

REPORT TO THE TRUST BOARD - PUBLIC
14 DECEMBER 2017

Title	Quality Report
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Purpose of the Report:

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

Summary of Key Issues:

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

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

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

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

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

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

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	N/A

Implications:

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

Supporting Documents and Research material

N/A

GLOSSARY

C Chart	A control chart based on counting the number of defects per constant size subgroup. Also known as a Count of Nonconformities chart. The c-chart is based on the Poisson distribution.
Common Cause	Problems with the system itself that are always present, influencing all of the production system until found and removed.
Control Chart	A graphical mechanism for deciding whether the underlying process has changed based on sample data from the process. Control charts help determine which causes are “special” and thus should be investigated for possible correction. Control charts contain the plotted values of some statistical measure for a series of samples or subgroups, along with the upper and lower control limits for the process.
Control Limits	Statistically calculated control chart lines which indicate how the process is behaving and whether the process is in control. There is typically an upper control limit (UCL) and a lower control limit (LCL). If the process is in control and only common causes are present, nearly all of the sample points fall within the control limits.
Mean	A measure of the centre or average of the data. The mean is calculated by summing all of the observations and dividing by the number of observations.
Median	The “middle” value of a group of observations, or the average of the two middle values.
Outliers	Unusually large or small observations relative to the rest of the data.
Pareto Chart	A problem-solving tool that involves ranking all potential problem areas or sources of variation according to their contribution to cost or total variation. Typically, 80% of the effects come from 20% of the possible causes, so efforts are best spent on these “vital few” causes, temporarily ignoring the “trivial many” causes.
P Chart	A control chart based on the proportion or percentage of nonconforming units per subgroup. The p-chart is based on the binomial distribution.
Trend	A consecutive number of points consistently increasing or decreasing (six on a control chart). A trend can be evidence of the existence of special causes of variation that should be investigated.
Shift	Eight or more consecutive points above or below the mean (on a control chart) that signify special cause variation in a given direction
Special Causes	Causes of variation which arise periodically in a somewhat unpredictable fashion. Also called assignable causes, local faults, or sporadic problems. The presence of special causes indicates an out-of-control process that merits investigation to understand the causes, before considering whether to intervene.
Stability	A process is considered stable if it is free from the influences of special causes. A stable process is said to be in control.
Variation	The differences among individual results or output of a machine or process. Variation is classified in two ways: variation due to common causes and variation due to special causes.

1.0 Quality Control

In this section of the report we continue to review two quality control dashboards setting out key quality measures, one including Luton & Bedfordshire and one for London services only. This has been the approach since Luton and Bedfordshire services joined the Trust in 2015, because at the outset not all of the data being collated in relation to London services was available for Luton and Bedfordshire services. The dual dashboards also enabled visibility to the Board of any areas of variance between the two areas, and prevented understanding of the data being obscured by any variance. The Quality dashboards, and accompanying Quality Report, are currently being fundamentally reviewed, with the aim of fully integrated reporting to the Board that brings together all aspects of performance against a new mission and strategy, including finance, workforce, performance and operations, alongside measures of quality and safety. The aim is to present a new integrated dashboard in February 2018, which would replace the quality dashboards within this report.

1.1 Safety

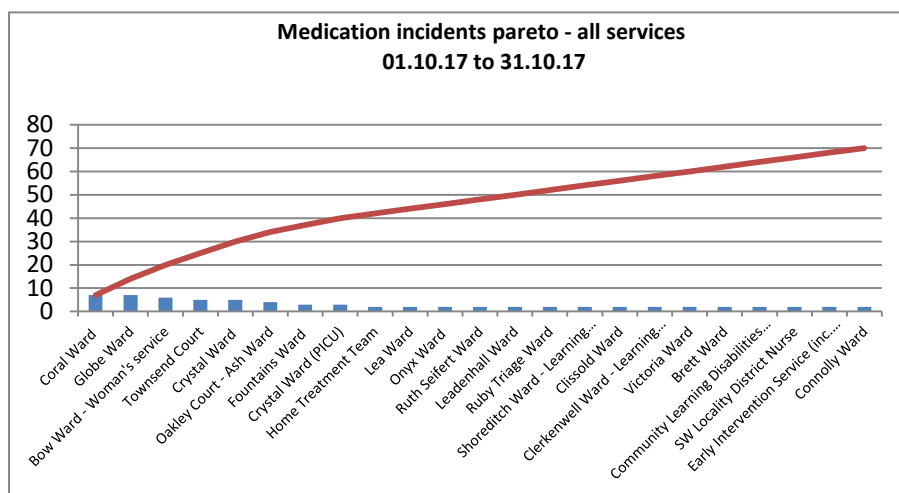
1.1.1 Incident reporting numbers in both Trustwide and London dashboards showed special cause variation in the previous report. Incidents reported have reverted to normal variation. However, the last 6 data points are above the mean, suggesting we may see an increase. This is likely to reflect the additional services in Tower Hamlets Community Health, which have reported around 60-70 incidents per month since May 2017.

1.1.2 Unexpected deaths for both Trustwide and London only dashboards have shown special cause variation, with the last 8 data points above the mean, the mean and control limits have been adjusted accordingly. The increase appears to be related to relatively high numbers of unexpected deaths reported by specialist addictions services, both in London and Luton & Bedfordshire.

1.1.3 London falls data continues to show special cause variation from May to August. A Trustwide falls group is in place that reviews incidents and data, and looks to identify and share learning.

1.1.4 Grade 3 and 4 pressure ulcers showed special cause in September with the number above the upper control limit. Tower Hamlets Community Health Services have reported between 2-8 per month, including 7 in September.

1.1.5 Reported medication errors show special cause variation in October, with the number above the upper control limit. The pareto shows where most incidents occurred last month. The incidents appear fairly evenly distributed. Incidents involving high risk medications (lithium, clozapine or insulin) are similarly showing special cause variation



in October. Incidents are concentrated in Crystal Ward (5), Townsend Court (3) and Bow Ward (3). These incidents are reviewed by those services to ensure learning has taken place that will minimise the risk of reoccurrence.

- 1.1.6 In London services patients failing to return from authorised leave were close to the upper control limit in October. There is no clear explanation for this, no wards reported notably more incidents than any other, and overall numbers of patients absent without leave were close to the mean.

1.1 Clinical effectiveness

- 1.1.2 Adult acute mental health length of stay across London remains low with seven points below the mean. The graph incorporating Luton and Bedfordshire services shows length of stay moving upwards and highlights a divergence between London and Luton & Bedfordshire services. The mean length of stay for London services is around 24 days. Luton and Bedfordshire services length of stay is around 30 days.
- 1.1.3 Days waited until first face to face contact in CAMHS is suggesting we may see an improvement soon, with seven of the last eight data points below the mean.

1.2 Patient Experience

- 1.1.1 The proportion of patients extremely likely to recommend our services is showing a downward trend, with 6 consecutive data points in a negative direction. There is no immediate explanation for this, with no particular Directorate showing a significant decline in FFT scores. This clearly warrants further investigation, and the Quality Assurance team will be looking into this with clinical Directorates.
- 1.1.2 Number of complaints received during the last two months are low, close to the lower control limit. On review of the data and exploration with the complaints team, there is no clear reason for this. It is felt that more effective PALS processes have contributed, though the data doesn't support this hypothesis given PALS enquiries during the past two months have returned to normal variation. Numbers of complaints and PALS enquiries will continue to be closely monitored. It is also proposed to routinely monitor satisfaction with the complaints process, going forward.

2.0 Quality Assurance Case Study – CQC readiness in Community Health Services

The Trust's new process of staying CQC ready is continuing apace with a large number of teams having already taken part. The whole of Community Health have already participated in the whole process from self-assessment to inspection, helping them identify strengths and priority areas.

The process is designed to fulfil multiple goals at once – assuring compliance with new Key Lines of Enquiry, equipping staff with confidence around CQC, and using the CQC standards as a lever to generate learning and sharing opportunities between services.

Across Community Health services in Newham and Tower Hamlets, clinicians and service users have been going out to inspect services, exchanging ideas and learning about good practice. Twelve teams have been inspected in total across three directorates.

The Process

With frontline and service user leadership at all stages the process attempts to involve people as much as possible in assessing and improving their own services:

1. Teams complete a self-assessment survey
2. Each directorate reviews their team scores alongside other data and nominate up to 3 teams for a peer inspection
3. Nominated teams are matched and then inspect each other, while staff complete the NHSE Culture of Care Barometer
4. Actions from inspections are fed back to teams and the directorate

Engagement

All teams participated in the Self-Assessment across Community Health and feedback from managers was that the process was simple, clear and helpful in guiding thinking.

Directorate	Self-Assessment completions	Inspections	
		Teams nominated	Teams inspected
Tower Hamlets Community Health	12 (100%)	5	5
CHN Adults	20 (100%)	4	4
Newham Children and Young People's Community Health	11 (100%)	3	3

Sample feedback from participants:

"The questions prompt thought to your individual service, so you are immediately thinking of examples to justify your choices." CHN MSK manager

"The process was thorough and the ability to do it via a tablet enables mobility and reduces time to complete." TH AMH manager

“It makes you think, in a very simple way, about your standards as a Service and...keeping in mind the core Values of the Trust” CYP Service Manager

Results

Services were paired with similar services across borough boundaries to expand the opportunities for building links and sharing good practice. Staff at all levels were offered the opportunity to contribute to the 360 degree feedback process by completing the NHS Culture of Care Barometer. Services were then provided with simple one-page feedback to prompt discussion and action.

	THCH	CYP	CHNA
Overall average	1.67	1.58	1.49

Overall results showed that most services were broadly confident of compliance across most standards (see tables, where 1 is least concern and 5 is highest concern). By

Average by Domain	Safe	Effective	Caring	Responsive	Well Led
	1.64	1.69	1.51	1.49	1.39

domain, Safe and Effective had slightly higher areas of concern, whereas Well-Led had the least.

Top 5 Highest Scores (greatest concern)	
Safe 1 – Staffing levels consistent with safe care	2.39
Effective 3 – Team members involved in QI	2.15
Safe 10 – Maintain & regularly monitor team risk register	1.92
Caring 2 – Information given to all patients about out of hours support	1.85
Effective 9 – Access to patient outcome data, monitored regularly	1.83

Several items came out of the Self-Assessment with higher levels of concern, most notably around safe staffing levels, risk registers and ensuring enough team members are actively involved in QI projects.

These were similar to some of the qualitative themes emerging from the inspection reports. Inspections widely recognised the excellent quality of personal care from staff despite challenges around staffing numbers and restructuring. The benefits of community and inter-agency links outside of ELFT were also noted. Among the themes for improvement were:

- Waiting times still a challenge
- Better use of new technology
- Focus on ensuring accessible information in all services

Services are currently discussing results in business meetings and DMTs and full action plans are due in the next month. Initial feedback suggests that staff have found the experience has raised their confidence around CQC and helped them raise awareness in their teams. Making linkages across borough boundaries has also yielded results with, for example, services reporting they have exchanged ideas for reducing waiting times based on what the other service is doing. Other improvement ideas emerging from the inspections have been around improving administration systems, discussing the risk register at meetings and ensuring deputy service leads are equipped to step up when the manager is absent. Some managers have

reported that this mock-CQC process has prepared them for the real thing and, for example, they now have a file of documented evidence for each standard that they will keep up to date.

Roll-out and development

Feedback and development will form an ongoing part of this process in order to ensure it remains useful and responsive to need. Semi-structured interviews with participants are currently underway which will help inform developments of the process.

The CQC Readiness programme is now being rolled out across Specialist Services where teams in Addictions, CAMHS and IAPT are currently undertaking their own peer-to-peer inspections.

Each quarter, a different set of services will take part in the process. The process will cover the whole Trust each year.

Annual schedule

Date	Service type
July – September 2017	Community Health
October – December 2017	Specialist Services
January – March 2018	Community Mental Health
April – June 2018	Inpatient Mental Health

3.0 Quality Improvement

Engaging, inspiring and involving:

ELFT will be delivering three workshops during the upcoming IHI National Forum in December 2017, which is attended by over 5000 delegates.

The 2018 London annual QI conference will take place on 24 April 2018 at the CentrEd in Excel and will run from 09.00-16.00. The morning session will be open to staff, service users, carers, governors and external delegates and will include a plenary keynote from Dr Jennifer Dixon, Chief Executive of the Health Foundation, world café sessions focusing on QI projects and updates on the organisation's progress and future direction. The session will conclude with a networking lunch for all delegates at 13.00. In the afternoon we will run four optional workshops for external delegates only on leadership for improvement, how to get started with QI, service user & carer involvement and the link between research and improvement. Registration is now open for this event and so far 200 out of 400 available tickets have been booked.

Bedfordshire and Luton services will be hosting a QI celebration on 22 May 2018, which will feature a keynote from Dr Helen Bevan, Chief Transformation Officer, Horizons, NHS England. Luton and Bedfordshire staff are planning the agenda and communication strategy for this event.

Building Improvement skills:

To date the 91 delegates attending the wave 7 Improvement Leaders' programme have completed 5 out of 7.5 workshop days. This cohort will graduate in April 2018.

The 2018-2019 intake of psychology trainees began their year-long QI clinical psychology service related research strategy in November 2017. As part of the year, the 25 trainee

psychologists will attend 1 full day QI workshop, two half day training seminars and one celebratory conference event. Throughout the year trainees are linked and contribute to QI projects across the organisation.

On 7 December 2017, 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, with the afternoon spent with the senior clinical leaders programme.

Embedding into daily work:

The IHI visited ELFT for their annual visit in October 2017. During the course of their 3 day visit, the IHI team met with over 300 staff, services users, carers and governors at a variety of events including directorate QI forums, a Trust-wide leadership workshop for Directorate Management Teams and project boards for each of the high priority areas of QI work.

Currently 66 (37%) 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.

QI Projects within the organisation

We currently have 179 active QI projects in the organisation and 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 City and Hackney and Newham, the focus is now on reliably embedding quality control systems to hold the considerable gains achieved (66% reduction across all wards in City & Hackney and 28% reduction across all wards in Newham). Celebration events took place in November in Hackney to celebrate this successful improvement work and are scheduled to take place in Newham in February. In Forensics, violence reduction work has now been underway for 8 months, there is good engagement in the learning system and we are observing a 54% reduction in violence across 5 wards at the John Howard Centre. Early work is underway in Bedfordshire and Luton regarding the scale up of this work with a project plan now being developed with sponsors.

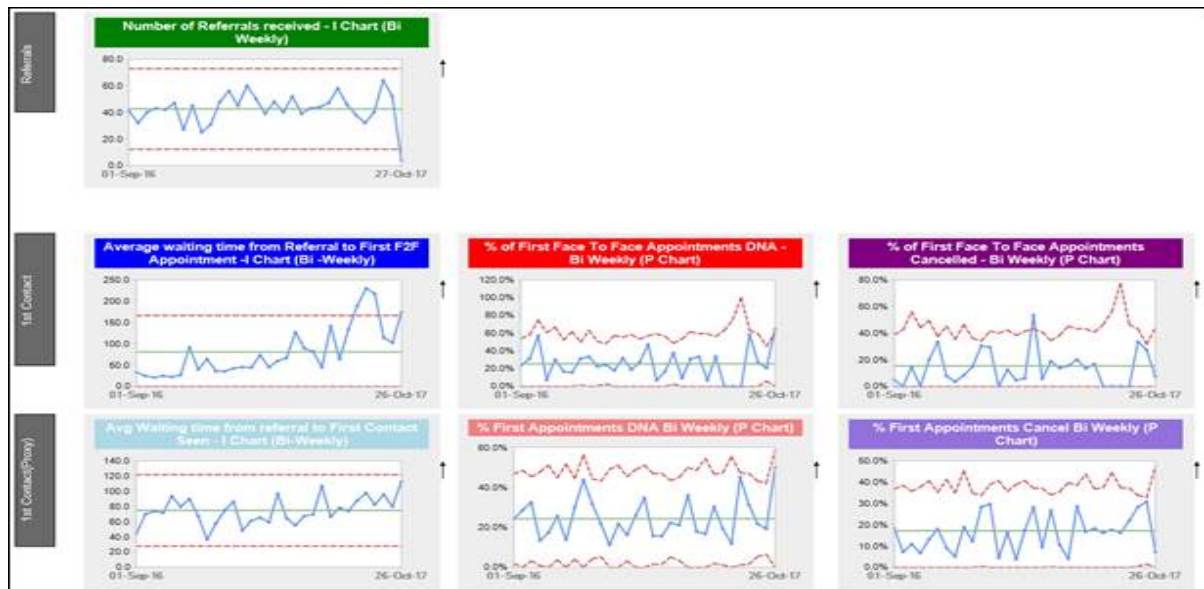
Improving Access and Flow in Community Services

This high priority work stream can be divided into two main areas of work:

- 1) **Reducing the length of time from referral to completion of treatment for CAMHS and Psychological Therapy services.** The QI team is currently supporting 8 teams across 10 pathways and for each of these pathways we are following a process that involves:
 - a) Conducting an initial 'diagnosis' for the pathway (including process mapping, understanding variation in demand and capacity, modelling and identifying problem areas).
 - b) Co-developing a measurement system and dashboard with the local project team

- c) Supporting the team to test and implement change ideas, using the Model for Improvement.
- d) Co-developing Quality Control Systems to hold the gains realised through improvement work.

At present the majority of teams are currently involved in the diagnostic stage of this process, although some PTS teams have now also created their measurement systems.



Learning systems are now in place for both CAMHS and PTS project teams undertaking this work. This will involve independent 6 weekly collaborative learning sets for PTS (starting 4th December) and CAMHS (starting 15th December) to allow teams testing in parallel to share progress and intelligence as they progress with their projects. Additionally a bi-monthly project board is in place, chaired by the Chief Operating Officer, to provide oversight and structural support for this work stream in its entirety.

- 2) **The reliable upscale of automated pre-appointment text messaging across the organisation.** Dashboards and a successfully tested checklist for reliably implementing text message reminders are now in place. The Chief Operating Officer is working with Operational leads to implement the use of automated text messages Trust wide.

Value for Money

Following the annual IHI visit, the Chief Operating Officer and Chief Financial Officer are currently developing a high level strategy about how the organisation will increase value in the future and build a portfolio of projects that reflect this.

Reshaping Recovery in the Community

The aim of this work stream is that 90% of service users and staff report satisfaction with the care they receive and give in community mental health services by December 2018.

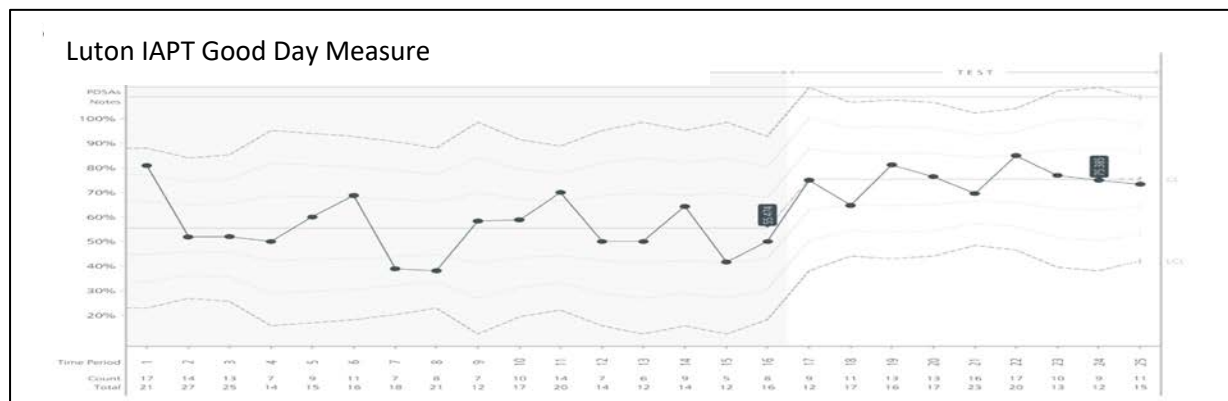
The driver diagram for this work stream has now been updated with the main thrust of activity revolving around ensuring we provide responsive personalised systems of care, provide co-produced person centred care and develop collaborative working arrangements. Dashboards are now in place for some of the outcome and process measures for this work stream.

The initial design of this work involves working with two 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 on scoping the problem and collecting baseline data.

Enjoying Work

The aim of this workstream is to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users. We are supporting 6 prototype teams that represent the different working environments and geographically dispersed nature of the Trust. A process has now been developed to help project teams working on this high priority area, guiding them from starting with their teams using appreciative enquiry and moving down to testing change ideas.

All teams have started data collection against the main outcome measure. To date the most advanced team are Luton IAPT, who began testing in June, and are now observing a 20% increase in staff-reported enjoyment at work.



4.0 ACTION REQUESTED

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

Quality dashboard

organisation-level view
trust wide excluding Beds and Luton

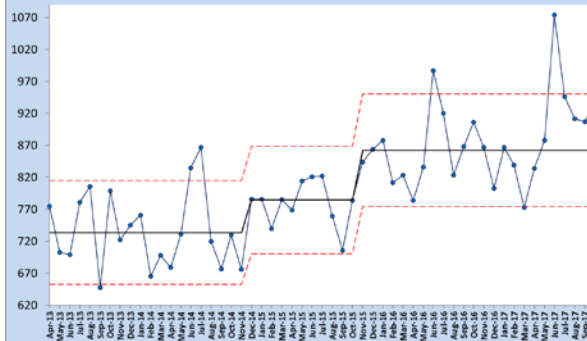
December 2017



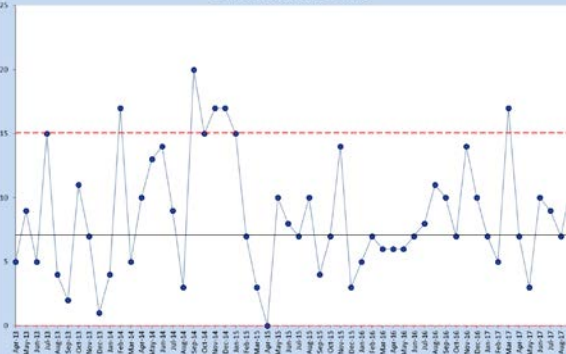
Safety

trust wide excluding Beds and Luton

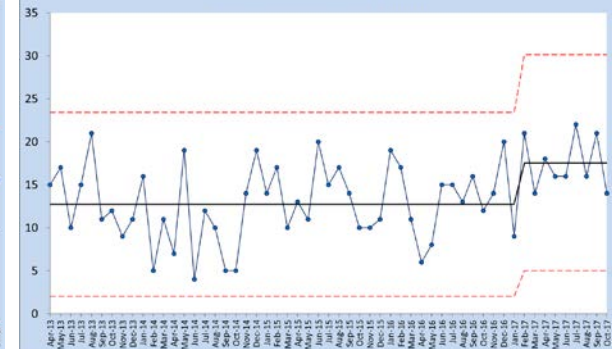
Incidents Reported C Chart



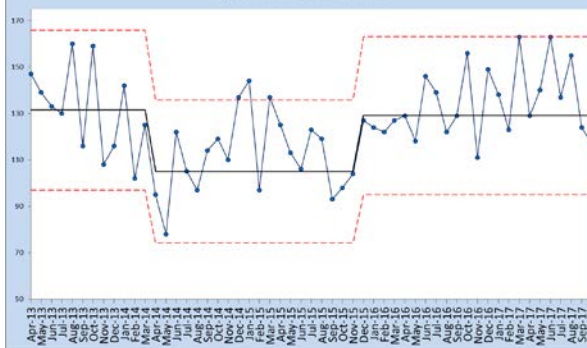
Serious Incidents C Chart



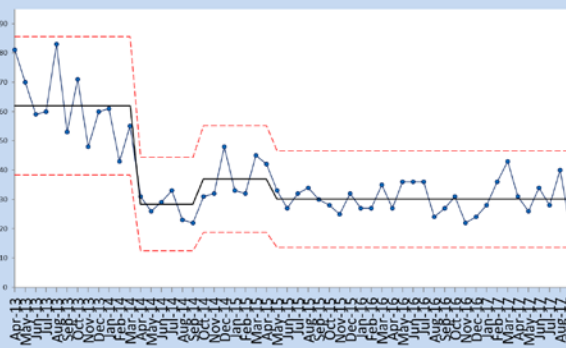
Unexpected Deaths C Chart



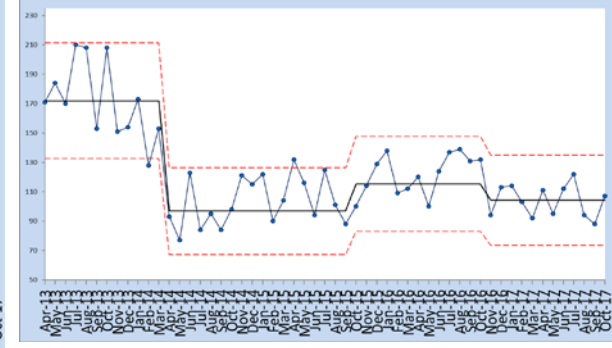
Episodes of Restraint C Chart



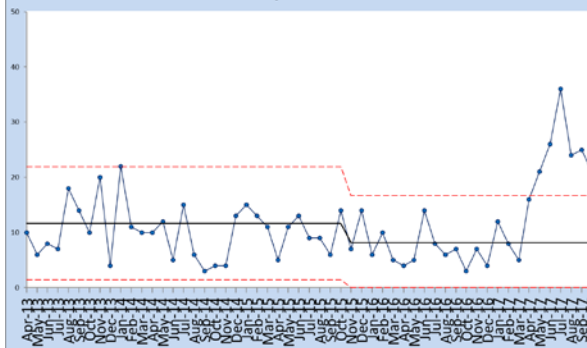
Restraints in Prone Position C Chart



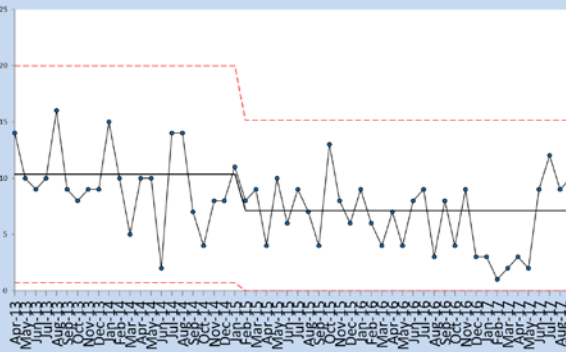
Reported Incidents of Physical Violence C Chart



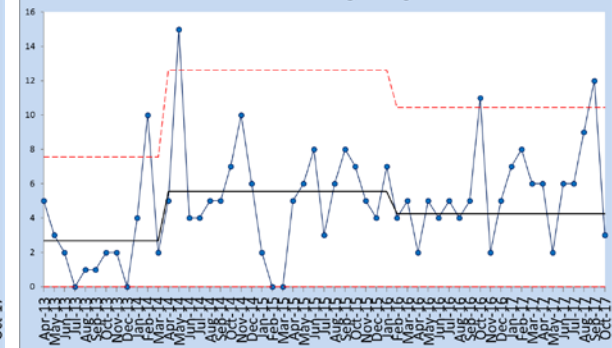
Falls Reported C Chart



Falls Resulting in Harm C Chart



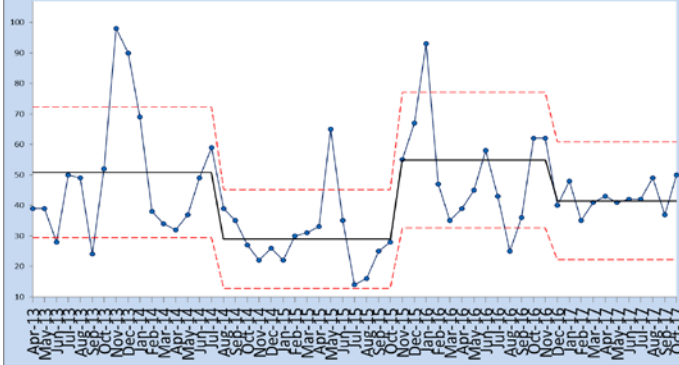
Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart



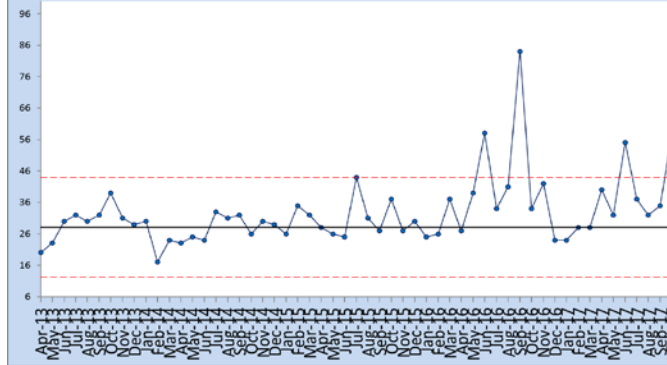
Safety

trust wide excluding Beds and Luton

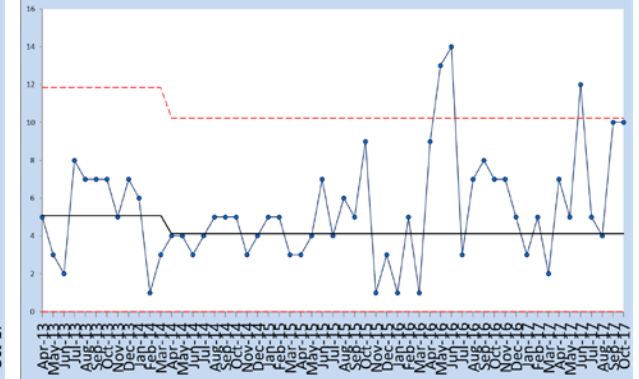
Self Harm (Including Attempted Suicide) C Chart



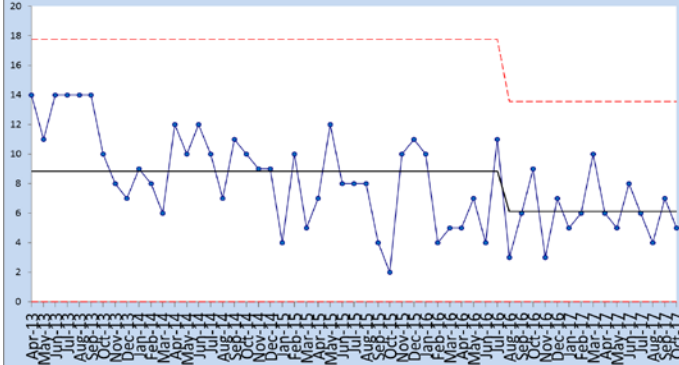
Reported Medication Incidents C Chart



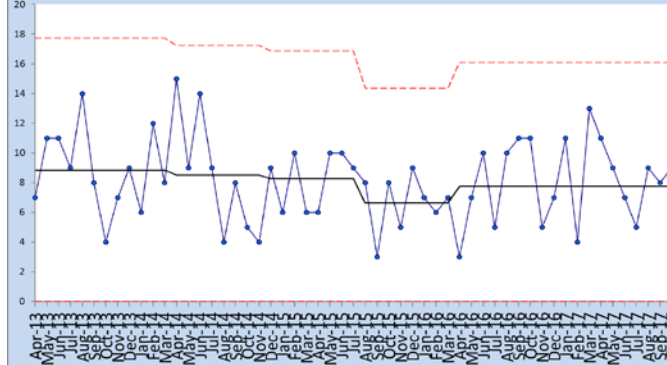
Incidents involving 'high risk' medication C Chart



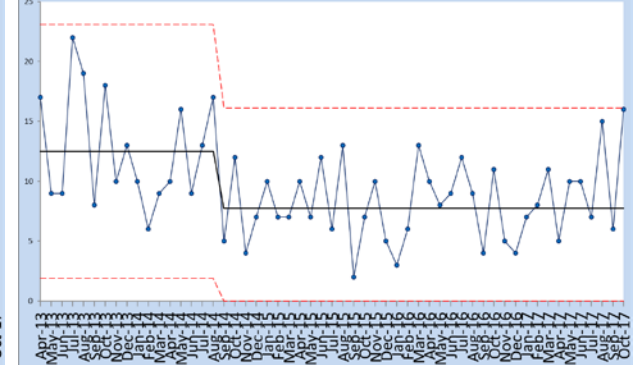
Abscond from Ward C Chart



Abscond from Escorted Leave C Chart



Failure To Return from Leave C Chart



Serious incidents during September and October 2017

Patient Deaths

2x unexpected deaths of adult s
1x Unexpected Death of a child
1x expected death of an inpatient adult

Suspected suicides and suicide attempts

3x suspected suicides

Incidents related to care and treatment

2x unexpected deterioration of inpatient service users
1x pressure ulcer
1x wound infection
1x in patient fall resulting in injury

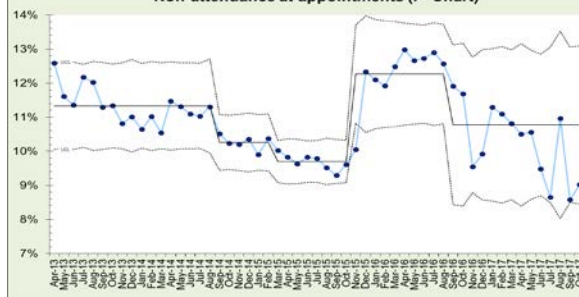
Violence and aggression

1x alleged sexual Attack by Service User
1x alleged homicide by service user
1x alleged assault by service user
1x service users injured in shooting
1x possession of a weapon

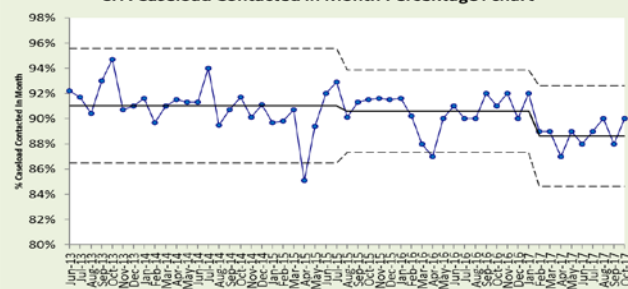
Clinical Effectiveness

trust wide excluding Beds and Luton

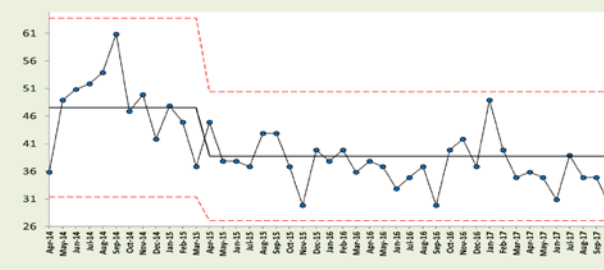
Non-attendance at appointments (P' Chart)



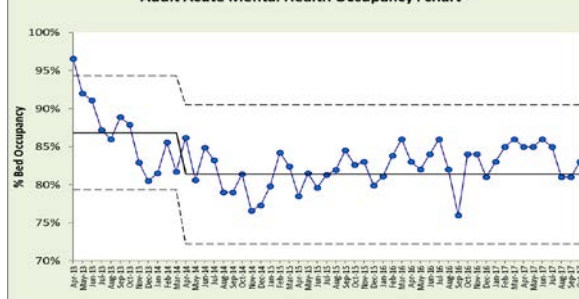
CPA Caseload Contacted In Month Percentage i chart



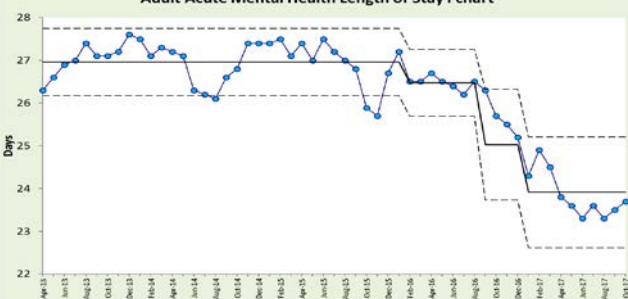
CAMHS Days Waited Until First Face to Face Contact i chart



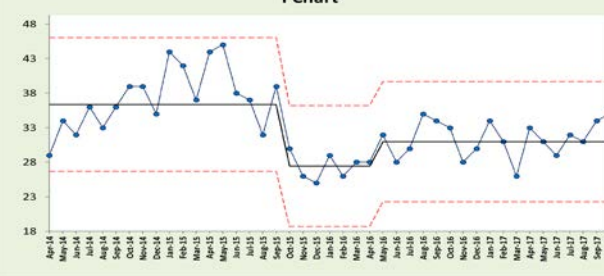
Adult Acute Mental Health Occupancy i chart



Adult Acute Mental Health Length of Stay i chart

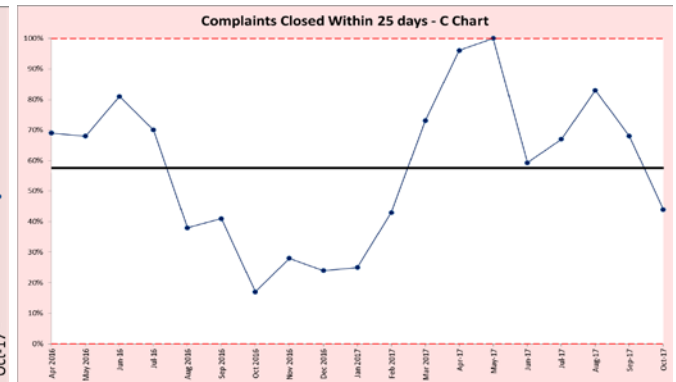
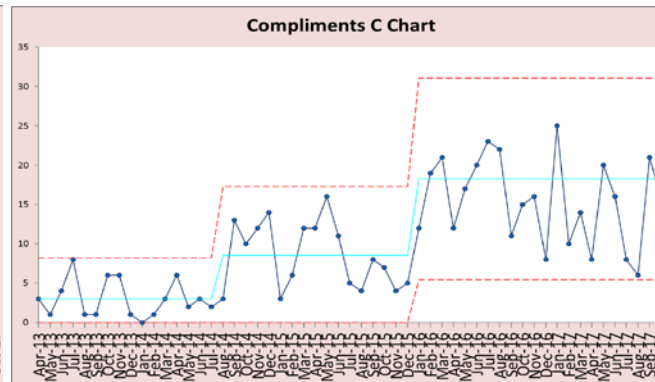
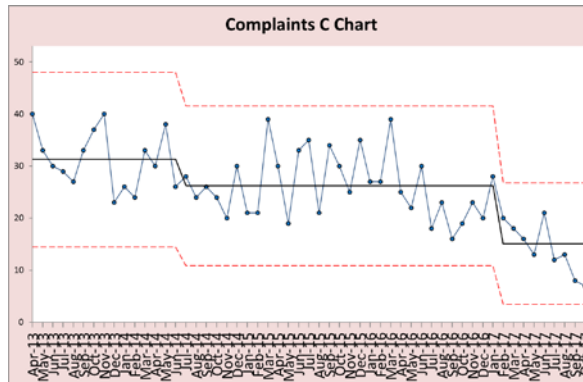
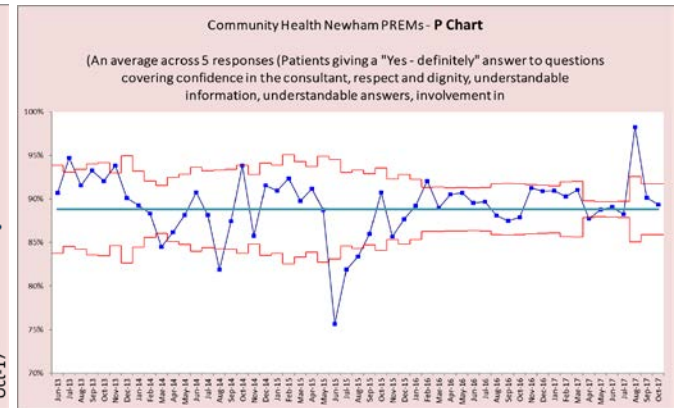
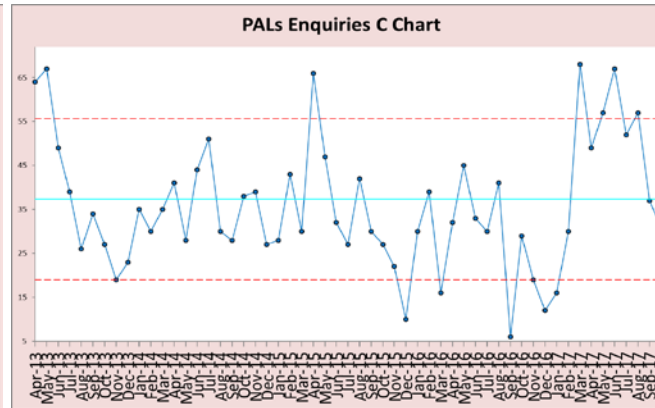
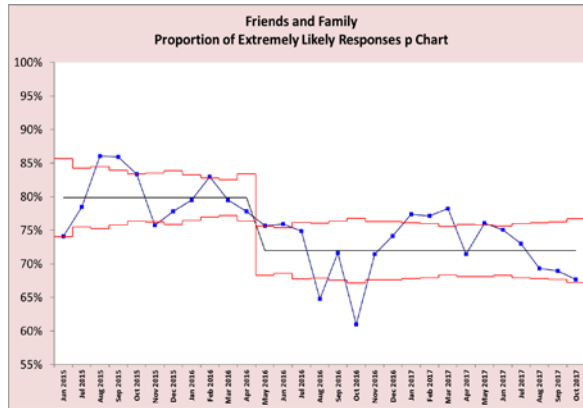


Adult CMHTs Days Waited until First Face to Face Contact i Chart



Patient Experience

trust wide excluding Beds and Luton



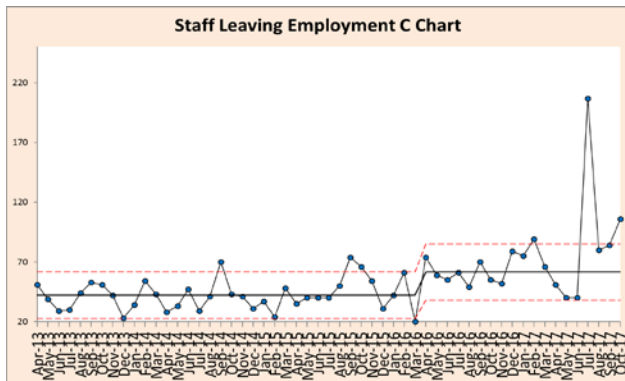
Complaints November 2017

DischargeArrangements PhysicalHealthComplications
SupporttoCommunity AdministrativeError
ClinicalManagementPhysicalHealth
AccessToServices
AttitudeOfStaff ContinuityOfCare
AppointmentsDelay LeaveClinicalManagementMentalHealth
Communication
PatientRecordsLivingPatients

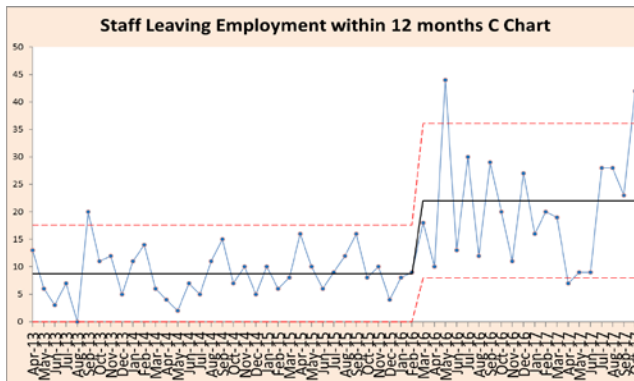
Our Staff

trust wide excluding Beds and Luton

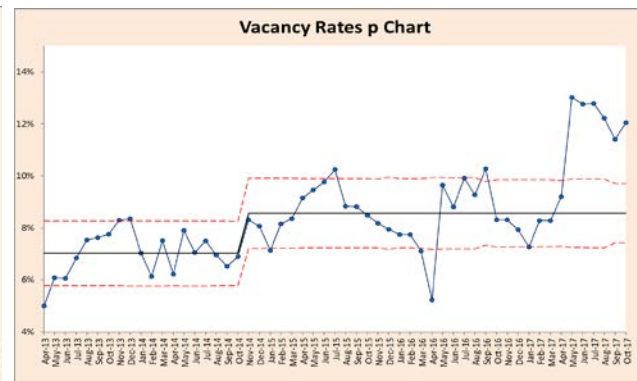
Staff Leaving Employment C Chart



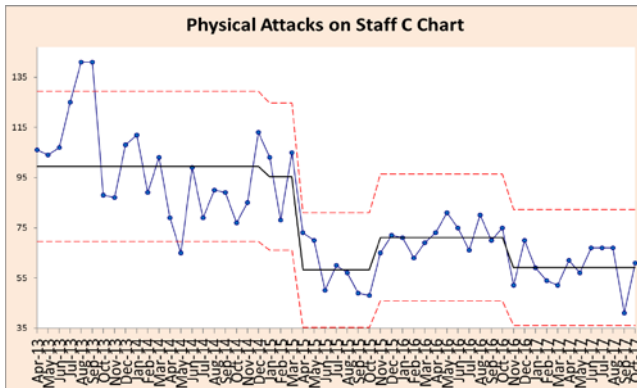
Staff Leaving Employment within 12 months C Chart



Vacancy Rates p Chart



Physical Attacks on Staff C Chart



Health and Safety Incidents involving staff C chart



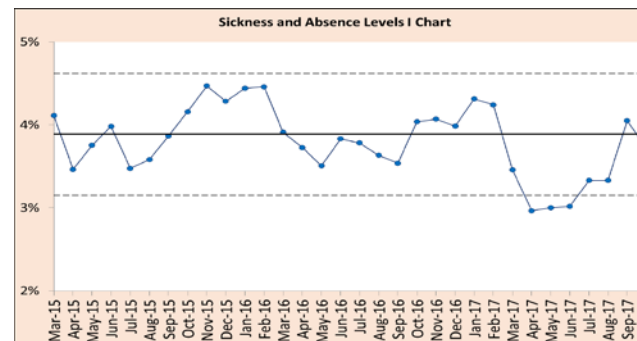
Health and Safety Incidents involving Staff Resulting in Harm/Injury C Chart



Reasons given by staff leaving November 2017

Voluntary Resignation Child Dependents
 Voluntary Resignation Lack Of Opportunities
 Voluntary Resignation Work Life Balance
 Voluntary Resignation Better Reward
 Voluntary Resignation Health
 Voluntary Resignation Promotion
 Voluntary Resignation Relocation
 Voluntary Resignation Further Education
 Retirement Age
 Redundancy Compulsory
 Dismissal Conduct
 Has Not Worked

Sickness and Absence Levels I Chart



Quality dashboard

organisation-level view
trust wide including Beds and Luton

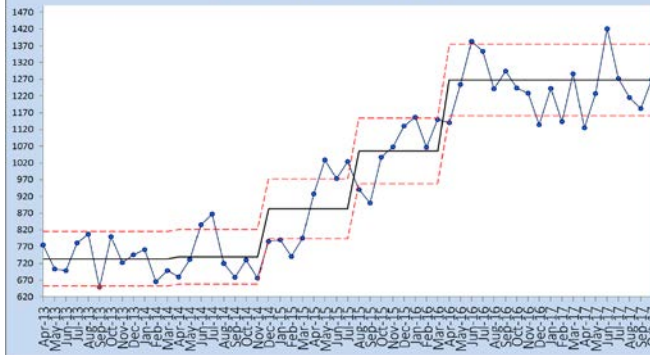
December 2017



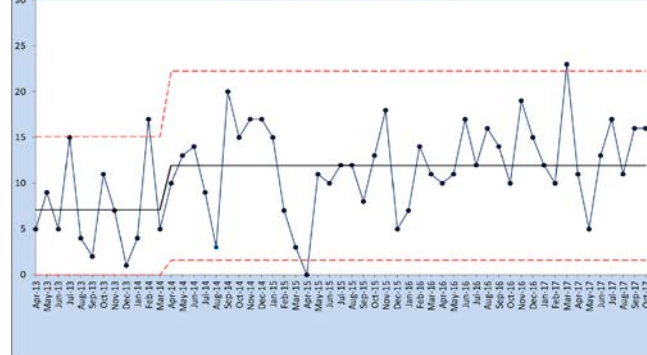
Safety

trust wide including Beds and Luton

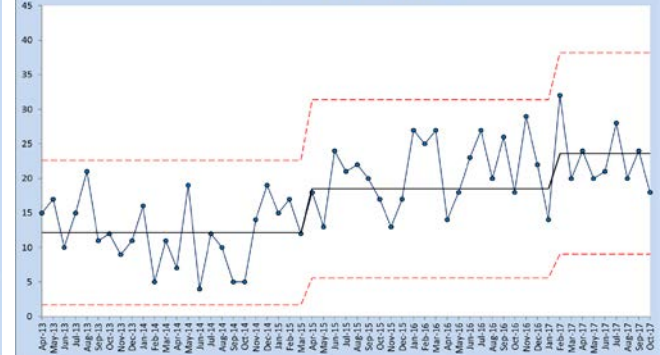
Incidents Reported C Chart



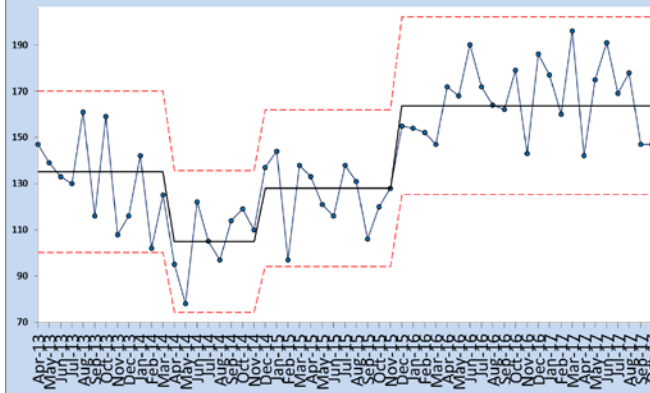
Serious Incidents C Chart



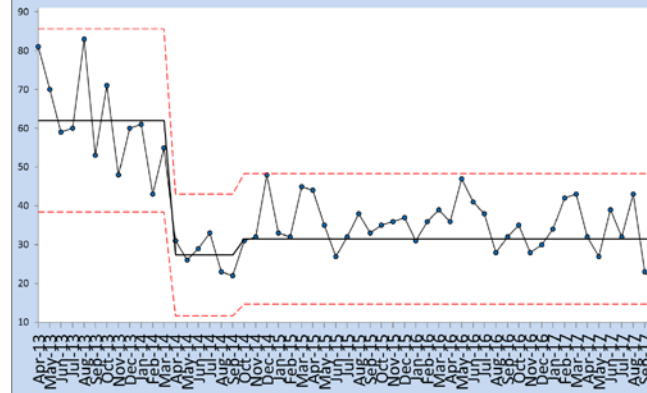
Unexpected Deaths C Chart



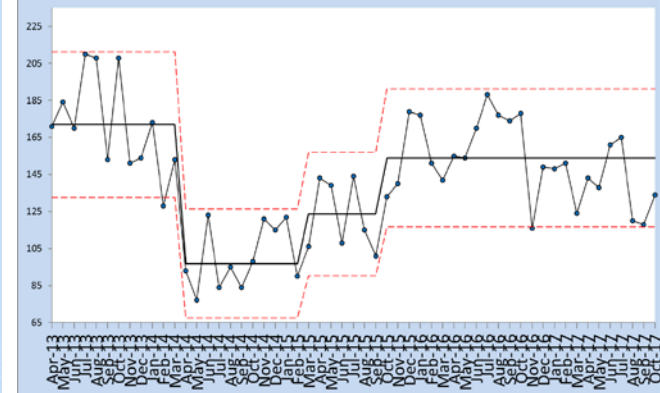
Episodes of Restraint



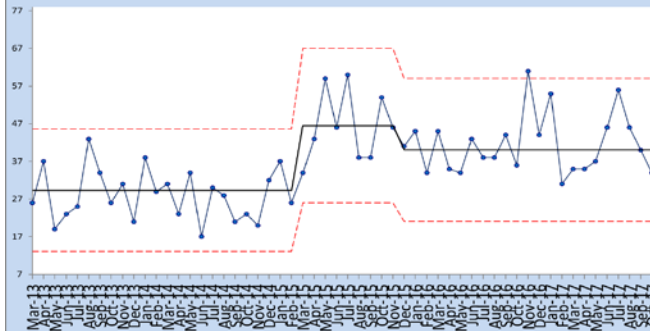
Restraints in prone position



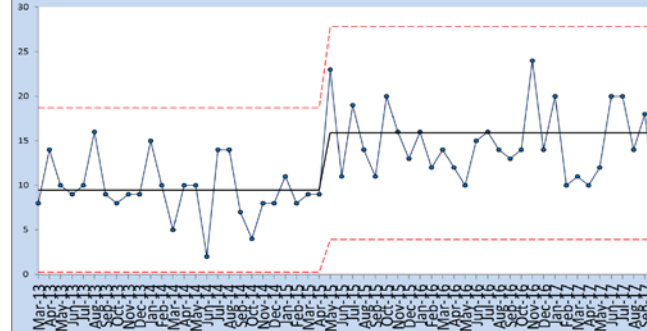
Reported Incidents of Physical Violence



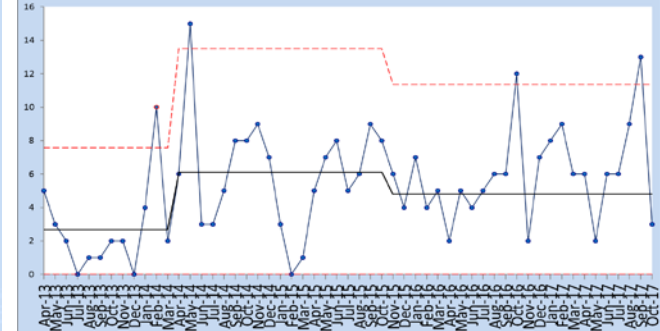
Falls Reported C Chart



Falls Resulting in Harm C Chart



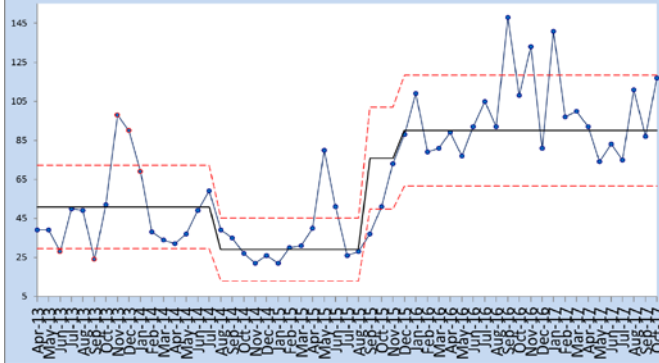
Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart



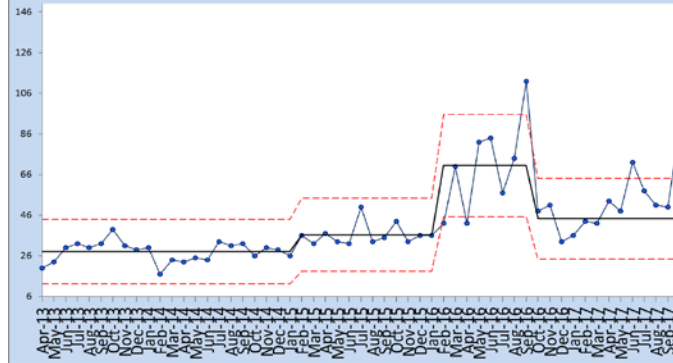
Safety

trust wide including Beds and Luton

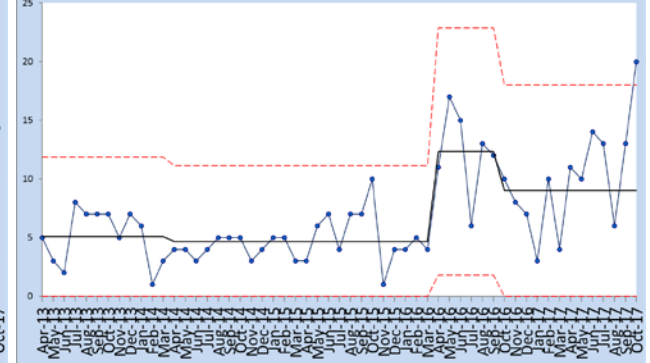
Self Harm (including attempted suicide) C Chart



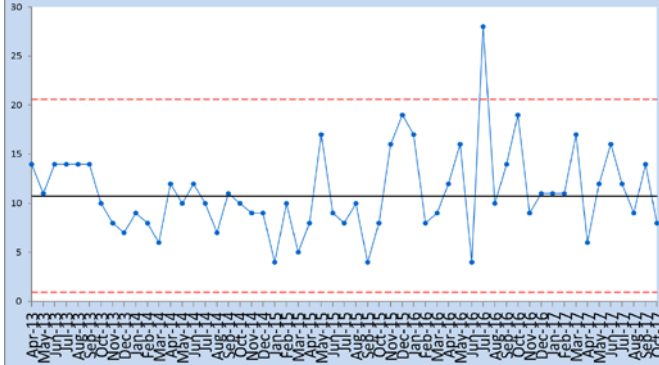
Reported Medication Incidents C Chart



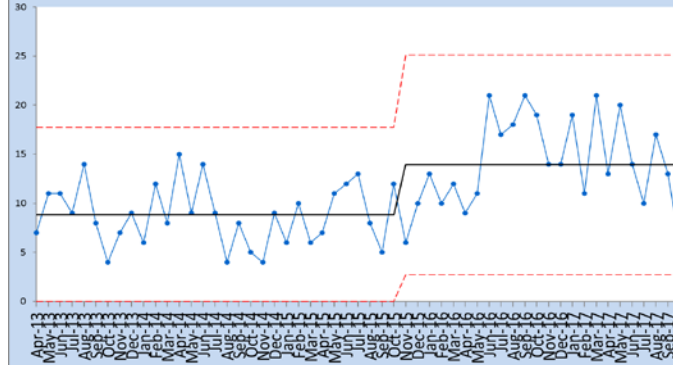
Incidents involving 'high risk' Medication C Chart



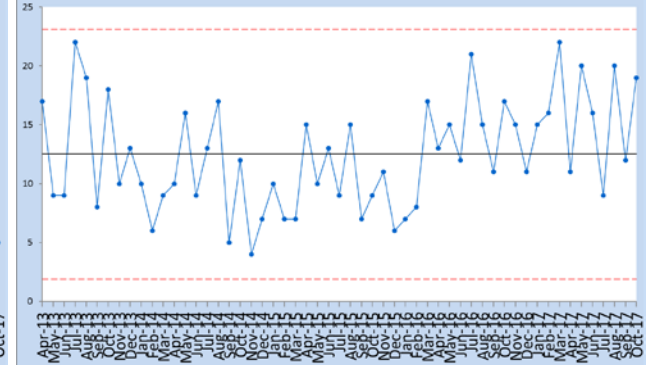
Abscond From Ward C Chart



Abscond From Escorted Leave C Chart



Failure To return from Leave C Chart



Serious incidents during September and October 2017

Patient Deaths

3x unexpected deaths of adult s
1x Unexpected Death of a child
1x expected death of an inpatient adult

Suspected suicides and suicide attempts

4x suspected suicides
1x suspected suicide attempt

Incidents related to care and treatment

2x unexpected deterioration of inpatient service users
1x pressure ulcer
1x wound infection
1x in patient fall resulting in injury

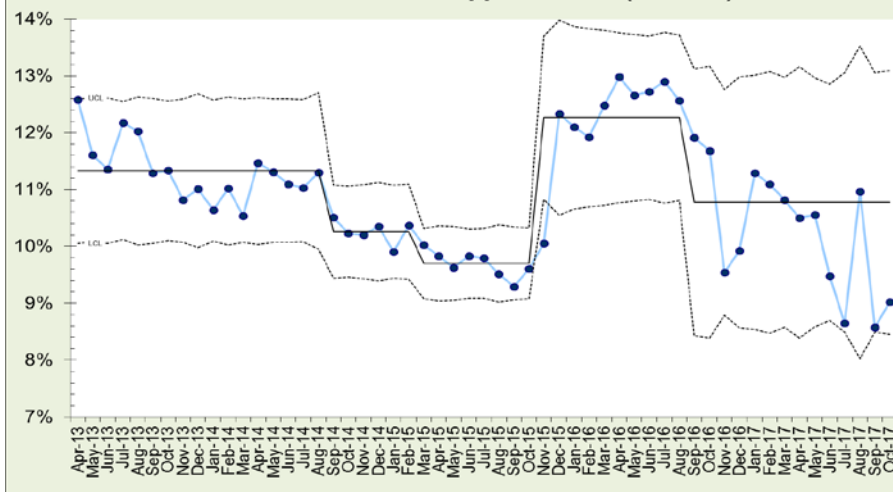
Violence and aggression

1x alleged sexual Attack by Service User
1x alleged homicide by service user
2x alleged assault by service user
1x service users injured in shooting
1x possession of a weapon
1x allegation of aggression by staff towards service user

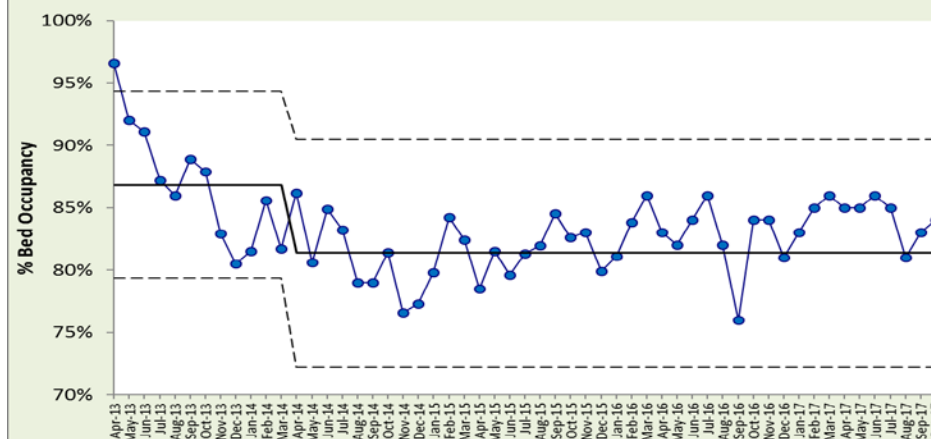
Clinical Effectiveness

trust wide including Beds and Luton

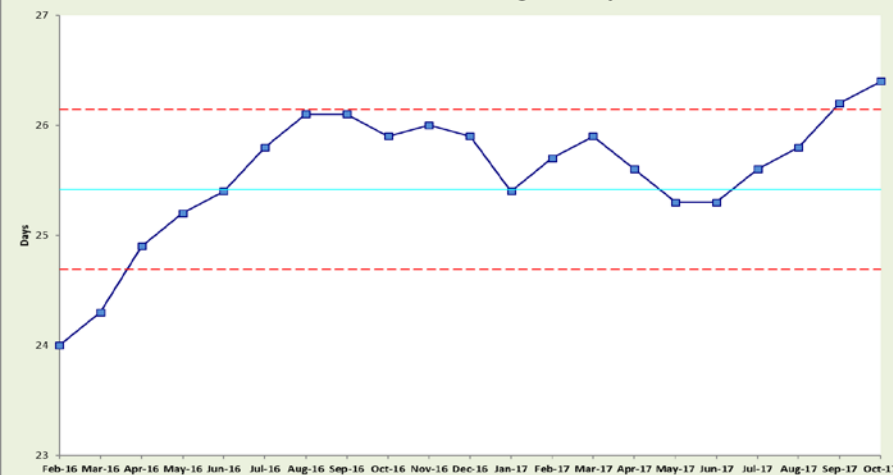
Non-attendance at appointments (P' Chart)



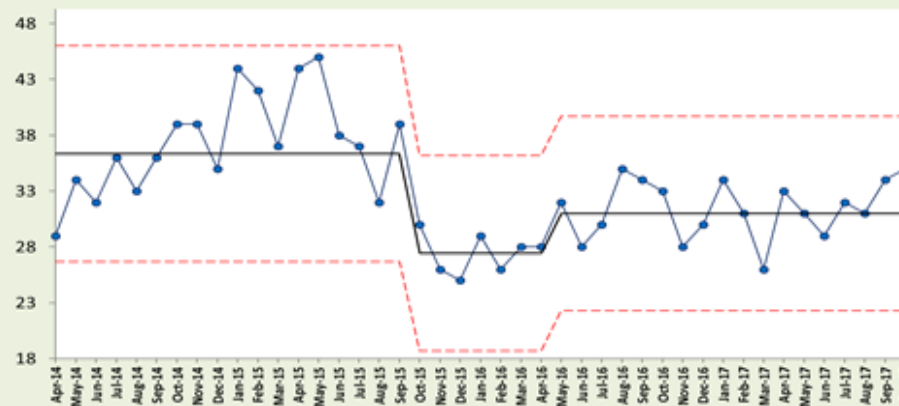
Adult Acute Mental Health Occupancy i chart



Adult Acute Mental Health Length of Stay i chart

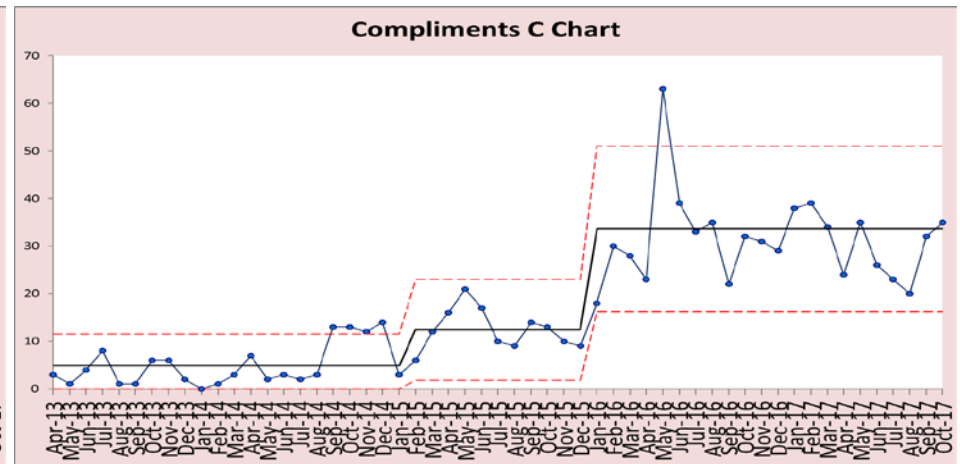
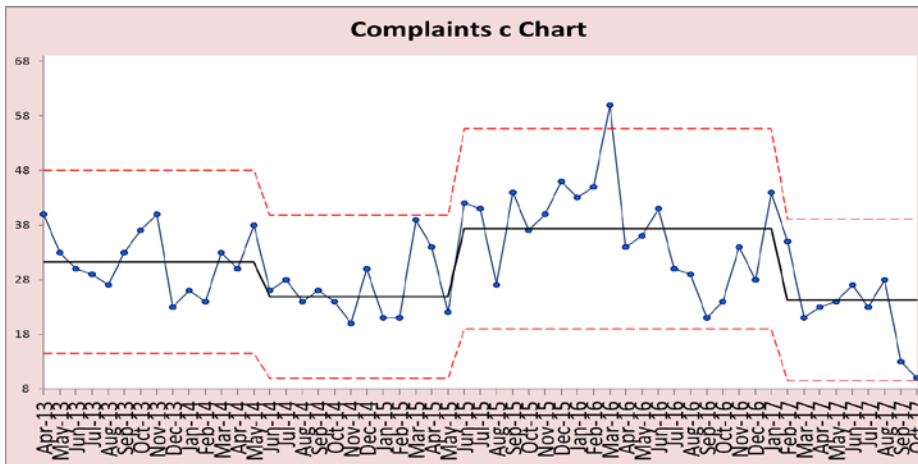
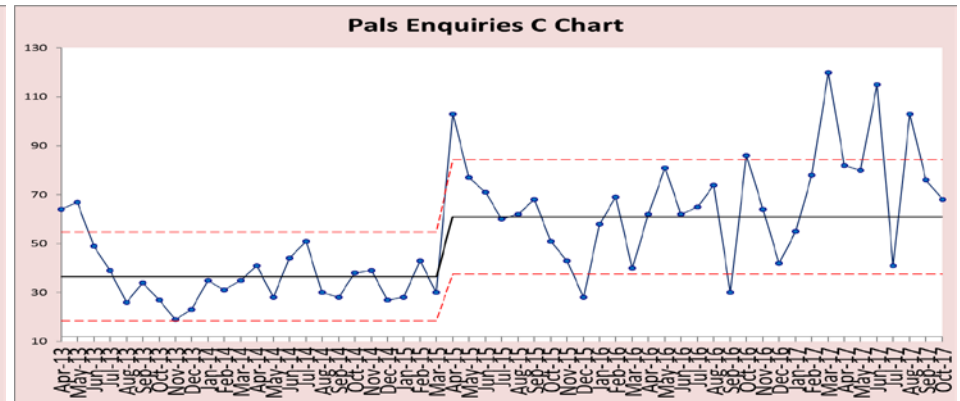
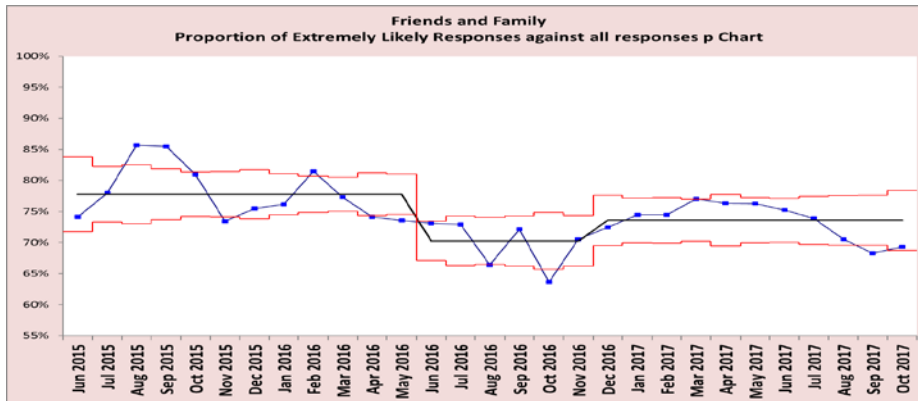


Adult CMHTs Days Waited until First Face to Face Contact i Chart



Patient Experience

trust wide including Beds and Luton



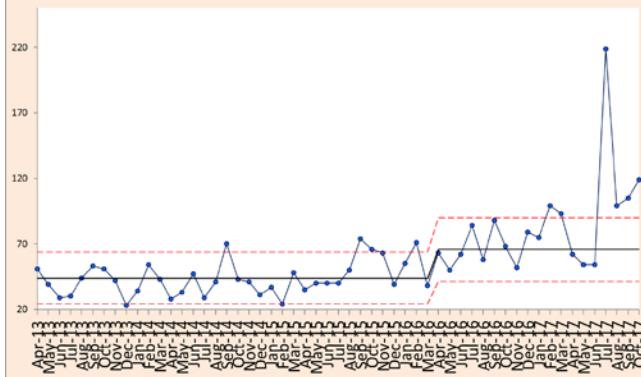
Complaints November 2017

Confidentiality Breach Care Planning Mental Health
Appointments Delay
Alleged Assault By Staff
Incidents Complaint Handling
Admission
Attitude Of Staff
Access To Services
Exploitation Harm Service User
Communication
Medication

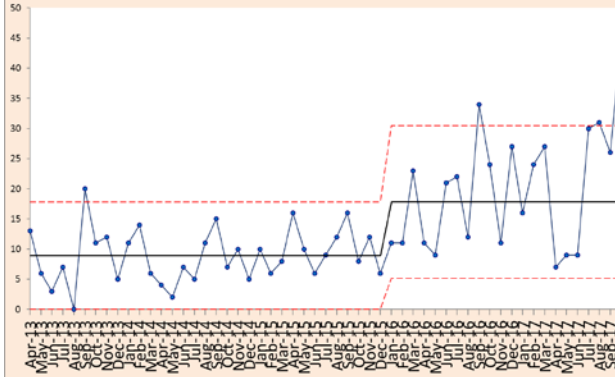
Our Staff

trust wide including Beds and Luton

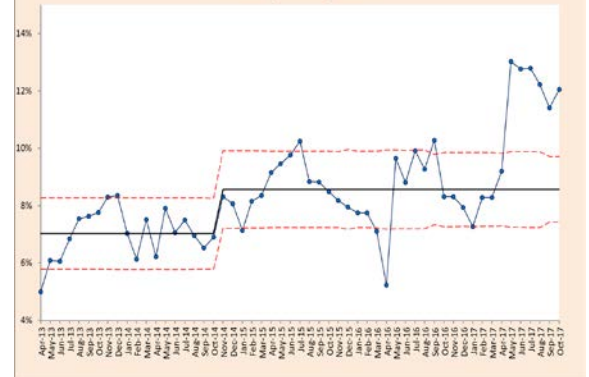
Staff Leaving Employment C Chart



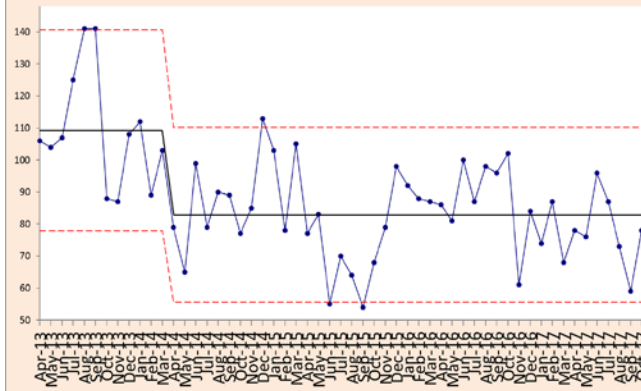
Staff Leaving Employment within 12 months C Chart



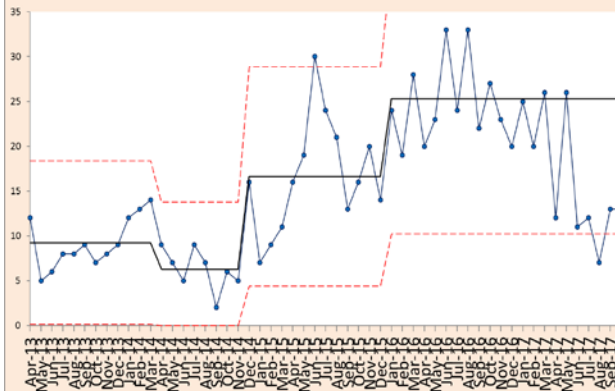
Vacancy Rates p Chart



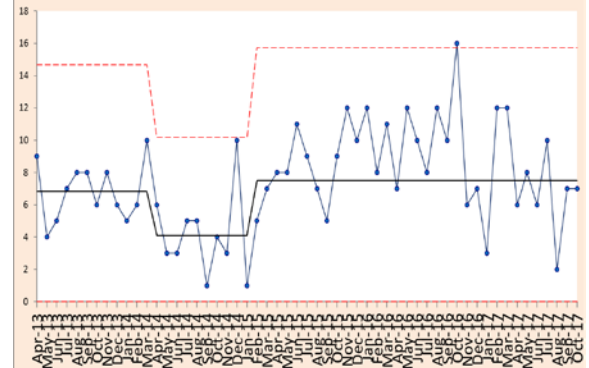
Physical Attacks on Staff C Chart



Health and Safety Incidents involving Staff C Chart



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



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 Voluntary Resignation Relocation
 Voluntary Resignation Further Education
 Retirement Age
 Redundancy Compulsory
 Dismissal/Conduct
 Harassment/Workload

Sickness and Absence Levels I Chart

