REPORT TO THE TRUST BOARD - PUBLIC
14 SEPTEMBER 2017

Title	Quality Report
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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

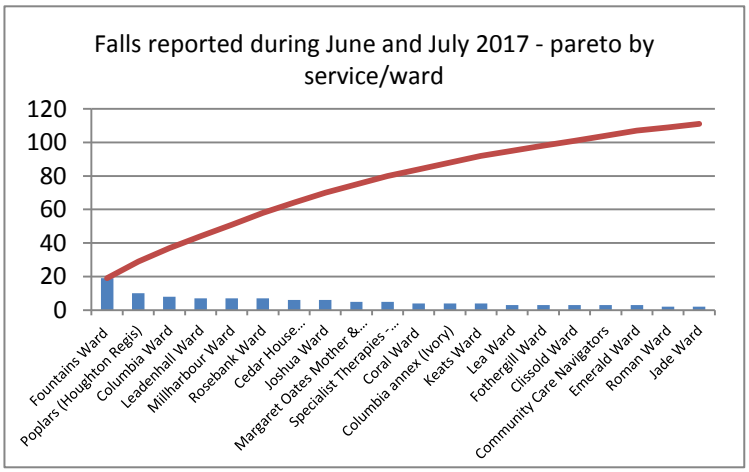
1.0 Background/Introduction

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

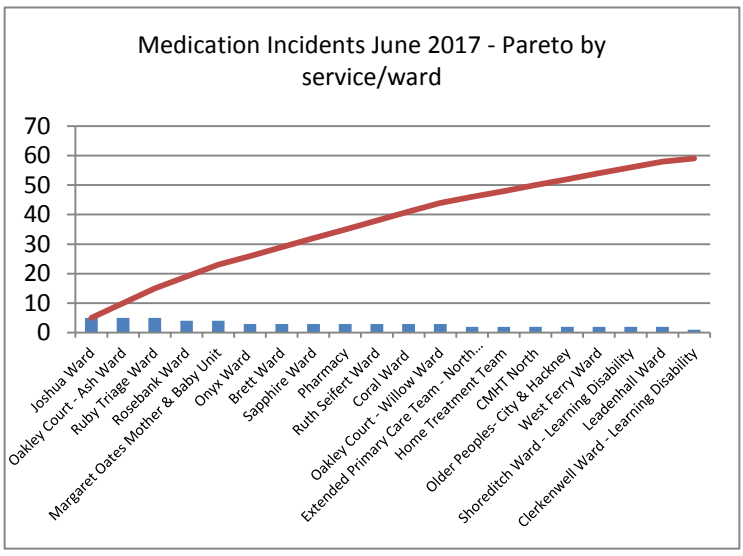
2.1 Safety

2.1.1 Incident reporting numbers are showing special cause variation in both Trustwide and London only dashboards. This is likely to reflect the ongoing work to improve reporting and safety culture. The effect is exaggerated over the past 4 months by the addition of Tower Hamlets Community Services where around 60 incidents a month are reported.



2.1.2 London falls data showed a high number of total falls reported in April and May, with May showing special cause. Special cause variation was repeated during June and July. Falls resulting in harm for the same period remained within normal variation. Whilst a larger proportion of incidents take place across London services, the service reporting most falls is Fountains Court where a range of falls reduction work is taking place. Trustwide work on falls is led by the lead nurse for older persons services, overseen by a Deputy Director of Nursing.

2.1.3 Medication incidents Trustwide show special cause during June. On further investigation, there is no obvious pattern, and incidents took place across a wide range of services.



2.1.4 Incidents involving designated high risk medications – Clozapine, Lithium and Insulin – also shows special cause during June in London services. There were 11 in London, 14 in total Trustwide and the majority (9) involved Clozapine. Three of these incidents were

reported by Ruth Seifert Ward. These appear to be isolated incidents, in that no similar occurrences have been reported by the ward this year. They will be looked into by the ward team to determine learning and prevent recurrence.

2.1.5 Absconds from escorted leave are showing signs of a possible downward trend. The next report will determine if this materialises.

2.1.6 Episodes of failure to return from leave were close to the upper control limit during March and May. Occurrence has remained within normal variation during June and July.

2.2 Clinical effectiveness

2.2.1 During January to March non-attendance (DNA) at appointments across the Trust showed special cause variation, following the inclusion of District Nursing data again (after a change in the electronic clinical record system). Data stabilised during April and May, however is once again showing special cause variation during June and July. This may reflect the range of improvement work taking place to reduce non-attendance rates, as teams start to scale up the routine use of text messaging prior to appointments.

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. Ongoing challenges in reliably capturing contacts on RiO following these changes continue to impact on the data, It is anticipated by the performance teams that this will be resolved prior to the next report.

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. Reduction in length of stay in London services has continued during June and July. Length of stay including Luton and Bedfordshire services remains unchanged.

2.2.4 Trustwide data for days waiting from referral until first face to face contact in adult community mental health teams has reverted back to previous levels. The most likely explanation relates to the inclusion of more reliable data from Luton and Bedfordshire services. Waiting times on the London dashboard for adult community mental health services has remained in 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. Numbers of enquiries remained close to or above the upper control limit during April, May and June. This was attributed to a new dedicated resource in the Complaints and PALS team that has enabled an increase in enquiries and improved recording and may reflect the new normal level of enquiries. The reduction in the number of enquiries recorded during July was due to staff sickness, and

there were in the region of 20 enquiries made during the month that are yet to be recorded on the Datix system.

2.3.2 The percentage of service users Trustwide who would recommend the service to their friends and family has been above the mean for 7 of the last 8 months.

2.4 Our Staff

2.4.1 Staff leaving employment shows special cause variation during July. This is as a result of the Trust ceasing to provide Health Visiting services in Newham, with the associated loss of around 140 posts which are included in the data. If these are excluded from the data then the number of staff leaving employment remains around the mean, and within normal limits.

2.4.2 Vacancy rates in London services are showing special cause variation during May to July. This is influenced by Specialist Services where a change in funding arrangements has increased the posts and vacancies associated with the Directorate.

3.0 Quality Assurance – Understanding and using patient experience to improve

Central to the Trust's quality assurance activity is its 'Collect. Review. Do.' approach to patient experience. It embodies our action orientated approach to quality assurance and provides the structures and systems to empower our staff to own the feedback of those who have used our services, making small improvements that have a big impact.

An important feature of the patient experience system is the use of technology at all stages not only to improve data quality, but also to facilitate the implementation of quality improvement methodology to share and address what we find.

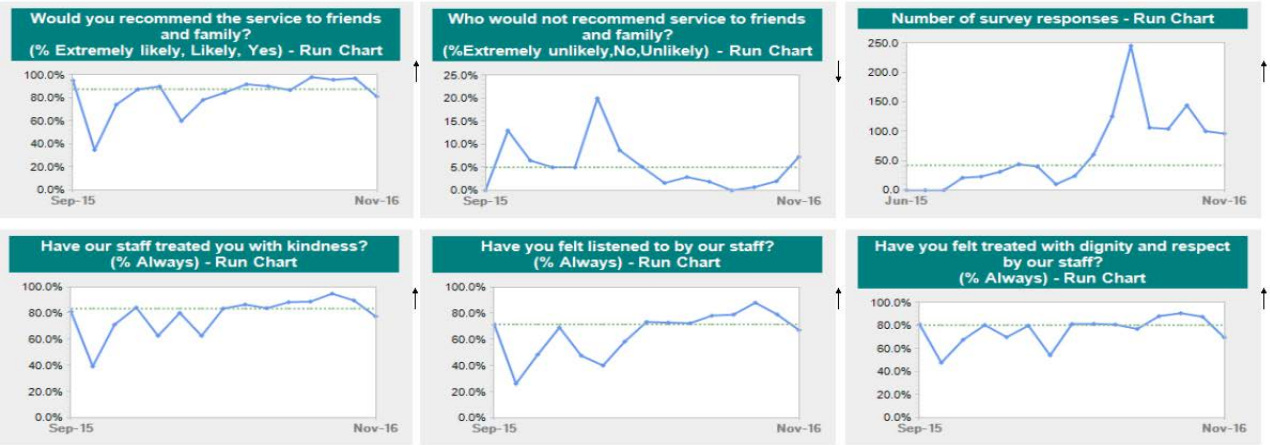
Patient experience feedback is accessible in a transparent way to all members of the organisation and action is based on statistical indications of change, ensuring an evidenced-based approach to patient experience across the Trust. The combination of these factors and the use of distributed, networked leadership throughout the organisation to drive this forward has led to a more sustainable action-based approach to patient experience.

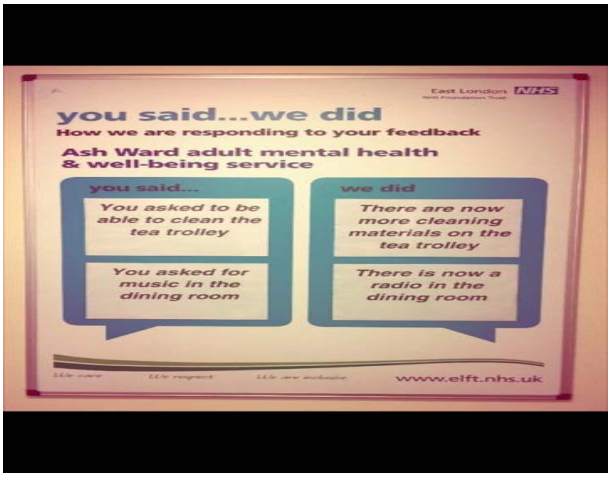
The first step in developing this process was to replace paper based methods, reducing workload for those working within services that were required to manually input the feedback received into a central database. To support this roll out across the organisation, a network of patient experience leads was developed, with the aim that they would liaise between teams and the central support function to promote cultural change, build capability and drive engagement in the process. This was also introduced to ensure those who wished to implement changes would have support from those with local knowledge and understanding of the challenges faced by that service or team.

To ensure action from feedback was being considered and carried out, action trackers were developed in each directorate and completion of these supported by the patient experience network. Progress against actions is monitored by the central team and learning from these actions collected for wider distribution across the organisation.

Real-time patient feedback is collected electronically within 85% of services across the Trust; other methods are utilised within the remaining services, with data being manually inputted into the system by staff within those services. Automating the availability of data has also enabled workload reduction within the central team of 140 hours per month enabling them to focus on facilitating the development and implementation of change ideas from patient feedback.

Patient experience data can now be viewed by anyone at a trust wide, directorate and team level via online dashboards. Change plans are developed at a team level, informed by service specific results, helping staff to take more control over improvements made within their services and utilise their local expertise. The dashboards provide data in the form of run charts to allow teams to change practice and identify improvement based on a scientifically validated approach. This has led to more informed changes to services and more confidence in the data.

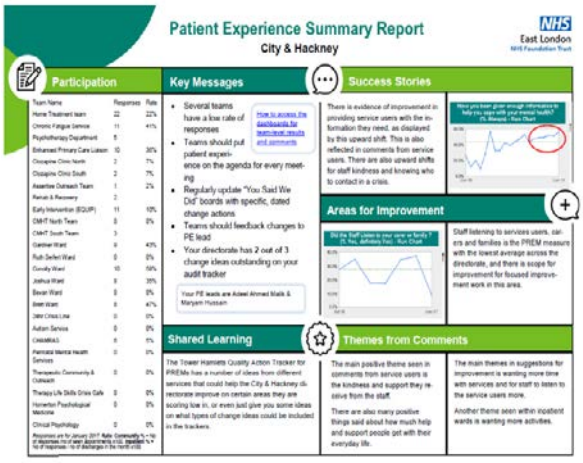




In addition, service users are also more informed as to how their feedback is being used – services now display actions from patient feedback on 'You Said We Did' boards.

The Quality Assurance Team produces a quarterly 'narrative summary report' for each Directorate (see example for City & Hackney) which includes the following:

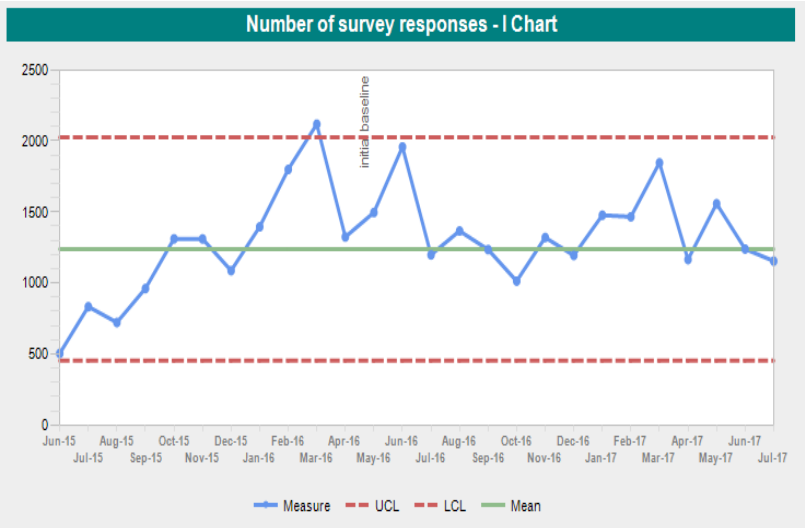
- Participation data
- Key messages section - key info the directorate needs to know
- Success stories – positive trends & shifts
- Areas for improvements – downwards trends and shifts



- Qualitative data – themes from comments
- Shared learning from good practice elsewhere in the Trust

Further learning is supported through:

- Intranet page regularly updated
- 'You Said We Did' boards displayed in team/clinics/wards and updated on a monthly basis
- Quality Assurance newsletter sent out to all staff on a quarterly basis
- Quality Assurance network meetings – where we share/test ideas with leads in each area
- Promotional videos



Service user response numbers are closely monitored via the Patient Experience Dashboard, and shared with Directorates. Throughout September the Quality Assurance Team will be meeting teams across the Trust to better understand opportunities and challenges in collecting patient experience feedback, and inject further energy into the utilisation of the data to monitor, assure and improve quality.

Complementing the patient experience feedback system is our pioneering Service User Led Standards Audit (SULSA). This audit is carried out by service users, assessing services against standards set by service users. Results are fed back to services alongside their clinical audit data, using the dashboard and summary report methods described above.

As well as complementing the clinical audit programme with additional insight about standards on our wards, the SULSA programme also acts as a work readiness programme for the auditors themselves. Auditors are recruited, trained and supervised throughout their time working for the Trust and they report a number of benefits in their own recovery and development as well as making a contribution to improving quality at the Trust. For example, during 2016/17, Bedfordshire and Luton services successfully collaborated with the Recovery College to roll out the Service User-Led Standards Audit and training programme.

This year a consultation exercise took place across a wide range of service user groups and carers' forums to review and revise the Service User-led inpatient audit standards. New standards were developed under the headings of a new "Knowledge and Information" Audit and a "Respect and Understanding" Audit (see new list of standards below).

Respect and Understanding

1. How often do you get to have a meaningful conversation with a staff member?
2. Do you feel respected by staff on the ward?
3. Do you feel respected by the other service users?
4. Are your family/carers respected by staff?
5. Do you feel encouraged personally?
6. Do you feel encouraged to engage with your health & wellbeing?
7. Do you find it easy to understand staff?

Luton and Bedfordshire have led the development of service user led standards for community mental health services. A number of focus groups have been conducted in collaboration with the People Participation Lead in Luton. A set of four new audit topics have been developed on areas felt most important to the service users, and pilot standards are ready to test during quarter 2, with a view to roll out across the Trust in quarter 3 (see new standards below).

Involvement

1. Were you given the opportunity to be involved in writing your care plan with the healthcare professional?
2. Has your care plan been reviewed regularly with a healthcare professional?
3. How supportive did you find your healthcare professional?
4. Were you offered support to develop personal objectives / goals?

Communication

1. How satisfied were you with the warmth & friendliness of the:
   - Receptionist
   - Care Co-ordinator
   - Psychiatrist
   - Other
2. How satisfied are you with the service?
3. Are you satisfied with the way in which you are being contacted by your Community Mental Health Team?
4. Do you find it easy to contact the Community Mental Health Team?
5. Were you given information in a way that was easy to understand?
6. Overall, do you feel the communication is effective?

Choice & Understanding

1. Are you aware you can request a change in your allocated healthcare professional ?
2. Did you feel that the Community Mental Health Team showed you enough:
   - Empathy
   - Kindness
   - Compassion
3. Did you feel your meetings with the healthcare professionals were in a private environment?
4. Have you discussed or been given any information on local services and activities available to you?
5. Overall, do you feel the healthcare professionals understood your needs?

Respect & Value

1. Do you feel you have meaningful conversations with healthcare professionals?
2. Do you feel respected by the Community Mental Health Teams?
3. Do you feel your family and carers are respected by the Community Mental Health Teams?
4. Do you feel your family and carers are respected by the Community Mental Health Teams?
5. Overall, do you feel your views/opinions are valued by the Community Mental Health Teams?

4.0 Quality Improvement

4.1 Encouraging, inspiring and involving

The QI team supported two service wide conferences on 28 June aimed at building will as a prelude to upcoming QI work. In Addictions services, this culminated in the identification of 2 initial projects which will form the basis of QI activity across the service over the next 6 months. In CAMHS, this was to help support future improving access work, from referral to discharge, across all five services. Teams began process mapping their pathways and identifying areas of opportunity for upcoming work.

On 2 August, psychology trainees presented the results of their input into QI projects across the organisation at the Clinical Psychology QI Annual Conference. This followed an 8 month programme where each trainee used QI methodology for their service related research project. As part of this programme, trainees attended one full day course on QI, in addition to two half-day learning seminars.

4.2 Developing improvement skills

Our third cohort of QI coaches complete their training in September and are actively coaching QI projects in the organisation. The senior clinical leaders' programme commenced in July, and the 35 participants will attend eight half-day learning sessions over the next nine months.

On 14 and 15 September, Professor Steve Swensen, Medical Director for Professionalism and Peer Support at Intermountain Healthcare, will be visiting the Trust to provide input into leading and engaging teams, enjoying work and reducing staff burnout. Over the course of the two days, Professor Swensen will meet with the Executive Team, provide 2 masterclasses on leading and engaging teams to over 100 team managers, host an evening discussion with medical consultants and teach at the Senior Clinical Leaders' programme.

Wave 7 of our Improvement Leaders Programme will commence in October. Approximately 100 staff, service users and key stakeholders will attend eight days of training over six months, all working on projects of high priority across our directorates.

4.3 Embedding into daily work

48% of QI projects in the organisation feature service user involvement. The Trust Service User and Carer QI Steering Group continues to operate on a monthly basis and is currently focused on improving processes around identifying, involving and supporting service users and carers to

be involved in QI projects. The group is also focusing on developing and delivering an enhanced service user involvement section at the upcoming wave 7 Improvement Leaders Programme.

4.4 QI Projects

We currently have 134 active QI projects in the organisation and 58 projects in total have now shown sustained improvement. Progress against the Trust's five strategic priority areas is as follows:

Reducing Physical Violence

We continue to observe a sustained 42% reduction in violence across East London services since 2014.

In Tower Hamlets, work is focused on holding the gains through developing a quality control system that involves a visual management approach. This work is of particular importance as other teams in the organisation near the completion of their own violence reduction work.

Three other directorates are actively testing the ELFT safety culture bundle. In City and Hackney, physical violence has reduced by 40% across the inpatient unit and teams are currently focusing on improving reliability of interventions and moving towards a quality control system. In Newham, inpatient teams are also working on improving reliability of interventions and three wards are seeing reductions in violence ranging from 66% up to 84%. In the Forensic service a violence reduction collaborative including 3 wards is now seeing early signs of improvement, with a 51% reduction in violence across the collaborative.

Work is now underway to reduce restrictive interventions associated with the management of violent behaviour in hospital (including manual restraint, seclusion, segregation and enforced medication). An initial driver diagram is now in place and a project plan is being developed.

Improving access and flow in the community

The final learning set for the 2015-2017 improving access to services collaborative took place on 28 July with teams celebrating the achievements made over the past two years, namely 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.

The next phase of this work will involve:

- The reliable scaling up of automated pre-appointment text messaging across the organisation. Dashboards and a checklist for reliably implementing text message

reminders are now in place. The plan is to work with operational leads to implement automated text messages Trust wide.

- Reducing length of time from referral to completion of treatment for CAMHS, psychological therapy services and Newham community mental health services. The QI team are working closely with project leads in each service to conduct an initial diagnostic for their respective services. This includes process mapping, understanding variation in demand and capacity, demand and capacity modelling and identifying areas of opportunity for improvement work. The project teams will then be provided with a series of potential change ideas, bespoke to the opportunities identified in their initial diagnosis. This has involved working closely with the Trust's research team to scan the literature for efficacious ideas and pitching these to the teams. The project teams will then be free to select and test ideas in their service, using the Model for Improvement.

Value for Money

The aim of this work stream is to reduce non-pay costs across a portfolio of three initial projects:

- **Reducing translation costs (Current annual expenditure FY16/17 £715,704):** This project focuses on the reliable and appropriate implementation of telephone interpretation across the organisation. Dashboards are in place and Luton IAPT has been working as a prototype site testing this change idea. We are now running focus groups with staff to inform our approach before scaling up to another site in the Trust.
- **Reducing salary overpayments (Current annual expenditure FY16/17 £369,576):** A project team is in place, dashboards are live and tests of change are now underway.
- **Appointment letter mailing (Total annual expenditure TBC):** We are still in the process of defining the overall aim for this project, but it will include ensuring that all communications to GPs are sent electronically and that all remaining mail is printed and sent using the Hybrid mail system.

Reshaping Recovery in the Community

The aim of this work stream will be that 85% of service users will see a positive change in their DIALOG score between admission and discharge. To achieve this aim the main thrust of work will revolve around increasing flow and responsiveness through the system and improving how we engage and support service users with the areas that they are most dissatisfied with in their recovery.

The initial design of this work involves working with three prototype sites: Isle of Dogs CMHT (Tower Hamlets), South CMHT (Newham) and North CMHT (Hackney). Currently the Isle of Dogs CMHT and South CMHT have formed teams, have created change ideas and are progressing with their measurement systems. Both of these teams are now actively testing change ideas which include new screening and referral systems and restructuring caseload of consultants across GP catchments areas. In Hackney, we are close to forming a project team before QI work starts.

Enjoying Work

We have now recruited six prototype teams that represent the different working environments and geographically dispersed nature of the Trust. All teams have now started data collection against the main outcome measure which measures whether staff are having a good day. A process has now been developed to help project teams working on this high priority area,

guiding them from starting with appreciative enquiry and moving to testing change ideas. In parallel, a global measurement system is now close to being in place which will complement the annual NHS Staff Survey and provide teams in the organisation with more frequent data on staff experience.

Finally, this work also involves testing and understanding what leadership support would be required to undertake this work at scale. The upcoming visit of Professor Steve Swensen will provide an opportunity to explore this, and we are also working closely with HR to develop a model for ongoing OD support for teams working on this issue.

5.0 ACTION REQUESTED

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

Quality dashboard

organisation-level view

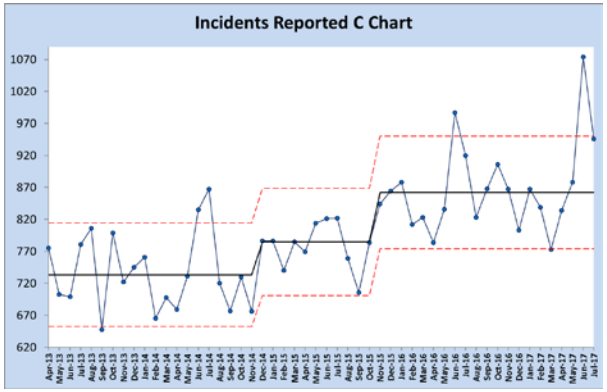
trust wide excluding Beds and Luton

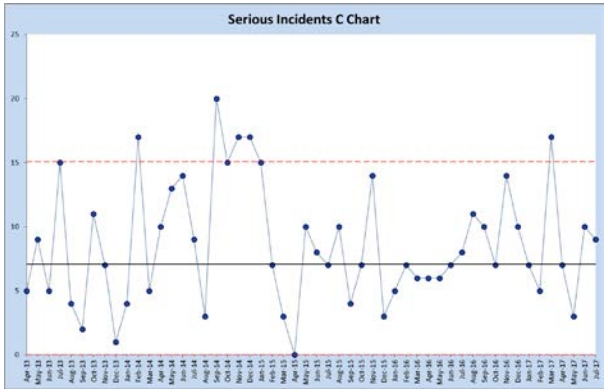
September 2017

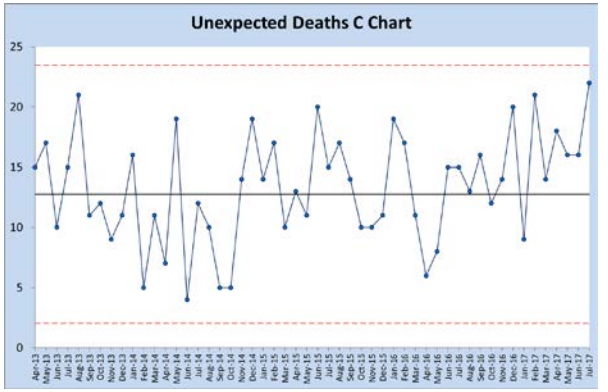
NHS
East London
NHS Foundation Trust

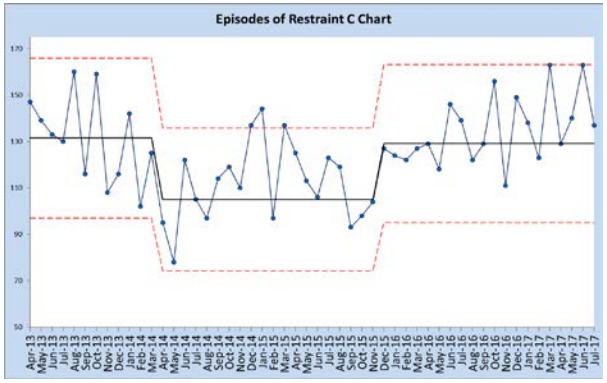
Safety

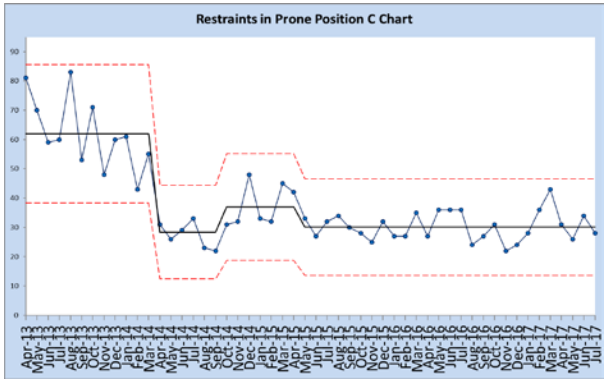
trust wide excluding Beds and Luton(London)

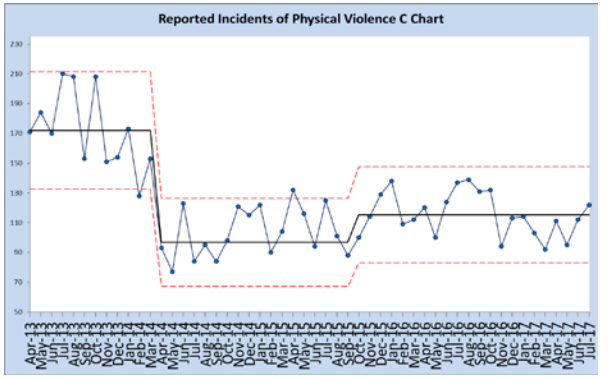


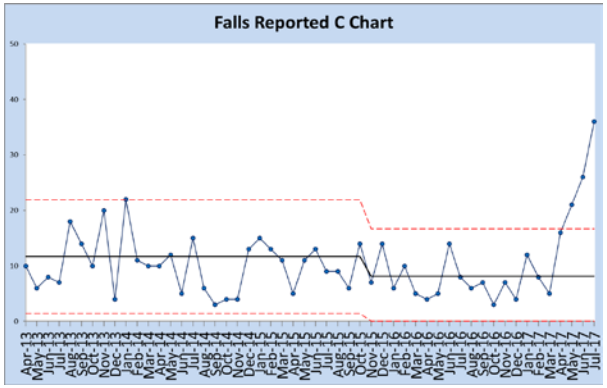


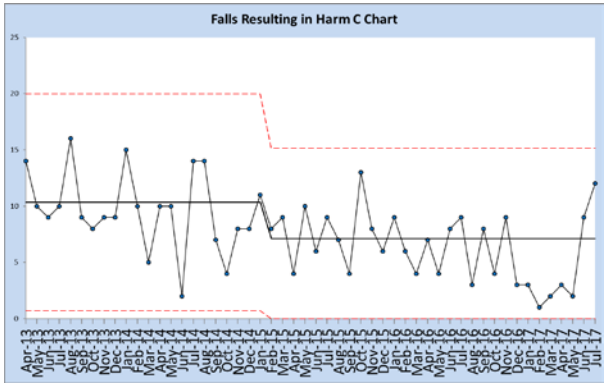


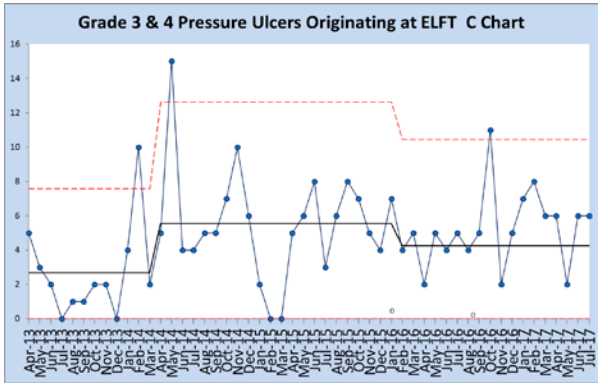






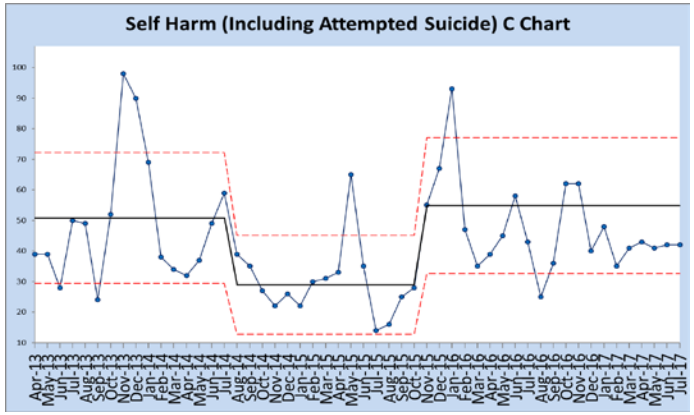


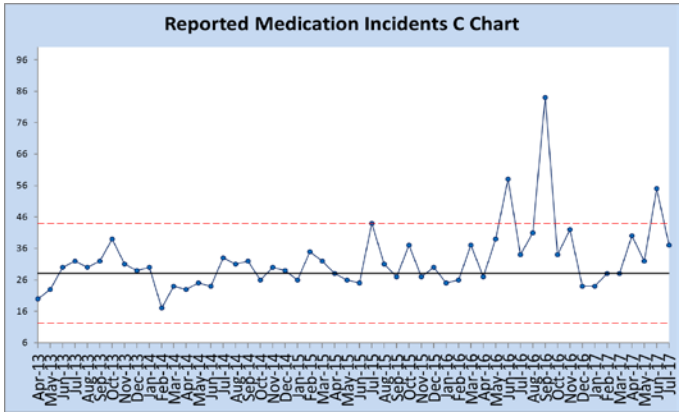


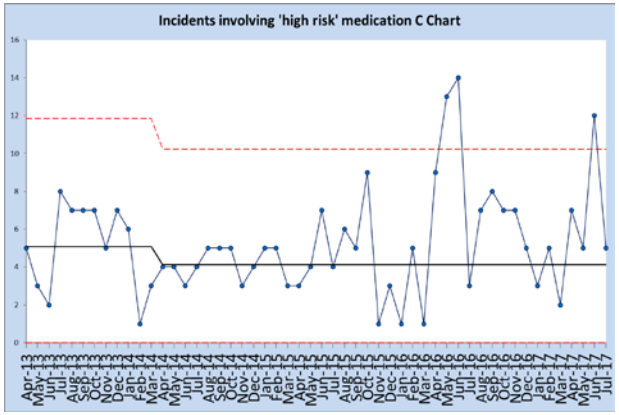


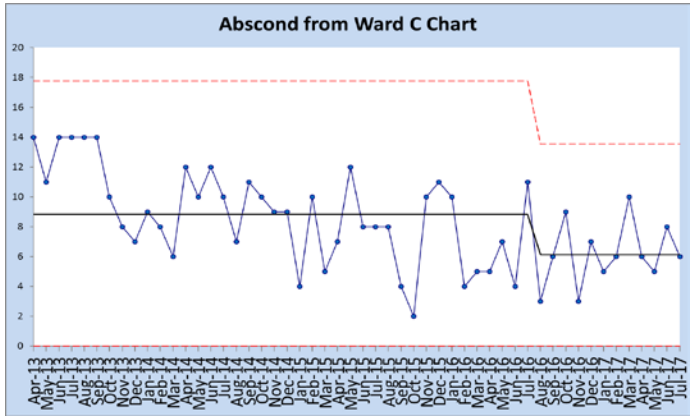
Safety

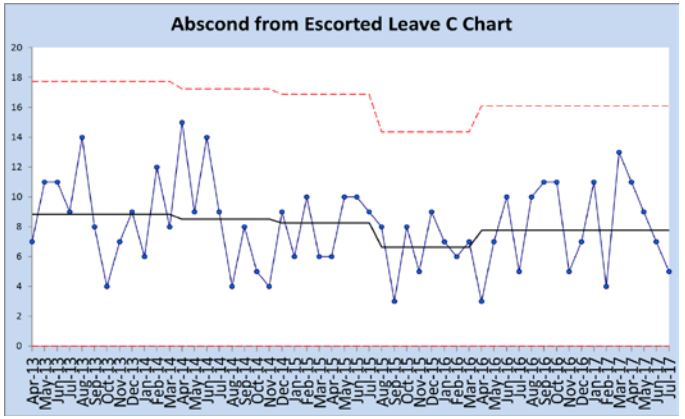
trust wide excluding Beds and Luton(London)

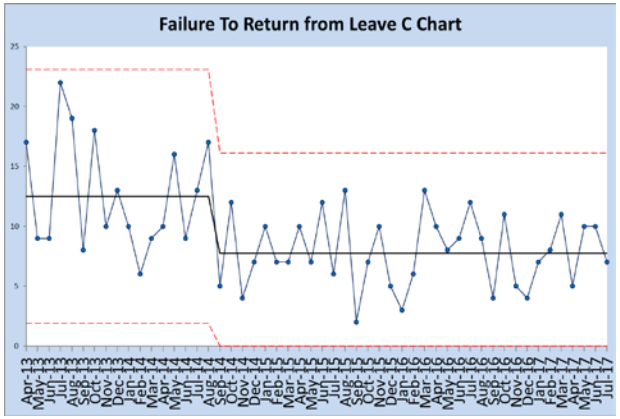












Serious incidents for June and July 2017

Patient Deaths

3x suspected suicides of adults in community settings

Safeguarding adults

1x serious allegation made against staff

Incidents related to care and treatment

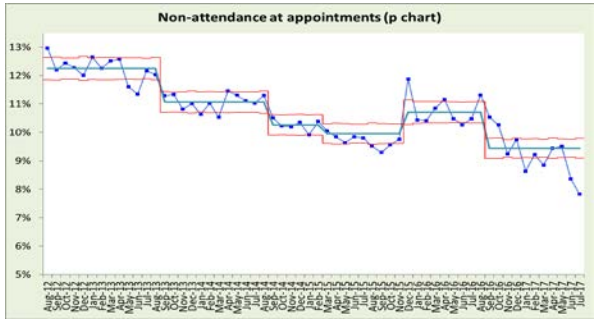
1x in-patient fall resulting in harm

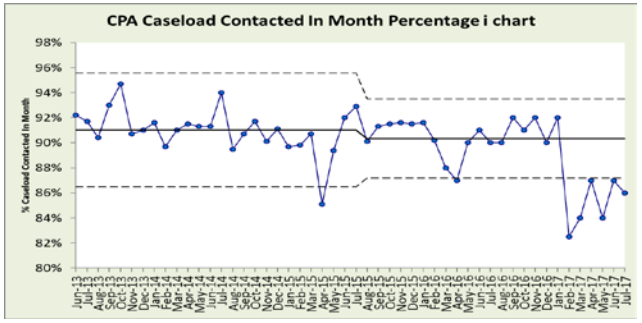
Violence and aggressipn

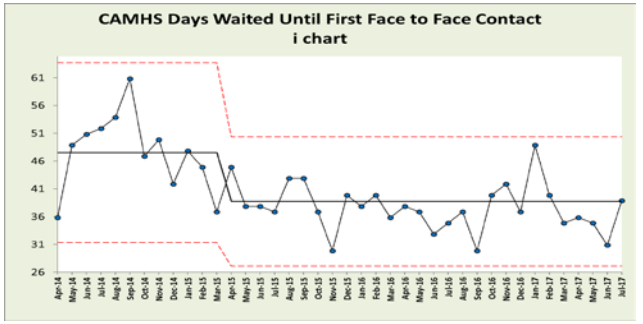
6x serious assaults by service users

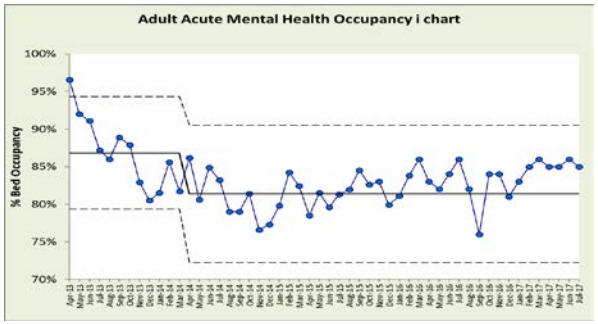
Clinical Effectiveness

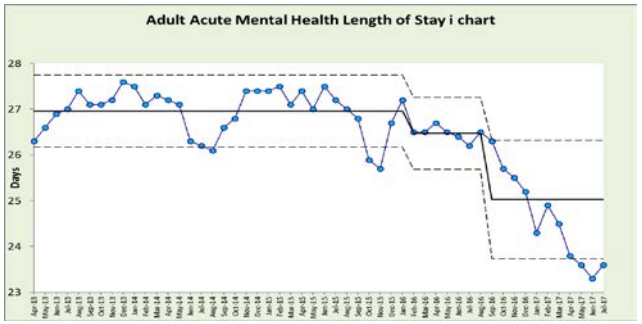
trust wide excluding Beds and Luton

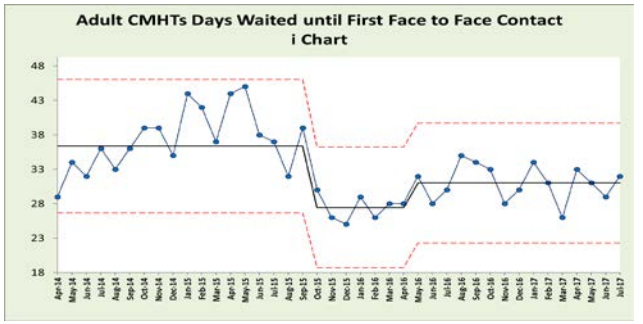






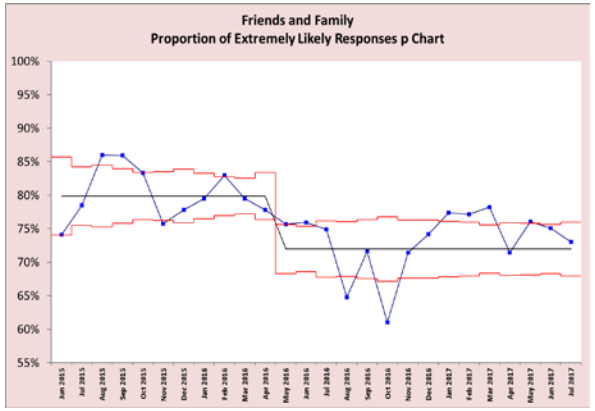


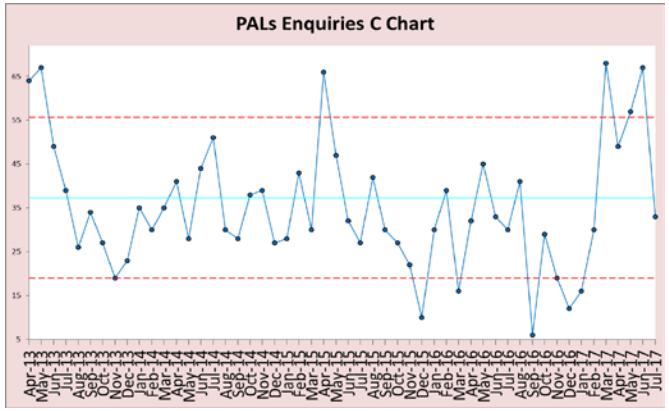


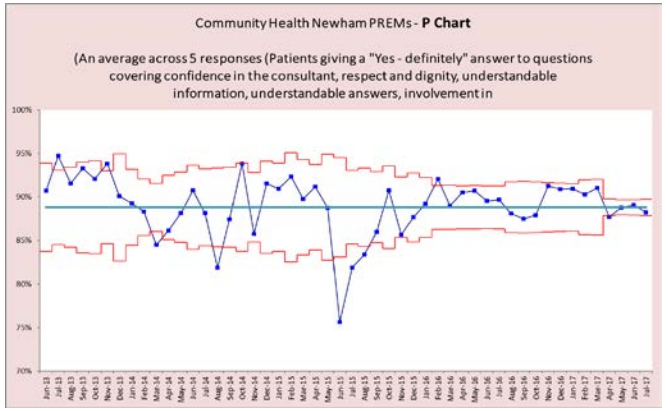


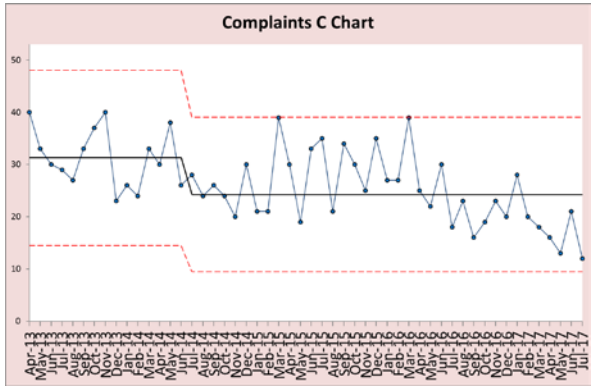
Patient Experience

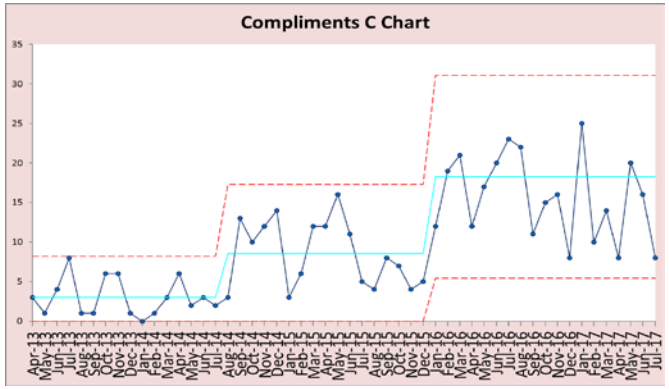
trust wide excluding Beds and Luton (London)

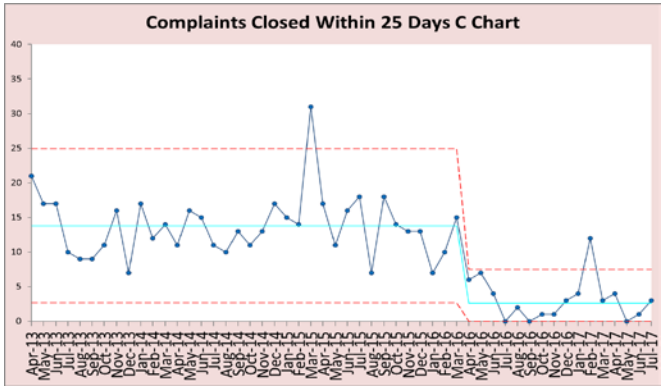








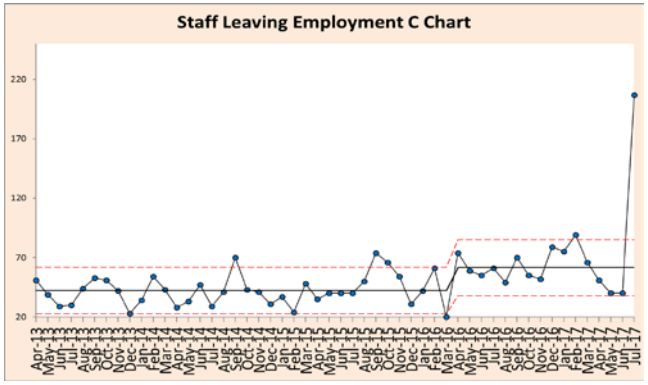


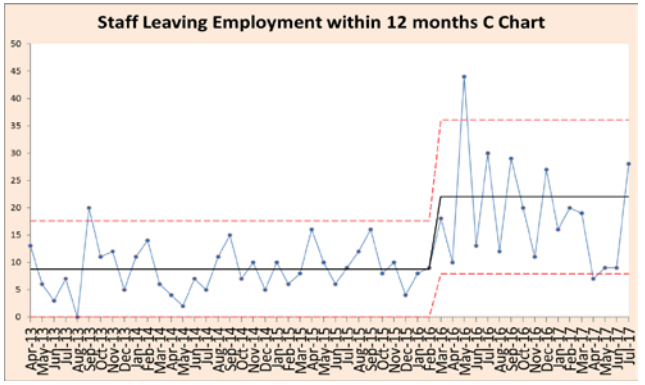


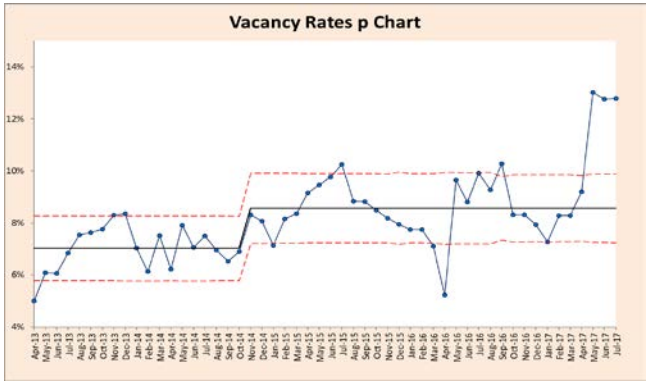
Complaints June to July 2017

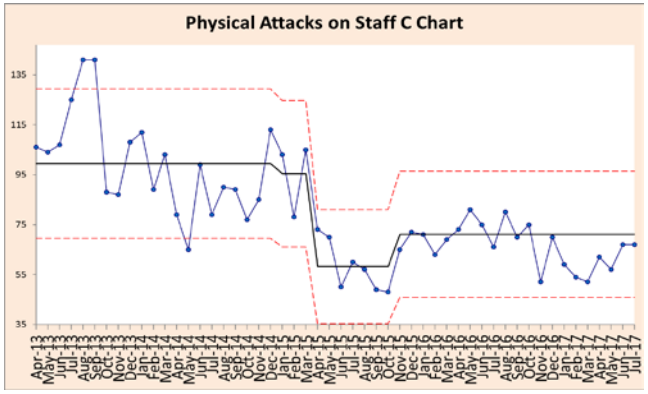
Our Staff

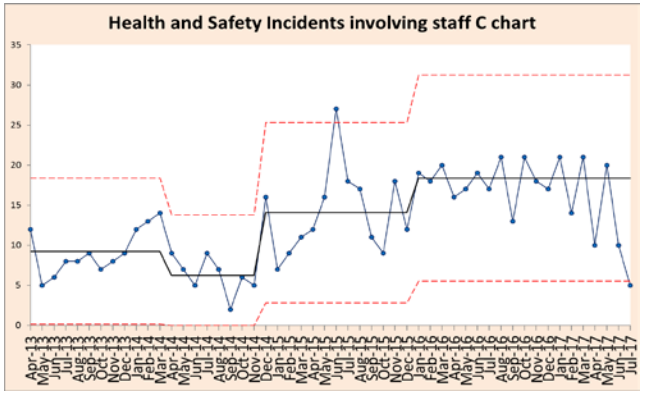
trust wide excluding Beds and Luton (London)

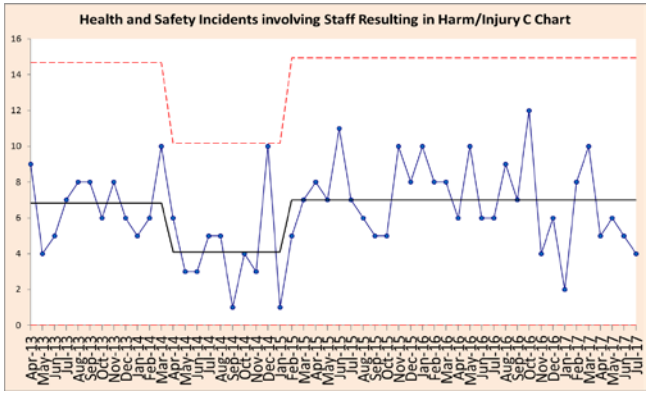




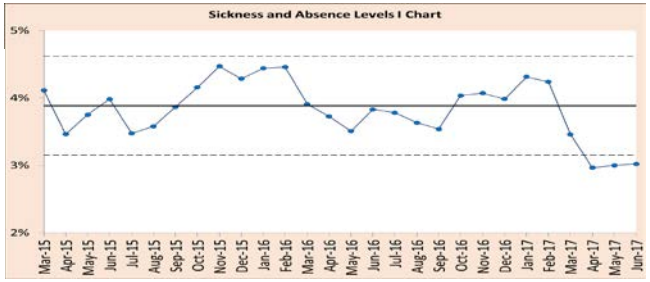








Reasons given by staff leaving June and July 2017



Quality dashboard

organisation-level view

trust wide including Beds and Luton

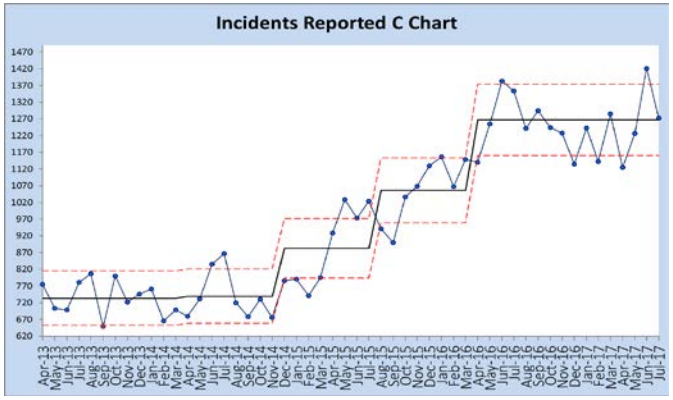
September 2017

NHS
East London
NHS Foundation Trust

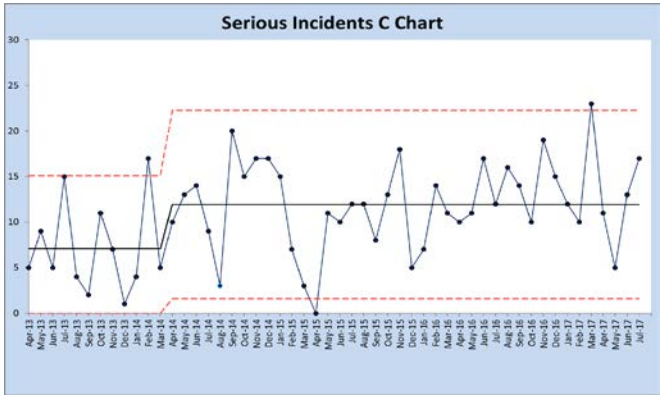
Safety

trust wide including **Beds and Luton**

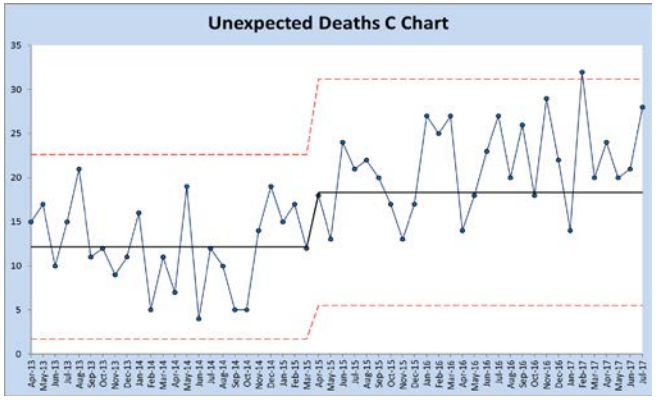
Incidents Reported C Chart



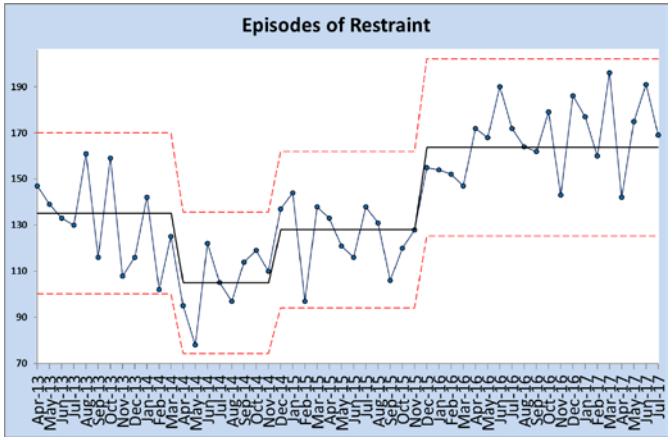
Serious Incidents C Chart



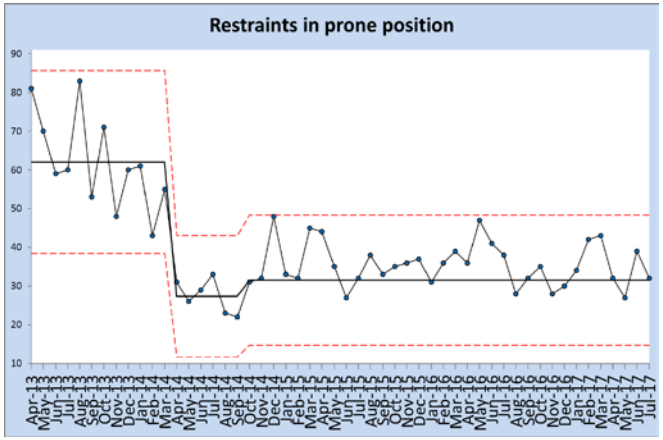
Unexpected Deaths C Chart



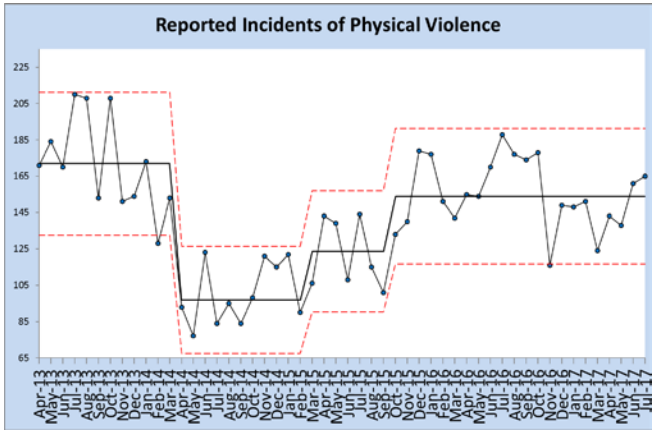
Episodes of Restraint



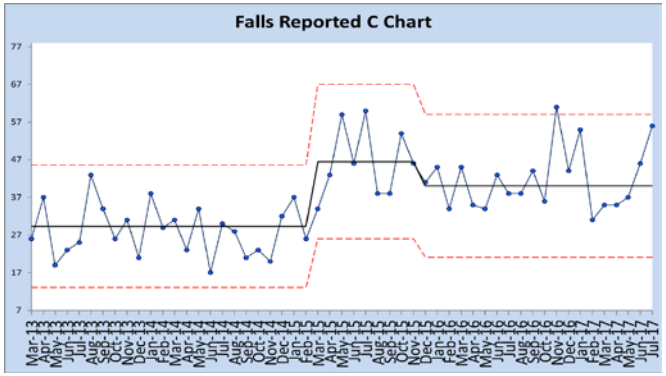
Restraints in prone position



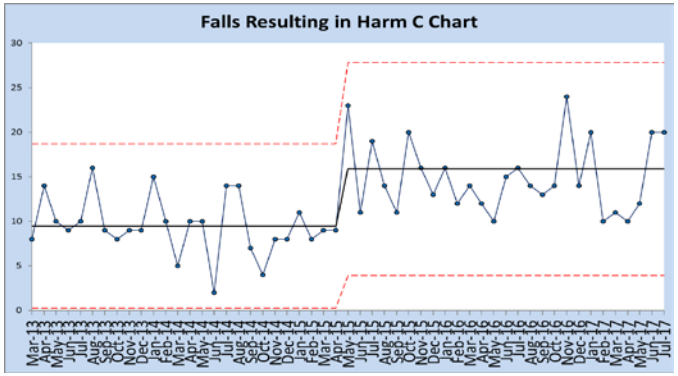
Reported Incidents of Physical Violence



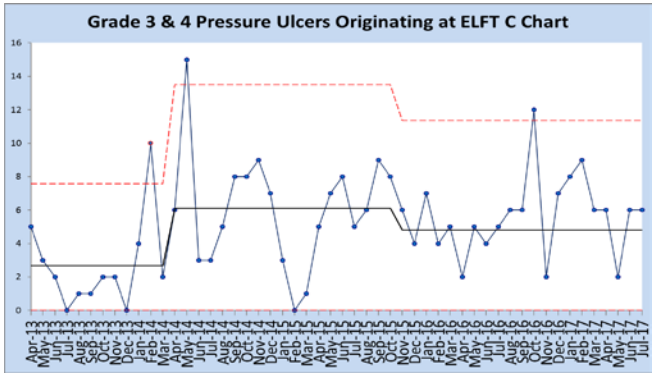
Falls Reported C Chart



Falls Resulting in Harm C Chart

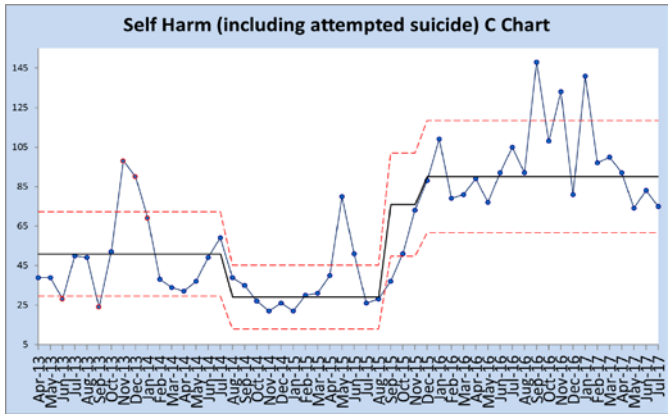


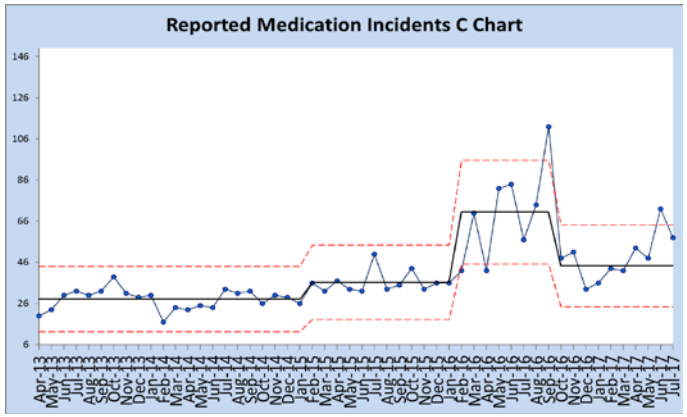
Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart

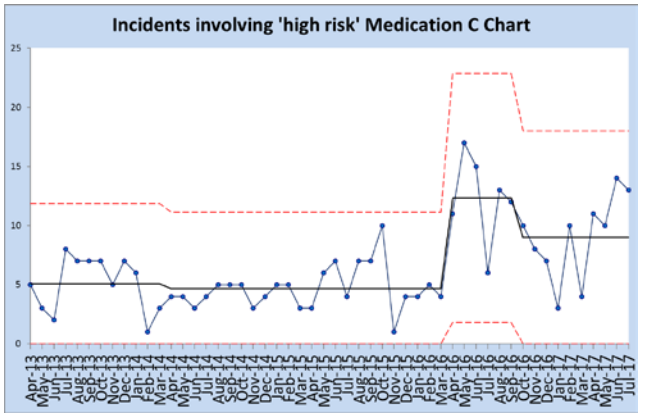


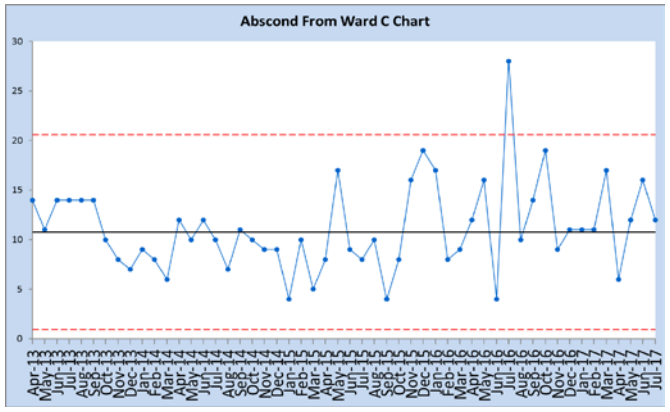
Safety

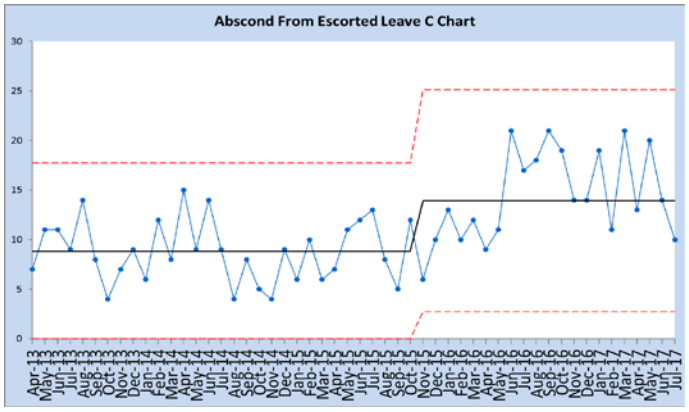
trust wide including Beds and Luton

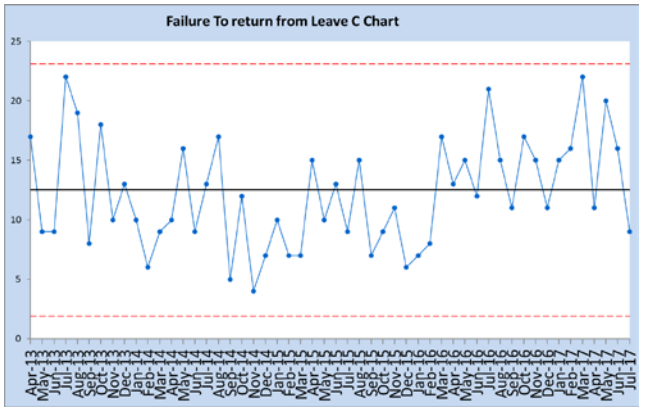












Serious incidents for June and July 2017

Patient Deaths

6x suspected suicides of adults in community settings

3x unexpected deaths in in-patient settings

Safeguarding adults

1x serious allegation made against staff

Incidents related to care and treatment

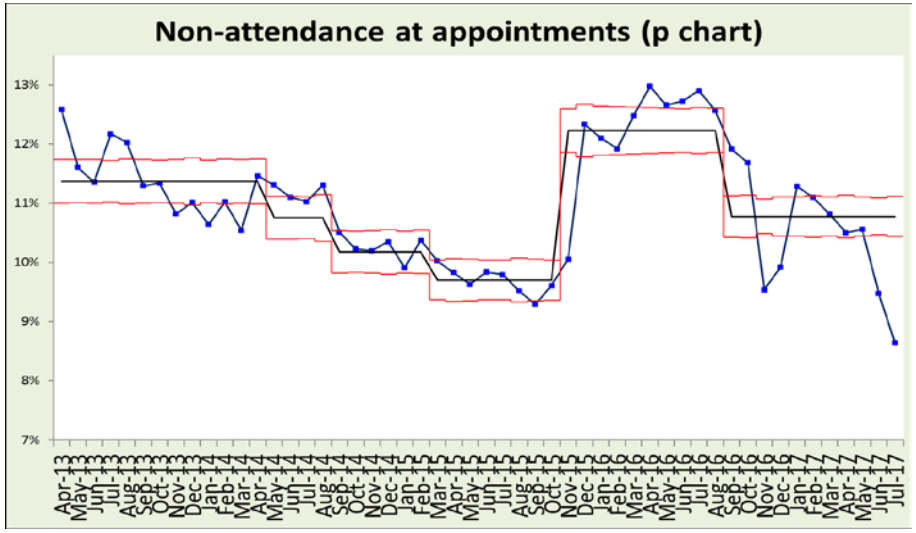
1x in-patient fall resulting in harm

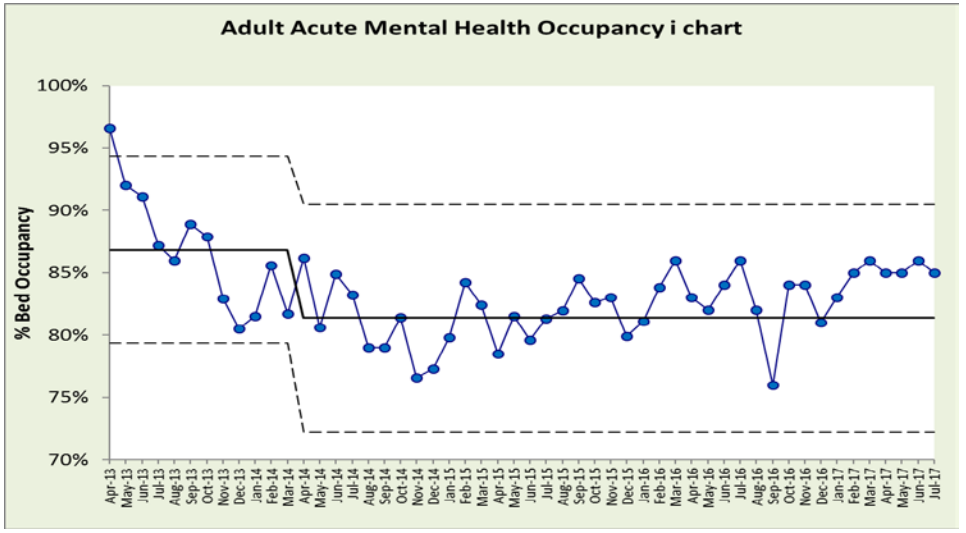
Violence and aggressipn

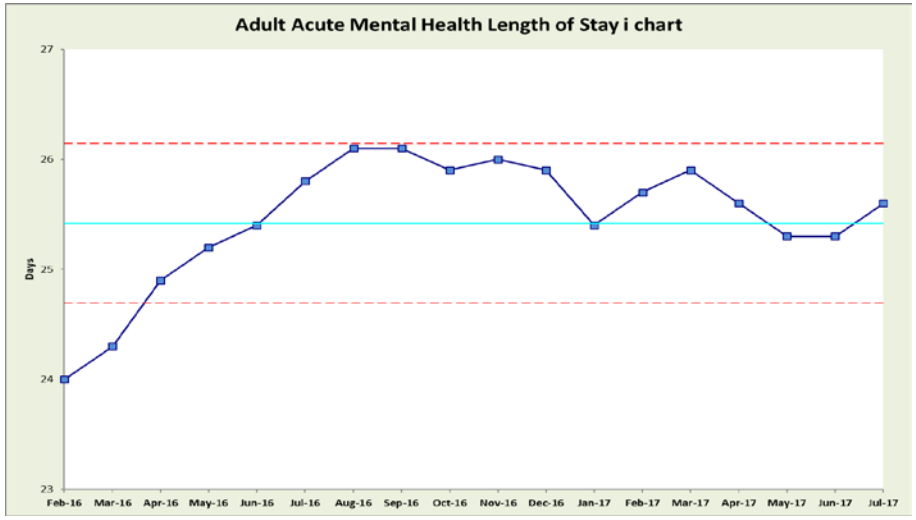
6x serious assaults by service users

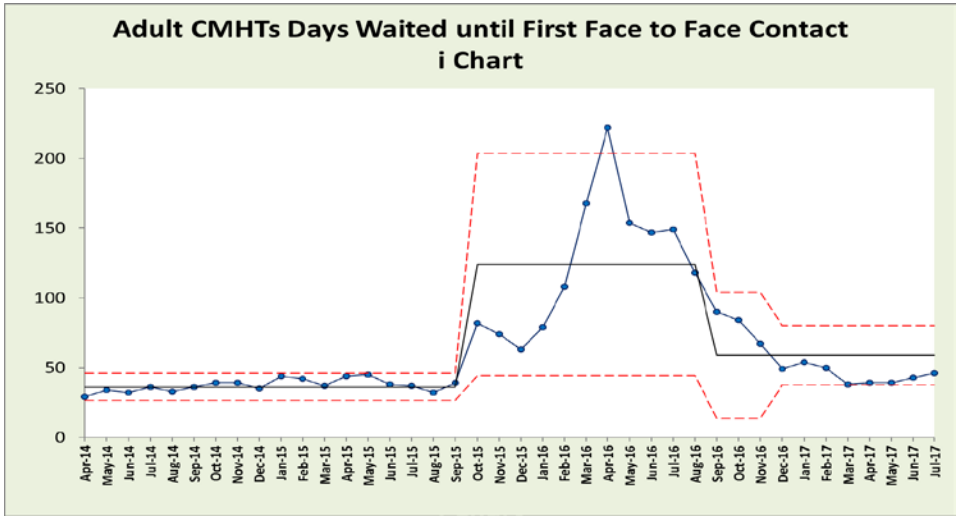
Clinical Effectiveness

trust wide including Beds and Luton



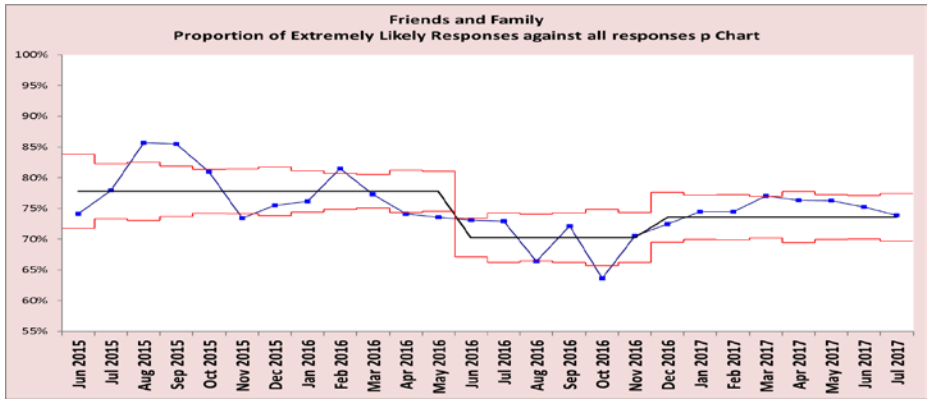


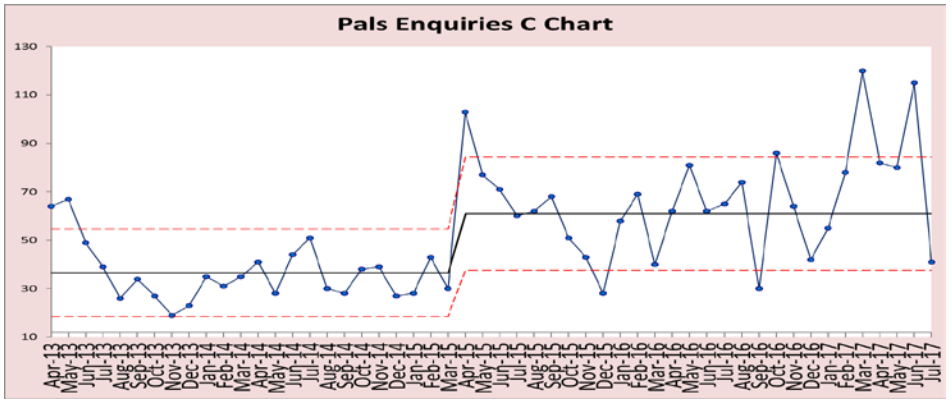


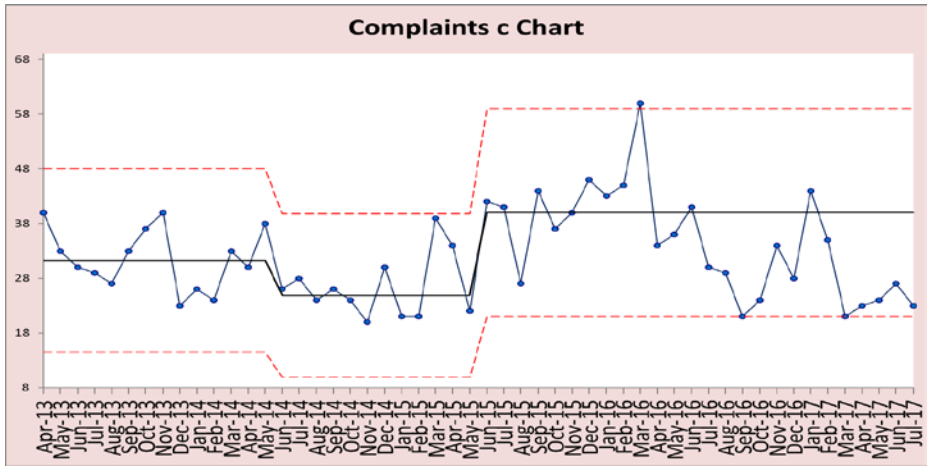


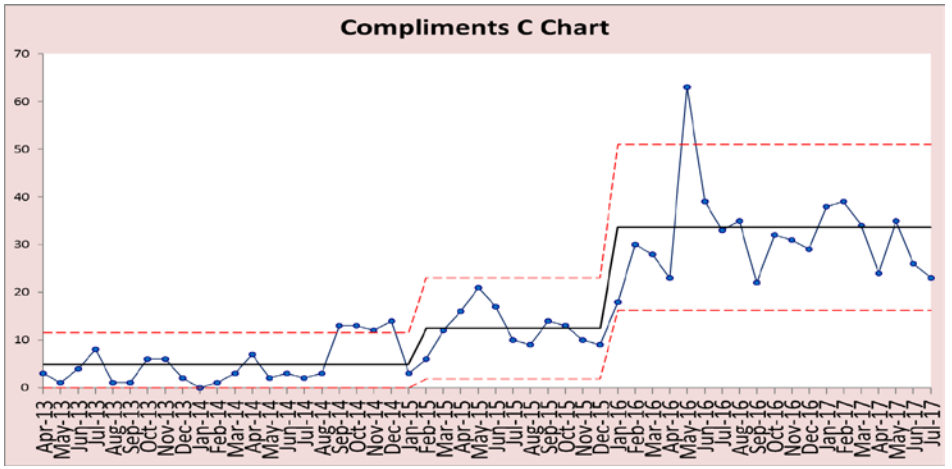
Patient Experience

trust wide including Beds and Luton





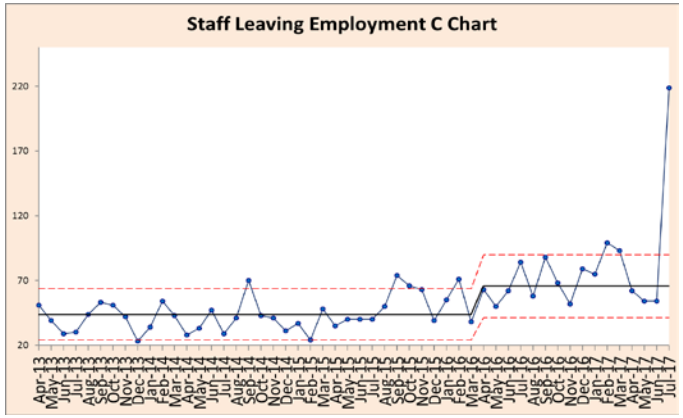


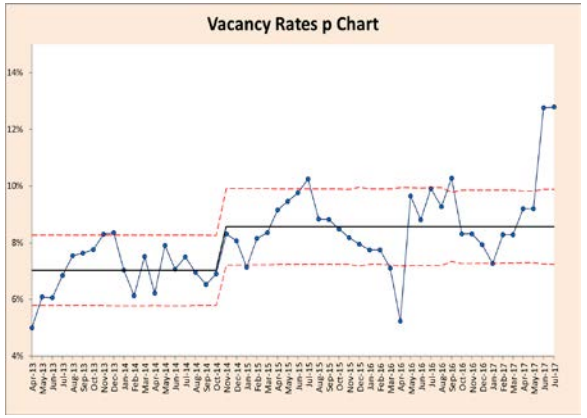


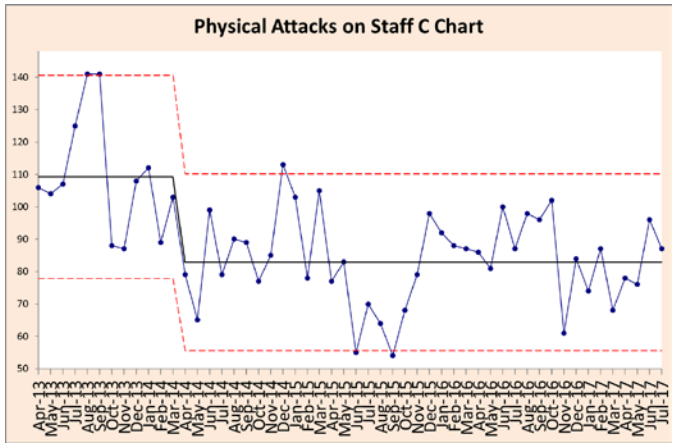
Complaints June and July 2017

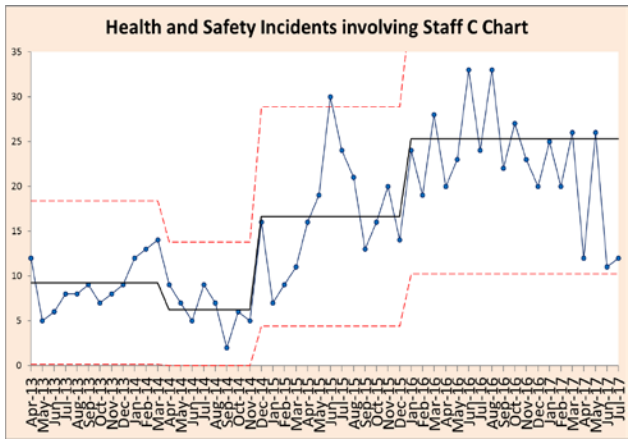
Our Staff

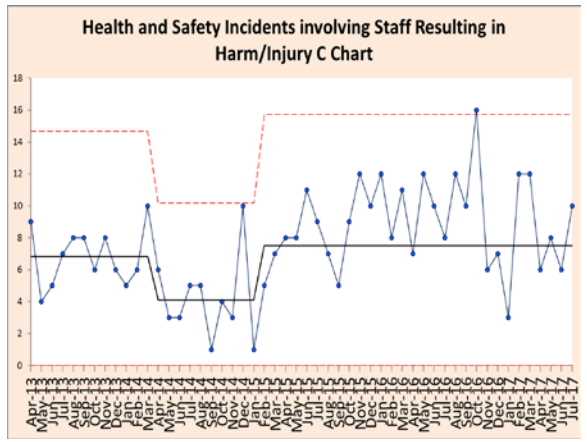
trust wide including Beds and Luton











Reasons given by staff leaving June and July 2017