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Contact with the Trust
Our Services

East London NHS Foundation Trust (ELFT) provides a wide range of Community and Inpatient Services to children, young people, adults of working age and older adults to the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. Additionally, we provide Talking Therapy Services in Richmond.

The Trust provides Forensic Services to the City of London and the London Boroughs of Hackney, Newham, Tower Hamlets, Barking and Dagenham, Havering, Redbridge and Waltham Forest. The specialist Forensic Personality Disorder Service serves North London.

The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England.

ELFT provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide Forensic Services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas, as is Luton. The county of Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low income and deprived groups. Both areas therefore pose significant challenges for the provision of Mental and Community Health Services.

The Trust operates from over 100 community and inpatient sites, employs just over 5,500 permanent staff and has a total annual income of just under £429 million. Around £324 million (75%) of that income is associated with Mental Health Services and about £83 million (20%) with Community Health Services.

During the course of the year the Trust has seen a range of service developments, improvements and achievements:

New Trust Strategy

In April 2018, we launched a strategy for the next five years, with the mission of improving quality of life for those served by the Trust. The ambitious strategy was developed following the biggest face-to-face consultation the Trust has ever carried out with staff and service users. More than 1000 people (staff, service users, carers and governors) made their views known during the Big Conversation in 2017 through focus groups, event and surveys.

Our new mission pledges that we will improve the quality of life for all we serve.
Our vision sets out our ambition by 2022 to build on our success and lead on the delivery of integrated care, by working purposefully in collaboration with our communities and our partners, striving towards continuous improvement in everything we do.

We have identified four main strategic outcomes to improve:

- Population health outcomes
- Experience of care
- Staff experience
- Value.
1.1 Statement on Quality from Dr Navina Evans, Chief Executive Officer

This year's Quality Report reflects the expansion of the Trust in a range of ways. When Bedfordshire Community Healthcare Services joined us on 1 April last year, it didn't just represent an opportunity for physical health and mental health care services to work more closely together, it changed the balance of ELFT as we deliver more community health services, and maximise the opportunities this brings to improve the health of the population we serve.

Being in a position to provide integrated care across Newham, Tower Hamlets and Bedfordshire means we can be innovative, reduce barriers and design models of care that fit our communities to get them back on track with their health, or provide the right support to get the optimum out of their lives.

We launched our new strategy at last year's Quality Conference in May. The strategy sets out clearly the impact we want to have on our local communities and our own organisation. The strategy has enabled every member of staff to focus on four key outcomes and evaluate if their every day tasks and processes contribute to them. The strategy is a solid reminder that these core aims are our guiding principles.

Our Quality Improvement work continues to engage staff and service users, and enable teams to trial small changes and focus on discovering new solutions to the complex issues that matter most to our service users and staff. From their first day in the Trust, we challenge our staff to be curious, to question and we give them permission to be innovative and determine new ways of doing things. I continue to be astounded and inspired by the imagination and simplicity of many of these projects which enhance the quality of our care we provide, be it sleep packs to help inpatients sleep through the night, to changes in processes to reduce or even eliminate waiting times.

Dr Navina Evans
Chief Executive
East London NHS Foundation Trust
1.2 Statement on Quality from Dr Amar Shah, Chief Quality Officer

2018/19 has been a year of excitement, transition and some trepidation at ELFT as we start to understand what it really means to improve quality of life for all we serve, our new organisational mission. All areas of the Trust, our structures and our support teams are thinking and planning how they can support the new mission and strategy.

Whilst three of our four strategic objectives are broadly familiar to us, the objective of improving population health is brand new for us as an explicit part of our strategy. Yet we hear stories from so many teams who are already using innovative ways to impact on the determinants of health for our service users, going beyond traditional healthcare interventions.

In the last year we have started to utilise our Quality Improvement approach for whole populations, trying to achieve the triple aim of simultaneously improving health outcomes, quality of care and value for money. Ten teams are leading the way at ELFT, and helping us all learn how to use our existing approach to improvement for populations that we serve, leveraging the individual, community and organisational assets that already exist, and building partnerships beyond healthcare in order to impact on the things that really matter to people.

Our last year has also seen tremendous progress with people participation, particularly with the availability of Peer Support Workers across our services and the involvement of service users and carers within our Quality Improvement work. We have seen some remarkable achievements across Child and Adolescent Mental Health Services in all five geographical areas, using Quality Improvement to improve access and flow. And our approach to supporting staff to experience more joy in work has scaled up in 2018, with 17 teams learning together and testing out ideas generated within the team to enhance staff experience and joy.

The year ahead brings some exciting innovation, with a new service user-led accreditation programme currently being tested across the Trust. We also begin a new approach to cost improvement, moving away from a focus on removing the cash releasing efficiency savings in a traditional way, and starting to think more about waste and empowering everyone to identify and remove waste within their service.

At the heart of this all lies the key philosophy at ELFT of making quality our absolute priority, trusting our staff and service users to discover solutions to our most complex challenges, and partnering with our service users and carers to help us keep identifying where we can improve, and how we can improve.
In this section the Trust updates on progress on delivering our priorities for improvement for 2018/19, along with statements of assurance from our Trust Board.

Our mission is to improve the quality of life for all we serve, and our commitment to delivering the highest quality care remains. We continue to place the service user at the heart of everything we do, and are working tirelessly with our partners to achieve our mission.

This annual Quality Report provides the platform to share both our progress and achievements during 2018/19, and our plans and priorities for 2019/20.

During 2018/19 the Trust provided and/or sub-contracted 175 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 175 of these relevant health services. The income generated by the relevant health services reviewed in 2018/9 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2018/19.

2.1 Reflections on 2018/19 – Progress Against Priorities

As we reported in last year’s Quality Report, during 2017/18 the Trust undertook the largest face-to-face consultation it has ever attempted, in order to help define and shape its future direction. The ‘Big Conversation’ exercise engaged over 1,000 staff, service users, carers and Governors in this discussion. In February 2018, the Trust Board approved the new mission for the organisation: “To improve quality of life for all we serve”, and we shared our new strategy.

In order to achieve this new mission, all aspects of the Trust will need to adapt, including the culture, service provision, operating model and organisational structure. All functions within the Trust have been engaged in a planning process to align their work towards the new mission.

The Trust Board reviews a dashboard of data enabling them to track progress on key measures of implementation on an ongoing basis. Below is an overview of progress in each of the four key strategic outcomes:
1. Improving population health

<table>
<thead>
<tr>
<th>Annual Priority:</th>
<th>Description of work:</th>
<th>Delivery lead:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying, developing/collecting the full range of measures for this outcome, and agreeing associated workstreams</td>
<td>The Trust does not currently have the information for many metrics relevant to this outcome, and must also consider which areas are most important for focused workstreams</td>
<td>Director of Integrated Care</td>
<td>Complete</td>
</tr>
<tr>
<td>Undertaking population health work in Tower Hamlets</td>
<td>The Trust has commenced working with partners in Tower Hamlets, utilising quality improvement methodology, to improve outcomes for selected population groups</td>
<td>Chief Quality Officer</td>
<td>In progress</td>
</tr>
<tr>
<td>Developing employment services</td>
<td>The Trust has been successful in obtaining funding for development of Individual Placement Support services, and will establish these services in 2018</td>
<td>Chief Operating Officer</td>
<td>Complete</td>
</tr>
<tr>
<td>Delivering a physical health plan for people with serious mental illness, including improved smoking interventions</td>
<td>The work set out in the Trust’s Physical Health plan, as well as CQUIN plans will be priority areas of work for the year</td>
<td>Chief Medical Officer</td>
<td>In progress</td>
</tr>
</tbody>
</table>

Service Developments and Achievements

Innovative work in this relatively new area, often involving partnership working with multiple stakeholders, has so far delivered:

- Development of delivery plan for the Trust population health strategic objective
- Development of 12 key population health outcomes and metrics
- Development of Individual Placement Support Services across the Trust area and physical health CQUIN (Commissioning for Quality and Innovation)
- Presence and influence in local systems, key partner supporting partnership development in each of the six place based systems in which we work (Luton, Bedfordshire, City and Hackney, Newham, Tower Hamlets and Richmond)
- Operational models for working with primary care networks across our community nursing and mental health services
- Mobilisation of directorate population health triple aim projects.
Health Champions for the Homeless

Nurse Practitioners in Newham led a new project called Health Champions for the Homeless, an initiative aiming to assist homeless people living in Newham to better manage conditions such as diabetes, mental health and respiratory conditions through the support of Peer Mentor Health Champions. Studies have found that people in vulnerable, hard to reach groups are more likely to take advice and accept support from trained people in their own peer group. The Health Champions’ main aim will be to help signpost their peers to the appropriate health services and promote self-management of existing health conditions.

Quality Improvement Work

Central to the Trust's improvement efforts in relation to our mission is work on the ‘Triple Aim’, the simultaneous pursuit of improved population health outcomes, improved patient care, and improved value for money.

In particular, this work stream supports the organisation’s new strategic objective of improving population health outcomes, and our new mission to lead the delivery of integrated care by working purposefully in collaboration with our communities and partners.

Within the Trust, work is well under way towards developing this new area of high priority Quality Improvement work around achieving the Triple Aim for discrete population segments. Directorates have agreed population segments to begin work with and are currently engaging service users, carers and external partners to understand the needs and assets available within their chosen populations, with a view to developing a range of interventions that would achieve the Triple Aim.

The table below describes in more detail the progress being made across the ten initial Triple Aim projects across the Trust.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Population</th>
<th>Progress to date</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>City and Hackney Adult Mental Health</td>
<td>Individual with a diagnosis of severe mental illness residing within City and Hackney</td>
<td>Population defined. Data obtained on the population</td>
<td>Complete 3-part data review to understand needs and assets in the population. Agree a project team for the work</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Young people, age 14-16 years, at risk of self-harming, attending one secondary school in the 5 boroughs</td>
<td>Good engagement from local stakeholders with 3 areas currently doing the 3-part data review</td>
<td>Reflecting on learning from three-part data review and mapping assets in order to develop strategy for change</td>
</tr>
<tr>
<td>Community Health Newham</td>
<td>People with a BMI over 40 and their carers</td>
<td>Small project team formed. Planning 3-part data review</td>
<td>Complete the 3 part data review, create an area of focus for the work, and develop theory of change</td>
</tr>
<tr>
<td>Community Health Tower</td>
<td>People with diabetes and their family members</td>
<td>Small project team formed. Planning 3 part data review</td>
<td>Complete 3-part data review, narrow focus, and develop theory of change</td>
</tr>
<tr>
<td>Directorate</td>
<td>Population</td>
<td>Progress to date</td>
<td>Next Steps</td>
</tr>
<tr>
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<tr>
<td>Hamlets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Bedford</td>
<td>Due to commence in September 2019 after staff consultation completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate</td>
<td>Staff Mental and Physical Health</td>
<td>Data analysis to aid conversations about which staff group to start with</td>
<td>Clarify and agree population to begin work with and create project team. Undertake 3-part data review</td>
</tr>
<tr>
<td>Forensics</td>
<td>People who have been in the service for more than 5 years</td>
<td>Project team defined and will be meeting fortnightly. Data gathering tools created</td>
<td>Undertake 3-part data review. Finalise population segment and develop theory of change. Identify potential partners</td>
</tr>
<tr>
<td>IAPT</td>
<td>People with respiratory conditions, including COPD and severe/debilitating asthma, who also meet the IAPT referral criteria</td>
<td>Population finalised</td>
<td>Finalise project team and governance structure. Plan and undertake 3-part data review</td>
</tr>
<tr>
<td>Learning Disabilities in Bedfordshire &amp; Luton</td>
<td>People with Learning Disabilities, without co-morbid mental health problems, who are at risk of being prescribed antipsychotics</td>
<td>Population and project team finalised/meeting regularly. 3-part data review completed (24 interviews undertaken in a week)</td>
<td>Develop theory of change and begin to think about where to begin testing. Think further about assets within the population</td>
</tr>
<tr>
<td>Newham Adult Mental Health</td>
<td>Newham residents who have accessed crisis services (RAID, HTT) twice or more in the preceding 12 months</td>
<td>Project team and governance structure agreed. Currently undertaking 3-part data review to understand needs and assets within population</td>
<td>Complete 3-part data review, map assets and analyse the results of this. From this we can develop a theory of change</td>
</tr>
<tr>
<td>Tower Hamlets Adult Mental Health</td>
<td>Homeless population within Tower Hamlets</td>
<td>Team meeting regularly. Gathered available data and reflected on needs and assets. Driver diagram has been drafted</td>
<td>Work through five service user journeys and then use this to guide the driver diagram further. Invite partners from RLH and Peer support workers from Pathway to next meeting</td>
</tr>
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2. Improving patient experience

<table>
<thead>
<tr>
<th>Annual Priority:</th>
<th>Description of work:</th>
<th>Delivery lead:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing patient reported outcome measures across services</td>
<td>The Trust currently uses patient reported outcomes (Dialog) in some services. This will be expanded across a wider range of mental health and community health services</td>
<td>Chief Operating Officer</td>
<td>In progress</td>
</tr>
<tr>
<td>Increased people participation in service planning and delivery</td>
<td>We plan to increase involvement in local services, in quality improvement projects, and also increase the number of peer support workers</td>
<td>Service and Clinical Directors</td>
<td>In progress</td>
</tr>
<tr>
<td>Improving access to services</td>
<td>Continue to improve access and flow across CAMHS and psychological therapy services in the Trust</td>
<td>Chief Operating Officer</td>
<td>Complete</td>
</tr>
<tr>
<td>Patients will be more empowered</td>
<td>Implementation of the recovery approach, reduction of restrictive practice and violence</td>
<td>Chief Operating Officer</td>
<td>In progress</td>
</tr>
</tbody>
</table>

Service Developments and Achievements

Service User Led Accreditation
Throughout the year the Trust has been working with service users and carers to develop a service user led accreditation programme. The programme launches in April 2019, across Bedfordshire and Tower Hamlets, before rolling out across the Trust during 2019/20. As well as enhancing our overall understanding of service user experience, this exciting new programme will also:

- strengthen the involvement of service user and carers in helping us improve our services
- help in understanding how well services are meeting the standards that matter most to our service users and identify areas for improvement
- provide a stretch goal for our services to aspire to attain
- offer recognition and celebrate the meeting of accreditation standards.

DIALOG+
DIALOG+ is an app-based therapeutic intervention incorporating the DIALOG scale. It has been shown to improve the communication between a health professional and a patient and, through that, outcomes of mental health care. It combines assessment, planning, intervention and evaluation in one procedure. DIALOG+ is based on quality of life research, concepts of patient-centred communication, developments in information technology and components of solution focused therapy and has been shown to improve outcomes and save costs in community mental health care of patients with psychosis. The Trust has now rolled out the use of DIALOG+ for all service users under the Care Programme Approach across the organisation.

Improving Access to Employment
This work forms a central part of the implementation of the people participation strategy, and significant progress has been made this year. This includes ensuring each Directorate
has specialised Employment Support Workers linked to Community Mental Health Teams, and that individual placement support schemes are in place across all Directorates. The Trust continues to maintain strong links to local Job Centre Plus via People Participation Leads.

**Enhanced Mental Health Crisis Support**
Support for people experiencing a mental health crisis has been increased with a range of services now available outside office hours. Crisis helplines are available in all the areas where the Trust provides services 24 hours a day. Callers can expect fast and effective support from a mental health professional on the end of the line, designed as a ‘first port of call’ for anyone experiencing a mental health crisis and to remove the need for people to seek help via hospital A&E services. The Team can help assess the urgency of the situation and ensure the appropriate advice is provided, help is put in place or individuals are signposted to the team or service best placed to provide the care needed.

**First A&E Mental Health Room**
The country’s first A&E Mental Health Room opened at The Royal London Hospital in Whitechapel, East London. The award-winning room supports people who attend A&E in distress. It was opened on 10 July 2018 by Barts’ CEO Alwen Williams and ELFT’s CEO Dr Navina Evans. The Rapid Assessment Interface and Discharge (RAID) Team and A&E staff worked with artist Mike Miles and service users to design and transform a room into a calm place of safety for people experiencing mental health distress. The room’s ambiance will serve to keep patients safe and calm when they are in distress.

**Quality Improvement Work**

**Improving Access and Flow in Community Mental Health Services**
This work stream focused on reducing the length of time from referral to completion of treatment for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapy Services (PTS).

All nine teams were supported through a series of regular learning sets, to enable the sharing of change ideas and tests of change, as well as project boards to help unblock barriers and ensure work remain aligned with larger system goals.

A plethora of change ideas were tested that included altered ‘Did Not Attend’ (DNA) processes, overbooking, text messaging, group therapy, more frequent triaging meetings, case closure days and the use of computerised flow visual management systems.

CAMHS are now observing several improvements related to flow across their entire system (Emotional & Behavioural and Neurodevelopmental Teams in Bedford, Hackney, Luton, Newham and Tower Hamlets). These improvements include reductions in time from referral to first, second and third appointments in addition to reductions in the percentage of cancelled appointments.
This work is now in quality control with the teams using new flow management systems, meetings and other formal structures to ensure this work remains business as usual.

In PTS, we have observed reductions in waiting times from referral to first contact, and referral to discharge, illustrated in the charts below.
Reshaping Community Services

This work stream focused on increasing the percentage of staff and service users who reported satisfaction with the care they gave and received to 90% by December 2018. The work originally started with two pilot teams - Isle of Dogs Community Mental Health Team (CMHT) and Newham South Crisis Resolution Team (CRT) - before then scaling up to a further three teams (North Hackney CMHT, Dunstable CMHT and Wardown CMHT in Luton).

All teams were supported through a series of regular learning sets, to enable the sharing of change ideas and tests of change, as well as project boards to help unblock barriers and ensure work remain aligned with larger system goals.

Several change ideas were tested that included bi-weekly learning sessions with service users and staff, staff and service user co-led Recovery College sessions, co-production based information leaflets, new Friends and Family Test rotas and service users employed to collect this data in respective teams, mindfulness sessions, co-production workshops and improved more therapeutic reception spaces.
Over the course of the year, there was an increase in the proportion of service users recommending the service to friends and families, with a shift from 79.3% to 88% following the start of this work.

The initial pilot teams (Isle of Dogs CMHT and Newham South CRT) are now focusing on consolidating their implementation plans and standard work strategies so that they continue to hold the gains they have realised through this work. The three teams that joined the collaborative between March and June 2018 (North Hackney CMHT, Dunstable CMHT and Wardown CMHT in Luton) are now all collecting data and actively testing change ideas, using the knowledge and experience of the pilot teams. Data and measurement systems are largely automated and continue to be available to project teams on a regular basis.

3. Improving staff experience

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<thead>
<tr>
<th>Annual Priority:</th>
<th>Description of work:</th>
<th>Delivery lead:</th>
<th>Status:</th>
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<tbody>
<tr>
<td>Delivery of a revised leadership programme</td>
<td>The Trust has reviewed its leadership programmes and plans to deliver a more equitable range of courses, and incorporating principles regarding integrated care and system leadership in all programmes</td>
<td>Director of Human Resources</td>
<td>In progress</td>
</tr>
<tr>
<td>Developing core competencies for community health staff to deliver integrated care</td>
<td>The Trust has received funding to develop a set of core competencies for the delivery of integrated care in community health services. The learning will be used to inform competencies for all staff for year 2</td>
<td>Director of Human Resources</td>
<td>Completed</td>
</tr>
<tr>
<td>Deliver specific work streams to address issues of staff experience</td>
<td>Deliver a revised health and wellbeing plan for staff Scale up the Enjoying Work QI learning system</td>
<td>Director of Human Resources Director of Planning and Performance</td>
<td>Completed Completed</td>
</tr>
<tr>
<td>Deliver the revised workforce equalities plan</td>
<td>The Trust is currently revising its Equalities Strategy, and the workforce component of this will specifically address areas of staff experience</td>
<td>Director of Human Resources</td>
<td>Completed</td>
</tr>
</tbody>
</table>
Service Developments and Achievements

The Trust is proud to have delivered the following for our staff during the course of the last year:

- A newly established equalities plan
- Improved our Workforce Race Equality Standard results (WRES) in 8 out of 9 indicators
- Slightly improved Gender Pay Gap report from 12.45% in 2017 to 11.54%
- Increased number of Clinical Excellence Awards to women consultants
- Staff Awards recognition
- ELFT in 1 Voice Choir
- Improved staff benefits offering:
  - Lease cars
  - Electrical items via salary sacrifice
  - Access to benevolent funds for nursing and healthcare support staff
- A ‘Population Health’ approach to staff wellbeing – focusing on the determinants of health, for example women going through the menopause
- Finalists for an HPMA Award for Excellence in Employee Engagement – Enjoying Work and ELFT in1 Voice.

Quality Improvement Work

A total of 17 teams completed cohort 2 of the ELFT Enjoying Work Programme in February 2019, joining the existing five teams who had taken part in cohort 1. These teams represented every service from across the Trust and were from both clinical and non-clinical backgrounds.

Over the course of six months, 70 staff came together for six learning sets designed to help teams learn together, and from each other, on how to build and restore joy in work.

Components of the learning system included the creation and use of a measurement system to enable people to observe self-reported joy at work, support on leadership behaviours for change, methods for defining the problem, testing and implementing successful changes using Quality Improvement methodology and finally storytelling. Change ideas tested were many and varied, and themes ranged from promoting flexible working practices (for remote working), increasing team cohesiveness (team lunches and social events) through to enhance communication (‘we said we did’ boards and protected conversation times with team leaders).

Across all 17 teams, we saw an 8% increase in self-reported joy in work (from an average of 84% experiencing mostly a good day at work to 91%), with 11 of the 17 teams seeing improvements.
Staff involved in this work have reported real benefits from it:

“Better working together. It made me think of other ways to improve your life”

“Improved relationships within the team and communication between senior

“More cohesive, fun, togetherness”

“The team has become closer, the team has also worked better”
## 4. Improving Value

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<thead>
<tr>
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<th>Delivery lead:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing a data visualisation platform</td>
<td>Develop a platform on which key data is available in real time to staff</td>
<td>Chief Finance Officer</td>
<td>In progress</td>
</tr>
<tr>
<td>Utilisation of mobile working</td>
<td>Roll out mobile working solutions (Rio and EMIS mobile)</td>
<td>Chief Information Officer</td>
<td>EMIS – complete Rio – in progress</td>
</tr>
<tr>
<td>Delivering the efficiency savings programme</td>
<td>Identifying an additional £6m of CRES savings and delivering to plan</td>
<td>Director of Commercial Development</td>
<td>In progress</td>
</tr>
<tr>
<td>Increased space utilisation</td>
<td>Further reduction of floor space per member of staff through modern working and estates utilisation</td>
<td>Director of Estates</td>
<td>In progress</td>
</tr>
</tbody>
</table>

### Service Developments and Achievements

#### Data Visualisation
The data visualisation project is on track with a procurement exercise identifying Power BI (a Microsoft product) as the platform with which to proceed. A new data warehouse has been procured and a project board commenced in January in order to develop the system. The Digital Board continue to receive progress reports on the aspects of the Trust’s digital strategy and also feedback from Directorates.

#### Mobile Working
Implementation of mobile working in Community Health Services in Tower Hamlets and Newham is complete, with very positive outcomes, as reported previously. Implementation of Rio mobile has now commenced following an extended pilot phase, with very positive initial feedback from teams.

#### Space Utilisation
Following an extensive estates-led consolidation exercise, the Tower Hamlets Community Services premises footprint was reduced by 14%, saving around £20,000 per annum in rental cost and service charges.

### 2.2 Quality Priorities for the Coming Year, 2019/20

The Trust will continue to strive towards its strategic objectives over the coming year, and much of the improvement work described will continue apace.

We have reviewed progress in each of our priority areas. By reviewing the wealth of information available to us, such as staff and service user survey results, performance indicators, audit and patient safety data, and engaging in wide-ranging conversation with partners and stakeholders – such as our Council of Governors, People Participation Committee and service user groups, staff networks and Commissioners – we have been able to form a clear picture of where we are and refreshed our goals and improvement priorities. We look forward to working with our partners to deliver these improvements and reporting back on progress next year.
<table>
<thead>
<tr>
<th>Strategic outcome</th>
<th>Annual priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved population outcomes</strong></td>
<td>Improving our understanding of the needs, assets and outcomes of the people, communities and populations we serve</td>
</tr>
</tbody>
</table>
| | Demonstrably improving population health outcomes, in 2019/20 our priorities will be:  
  - More people with mental health problems into regular and sustained employment  
  - Fewer people that the Trust serves will feel lonely  
  - People will have improved end of life care |
| | Developing more preventative integrated health & care services, including working with our partners to develop the offer to primary care networks and their populations |
| | Building effort and momentum with staff and citizens to promote population health approaches |
| | Working with our partners to develop integrated care systems |
| | Developing our quality improvement capability through the triple aim approach to improving population health outcomes, with each Directorate leading a population health project |
| | Using our organisational assets to benefit the communities we serve |
| **Improved patient experience** | Full implementation of the Dialog+ engagement tool and outcome measure, as a means of supporting, driving and measuring recovery |
| | Improved use of service wide data generated by the Dialog+ system to inform and support service improvement in partnership with service users |
| | Delivery of Service User Led Accreditation of clinical services |
| **Improved staff experience** | Devise a structured career pathway for all professional staff groups.  
  A directory of internal programmes that are available via the Learning and Development Department.  
  Capture data for all external leadership programmes attended by staff.  
  Improve visibility, accessibility and monitor the return on investment/progression of staff who have attended programmes.  
  Delivery of a revised Trust-wide leadership programme including programmes for specific staff groups i.e. Admin and clerical staff |
| | Refine the core competencies for community health staff to deliver integrated care designed for Tower Hamlets Together (THT) including the ‘Wheel of Partnership’.  
  Incorporate the ‘wheel of partnership and integrated care competences in appraisals for all Agenda for Change (AfC) Staff.  
  Identify and roll out a digitised platform. Explore possibilities for income generation |
| | Deliver specific work streams to address issues of staff experience. Review the HR and OD involvement in organisational changes.  
  Improve staff engagement scores pertaining to stress, bullying and harassment, career progression and violence at work |
| | Deliver the revised workforce equalities plan |
| | A population health approach to staff wellbeing – to improve the experience of staff |
| **Improved value** | New infrastructure plans around efficient and effective use of digital and estate |
| | Launch waste reduction campaigns and supporting teams to ‘think value’ |
| | Incorporate value and waste into the Trust’s QI work |
The Trust now has an established system of measurement to track progress in delivery of its strategy, and priorities for improvement. The principles of this measurement system are:

- To integrate strategic and operational measures so that all staff are engaged in both the delivery of high quality services and the development of services
- To choose measures that are most relevant to the vision and mission, impact across all strategic outcomes, and link to our portfolios of work
- To select a small number of measures that are regularly monitored at Board, committee and Trust operational meetings, with other measures being monitored and reported by exception
- To allow for the right level of variation in measurement across directorates and services
- To utilise the way we view data in line with Quality Improvement methodology
- To use measures as indicators of progress, rather than absolute targets, and use other sources of quantitative and qualitative information to assess overall progress
- To recognise that not all measures we need will currently exist and that these will need to be developed over time.

The measures form the basis of a performance report for the Board. This includes:

- An integrated dashboard in four sections relating to each strategic objective
- A narrative report to accompany the dashboard:
  - explaining variation seen
  - describing work being undertaken on the four strategic objectives, written by the executive lead
  - providing qualitative data on some key areas of the strategy (e.g. local partnerships, service user and carer involvement, etc)
  - Commentary on strategic risks
- A fifth section sets out compliance with national / commissioner / Trust targets
- An additional quarterly report on progress against the annual priorities.

### 2.3 Participation in Clinical Audits

#### 2.3.1 National Audit

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

During the period the Trust participated in **83%** (five out of six) of national mental health clinical audits and **100%** (one out of one) of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that ELFT participated in during 2018/19 are as follows:
The Trust develops specific action plans for POMH audit reports, which are managed and co-ordinated through the Medicines Committee and below are examples of actions implemented across the Trust:

- POMH 1g & 3d prescribing high-dose and combined antipsychotics: Clinical Directors shared results across the Directorates and local improvements were implemented within teams. In addition, an allocated working group has been developed and an innovative electronic form created, to capture and record accurate data. A Quality Improvement project was undertaken in Tower Hamlets during 2018/19 to work on improvements in both prescribing and monitoring of patients; this has been shared widely and there have been improvements for patients across East London.
POMH rapid tranquillisation 16: A new policy has been developed and re-audit underway across the teams. Monitoring data is improving across the Trust and work is ongoing in other work streams looking at violence and aggression and restrictive practices.

In addition, the Trust has carefully considered the results of the National Clinical Audit of Psychosis. The findings were examined alongside feedback from the Community Mental Health Service User survey. The actions taken to improve are set out in some detail in section 3.1.3 of the report, in relation to patient experience.

### 2.3.2 Trust Clinical Audit Activity

<table>
<thead>
<tr>
<th>Audit Priority</th>
<th>Lead Committee</th>
<th>Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA and Risk Assessment Audit</td>
<td>Quality Committee / CPA Group</td>
<td>All mental health</td>
</tr>
<tr>
<td>Record Keeping Audit</td>
<td>Quality Committee / Health Records Development Group</td>
<td>All</td>
</tr>
<tr>
<td>Medication Audits – Controlled Drugs, Prescribing, Administration and Rapid Tranquilisation</td>
<td>Quality Committee / Medicines Committee</td>
<td>All</td>
</tr>
<tr>
<td>Infection Control Audit</td>
<td>Quality Committee / Infection Control Committee</td>
<td>All</td>
</tr>
<tr>
<td>Hand Hygiene Audits – Five Moments, and Service User-observed</td>
<td>Quality Committee / Service Delivery Board</td>
<td>All inpatient units</td>
</tr>
<tr>
<td>Restrictive Interventions Audit</td>
<td>Quality Committee</td>
<td>All inpatient units</td>
</tr>
<tr>
<td>Mental Health Act (including Consent to Treatment)</td>
<td>Quality Committee / Mental Health Act Committee</td>
<td>All</td>
</tr>
</tbody>
</table>
The Trust reviewed the findings from 17 clinical audits in 2018/19 and developed action plans to support improvement.

Such action plans have already delivered improvements that include:
- The City & Hackney Directorate has seen an improvement in documenting application of ‘think family’ approach. This is an important progress as it demonstrates strong working multi-agency relationship with the aim to take a holistic approach to help families increase resilience, reduce stressors and appropriate response to risks
- CAMHS Directorate for inpatient services has seen a major improvement in risk assessment management. Positive changes have been made in the process, which have resulted in sustained 100% completion of risk assessments between January and November 2018.

For the last two years, the Quality Assurance Team has continued to review the Trust’s audit process, striving to continue to create a system that enables maximum focus on improvement by equipping teams with quick access to clear data, and a robust system for planning and tracking actions.

The Trust’s quarterly audit programme reports audit data entirely by means of time series analysis to enable services to track their progress over time. Building on the success of 2017/18, teams were better able to identify areas to celebrate success and areas in which to focus improvement by confidently identifying key trends and shits in the data. Regular Quality Report of all audit data is shared with Directorate Management Teams on a quarterly basis, bringing together all quality streams to ensure lessons are shared across the Trust.

At the end of 2018, Tower Hamlets Community Health Services Directorate launched their own locally-developed audit standards using a framework to identify key issues and trends from quality data to create their standards. Bedfordshire Community Health Services has also confirmed their newly agreed standards and will begin their Directorate audit practice in April 2019.

The Trust has a clear process to support learning and improvement from clinical audit:
- All audit results are available to all Trust staff at Directorate and service level via the Trust’s Quality and Performance Dashboard
- Once teams have discussed their audit results, and agreed priorities for improvement and associated actions, they complete an audit action tracker. This identifies gaps in performance and determines actions to address the gaps. The allocated owner of the action will complete the action and update the tracker
- Progress against action trackers is reported on a monthly basis and discussed at local Management Team meetings. Then all learning from the audit action process is shared with relevant committees and across the Trust
• Audit leads disseminate the quarterly quality narrative report, which is shared with relevant committees and forms the basis for the Trust-wide annual audit report.

2.4 Research and Innovation

From its inception, the Trust has invested in research and innovation. ELFT regards research activities not as an appendix of service delivery, but as a core part of the Trust’s work.

The number of patients receiving NHS services provided or sub-contracted by ELFT in 2018/19 that were recruited during that period to participate in research approved by a Research Ethics Committee was in excess of 500.

In spring 2018, ELFT appointed Professor Frank Röhricht to the new role of Medical Director for Research/Innovation and Medical Education created to support the research culture and the interface between medical education and research. He has implemented a five-year plan to:
• explore and develop the synergism between research, innovation and education for the benefit of service users
• link effectively Quality Improvement and research
• reinforce the notion of academic psychiatry and ‘psychosomatics’ in education and services
• promote collaboration, coproduction and inclusion (across all dimensions, groups, stakeholders).

Partnerships

A significant part of research at ELFT is conducted in international collaboration with a range of academic partners, mainly but not exclusively in Europe.

The Trust has developed strong links with academic partners:
• The Unit for Social and Community Psychiatry (USCP, now part of the new Population Health Institute) was originally established with Queen Mary University of London (QMUL) and the Strategic Health Authority to improve the reputation of Mental Health Services in East London, attract staff, and support service evaluation and development. By any measure, the Unit has attained these goals; research success in the form of grants, clinical success developing new and innovative treatments, and international recognition as a World Health Organisation (WHO) Collaborating Centre
• The Centre for Psychiatry (CfP, Wolfson Institute of Preventive Medicine, QMUL) has a significant track record on cultural and environmental aspects of public mental health research as well as psychological medicine (association of chronic physical disease and mental illness); CfP is leading on schemes providing high quality teaching for under- and postgraduate medical education
• ELFT is furthermore benefiting from a close collaboration with City University of London; the Centre for Mental Health Research (CMHR) is leading on research on the delivery of recovery-focused care planning, peer support and conflict resolution in inpatient settings. The CMHR has an international reputation for involving service users and carers in research and is also at the centre of the Joint Institute of Nursing (JIN). The JIN’s primary aims are to ensure evidence-based practice is at the heart of
community and mental health nurse education and to enable nursing staff to maximise their potential in practice, research and teaching expertise.

With the increase in Trust provision of community health and the move towards more integrated care, there is work on looking to identify and work with partners to develop research in this field. A stronger emphasis on population health research has been initiated linked to the new Bart’s Institute of Population Health Sciences which is being formed within QMUL. The Unit for Social and Community Psychiatry is a major part of the new Institute which also features strong research in primary care. Professor Priebe, who leads the Unit for Social and Community Psychiatry, is also the Research Director of the new Institute which underlines the links with ELFT.

**Achievements**

Researchers in the Trust published a large number of peer reviewed scientific papers with a range of important results. Most notably, they published the largest study ever conducted about a specific aspect of continuity of care, i.e. whether the same or different psychiatrists should be responsible for in- and out-patient care (Giacco et al. *Epidemiology and Psychiatric Sciences*, 2018, 1-9). The main result was that continuity of care leads to higher patient satisfaction after hospital admission, but is not linked with significant differences in long term outcomes.

Particular successes of research in the Trust during 2018/19 included a significant milestone for ELFT in service user involvement. The PRIDE study (Curwen et al. *Research Involvement and Engagement*, 2019, 5:5) was planned, conducted and published in collaboration between service users, clinicians and researchers and may be the first time service users actually not only defined the research topic but were also trained to become the research assistants and conducted the qualitative analysis of data.

The Trust continues to attract prestigious National Institute for Health Research (NIHR) research grants. The ERA trial started in September 2018 and is funded by the NIHR’s Health Technology Assessment (HTA) programme. The trial is led by Catherine Carr and tests the effectiveness of art, music and dance-movement therapy delivered in diagnostically mixed groups for community patients. It is the largest and methodologically most rigorous trial ever conducted on arts therapies in such settings and run mainly in ELFT (with one further site in Avon and Wiltshire).

In May 2019 work will commence on an NIHR Health Services and Delivery Research (HS&DR) grant called *Accessibility and acceptability of perinatal mental health services for women from Ethnic Minority groups (PAAM)* which will be led by Professor Stefan Priebe in collaboration with Jelena Jankovic in Birmingham.

Finally, the Trust was awarded an NIHR Research for Patient Benefit (RfPB) grant to try *Improving the Accuracy and Efficiency of Autism Assessment for Adults*. This project is led by Will Mandy of University College London in collaboration with Jason Crabtree in ELFT’s Learning Disabilities Services and will begin in September 2019.

In November 2018 renowned speakers and delegates from across the country took part in a thought-provoking conference held to explore and challenge a key issue in mental health care. The conference was organised by ELFT in partnership with the City University of London.
Professors Tom Burns, David Kingdon and Alan Simpson outlined the historical context to developments and explored whether the Care Programme Approach (CPA) model, now nearly 30 years old, is still relevant today following changes in thinking about the delivery of mental health care, the increasing involvement of service users, and a focus on recovery.

Professor Stefan Priebe presented the research evidence from trials on patient related outcome measures and a structured solution focused engagement (DIALOG+) underpinning recent developments, before Dr Sri Kalidindi concluded by summarising the importance of care planning in good rehabilitation services.

World Health Organisation (WHO) Collaborating Centre

The Unit for Social and Community Psychiatry is a WHO Collaborating Centre. The Unit is one of currently only 14 mental health related WHO Collaborating Centres in Europe and the only one specifically for 'mental health services development' in the world. The role of the this Centre involved the publication of a Technical Guidance for Mental Health Promotion and Mental Health Care for Refugees and Migrants, which the WHO issued to all Governments in Europe (authors Domenico Giacco and Stefan Priebe), and the advisory role of Professor Priebe on the National Mental Health Strategy for Malta which was launched in December 2018.

The Unit is supported both by the Trust and QMUL. It is based at the Trust's Newham Centre for Mental Health.

2.5 Regulatory compliance - Care Quality Commission (CQC) Inspection

ELFT is required to register with the CQC and its current registration status is 'Registered with no conditions applied'.

The Trust has no conditions on registration and the CQC has not taken enforcement action against the Trust during 2018/19

The Trust received the following ratings following comprehensive inspection in 2016:

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-Led</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

During March 2018 the Trust received inspections of its Community and In-patient Learning Disabilities Services, and Forensic Mental Health Services as part of its wider annual 'well-led' inspection that took place during April 2018.

Following this most recent inspection activity the CQC Trust-wide ratings remain as above. Core service ratings for Learning Disabilities Services remain good, whilst Forensic Services are now rated outstanding overall. Current core service ratings are set out below:
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-Led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute mental health wards for adults of working age and psychiatric intensive care</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Child and adolescent mental health wards</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Community mental health services with learning disabilities or autism</td>
<td>Good</td>
<td>Good</td>
<td>Not rated</td>
<td>Good</td>
<td>Not rated</td>
<td>Good</td>
</tr>
<tr>
<td>Wards for people with a learning disability or autism</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Forensic inpatient/secure wards</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Mental health crisis services and health-based places of safety</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community health services for adults</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Specialist community mental health services for children and young people</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Wards for older people with mental health problems</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Community health inpatient services</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community-based mental health services for adults of working age</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td>Long stay or rehabilitation mental health wards for working age adults</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community based mental health services for older people</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Requires improvement</td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td>Community health services for children, young people and families</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>

**Special Reviews**

The Trust has participated in one CQC Special Review during the reporting period relating to Sexual Safety on Mental Health Wards.

CQC reviewed Sexual Safety on Mental Health Wards during 2017/18 and published their report in September 2018. ELFT contributed to the review alongside a number of other NHS Providers. The Trust has considered the findings and its recommendations carefully and undertaken a range of actions in response. To ensure that the Trust is doing
everything it can, in December 2018 it commissioned an independent review of sexual safety in its services.

The report of the CQC review can be found on their website, here.

2.6 Striving for excellence – highlighting the cornerstones of our drive for quality

2.6.1 People Participation

People participation is about helping our service users and their carers to have a say in how we run the Trust. But more than that, it is also about working together so that we can offer a better service for all.

We believe the success of our approach to people participation is one of the things that really sets us apart. We see it as absolutely central to what we do, and have created the structures to sustain and improve the meaningful involvement of our service users and carers accordingly.

Our service users are already involved in the life of the Trust in numerous ways:

- Our Trust-wide People Participation Committee (a sub-committee of the Trust Board)
- Our Patient and Carers Experience Committee
- Local Working Together Groups
- Contributing to Trust induction for all new staff
- Participating in the recruitment of all new staff (band 5 and above)
- Co-production of training sessions for staff
- Designing our recovery syllabus
- Project work, such as the redesign of our CPA process, staff training/inclusion project with the Docklands Light Railway (DLR)
- Service user/care research group
- Involvement in quality improvement projects.

So much work is being done locally to take people participation forward and deliver on local priorities, notably to:
- Offer more people the option to get involved via people participation
- Increase access to peer support
- Reduce isolation and loneliness
- Work towards equity and parity in carer support and services across all directorates/boroughs
- Deliver more robust transitions from inpatient to community, Secondary care to primary care and CAMHS to Adult Mental Health
- Provide support for real employment opportunities
- Training for staff on how to identify carers
- Work towards patient/service user run services (e.g. crisis care)
- Improve the experience of ward rounds
- Reduce stigma
- Support healthier lifestyles.
This year has seen two really significant Trust-wide developments for people participation:

- **Service user and carer involvement in Quality Improvement – a step change**
  
  This year the Trust has really looked to ramp up service user involvement in our improvement work. We have been monitoring involvement by ‘big I’ (project membership) and ‘little i’ (involvement in projects by providing specific expertise or advice), and seeking to increase big I involvement, supporting this effort with training for service users and carers.

  Increasingly Quality Improvement projects are becoming a partnership between staff and service users and carers. A great example of this is our ‘Reshaping Community Services Project’. In his blog, Senior Improvement Advisor Francisco Frasquillo describes a significant evolution in partnership working:

  “As this work evolved, the pilot teams improved not only the quantity of data received through standard collection surveys such as the Family and Friends Test (FFT), but also the nature of service user involvement in the Quality Improvement work. The real transformation for this work came from the commitment of a handful of service users who joined the original pilot teams as full members of the Quality Improvement projects. Alongside improvement work, these service users also participated in the Learning Sets with the Trusts central Quality Improvement Team, bringing together all the project teams in one place to share learning and progress.

  Both pilot teams also created their own regular spaces to have co-design conversation with service users and staff, as part of change ideas geared to developing an environment for co-production. These local ‘Co-production Workshops’ have become a space where service users and staff work together but equally, if not more importantly, they also are becoming opportunities to exchange knowledge and experiences.

  Now these workshops are part of the business as usual of the pilot CMHTs. They hold a promise of becoming a means to transform the relationships between staff and service users.”

  And to really drive home this change, our annual Quality Conference 2019 is a co-production with service users entitled ‘Whose improvement is it anyway’, exploring further the centrality of service user and carer involvement in improvement, and how to deliver it

- **Service User Led Accreditation**
  
  This pioneering project is an evolution of the Trust’s innovative Service User Led Standard Audit (SULSA) programme which featured service users measuring the standards that mattered to them in in-patient mental health services, which ran from 2014.

  Review of this audit process revealed an appetite to develop the audit process to incorporate more clinical services, enable greater levels of service user involvement, refresh and broaden the standards being measured and increase the level of engagement in the process from clinical services.

  Our accreditation programme has been designed to recognise excellence, and support improvement, in delivering the standards of care that matter most to service users. The programme has been designed with the Trust’s core values at heart, placing the
service user at the heart of what we do, with over 55 service users, carers and staff have shaped the standards and process to ensure the system is accessible, transparent, built around the needs of patients, and engaging for staff.

Assessment for accreditation is led and undertaken exclusively by service users, awards are approved by an Accreditation Committee attended and chaired by service users. We are currently testing the process by assessing eight services for accreditation, and will be extending the programme Trust-wide in July 2019.

2.6.2 Staff engagement

In section 2.2 we highlighted our Quality Improvement work around bringing ‘joy in work’. This represents an extension of our longstanding and successful efforts to improve staff engagement, which the Trust sees as critical in delivering its mission. The NHS Staff Survey takes place annually across the country and is a significant benchmarking tool for our Trust enabling us to track progress in this work. This feedback is also extremely important in helping shape the actions we will take in the future to create a work environment that is not only productive but also rewarding for all our staff.

2018 Staff Survey was completed by 48% of our staff which is 2,529 respondents out of 5,282 eligible staff. The response rate has gone down by 2% comparing to 2017, however, the target audience was higher this year. The highest-responding Directorate was Corporate (59.10%) and the lowest was Community Health Bedfordshire (42.50%).

Our Trust-wide results suggest that we have done significantly better on six questions, made no significant difference on 69 questions, and have scored significantly worse on seven questions. However, we are doing significantly better on 18 questions comparing to our counter-part organisations in the same category.
Our key Trust-wide improvements and strengths are outlined in the below table:

<table>
<thead>
<tr>
<th>Question</th>
<th>2017</th>
<th>2018</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q19d. The review or training left me feeling that my work is valued by my Trust.</td>
<td>32%</td>
<td>36%</td>
<td>+4%</td>
</tr>
<tr>
<td>Q21c. I would recommend my Trust as a place to work.</td>
<td>66%</td>
<td>70%</td>
<td>+4%</td>
</tr>
<tr>
<td>Q5a. How satisfied are you with the recognition you get for good work.</td>
<td>60%</td>
<td>63%</td>
<td>+3%</td>
</tr>
<tr>
<td>Q28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?</td>
<td>71%</td>
<td>74%</td>
<td>+3%</td>
</tr>
<tr>
<td>Q19f. Were any training, learning or development needs identified?</td>
<td>76%</td>
<td>79%</td>
<td>+3%</td>
</tr>
<tr>
<td>Q9c. Senior managers here try to involve staff in important decisions.</td>
<td>46%</td>
<td>47%</td>
<td>+1%</td>
</tr>
<tr>
<td>Q21d. If a friend or relative needed treatment I would be happy with the standard of care provided by the Trust.</td>
<td>69%</td>
<td>70%</td>
<td>+1%</td>
</tr>
<tr>
<td>Q21a. Care of service users is my organisation's top priority.</td>
<td>80%</td>
<td>81%</td>
<td>+1%</td>
</tr>
<tr>
<td>Q9d. Senior managers act on staff feedback.</td>
<td>43%</td>
<td>43%</td>
<td>↔</td>
</tr>
<tr>
<td>Q9b. Communication between senior management and staff is effective.</td>
<td>53%</td>
<td>53%</td>
<td>↔</td>
</tr>
<tr>
<td>Q22c. Feedback from service users is used to make informed decisions within my department.</td>
<td>65%</td>
<td>65%</td>
<td>↔</td>
</tr>
</tbody>
</table>
Whilst the overall results indicate that the Trust’s performance on various key factors is very positive, there are certain areas where the Trust can further improve, as per the below table:

<table>
<thead>
<tr>
<th>Question</th>
<th>2017</th>
<th>2018</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16b. In the last month I have not seen any incidents that could have hurt service users.</td>
<td>79%</td>
<td>72%</td>
<td>-7%</td>
</tr>
<tr>
<td>Q11a. Does your Trust take positive action on health and well-being?</td>
<td>34%</td>
<td>29%</td>
<td>-5%</td>
</tr>
<tr>
<td>Q12d. The last time you experienced physical violence at work, you or a colleague reported it.</td>
<td>93%</td>
<td>88%</td>
<td>-5%</td>
</tr>
<tr>
<td>Q11b. In the last 12 months I have not experienced musculoskeletal problems as a result of work.</td>
<td>79%</td>
<td>75%</td>
<td>-4%</td>
</tr>
<tr>
<td>Q13a. In the last 12 months I have not experienced harassment, bullying or abuse at work from the public.</td>
<td>69%</td>
<td>66%</td>
<td>-3%</td>
</tr>
<tr>
<td>Q16a. In the last month I have not seen any incidents that could have hurt staff.</td>
<td>82%</td>
<td>79%</td>
<td>-3%</td>
</tr>
<tr>
<td>Q15a. In the last 12 months I have not experienced discrimination at work from the public.</td>
<td>88%</td>
<td>87%</td>
<td>-1%</td>
</tr>
<tr>
<td>Q14. Does your organisation act fairly with regard to career progression / promotion?</td>
<td>79%</td>
<td>79%</td>
<td>↔</td>
</tr>
<tr>
<td>Q12a. In the last 12 months I have not experienced physical violence at work from the public.</td>
<td>79%</td>
<td>80%</td>
<td>+1%</td>
</tr>
</tbody>
</table>
There are consistent themes across all Directorates which feature in all of their lowest-scoring and top-scoring questions, as follows:

**Top performing areas**

1. Knowing how to report unsafe clinical practice
2. Reporting incidents
3. Collecting service user feedback
4. Feeling the role makes a difference to service users
5. Feeling trusted to do work
6. Knowing who the senior managers are
7. Acting on concerns raise by service users

**Bottom performing areas**

1. Positive action on wellbeing
2. Putting yourself under pressure to come in when unwell
3. Having unrealistic time pressures
4. Working additional unpaid hours
5. Quality of appraisals
6. Being satisfied with level of pay
7. Having enough staff in teams to do work

There is still a degree of variation of experience within staff in various protected characteristics. For example, younger workforce (16-30) are reporting to not have appraisals as frequently and having less opportunities for training and development; are being less satisfied with recognition for good work; and more often coming in to work when feeling unwell. On the other hand, older workforce (51-66+) report to more often experience harassment, bullying or abuse from managers and are less likely to report their last experience of this.

In terms of our disabled staff, their responses have scored lower an all questions consistently apart from the question on not working additional paid hours and not experiencing physical violence from their managers. On the positive note, the Trust has improved on the provision and accommodation of reasonable adjustments with an increase of 3%.

Our BAME staff report lower scores on the majority of areas as oppose to our White staff. They are reporting to feeling less valued and less satisfied with the level of pay, and more
often think about leaving the Trust. The questions around bullying, harassment, and physical abuse still score high in comparison to last year with BAME staff reporting these still being an area for concern. Only 71.8% of BAME staff think that the organisation acts fairly on career progression as oppose to 84.7% white staff.

Female staff are more likely to put themselves under pressure to come in to work when unwell, are not satisfied with Trust’s actions on wellbeing, and are less satisfied with the level of pay (only 35.2% said they are). Women are less likely to be able to meet conflicting demands for their work and experience more strained relationships at work as oppose to our male staff. They also are less satisfied with the extent the Trust values their work (52.1%) and are also less satisfied with the opportunities for flexible working (60.7%).

In regards to the experiences of LGBTQ staff, gay men are less likely to report their experiences of harassment, bullying, and abuse; are more likely to experience physical violence from the service users; and are feeling more pressure from their managers to come in to work when feeling unwell. Lesbian women think that the organisation does not take enough positive action on wellbeing (only 25.8% do), are having more strained relationships at work with their colleagues (74.2% as oppose to 38.8% of gay men), and are less satisfied with their level of pay.

Lastly, there is also a degree of variation for our staff in regards to their religion/belief. For example, our Hindu, Muslim, and Sikh staff are more likely to look for another job in the next 12 months; only 56.1% of our Muslim colleagues said that they are involved in deciding changes that affect their work; and feel less secured about raising concerns of unsafe clinical practice (68.7% as oppose to 75.2% Christian staff).

Overall, the Trust has made strong improvements on a number of questions and areas such as training, reasonable adjustments, involvement in decision-making, and recognition. However, some further improvement is required on the areas of incidents, wellbeing, bullying/harassment/physical violence, and musculoskeletal problems.

Further analysis of the data will be undertaken upon receipt of follow-up reports from Picker which will allow us to calculate our engagement scores and compare those to other Trusts in the country.

Each Directorate has already started planning their activities to sustain their strengths and map out their potential improvements for lower-scoring areas.

**Freedom to Speak Up**

Sir Robert Francis’ Freedom to Speak Up review published in February 2015 sets out 20 Principles and Actions which aim to create the right conditions for NHS staff to speak up, share what works right across the NHS and get all organisations up to the standard of the best and provide redress when things go wrong in future. NHS Improvement on 1 April 2016 published a standard integrated Freedom to Speak Up: Raising Concerns (whistleblowing) policy for NHS organisations in England to adopt as a minimum standard to help normalise the raising of public interest concerns.

ELFT appointed a Freedom to Speak Up Guardian in October 2017. Staff have responded positively to the service. There were 217 concerns raised in the first 12 months of the service being available. The increase in the number of cases being brought to the Freedom to Speak Up Guardian is encouraging as staff become more familiar with and
confident in this new route for speaking up. It is positive that many of the staff who have given feedback said that they would speak up again.

The Trust sends quarterly data to the National Guardian Office.

Of the 217 concerns raised in the first year of the service:
- 28 of these cases included an element of patient safety / quality of care
- 45 included behaviours with elements of bullying and harassment as reported by staff raising the concern
- The remaining 144 concerns related mostly to concern raised as result of organisational changes and restructuring in teams which has impacted on staff wellbeing and the quality of care provided.

The Workforce Committee approved the development of a Trust initiative to tackle bullying and harassment which will be disseminated Trust-wide. There is close working with the Trust People and Culture Team to provide better support to staff prior and during organisational changes. As the Freedom to Speak Up service develops there is continued focus on using Quality Improvement methodologies to demonstrate effectiveness in the role. Already, a significant number of concerns raised to the Freedom to Speak Up service have enabled concerns raised to be addressed at an early stage, managed locally and decreased formal actions.

**Doctors in Training**

There are (as of 31 March 2019) 173 training posts for junior doctors in the Trust. 159 posts are filled as of 31 March 2019. Over the period of the report the vacancy rate has been between 10 and 11%. The highest number of vacancies has been on the higher trainee rota in Newham.

Locum bookings are made to cover vacant shifts on call rotas. Reflecting high level of vacancies, the highest number of locum bookings has been in Newham, City and Hackney and in Bedfordshire where there are unfilled posts and trainees working less than full-time.

Consultants have been asked to be more proactive and receptive to addressing workload with trainees as part of their weekly supervision, and in reviewing work schedules as required. To improve timely access to on call rotas, the Chief Medical Officer has agreed additional support for medical staffing and medical education departments in the production of on call rotas.

Research is underway led by doctors in training to identify barriers to choosing particular posts and localities, and is due to be reported on shortly. Most of the ongoing staffing issues for doctors in training within ELFT are related to factors outside the control of the Trust, namely the ongoing difficulties with recruitment into psychiatry and the consequent difficulties faced by Health Education England in placing trainees in all available training posts within the Trust. The Guardian of Safe Working Hours, Medical Workforce Manager, Director of Medical Education and Clinical Directors keep this issue under regular review and remediate wherever possible.
2.7 Goals Agreed with Commissioners for 2017/18

Use of the CQUIN Payment Framework

£8.27 million (2%) of the Trust’s income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between ELFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. This compares with £7.1 million for the 2017/18 period.

Further details of the agreed goals for 2018/19 and for the following 12-month period are available by contacting the Trust Secretary.

These CQUINs were agreed between the Trust and our local Clinical Commissioning Groups (CCGs): Tower Hamlets, City and Hackney, Newham, Luton and Bedfordshire, for delivery of Adult and Older Adult Mental Health Services, Children’s Services and Community Health Services in Newham and IAPT in Newham. We also agreed CQUINs for our provision of specialist services, which includes forensic services, mother and baby services and inpatient CAMHS (Tier 4).

The table below summarises the Trust’s position on delivery of 2018/19 CQUIN targets.

<table>
<thead>
<tr>
<th>National CQUINs</th>
<th>Description of Goal</th>
<th>Predicted Achievement *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a (b) Improvement of health and wellbeing of NHS staff</td>
<td>Achieving a 5% improvement (over 2 years) in two of three NHS annual staff survey questions on H&amp;WB, MSK and stress.</td>
<td>Part Achievement</td>
</tr>
</tbody>
</table>
| 1b Healthy food for NHS staff, visitors and patients | Build on the 2016/17 work by maintaining:
  a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS). The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets
  b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS)
  c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and Ensuring that healthy options are available at any point including for those staff working night shifts
Secondly, introducing three new changes to food and drink provision:
  a. 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of | Achieve |

---

1 The Nutrient Profiling Model can be used to differentiate these foods while encouraging the promotion of healthier alternatives. https://www.gov.uk/government/publications/the-nutrient-profiling-model
<table>
<thead>
<tr>
<th>National CQUINs</th>
<th>Description of Goal</th>
<th>Predicted Achievement</th>
</tr>
</thead>
</table>
|                 | over 10grams per 100ml) 
|                 | b. 60% of confectionery and sweets do not exceed 250 kcal 
|                 | c. At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g² |
| 1c Improving the uptake of flu vaccinations for frontline clinical staff | 75% of frontline health care workers have taken up flu vaccinations | Part Achievement |
| 3 1a Cardio metabolic assessment and treatment for patients with psychoses | To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas: a. Inpatient wards b. All community based mental health services for people with mental illness (patients on CPA), excluding EIP services c. Early intervention in psychosis (EIP) services | Part Achievement² |
| 3 1b Communication with General Practitioners | • Establish clear plans for aligning and cross checking SMI QOF and CPA registers  
• Establish a Shared Care Protocol  
• 90% of patients should have either an updated CPA i.e. a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed | Part Achievement |
| 4 Improving services for people with mental health needs who present to A&E | Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable | Part Achievement |
| 5 Transitions out of Children and Young People’s Mental Health Services (CYPMHS) | This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN: a. a case-note audit in order to assess the extent of Joint-Agency Transition Planning; and b. a survey of young people’s transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness) c. a survey of young people’s transition experiences after the point of transition (Post-Transition Experience). | Part Achievement |

<table>
<thead>
<tr>
<th>National CQUINs</th>
<th>Description of Goal</th>
<th>Predicted Achievement</th>
</tr>
</thead>
</table>
| **9 Alcohol and Tobacco** | a. **Tobacco Screening**: 90% of all eligible patients (7 days or more) have been screened  
b. **Tobacco brief advice**: 90% of all patients who have been identified as smokers have been given brief advice  
c. **Tobacco referral**: 30% of all patients who have been identified as smokers have been given a referral  
d. **Alcohol screening**: 50% of all eligible patients (7 days or more) have been screened  
e. **Alcohol brief advice and referral**: 80% of those drinking about the lower risk level have received brief advice and/or a referral | Part Achievement |
| **10 Improving the assessment of wounds** | To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks. | Achieve |
| **11 Personalised Care and Support Planning** | 1. Submission of a plan to ensure care & support planning is recorded by providers and how patients will be identified will be a yes/no requirement  
2. For all patients identified as having one or more LTCs, all patients to have a patient activation score recorded  
To confirm the final cohort as the number of patients with one more LTCs and who have a low activation level (as described above)  
3. The provider to identify the number of staff who have undertaken training in personalised care and support planning | Achieve |
| **Local Goals** | | |
| **12 BME/ MHA** | 1. To explore whether there is overall high rates of use of the Mental Health Act for the three East London CCGs particularly in BAME minority groups and understand what can be done to reduce this  
2. To analyse detention data in Year 1 to identify whether any BAME minority group is over-represented and identify cohort(s) of patients who are receiving multiple detentions | Achieve |
<p>| <strong>13 Implementation of the Greenlight Toolkit</strong> | Increasing the Learning Disability Service, to improve their score against the Greenlight Toolkit. The Greenlight Toolkit is a guide to auditing and improving your mental health services so that it is effective in supporting people with autism and people with learning disabilities | Part Achievement |
| <strong>14 Homeless</strong> | Improving access to mental health and wellbeing services for people experiencing street homelessness in Luton and improving the skills of our homeless sector partners who support them | Achieve |
| <strong>15 Upskilling staff in the identification and management of dementia and delirium. With particular reference to BAME communities</strong> | Training staff in identifying and managing dementia in those patients from BAME communities. Also, increasing the number of dementia diagnoses | Part Achievement |</p>
<table>
<thead>
<tr>
<th>National CQUINs</th>
<th>Description of Goal</th>
<th>Predicted Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSE Goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MH2 Recovery Colleges</strong></td>
<td>Increasing the level of engagement and participation in Recovery Colleges</td>
<td></td>
</tr>
<tr>
<td><strong>MH3 Restrictive Practices</strong></td>
<td>Implementation of action plan to:</td>
<td>Achieve</td>
</tr>
<tr>
<td></td>
<td>1. Reduce episodes of physical restraint by the employment of a restraint reduction strategy e.g. No Force First, safe words, restrain yourself</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Reduce episodes of supportive observations by developing an appropriate framework, e.g. care-zoning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Reduce seclusion and long term segregation by utilising best practice guidance in this area</td>
<td></td>
</tr>
<tr>
<td><strong>MH5 CAMHS Inpatient Transitions</strong></td>
<td>Deliverables to improve CAMHS to AMHS transitions:</td>
<td>Achieve</td>
</tr>
<tr>
<td></td>
<td>• Audit of discharge/transition process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Survey of all patients discharged [at point of discharge], that is anyone who has been discharged from CAMHS to AMHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Audit of liaising early with other agencies – children''s//adult social care, CAMHS/AMHS, education.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Delayed discharges:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number of delayed discharges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Clear action plans in place to address and evidence progress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Submit minutes from each quarterly CQUIN delivery group (or similar) meeting</td>
<td></td>
</tr>
<tr>
<td><strong>Local Secure Learning Disability</strong></td>
<td>Undertaking assessments of Learning Disability patients across London</td>
<td>Achieve</td>
</tr>
<tr>
<td><strong>Local Repatriation Local</strong></td>
<td>Develop a reporting system and report on numbers of admissions and discharges for out of area placements.</td>
<td>Achieve</td>
</tr>
<tr>
<td><strong>Learning Disability Goals (Tower Hamlets)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LD2 Health Action Plans</strong></td>
<td>Increased number of health action plans developed for people with a learning disability who have had an annual health check</td>
<td>Achieve</td>
</tr>
<tr>
<td><strong>LD3 Care coordination</strong></td>
<td>Increased identification of a Care Co-ordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition</td>
<td>Achieve</td>
</tr>
<tr>
<td><strong>STP &amp; Risk Reserve Goals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STP CQUIN</strong></td>
<td>If in 17/18 the STP has been agreed through STP governance and agreed by the individual Board of every other organisation in the STP, the provider’s board must have approved the plan. Where the STP has not been agreed through STP governance and individual boards, the provider (and all other organisations) must agree a plan to reach timely agreement on the STP. If during 2017/18 and 2018/19 the provider makes the required contribution to STP transformation initiatives and demonstrates to the STP governance arrangements how it is supporting and engaging in the local STP initiatives, the 0.5% for 2018/19 will be paid.</td>
<td>Achieve</td>
</tr>
</tbody>
</table>

* data available to end of month 9 for these indicators, they are on track to be achieved at the time of writing and the year-end position will be available by June 2019.
2.8 Data Security and Quality

Clinical coding accuracy was audited this year. The results of the audit demonstrate an excellent standard of diagnostic coding accuracy in the classification of both primary and secondary diagnosis coding, with both areas exceeding Information Governance requirements for Level 3.

<table>
<thead>
<tr>
<th>IG Audit</th>
<th>Primary diagnosis correct %</th>
<th>Secondary diagnosis correct %</th>
<th>Primary procedure correct %</th>
<th>Secondary procedures correct %</th>
<th>Unsafe to Audit %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>98.00%</td>
<td>96.24%</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>2014/15</td>
<td>96.00%</td>
<td>89.58%</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>2015/16</td>
<td>94.00%</td>
<td>89.50%</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>2016/17</td>
<td>100.00%</td>
<td>93.75%</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>2017/18</td>
<td>96.00%</td>
<td>95.00%</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>2018/19</td>
<td>98.00%</td>
<td>94.53%</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

ELFT’s Data Security & Protection Toolkit Assessment Report overall score for 2018/19 was 85% and was graded 'Standards not fully met with an improvement plan'.

The Trust has reviewed its evidence of compliance and submitted an action plan based on training, contracts and information assets. If approved, this will alter the compliance rating to ‘Compliant with an action plan’.

Internal audit of processes supporting data quality indicated the Trust can take substantial assurance that controls are in place to manage the identified risks.

A number of actions for improvement were identified and are being implemented, ensuring clear processes for the ongoing review of data quality policy, as well as ensuring it is reflecting current practice.

The Executive Director for Planning and Performance has established Directorate performance meetings with each of the Directorates which includes data quality ad action planning for any areas where performance has dropped. Data Quality Reporting for Directorates and the Board are being reviewed and revised in line which national changes to data quality indicators.

The Trust was not subject to the Payment By Results clinical coding audit during 2018/19.

The Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the latest published data (February 2019) are as follows:

- which included the patient’s valid NHS number was:
  - 98.9% for admitted patient care
  - 100% for outpatient care
- which included the patient’s valid General Medical Practice Code was:
  - 99.9% for admitted patient care
  - 100% for outpatient care.
2.9 Learning From Deaths

Numbers of Patient Deaths Reported by ELFT in 2018/19

During the reporting period 1 April 2018 to 31 March 2019, ELFT reported a total of 1,473 patient deaths of which 1,109 were reported as expected and 364 were reported as unexpected. This demonstrates a reduction in deaths by 186* compared to the previous reporting period (2017/18), when 1,659 patient deaths were recorded by the Trust.

Table 1 Total deaths reported by ELFT 01 April 2018- 31 March 2019

<table>
<thead>
<tr>
<th>Period</th>
<th>Number of reported deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>378</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>338</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>403</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>354*</td>
</tr>
<tr>
<td>Totals</td>
<td>1,473</td>
</tr>
</tbody>
</table>

*Due to potential delays in the Trust being notified of some deaths, this figure may change if a further report is produced.

Patient Deaths Subject to an Investigation

A total of 55% (803) of all reported deaths were subject to an investigation in this reporting period. Of which 538 were investigated through the Trust’s Structured Judgment Review/Case Record Reviews (SJR/CRR) and 261 were investigated through the Trust’s internal incident review process (97 48hr Reviews, 81 Concise Reviews and 83 Comprehensive/Serious Incident [SI] Reviews) and 4 Learning Disabilities Mortality Reviews (LeDeR).

Table 2 Investigations per quarter and types

<table>
<thead>
<tr>
<th>Period</th>
<th>Reported deaths</th>
<th>Investigation Type</th>
<th>Total Investigations (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SJR/CRR 48hr Concise/SI LeDeR</td>
<td></td>
</tr>
<tr>
<td>Quarter 1</td>
<td>378</td>
<td>45 15 43 0</td>
<td>103 (27%)</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>338</td>
<td>171 27 42 0</td>
<td>240 (71%)</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>403</td>
<td>147 27 40 4</td>
<td>218 (54%)</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>354*</td>
<td>175 28 39 0</td>
<td>242 (68%)</td>
</tr>
<tr>
<td>Totals</td>
<td>1473</td>
<td>538 97 164 4</td>
<td>803 (55%)</td>
</tr>
</tbody>
</table>

Patient Deaths Investigated and Adjudged to be Potentially Due to Patient Care Provided

One (representing 0.07%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.
None of the 538 SJRs undertaken during the reporting period concluded that care provision was contributory to the patient deaths. However, one of the deaths subject to a serious incident review was considered to be potentially due to the care provided. These numbers have been estimated through a review of prevention of future death reports issued by HM Coroners to the Trust during the reporting period.

Table 3 Estimated deaths adjudged to be potentially due to patient care provided by quarter

<table>
<thead>
<tr>
<th>Period</th>
<th>Deaths reported</th>
<th>Deaths likely to be related to care provided</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>378</td>
<td>1</td>
<td>0.26</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>338</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>403</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>354</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>1473</td>
<td>1</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Summary of ELFT’s Learning from Case Record Reviews and Investigations Undertaken in 2018/19

The age range of expected deaths throughout the reporting period has predominantly been 65 years and over. However, it has been noted during this period there has been six infant deaths (0-6 years old), fourteen deaths of adults between 40 and 65 years old. The analysis of the expected deaths of the age range 40-65 indicates different forms of cancer have been a primary cause for the mortalities.

From the mortalities that were reviewed most of the patients were over the age of 65, however, cases where the patient was below the age of 60 were reviewed as a 48 hour internal investigation report in supplement to the structured judgement review.

Of the 1,109 expected deaths, reported during 2018/19 900 occurred within community health settings. Of the 900 community deaths it has been identified that 80% of them had an end of life care plan. End of life care plans for patients who died in a hospice or a hospital were not available on ELFT systems for review.

The structured judgement reviews conducted during the reporting period identified a significant number of cases where patient care was being managed by their GP or the local authority and where the patient had died in a nursing home or a care home. In these cases there was limited or no access to the GP or hospital records. During the reporting period there were four cases that were reported to and reviewed through the LeDeR process.

Actions Taken and Planned From the Learning From Deaths

At the start of the reporting period 2018/19 50% of all expected deaths were reviewed. Due to the number of community based deaths across the Trust this process has changed to a 100% of all community based deaths now being reviewed through the structured judgment review process.
Assessment of the Impact of the Actions Taken by the Trust During the Reporting Period

Completed investigations due to patient deaths in prior period
In the previous reporting period, the Trust undertook a total of 65 investigations into patient deaths reported in 2018/19.

Estimated numbers of deaths (as reported in section 3/table 3) which following review were more likely than not due to problems in the care provided
One representing 0.07% of the patient deaths recorded during the reporting period was judged to be more likely than not to have been due to problems in the care provided to the patient.

Table 4 Deaths per quarter, adjudged to be more likely than not to be due to patient care provided

<table>
<thead>
<tr>
<th>Period</th>
<th>Deaths reported</th>
<th>Deaths more likely than not to be related to problems in the care provided</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>378</td>
<td>1</td>
<td>0.26</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>338</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>403</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>354</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>1,473</td>
<td>1</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Revised estimate of the number of deaths in 2017/18 where the patient deaths were judged to be due to problems in the care provided
In the last reporting period four deaths, representing 0.24% of the patient deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patient; on review, this figure has not changed.

2.10 Reporting against core indicators

2.10.1 NHS Improvement Assurance

ELFT has a range of NHS Improvement (NHSI) targets on which we report throughout the year. The indicators reported in this section are part of the Single Oversight Framework (SOF) which has replaced the Monitor ‘Risk Assessment Framework’ and the NHS Trust Development Authority ‘Accountability Framework’.

The targets outlined in this section are tested by external auditors to provide assurance that the data provided are reliable. They include indicators and targets from the SOF and DTOC and CPA indicators which are locally defined.

The figures below show the Trust has exceeded on two of the local targets. As set-out in section 2.8 the ELFT considers that this data is as described for the following reasons:

- The Trust has data quality arrangements in place which ensure the Trust’s Commissioners
• Trust Board and Information Governance Steering Group receive regular reports on data quality and completion rates against agreed targets.

The IG Steering Group receive and review performance on data quality benchmarked across London and nationally including the use of the Data Quality Maturity Index dashboard information.

The tables below show the results for the three indicators:

**Table 1 CPA inpatient discharges followed up within 7 days (face to face and telephone) **

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 2018/19</strong></td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Q1</strong></td>
<td>92.0% (1104/1200)</td>
<td>95.8% (16594/17329)</td>
<td>95.4% (2915/3057)</td>
<td>100.0% (205/205)</td>
<td>73.4% (292/398)</td>
</tr>
<tr>
<td><strong>Q2</strong></td>
<td>90.3% (1149/1272)</td>
<td>95.7% (16350/17080)</td>
<td>94.4% (2926/3098)</td>
<td>100% (135/135)</td>
<td>83.0% (303/365)</td>
</tr>
<tr>
<td><strong>Q3</strong></td>
<td>89.4% (1146/1282)</td>
<td>95.5% (16104/16860)</td>
<td>93.6% (2994/3203)</td>
<td>100% (189/189)</td>
<td>81.6% (266/326)</td>
</tr>
<tr>
<td><strong>Q4</strong></td>
<td>85.91% (1006/1171)</td>
<td>National comparison data is not available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


The table above shows that the Trust has not met this target. During 2017/18 we clarified the seven day follow up indicator definition with the Unify Team as there seemed to be a confusion of the wording in the guidance compared to what the Trust was submitting. The Trust was submitting on CPA cases for this national return but the guidance states that all patients discharged from a Psychiatric In-patient Ward are regarded as being on CPA.

Detailed Definition:
The number of patients on CPA (described as new CPA in the refocusing CPA guidance) who were discharged from psychiatric in-patient care during the Quarter. All patients discharged from a psychiatric in-patient ward are regarded as being on CPA.
The change to all reported discharges has meant that this has impacted on performance from when this was changed in October 2017 with the introduction of the wider cohort and new recording practices.

The Trust has taken the following actions to improve the performance against the seven day follow up indicator, and so the quality of its services by:
- Introducing new recording practice for non-CPA cases by ward staff
- Creation of new automated reports for services and performance leads to monitor performance against the target
- Introduction of a new operational policy to support staff with the changed process for following up non-CPA cases and recording
- Performance managers continue to work with clinicians to improve and correct recording and ensure all appointments are recorded on the system in a timely way.

**Table 2 Patients occupying beds with delayed transfer of care - Adult and Older Adult**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>East London NHS Trust</th>
<th>NHS England</th>
<th>Highest NHS Trust</th>
<th>Lowest NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2018/19</td>
<td>7.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>1.0%</td>
<td>661/69587</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td>0.6%</td>
<td>476/73709</td>
<td></td>
<td>National comparison data is not available</td>
</tr>
<tr>
<td>Q3</td>
<td>0.7%</td>
<td>487/65639</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td>0.7%</td>
<td>397/66472</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Delayed transfer of care is calculated as (N days delayed / N occupied bed days) – national comparison data is not available

The table above shows that all targets have been met for this indicator for 2018/19.
Table 3 Admissions to inpatient services had access to crisis resolution home treatment team*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2018/19</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Q1</td>
<td>99.9% 1054/1055</td>
<td>98.1% 16392/16707</td>
<td>98.6% 3677/3729</td>
<td>100% 350/350 RLY</td>
<td>81.5% 123/127 RH5</td>
</tr>
<tr>
<td>Q2</td>
<td>99.7% 1145/1148</td>
<td>98.4% 16307/16565</td>
<td>98.4% 3641/3701</td>
<td>100% 586/586 RXY and others</td>
<td>81.4% (RHA – 180/221)</td>
</tr>
<tr>
<td>Q3</td>
<td>99.7% 1098/1101</td>
<td>97.8% 15586/15935</td>
<td>98.4% 3577/3635</td>
<td>100% 516/516 RXY and others</td>
<td>78.8% 535/679 RT2</td>
</tr>
<tr>
<td>Q4</td>
<td>100% 990/990</td>
<td>National comparison data is not available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


The table above shows that this target has been met for all quarters.

The indicator relating to admissions to inpatient services having access to Crisis Resolution Home Treatment Teams has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

Table 4 Readmission rate (28 days)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>East London NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult</td>
</tr>
<tr>
<td>Target 2018/19</td>
<td>7.5%</td>
</tr>
<tr>
<td>Q1 (YTD)</td>
<td>5.8% (74/1285)</td>
</tr>
<tr>
<td>Q2 (YTD)</td>
<td>5.7% (152/2664)</td>
</tr>
<tr>
<td>Q3 (YTD)</td>
<td>6.4% (257/4027)</td>
</tr>
<tr>
<td>Q4 (YTD)</td>
<td>6.1% (324/5286)</td>
</tr>
</tbody>
</table>

National comparison data is not available.
The Indicator relating to re-admissions within 30 days has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

The data presented above is in line with national averages, with the exception of CPA inpatient discharges followed up within 7 days data which is below the 95% target.

2.10.2 Single Oversight Framework Indicators

These indicators form part of appendices 1 and 3 of the Single Oversight Framework. The table below details each of the Trust’s Performance against the Quality of Care Indicators and the Operational Performance Metrics (if not shown elsewhere in this report):

<table>
<thead>
<tr>
<th>Quality of Care Indicators</th>
<th>Target 2018/19</th>
<th>Actual 2016/17 (Q4)</th>
<th>Actual 2017/18 (Q4)</th>
<th>Actual 2018/19 (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to adult facilities of patients under 16 years old</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Meeting commitment to serve new psychosis cases by early intervention teams’ measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral</td>
<td>50%</td>
<td>92%</td>
<td>94%</td>
<td>88.24%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational Performance</th>
<th>Target 2018/19</th>
<th>Actual 2016/17 (Q4)</th>
<th>Actual 2017/18 (Q4)</th>
<th>Actual 2018/19 (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio-metabolic assessment in mental health environments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) inpatient wards</td>
<td>90%</td>
<td>69.7%</td>
<td>77.1%</td>
<td>70%</td>
</tr>
<tr>
<td>b) early intervention in psychosis services</td>
<td>90%</td>
<td>94%</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>c) community mental health services (people on Care Programme Approach)</td>
<td>60%</td>
<td>87.5%</td>
<td>83.7%</td>
<td>84%</td>
</tr>
<tr>
<td>Proportion of people completing treatment who move to recovery (from IAPT MDS)</td>
<td>50%</td>
<td>50.2%</td>
<td>50.1%</td>
<td>53.3%</td>
</tr>
<tr>
<td>Improving Access to Psychological Therapies (IAPT) - Patients referred with 6 weeks measure</td>
<td>75%</td>
<td>96.4%</td>
<td>98.1%</td>
<td>97.1%</td>
</tr>
<tr>
<td>Improving Access to Psychological Therapies - Patients referred with 18 weeks measure</td>
<td>95%</td>
<td>99.7%</td>
<td>99.9%</td>
<td>99.6%</td>
</tr>
<tr>
<td>Inappropriate Out of Area Placements for adult mental health services</td>
<td>n/a</td>
<td>New</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
2.10.3 Care Programme Approach (CPA)

The CPA is the framework through which care and treatment is delivered for a large proportion of the Trust’s service users. The table below contains locally defined indicators and targets agreed with commissioners. The Quarter 4 data shows that for the vast majority of services users on CPA are seen every month by their care coordinator and we now meet this target but the number of care plan in date are below target at 87.4%.

However, the proportion of service users on CPA is below the level we would hope to achieve. Increasing contact time and ensuring care plans are in place are the Trust’s priorities for the year ahead.

The Trust has implemented new ways of working in 2018/19 using a more recovery focused approach and has rolled out DIALOG+ / eCPA. This includes closer collaborative working with service users and carers, and includes a formal review of CPA patients every twelve months.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Actual 17/18 Q4</th>
<th>Actual 18/19 Q1</th>
<th>Actual 18/19 Q2</th>
<th>Actual 18/19 Q3</th>
<th>Actual 18/19 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA patients – care plans in date (documents 12 months old)</td>
<td>95%</td>
<td>89.3%</td>
<td>87.3%</td>
<td>87.7%</td>
<td>87.9%</td>
<td>87.4%</td>
</tr>
<tr>
<td>CPA patients – care plans in date (documents 6 months old)</td>
<td>N/A</td>
<td>73.8%</td>
<td>73.9%</td>
<td>73.7%</td>
<td>74.0%</td>
<td>73.5%</td>
</tr>
<tr>
<td>% CPA patients seen per month – face to face only</td>
<td>85%</td>
<td>86.6%</td>
<td>85.0%</td>
<td>84.3%</td>
<td>83.2%</td>
<td>85.8%</td>
</tr>
</tbody>
</table>

Trust figures for CPA have slightly decreased for both six month and 12 month reviews as Bedfordshire and Luton services embed the new process and the use of RiO. They continue to monitor reviews regularly focusing on supporting teams that are not meeting the target.
3.1 An Overview of Key Dimensions of Quality During 2018/19

The Trust pays close attention to a whole range of a set of quality measures. The Trust Board monitors measures that enable oversight of delivery of the Trust strategy. A broader selection of quality and performance measures are available to all staff at Trust-wide, Directorate and Service level via our quality and performance dashboard.

Key metrics in the domains of patient safety, clinical effectiveness and patient experience are drawn from both dashboards and set out below as a Trust-wide view. They are intended to give a flavour of the quality data that the Trust generates and uses, and, read alongside the other content of this report, of the prevailing quality of Trust services. Some measures are Mental Health specific, others relate to Community Health Services, reflecting the increasing diversity of the Trust. Each is relevant to priority areas for the Trust, encompassing improving physical health, access, experience of care.

Data shows progress over time, enabling informed decision-making in relation to assurance and improvement. Data is generated from the Trust’s internal reporting systems, and is not benchmarked but triangulated with relevant internal data to build an accurate picture of the quality of services.

3.1.1 Patient Safety

The Trust reported 17,938 patient safety incidents during 2018/19. This represents a rate of 65 incidents per 1,000 occupied bed days across the organisation. The chart below shows the rate of patient safety incidents across the past year, with the data source being our incident reporting system at ELFT:

![Reported patient safety incidents per 1000 occupied bed days - U' Chart](chart.png)

The chart below sets out the level of harm associated with patient safety incidents reported during 2018/19:
The Trust considers that this number is as described for the following reasons:

- The Trust has a clear and robust policy for incident reporting and management
- All staff have access to the online incident reporting system
- The Trust has worked hard to develop an open, fair and just culture
- The Trust monitors incident reporting, and patient safety data, closely and observed an increase in incident reporting that outstrips the growth of the organisation that is indicative of improvement in safety culture
- Most recent data from the National Reporting and Learning System (NRLS) show improved reporting, and does not suggest current under reporting of incidents
- Data in the charts below compare overall incident reporting to reporting of patient safety incidents and those resulting in harm over the past two years, along with the percentage of patient safety incidents resulting in harm over the same period. They demonstrate an increase in overall incident numbers, but no increase in the proportion of incidents resulting in harm. Again indicative of a good and improving reporting culture.

Incidents reported over the past 2 years:

Percentage of patient safety incidents resulting in harm over the past two years (P Chart):
The Trust has taken the following actions to improve the number and so the quality of its services:

- The Trust is committed to continuous improvement. As such it collects and shares a range of quality and safety data to monitor safety and to identify and measure areas for improvement.
- Patient safety data is available to all Trust staff at Service, Directorate and Trust level.
- All Directorates have established fora for the review of safety data, where actions and improvement plans can be discussed and agreed.
- All Directorates report regularly to the Quality Assurance Committee and to Executive Directors on the quality and safety of services.
- The Trust has a robust Incident Policy, and a process for the reporting and escalation of incidents, and investigation of serious incidents.
- All serious incidents are subject to rigorous root cause analysis with the aim of learning and producing recommendations for improvement and/or the reduction of risk of reoccurrence of incidents, leading to the implementation of appropriate action plans.
- Learning from serious incidents is shared through the Trust’s Serious Incident Committee and the dissemination of findings to Directorates.
- Annual analysis of serious incidents and the review findings enable the identification of themes and trends to further inform and drive learning and improvement.
- In addition, the Trust organises regular ‘learning lessons seminars’ to support the sharing of learning from particular incidents or from identified themes.
- The Trust has been engaged in a number of Quality Improvement projects related to improving specific aspects of patient safety, most notably, reducing inpatient physical violence through a series of violence reduction collaboratives.

Further key patient safety measures, with the data source for all these being our incident reporting system at ELFT:
As the Trust has grown the number of serious incidents has increased as one might expect. The chart below highlights that whilst incident numbers have increased in line with the increase in services provided, the proportion of serious incidents taking place has not changed.

The rate of violent incidents remains stable and work is ongoing through our violence reduction Quality Improvement work, and our ‘time to think’ project’ to bring about further reductions in physical violence in our services.
With Bedfordshire Community Services joining the Trust in April last year we might have expected an increase in the occurrence of pressure ulcers. However, the chart shows that the number of reported cases has remained consistent. Improvement work continues to reduce the number of incidents further.

3.1.2 Clinical Effectiveness

The Trust monitors a range of measures of clinical effectiveness as part of its view on the quality of its services. The measures feed into our understanding of patient experience and value within our strategy.

The charts below show some of the measure the Trust Board sees every month as it tracks progress towards our objectives. We can see that we are reliably seeing urgent referrals to our Extended Primary Care Teams within our 24 hour target (data source: EMIS clinical record system).
Improving the physical health of our service users is a priority for us, and this year ensuring all of our service users cared for under the Care Programme Approach (CPA) has been a CQUIN. Progress has been monitored closely and the data shows some early signs of improvement that we expect to be maintained going into 2019/20 (data source RiO clinical record system).

We also see the return on our increased focus on smoking cessation in our mental health services. The Trust is now smoke free in all of our sites, and has smoking cessation advisors across all Directorates. A smoking reduction work plan is in place, focusing on ensuring access to Nicotine Replacement Therapy and the provision of support to stop smoking.
3.1.3 Patient Experience

Central to the Trust’s Quality Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The Trust employs a range of approaches to collect this information, using a variety of methods and measures. The primary measure is the Friends and Family Test (FFT) which is collected alongside appropriate Patient Reported Experience Measures (PREM) from all inpatient and community services across East London, Bedfordshire and Luton.

Our FFT results are set out below, showing generally positive feedback (data source: electronic patient experience feedback system across all sites at ELFT).
The change apparent in the data above from April 2018 reflects the decision to exclude the data collected by our Phlebotomy Services from the chart. Phlebotomy services experience extremely high volume of service users and as such have developed their own simple and effective method of data collection that enabled collection of feedback from many hundreds of service users each month. This, overwhelmingly positive, feedback on such a scale was affecting the overall data to the extent that it was necessary to exclude it in order to properly understand the feedback received across the rest of our services.

This has been a year of transition for the Trust. The Quality Assurance Team support the collection of service user experience feedback by services. During 2017/18 the Team undertook a consultation exercise with services, service users and carers to review the process and it’s functioning, with a view to improving engagement and outputs. This identified a range of ideas, the most significant of which was the need for an improved platform for data collection and reporting. A new system was duly procured and implemented in June 2018.

Over the last three months, the Quality Assurance Team have consulted with services and service users to redesign, simplify and shorten the questions being asked, to ensure they explore what matters most to service users, and provide most meaning and potential to measure and drive improvement.

The new core questions are:

- I feel listened to by the Team
- I feel I have been given enough information regarding my care
- I feel involved in the decisions made about my care
- The professionals involved in my care talk to each other. We all work as a Team
- What can we do to improve the care we offer?

After a period of time when data collection decreased, there are now early signs of improvement in the continuous collection of service user feedback.

Over the coming year the focus will be on helping services find simple ways to collect and engage with the data in order to support improvement. Alongside this service user experience data, the Trust is required to collect data on the ‘Friends and Family Test’ (Would you recommend the service to friends and family?). In most cases this information is collected as part of the continuous measure of service user experience.

Externally, the Trust also receives feedback on service user experience via the annual Mental Health Community Service User Survey. This is an annual postal survey that provides a snapshot of service user experience. It is administered by an appointed contractor and sponsored by the CQC. Over the past seven years of participation the response to the survey has been consistently low, around 20%, amounting to fewer than 150 service users (as compared to the circa 500-1,000 PREM survey responses received each month).

The Trust’s scores are compared against scores from other Trusts nationally. This takes into account the number of respondents from each Trust as well as the scores for all other Trusts, and makes it possible to identify which scores we can confidently say are ‘better’ or ‘worse’ than the majority of other Trusts.

CQC summary table of ELFT data compared to all other trust and data from the previous year
<table>
<thead>
<tr>
<th>Patient survey</th>
<th>Patient responses 2017/18</th>
<th>Patient responses 2018/19</th>
<th>Compared with other trusts</th>
<th>Change Since last reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and social care workers</td>
<td>7.0/10</td>
<td>6.9/10</td>
<td>About the same</td>
<td>- 0.1</td>
</tr>
<tr>
<td>Organising Care</td>
<td>8.2/10</td>
<td>8.3/10</td>
<td>About the same</td>
<td>+ 0.1</td>
</tr>
<tr>
<td>Planning Care</td>
<td>6.6/10</td>
<td>6.6/10</td>
<td>About the same</td>
<td>No difference</td>
</tr>
<tr>
<td>Reviewing Care</td>
<td>7.3/10</td>
<td>7.2/10</td>
<td>About the same</td>
<td>- 0.1</td>
</tr>
<tr>
<td>Changes in who people see</td>
<td>5.4/10</td>
<td>6.6/10</td>
<td>About the same</td>
<td>+ 1.2</td>
</tr>
<tr>
<td>Crisis Care</td>
<td>6.3/10</td>
<td>7.1/10</td>
<td>About the same</td>
<td>+ 0.8</td>
</tr>
<tr>
<td>Medicines</td>
<td>7.5/10</td>
<td>7.1/10</td>
<td>About the same</td>
<td>- 0.4</td>
</tr>
<tr>
<td>NHS Therapies</td>
<td>Not available</td>
<td>7.5/10</td>
<td>About the same</td>
<td>n/a</td>
</tr>
<tr>
<td>Support and wellbeing</td>
<td>5.2/10</td>
<td>4.8/10</td>
<td>About the same</td>
<td>- 0.4</td>
</tr>
<tr>
<td>Overall views of care and services</td>
<td>6.9/10</td>
<td>7.2/10</td>
<td>About the same</td>
<td>+ 0.3</td>
</tr>
<tr>
<td><strong>Overall experience</strong></td>
<td>Not available</td>
<td>6.5/10</td>
<td>About the same</td>
<td>n/a</td>
</tr>
</tbody>
</table>

This year, in light of the limited response to the Community Mental Health Service User survey, the overlap in both sample and questions asked, the Trust considered the findings together with those of the National Clinical Audit of Psychosis. Discussion of the findings and next steps took place across two meetings of the Trust-wide Quality Committee. The discussion identified priority areas of focus, linked those areas to any existing improvement work, identified ongoing measures to obtain further baseline and monitor improvement, and agreed next steps.

The priorities were based on individual scores but also triangulated across the two reports and wider trust intelligence around service user experience:
• **Improving overall patient satisfaction**
  This is closely aligned to the Reshaping Community Services Quality Improvement workstream, which has been active for 18 months and is sponsored by the Chief Operating Officer and Director of Psychological Services. Numerous change ideas have been tested locally that have included staff and service users working together, such as service user and staff workshops and joint attendance at Recovery College courses. Locally, teams have been using daily huddles and mindfulness sessions to improve the patient experience. Community Teams are focusing on the functioning of key processes such as depot clinics and duty systems. We have seen an increase in service user satisfaction within the participating five community teams. Further change ideas to be tested include remote working with service users (in City and Hackney), and the use of the Reframe Tele-health System in Newham and Tower Hamlets.

• **Improving provision of information about care and treatment**
  As part of the medicines reconciliation annual plan, there will be various benefits of the implementation of electronic prescribing in adapting pharmacy practice and further improving pharmacy provision in community services. It is anticipated that there will be the opportunity to provide increased time to deliver community based sessions supporting clinical teams and increasing direct patient contact where information provision tends to be most effective. A standard operating procedure will be developed around the provision of written information to improve the reliability of availability and supply of information. Allied to this, work is underway with the communications team to raise awareness around the various types and sources of information available about all aspects of care and treatment.

• **Improving access to psychological therapies**
  Through the improving access and flow priority Quality Improvement workstream, a large number of changes have been tested and implemented to improve flow across a range of services. In relation to Psychological Services, the most significant developments include a rolling programme of training to ensure we are well placed to deliver NICE recommended interventions for people with psychosis. There is an annual exercise to identify skills and capacity within teams to deliver NICE recommended therapies to all people requiring them.

  All services have introduced and now implemented a group session as the first contact, to find out more about the therapy before committing to it. Teams have been testing changes to the approach to non-attendance, and assessment processes are being reviewed to shorten the length of time it takes to assess someone and/or accepting assessments from other clinicians/services. First stage treatment groups have been introduced, e.g. Tower Hamlets have a Psychodynamic Group as first treatment and have seen improvements in different outcome measures. City & Hackney and Newham are testing shorter treatment groups as the first stage of treatment rather than individual therapy. There is continued collaborative working in this area as teams continue to test and learn.

• **Improving physical health monitoring**
  This work is aligned with both physical health strategy implementation and the specific work to improve access to health monitoring in community mental health services. The Trust has taken actions to strengthen the delivery of high quality physical health care to the users of mental health services, notably the appointment of a Lead Nurse for physical health, and introducing access to the diagnostics module on RiO. With regards to smoking cessation, two new advisors are now in post, and a monthly smoke free
implementation group is up and running. All Directorates have physical health/wellbeing groups, and physical health training is available that has been tailored for the needs of mental health services. There are a range of local Quality Improvement projects looking at improving specific aspects of physical health for example, improving access to blood testing for people with a learning disability, smoking cessation, improving satisfaction with wellbeing clinics.

The Trust is working to improve the processes and resources available so that all Community Mental Health Teams can physically assess patients to the NHSE standards. All Community Mental Health Teams measure pulse, BP and calculate BMI and all have access to blood testing and ECGs for appropriate patients.

Audits of local arrangements for the collection and processing of samples has been undertaken, under the direction of the Chief Medical Officer. In City and Hackney ELFT has an Service Level Agreement (SLA) with the CCG to employ a Health Care Assistant based in each of the North and South bases. They will carry out physical health checks where indicated and ensure that the data is available in EMIS as well as RiO. Patients will be called into the service from GP practice SMI registers and the ELFT caseload. This service went live in November 2018; there are regular reviews in place to address any issues that have been arising with the new arrangements.

- **Improving access to employment**
  This work forms a central part of the implementation of the people participation strategy, and significant progress has been made this year. This includes ensuring each Directorate has specialised Employment Support Workers linked to Community Mental Health Teams, and that individual Placement Support schemes are in place across all Directorates. The Trust continues to maintain strong links to local Job Centre Plus via people participation leads. Going forward, there is the intention to increase the number of available internal work placements, and extend opportunities through exploring work placements with partner organisations, increasing the number of Peer Support Workers, and increasing the number of Recovery College tutors.

In 2014, the Trust pioneered the use of service user led standards audits (SULSA). This is the audit, carried out by service users, of standards set by service users. After a number of years this innovation is evolving into a unique service user led system of accreditation in which service users will measure standards of care provision that matter most to them. Over 50 service users and clinicians have worked together to develop a brand new accreditation process and associated set of standards that is due to be tested across Bedfordshire and in Tower Hamlets Community Health Services from April 2019.

As well as enhancing our overall understanding of service user experience, this exciting new programme will also:
- strengthen the involvement of service user and carers in helping us improve our services
- help in understanding how well services are meeting the standards that matter most to our service users and identify areas for improvement
- provide a stretch goal for our services to aspire to attain
- recognition and celebrate the meeting of accreditation standards.
Further measures of patient experience:

Data source: EQ-5D patient-reported outcome measure used in community health services.

Community Health Services have been using their ‘Working Together Group’ to bring together clinical staff and service users and carers to co-produce their patient information leaflets. This has been a significant step towards ensuring that the content is both understandable and useful, and this style of working has really helped the service stay close to the needs of their service users and what matters to them.

Data source: Electronic patient experience feedback system used across all sites at ELFT

Respect and dignity form a core part of our Trust values. Through our values based approach to recruitment, continuing that thread through our training and development, and by putting the service user at the centre of what we do, we strive to ensure all of our service users are treated with dignity and respect all of the time.
3.1.4 Achievements and Awards

First Trust To Pledge A Carbon Fuel Free Future

21 March is NHS Sustainability Day and was a fitting time to announce that all electricity used by the Trust will now come from renewable sources. Wind, solar and wave-generated electricity will now power the Trust as part of its pledge to reduce its carbon footprint. ELFT is the first NHS Trust to register with Crown Commercial Services, the largest public sector energy broker, to secure a 100% renewable electricity contract. Strategic work to reduce our carbon footprint was underpinned with a ‘Green ELFT’ campaign encouraging individuals across the Trust to take personal responsibility for promoting sustainability. Green ELFT posters and stickers are displayed at sites across the organisation encouraging staff to think about the small steps they can take to save energy and resources.

Trust Leading The Way in £78m NHS Digital Prescription Programme

The Trust is at the forefront of a national programme to further improve patient safety through the introduction of electronic prescribing and administration (ePMA). ELFT was one of 13 NHS Trusts among the first to receive a share of £78m to support ePMA. The £740k project was piloted at Mile End Hospital in Tower Hamlets, and will be rolled out across all services from early in 2019. The use of ePrescribing removes the need for handwritten prescriptions and dramatically reduces the risks of medication error. It supports the prescribing of the best medication options and improves patient outcomes where medicines are used in treatment.

The Trust is proud of the awards it has won and been nominated for over the last year, here are some of the most significant:

- **2018 Student Nursing Times Awards (May 2018)**
  Student Innovation in Practice Award: 
  *Fern Glenister*

- **RCNi (Royal College of Nursing Institute) Nurse Awards (July 2018)**
  Commitment to Carers Award Winner: The Tower Hamlets Carers Hub 
  *Nasima Begum and Hannah Bjorkstrand*

- **National Mental Health Awards Ceremony (October 2018)**
  Highly Commended: Innovation in community MH services (1) and Quality Improvement (2) 
  *Tower Hamlets Community Learning Disabilities Service* 
  Quality Improvement Award Winner: 
  *The Bridging the Bedford Gap project*

- **FT OUTstanding 30 LGBT Public Sector Executives (October 2018)**
  *Ken Batty, Non-Executive Director*

- **Anna Freud National Centre for Children and Families Awards**
  Best Participation Worker: 
  *Niki Scott, Service User Participation Lead for CAMHS in Bedfordshire and Luton* 
  Best Project of the Year Award: 
  *CAMHS Service Users Film Project*
• **HSJ Top 100 Most Influential People in Health (December 2018)**
  
  *CEO Dr Navina Evans - No 45 of 100*

• **National Unsung Hero Award 2019**
  
  Ancillary Staff Leader of the Year: Amanda Piper, Housekeeper (Newham)

The Trust’s CEO Dr Navina Evans has been named as the second most influential NHS Chief Executive in the country. She is named amongst three female CEO's that are leading this year’s HSJ Top 50 Trust Chief Executive list.

The Chair of the Trust, Marie Gabriel, was awarded a CBE in the Queen’s Birthday Honours in recognition of her services to the NHS and dedication to promoting equality.

### 3.2 An Explanation of Which Stakeholders Have Been Involved

The Trust has a long history of working collaboratively with our service user and carer groups, the Trust Governors and local stakeholder groups. There is significant service user and carer participation in all of the Trusts key overview and reporting mechanisms, e.g. the Trust Board, Quality Committee, People Participation Committee and the Patient Experience Committee meetings.
Bedfordshire Clinical Commissioning Group (BCCG) acknowledges the receipt of East London NHS Foundation Trust (ELFT) Quality Accounts 2018/19, which has been shared for comment. BCCG recognise that Tower Hamlets CCG has been identified as the coordinating commissioner for all commissioner comments, however due to the population size covered for community and mental health services across Bedfordshire, BCCG have provided the following statement of response on these accounts. The Quality Account was shared with BCCGs Medical Director, Clinical Chair, Executive Directors, Performance and Quality teams and systematically reviewed by key members of the CCGs’ Integrated Commissioning and Quality Committee (ICQC), as part of developing our comments.

We have appraised the information provided within the Quality Account and cross referenced data with information that is submitted to BCCG as part of the Trust’s contractual obligation. We have confirmed consistency of data from both sources of information.

ELFT is required to include in their Quality Accounts the Trusts’ performance against National quality indicators. The accounts demonstrate this data has been included.

BCCG is encouraged by the CEOs’ statement of the Trusts Quality Strategy and the opportunity with the addition of Bedfordshire community services to move towards much more integrated care provision. We are aware of the ongoing Quality Improvement (QI) programme of work throughout ELFT and recognise some of the local progress on this and how it has the ability to impact on organisational change and delivery of patient outcomes.

BCCG acknowledges the Trusts outstanding CQC rating and continues to work with the Trust on maintaining assurances of safe services and areas requiring a trust focus. Over the course of 2018 we have seen improvement in leadership and delivery of care in our inpatient mental health wards and flexibility on how bed stock is managed to ensure our patients in need of inpatient mental health beds are predominantly managed in Bedfordshire, close to friends family and loved ones. In addition we continue to work closely on assurances from ELFT with regard to delivery on mandatory training and learning from serious incidents.

A key area of focused work for BCCG and ELFT over 18/19 has been the review of serious incidents in Bedfordshire mental health services and number of unexpected deaths of mental health service users. It is noted that the ELFT quality account reflects only 1 patient death was “more likely than not to be related to problems in the provision of care”.

Bedfordshire community health services have been commissioned from ELFT in conjunction with our local authority in 2017/18 and throughout this period we have been
working with ELFT to assure transformation pace to deliver against the outcomes based agreed contract. We identify the statement within the quality accounts and reflections on 18/19 priorities that quality improvement work for community health is delayed until September 2019 (to allow for staff consultation period). We will be working with ELFT over this period to increase pace where possible on this high priority area to support our wider system collaboration on population health management and service delivery.

The ELFT quality account reflects on priorities for 2018/19 and achievement and progress against these. 18/19 focussed on the Trusts “Big Conversation” and a priority to improve quality of life for all populations served. This work has been underpinned by a strategy which outlines 4 specific aims, Improving population health, Improving patient experience, Improving staff experience and Improving value. We recognise the demonstration of improvement that is outlined in these accounts e.g. service led accreditation of mental health services.

EFFTs quality priorities for 2019/20 are a continuation of the quality strategy priorities outlined in 18/19 and we recognise that a developed structure is in place for measurement and reporting of performance against these priorities.

Bedfordshire Clinical Commissioning Group welcomes the opportunity to comment on this report and looks forward to a new year of working with colleagues at ELFT to monitor the continued Quality and Safety and increased service user input in the wide range of service provision for patients in Bedfordshire community and mental health services.

Anne Murray
Chief Nurse
Bedfordshire, Luton & Milton Keynes Commissioning Collaborative
3.4 Statement from Tower Hamlets Healthwatch

East London Healthwatch response to the ELFT Quality Account

Thank you for giving the Healthwatch of the East London Boroughs the opportunity to comment on the Quality Account (QA). We recognise the pressure and complex areas that health service staff and volunteers work within and would like to thank them for their contribution to the health and wellbeing of our patients, service-users, residents, families and carers.

2018-19 Priorities

We welcome the Trust's progress against its 2018-19 priorities, recognising that service-users have told us that physical health and employment services are two of the key ways to help maintain wellbeing and independence. However, we are also concerned about the impact of universal credit and increasing financial constraints placing greater strain on local residents. Again, an increase in integrated care centres or health and wellbeing hubs that include benefits support would be beneficial.

We endorse the 'next steps' for CAMHS and Adult Mental Health. Service-users consistently tell us of their difficulties with the appointment systems (particularly staff attitude and system difficulties if appointments have to be cancelled), being 'lost' in the systems and the challenges of raising these issues and them being resolved in a constructive manner. In particular, we understand that Newham will be reviewing mental health services, wellbeing and prevention for young people in the next year and we look forward to seeing partners including ELFT can work collaboratively to create a co-ordinated programme of treatment and care. We welcome the opportunities that a growth in community health services will provide for improved service integration.

We note the commitment to vulnerable residents shown in the work with homeless people in Newham, and particularly in enabling peers to be instrumental in delivering this service. We recently gathered insights from 80 people who were homeless and/or suffering from a substance misuse problem in Tower Hamlets. We found that individual services tend to work well (Reset, the ELFT homeless GP service), but services users can feel let down by the system as a whole. A lot of good services don’t add up to a supportive system. Services were not particularly well integrated, particularly for those with co-morbidities, and most find the system quite difficult to navigate with mental health the weakest in terms of access and availability. We think that co-locating services that are aimed at supporting services users with physical and mental health, employment, benefits and financial advice, housing and substance misuse support and social activities and life skills would lead to improved outcomes. Service users who have a named person within the system they can trust and rely on to help navigate between wide-ranging services are more likely to have positive experiences. This may not necessarily be a key worker but someone who they trust, and they feel is knowledgeable and dependable. We therefore welcome the Health Champions for the Homeless project approach in Newham and would hope to see this expanded to other boroughs.
Healthwatch Newham worked with ELFT and Newham CCG to review the patient experience in 7 community health services. Generally, the feedback was positive, but patients consistently reported confusion or lack of information about the appointment system or waiting times. This is key to patients feeling in control of their healthcare.

2019-2020 Priorities

It’s good to see that peer support, a focus on those that are lonely and those that are also carers are part of the priorities. We have significant feedback from service-users about their on-going confusion and distress about community mental health care, eligibility, signing, appointments and liaison with other services and so we welcome the priority on integrated health and social care packages and partnership work. The broader developments in integration, should surely help these service-users who have long experienced and raised these issues and also the staff that work within these complex systems.

The complexity of the referral process, waiting times to be seen and changing staff are frequently cited as contributing to, rather than alleviating, people’s mental health concerns. People report having to go through repetitive assessments before being given a care plan. Providing community navigators who could support both staff and service users to access and navigate a very complex system would be beneficial.

ELFT’s review last year, of service-user experience feedback, is good to see. We also note the low response to the Mental Health Community Service survey. Mental health service-users express their concern at raising issues or taking forward formal complaints, which is perhaps reflected in the CQC rating of ‘Requires Improvement’ for responsiveness for community mental-health services for older adults. This could be an opportunity for ELFT to explore this, focusing on how to develop its engagement with these service-users and improve their confidence in engagement.

Concerns were raised about the implementation of new criteria limiting access for patients to toe nail cutting services as part of ELFT’s commenced delivery of the Tower Hamlets Community Health Services. Following our concerns and recommendations we were pleased to see ELFT facilitated the provision of an affordable toe nail cutting service in the community. We are however, still concerned that the reduction of the service is leading to patients presenting to acute care services with more serious concerns that are more dangerous for patients and more expensive to the care system. Clearer planning and contingencies need to be in place to ameliorate the consequence of any reduction in services on people’s overall health outcomes and an integrated person-centred approach adopted.

From a Healthwatch Hackney perspective we continue to be concerned Hackney families have to now travel to Mile End Hospital to visit their relatives who are patients in the Older People’s Mental Health Wards. However we welcome ELFT’s efforts to support Hackney families’ travel to the hospital and urge it to continue this support. We also welcome the improved quality of treatment, particularly for dementia patients, as a result of the move of provision from Homerton to Mile End. We ask ELFT to continually monitor the level of Older People’s Mental Health beds provision to ensure there is sufficient capacity on the wards for the all the people of East London.

Through its public engagement, when ELFT staff have attended Healthwatch and other community forums and through its own events and development sessions (that often have
good representation from service-users) we know that staff are committed to listening to residents and improving services.

We look forward to working with ELFT in the coming year.
3.5 Statement from NHS North East London Commissioning Alliance

NHS City and Hackney CCG, NHS Newham CCG and NHS Tower Hamlets CCG Joint Commissioner Statement for East London NHS Foundation Trust 2018-19 Quality Account

NHS City and Hackney, NHS Newham and NHS Tower Hamlets Clinical Commissioning Groups (CCGs) are responsible for commissioning Mental Health services from East London NHS Foundation Trust (ELFT) as a consortium on behalf of their population. Each CCG also commissions a range of health services from ELFT individually including community health services in Newham and Tower Hamlets. The CCGs welcome the opportunity to provide this statement on the Trust’s Quality Account. The 2018/19 Quality Account was reviewed by the CCGs and we commend the Trust for engaging with us throughout the review process.

We congratulate the Trust for retaining its outstanding status following the Care Quality Commission (CQC) inspection of some of its services earlier in the year. ELFT as an organisation prides itself as a leader in the area of innovation with its Quality Improvement (QI) programmes. The Trust has our support for its thorough approach to quality improvement. The involvement of service users in QI projects, further demonstrates its strength and commitment to embedding evidence based practice across its care and service provisions. The yearly QI event organised by the Trust, which brings various stakeholders in the health economy under one roof to share learning and experience, is a testament to ELFT’s commitment to excellence. It is positive that ELFT is an expanding organisation and as this expansion occurs, it is important that we are assured that the Trust has a good oversight of the local and organisational pictures to ensure no pockets of poor quality practice go unidentified or unaddressed.

As identified by the Trust, we feel there is improvement required in the areas of incident reporting, staff wellbeing, bullying/harassment/physical violence against staff and musculoskeletal problems. These areas have been persistent sources of concern for staff over the last couple of years. We appreciate that the Trust is committing resources to address these concerns but we feel it would be useful to adopt a more innovative and inclusive programme of engagement with staff going forward in order to reverse the trend. In addition, the Trust experienced overwhelming challenges in capturing staff training data in 2018/19 and we look forward to a better system of capturing data in 2019/20. The transition of young people from Child and Adolescent Mental Health Services (CAMHS) into adult services remains an area that is challenging for the Trust given that a significant percentage of those transitioned in 2018/19 did not meet their transition goals and objectives post transition. We expect a more systematic and robust
approach in addressing this challenge. The commissioners look forward to seeing improvement in the way outcome measures are recorded for service users in 2019/20 particularly in the Psychological Therapy Services across the three boroughs.

We support the Trust’s quality priorities for 2019/20:

- Improved population outcomes
- Improved patient experience
- Improved staff experience
- Improved value

We recognise that the implementation of these priorities will positively improve the quality of life of the population they serve. We will therefore continue to work collaboratively with the Trust and constructively challenge them as required to ensure the full delivery of these priorities.

We confirm that we have reviewed the information contained within the Quality Account and checked this against data sources where this is available to us as part of existing quality and performance monitoring discussions and that it is accurate in relation to the services provided.

NHS City and Hackney, NHS Newham and NHS Tower Hamlets Clinical Commissioning Groups.

Jane Milligan
Accountable Officer

NHS North East London Commissioning Alliance
(City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)

Senior Responsible Officer North East London Sustainability and Transformation Partnership
3.6 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Chief Quality Officer, Dr Amar Shah, on 020 7655 4000.

A copy of the Quality Report is available via:
- East London NHS Foundation Trust website (http://www.eastlondon.nhs.uk/)
- NHS Choices website (http://www.nhs.uk/Pages/HomePage.aspx)
2018/19 Statement of Directors’ Responsibilities in Respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Report) Regulations to prepare Quality Report for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Report (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting <annual 2018/19 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2018 to May 2019 papers relating to quality reported to the Board over the period April 2018 to May 2019
  - feedback from commissioners dated 17 May 2019 (Bedfordshire CCG) and 23 May 2019 (North East London Commissioning Alliance)
  - feedback from Governors discussed at planning meetings held during February and March 2019
  - feedback from local Healthwatch organisations dated 24 May 2019
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - the national patient survey within Quality Report
  - the national staff survey within Quality Report
  - the Head of Internal Audit’s annual opinion of the Trust’s control environment dated April 2019
  - CQC inspection report within Quality Report
- the Quality Report presents a balanced picture of the NHS foundation trust’s performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
• there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

• the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

and

• the Quality Report has been prepared in accordance with NHS Improvement’s Annual Reporting Manual and supporting guidance (which incorporates the Quality Report regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

Signature

Marie Gabriel CBE
Chair

Date

Signature

Dr Navina Evans
Chief Executive

Date
The Trust's postal address is:

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Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact the Communications Department on phone 020 7655 4066 or email elft.communications@nhs.net