

**REPORT TO THE TRUST BOARD - PUBLIC**  
**23 FEBRUARY 2017**

<b>Title</b>	Quality Report
<b>Author</b>	Dr Amar Shah, Associate Medical Director
<b>Accountable Executive Director</b>	Dr Kevin Cleary, Chief Medical Officer

**Purpose of the Report:**

The Quality Report provides the board with an overview of quality across the Trust, incorporating three domains: control, assurance and improvement.

**Summary of Key Issues:**

The Quality report provides an overview of quality across the Trust. The report is split into three sections:

1 – quality control, which helps understand how the system is performing, based on the Board's quality dashboards. This section includes narrative to investigate instances of special cause seen in the data.

2 – quality assurance, which provides a summary of data, intelligence and actions to provide high quality of care against the CQC's key lines of enquiry

3 – quality improvement, which provides an update of improvement work across the Trust

**Strategic priorities this paper supports (Please check box including brief statement)**

Improving service user satisfaction	<input checked="" type="checkbox"/>	The data provided in the Quality Report supports the strategic priorities regarding service user satisfaction and staff satisfaction by providing detailed information on metrics used to understand, assure against and improve Quality across the Trust
Improving staff satisfaction	<input checked="" type="checkbox"/>	
Maintaining financial viability	<input type="checkbox"/>	

**Committees/Meetings where this item has been considered:**

Date	Committee/Meeting
	N/A

**Implications:**

Equality Analysis	This report has no direct impact on equalities
Risk and Assurance	There are no risks to the Trust based on the information presented in this report. The Trust is currently compliant with national minimum standards
Service User/Carer/Staff	The Quality report provides detailed information across a wide range of measures covering the domains of 'Safety', 'Clinical Effectiveness', 'Service user Experience' and 'Our Staff'. As such, the information is pertinent to service users, carers and staff throughout the Trust.
Financial	None
Quality	The information and data presented in this report and accompanying dashboard help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

**Supporting Documents and Research material**

N/A

## Glossary

Abbreviation	In full
CQC	Care Quality Commission
CPA	Care Programme Approach
HCA	Health Care Assistants
KLOE	Key Line of Enquiry

## 1.0 Background/Introduction

- 1.1 The Quality Report has been redesigned to provide the board with an overview of quality across the organisation, split across the three domains of quality control, quality assurance and quality improvement. The quality control section continues to be based on the Trust Board's quality dashboard of whole system measures, displayed as statistical process control charts to help us understand variation and whether we are improving over time. The data is presented in two dashboards - East London only services and all services. The 'All Services' dashboard is limited to measures where data are available or reliable.

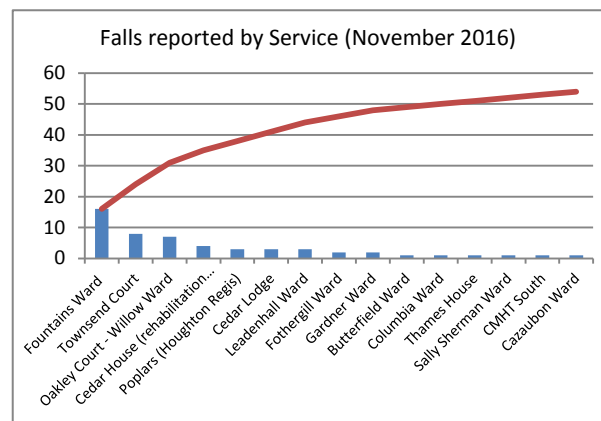
## 2.0 Quality Control

### 2.1 Safety

- 2.1.1 In the last report to October 2016, incident reporting numbers showed special cause variation across the Trust. This has continued and has demonstrated a phase shift upwards, suggesting that the Trust's reporting culture continues to strengthen.

- 2.1.2 Serious incidents continue to show normal variation. It should be noted that as of January 2017 the operational definition (the characteristics by which serious incidents are identified amongst all the incident data collected) has been clarified. The change improves the timeliness by which serious incidents can be accurately identified, and as such there has been some small changes in the data compared to the previous iteration of the dashboard.

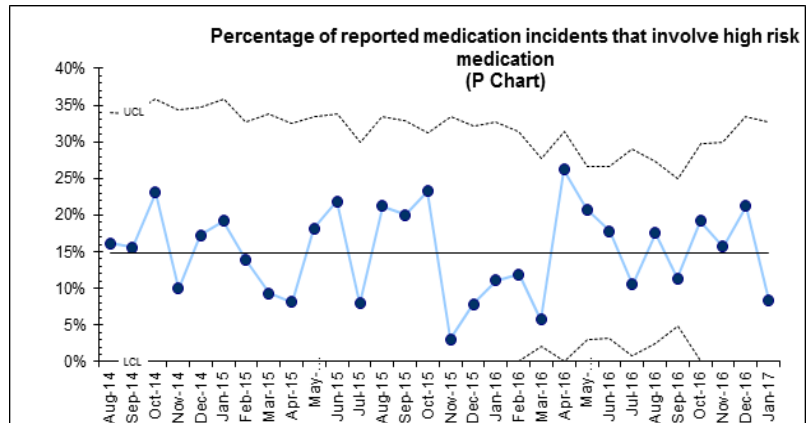
- 2.1.3 Looking at the dashboard that includes Luton and Bedfordshire data, there is evidence of special cause in the number of falls reported. The data for London services continues to show normal variation. The pareto chart of all reported falls in November 2016 highlights the prevalence of falls in Bedfordshire services, where work to monitor and reduce falls is ongoing, led by the modern matron at Townsend Court.



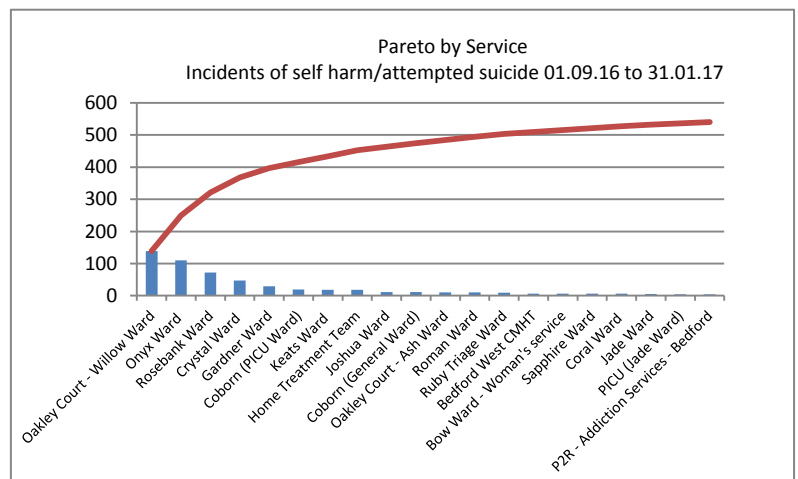
- 2.1.4 The number of pressure ulcers grade 3 & 4 originating at ELFT had showed special cause variation in October. Since then, data has reverted to normal variation.

- 2.1.5 The last report highlighted an increase in the number of reported medication incidents since the new year, from an average of 36 a month to 70. This was felt to reflect a dedicated effort to increase awareness and reporting of medication incidents across the Trust and is therefore again felt to represent a growing reporting culture, particularly in Luton and Bedfordshire. Subsequently reporting of medication incidents has reverted to levels similar to those prior to the period of increase. The pharmacy team believe this is due to a shift from spot checking of drug charts that led to errors being immediately reported as incidents, to periodic audit where errors are reported via the audit process, and not necessarily reported via Datix.

2.1.6 High risk medication incidents have shown a downward trend over the last six months across the Trust, though the high point coincides with the spike in medication incident reporting generally, so the proportion of incidents involving high risk medications remains stable.



2.1.7 Incidents of self-harm Trust-wide showed special cause variation in September, this pattern has continued with data points in November and January also showing special cause. Review of the incidents reported from September 2016 to January 2017 shows a high proportion of incidents reported on three wards; Oakley Court, Onyx Ward and Rosebank Ward. Further analysis shows that of the 612 incidents reported for the period, around 230 (37%) are in relation to 7 patients, all from those wards listed above.



## 2.2 Clinical effectiveness

2.2.2 Non-attendance at appointments (DNA) for the period since the last report has shown special cause variation, with levels well below the lower control limit. As reported previously, appointments with district nurses are now being recorded on EMIS. The increase in non-attendance seen between December 2015 and September 2016 was likely an artefact of these appointments not being recorded correctly on the new clinical record system. Non-attendance is now back at the previous level (prior to December 2015) and is likely due to better recording on EMIS.

2.2.3 Average length of stay across the Trust, including Luton and Bedfordshire, is stable. However the data excluding Luton and Bedfordshire shows special cause variation, with a downward trend since August 2016 and the last three data points fall below the lower control limit.

	Bedfordshire	City & Hackney	Luton	Newham	Tower Hamlets	Total
Average length of stay in January 2017 (days)	27.6	30.1	28.5	22.0	21.8	25.4

There is no single cause for the trend that can be identified. All London Directorates have shown a decrease individually, which is likely to have resulted from the Trust's ongoing focus on length of stay and work to reduce delays to discharge.

- 2.2.4 Waiting time until first face to face contact has shown special cause variation for both Adult and CAMHS Services in London services in January, with average waiting time above the upper control limit. It is not clear what lies behind this increase in adult services. Investigating the raw data has shown that there were a number of first face-to-face assessments in January 2017 that were unusually late. This occurred most often in our Newham community mental health services. Many of these appointments had had prior telephone contact. The CAMHS service in City & Hackney has experienced difficulty meeting their usual standards for waiting times in January. It is noteworthy that performance managers and service managers still rely on insensitive measures of performance for waiting times (% of service users seen by the target set by our commissioners) so the deterioration in performance seen on the Trust Board dashboard has not been detected by those managing our services.

## 2.3 Patient Experience

- 2.3.2 Complaints closed within 25 days is showing special cause variation. The wide level of variation is because only a few cases are currently being closed each month. It has become apparent that the measure currently employed is not giving us the best view of performance of the process. Work will be undertaken with the complaints department to identify an improved measure of the complaints handling process for the next report.

## 2.4 Our Staff

- 2.4.2 Staff leaving employment has shown special cause variation, with a sustained increased being seen since April 2016. Human Resources are currently conducting an in-depth analysis of year one leavers which may help us understand the reasons behind this shift.
- 2.4.3 Vacancy rates have remained within normal variation since the last report.

## 3.0 **Quality Assurance**

- 3.1 This new Quality Assurance section of the quality report aims to provide an overview of quality in relation to the five CQC key questions. The report will visit each of these on a cyclical basis and focus on action taken in light of areas of concern.

Report	Topic
1.	Are we safe?
2.	Are we caring?
3.	Are we effective?
4.	QA case study
5.	Are we responsive?
6.	Are we well-led?
7.	Quality assurance participation report
8.	QA case study

## 3.2 Are we safe?

- 3.2.1 The CQC definition of safe involves the protection of service users from abuse and avoidable harm. It is concerned with the identification and assessment of risks, the proper handling and administration of medicines, the provision and access of clinical information and the learning of lessons when safe care is not provided. A wide range of data has been triangulated for this report to best answer the safety related KLOEs.

What does the data tell us	What do our staff tell us	What our service users tell us
<ul style="list-style-type: none"> <li>Trust wide audits</li> <li>Training completion figures</li> <li>Incident and serious incident figures</li> <li>Learning from SIs</li> </ul>	<ul style="list-style-type: none"> <li>Executive Walkround</li> <li>Internal staff survey</li> </ul>	<ul style="list-style-type: none"> <li>Service user led audit</li> <li>Ward round audit</li> <li>Safety climate audit</li> <li>Patient experience feedback</li> <li>Complaints</li> <li>CQC Community Mental Health Survey</li> </ul>

### 3.3 Areas of interest

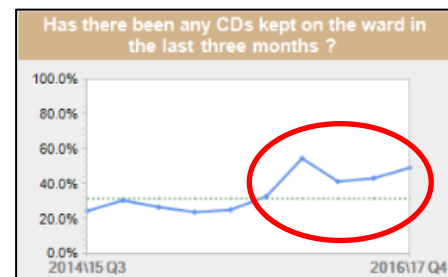
### 3.4 Infection control

Both infection control and hand hygiene audits signify the need for continued improvement, having failed to demonstrate 100% compliance during 2016. Services are now working closely with infection control nurses to address areas of concern through the audit action tracking process. Audit data and actions are discussed at all relevant committees.

A number of services reported infection control concerns regarding their environment through the Executive Walkround process. Concerns such as these are now raised at the Infection Control Committee and monitored through the infection control annual plan, which focuses largely on ensuring care environments are safe and clean, directing collaborative action with cleaning services and procurement to make improvements in this area.

### 3.5 Medication

Despite signs of a possible increase in the use of controlled drugs across the Trust, there are very few indications of falling compliance with audit standards in this area, with many remaining close to 100%. This signifies good work by the pharmacy team to embed policy across the Trust and a maintenance of high levels of reliability during recent senior leadership changes. Medicines safety training compliance has remained above 90% since April. Clinical pharmacy services have now been established in the Luton and Bedfordshire directorates, and in November 2016 the Trust appointed a permanent full-time Medication Safety Officer. Each of these factors may have contributed to the fall in harmful medication incidents since the beginning of the year. Work is ongoing to improve safety in certain high risk areas, including the use of high dose antipsychotics, rapid tranquilisation and missed doses of medication.



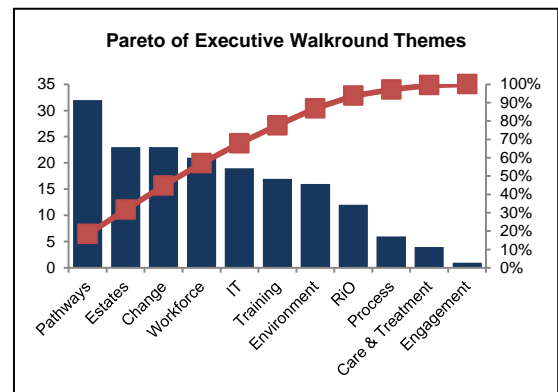
Work has embarked on attempting to increase the number of patients who believe they have received easy to understand and timely information regarding their medicines. Feedback from the service-user led audits has remained relatively stable, however new interventions are now in place (e.g. one to one with members of pharmacy) and face to face interventions are receiving a notably higher uptake than written interventions, potentially signifying that conversational support is considered by service users to be of greater value.

### 3.6 Feelings of safety

It is essential to their recovery that service users feel safe during their time in our care. The service user Safety Climate survey shows that service users feel concerned for their safety when staff are not visible and report lower scores when asked if there are enough staff on the wards to deal with difficult situations. Following a complaint regarding overcrowding on a ward in City & Hackney, changes were introduced to increase staff presence and reduce concerns regarding challenging patient dynamics. Violence reduction QI work continues across the City & Hackney, Newham and forensic inpatient services.

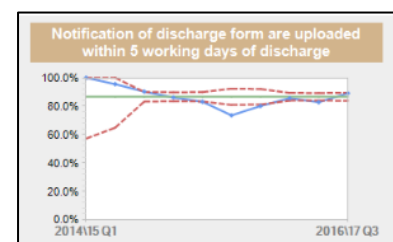
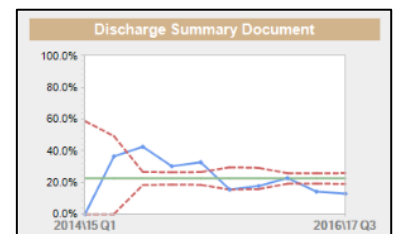
### 3.7 Pathways, handover and transition

Moving through a clinical pathway, the transition to another service and handovers to different teams are all key points at which important information regarding a patient's care and treatment may become lost or misunderstood. Feedback from the CQC Community Mental Health service user surveys shows that 36% of respondents were unaware of who was in charge of coordination during changes in their care. The topic of pathways is also the most frequent theme arising in recent Executive WalkRounds. Ongoing actions include discussions with commissioners regarding transition for adolescents, clarification of processes in CAMHS and awareness raising of transition policies in Forensic wards.



### 3.8 Record keeping

Discharge recording remains unstable, frequently showing special cause variation. This raises concerns regarding the safety of patients and reliable handover of information following discharge. Learning from serious incidents also signifies a need to focus on record keeping to reduce safety related incidents. Actions developed through the audit action process include re-education of junior doctors in relation to the RiO system, ongoing monitoring of discharge summary uploading by admin staff and discussion at DMT meetings.



## 4.0 Quality Improvement

The Quality Improvement section of the report outlines progress against planned QI work across the Trust.

### 4.1 Encouraging, engaging and inspiring

Two conferences are planned to be held in March 2017, one in London and one in Bedfordshire. 500 attendees are expected to attend and staff, service users and external stakeholders will be able to showcase, celebrate and learn from improvement work happening across the Trust.

The Trust will be hosting an Experience Day for 150 international delegates as part of the International Forum on Quality and Safety in Healthcare in April 2017. The morning



session will focus on the ELFT QI journey and service user involvement in QI. In the afternoon delegates will split into groups, visiting nine sites across East London to experience our improvement work in action.

#### 4.2 Developing improvement skills

The QI team is working with Clinical & Service Directors to identify a third cohort of improvement coaches who will commence their training in May. In Improvement Science in Action, waves 5 (Luton and Bedfordshire staff) and 6 (London staff) will both graduate in March bringing the total number who have graduated through this programme to 690. Wave 7 is scheduled to start in September. Pocket QI is now operating on a regular basis in both London and Luton & Bedfordshire sites bringing the total number who have now graduated through this offering to 408. QI now features in City University and University of Bedfordshire undergraduate and postgraduate nursing courses in addition to being part of the experience and learning for psychology trainees during their placements at ELFT.

#### 4.4 Embedding into daily work

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

The five strategic priority areas for the coming year are proposed to be:

- Reducing inpatient violence
- Improving access to community services
- Improving joy in work (the title of this is currently being developed together with staff)
- Recovery-focused community mental health services
- Improving value for money

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

Local directorates are being supported to develop a quality planning cycle which will help identify local quality priority areas, based on the views of service users, carers and staff as well as all available data and intelligence. This should help directorates design and align QI work with available resources and determine how they build improvement capability linked to the work.

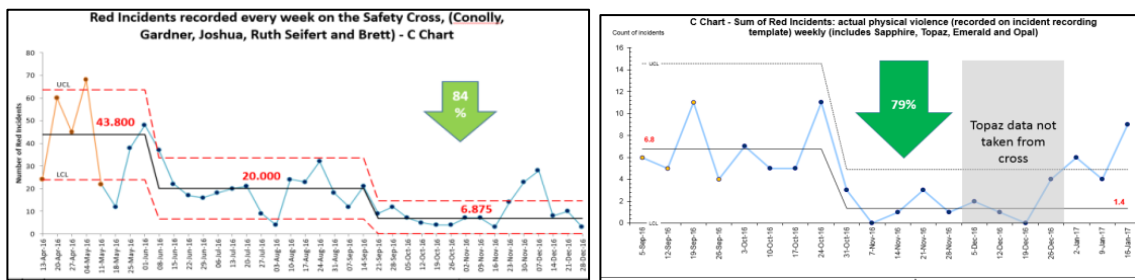
#### 4.5 QI Projects

We currently have 196 active QI projects. Of these, 45 are now showing sustained improvement whilst 63 feature service user involvement. Progress against the strategic priority areas is detailed below.

##### 4.5.1 Reducing inpatient violence:



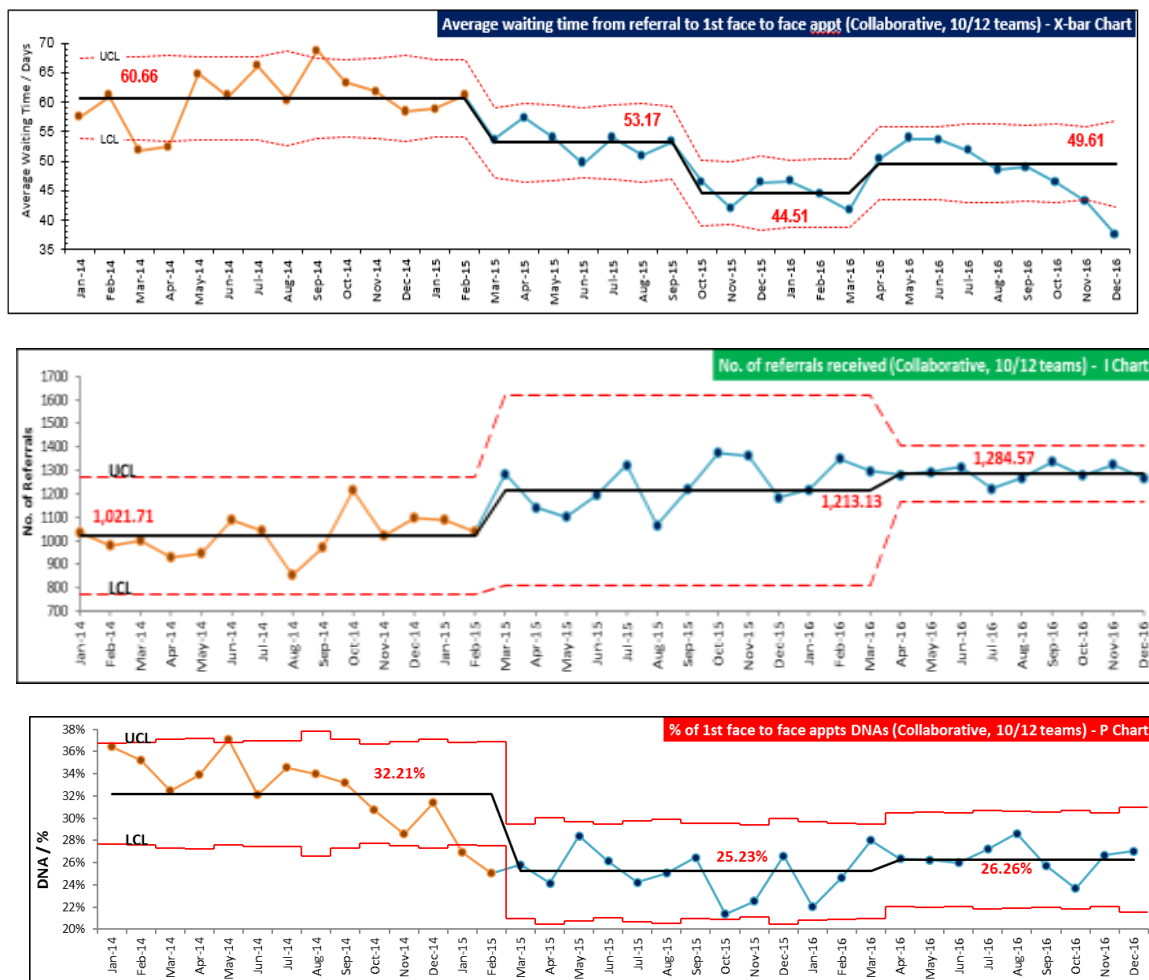
The violence reduction scale-up work continues in City & Hackney and Newham. City &



Hackney is seeing an 84% reduction in violence across 5 wards whilst Newham have observed an initial reduction of 79%. A forensics violence reduction collaborative is now operating in Forensics. A formal dashboard is now live and meetings have commenced.

#### 4.5.2 Increasing access to community services:

The improving access collaborative learning system continues to operate across the Trust and is composed of 14 projects across 11 teams from a range of services and locations. Overall we are observing a 19% reduction in waiting times, a 19% reduction in DNAs and a 25% increase in referrals received across these teams.



#### 4.5.3 Increasing value for money:

Initial work is underway with this new priority area. A project board has been established, to be chaired by CFO Steven Course, and current areas of focus include medicines

usage, interpreting costs and medical transcription. A broader campaign is also being designed with the communications team to engage and involve everyone in thinking about value for money.

#### 4.5.4 Recovery focused community mental health services:

The first project board for this new priority area met in January, chaired by deputy CEO Professor Warren. Some of the early design work is being carried out in the Isle of Dogs CHMT (Tower Hamlets), but further testing will quickly involve two further CMHTs in City & Hackney and Newham.

#### 4.5.5 Joy in Work:

Initial discussions are taking place with IAPT services and community health Newham, who will be the test sites for the work. A project board is in place, chaired by Mason Fitzgerald. Current work includes designing the measurement system and building the theory of change.

### 5.0 Action required

The Board is asked to **RECEIVE** and **DISCUSS** the findings of the report.

# Quality dashboard

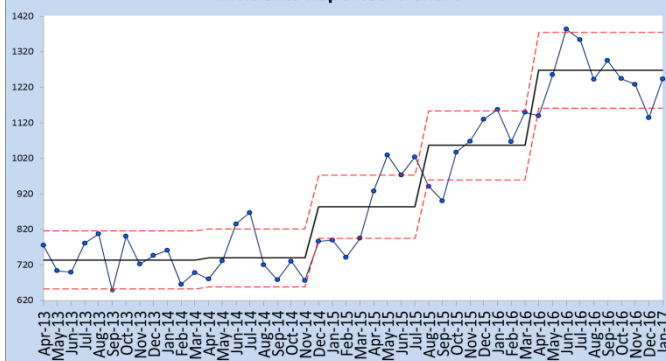
organisation-level view  
trust wide including Beds and Luton

January 2017

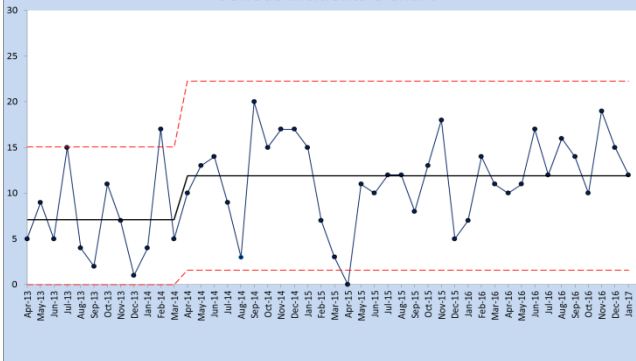
# Safety

## trust wide including Beds and Luton

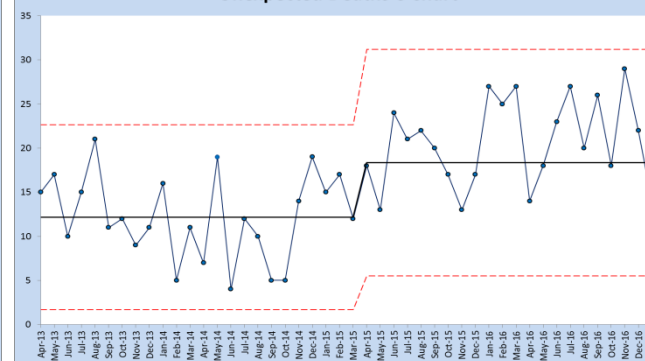
Incidents Reported C Chart



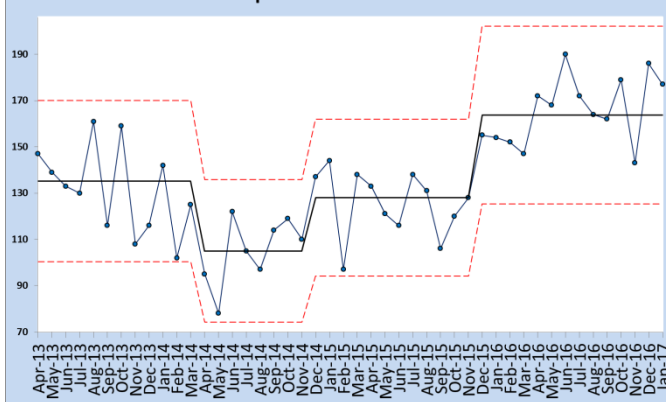
Serious Incidents C Chart



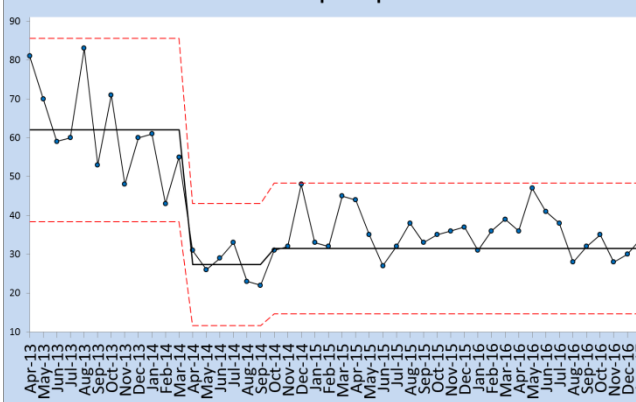
Unexpected Deaths C Chart



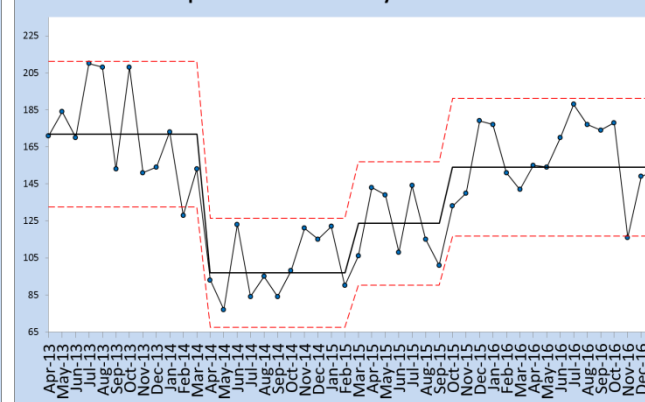
Episodes of Restraint



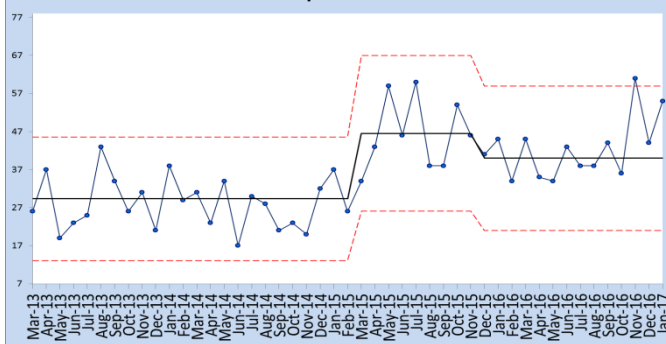
Restraints in prone position



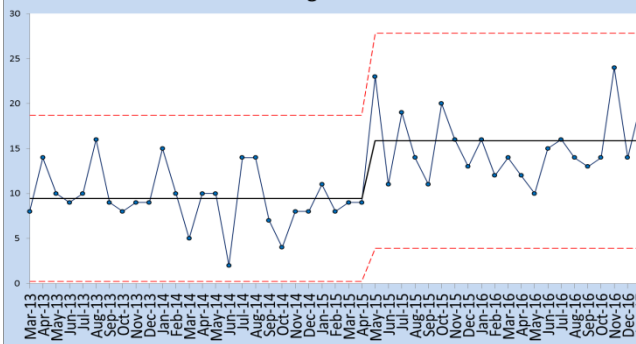
Reported Incidents of Physical Violence



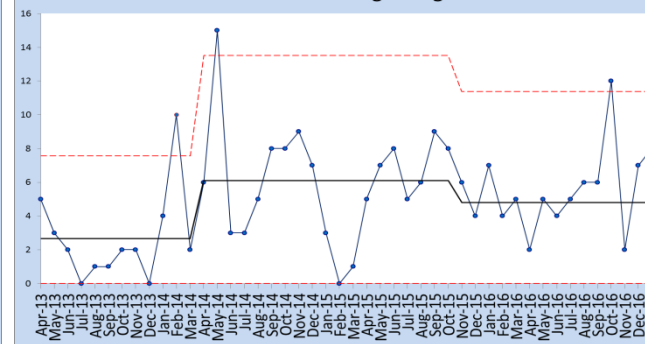
Falls Reported C Chart



Falls Resulting in Harm C Chart



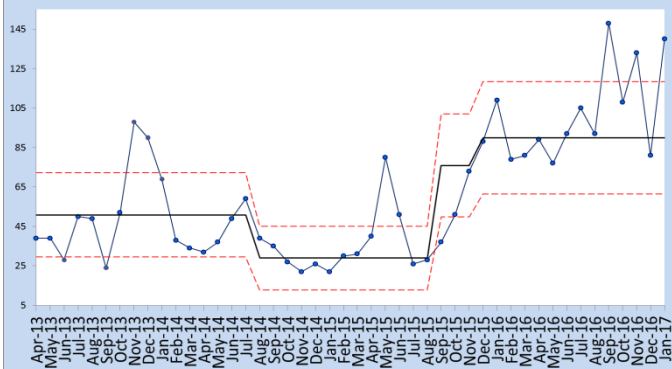
Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart



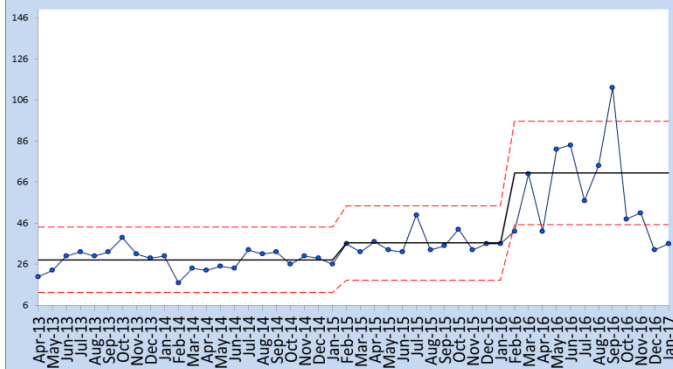
# Safety

trust wide including Beds and Luton

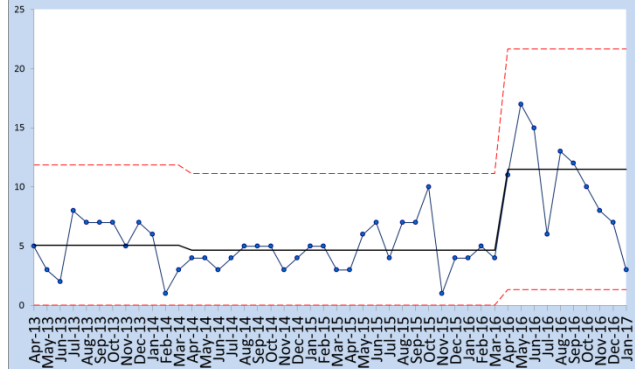
Self Harm (including attempted suicide) C Chart



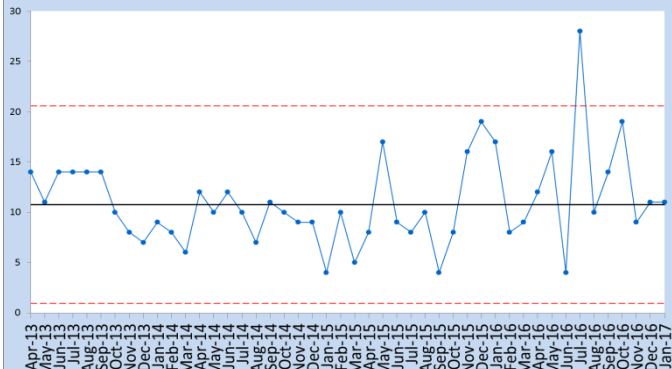
Reported Medication Incidents C Chart



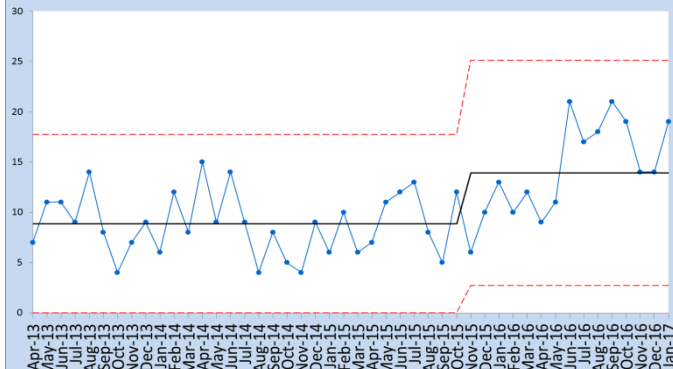
Incidents involving 'high risk' Medication C Chart



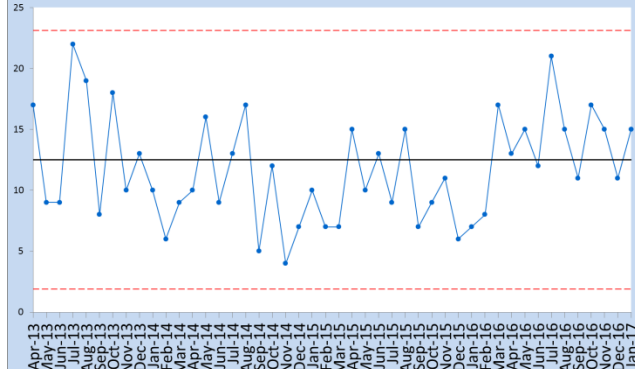
Abscond From Ward C Chart



Abscond From Escorted Leave C Chart



Failure To return from Leave C Chart



## Serious incidents for November 2016 to January 2017

Death of an Adult Service User, Unexpected - Cause unknown

Death – Institutional by staff on service user

Death – Delay or failure in treatment/procedure

Death of an Adult Service User - Suspected Suicide on Tube/railway, Suffocation, Strangulation, Jumping from height, Overdose of medication

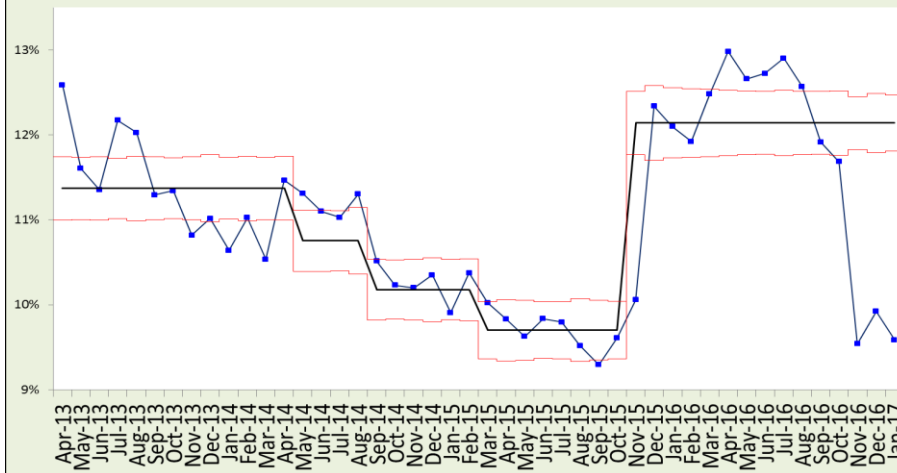
Death – Delay or failure in treatment/procedure

Death resulting from physical frailty

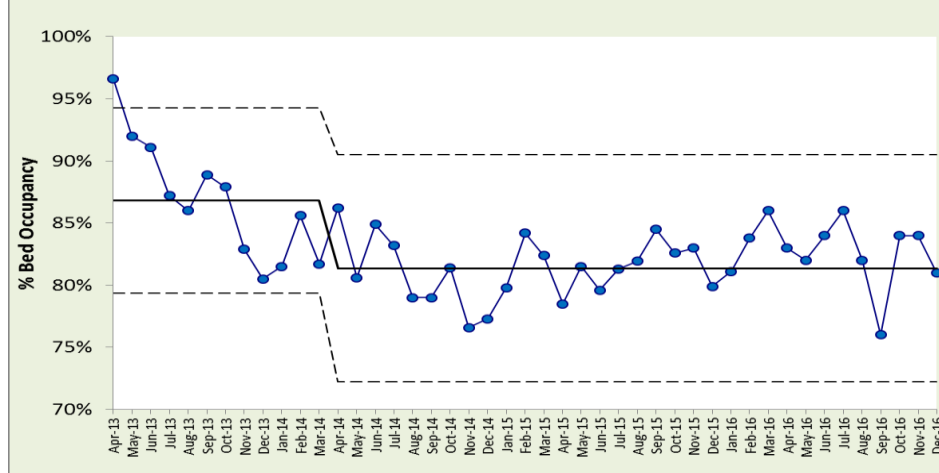
# Clinical Effectiveness

trust wide including Beds and Luton

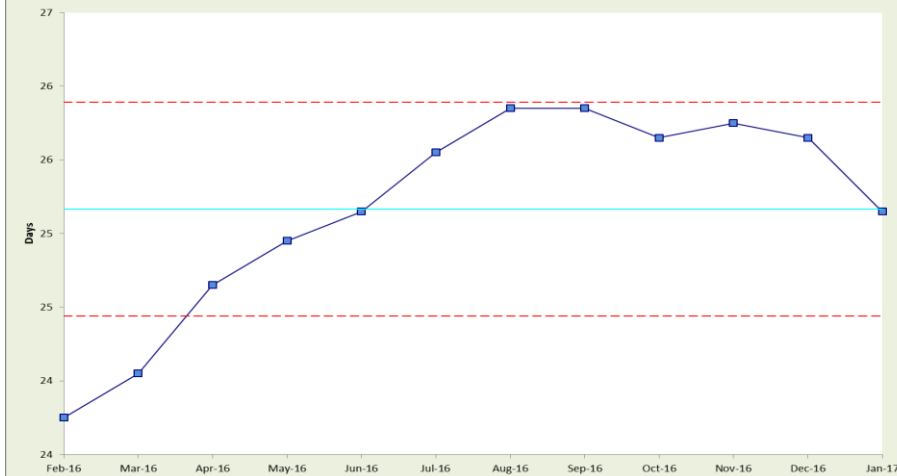
**DNA Proportion p Chart**



**Adult Acute Mental Health Occupancy i chart**

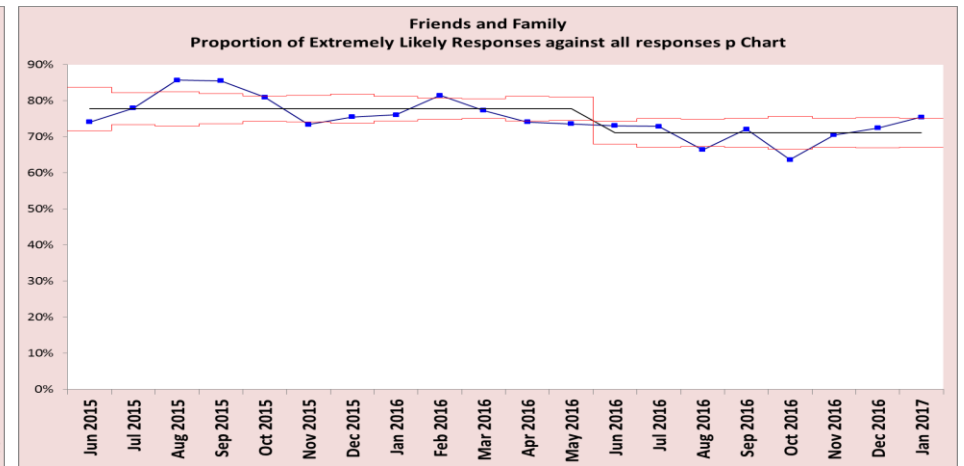
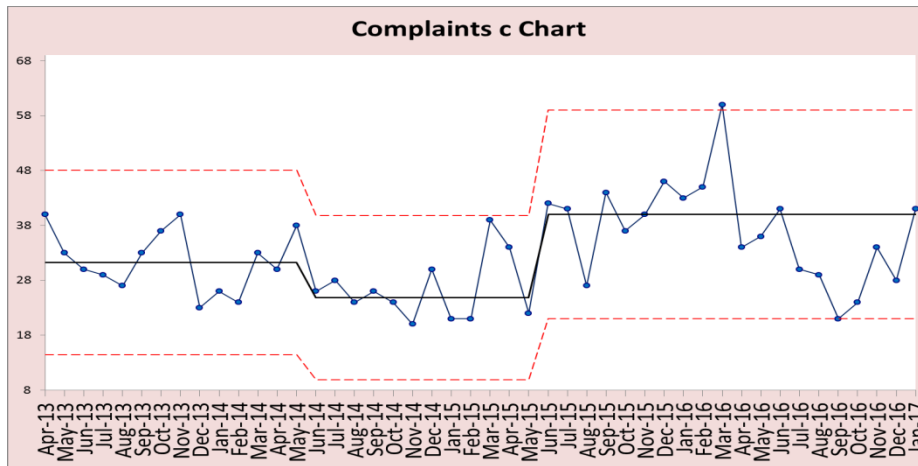
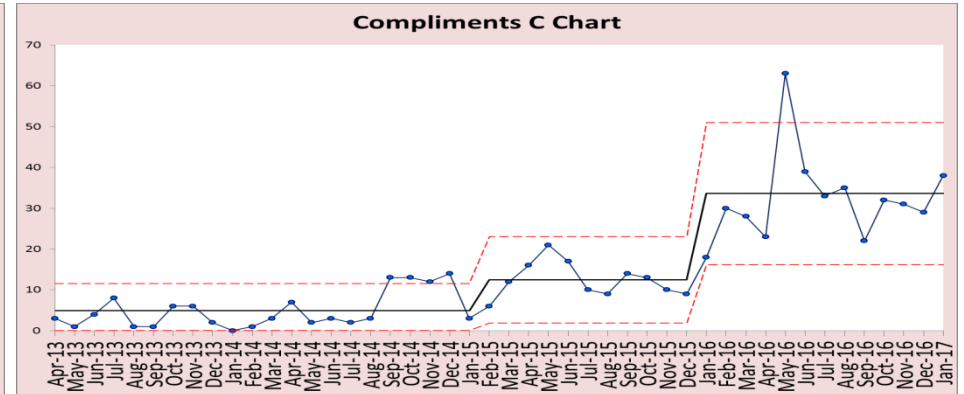
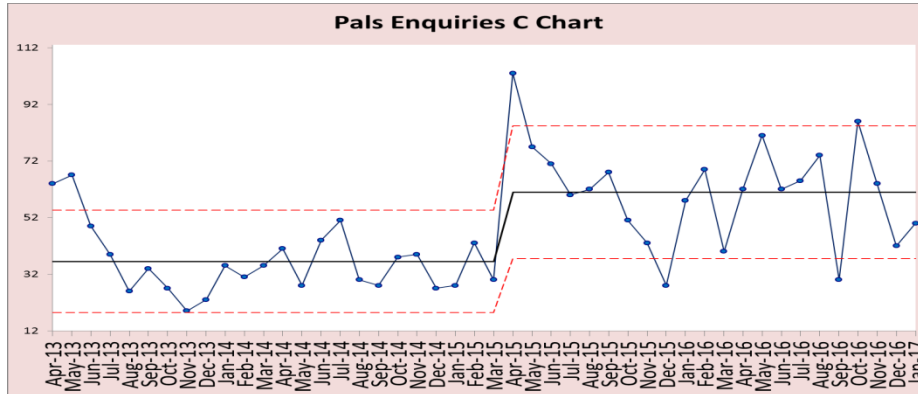


**Adult Acute Mental Health Length of Stay i chart**



# Patient Experience

trust wide including Beds and Luton

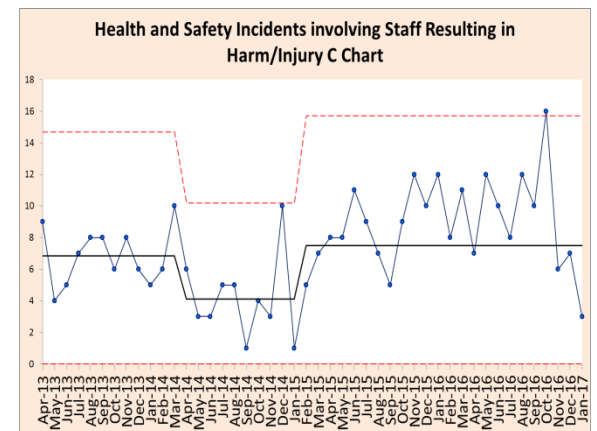
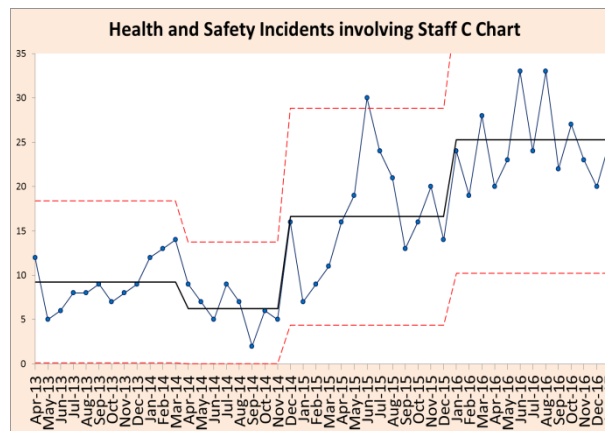
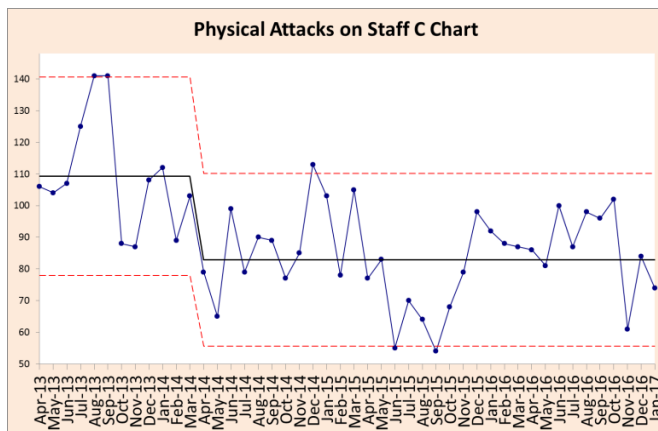
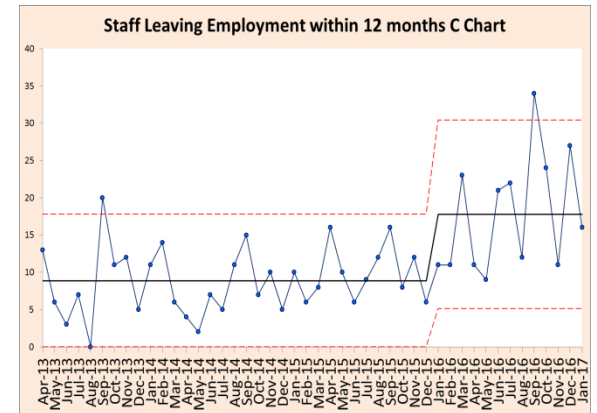
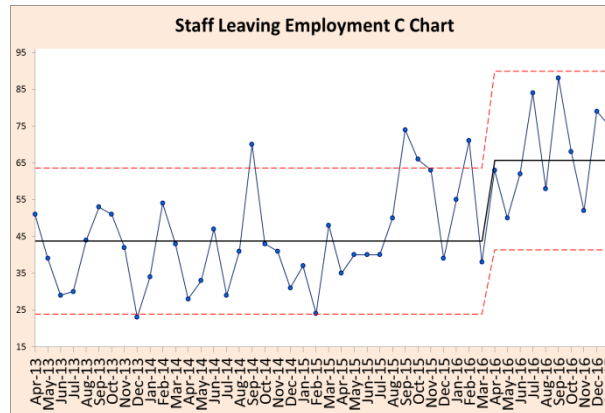
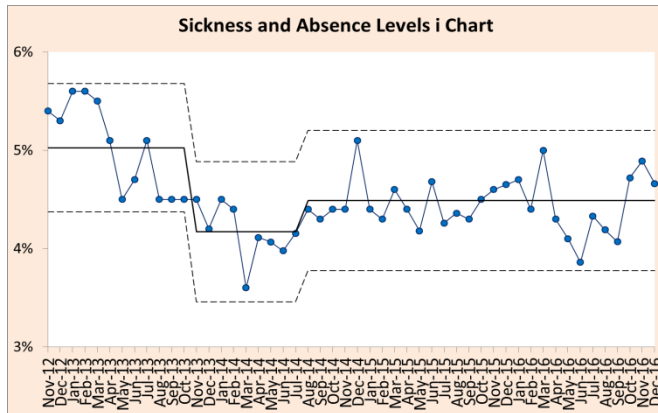


Complaints November 2016 to January 2017

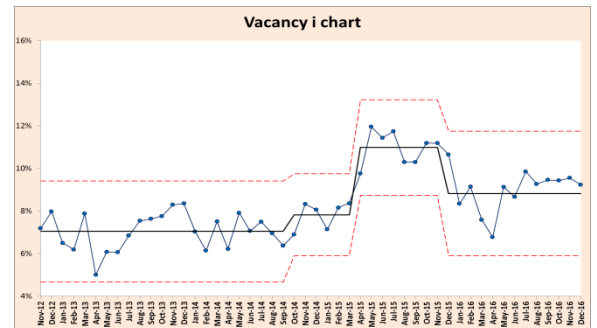
Appointments Delay  
Care Planning Mental Health  
Communication Info Written Oral  
Assessment Medication  
Patient Property Lack Of Facilities Clinical Management Mental Health  
Waiting Times  
Leave



**trust wide including Beds and Luton**



### Reasons given by staff leaving November 2016 to January 2017



# Quality dashboard

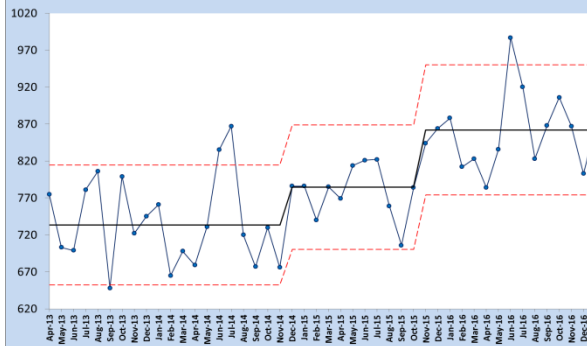
organisation-level view  
trust wide excluding Beds and Luton

January 2017

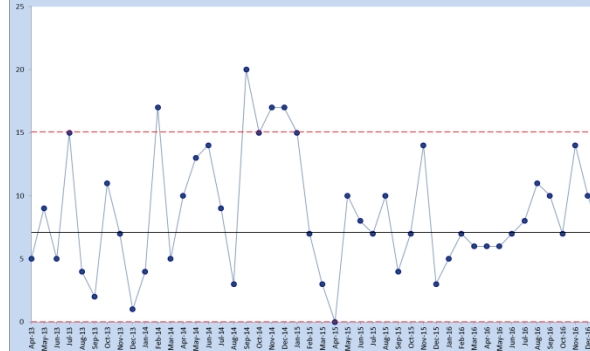
# Safety

trust wide **excluding** Beds and Luton(London)

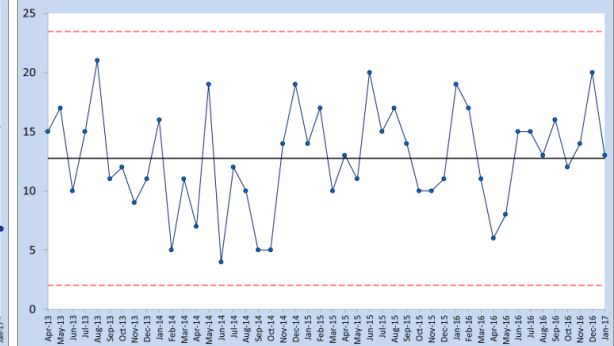
Incidents Reported C Chart



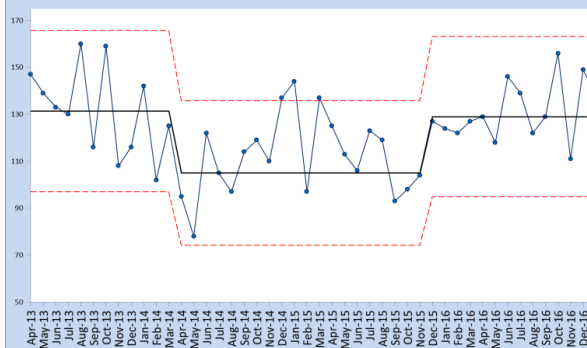
Serious Incidents C Chart



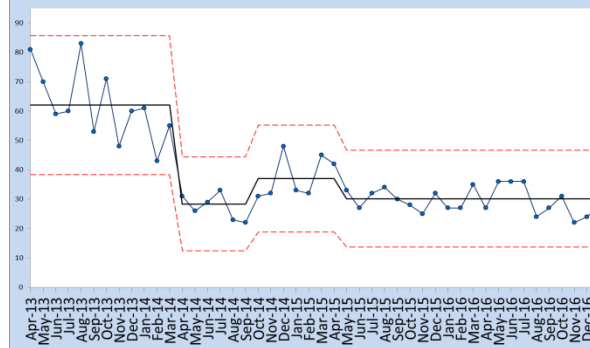
Unexpected Deaths C Chart



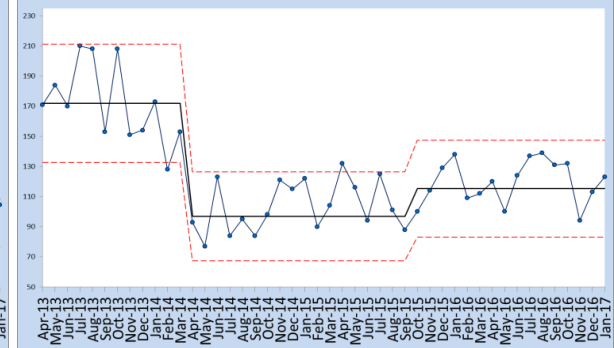
Episodes of Restraint C Chart



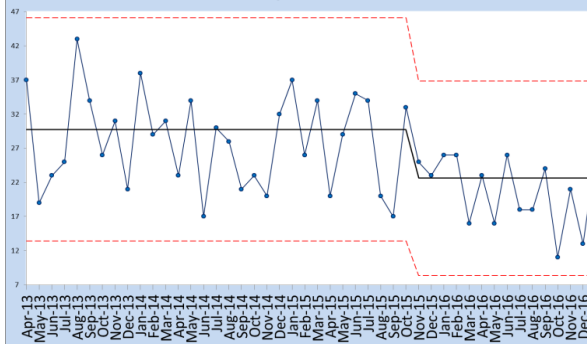
Restraints in Prone Position C Chart



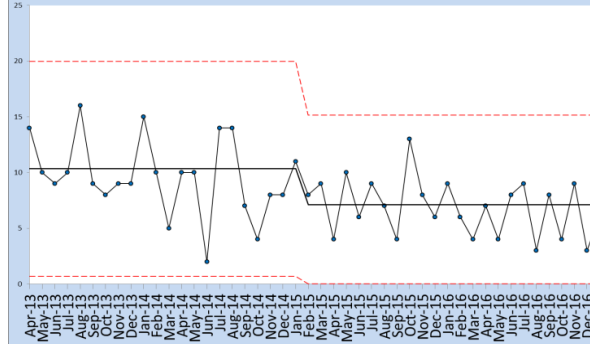
Reported Incidents of Physical Violence C Chart



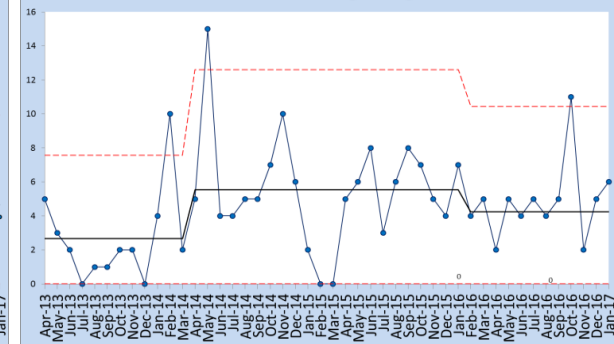
Falls Reported C Chart



Falls Resulting in Harm C Chart



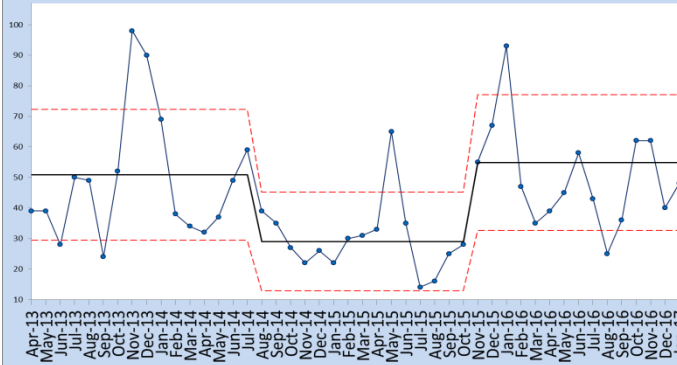
Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart



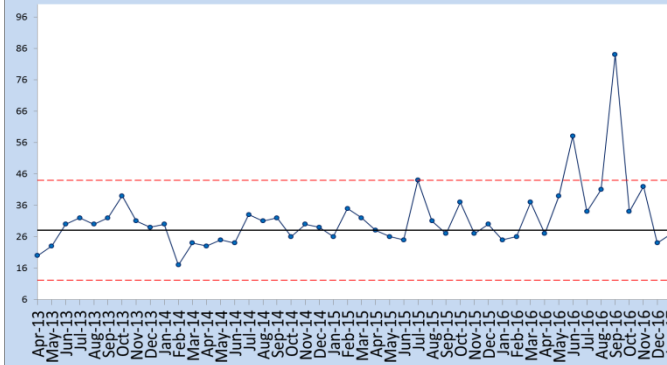
# Safety

trust wide **excluding** Beds and Luton(London)

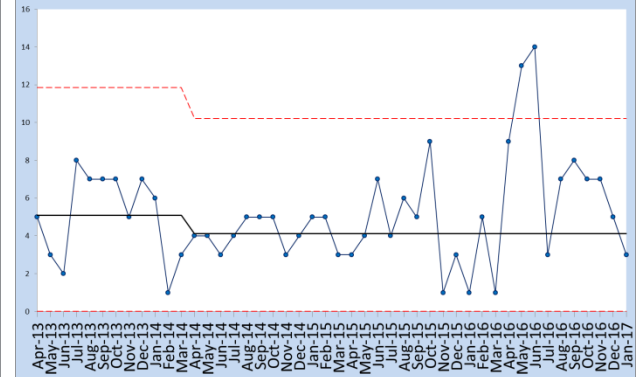
Self Harm (Including Attempted Suicide) C Chart



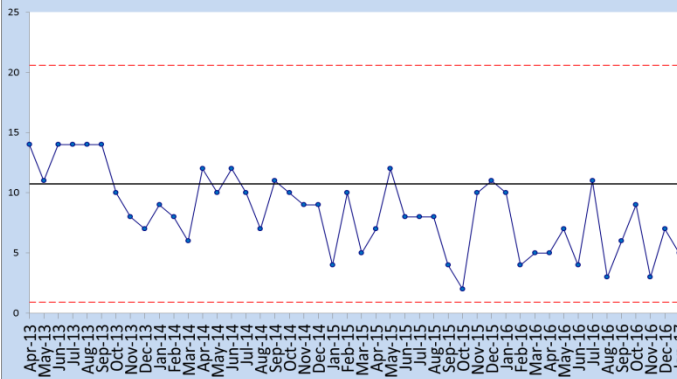
Reported Medication Incidents C Chart



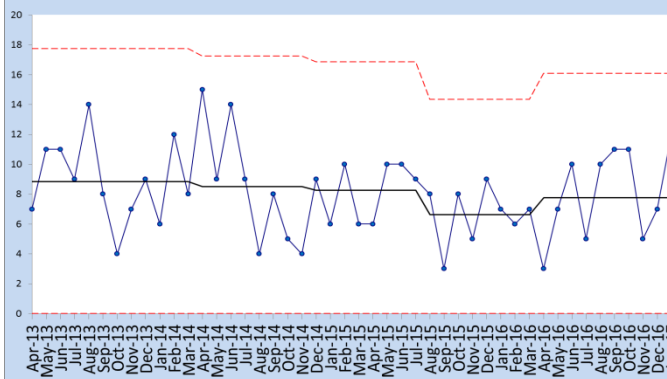
Incidents involving 'high risk' medication C Chart



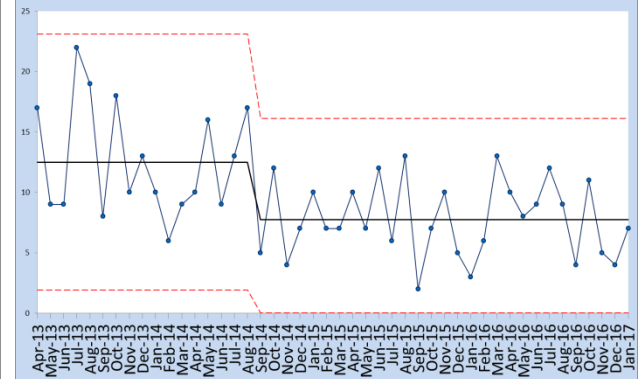
Abscond from Ward C Chart



Abscond from Escorted Leave C Chart



Failure To Return from Leave C Chart



Serious incidents for November 2016 to January 2017

Death of an Adult Service User, Unexpected - Cause unknown

Death resulting from Complication or unexpected deterioration

Death of an Adult Service User - Suspected Suicide  
Overdose of medication, self poisoning

Death of a Child

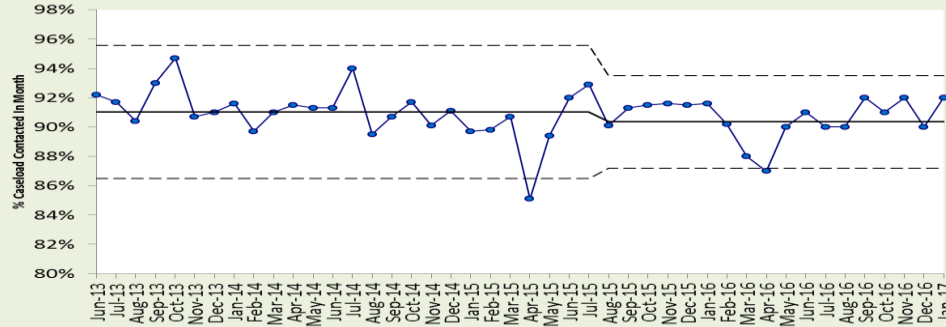
Death of an Adult Service User – Strangulation

Death – Institutional by staff on service user

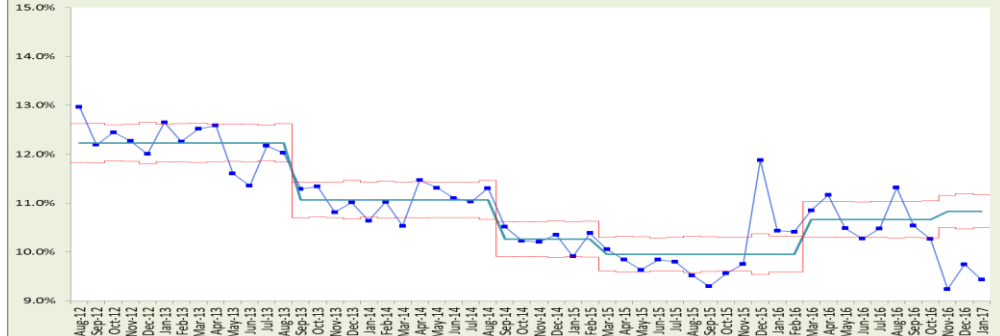
# Clinical Effectiveness

trust wide **excluding** Beds and Luton

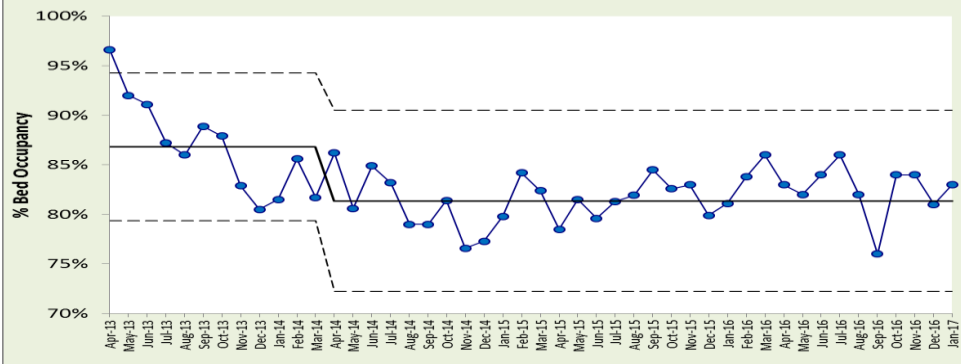
**CPA Caseload Contacted In Month Percentage i chart**



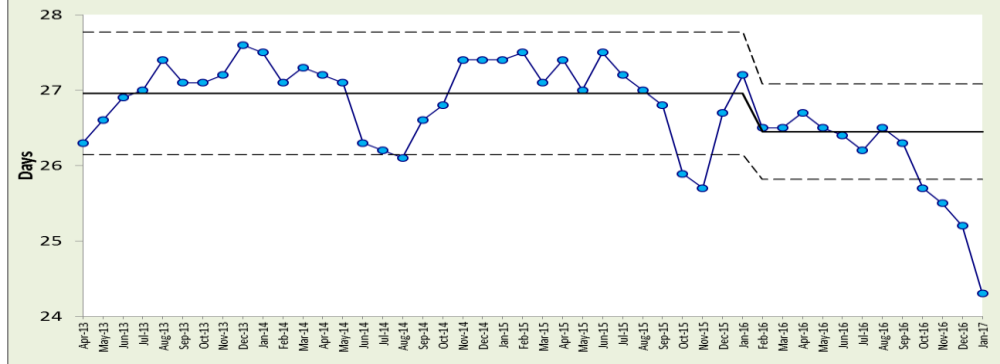
**DNA Rates p Chart**



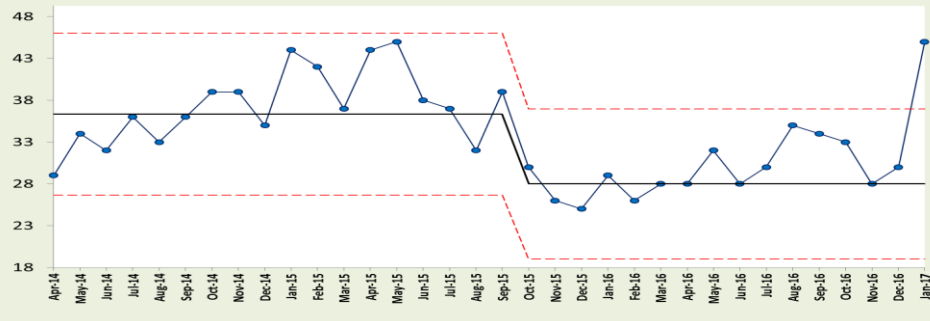
**Adult Acute Mental Health Occupancy i chart**



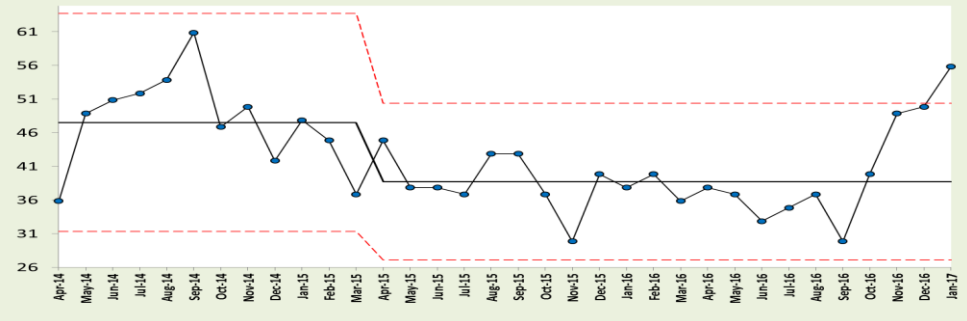
**Adult Acute Mental Health Length of Stay i chart**



**Adult CMHTs Days Waited until First Face to Face Contact i Chart**



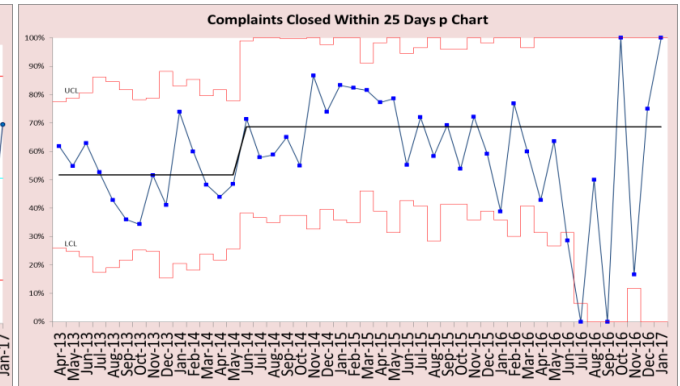
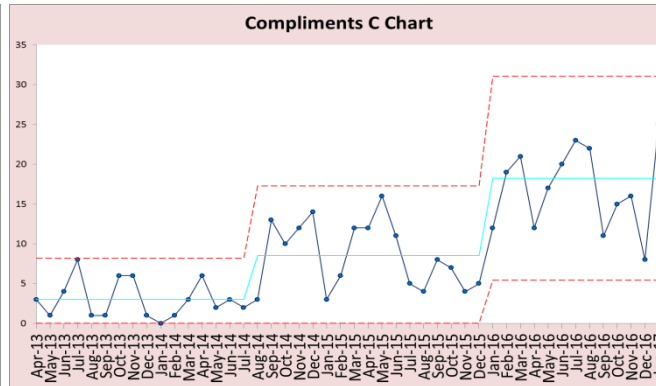
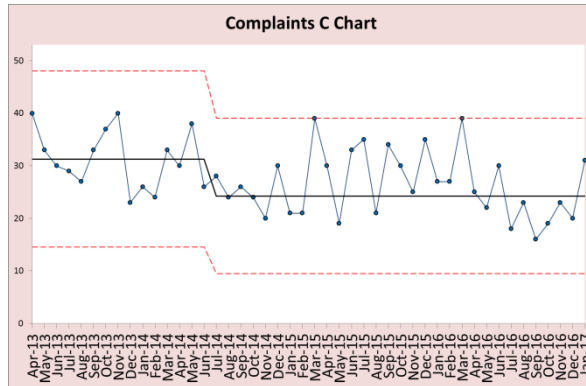
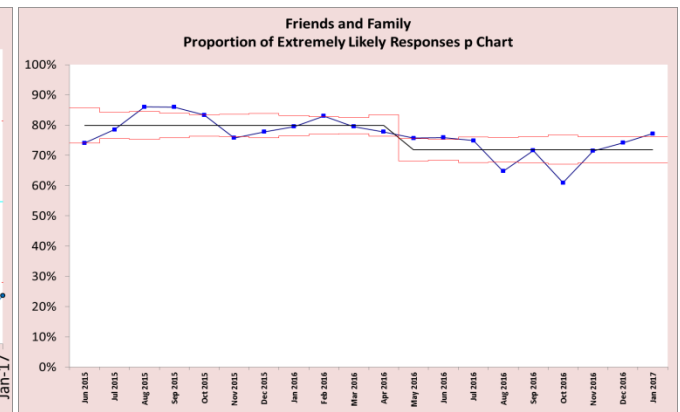
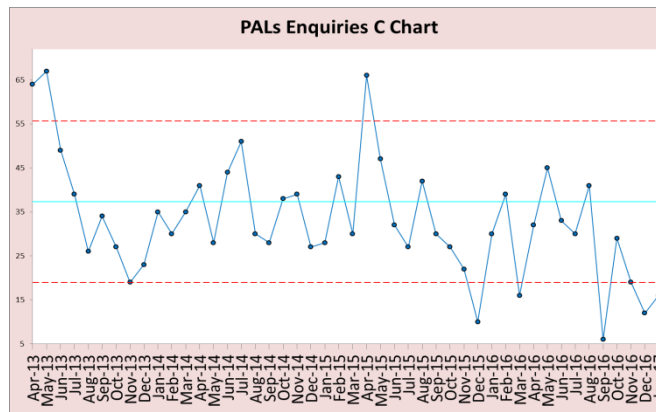
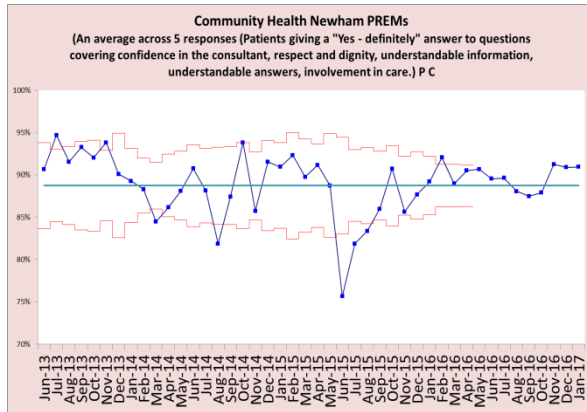
**CAMHS Days Waited Until First Face to Face Contact i chart**





# Patient Experience

trust wide **excluding** Beds and Luton (London)

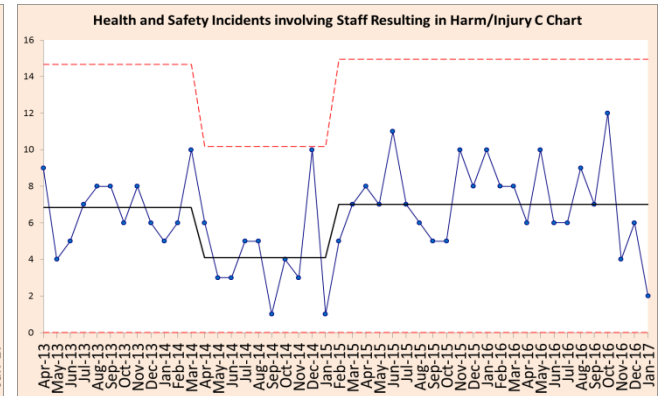
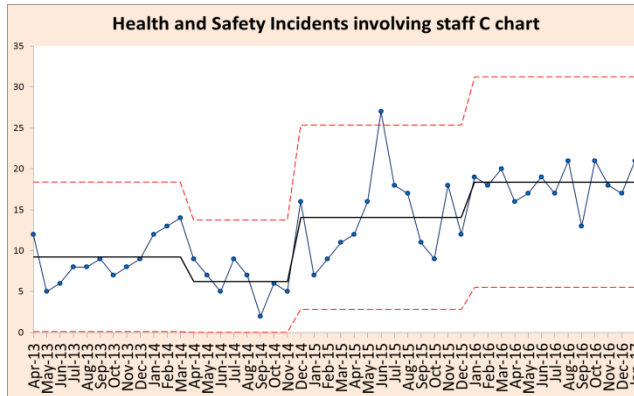
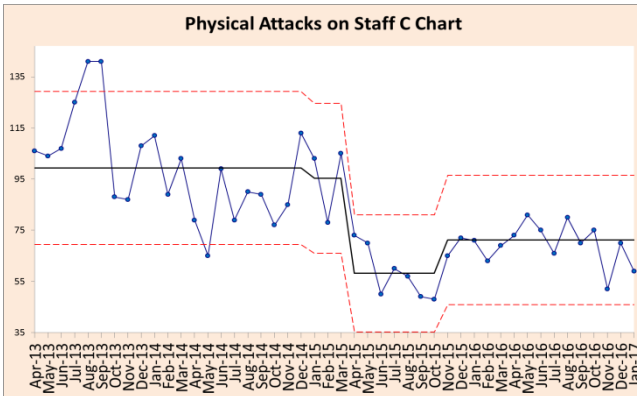
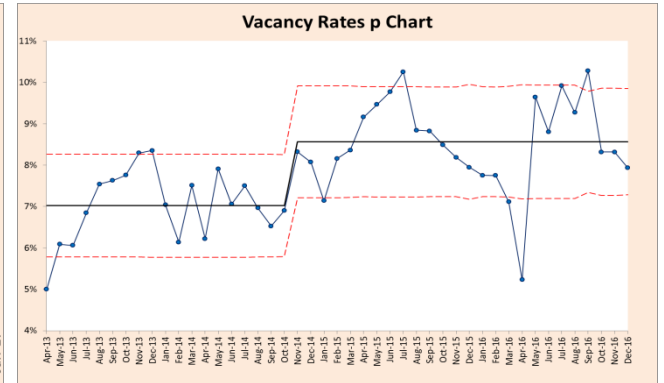
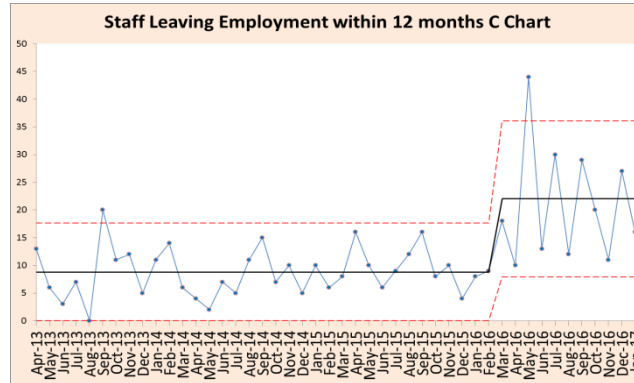
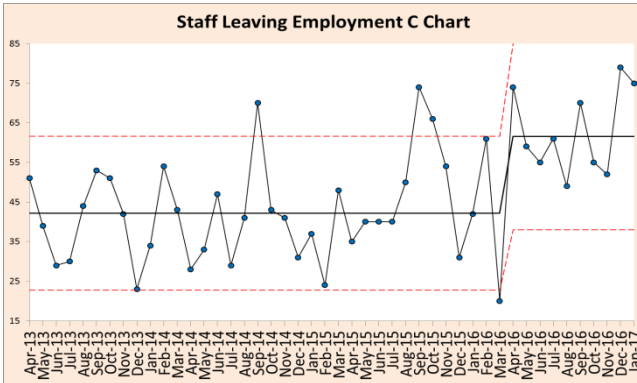


**Complaints November 2016 – January 2017**

ContinuityOfCare  
CarePlanningMentalHealth  
AppointmentsDelay  
DischargeArrangements  
CommunicationInfoWrittenOral  
ClinicalManagementMentalHealth  
WaitingTimes  
Admission  
Leave  
Assessment  
PatientExperience  
Medication  
AccessToServices  
**AttitudeOfStaff**  
PatientPropertyLackOfFacilities  
ViolenceByStaff

# Our Staff

trust wide **excluding** Beds and Luton (London)



**Reasons given by staff leaving November 2016 to January 2017**

Voluntary Resignation Child Dependents  
End Of Fixed Term Contract  
Voluntary Resignation Education  
Voluntary Resignation Relationships Retirement Health  
Voluntary Resignation Promotion  
Voluntary Resignation Health  
Dismissal Statutory Reason  
Retirement Age End Of Fixed Term Contract  
Voluntary Resignation Better Reward Package  
Voluntary Resignation Lack Of Opportunities  
Voluntary Resignation Relocation  
End Of Fixed Term Contract Rotation  
Voluntary Resignation Work Life Balance

