

QUALITY ACCOUNT 2018/19

Cog Selection of local indicator for external assurance

| Name | | Date | |
|------|--|------|--|
|------|--|------|--|

| Number | Indicator | Pick 1 only for external assurance | | |
|---------------------------|---|------------------------------------|--|--|
| LOCAL INDICATORS FOR ELFT | | | | |
| Patient Safety | | | | |
| 1 | Serious Incidents | | | |
| 2 | Incidents of physical violence | | | |
| 3 | Occurrence of pressure ulcers | | | |
| Clinical Effe | ctiveness | | | |
| 4 | Response to urgent referrals to EPCTs | | | |
| 5 | Physical health checks for patients under CPA | | | |
| 6 | Patients under CPA who smoke | | | |
| Patient Experience | | | | |
| 7 | Patients who would recommend the service | | | |
| 8 | Patients report being treated with dignity and respect | | | |
| 9 | Community Health Patients given easy to understand information about their care and treatment | | | |

Please return your completed form after the Council meeting or by close of business on Friday 1st February 2019, to:

Email: norbert.lieckfeldt@nhs.net

Phone: 020 7655 4167

Post: Membership Office FREEPOST RTKB-ESXB-HYYX East London NHS Foundation Trust Robert Dolan House 9 Alie Street London E1 8DE