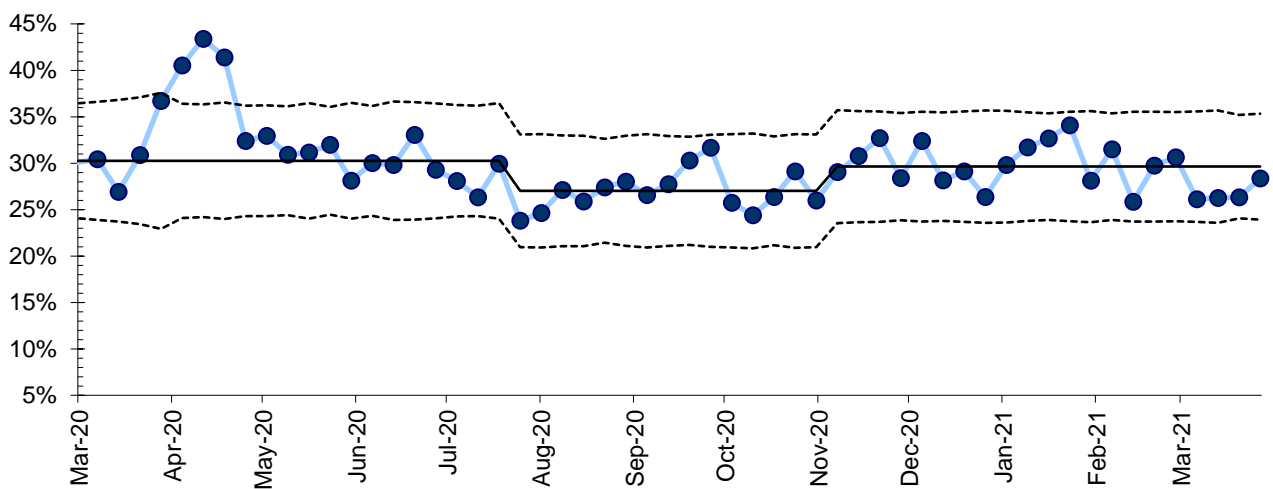
The chart below highlights that the rate of violence and aggression across our inpatient services remains unstable. This relates to an increase across Bedfordshire & Luton, City & Hackney, Tower Hamlets Mental Health services, and CAMHS inpatient wards. This was due an increase in the number of acutely unwell service users with complex presentations (autism and attention deficit hyperactivity disorders) requiring admission. There was a small increase in incidents related to a few service users receiving a change in medications to

support their care plans, including restarting clozapine to manage treatment-resistant schizophrenia. Most incidents occurred on our psychiatric intensive wards and triage wards where acuity levels are the highest.

All our ward management teams have processes in place to actively manage acutely unwell patients such as daily safety and management huddles to review risk and presentation. Ward teams also seek to actively reduce risks posed by some service users by looking at splitting complex groups across wards where there is a clear link between certain groupings and incidents. Services have also been working closely with colleagues from the learning disability and autism services for advice and support in managing these complex cases.

Rate of incidents of physical violence per 1000 occupied bed days (Trustwide – U chart)
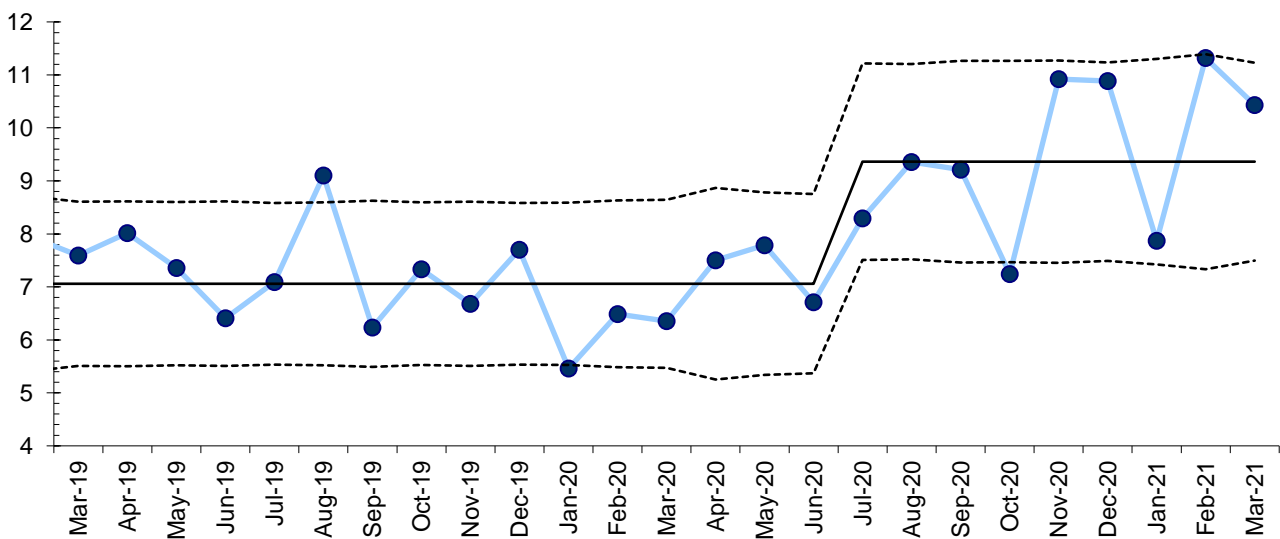
Number of Grade 2, 3 or 4 pressure ulcers (Trustwide - C chart)
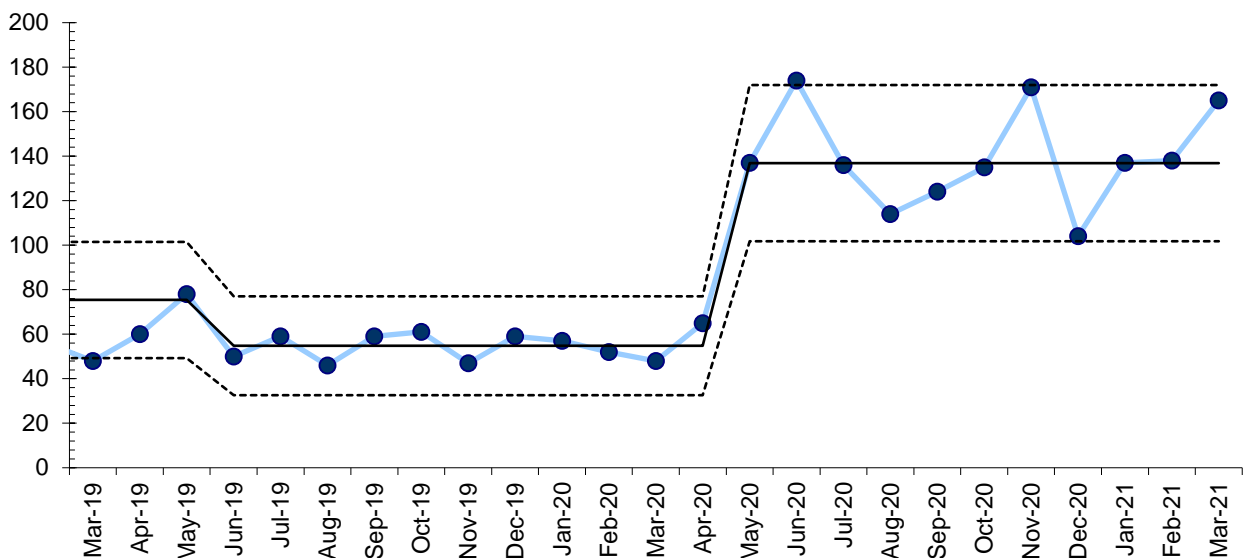
The number of reported pressure ulcers remains unstable. This reflects an increase across Newham and Tower Hamlets Enhanced Primary Care Teams (EPCT). Newham EPCT experienced an increase in category 3 pressure ulcers due to a small number of service users developing multiple ulcers. An audit was conducted to review these cases and identify

learning opportunities. The Infection Control Team is also going to be offering further training to all the teams on the importance of the SSKIN bundle.

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

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

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


3.1.2 Clinical Effectiveness

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

The charts and narrative below provide assurance across a range of demand and access indicators. During February and March, attendances to A&E Liaison Services returned to pre-COVID levels and inpatient activity has also increased. This reflects the overall increase in referrals and mental health presentations evident across all services during this period, particularly Luton and Bedfordshire, Newham, and Tower Hamlets services. It is believed that this is partly related to the gradual lifting of national lock-down measures but also due to the impact of suppressed demand during the pandemic which has adversely impacted the mental well-being of our populations, particularly vulnerable groups.

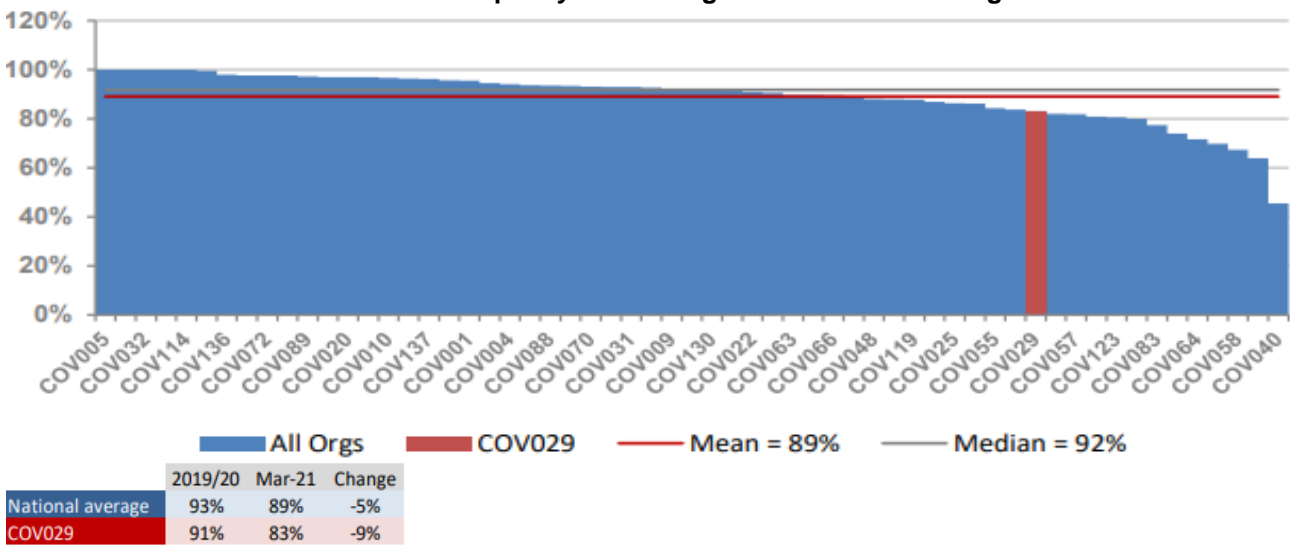## Number of referrals to A&E Mental Health Liaison services (Trustwide – I chart)
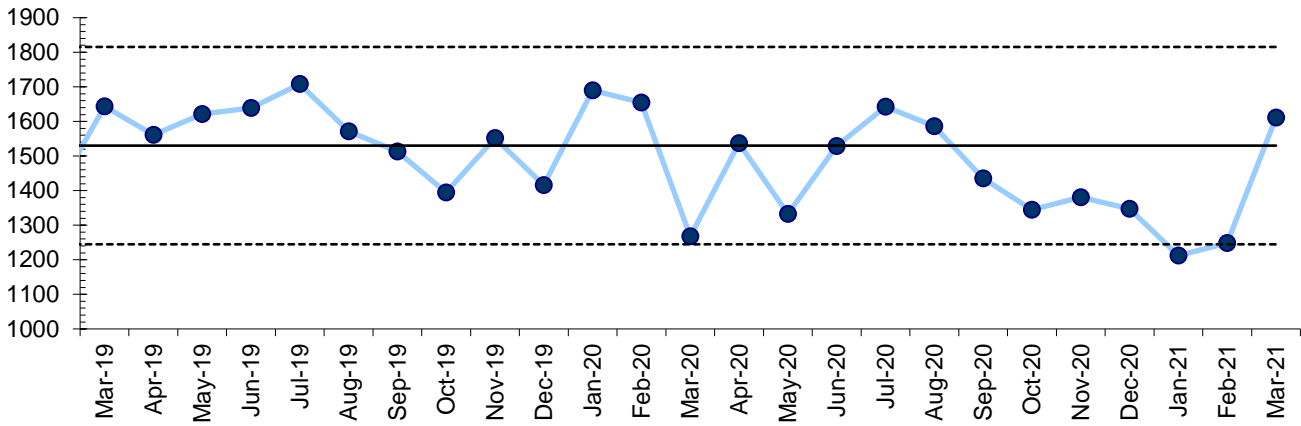
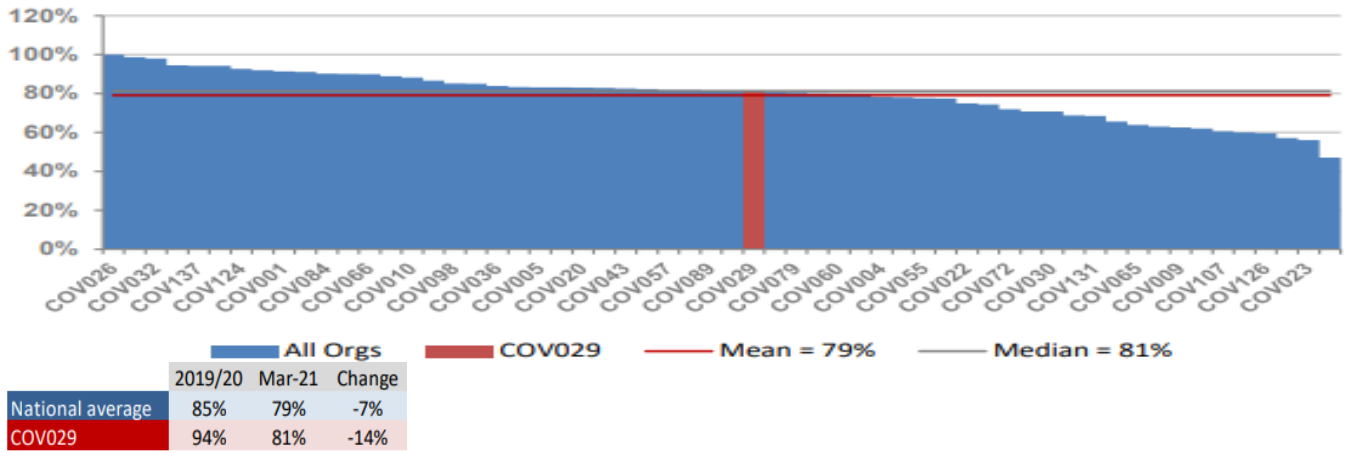## Bed occupancy (Mental Health & Community Health – P' chart)
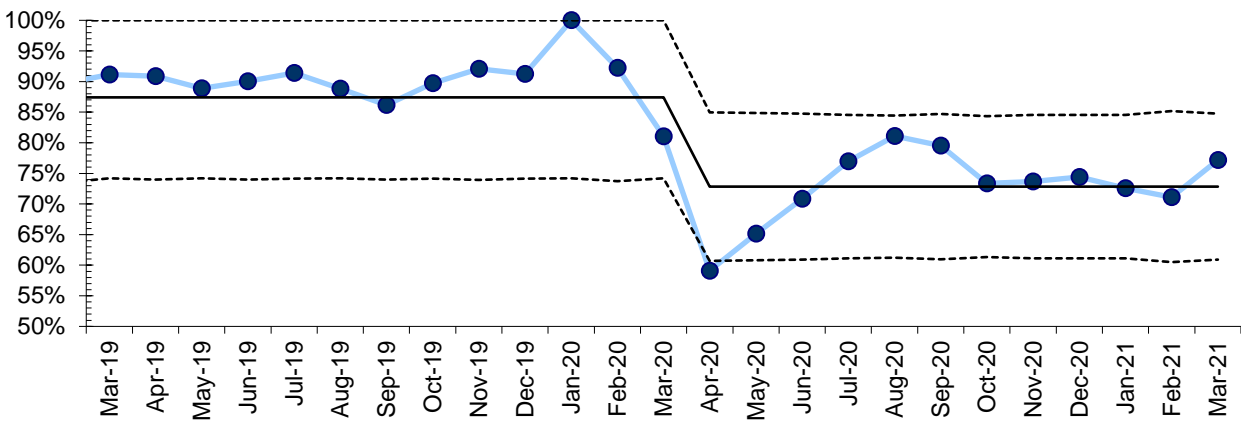
National Mental Health Inpatient Occupancy (Source: *National Mental Health Benchmarking Network – March 2021*)

East London

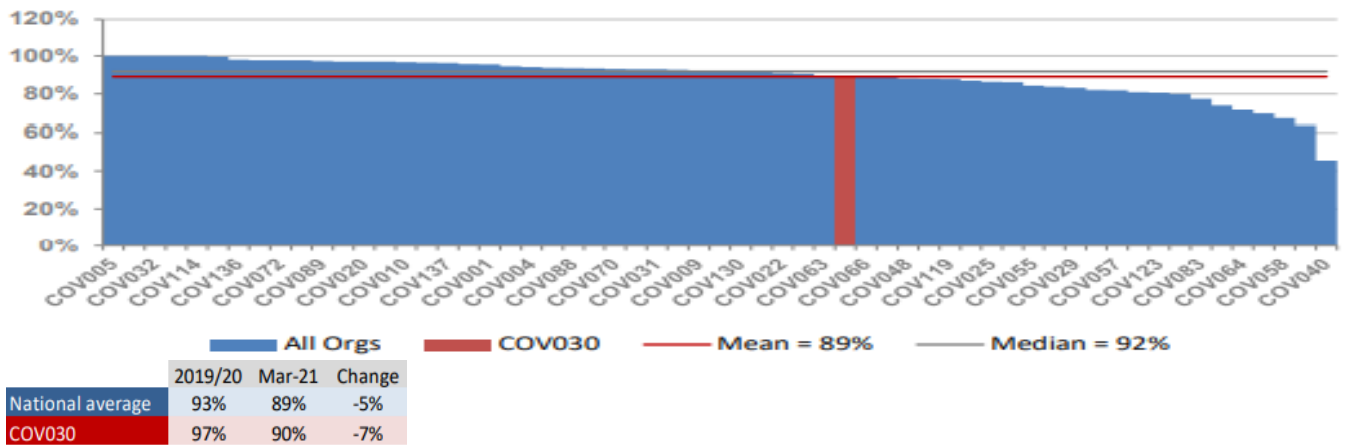**Adult Acute bed occupancy rate during March 2021 excluding leave**

Legend: All Orgs | COV029 | Mean = 89% | Median = 92%

	2019/20	Mar-21	Change
National average	93%	89%	-5%
COV029	91%	83%	-9%

Older Adult bed occupancy rate during March 2021 excluding leave

	2019/20	Mar-21	Change
National average	85%	79%	-7%
COV029	94%	81%	-14%

Bedfordshire and Luton

Adult Acute bed occupancy rate during March 2021 excluding leave

	2019/20	Mar-21	Change
National average	93%	89%	-5%
COV030	97%	90%	-7%

Older Adult bed occupancy rate during March 2021 excluding leave

	2019/20	Mar-21	Change
National average	85%	79%	-7%
COV030	96%	71%	-26%
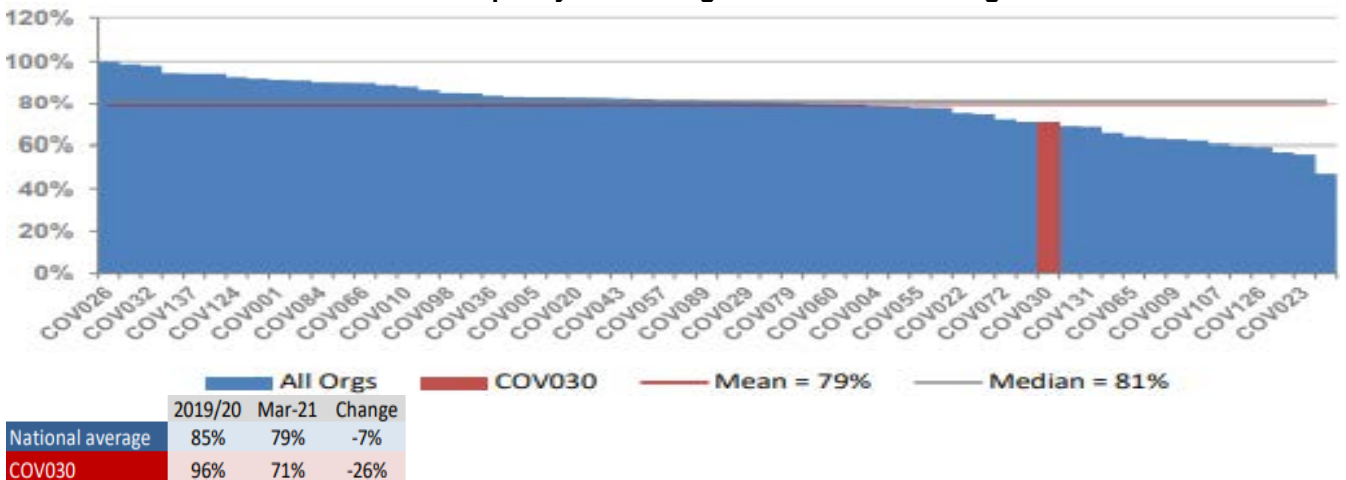
Inpatient admissions and bed occupancy have increased to 77% during March. This reflects previous patterns following the easing of national lockdown measures that caused activity across inpatient and community services to increase. All inpatient services have reported an increase in acutely unwell service user admissions. There have also been more new

presentations of service users not known to services. It is believed this is related to the impact of lockdown measures and increased isolation experienced by service users leading to a deterioration in mental health. Services have also reported an increase in out-of-area admissions which reflects the wider bed pressures across the system as highlighted by national increase in bed occupancy.

3.1.3 Patient Experience

Central to the Trust's Quality Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The charts below provide assurance across a range of service user experience and outcome indicators. The number of complaints and PALs enquires remain stable.

The new Friends and Family Test (FFT) survey that was relaunched in November as highlighted in the previous report. The chart shows that satisfaction levels have returned to pre-COVID levels with 89% of respondents to our survey reporting a positive experience of services offered by the Trust in March.
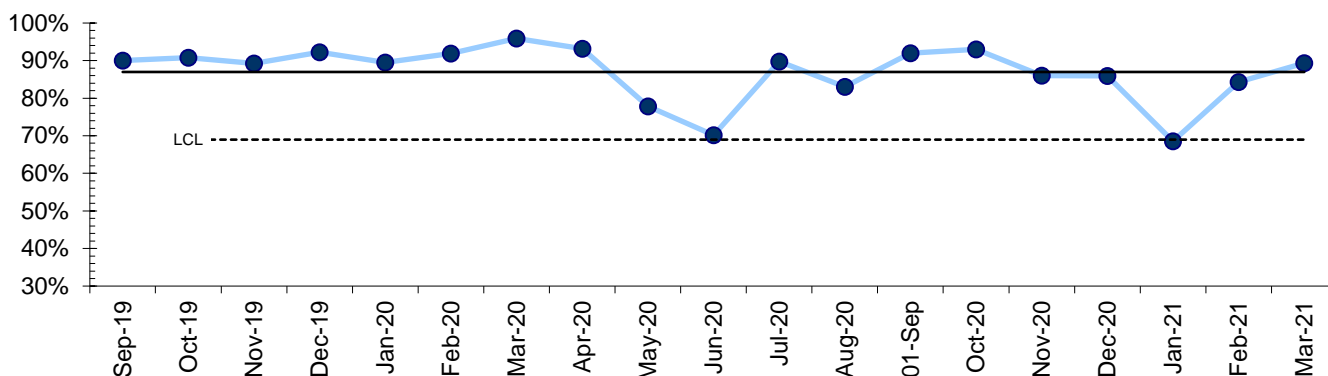
Number of Complaints (Trustwide – I chart)
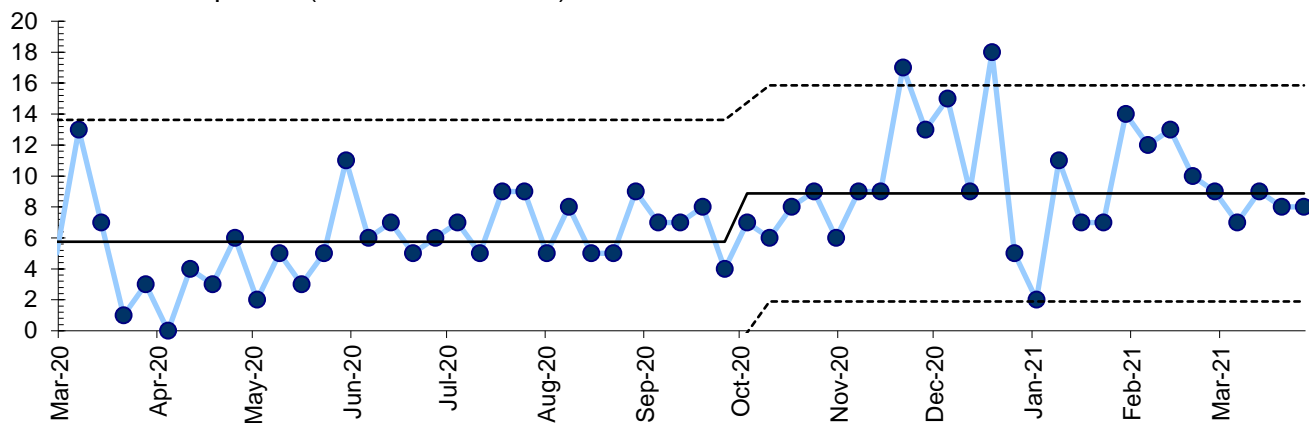
Number of PALs enquiries (Trustwide – I chart)
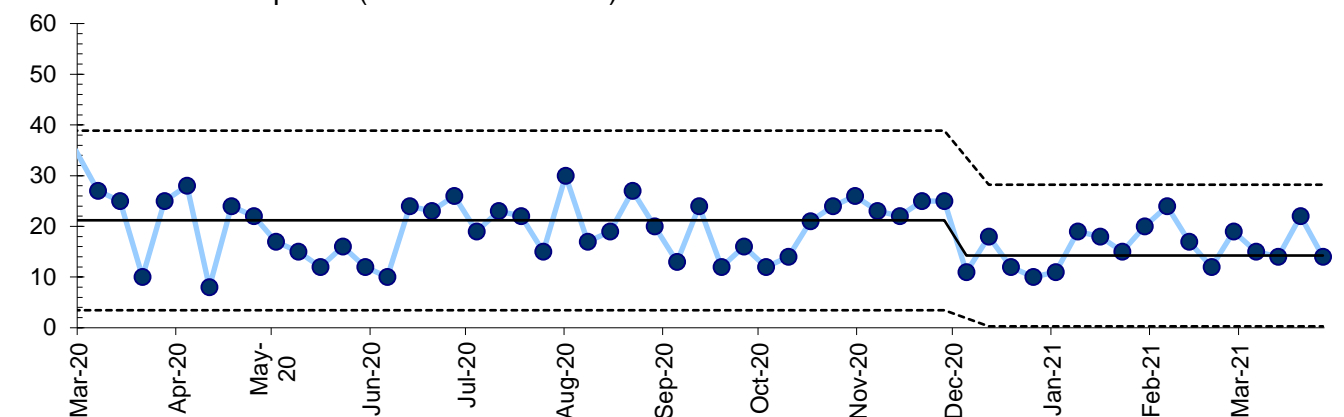
Percent of service users rating their experience as positive – good or very good (Trustwide – P' chart)
*Data based on new FFT survey questions from November onwards.

Access to Services

The average waiting time for assessment in CAMHS, Adult and Older Adult community Mental Health services remains stable with 21.5 days reported in March. Services are facing significant pressures with the recent increase in referrals which is anticipated to increase further once the country is fully re-opened in the coming weeks. This is predicted to adversely impact waiting times in the coming months. The longest average waiting times continue to be in Luton and Bedfordshire, City & Hackney and Tower Hamlets Mental Health services.

There are similar challenges across CAMHS, particularly in City & Hackney and Bedfordshire community services where referrals have increased substantially. The reopening of schools and parents returning to work, the impact of lockdown on young peoples social networks, anxiety about the lifting of lockdown measures, family and social issues have contributed to this increase.

CAMHS continues to experience staffing challenges along with an increase in complex presentations and acuity levels. Other services for children and young people, for example in Councils, acute trusts and the voluntary sector are experiencing similar pressures, and we are working through our integrated care systems to manage the impact on our collective offer for children and young people and their families. Community eating disorder and crisis referrals are also increasing for reasons highlighted above. Further work is underway within the CAMHS collaborative to address local challenges.

Services have worked hard to prepare for this anticipated increase in demand through proactive management of sickness levels, which has decreased across all services. This has been achieved through a combination of increasing staff vaccinations, with more staff having received a second dose of the vaccination, as well working closely with People and Culture business partners to support staff to return to work safely. In addition, the reduction in the number of service users and staff testing positive for COVID-19 has also helped to reduce staff sickness levels further. Community mental health teams have put plans in place to offer more face-to-face contact to support service users in the community as lockdown measures are lifted.

A standard clinical protocol and decision-tree is being utilised to guide on when different contact methods should be offered to ensure the delivery of safe and effective care. CAMHS services are in the process of working with the Commercial Development Unit to review

investment gaps to ensure that resources are equitable to cope with increasing demand. CAMHS services have recently agreed on new investment with commissioners to create a 24/7 Crisis service and enhance capacity in eating disorder services and community services.

Average number of days from referral to assessment (CAMHS, adult and older adult Mental Health community teams – I chart)
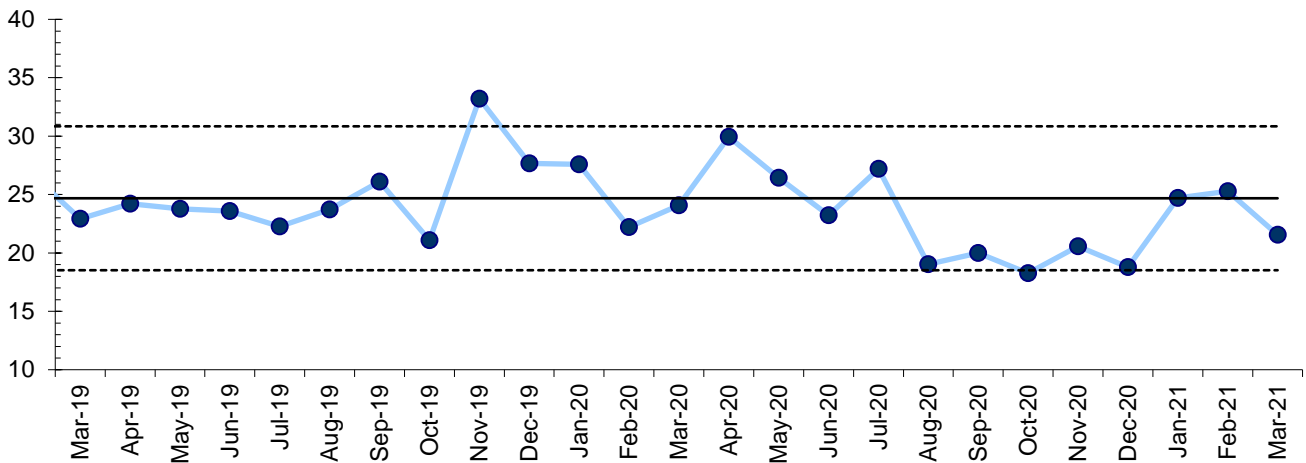

Community Health district nursing services across the Trust have faced significant pressures over the past few months. Despite this, Bedfordshire and East London have managed to maintain rapid response to referrals. In East London, there was a small increase in waiting times during March due to data quality issues with logging referrals correctly on the system for two records - the service user was seen within appropriate timescales in both cases.

Average waiting time in days for urgent referrals to district nursing / rapid response (CHS East London – I chart)
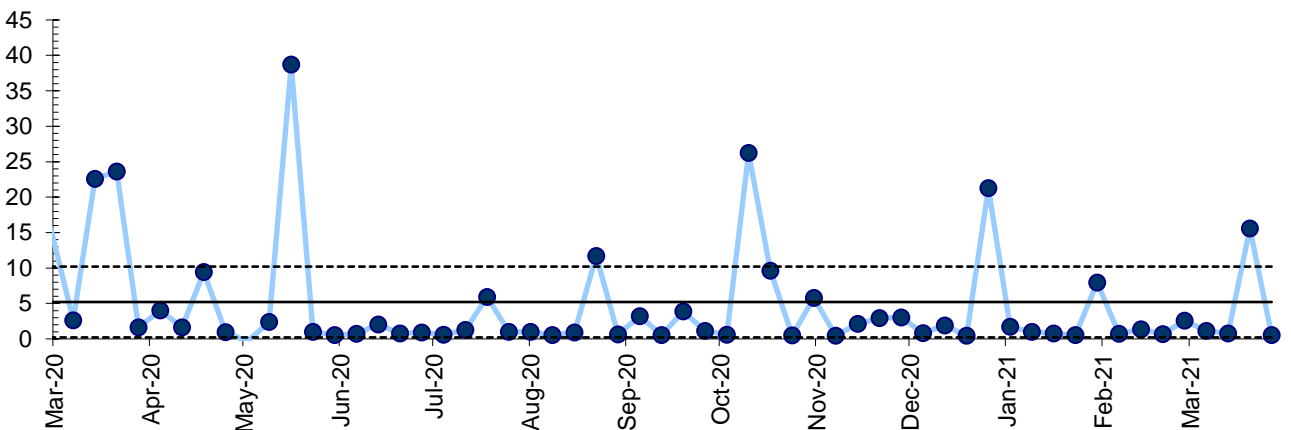
Average waiting times in days for referral to assessment to district nursing team (CHS Bedfordshire – I chart)
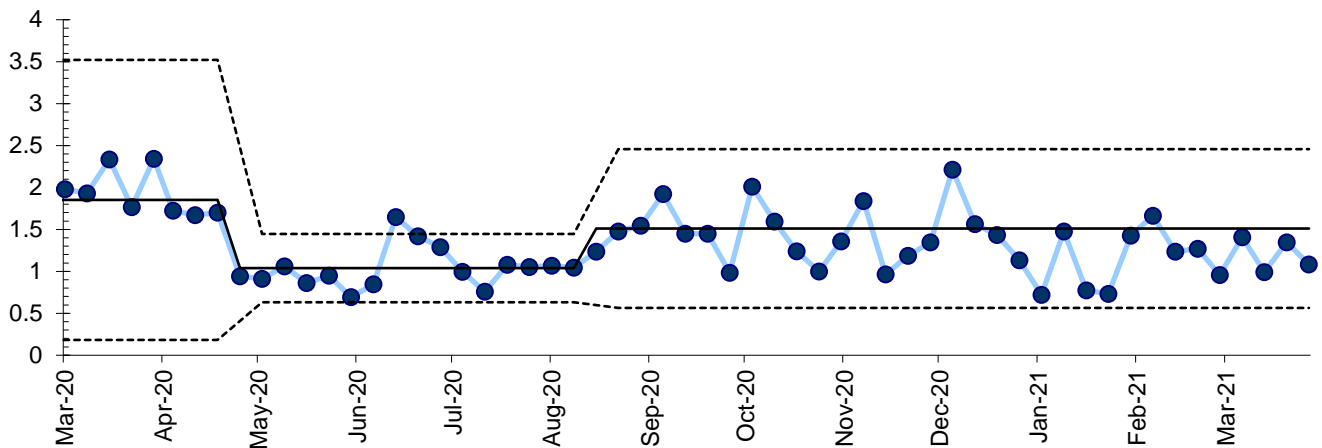

The waiting time in adult mental health Early Intervention Services (EIS) for service users to receive NICE-compliant treatment within two weeks of referral has reduced in March to below the national 65% target. This reflects reduced compliance in Newham (14%) and Tower Hamlets (44%). All EIS services have experienced increases in new referrals. In Newham, the increase in activity has led to a service review and the merger of two EIS teams resulting in the transfer of referrals from one team to the other. This meant that our reports were not able to accurately report compliance levels due to changes in team configuration on our clinical system.

An audit was conducted to investigate the referrals that were not seen within the two-week national target. This highlighted that during March, 60% of all referrals in Newham were seen within the prescribed timeframes. In Tower Hamlets, the EIS service also experienced data quality issues related to appointments not being outcomed on our patient record system and not correctly recording exempted cases. Managers have reminded staff of the importance of timely and accurate recording of information during team meetings. A plan is in place to ensure activity is recorded against the new team in Newham so that compliance levels can be accurately reported nationally going forward.

All EIS services have reported challenges with remote working which has made some assessments more difficult in terms of engaging service users in the assessment process and having enough staff in the office to offer face-to-face assessments. Services also faced difficulties in assessing patients during the peak of COVID because staff were not permitted on the ward, but services have successfully adapted the way they conduct assessments to cope with this. The increase in referrals has led to a rise in caseloads. All services are exploring ways to manage this including increasing caseload numbers held by each staff and discussing pressures with commissioners to identify additional investment opportunities.

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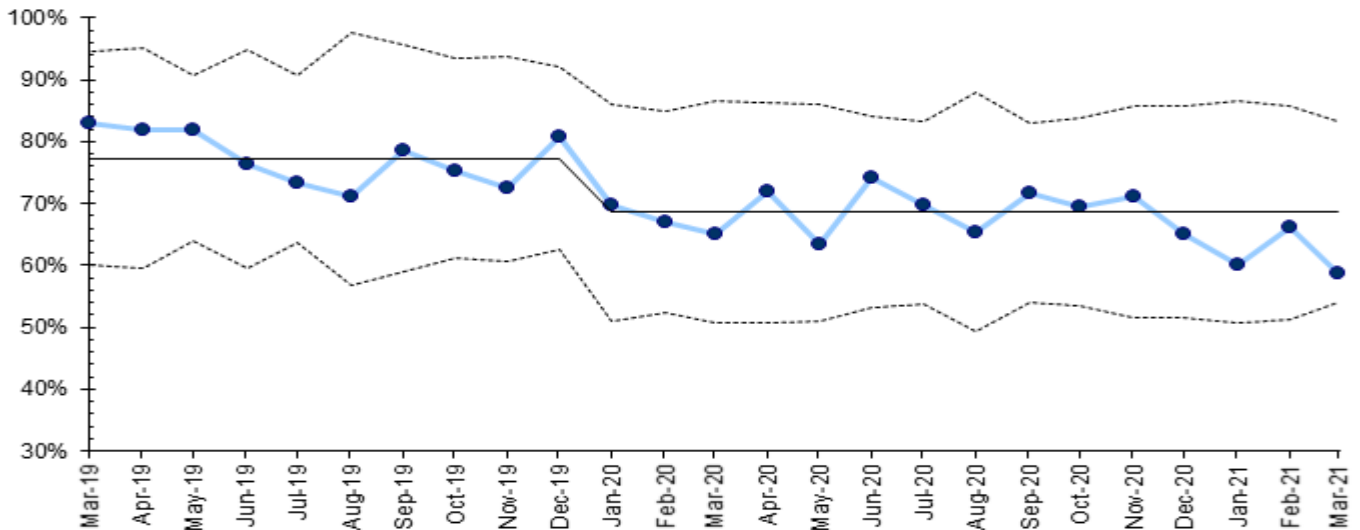

Referral activity for Psychological Therapies Services (PTS) in East London has increased to pre-COVID levels which reflects an increase across all services. City & Hackney continues to have the highest referral activity in March with 131, Tower Hamlets with 98, and Newham with 72. This has had an impact on the number of service users waiting for first contact. Average waiting times for assessment remain stable but this might increase if referral volumes continue to increase. Treatment waiting times show signs of a small increase.

All PTS services anticipate that there will be continued referral pressures in the coming months as the national lockdown measures are lifted. All are continuing to develop robust demand and capacity modelling plans and redesigning psychological service offers in Primary Care Networks (PCNs), which will improve access and deployment of resources to facilitate with assessments and care planning in each borough. In Tower Hamlets, additional investment has led to the creation of the Community Engagement Team, and these staff have already started offering group interventions with further groups planned. This is aligned to the transformation agenda, and the priority will be to create a locally based service that offers timely and effective interventions.
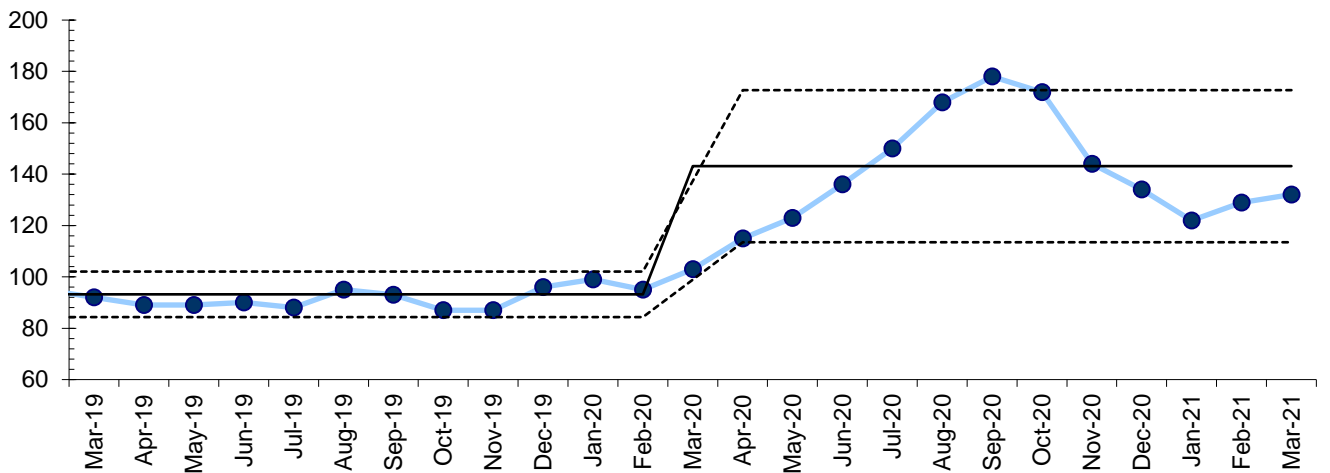
East London Psychological Therapy Services (PTS) – Number of referrals to services (I chart)
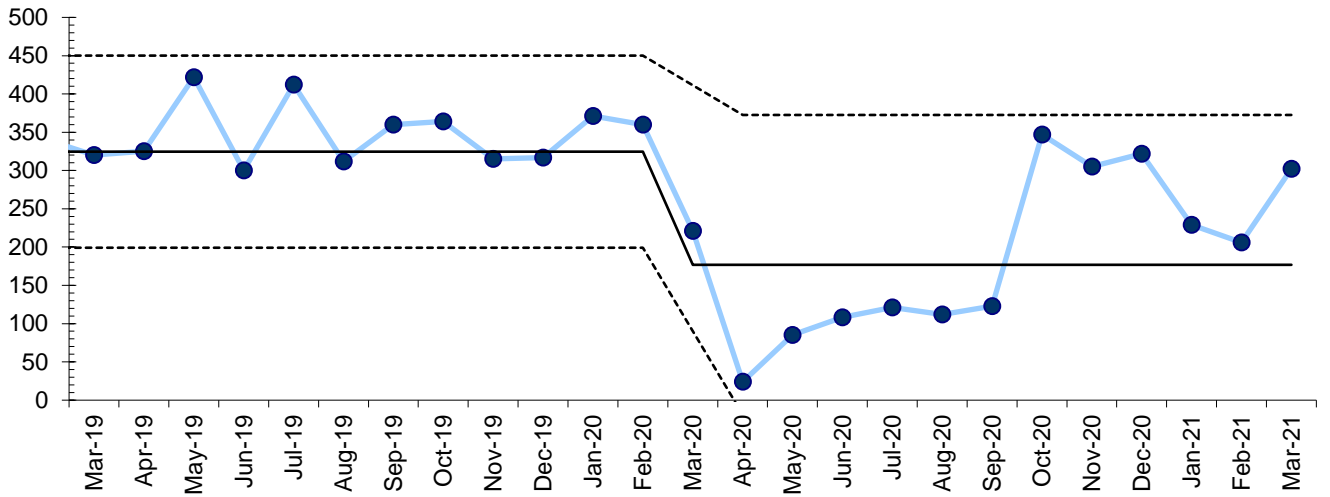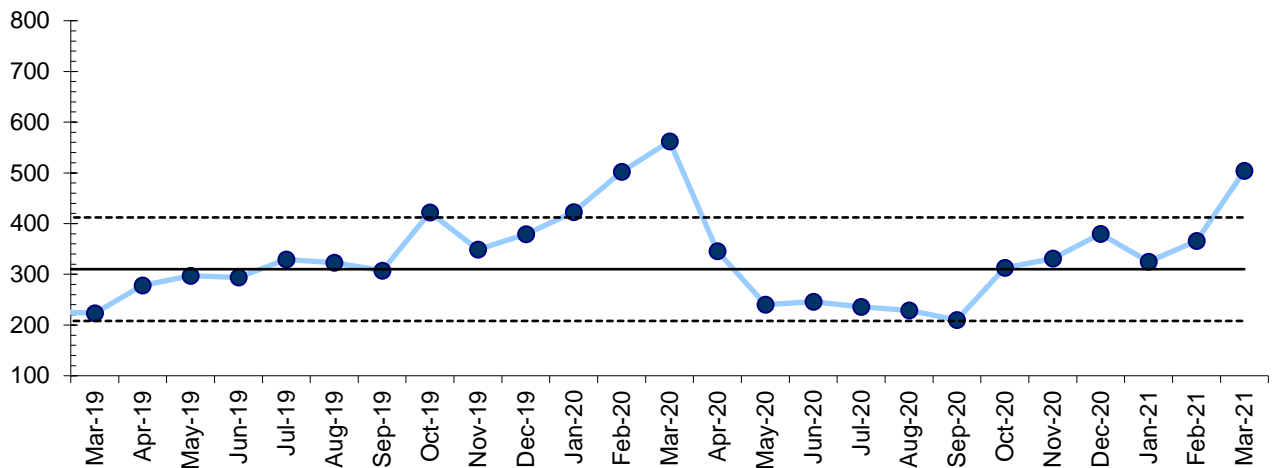

East London Psychological Therapy Services (PTS) - Average waiting (in days) from referral to assessment (telephone & face-to-face contacts – I chart)
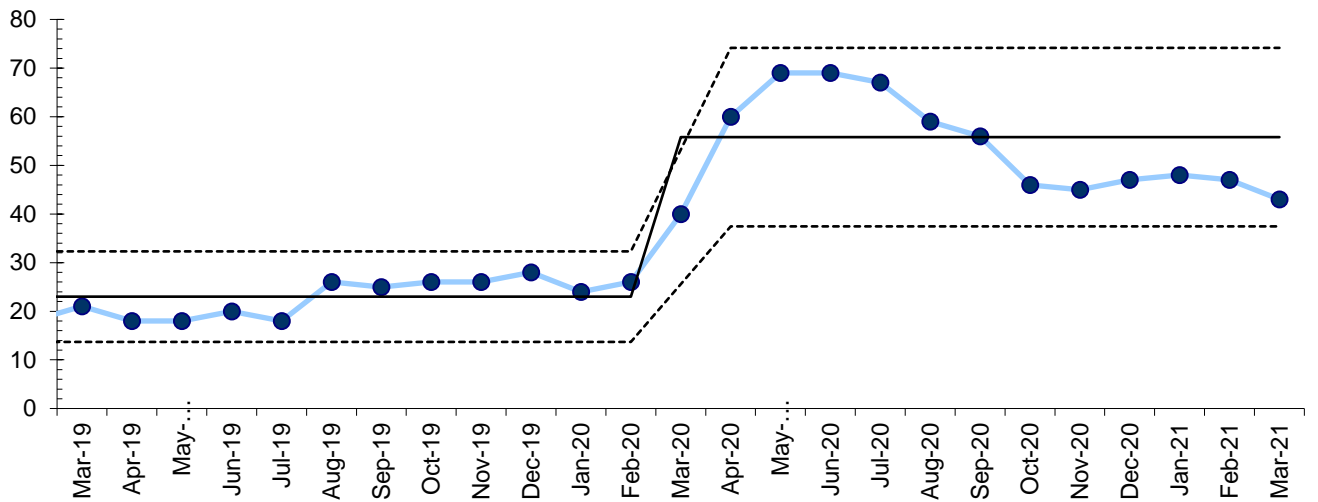

East London Psychological Therapy Services (PTS) - Average waiting time (in days) for treatment (telephone & face to face contacts – I chart)

East London Psychological Therapy Services (PTS) - Number of service users waiting for assessment (telephone & face to face contacts – I charts)

East London Psychological Therapy Services (PTS) - Number of service users waiting for treatment (telephone & face to face contacts – I chart)
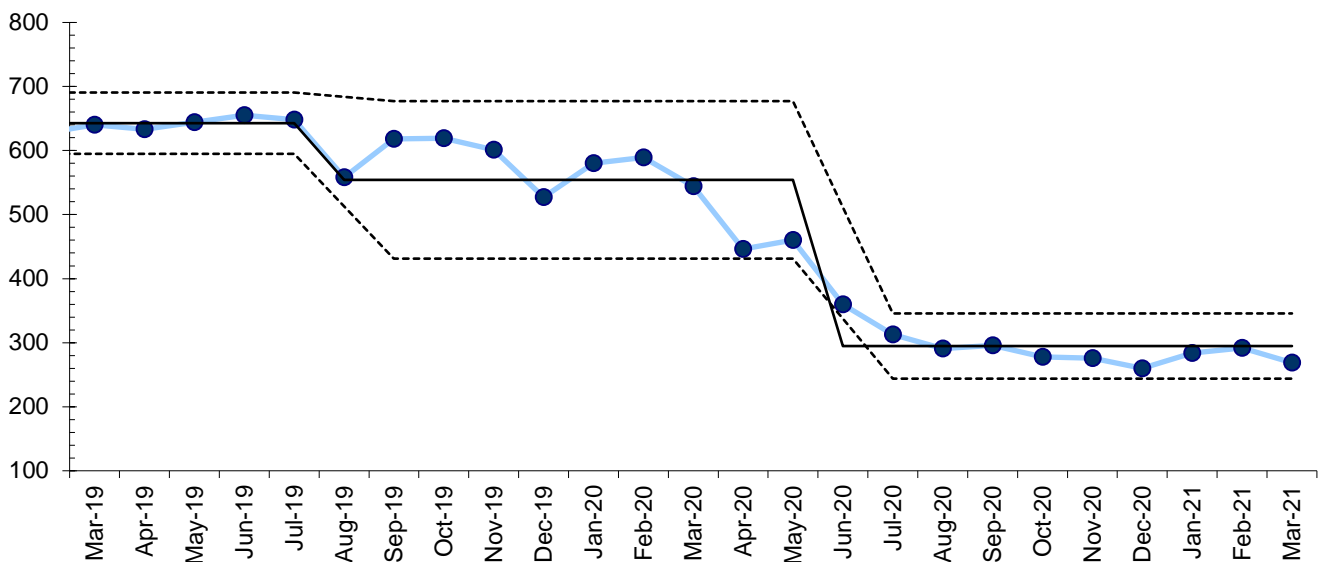
Externally, the Trust also receives feedback on service user experience via the annual Mental Health Community Service User Survey. This is an annual postal survey that provides a snapshot of service user experience, it administered by an appointed contractor and sponsored by the Care Quality Commission.

The National Service User Survey was undertaken for East London NHS Foundation Trust between February and June 2020. The response rate was 22% (270 usable responses from a usable sample of 1221). The overall feedback is set out below.

Patient survey	Patient responses 2018/19	Patient responses 2019/20	Compared with other trusts	Change Since last reporting period
Health and social care workers	6.9/10	6.5/10	Worse	- 0.4
Organising Care	8.3/10	8.1/10	About the same	- 0.2
Planning Care	6.6/10	6.5/10	About the same	- 0.1
Reviewing Care	7.2/10	6.9/10	About the same	- 0.3
Crisis Care	7.1/10	6.9/10	About the same	- 0.2
Medicines	7.1/10	7.0/10	About the same	- 0.1
NHS Therapies	7.5/10	7.2/10	About the same	- 0.3
Support and wellbeing	4.8/10	4.6/10	About the same	- 0.2
Feedback	Not available	2.1/10	About the same	n/a
Overall views of care and services	7.2/10	6.7/10	About the same	- 0.5
Overall experience	**6.5/10**	**6.4/10**	**Worse**	**- 0.1**

Clearly there is a need to improve aspects of the experience of those who participated in the survey. Work continues to implement the work streams that support efforts to improve patient experience. The implementation of Dialog is in progress along with the community mental health team (CMHT) transformation work in London to create services that are "service user led and clinical supported". Peer Support roles continue to be recruited to, and the professional lead for Peer Support has started in role.

New service user priorities have been defined by the Working Together groups that will form the basis for work within directorates and across the trust over the next year.

3.2 Achievements and Awards

HSJ Awards 2020

City and Hackney Specialist Psychotherapy Service & City and Hackney CCG nominated for three categories:
- Mental Health Innovation of the Year Award
- Connecting Services and Information Award
- Digitising Patient Services Initiative Award

ELFT People & Culture Team nominated for:
- NHS Workplace Race Equality Award

Newham Community Services Rapid Response Team, London Borough of Newham, Barts & Age UK nominated for:
- Health & Local Government Partnership Award

HSJ Value Awards 2021 - Shortlisted ELFT and partnership projects
- **Digital Clinical Transformation Award**

Project: 'A Digital Recovery Platform for Severe Mental Illness'
Partners: ELFT, City and Hackney CCG, The Advocacy Project and Core Sport

- **Diabetes Care Initiative of the Year**

Project: 'Newham Diabetes Transformation Programme – supporting young people (16-25 years) with Type 1 Diabetes'
Partners: ELFT, NHS Tower Hamlets, Waltham Forest and Newham CCGs & Barts Health Trust, general practice in Newham

- **HSJ Value Pilot Project of the Year**

Project: 'Darzi Seeds of Change Project for the people by the people'
Partners: Tower Hamlets CCG (EQUIP & Patient and Public Engagement Team), The Barkantine Practice, Tower Hamlets ELFT Recovery College, Well Communities University of East London, NHS England Always Events, Tower Hamlets CVS, Tower Hamlets Council (Public Health), Mind in Tower Hamlets and Newham, Tower Hamlets Health Watch, Darzi Fellowship Programme London South Bank University

- **IT & Digital Innovation Award**

Project: 'A Digital Recovery Platform for Severe Mental Illness'
Partners: ELFT, City and Hackney CCG, The Advocacy Project, Core Sport

- **Mental Health Service Redesign Initiative**

Project: 'A Digital Recovery Pathway for Severe Mental Illness'
Partners: ELFT, City and Hackney CCG, The Advocacy Project, Core Sport

and;
Project: 'Newham Perinatal Mental Health Team Intensive Care Pathway' ELFT

- **Paediatric Care Initiative of the Year**

Project: 'Tower Hamlets Together - Born Well, Growing Well Asthma and Wheeze Project'
Partners: ELFT, LB Tower Hamlets, Tower Hamlets CCG, Barts Health Trust, Tower Hamlets GP Care Group, Community Voluntary Sector

- **Primary Care of Community Service Redesign Initiative**

Project: 'A Digital Recovery Pathway for Severe Mental Illness'
Partners: ELFT, City and Hackney CCG, the Advocacy Project, Core Sport

- **System of Commissioner Led Service Redesign**

Project: 'Tower Hamlets Together – Delivering Better Health Through Partnership'
Partners: ELFT, LB Tower Hamlets, Tower Hamlets CCG, Barts Health Trust, Tower Hamlets GP Care Group, Community Voluntary Sector
Award ceremony in July 2021

NHS Parliamentary Awards 2020

'ELFT team finalists (regional winners):
- Bedfordshire Community Health Services For Care and Compassion award.

The Engage Awards 2020

People & Culture team finalists for category Best Employee Wellbeing Strategy

3.3   An Explanation of Which Stakeholders Have Been Involved

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

3.4   Statements of Clinical Commissioning Groups (CCGs)

Statement from Bedfordshire, Luton & Milton Keynes Clinical Commissioning Collaborative (BLMK) to East London Foundation NHS Trust (ELFT) Quality Account 2020 – 2021

BLMK Commissioning Collaborative acknowledges receipt of the 2020/2021 Quality Account from East London Foundation Trust (ELFT). The Quality Account was shared with BLMK's Non-Executive Director (lead for Patient Safety), Executive Directors, Performance and Quality Teams and systematically reviewed by key members of the CCG's Quality Committee & Performance, as part of developing our assurance statement.

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

We would like to commend ELFT on their efforts to manage and support patients and staff through the unparalleled challenges faced through the COVID19 Pandemic of 2020/21. We recognize the significant demand on Mental Health services in particular during this pandemic and welcome the joint work from ELFT with other local providers to reduce system pressure and are appreciative of the continued efforts undertaken to remodel wider services to meet patient demand, endeavoring to provide a positive patient experience. BLMK CCG will continue to work collaboratively with ELFT to support these endeavors.

BLMK CCG welcomes the description of the Trusts modelling and examples provided within the report to describe progress against the 2020/21 priorities, whilst acknowledging that priorities during 2020-21 were redirected towards the pandemic emergency response to support service users and ELFT staff in order to reduce risk and keep people safe.
ELFT Quality Account 20/21 appropriately celebrates successes and recognises areas which require improvement. The CCG welcomes the review of the Trust's Strategic Outcomes and Mission statement "To improve quality of life for all we serve" as part of their 5-year plan and supports the areas identified in their 5 main work streams.

The CCG welcomes the Trust's ability to flex and adapt its ability to continue to provide care on a risk assessed basis in a blended model of virtual and face to face and welcomes the development of Patient Related Experience Measures(PREM) to attempt to understand impact and experience of patients receiving care in this period.   Additionally, the

organisation's advancement in their understanding of health inequalities highlighted in the pandemic and the Black Lives matters movement internationally.

The Integrated Care system in BLMK recognises the key partner role of ELFT and their service provision in Bedfordshire and Luton specifically. The system programme work in partnership in priority areas such as CAMHs, Eating Disorders, Tier 4 Inpatient beds, Workforce Development and Suicide Prevention are valued and welcomed to support improved Population Health outcomes.

The detail in ELFT Quality account in relation to learning from deaths is of value particularly with Palliative care in Bedfordshire. We will work in partnership with the Trust in looking to prioritise health outcomes for patients at End of Life across our system.

Additionally, we are pleased to see the intention and commitment for improvements in areas of care delivery approach in advancements in recording for non – CPA cases, performance reporting, operational policy and follow up.

We will continue our focus with the Trust on areas such as improvements in learning from incidents and reducing harm, learning from deaths, and all other Trust identified areas for improvement.

As Strategic Commissioners and System Partners we recognise the challenging period we have been in and acknowledge the ongoing commitment from the Trust to keep our local population and health workforce safe in the coming year. We look forward to working with ELFT across our Integrated Care system in 21/22 and beyond.

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

NHS NEL CCG (North East London Clinical Commissioning Group) Commissioner Statement for ELFT NHS Trust 2020-21 Quality Account

NHS NEL CCG welcomes the opportunity to provide this statement on ELFT NHS Trust Quality Account. We recognise and thank the Trust for its continuing efforts to provide quality healthcare to the residents of East London during this time. The Trust made significant unprecedented changes and adaptions to services in order to ensure the continuity of services for the population it serves. We are especially grateful to the Trust for the collaborative work to support patient pathways through the pandemic. There are many examples of this, but we would like to highlight in particular: the establishment of Integrated Discharge Hubs, which have not only reduced delays in discharge, but have also improved the quality and safety of discharges; and Fothergill Ward within East Ham Care Centre, which has been a fundamental part of the covid pathway. Through this period the Trust has continued to work with East London partners in the development of the North East London Integrated Care System, and placed based partnerships.

Review of 2020-2021 and priorities for Improvement 2021-22

As highlighted the pandemic has focused attention in key areas, and the Trust has prioritised understanding the impact of the pandemic to date, and on the restoration and reshaping of services for the future. Focusing on the following workstreams in this area:

- Leadership
- The future of work
- Inequalities
- Shaping our future
- Co-production
- System working

Outlined within the Quality Account is the significant work the Trust undertook in each of these workstreams. The ambition to have '*helping and generosity towards our partners as the default*' was particularly welcomed and demonstrated, through the pandemic, services and organisations have needed to collaborate as never before. This experience of breaking down organisational barriers helps ensure integrated working for the future. As highlighted within this quality account, this period has also been a time of innovation, and it is good to see the work ELFT have undertaken in reviewing digital options for the delivery of care and the considered approach in exploring the quality, safety and patient experience implications as part of this work.

In terms of priorities for 2021-22 we welcome the refocusing on the five year strategy, looking at improved: population health outcomes; experience of care; staff experience; and value. We are pleased to see the integration of many of the ambitions from 2020-21 into this work, we welcome in particular the focus on inequalities which were highly visible through the pandemic. We will work with the Trust to support the delivery of these objectives, as well as support wider system quality improvement, ensuring best practice is shared across the North East London system.

Having reviewed the content of the Quality Account against the requisite information, form and content as set out by NHS England/Improvement, we are of the view that the account is in line with the requirements and is a fair reflection of the healthcare services provided by the Trust in 2020-21.

Henry Black
Accountable Officer
NHS North East London Clinical Commissioning Group

3.5 Feedback

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

A copy of the Quality Report is available via:
- East London NHS Foundation Trust website (http://www.eastlondon.nhs.uk/)

2020/21 Statement of Directors' Responsibilities in Respect of the Quality Report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting 2019/20 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    o Board minutes and papers for the period April 2020 to May 2021, papers relating to quality reported to the Board over the period April 2020 to May 2021

    o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

    o the national patient survey within Quality Report

    o the national staff survey within Quality Report

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

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

    and

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

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

Signature

Mark Lam
Chair

Date   30/06/2021

Signature

Paul Calaminus
Chief Executive

Date   30/06/2021

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