

REPORT TO THE TRUST BOARD - PUBLIC
19 OCTOBER 2017

Title	Quality Report
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Accountable Executive Director	Interim 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.

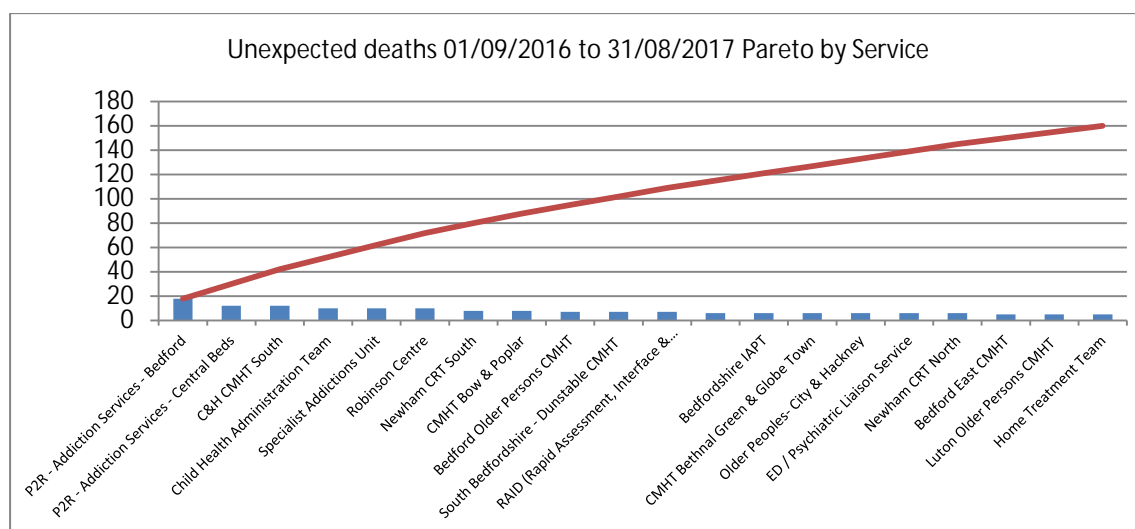
Supporting Documents and Research material

N/A

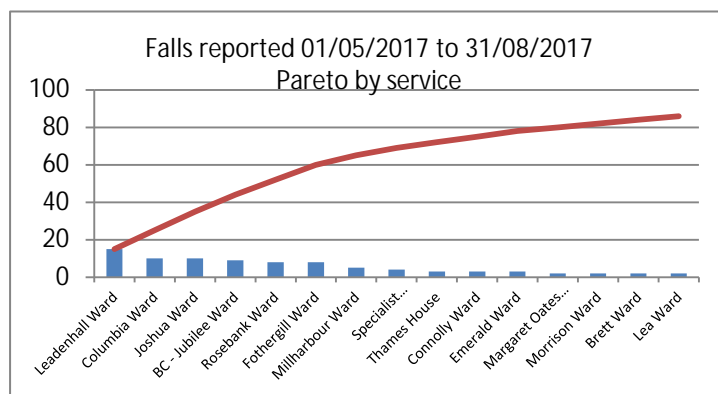
1.0 Quality Control

1.1 Safety

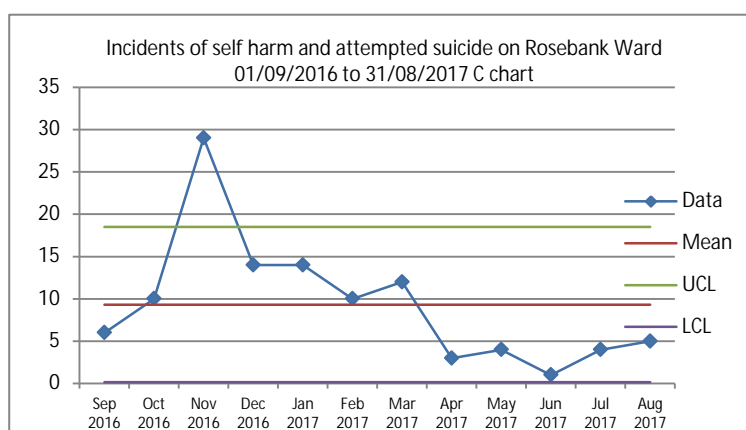
- 1.1.1 Incident reporting numbers in both Trustwide and London dashboards showed special cause variation in the previous report, reflecting the ongoing work to improve reporting and safety culture. The incidents reported last month has reverted to normal variation.
- 1.1.2 Unexpected deaths for both Trustwide and London only dashboards show 7 of the last 8 data points above the mean, which suggest we may soon see an increase. The pareto chart below illustrates the services in which these unexpected deaths took place.



- 1.1.2 London falls data has showed special cause variation from May to August. The pareto chart illustrates the distribution of incidents, and illustrates the impact of Jubilee Ward, a new ELFT service as part of Tower Hamlets community health services. A Trustwide falls group is in place that reviews incidents and data, and looks to identify and share learning.



- 1.1.3 Incidents of self-harm and suspected suicide attempts have shown special cause variation in London, with the last 8 points below the mean. The chart has therefore been re-phased to reflect the new average. Self-harm has tended to be most prevalent amongst the female service



user group, and its prevalence has tended to be influenced by a relatively small number of service users being associated with a relatively high number of incidents. The decrease in incidents over the past 9 months can be linked to a decrease in incidents on Rosebank Ward (female PICU), illustrated in the above chart.

1.2 Clinical effectiveness

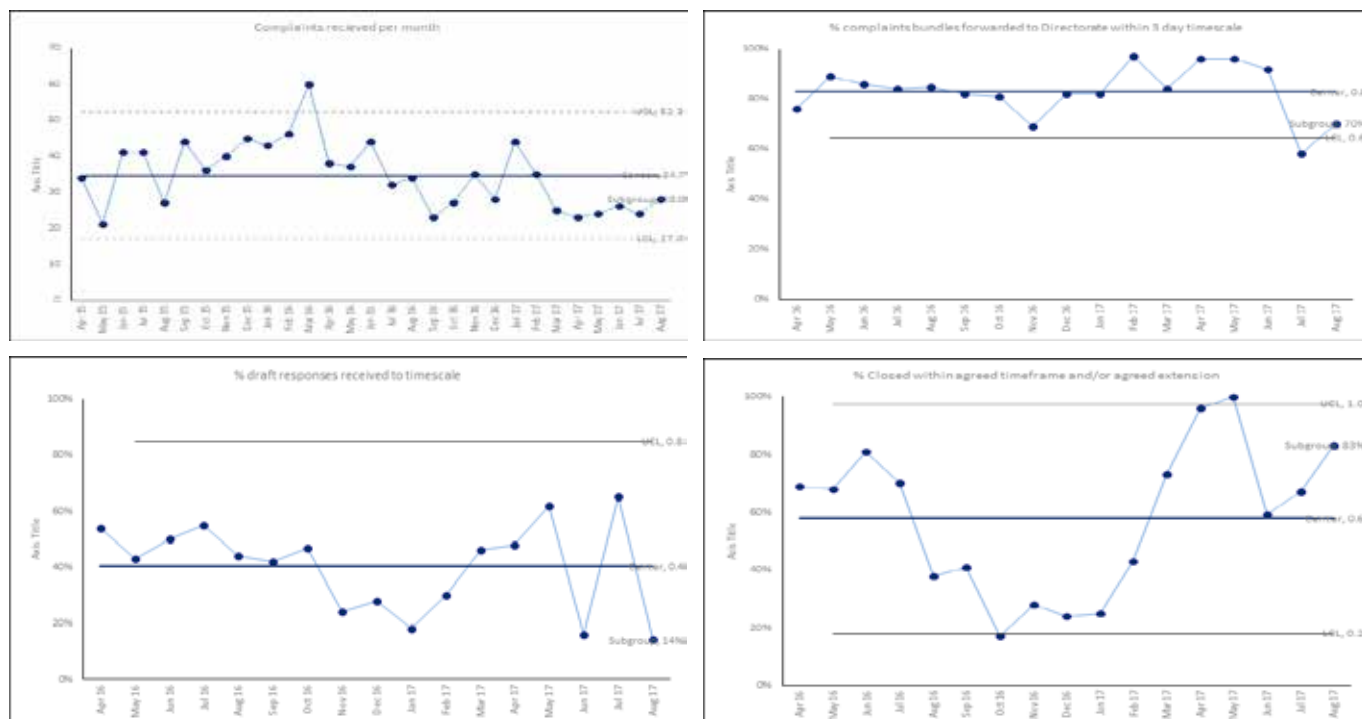
- 1.2.2 Adult acute mental health length of stay across London services has again shown a shift downwards, reflected in a re-phasing of the chart. The mean length of stay has reduced from 25 to 24 days. This is not mirrored within the Trustwide data which shows normal variation.

1.3 Patient Experience

- 1.3.2 PALS enquiries again showed special cause variation across the Trust in August, with the number above the upper control limit. Numbers of enquiries have remained close to or above the upper control limit since March. 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.

- 1.3.3 The data is signalling a possible future reduction in complaints across the Trust, with the last 7 data points below the mean. The next report will confirm if this is a definite shift. The complaints team have been working hard to improve their complaints management process, and are now collecting data regularly, which is shared and monitored at the Quality Committee via the Quality Assurance Dashboard.

- 1.3.4 There are four processes now being monitored continuously by the complaints team:



1.4 Our Staff

- 1.4.2 Commentary and analysis of the staff leaving employment and vacancy rate is covered within the performance report.
- 1.4.3 Physical attacks on staff in London services show special cause variation with the last 8 data points below the mean, the chart has been phased to reflect the reduction in mean back to a level comparable with levels during 2015.

2.0 **Quality Assurance – Are we responsive?**

2.1 Definition and analysis

The CQC definition of responsive looks closely at the extent to which services meet people's needs. Outstanding services are those that are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. To develop an understanding of this, data has been pulled in from across the Trust to answer the CQC key lines of enquiry (KLOEs). Where available the data discussed focuses on the past 12 months, and the sources have been split into three areas to provide a rounded view of responsiveness:

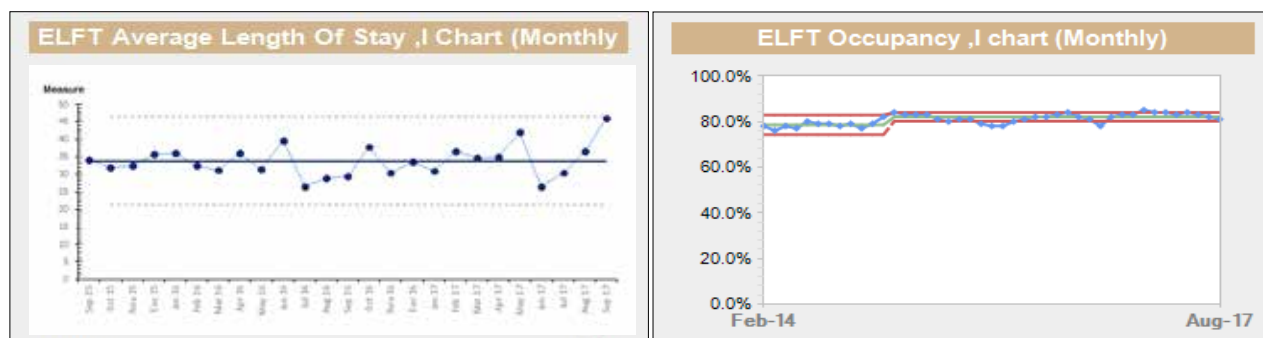
What the data tells us	What our staff tell us	What our patients tell us
<ul style="list-style-type: none">• Service user led audit• People participation reports• Performance data	<ul style="list-style-type: none">• National staff survey	<ul style="list-style-type: none">• Patient experience feedback• CQC Community MH Survey• Complaints, compliments and PALS enquiries

2.2 Access to services

Following our comprehensive CQC inspection in June last year, the CQC observed “patients needing access to the acute care pathway were receiving an outstandingly responsive service.”

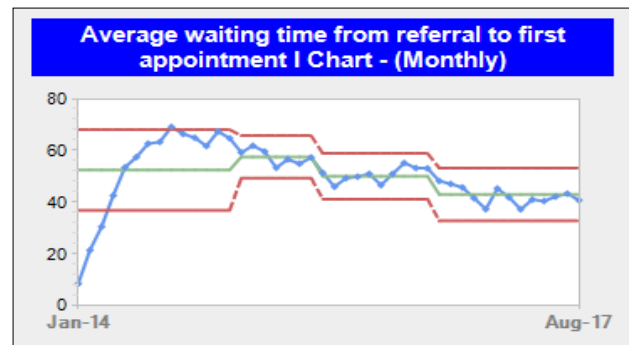
Underpinning this responsiveness is a commitment to maintaining bed occupancy at 85% or less, and minimising length of stay. Bed occupancy data shows ongoing success in achieving this target, in harness with a stable, relatively low length of stay of around 30 days.

In adult community mental health services, focus is on reducing waiting times from referral to assessment, with the aim of all service users receiving assessment within 28 days. As of August 2017 mean waiting time was 27 days, with over 90% of service users assessed within



the 28 day period. This figure has remained fairly consistent over the past 12 months.

Over the past two years, a quality improvement collaborative has been working to improve access across a number of community-based teams. The table below shows the results of this work.



	Community Mental Health Teams (CMHTs)	Psychological Therapy Service (PTS)			Other		
	City & Hackney	City & Hackney	Tower Hamlets	Newham	Enhanced Primary Care Liaison Team Clinic	Specialist Health Visiting	Sexual and Reproductive Health Clinic
Waiting Times from referral to 1 st appointment	49%	31%	63%	18%	-	-	-
No. of referrals received	156%	38%	8%	27%	-	-	-
First appointment non-attendance	51%	-	35%	49%	-	22%	21%

CQC commended the Trust on the responsiveness of its Home Treatment/Crisis Resolution Teams. Performance remains good across these services with the Trust regularly meeting its target of 80% of referrals assessed within 24hrs, and achieving over 90% in August this year.

CQC identified improvements required in waiting times for assessment and diagnosis across Memory Services. Improvement work across Bedfordshire based memory services continues, and is reported on regularly by the Directorate as part of their quality and performance report.

2.3 Responding to individual need

The Trust has an Equality, Diversity and Human Rights Strategy in place with a lifespan of 2014-2017, and its implementation is monitored by an Equality, Diversity and Human Rights Strategy Project Group.

It sets out 8 patient focused priorities:

- Assess health inequalities in relation to Black Caribbean and Black African service users access and experience
- Ensure that environments are accessible and reasonable adjustments are in place to meet the needs of disabled service users
- Ensure the Secure Provision of Gender Specific environments
- Ensure equitable access to services and patient experience for older people

- e. Eliminate Homophobia in Inpatient and Outpatient Trust Environments
- f. Develop a Best Practice Policy for the Care of Transgender Service Users
- g. Ensure that the Interpreting and advocacy needs of service users and patients are met
- h. Assess the application of human rights law to the provision of mental health services

The CQC Community Mental Health Survey for asks service users, *'Do the people you see through NHS mental health services help you with what is important to you?'* The 2017 Trust results show that around 59% of ELFT respondents responded positively to this question, compared to around 64% nationally. This ELFT figure is down from 65% in 2016.

2.4 Food and the care environment

A significant source of information for the Trust in understanding and demonstrating the responsiveness of its environment is annual trustwide Patient Led Assessments of the Care Environment (PLACE) assessment. This year, due to difficulties during the assessment process, the results of the assessments and benchmarking data are not available, as Trust scores were not uploaded to the national portal within the required window.

The Trust is considering its approach to the measuring of PLACE standards for 2017/18, with the aim of establishing systems for ongoing monitoring that will yield data over time in support of quality improvement.

There are measures of standards of food and environment now included in the refreshed Service user led standards audit (SULSA).

Despite a range of projects and initiatives taking place across services, for example in Coborn Unit, Wolfson House and elsewhere, overall data is suggestive of modest levels of satisfaction with food provided.

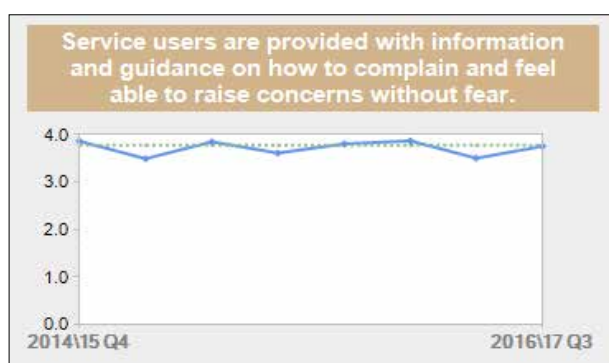
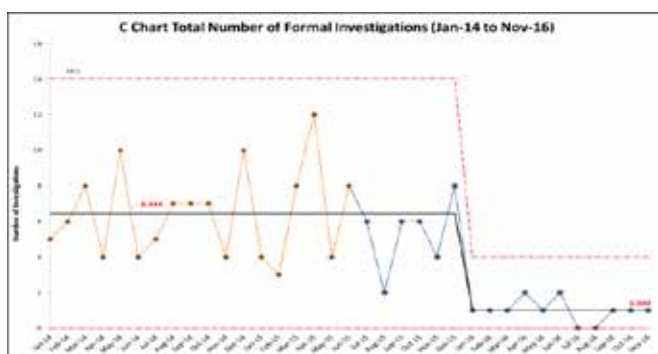


SULSA responses show a picture of greater satisfaction with access to therapeutic groups and activities in an inpatient setting.

2.5 Complaints, concerns and PALS enquiries

As set out in the Complaints Annual Report, 402 formal complaints were received by the Trust during the last financial year (2016/17), down from 574 during 2015/16. Whilst the Trust continues to promote complaints as a means of obtaining feedback on its services, it has worked to establish other ways for service users and their carers to communicate their views. And has looked to address concerns informally, to the satisfaction of the complainant, before formal complaints are made.

Since March this year additional resource has facilitated an increase in PALS enquiries across the Trust, providing a further route for feedback



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.

3.0 Quality Improvement

3.1 Building the will

The 2018 Quality conference will take place on Tuesday 24 April at the CentrED Excel and will feature a keynote presentation from Dr Jennifer Dixon, Chief Executive of the Health Foundation. We will support the Bedfordshire and Luton teams to celebrate and reflect on their progress at an event in Bedford on 22 May 2018.

3.2 Building Improvement Capability

Our third cohort of improvement coaches have now graduated and are actively supporting QI projects in the organisation and bring the total number of active QI coaches in the organisation up to 54.

In September, Professor Steve Swenson, Medical Director for Professionalism and Peer Support at Intermountain Healthcare (and previously from the Mayo Clinic), visited the Trust to provide input into leading and engaging teams, enjoying work and reducing staff burnout. Over the course of the two days, Professor Swenson met with over 200 people including the Executive Team, provided 2 masterclasses on leading and engaging teams, met with consultants and taught at the Senior Clinical Leaders' programme.

In September, a whole day masterclass on managing demand and capacity was delivered for 80 staff. Delegates learnt about the causes of waits through theory, data and simulation and how to tackle these through scheduling and planning capacity.

The wave 7 Improvement Leaders Programme has commenced in October, and will last 6 months with delegates attending 7.5 days of workshops. On 7 December, Dr Brian Robson, Executive Medical Director at Healthcare Improvement Scotland, will conduct a half day masterclass on leadership for improvement as part of his visit to the Trust. Finally we have now completed 30 cohorts of Pocket QI, our modular training course designed to increase access to QI. The total number of people who have been trained through this offering now stands at 642 individuals.

3.3 Alignment

Currently 57 (44%) 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.

3.4 QI Projects within the organisation

We currently have 129 active QI projects in the organisation and 62 projects in total now are showing improvement. Progress against the Trust's strategic priority areas is as follows:

Reducing Physical Violence:

We continue to observe a sustained 42% reduction in violence across East London services since 2013.

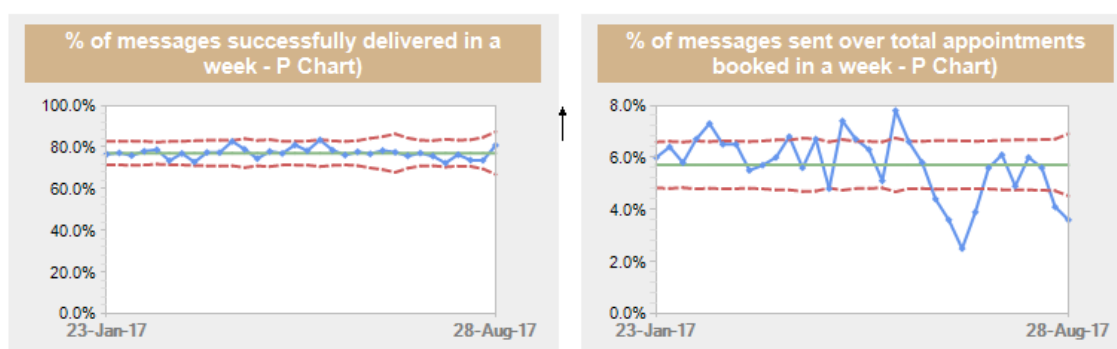


In Tower Hamlets, work is now focused on using a quality control strategy, featuring a visual management approach, to hold the gains of recent violence reduction work. City & Hackney work is due to close in December, with the focus moving to quality control. A unit wide reduction of 43% has been observed. In Forensics, violence reduction work has now been underway for 6 months. There is good engagement and some early signals of an impending reduction in violence across the service are being observed. In Newham, work has been underway for 13 months with reductions seen across 4 individual wards, but not across the collaborative as a whole.

Improving Access and Flow in Community Services

The first Improving Access and Flow in Community Services project board took place on the 20 September and is responsible for overseeing:

- The reliable scaling-up of automated pre-appointment text messaging across the organisation. Dashboards and a successfully tested checklist for implementation are now in place.



- Reducing length of time from referral to completion of treatment for CAMHS, psychological therapies (PTS) 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. As usual in QI, teams will then be free to select and test these ideas in practice, using the Model for Improvement. Monthly collaborative learning sets are being planned for CAMHS and PTS to join up the learning across different teams in each service.

Value for Money

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

- Reducing salary overpayments (Current annual expenditure FY16/17 £369,576): A QI project team is in place, dashboards are live and tests of change are now underway.
- Clinical Correspondence (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. The Chief Operating Officer is currently working with borough directors to identify a number of pilot sites where tests of change could occur.

A third project which was previously in this portfolio, focusing on the use of telephone translation, has now been closed. Testing for this project took place in Luton IAPT but clinical feedback highlighted a number of system problems which at present make it unsuitable for implementation and scale up across the organisation.

Reshaping Recovery in the Community

The aim of this work stream is that 95% of community patients and staff report 100% satisfaction with the care they receive and give by December 2018.

The initial design of this work will involve working with three prototype sites. In the Isle of Dogs CMHT (Tower Hamlets), testing has been underway for several months now and a number of successful change ideas now having been implemented. In the South CMHT (Newham) a project team has formed and work is currently focused in scoping the problem collecting baseline data, whilst in the North CMHT (Hackney) a project team is still to be formed.

Enjoying Work

The aim of this work stream is to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users. Five prototype teams that represent the different working environments and geographically dispersed nature of the Trust have now been recruited. All teams have started data collection against the main outcome measure of whether staff are having a good day. A process has now been developed to help project teams, guiding them from starting with appreciative enquiry and moving to testing change ideas. This work also involves testing and understanding what leadership support would be required to undertake this work at scale. To this end, the recent visit by Professor Steve Swenson provided an excellent opportunity to develop ideas and we are also working closely with HR to develop a model for ongoing OD support.

4.0 ACTION REQUESTED

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

Quality dashboard

organisation-level view
trust wide including Beds and Luton

October 2017

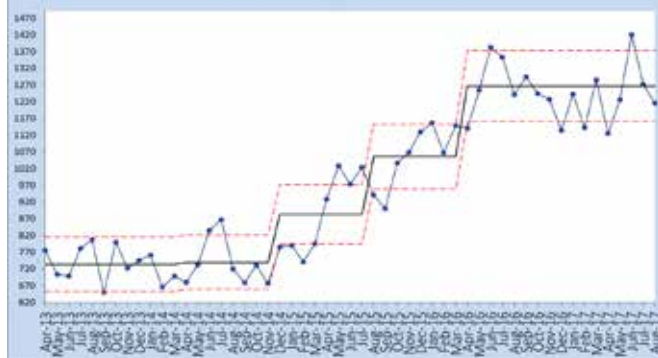


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East London
NHS Foundation Trust

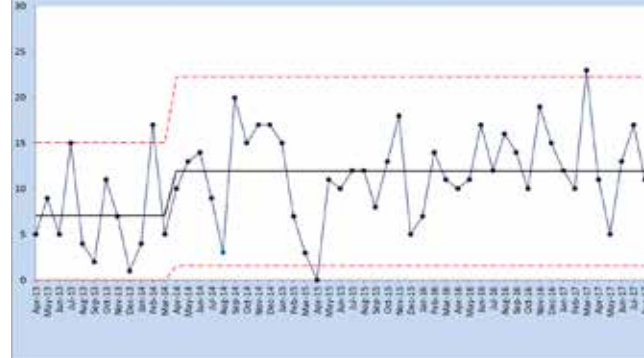
Safety

trust wide including Beds and Luton

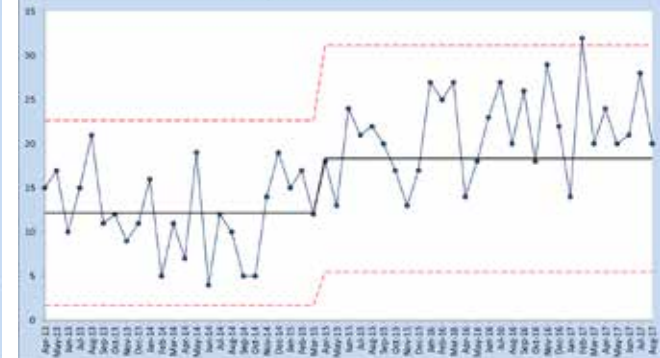
Incidents Reported C Chart



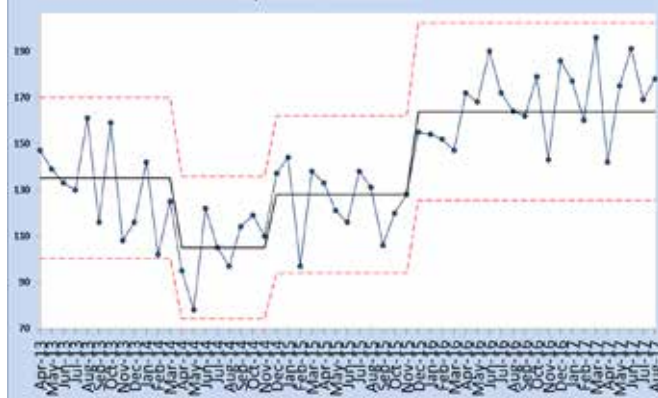
Serious Incidents C Chart



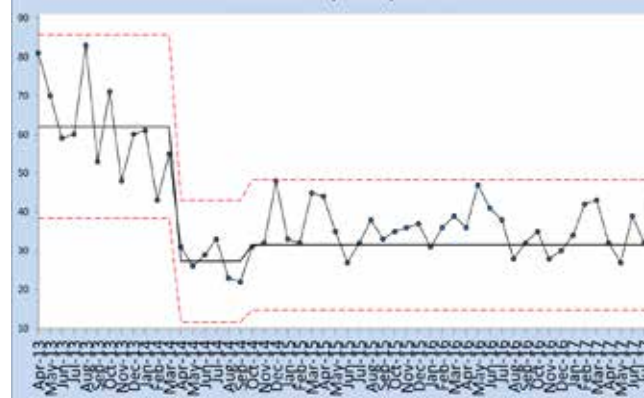
Unexpected Deaths C Chart



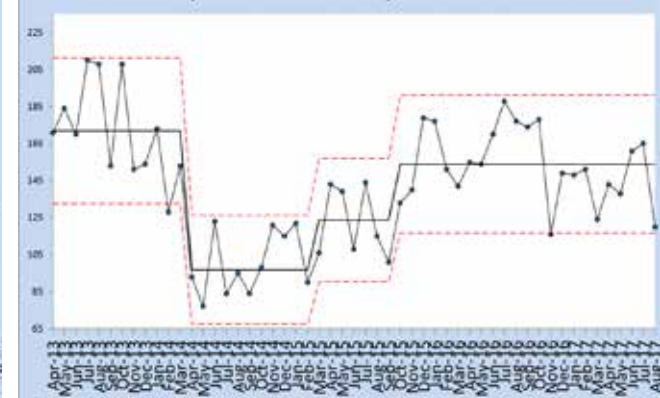
Episodes of Restraint



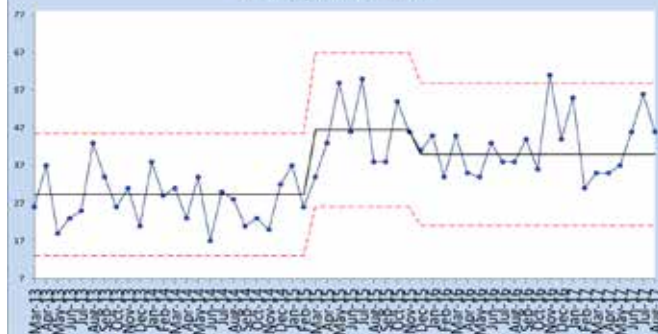
Restraints in prone position



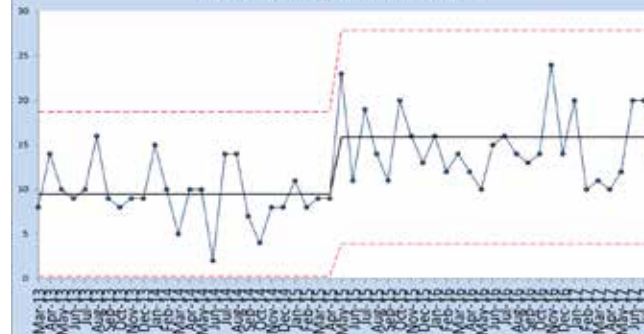
Reported Incidents of Physical Violence



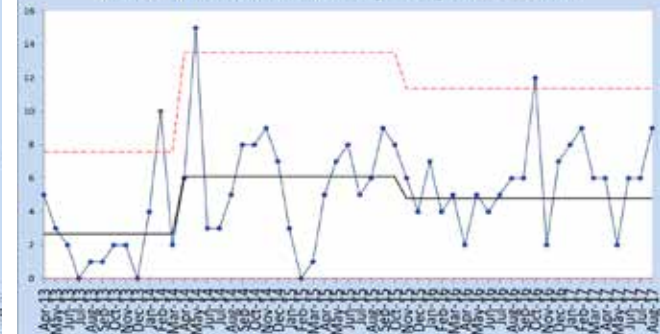
Falls Reported C Chart



Falls Resulting in Harm C Chart

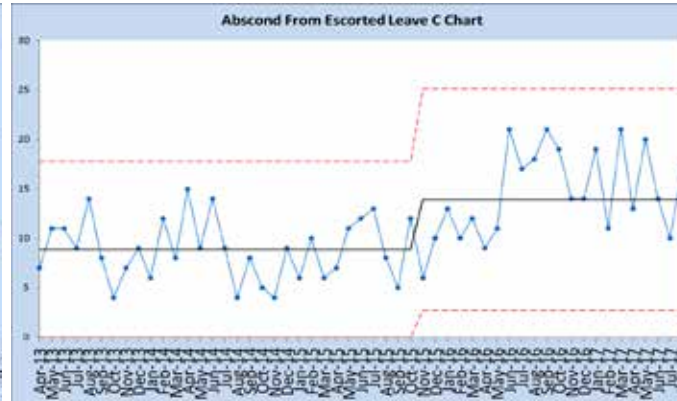
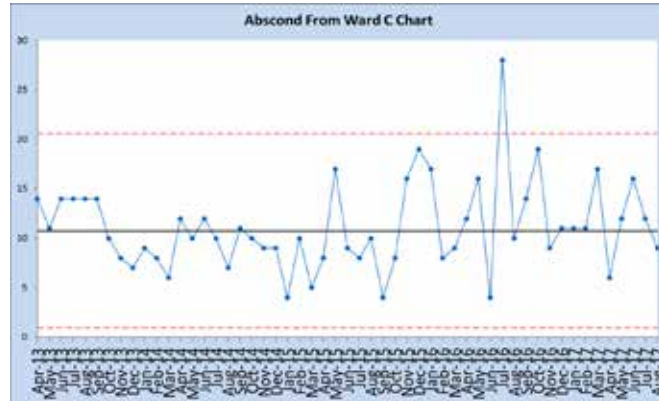
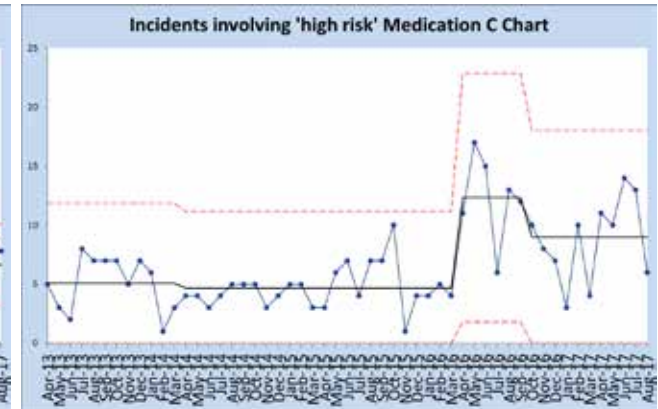
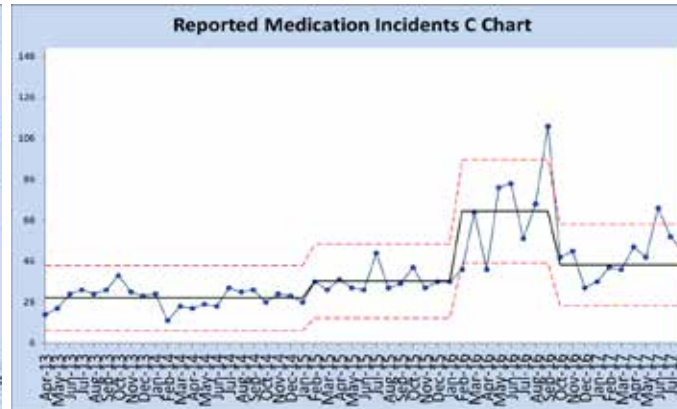
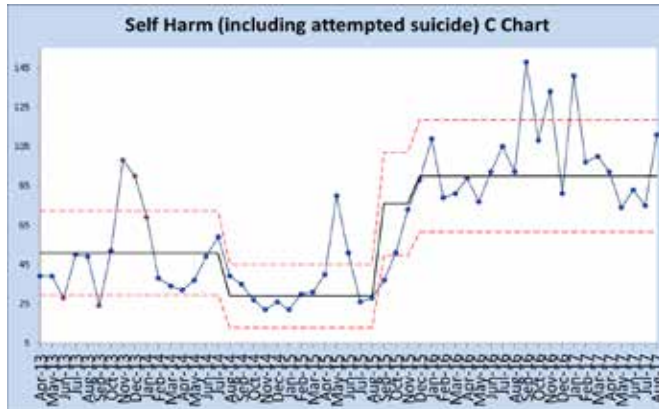


Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart



Safety

trust wide including Beds and Luton



Serious incidents for August 2017

Patient Deaths

- 1x death subsequent to in-patient fall
- 1x unexpected death, likely cause sepsis secondary to UTI
- 1x in-patient death by choking
- 5x suspected suicides
- 1x unexplained death of a child
- 2x unexplained death of an adult

Suspected suicide attempts

- 2x Suspected suicide attempts – in-patient
- 1x Suspected suicide attempt - community

Incidents related to care and treatment

- 1x unexpected deterioration in physical health
- 1x pressure ulcer
- 1x patient who sustained unexplained fracture

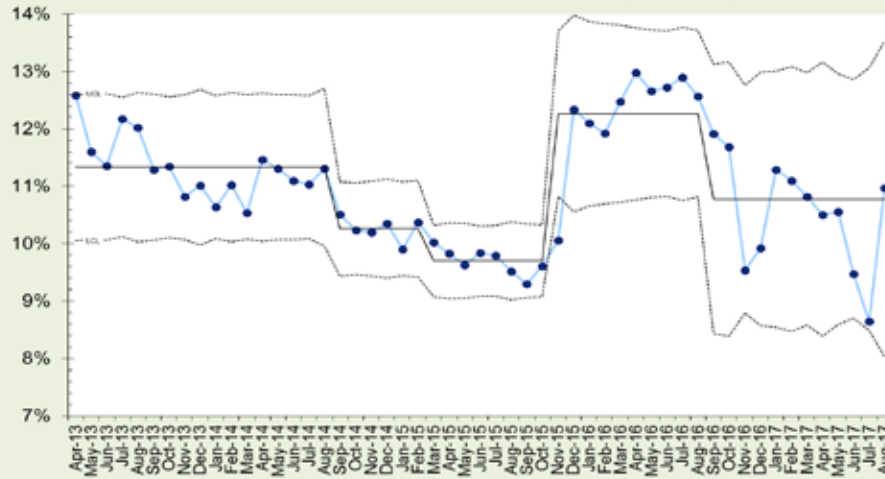
Violence and aggression

- 2x patients known to CAMHS injured in a shooting incident (one fatally)

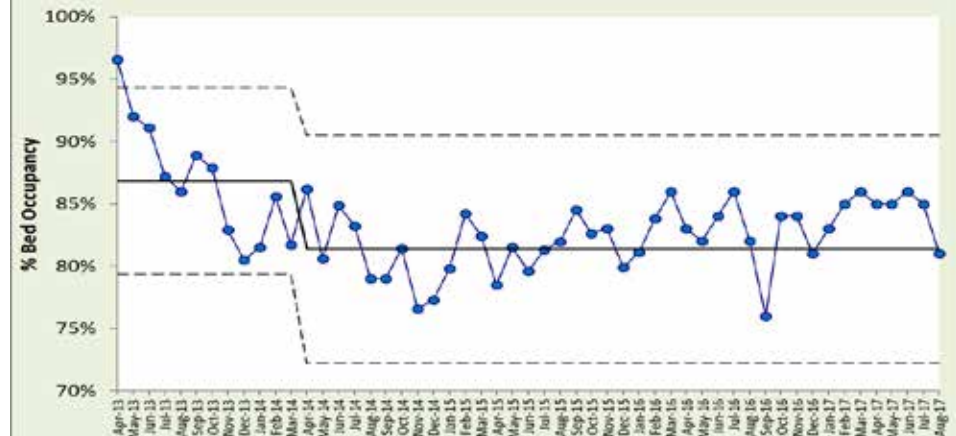
Clinical Effectiveness

trust wide including Beds and Luton

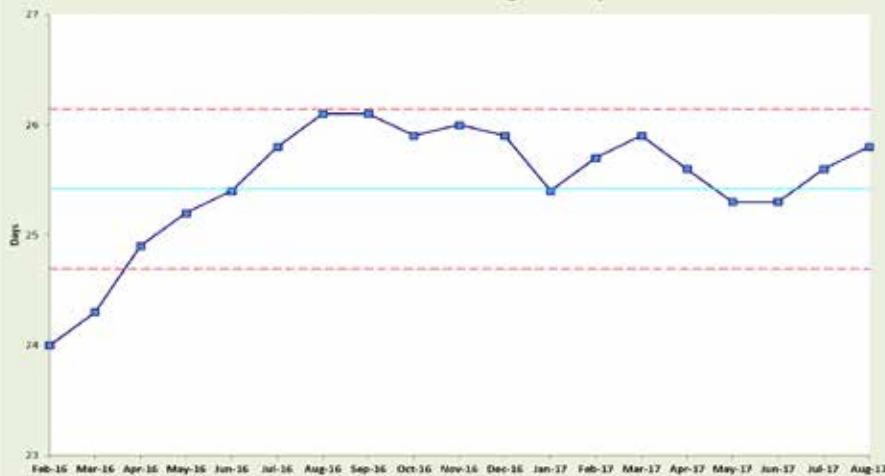
Non-attendance at appointments (P' Chart)



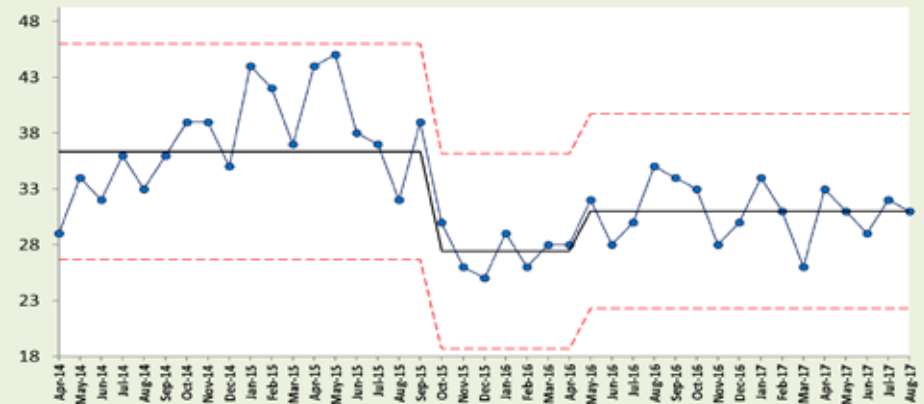
Adult Acute Mental Health Occupancy i chart



Adult Acute Mental Health Length of Stay i chart

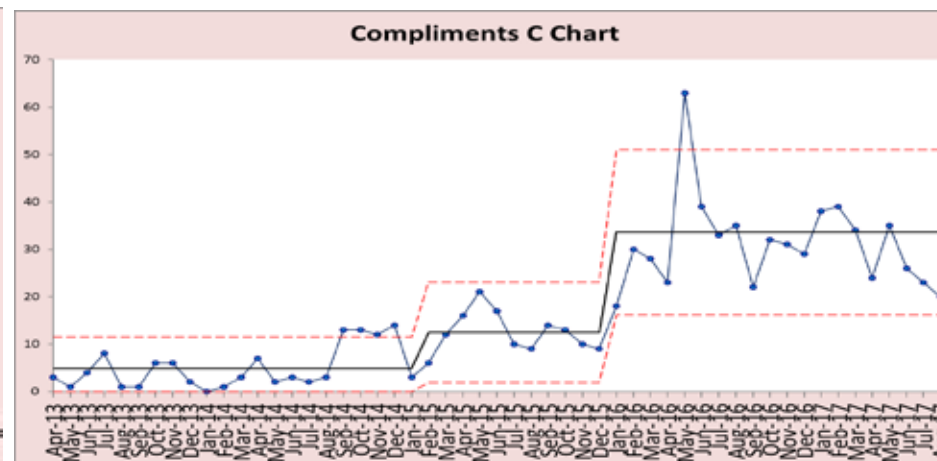
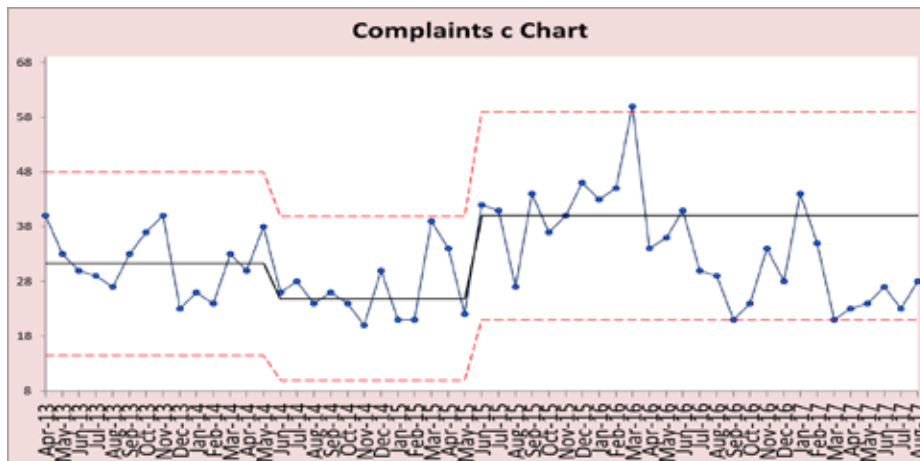
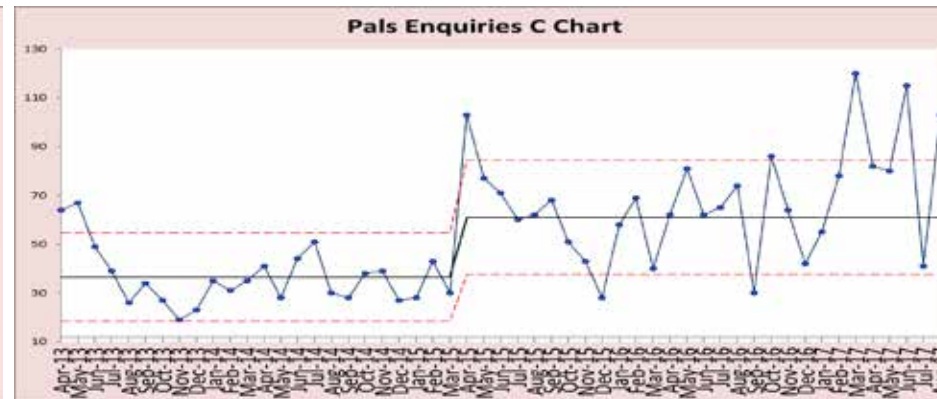
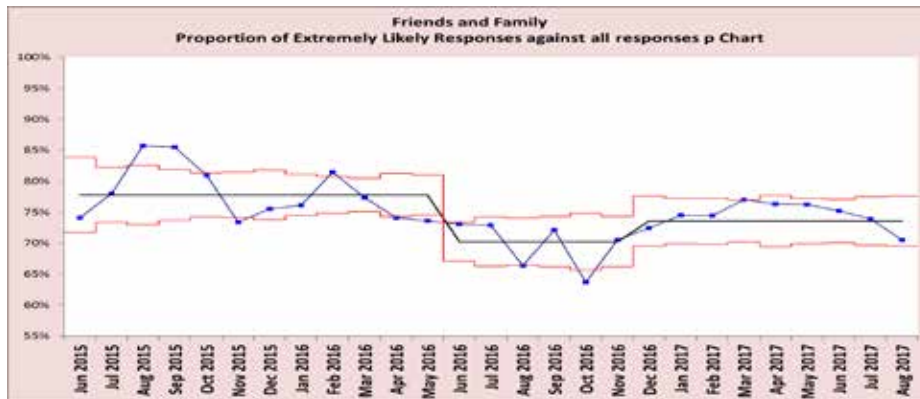


Adult CMHTs Days Waited until First Face to Face Contact i Chart



Patient Experience

trust wide including Beds and Luton



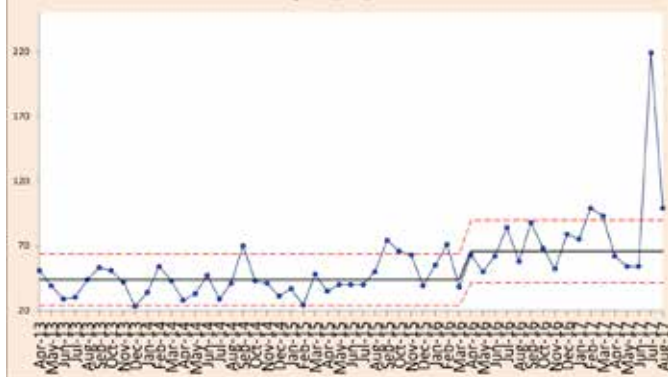
Complaints August 2017

Discharge Arrangements
Assessment
Clinical Management
Physical Health
Attitude Of Staff
Appointments Delay
Leave Clinical Management
Mental Health
Patient Records
Living Patients
Communication

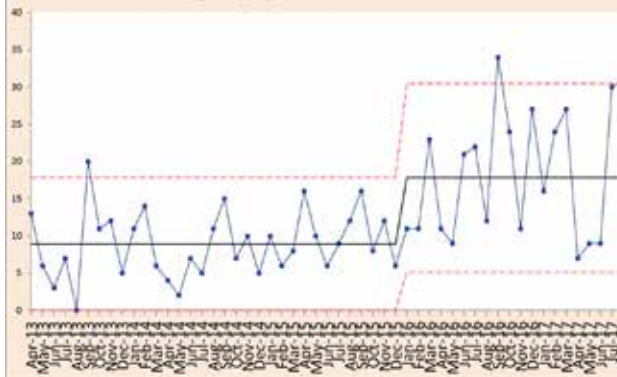
Our Staff

trust wide including Beds and Luton

Staff Leaving Employment C Chart



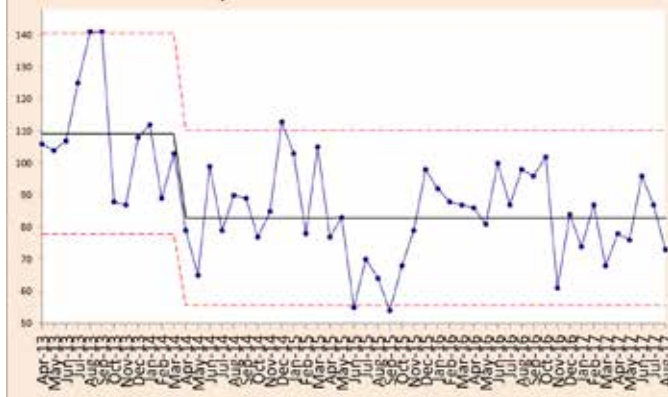
Staff Leaving Employment within 12 months C Chart



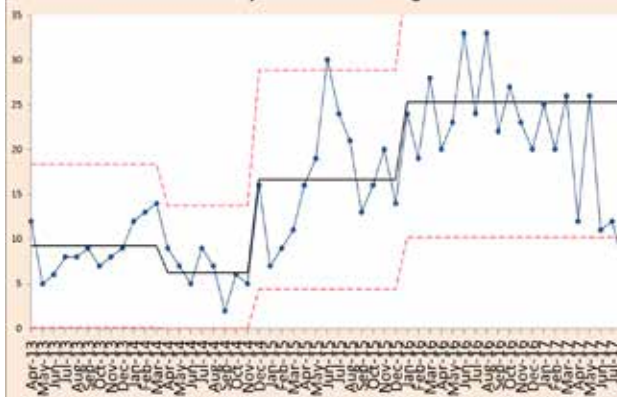
Vacancy Rates p Chart



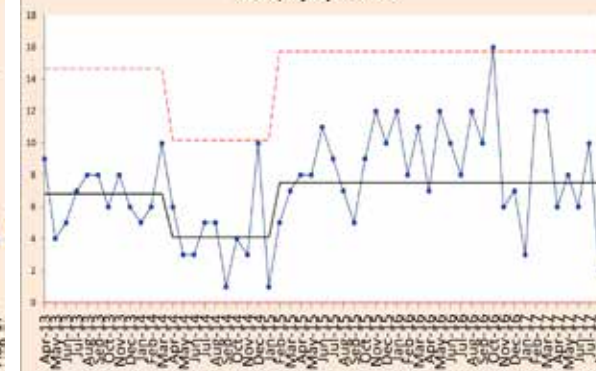
Physical Attacks on Staff C Chart



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 August 2017

Employee Transfer

Reasons given by staff leaving August 2017:

- Voluntary Resignation
- Health
- Transfer
- Relocation
- Promotion
- Retirement
- Age
- Voluntary Resignation
- Other
- Reward
- Work Life Balance
- Compulsory
- Further Education
- Other

Sickness and Absence Levels I Chart



Quality dashboard

organisation-level view
trust wide excluding Beds and Luton

October 2017

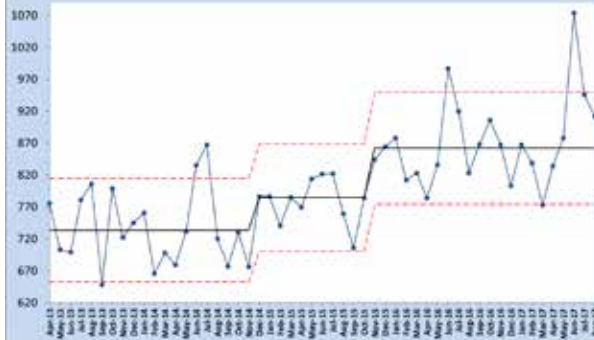


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East London
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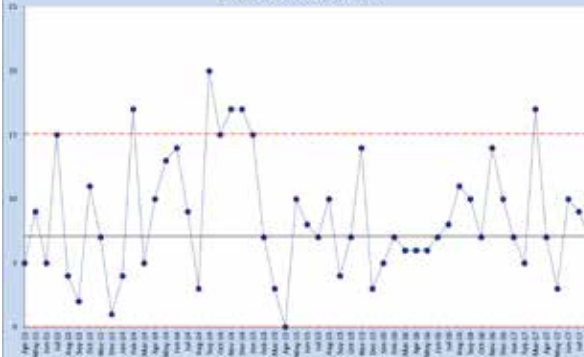
Safety

trust wide excluding Beds and Luton

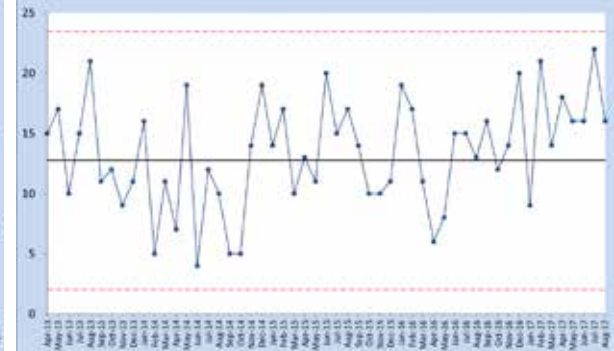
Incidents Reported C Chart



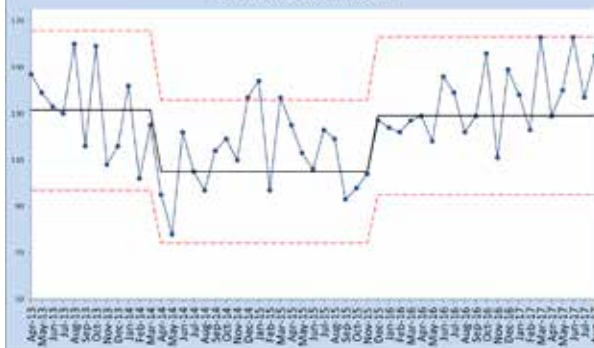
Serious Incidents C Chart



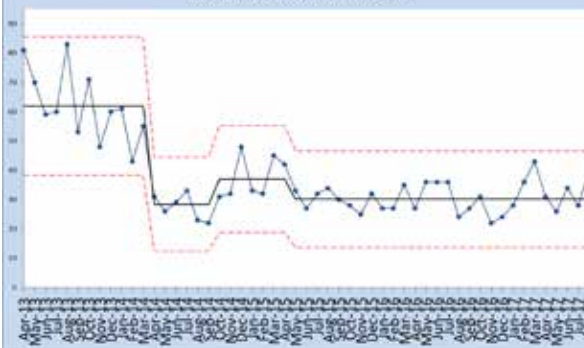
Unexpected Deaths C Chart



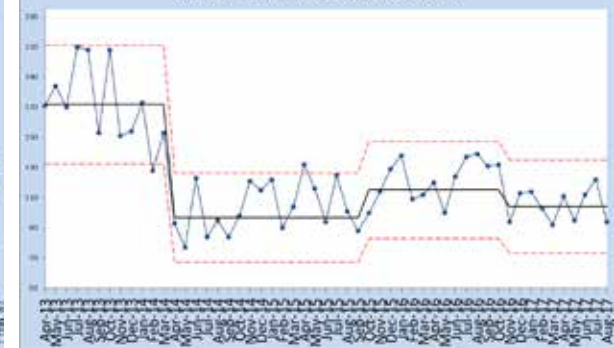
Episodes of Restraint C Chart



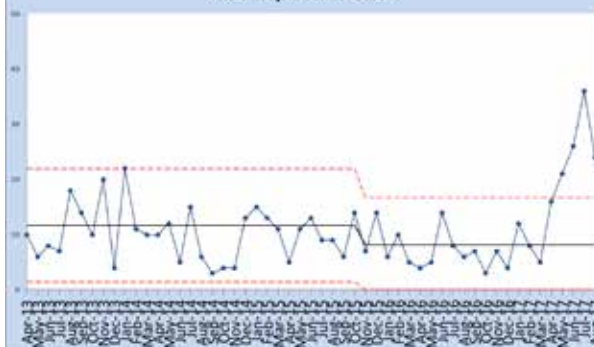
Restraints in Prone Position C Chart



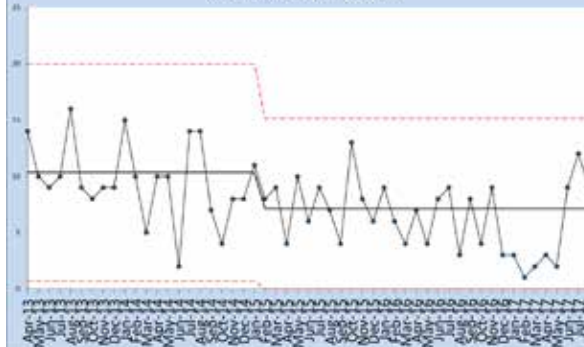
Reported Incidents of Physical Violence C Chart



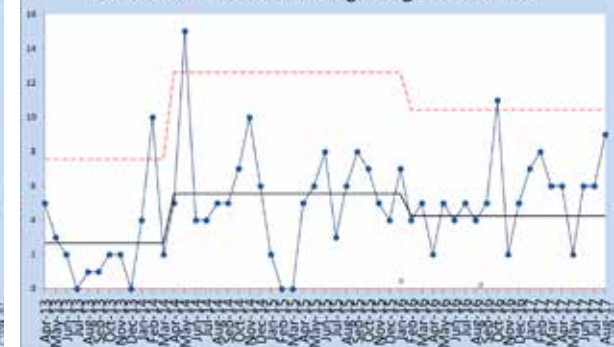
Falls Reported C Chart



Falls Resulting in Harm C Chart



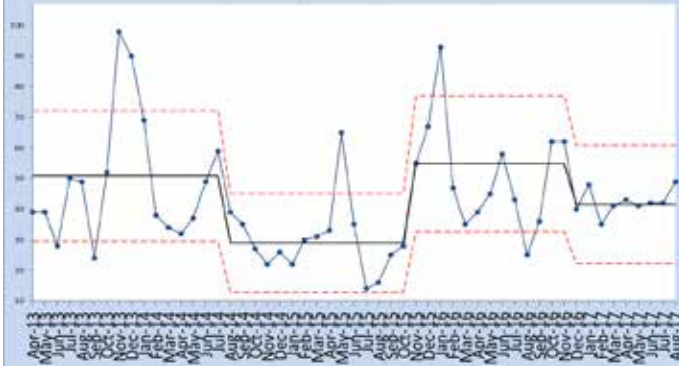
Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart



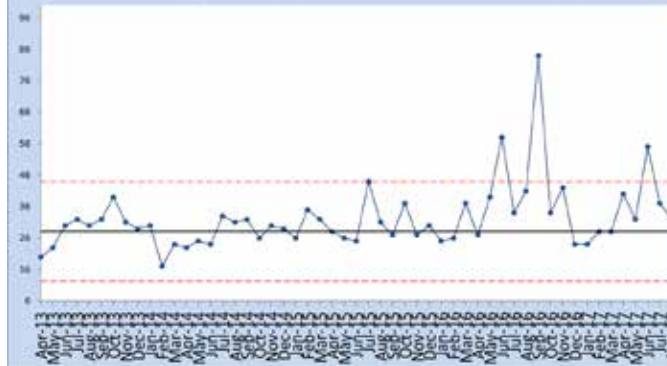
Safety

trust wide excluding Beds and Luton

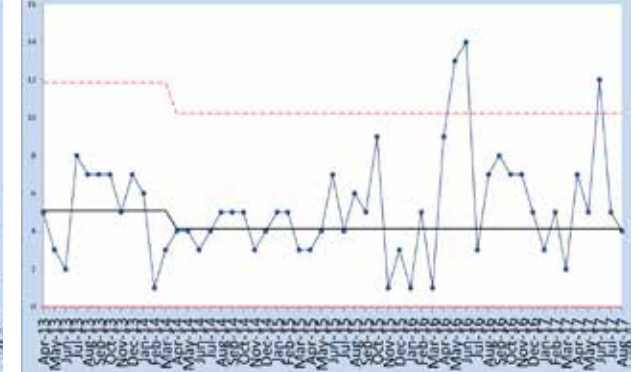
Self Harm (Including Attempted Suicide) C Chart



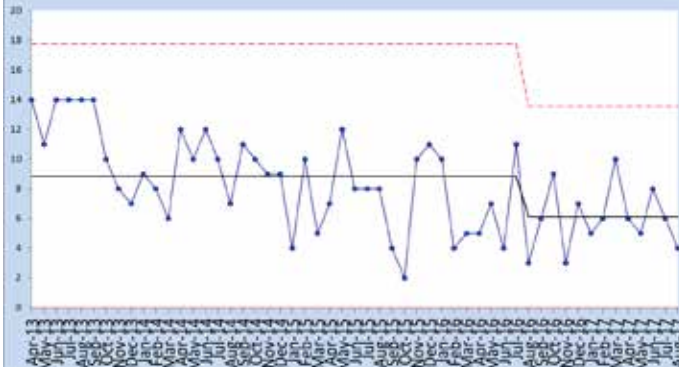
Reported Medication Incidents C Chart



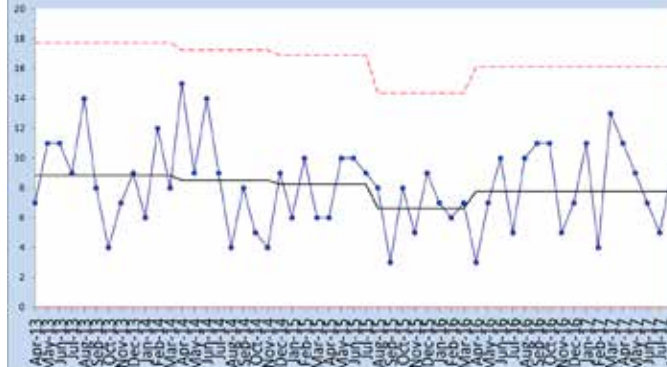
Incidents involving 'high risk' medication C Chart



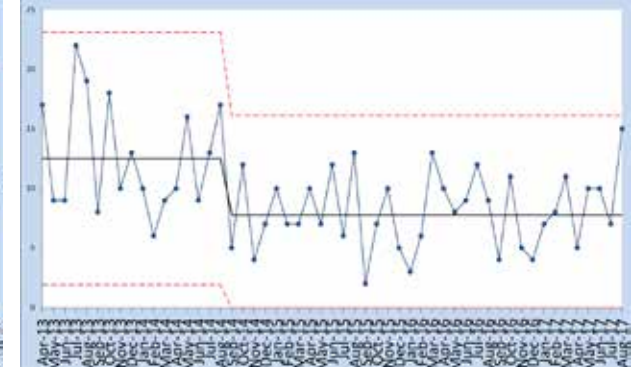
Abscond from Ward C Chart



Abscond from Escorted Leave C Chart



Failure To Return from Leave C Chart



Serious incidents for August 2017

Patient Deaths

- 1x death subsequent to in-patient fall
- 1x unexpected death, likely cause sepsis secondary to UTI
- 1x in-patient death by choking
- 3x suspected suicides
- 1x unexplained death of a child
- 1x unexplained death of an adult

Incidents related to care and treatment

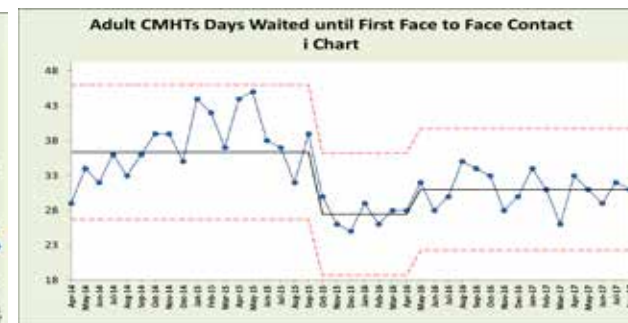
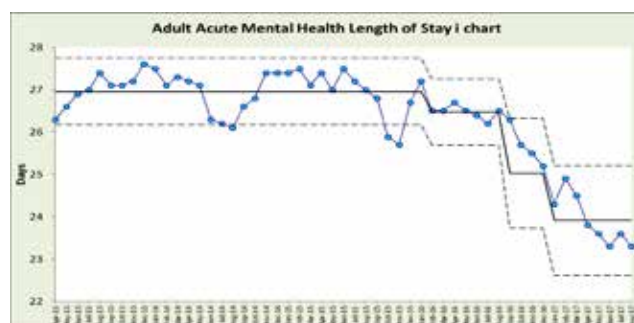
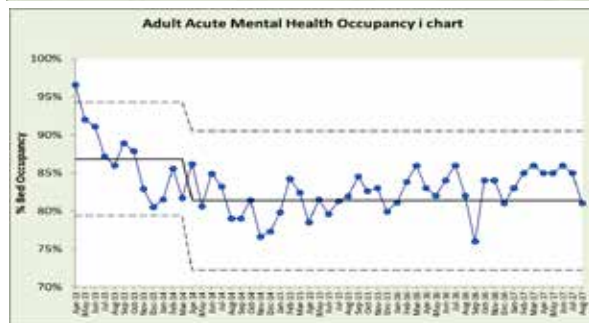
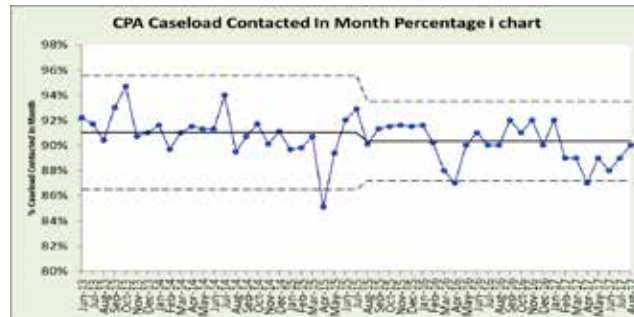
- 1x unexpected deterioration in physical health
- 1x pressure ulcer
- 1x patient who sustained unexplained fracture

Violence and aggression

- 2x patients known to CAMHS injured in a shooting incident (one fatally)

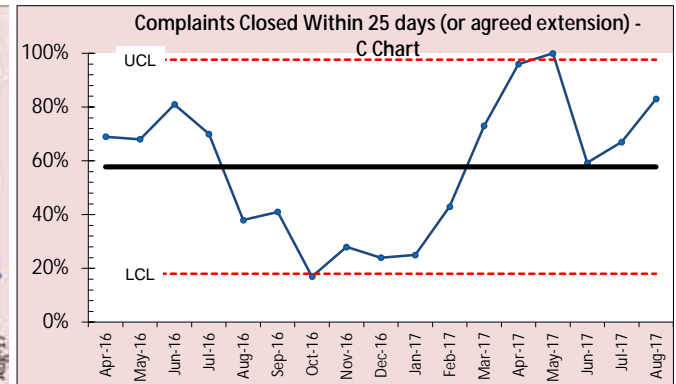
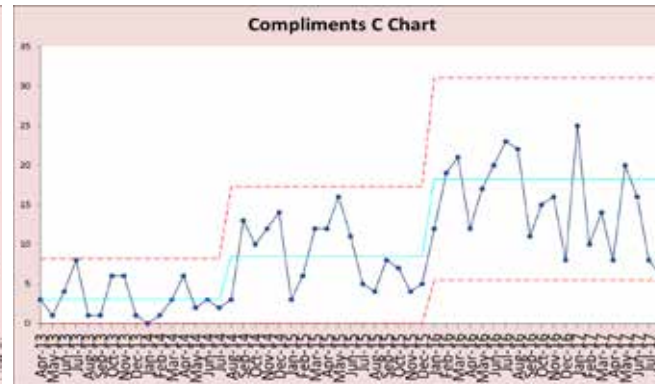
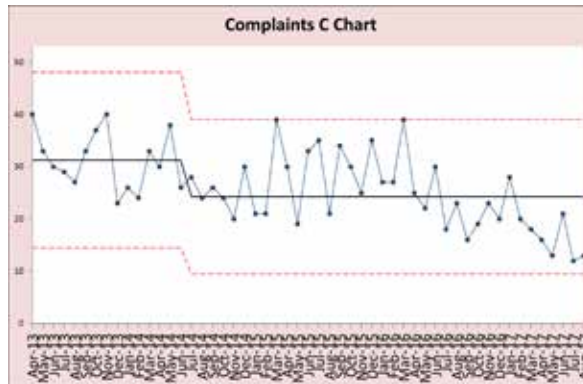
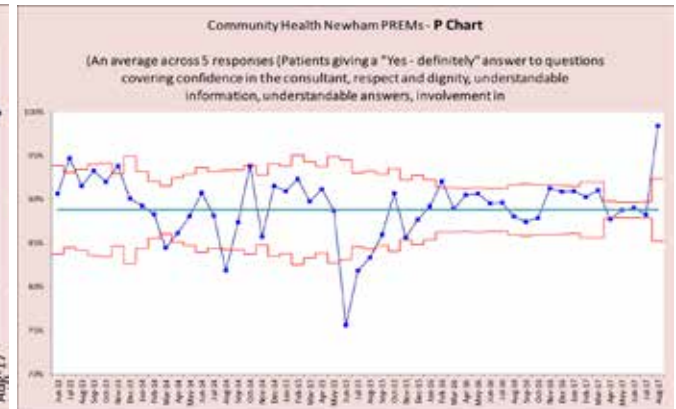
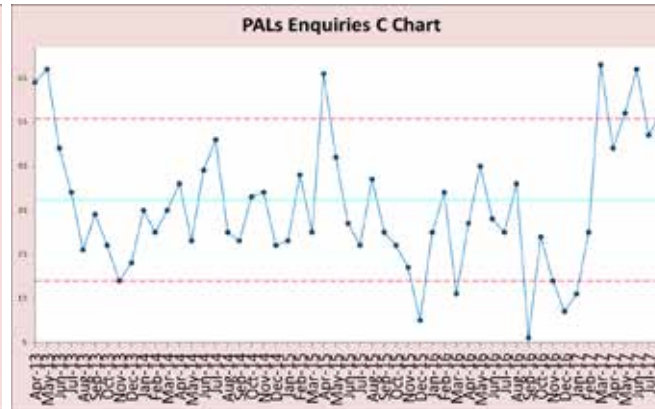
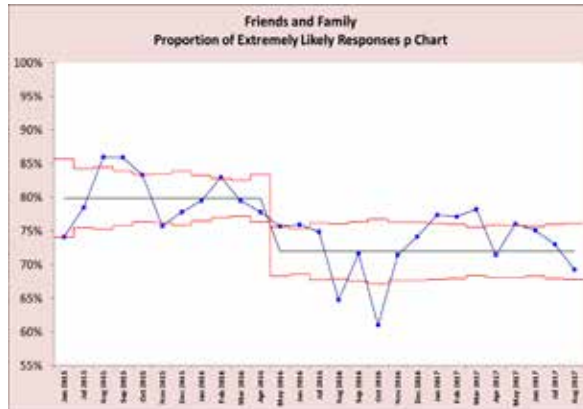
Clinical Effectiveness

trust wide excluding Beds and Luton



Patient Experience

trust wide excluding Beds and Luton



Complaints August 2017

DischargeArrangements
SupportCommunity
ClinicalManagement
AttitudeOfStaff
AppointmentsDelay
PatientRecordsLivingPatients
PhysicalHealthComplications
AdministrativeError
Assessment
PhysicalHealth
AccessToServices
ContinuityOfCare
MentalHealth
Communication
Diagnosis
Medication
PrivacyDignity

Our Staff

trust wide excluding Beds and Luton



Reasons given by staff leaving August 2017

End Of Fixed Term Contract
 Voluntary Resignation
 Dismissal
 Other
 Voluntary Resignation
 Relocation
 Redundancy
 Compulsory
 Voluntary Resignation
 Lack Of Opportunities
 Voluntary Resignation
 Further Education
 Dismissal
 Conduct
 Voluntary Resignation
 Promotion
 Retirement
 Age
 Voluntary Resignation
 Better Reward
 Voluntary Resignation
 Health
 Work/Life Balance

Employee Transfer

