NHS
East London
NHS Foundation Trust

Title	Quality Report
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	James Innes, Associate Director of Quality Improvement
Accountable Executive Director	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	☒	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	☒	
Maintaining financial viability	☐	

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 designed to provide the board with an overview of quality across the organisation, split across 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.

2.0   Quality Control

2.1   <u>Safety</u>

2.1.1   Serious incidents in March showed special cause variation, the detail of which was explored in the April report. The data has now reverted to normal variation.

2.1.2   Trustwide reported incidents of physical violence shows seven points below the mean, which may be indicative of a possible future reduction.

2.1.3   The April report highlighted five months of increasing numbers of restraints in prone position in both the Trust wide and London data. This increase has not persisted for the period April to June and shows normal variation.

2.1.4   Trustwide falls data shows a high number of total falls reported in April and May, with May showing special cause. Falls resulting in harm for the same period were low. Analysis of the data shows that some of the increase during the past two months can be attributed to the acquisition of Tower Hamlets Community Health Services, where Jubilee Ward have reported six falls, with four during May (the first full month of reporting).

2.1.5   Eight incidents were reported by Fountains Ward, and five reported on Leadenhall Ward during May. In addition a number of adult age services have reported falls during May, totalling seven which is more than is typical. The majority of these incidents were reported as resulting in no harm, which may be due to the client group being relatively less frail and prone to injury. Of the nine incidents reported by Jubilee and Leadenhall Wards, eight were reported as resulting in no harm.

Falls reported during May 2017 - Pareto by service
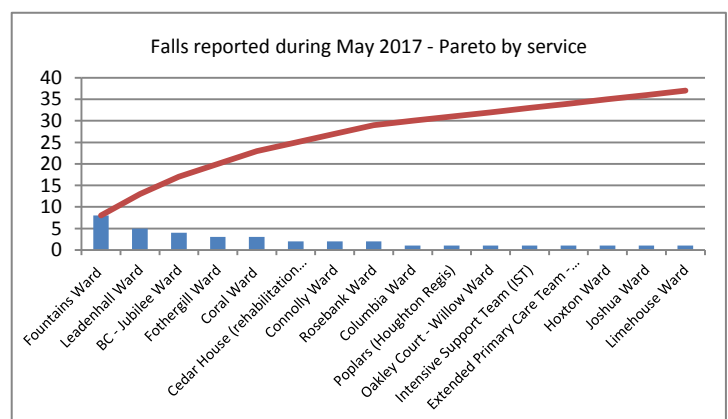
2.1.6   Episodes of failure to return from leave were close to the upper control limits during March and May. Analysis shows the majority of incidents were reported by Luton services, namely Coral, Onyx and Crystal wards. The last report in April highlighted the impact of work underway in Luton to reduce absconsions from escorted leave, and it may be that there is a relationship between the two. Coral Ward is the largest of the in-

patient wards in Luton. The MDT is working to reduce episodes of absence without leave, and are currently considering designing a QI project to achieve this.

2.2   Clinical effectiveness

2.2.1   In the April report non-attendance (DNA) at appointments across the Trust showed special cause variation, following the inclusion of District Nursing data again. Data for the last two months has stabilised within the control limits, reflecting the stable reporting process.

2.2.2   The percentage of CPA caseload contacted within the month in London services continues to show special cause variation, falling below the lower control limit. The April report highlighted the impact on recording of changes made to the RIO system in preparation for the reintegration of older persons services into the Borough Directorates. The persistence of data below the lower control limit may be due to influences resulting from this period of transition, such as physical relocation, reallocation of administrative staff, and the taking of leave at year end.

2.2.3   Adult acute mental health length of stay across London services has shown a shift downwards, reflected in a re-phasing of the chart. The mean length of stay has reduced from 26.5 days to 25.0 days. This is not mirrored within the Trustwide data which shows normal variation.

2.3   Patient Experience

2.3.1   PALS enquiries showed special cause variation across the Trust in March, with the number above the upper control limit. This may reflect a new dedicated resource in the Complaints and PALS team that has enabled an increase in enquiries and improved recording. The largest proportion of PALS enquiries come from Luton and Bedfordshire services. Across London services, enquiries are fairly evenly distributed. Most enquiries are seeking advice regarding care and treatment.

2.3.2   The percentage of service users Trustwide who would recommend the service to their friends and family has been above average for the past six months.

2.4   Our Staff

2.4.1   Staff leaving employment, including Luton and Bedfordshire, remains within normal variation, with the data points very similar to those at April and May 2016. The chart excluding Luton and Bedfordshire shows special cause variation in April 2017, where the data point sits below the lower control limit.

3.0   Quality Assurance - Are we caring?

3.1   Definition and analysis

The CQC definition of caring looks closely at the extent to which patients are involved as active participants in their care, to what extent patients are treated as a whole person and also how involved they are in the wider work and activities of the Trust.

To develop an understanding of this, data has been pulled in from across the Trust to answer the CQC key lines of enquiry (KLOEs). The data discussed spans May 2016 - May 2017 and the sources have been split into three areas to provide a rounded and robust view of effectiveness:

What does our data tell us	What our staff tell us	What our patients tell us
▪ Audits ▪ People participation reports ▪ Carer's assessment completion rates	▪ Internal staff survey ▪ National staff survey	▪ Patient experience feedback ▪ CQC Community Mental Health Survey ▪ Complaints and compliments

Areas of interest

3.2   <u>Patients' understanding of their care</u>

Internal PREM (patient-reported experience measures) data shows that the percentage of those who feel they are always given enough information to cope with their mental health needs, has increased from an average of 21% to 59%. For those receiving support from community health services, 88% claim that staff they have interacted with have explained things well. This remains stable and showing normal variation. The 2016 CQC Community Mental Health Service User Survey (CMHSUS) 2016 indicated 67% of respondents fully understood the therapies they were offered and 55% received information regarding their medication that they could fully understand.

The Trust launched the accessible information standard in December 2016, which seeks to ensure all service users and carers are provided with information they can easily understand and access. This standard focuses specifically on tackling barriers for those with specialist communication or learning needs and will be included within the Trust's central audit programme following familiarisation.
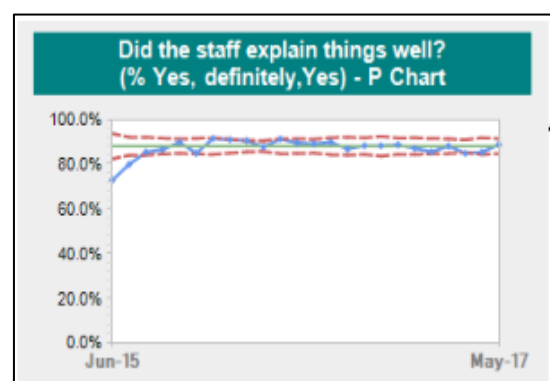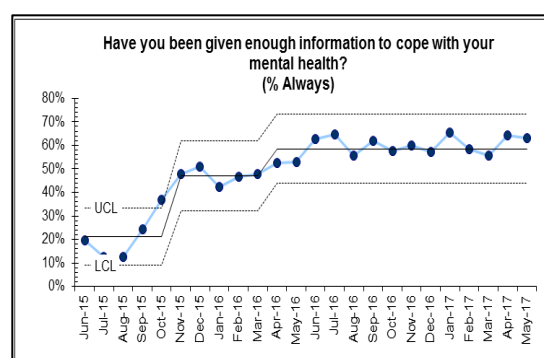
3.3   Patients' involvement in their care

Patient-reported experience data has shown a sustained improvement in the percentage of those who report always feeling listened to, from an average of 51% to an average of 67%. Audit data however shows 57% of respondents report that their views were taken into account during their ward round and 55% believe they were

definitely involved as much as they would like in discussions regarding how their care is working. These figures are mirrored within community mental health services, with the CQC CMHSUS highlighting 53% of service users feeling decisions were definitely made together during discussions with the Trust and 48% believed the people they saw through their mental health service helped with what was important to them.

50% were definitely involved in agreeing what care they would receive and 48% were definitely involved in decisions regarding their medication.
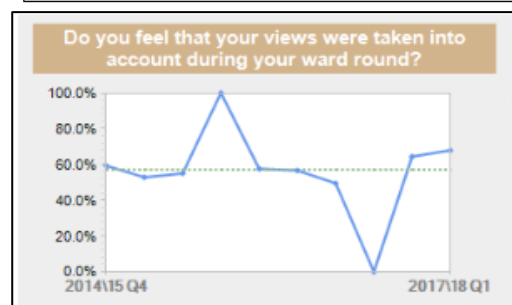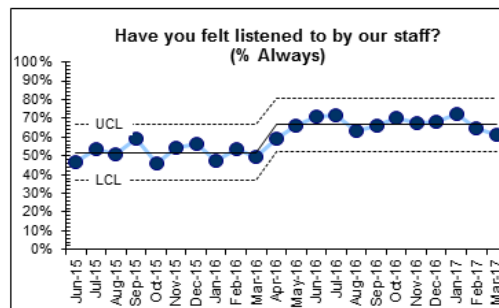
3.4   Caring for the holistic needs of the patient

Service user led audit data shows the Trust continues to meet the cultural, religious and spiritual needs of service users. An example of a You Said We Did action taken in response to this includes a review of the process for booking interpreters in City & Hackney.

The CQC CMHSUS shows around 50% of respondents are receiving a satisfactory level of holistic care. 53% of respondents believed that their agreed care definitely took into account their personal circumstances. 55% believed the person they spoke to definitely understood how their mental health needs would affect other areas of their life, 42% of respondents reported having received financial advice and 40% received help regarding finding or keeping work. In response to patient feedback regarding readiness for work and skills, the opportunity to undertake voluntary work for patients was introduced in Bedfordshire. Only 38% believed they had been fully supported to take part in activities locally.

One of ELFT's strategic improvement priorities is the development of recovery-focused services. This work takes a focus on co-production with service users involved and informing every stage of the process . This work includes the redesign of the CPA process (now eCPA) and introduction of DIALOG outcome measure to ensure approaches to care
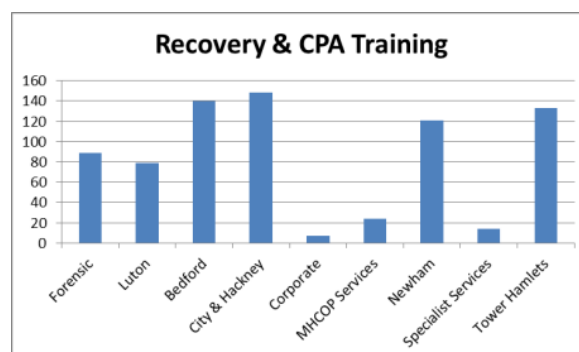
have the service user's views and goals at their centre. 11 service users are now part of the training team and as at 11 April, 755 staff had been trained in Recovery and the new CPA. A QI project is also underway in Isle of Dogs to redesign the community mental health service, with recovery being the shared purpose.

3.5   Support for carers

All London directorates exceeded their targets of 80% carer contacts between May 2016 and May 2017. This data is not currently measured in Luton &

Borough	May 2016	February 2017
Luton	15%	52%
Central Bedfordshire	8%	35%
Bedfordshire County	1%	16%

Bedfordshire. The percentage of carer's assessments across Luton & Central Bedford is improving, however Bedfordshire County percentages are still very low in comparison (data since February 2017 is currently unavailable).

You Said We Did actions related specifically to carers include the piloting interventions to support relatives of those with diabetes and the rollout of support sessions for carers of those with personality disorders in Tower Hamlets. The Carer's mentoring group is currently being developed with carer participation in the ELFT induction to promote recruitment of carers for the programme. Eight carers currently attend recovery college courses in Tower Hamlets.

3.6   Responding to concerns

While staff generally agree that the Trust acts upon concerns raised by patients (81%), only 67% believe patient feedback is used to make informed decisions within their department. This may signify that the use of patient feedback is carried out in an informal manner by staff, however has yet to be systematically and formally embedded. Since September 2016, the new cyclical patient feedback process has been fully implemented across the Trust; ELFT now has a comprehensive data collection, reporting and action process in place, which promotes learning from patient feedback. Through this process, 95 improvement actions have been identified across the Trust to date. Examples include:

Service/Ward	Action
Bedfordshire Addictions	Privacy filters placed over windows in Bedfordshire to ensure they can't be seen through
Stepney & Wapping CMHT	Details of who to contact in a crisis to be included in letters to other health care providers to ensure outpatients can find this information easier to access
Crystal Ward	The introduction of a set time for gardening to ensure service-users know when and how they can be involved in this activity
Ruth Seifert Ward	Introduction of debrief meetings with staff and patients following incidents of violence

There were 74 formal complaints regarding the values and behaviours of staff between May 2016 and May 2017. Twenty-four of these were upheld either partially or in full. These complaints are frequently regarding communication issues with staff, attitude/behaviour of staff and recognition of carers. Learning from these complaints includes the introduction of alternative contacts within services in City & Hackney to promote positive relationships between patients and therapists and an investment in CCTV in some MHCOP services to promote safety.

QI work has been undertaken throughout 2016 in Newham community health services to increase local resolution of complaints, making the process of raising and resolving concerns more meaningful and personable. The project reduced formal investigations from an average of 6 per month to 1 per month and high grade complaints by two thirds. Feedback shows that patients found the new process much quicker and more personal. The project is now closed and learning from this is currently being spread across the Trust.

4.0 Quality Improvement

4.1 Building the will

4.1.1 On 26 April 2017 the Trust hosted an experience day for 150 international delegates as part of the International Forum on Quality and Safety in Healthcare. In the morning delegates from Africa, America, Australasia, Scandinavia and the UK learnt about the ELFT QI journey and service user involvement in QI. In the afternoon, delegates split into groups, visiting nine sites across East London to experience QI and services at the frontline.

4.1.2 The Trust's QI microsite, the one stop shop for all to do with QI at ELFT, is now seeing an average of 30,000 views per month. These views are not just limited to the UK, with many coming from far across the world.

4.2 Building Improvement Capability:

4.2.1 Our third cohort of improvement coaches are currently being trained, with the first of three workshops completed. The 33 participants are now starting to actively coach QI projects in their respective directorates.

4.2.2 On 7 June 2017, 37 staff attended the latest in our series of masterclasses, this one on using data for improvement. These masterclasses are designed to allow staff to build and reinforce their knowledge around key topics. Future masterclasses include:

- Prof Steve Swenson (Mayo Clinic) on leading and engaging teams - 14th September 2017
- Dr Bob Lloyd (Institute for Healthcare Improvement) on measurement - 12th October 2017

- Dr Brian Robson (Healthcare Improvement Scotland) on leadership for improvement - 7th December 2017.

4.3 Alignment:

4.3.1 The biggest risk to our QI work is the lack of a suitable data visualisation platform within the Trust, which would allow all staff to view their data as run/control charts, interrogate their data and create custom dashboards. A new group, chaired by the ELFT CEO, has begun to meet to oversee the design, procurement and development of a new data visualisation platform for the Trust.

4.3.2 We have seen a recent increase in service user involvement in QI work with 57% of active QI projects now featuring service user involvement. The Trust Service User and Carer QI steering group continues to operate on a monthly basis and we now have our first service user QI coach currently in training.

4.4 QI Projects within the organisation:

We currently have 146 active QI projects. Of these, 54 projects are now showing sustained improvement. Progress against the Trust's strategic priority areas is as follows:

4.4.1 <u>Reducing Physical Violence:</u>

We continue to observe a sustained 42% reduction in violence across the organisation (excluding Luton and Bedfordshire).

The aim of this work stream is to reduce violence across East London Adult Mental Health inpatient services by 40% and Forensic inpatient services by 30% by the end of 2017. This is being achieved by the scale up of the ELFT violence reduction change bundle from Tower Hamlets to City and Hackney, Newham and Forensics. Currently City and Hackney are observing a 84% reduction in violence across all acute wards whilst Newham are now observing a recent increase in violence of 27% across 4 wards. This increase can be attributed to special cause variation on all wards which has now been brought

back into control. A forensics violence reduction collaborative is now operating with a formal dashboard and regular learning sessions.
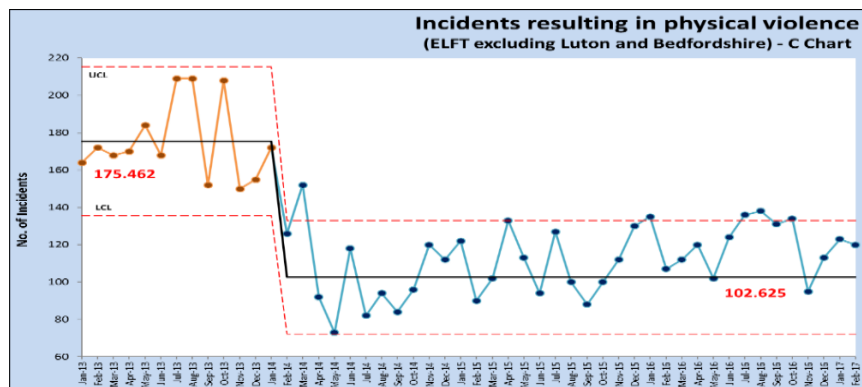
4.4.2 <u>Improving access and flow in the community</u>

Over the past 2 years, the improving access to services collaborative has sought to reduce waiting times from referral to assessment and reduce non-attendance at first appointment by testing a variety of change ideas using the QI approach. Over this time the collaborative has seen a 23% reduction in average wait times, a 36% reduction in

non-attendance at first face to face appointment whilst seeing a 26% increase in referrals.
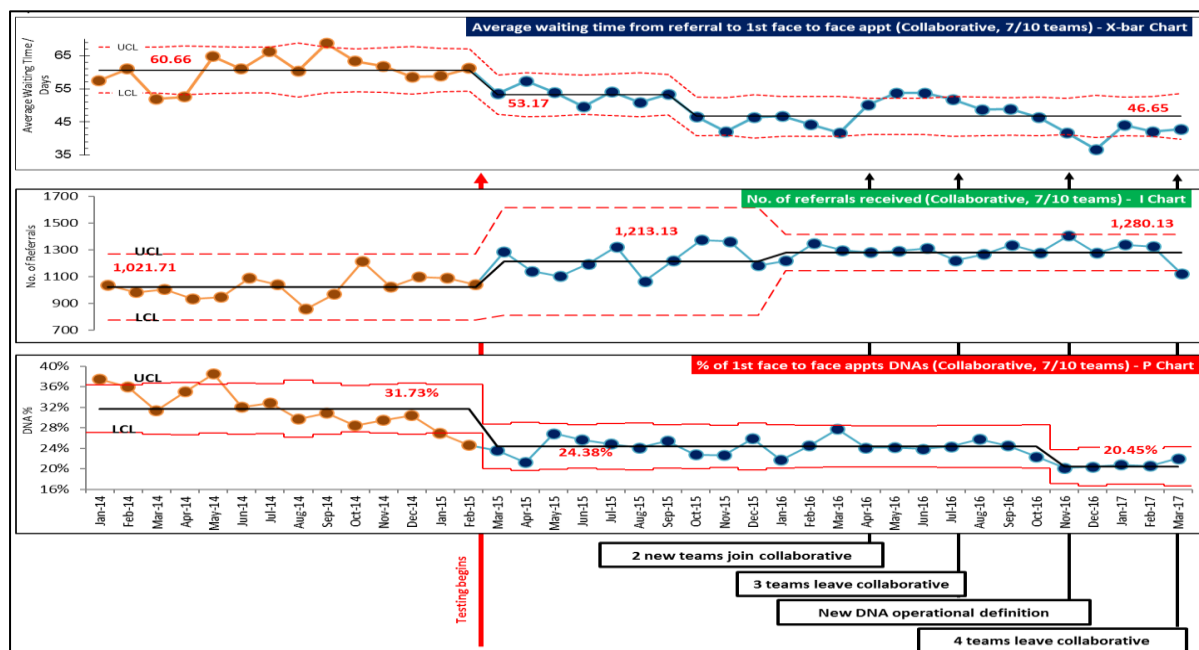
For the year ahead, work in this high priority area will focus on:

- The reliable scale up of automated text reminders across the organisation (a successfully tested change idea in the improving access collaborative)
- Supporting Newham Adult Community Mental Health services, CAMHS and psychological therapy services to improve access and flow across their pathways. For each of these clinical areas we are now in the process of establishing learning systems, local sponsors, project leads and teams in addition to defining the scope and aims of this work.

4.4.3 Value for Money

The aim of this high priority area will be to reduce non-pay costs across three initial work streams:

- **Reducing translation costs:** the reliable and appropriate implementation of telephone interpretation in place of face-to-face interpretation across the organisation
- **Appointment letter mailing:** the reliable implementation of hybrid mail across the organisation, reducing physical posting of letters.
- **Reducing salary overpayments**

Working groups are now in place for each of these work streams and dashboards are nearly in place to help guide execution theory and strategy. The Luton IAPT service has undertaken some initial testing on telephone interpreting, and the team is currently reviewing balancing measures of staff and patient experience:

Average cost of interpretation per episode (Luton IAPT, E71365 LUTON) - I Chart
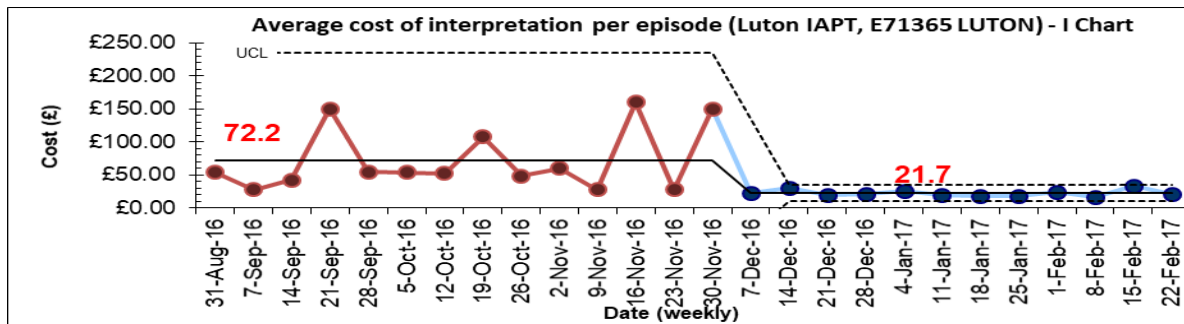
4.4.4 <u>Reshaping Recovery in the Community</u>

Regular project boards are now operating for this new priority area and early design work has been carried out in the Isle of Dogs CHMT, Tower Hamlets. This work has now also started at the South CMHT in Newham and is also planned to move to one further test site in Hackney. We are close to having an aim, content and execution theory in addition to measurement systems to help guide future testing and scale up.

4.4.5 <u>Enjoying Work</u>

The aim of this work stream will be to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users. We have now established content and execution theory and are close to finalising the measurement system. The prototype teams are starting to collect daily data from staff, as a baseline.

5.0 ACTION REQUESTED

5.1 The Trust Board are requested to **DISCUSS** this report

Quality dashboard
organisation-level view
trust wide including Beds and Luton

June 2017

NHS

East London
NHS Foundation Trust

Safety
trust wide including **Beds and Luton**

Incidents Reported C Chart
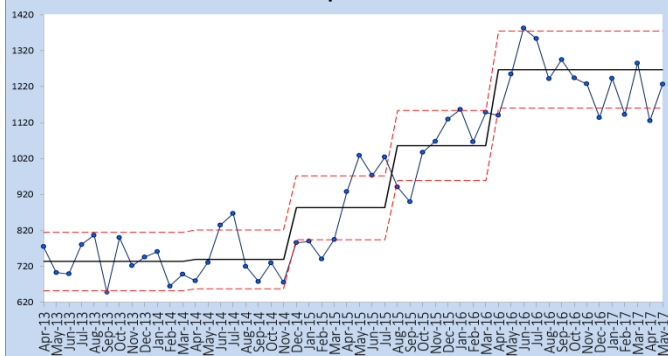
Serious Incidents C Chart
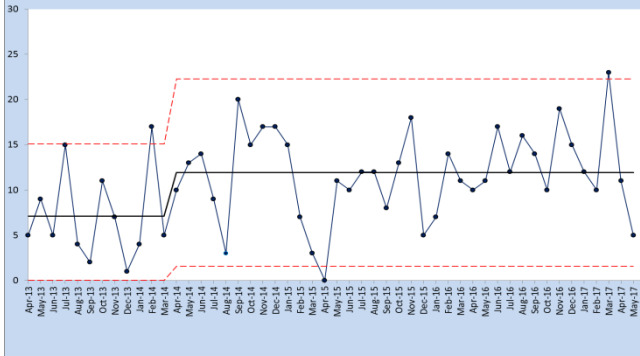
Unexpected Deaths C Chart
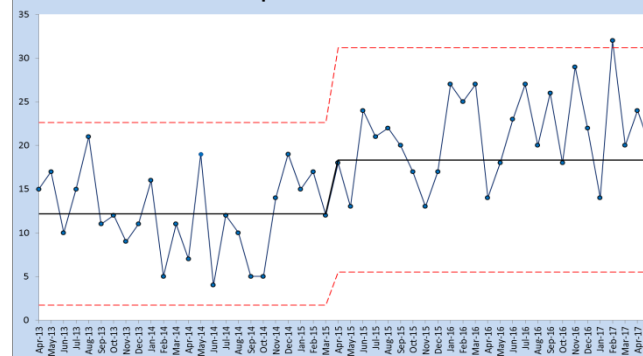
Episodes of Restraint
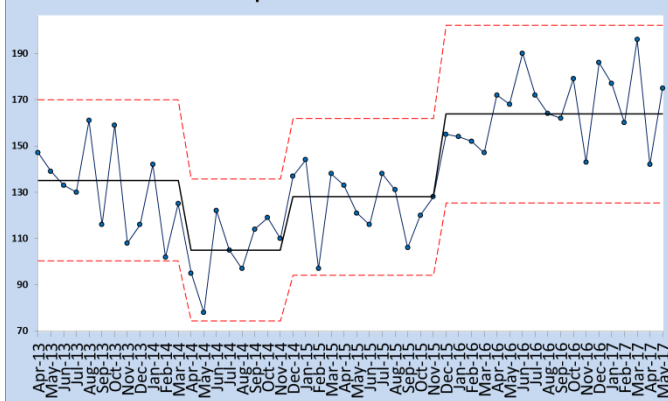
Restraints in prone position
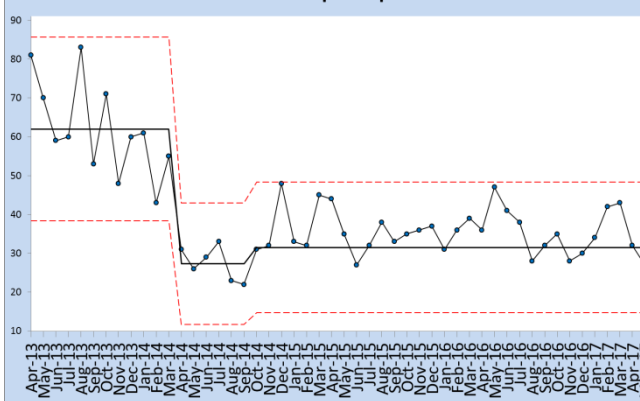
Reported Incidents of Physical Violence
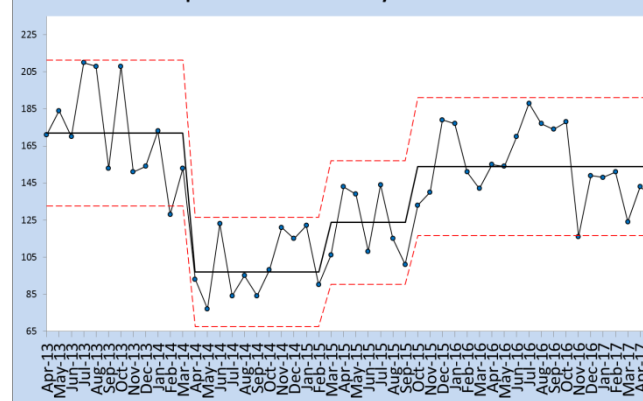
Falls Reported C Chart
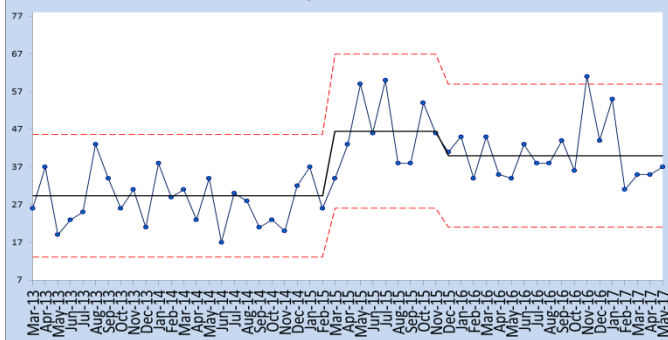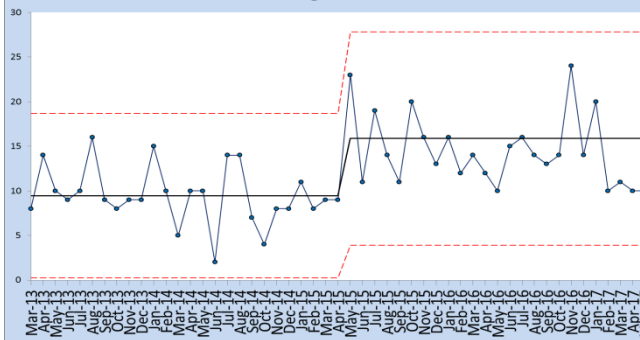
Falls Resulting in Harm C Chart

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
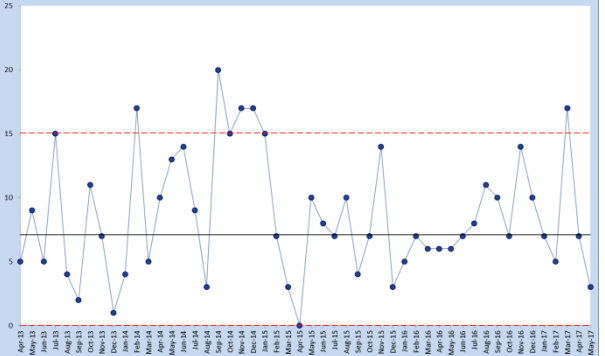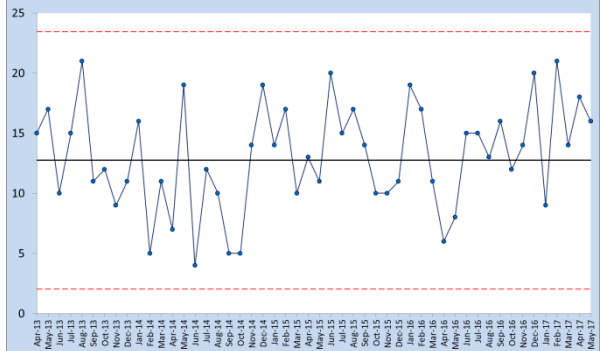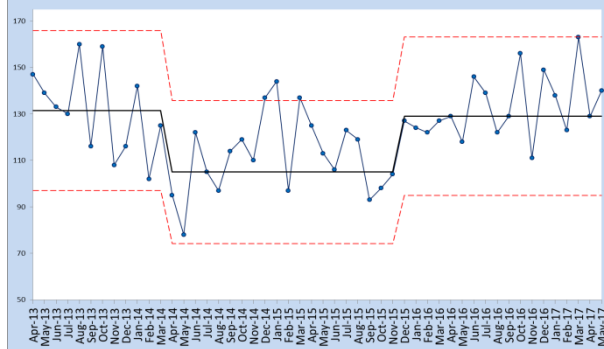

Failure To return from Leave C Chart
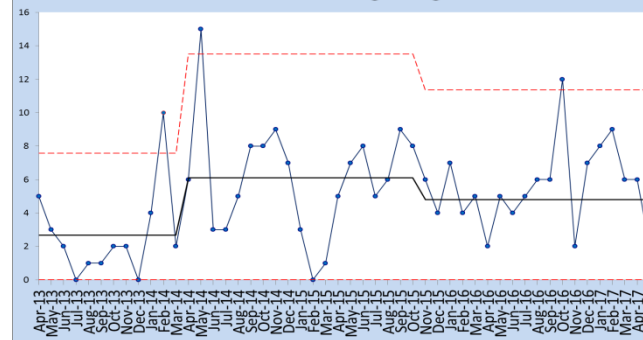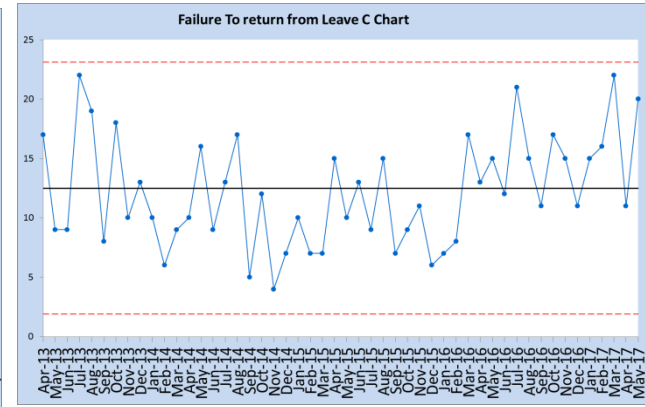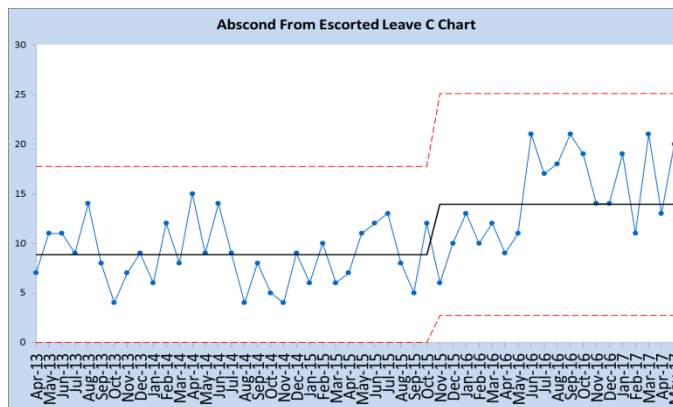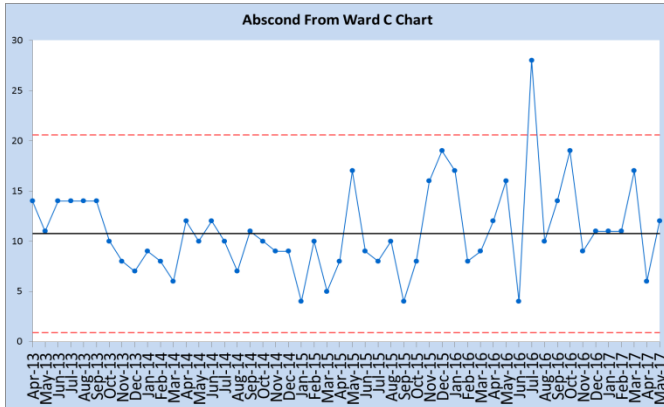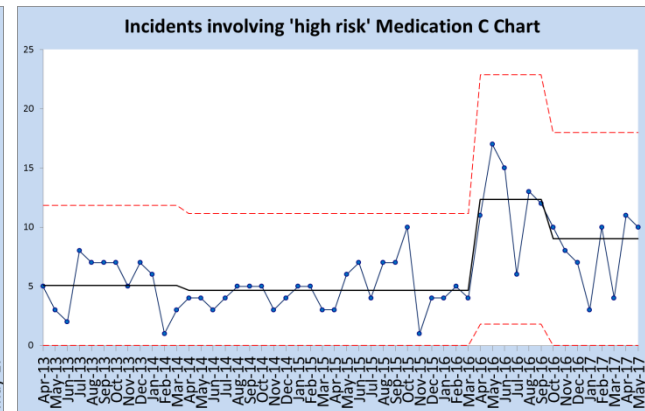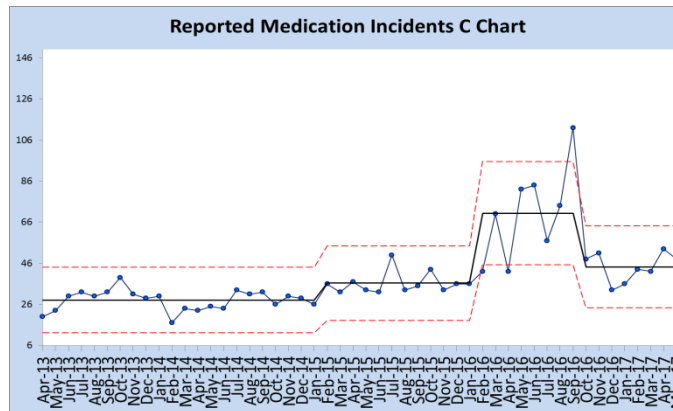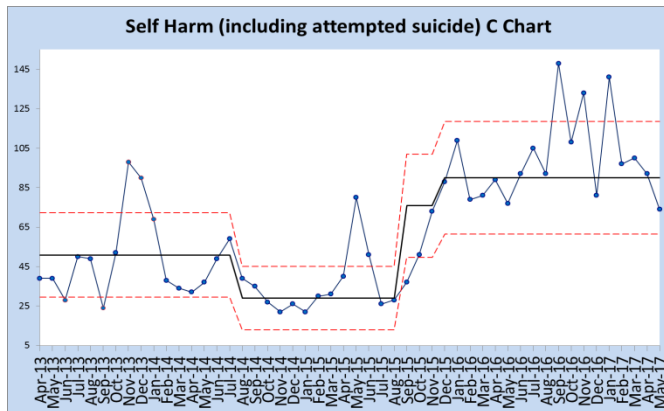
Serious incidents for April to May 2017

Patient Deaths

6x suspected suicides in community settings (5 involving adults, an d 1 child)

1x unexpected death in the community (within 14 days of discharge from in-patient service)

Incidents related to care and treatment

1x unexpected deterioration leading to transfer to A&E

1x failed re-catheterisation

Sexual Aggression

1x patient known to Forensic Services charged with rape

Suspected suicide attempt

1x attempted strangulation in an in-patient setting

Clinical Effectiveness
trust wide including Beds and Luton
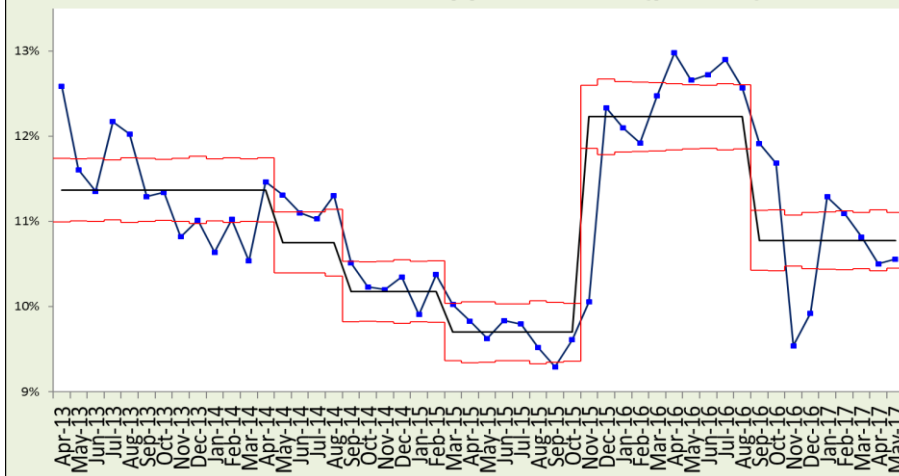
Non-attendance at appointments (p chart)

Adult Acute Mental Health Occupancy i chart
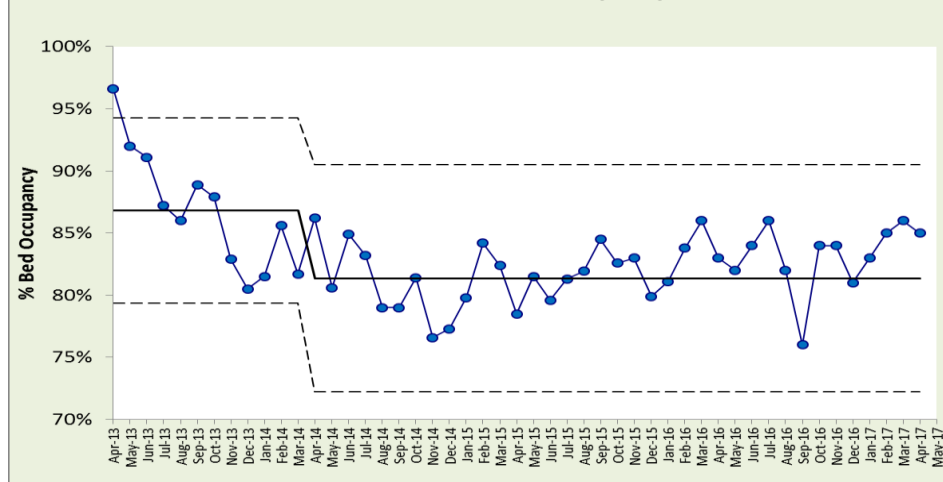
Adult Acute Mental Health Length of Stay i chart
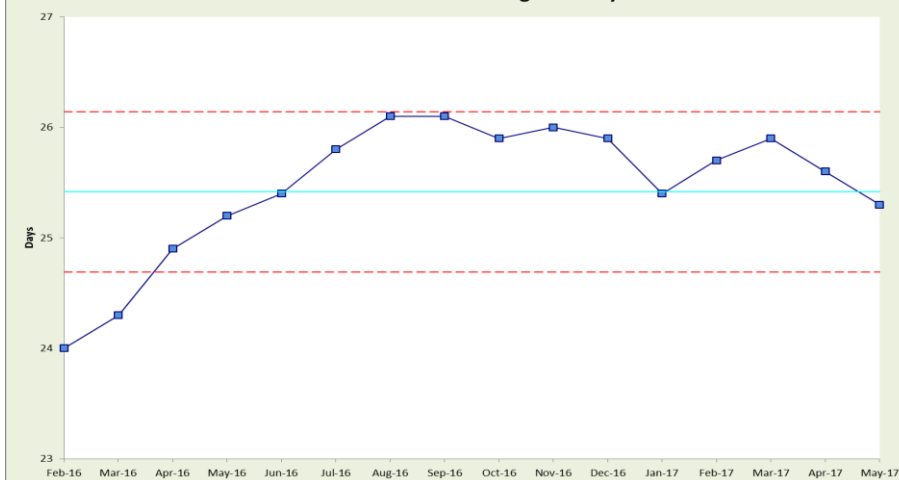
Adult CMHTs Days Waited until First Face to Face Contact i Chart
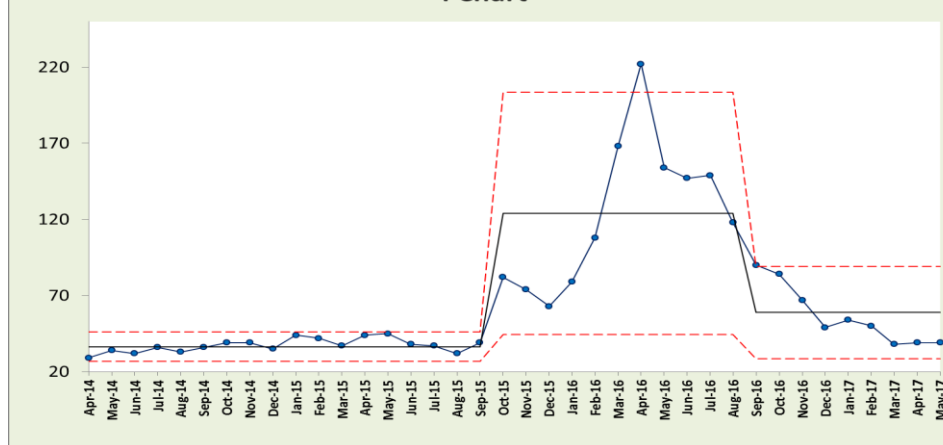
Patient Experience
trust wide including Beds and Luton

Friends and Family
Proportion of Extremely Likely Responses against all responses p Chart

Pals Enquiries C Chart

Complaints c Chart

Compliments C Chart
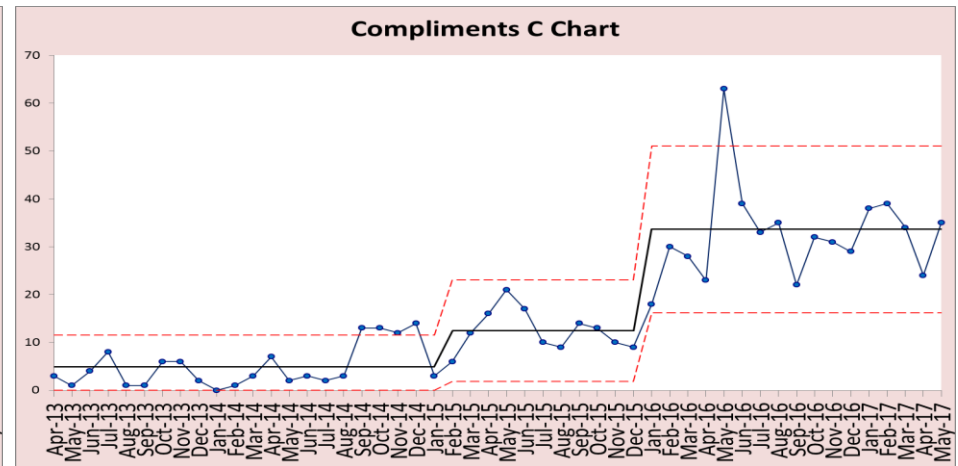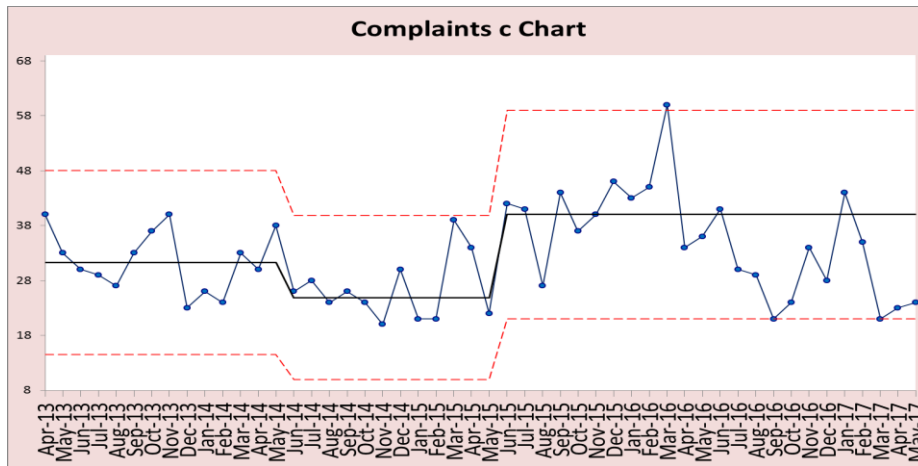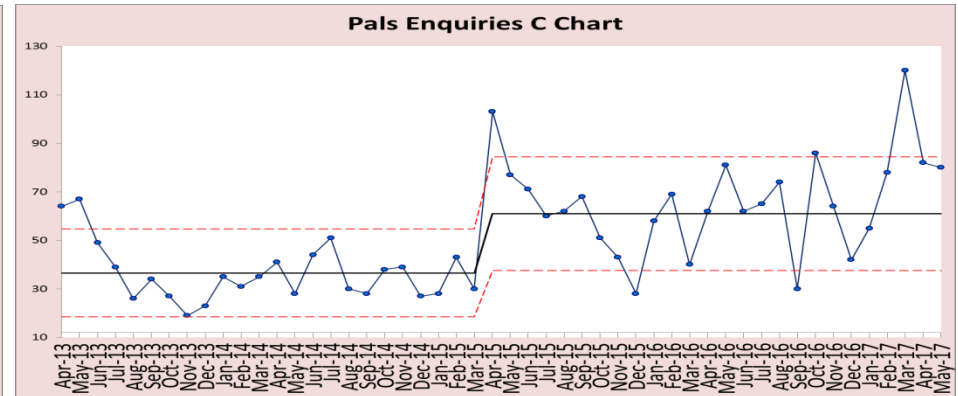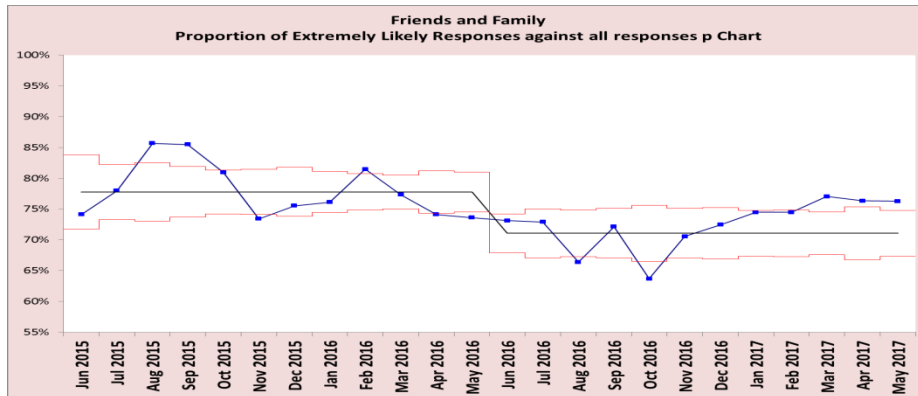
Complaints April to May 2017

ClinicalManagementMH
AppointmentsDelay
AttitudeOfStaff AccessToServices Communication
Admission

Our Staff

trust wide including Beds and Luton

Staff Leaving Employment C Chart
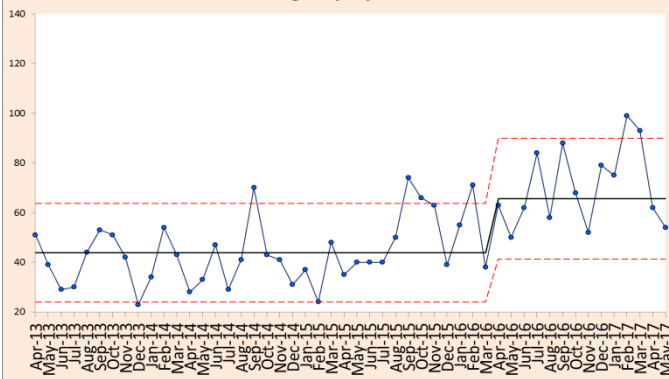
Staff Leaving Employment within 12 months C Chart
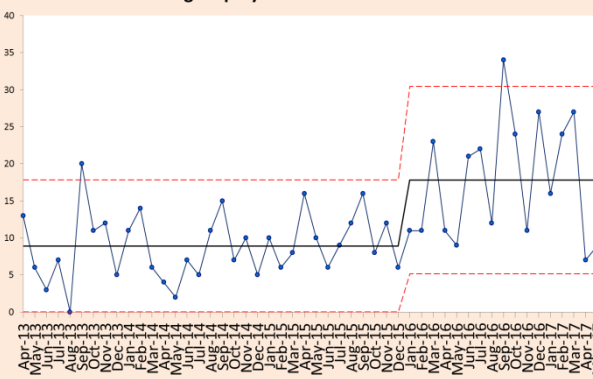
Vacancy i chart
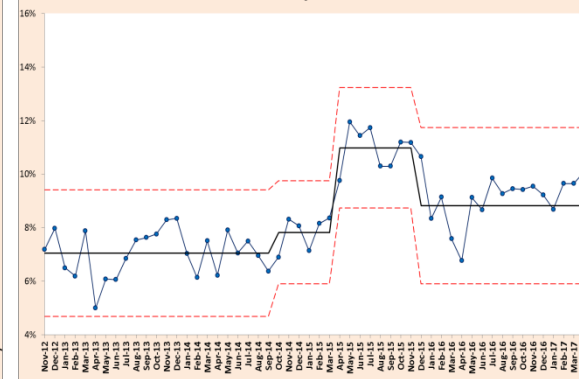
Physical Attacks on Staff C Chart
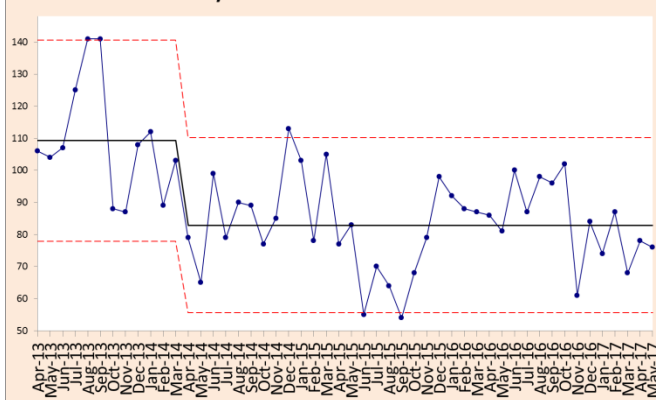
Health and Safety Incidents involving Staff C Chart
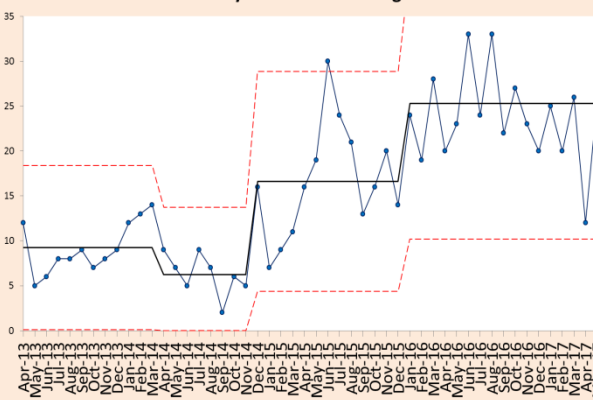
Health and Safety Incidents involving Staff Resulting in Harm/Injury C Chart
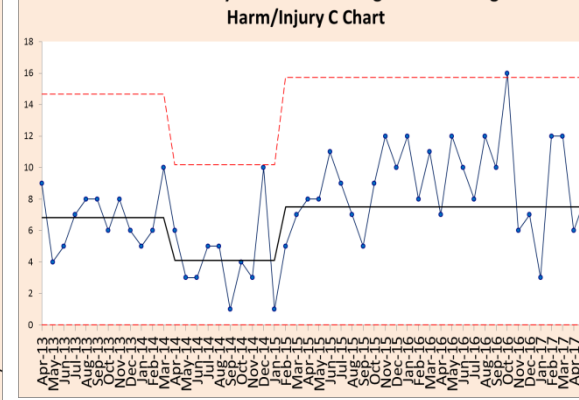
Reasons given by staff leaving April and May 2017

RETIREMENTAGE
ENDOFFIXEDTERMCONTRACT
RETIREMENTILLHEALTH
REDUNDANCYCOMPULSORY
DEATHINSERVICE
FLEXIRETIREMENT

Sickness and Absence Levels I Chart
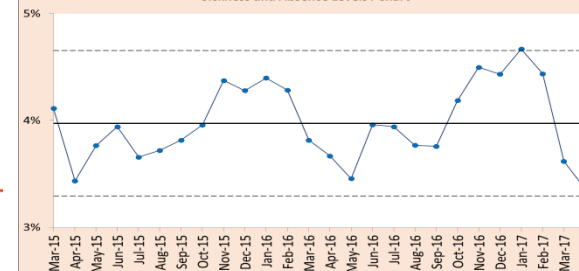
Quality dashboard

organisation-level view
trust wide excluding Beds and Luton

June 2017

NHS
East London
NHS Foundation Trust

Safety
trust wide excluding Beds and Luton(London)

Incidents Reported C Chart
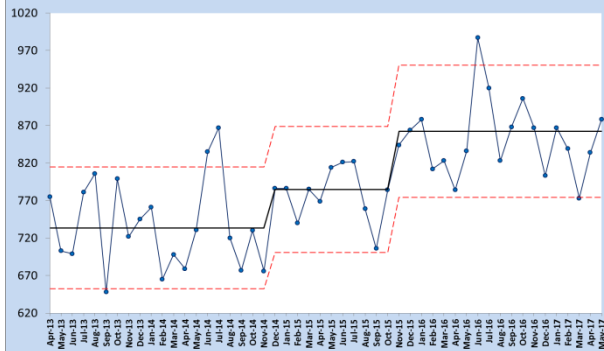
Serious Incidents C Chart

Unexpected Deaths C Chart

Episodes of Restraint C Chart

Restraints in Prone Position C Chart
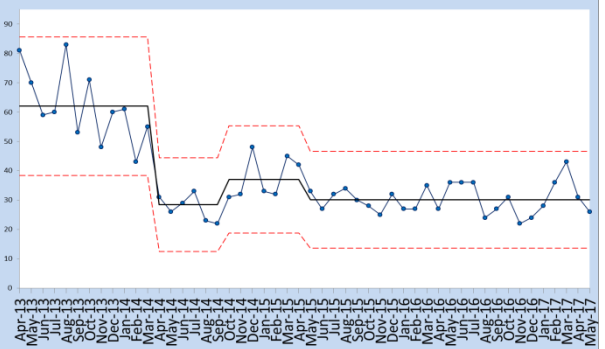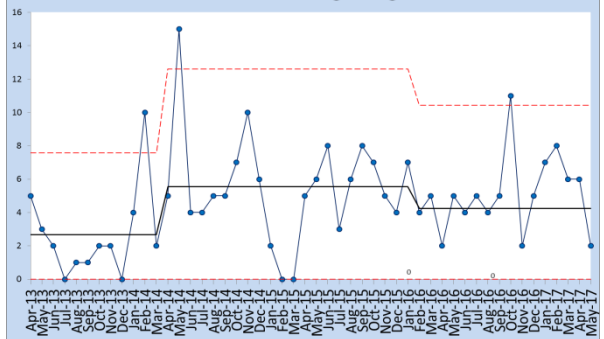

Reported Incidents of Physical Violence C Chart
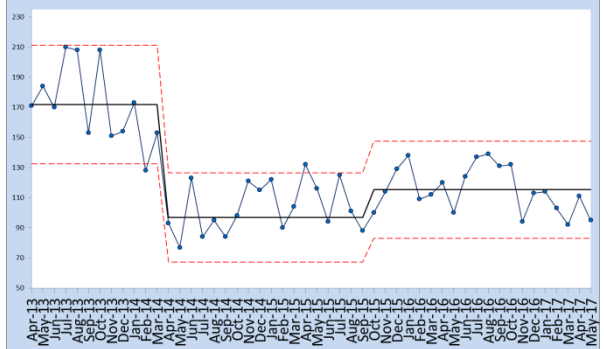
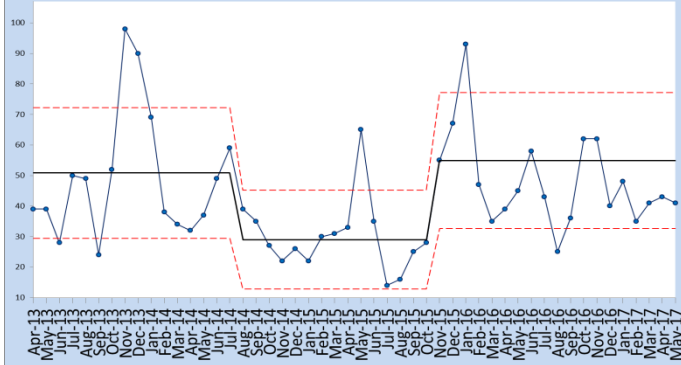

Falls Reported C Chart
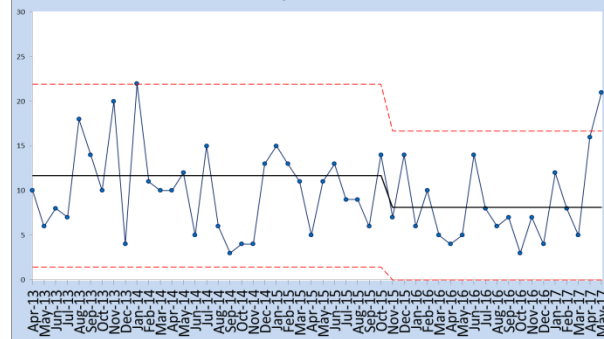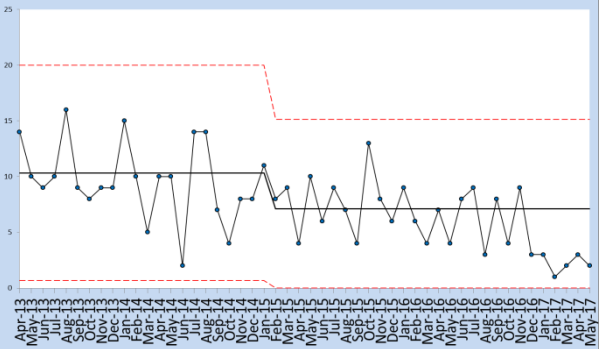
Falls Resulting in Harm C Chart

Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart

Safety

trust wide excluding Beds and Luton(London)

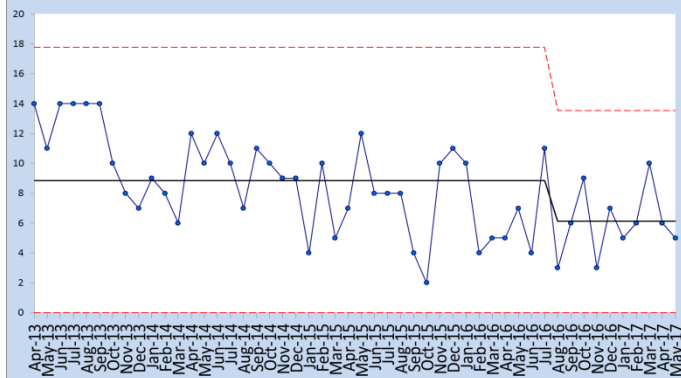Self Harm (Including Attempted Suicide) C Chart
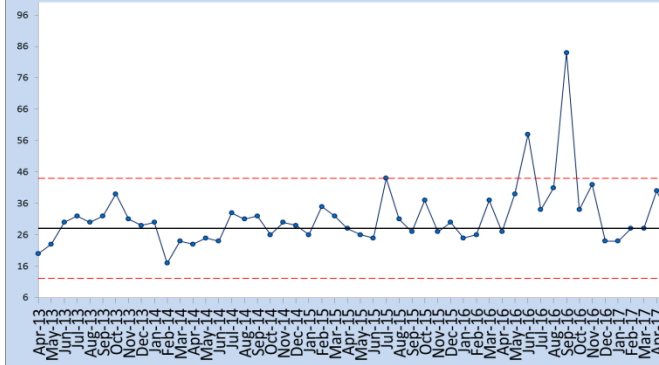
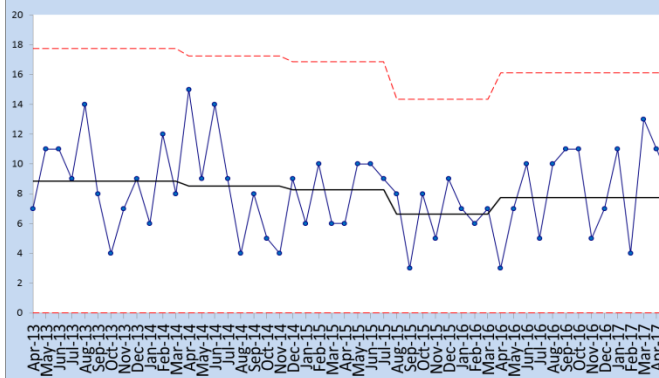Reported Medication Incidents C Chart

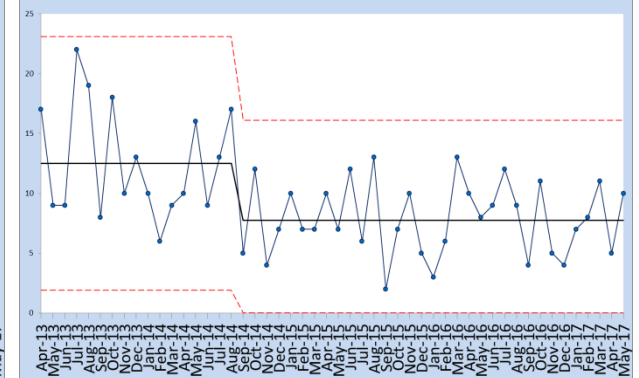Incidents involving 'high risk' medication C Chart
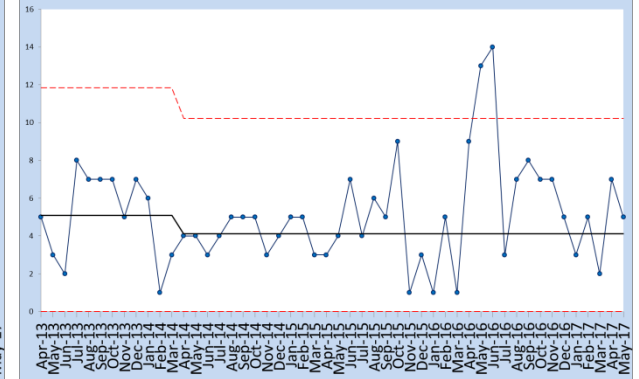
Abscond from Ward C Chart

Abscond from Escorted Leave C Chart

Failure To Return from Leave C Chart

Serious incidents for April and May 2017

Patient Deaths

3x suspected suicides of adults in community settings

Incidents related to care and treatment

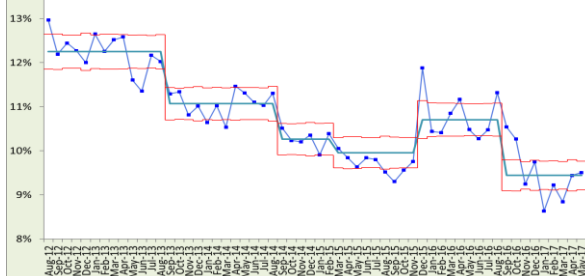1x unexpected deterioration leading to transfer to A&E

1x failed re-catheterisation

Sexual Aggression

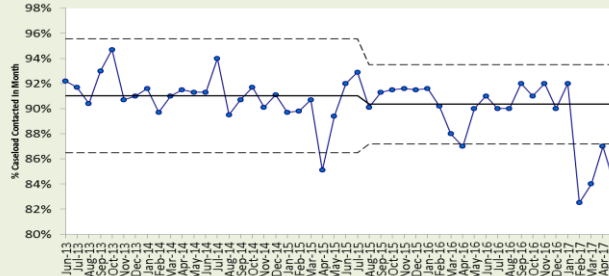1x patient known to Forensic Services charged with rape

Clinical Effectiveness
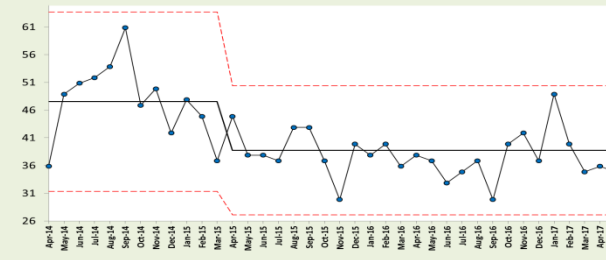
trust wide excluding Beds and Luton

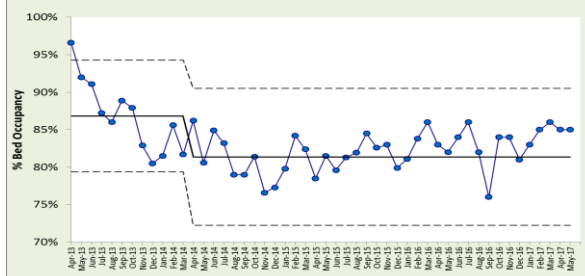**Non-attendance at appointments (p chart)**

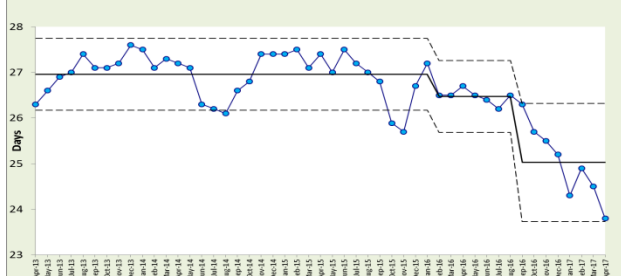**CPA Caseload Contacted In Month Percentage i chart**
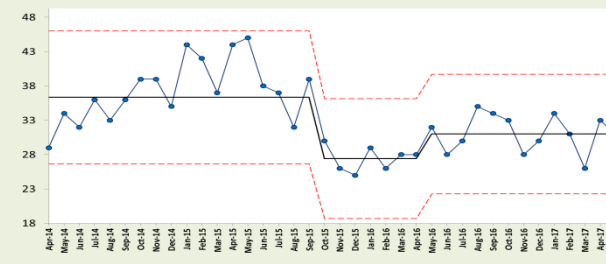

CAMHS Days Waited Until First Face to Face Contact i chart

Adult Acute Mental Health Occupancy i chart
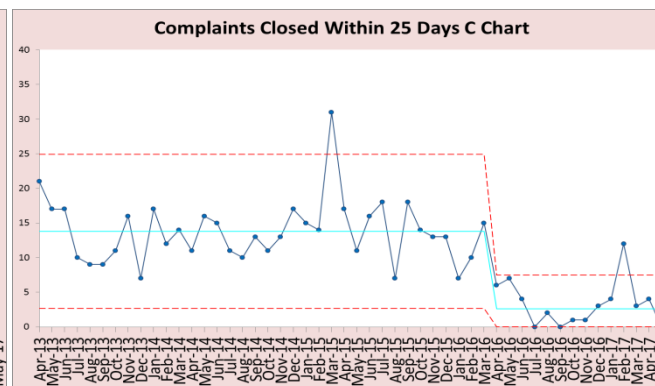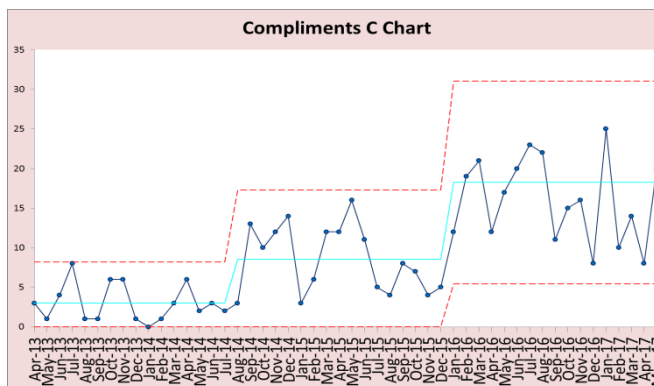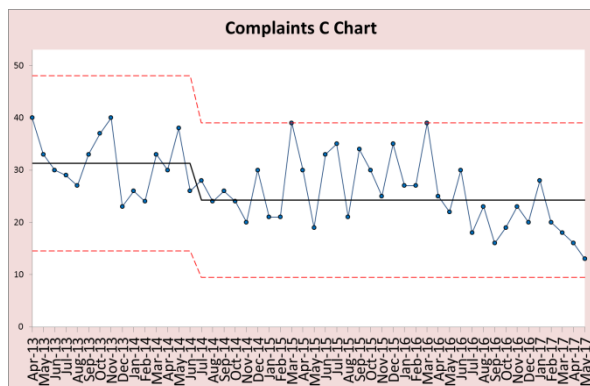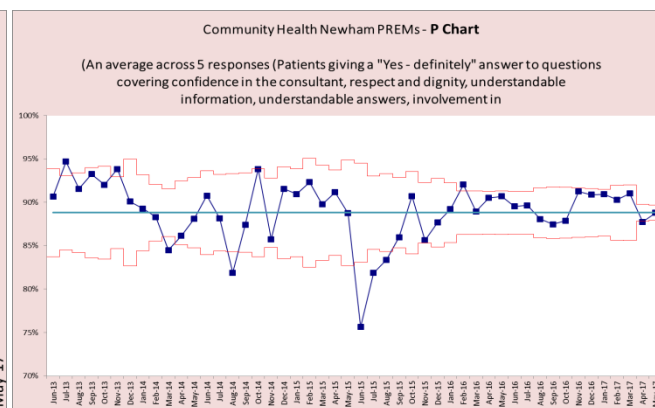

Adult Acute Mental Health Length of Stay i chart

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

Patient Experience

trust wide excluding Beds and Luton (London)

Friends and Family — Proportion of Extremely Likely Responses p Chart

PALs Enquiries C Chart

Community Health Newham PREMs - P Chart

(An average across 5 responses (Patients giving a "Yes - definitely" answer to questions covering confidence in the consultant, respect and dignity, understandable information, understandable answers, involvement in

Complaints C Chart

Compliments C Chart

Complaints Closed Within 25 Days C Chart

Complaints April to May 2017

Admission
ClinicalManagementMentalHealth
AttitudeOfStaffHealth
HotelServices   AccessToServices
AppointmentsDelay
Leave Communication ContinuityOfCare
Assessment CarePlanningMental

Our Staff

trust wide excluding Beds and Luton (London)

Staff Leaving Employment C Chart

Staff Leaving Employment within 12 months C Chart

Vacancy Rates p Chart

Physical Attacks on Staff C Chart

Health and Safety Incidents involving staff C chart

Health and Safety Incidents involving Staff Resulting in Harm/Injury C Chart

Reasons given by staff leaving April and May 2017

RETIREMENTAGE
ENDOFFIXEDTERMCONTRACT
RETIREMENTILLHEALTH
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DEATHINSERVICE
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Sickness and Absence Levels I Chart