




East London
NHS Foundation Trust



QUALITY ACCOUNTS
2023/24

East London NHS Foundation Trust

Contents

Our Services

Part 1 – Statement on Quality

- 1.1 Statement on Quality from Lorraine Sunduza, Chief Executive
- 1.2 Statement on Quality from Dr Amar Shah - Chief Quality Officer

Part 2 – Priorities for Improvement and Statements of Assurance

- 2.1 Reflections on 2023/24 – progress against priorities
- 2.2 Quality Priorities for the coming year – looking forward to 2024/25
- 2.3 Participation in Clinical Audit
 - 2.3.1 National Audit
 - 2.3.2 Performance against the NHSE Learning Disability Improvement Standards
 - 2.3.3 Trust audit activity
 - 2.3.4 Internal accreditation
 - 2.3.5 External accreditation
- 2.4 Research and innovation
- 2.5 Regulatory Compliance – CQC Inspection
- 2.6 Learning from deaths
- 2.7 Staffing
 - 2.7.1 Staff Engagement
 - 2.7.2 Raising concerns – freedom to speak up
- 2.8 Goals Agreed with Commissioners - CQUINs
- 2.9 Data security and quality

2.10 Reporting against core indicators

- 2.10.1 NHS England indicators
- 2.10.2 Single oversight framework
- 2.10.3 CPA
- 2.10.4 Data Quality Maturity Index reporting

Part 3 – An Overview of Key Dimensions of Quality

- 3.1 An overview of key dimensions of quality
 - 3.1.1 Patient safety
 - 3.1.2 Clinical effectiveness
 - 3.1.3 Patient experience
- 3.2 Quality achievements and awards
- 3.3 An Explanation of Which Stakeholders Have Been Involved
- 3.4 Statements from Integrated Care Boards
- 3.5 2023/24 Statement of Directors' Responsibilities

If you require any further information about the 2023/24 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000

Contact with the Trust





Services and Developments 2023/24

Our Services

East London NHS Foundation Trust (formerly East London and The City University Mental Health NHS Trust) was originally formed in April 2000. In April 2007, the Trust was awarded university status in recognition of the extensive research and education undertaken in the Trust. On 1 November 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006.

In February 2011, we integrated with community mental health services in Newham making us a healthcare provider of both mental health and community health services.

In 2015, we became the provider of mental health, substance misuse, learning disabilities and psychological services for Bedfordshire and Luton. Two years later, on 1 April 2017, Tower Hamlets community health services became part of the Trust. This was followed by community health services in Bedfordshire joining the Trust on 1 April 2018.

More recently, we have expanded into primary care services. In 2020, Leighton Road Surgery in Leighton Buzzard, and Cauldwell Practice in Bedford, both in Bedfordshire joined us. They joined our other primary care services in Newham (Transitional GP Practice), Health E1 (Tower Hamlets) and The Greenhouse (Hackney) - primary care GP practices specialising in support for homeless people.

In October 2023, we welcomed two new GP practices to the Trust based in Luton: Kingsway Health Centre and Bramingham Park Medical Centre. The two practices have more than 30 staff and provide care to more than 16,000 members of the Luton community.

On 1 April 2024, four practices from North East London joined the Trust: Victoria Medical Centre in Barking, Five Elms in Dagenham, Rainham Health Centre in Rainham and Upminster Medical Centre in Upminster.

We are an 'anchor organisation.' in that we stay in our location over time and have influence over our local communities. Working as an anchor organisation means we have a unique opportunity to improve the health of our communities through procurement, as an employer, through use of our land and buildings and by being environmentally sustainable. We aim to provide benefit to the local community as much as possible throughout our work as a Trust.

We provide a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, the London Boroughs of Hackney, Newham, Tower Hamlets, and to Bedfordshire and Luton.

In addition, we provide:

- Forensic services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, and some specialist mental health services to North

London, Hertfordshire and Essex including Forensic Personality Disorder Service in North London

- Primary care services through two GP practices in Bedfordshire, two in Luton, three GP practices in east London that support homeless people with complex issues, and four GP practices in North-east London.
- A social enterprise in Tower Hamlets in partnership with Compass Well-being CIC.

Our specialist mother and baby psychiatric unit receives referrals from London and the south-east of England.

We provide local services to an East London population of 900,000 and to a Bedfordshire and Luton population of 820,000. We provide forensic services to a population of 2 million in North-East London. East London and Luton are among the most culturally diverse parts of the country but are also among the most deprived areas. 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 health and community health services.

And we operate from over 120 community and inpatient sites, employs over 6500 permanent staff and has an annual income of just under £640 million.

We have structured our mental health services in relation to their geographical location to enable them to link easily to local services and be part of a place-based approach to improving the health of local communities. Community health services in Newham, Tower Hamlets and Bedfordshire are managed as one directorate. Our specialist services directorate encompasses child and adolescent mental health services (CAMHS), specialist children's services in Newham, talking therapies services in Newham, Tower Hamlets, and Bedfordshire, and specialist addiction services in Bedfordshire. Our forensic inpatient and community services are managed in one forensic services directorate. Corporate functions are housed in a single corporate services directorate. Our people participation team also comprise a directorate.

There is also a range of services provided in the community via our community mental health teams, home treatment teams, crisis resolution teams, rehabilitation teams, rapid response and admission avoidance teams. The Trust aims to provide people with alternatives to admission, where appropriate, and to provide treatment, care and support outside of a hospital setting.

We are part of a CAMHS Provider Collaborative involving a partnership with Barnet, Enfield & Haringey Mental Health NHS Trust (BEH), NELFT, The Tavistock & Portman NHS Trust and The Whittington Health NHS Trust. We also work closely with NELFT to make optimum use of adult health care resources to ensure that people can be cared for locally where possible.

With the greater emphasis on Integrated Care Systems (ICS), much of our work and the way services are provided is in collaboration with partner organisations such as fellow NHS Trusts, local authorities, other public bodies and the voluntary sector.

Our Trust Strategy

The ELFT Board commissioned a refresh of the Trust strategy in early 2021. Building on the previous strategy and retaining the mission to improve the quality of life for all we serve, the latest Trust strategy for 2021-2026 is set out below.

Our Mission is:
To improve the quality of life for all we serve

Our Vision:
We will work with our partners to deliver on our commitment to person-centred coordinated mental and physical health care, to improve the health and wellbeing of the communities we serve, to recover from the pandemic and to promote social justice...

Our Promise
As part of our continuing commitment to the way in which we work together in our mental health, community health and primary care services, and with our partners, we promise:

- To work together creatively
- To learn what matters to everyone
- To achieve a better quality of life
- To continuously improve our services

Our Organisational Treasures
We believe our strengths as an organisation will support us on our journey, including:

- People Participation
- Quality Improvement
- Our Diversity & Approach to Inclusion
- Our Kind & Caring Staff
- Our Clinical Leadership

Our Values Are:
We Care
We Respect
We are Inclusive

The ELFT Strategy

NHS East London NHS Foundation Trust
elft.nhs.uk
NHS_ELFT
East.London.NHS.Foundation.Trust
NHSELF

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.

Mission
What is our role in society

Strategic Outcomes
What are the biggest factors that will help us achieve our mission?

Specific Objectives
What do we need to work on, for each of our strategic outcomes, to achieve our mission?

To improve the quality of life for all we serve

- Improved population health
- Improved experience of care
- Improved staff experience
- Improved value

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups
- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities
- Develop and embed trauma-informed approaches into clinical practice and in our work with communities and partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities
- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste

Our 'organisational treasures'; People Participation, Quality Improvement, Our Diversity, Our Staff and our Clinical Leadership really are the key enablers for delivering our strategic objectives. To support delivery, the Trust has strengthened its annual planning process. Year on year we are doing more to support implementation, align priorities with system partners, work in collaboration with our communities and partners, always striving towards continuous improvements in everything we do in order to deliver our strategy, and in support of wider Integrated Care Systems strategic objectives.

Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

The central aim of an ICS is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. Integrated care systems (ICSs) have been tasked with four main objectives:

- 1 To improve **outcomes in population health** and healthcare
- 2 To tackle **inequalities** in outcomes, experience and access
- 3 To enhance **productivity** and value for money
- 4 To help the NHS support broader **social and economic development**.

The Trust is a member of two ICSs, North East London (NEL), and Bedfordshire, Luton and Milton Keynes (BLMK). Each ICS has an established set of strategic priorities.

NEL

Our purpose:

“We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.”

Our flagship priorities:

Children & young people

- to make NEL the best place to grow up

Mental health

- to improve the mental health and well being of the people of NEL

Employment & workforce

- to create meaningful work opportunities for people in NEL

Long-term conditions

- to support everyone living with a long-term condition in NEL to live a longer, healthier life

Our operating principles:

- Improving quality and outcomes
- Securing greater equity
- Creating value
- Deepening collaboration

BLMK

Our Strategic Priorities





Part 1 – Statements on Quality

1.1 Statement on Quality from Lorraine Sunduza - Chief Executive

Quality Improvement underpins every activity we undertake here at East London Foundation Trust. We work in a culture where we never stand still, using our organisational treasures of co production, clinical leadership and equity, diversity and inclusion. There is always new information - new learning, research findings, qualitative and quantitative data - new knowledge that we must be alert to and apply to ensure that we provide safe and high-quality care to our communities.

This way of working always involves the people closest to the work and makes ELFT an exciting place to work, where being curious and open are key qualities, and thinking together about processes and systems is second nature.

Of course, the real experts in how we perform are the patients/service users and carers who use our services, so in this report, you will see that we rarely embark on a project, change or system review without these key partners.

Finally, I would like to pay tribute to all our staff who work assiduously to raise and maintain standards, and to our Quality Improvement Directorate who educate us, coach us and encourage us to be the best that we can be.

Lorraine Sunduza OBE
Chief Executive Officer

1.2 Statement on Quality from Dr Amar Shah - Chief Quality Officer

I am pleased to introduce the Quality Accounts for East London NHS Foundation Trust for 2023/24.

The report summarises our work to provide assurance about quality of care – through a variety of mechanisms, such as clinical audit, service user-led accreditation, service user feedback, external accreditation schemes and feedback from CQC inspection. This year, we have extended the standards of our service user led accreditation programme through the introduction of a platinum award, with a number of teams aspiring to, and achieving, this excellent rating. We have also seen our first inpatient unit with all wards now having achieving service user-led accreditation.

The report also outlines the work of our teams to continue improving the quality of care they are providing, through the application of quality improvement (QI). 2024 marks ten years of quality improvement at ELFT, bringing a structured and systematic approach to complex problem-solving, with greater autonomy and ownership of teams to understand and improve quality of care, together with greater service user involvement and leadership. The depth of skill and infrastructure built over the ten years has allowed us to tackle our biggest challenges through this approach.

In 2023/24, all 52 of our inpatient wards have been involved in a ground-breaking quality improvement programme focused on improving therapeutic engagement and the reliability of observations. This 18-month effort involved creative idea generation and testing, leading to three change concepts being tested in different environments and then implemented at scale. The results contained in this report are impressive, in both improving reliability of observations and seeing improvement in a number of safety indicators. This work is likely to be the first of its type globally, and is a true testament to the value of staff and service users working together to truly understand a complex quality issue, coming up with ideas that they think might work, and using the systematic method of quality improvement to test and scale, with close skilled support.

2023-24 has also seen a number of challenges, with frequent periods of industrial action, and waiting lists for a number of services remaining high despite the introduction of creative ideas and continuing efforts to maximise capacity within the resource available.

The availability and accessibility of data and information at all levels of the organisation, from individual clinicians, teams, directorates and the Trust board, continues to improve, enabling teams and leaders to use an understanding of variation to inform daily decision-making.

The organisation's approach to quality is characterised by the appetite to continuously learn. The report contains details of how the organisation is responding to findings from targeted CQC inspections, from significant safety incidents during 2023/24 and our progress with the new approach to patient safety. The year ahead includes ambitious plans to apply our quality improvement approach to the topic of system flow, which we know is a significant challenge at the moment, and on the topic of equitable access to services, with far greater non-attendances to appointments being related to people who live in areas of greater deprivation. The continued vigilance, and preoccupation with safety and quality on a daily basis, is a hallmark of ELFT's commitment to learning and improvement.

Dr Amar Shah
Chief Quality Officer



Part 2 – Priorities for Improvement and Statements of Assurance

This annual Quality Accounts provides the platform to share both our progress and achievements during 2023/24 and our plans and priorities for 2024/25.

In this section the Trust updates on progress on delivering our priorities for improvement for 2023/24, along with statements of assurance from our Trust Board.

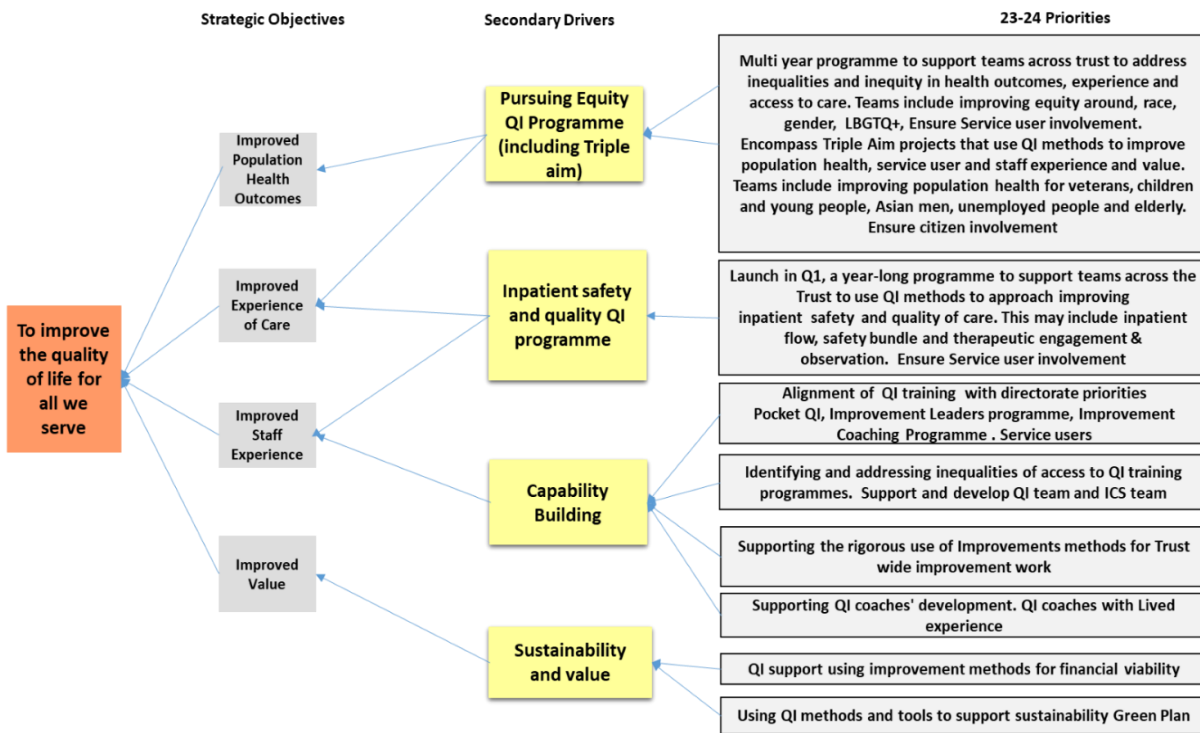
During 2023/24 the Trust provided and/or sub-contracted 172 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 166 of these relevant health services. The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by the Trust for the year.

2.1 Reflections on 2023/24 – Progress Against Priorities

As set out in last year's report, the annual plan QI for 2023/24 focused on the following priorities aimed at progressing our aim to improve the quality of life for all we serve:

- Pursuing Equity QI Programme
- Inpatient Quality and Safety Programme
- Capability Building
- Improving Value

The Trust's quality improvement plan (below) demonstrates how Quality Improvement (QI) work across the Trust was organised to support delivery of the Trust's annual plan. This section of the report summarises progress in delivering the 2023/24 plan. Two large-scale improvement programmes, on equity, were successfully delivered and are starting to see results. The report provides several stories from teams working on equity and inpatient quality and safety, the ideas they tested, and the results that are starting to emerge.



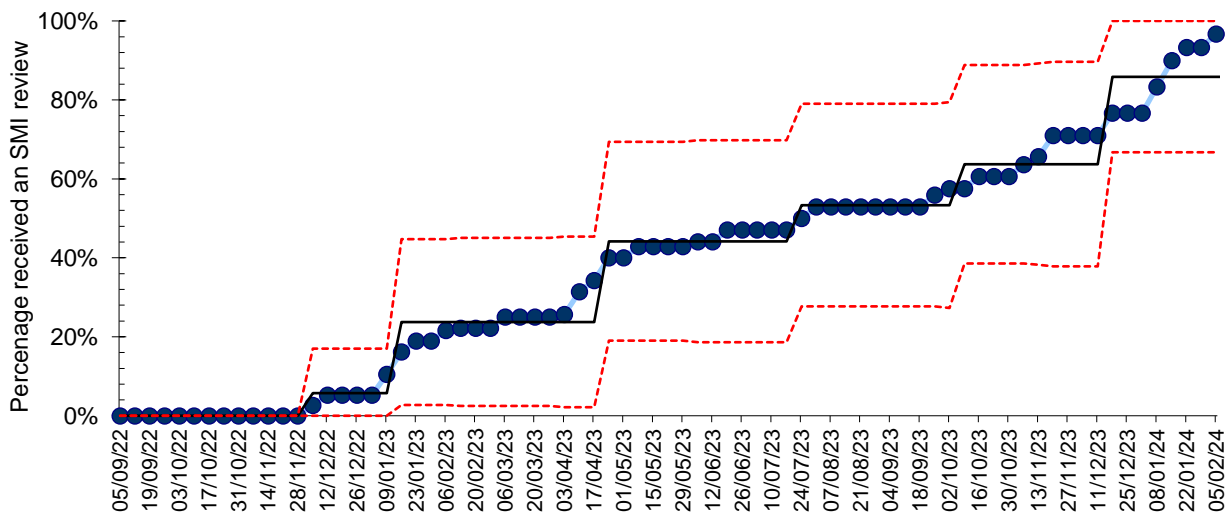
Improved Population Health Outcomes

Pursuing Equity QI Programme

In 2023 the trust launched Phase 2 of the pursuing Equity QI programme designed to bring together a range of teams working on local equity issues as part of a learning system. 23 teams are currently part of the programme and tackling a range of issues including. 16 of the team are currently actively testing change ideas, with the remainder working to understand the issue and develop a theory of change. 18 of the 23 teams currently have active service user involvement in the projects. Teams have been coming together every quarter as part of a series of learning sessions, designed to help them share their learning, get support from others on challenges and hear from external guests working on tackling inequity nationally and internationally.

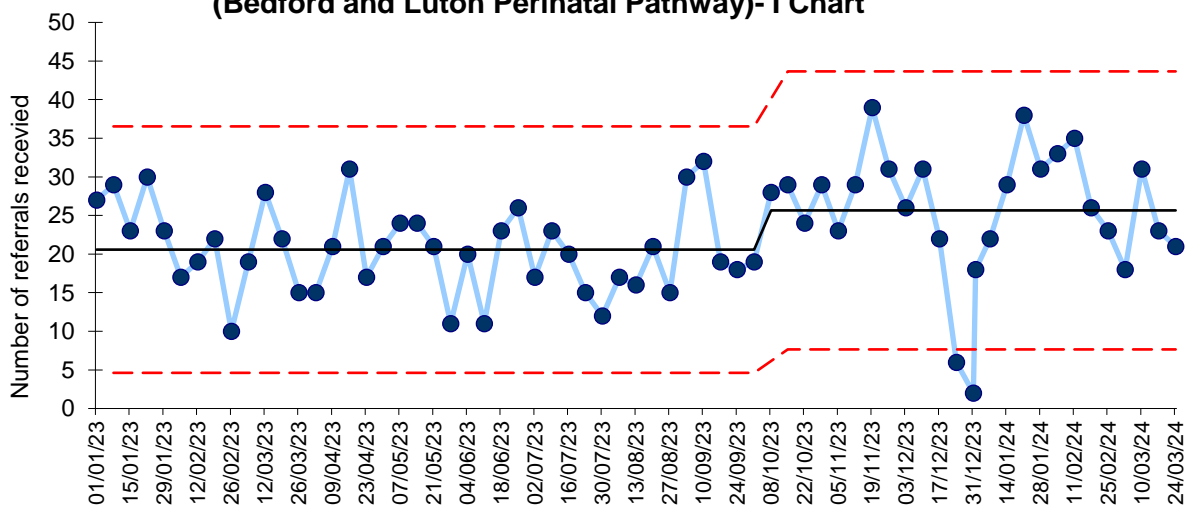
Hatters Health Primary Care Network in Bedford and Luton have increased the number of people with a serious mental illness (SMI) who have received physical health checks from Black, Asian and minority ethnic backgrounds to 87%. The team have worked to test several change ideas including sending text message reminders to service users, sending an SMI letter reminder, and offering home visits to service users who might otherwise find it difficult to reach the practice.

Percentage of Minority Ethnic Service Users receiving an SMI review (Hatters Health PCN) - P Chart



A team from Bedford Crisis Pathway and Perinatal service have been working to increase the number of women accessing perinatal services. So far the team have tested three main change ideas including improving the information about the service on their website, producing an animated promotions video and undertaking jointly worked clinics between themselves and midwifery colleagues. So far there has been an increase in the number of women accessing the service by 19% from an average of 21 to 25 people each week.

Number of referrals received (Bedford and Luton Perinatal Pathway)- I Chart



In Tower Hamlets Community Health Services, the Advanced Care Planning team have been working to improve end of life care for the Bangladeshi Community. Despite 34.5% of the local population being Bangladeshi, only 19% of people accessing the service are from this population group. The team have partnered with local members of the community and a mosque to offer drop-in session on end-of-life care to the community. They are now partnering with two GPs from Cambridgeshire who have run a similar project. The team have also recorded a podcast for local GPs to raise awareness of the service.

ELFT's forensic services are running a directorate wide project to reduce racism, based on the success of a project undertaken on East India Ward in 2022. The team have used a range of QI tools to help them understand the problem, building a theory of change in the process. Current change ideas being tested include anti-racism awareness and support at local induction and introducing a racism action plan as part of regular supervisions. The team have been collecting data on the number of staff experiencing racism via a short weekly survey.

Equity Work across the Integrated Care System

EFLT is a member of two Integrated Care Systems, Bedfordshire, Luton and Milton Keynes (BLMK) and Northeast London (NEL). Between August 2022 and September 2023, ELFT provided QI expertise through the hosting of an Improvement Advisor who worked across the system to support the application of QI to projects, teams and priorities focused on inequalities. This involved directly coaching team teams to use QI to work on inequalities and developing bespoke training in QI for people tackling inequalities. One of the key achievements from this work was the development of the Learning Disabilities and Autism strategy that followed the ELFT QI method. Through this, the programme team narrowed down an area of focus to reduce premature death and improve wellbeing outcomes for people with Learning Disability and Autism, a measurement plan, a governance system for the work and ideas to start testing.

Between October 2022 and March 2023, ELFT hosted two Improvement Advisors who supported equity work in Tower Hamlets and Newham - coaching QI projects, delivering QI training and establishing a learning network. The work in the London Borough of Newham supported 13 projects, including the Weight Management Service Live Well Newham project. This project aimed to address the low completion rates among men from South Asian backgrounds in Newham's Weight Management Service. The team tested a new approach whereby men attending the programme were offered short catch-up sessions with a health coach to improve retention rates by offering personalised support. During the work in Newham 94 members of staff outside of ELFT were trained via a bespoke one introduction to QI training based on ELFT's pocket QI course.

The work in Tower Hamlets supported 10 QI projects across three core themes of clinical effectiveness, workforce inequalities, and service user access and experience. One notable project was the Women in Motion project which successfully enhanced employment opportunities for Somali women in the NHS and healthcare sectors. 53% of participants became GP receptionists and 47% joined the NHS bank. Tailored employability programmes, including training and mentorship, significantly boosted participants' motivation, confidence, and skills.

Improved Experience of care

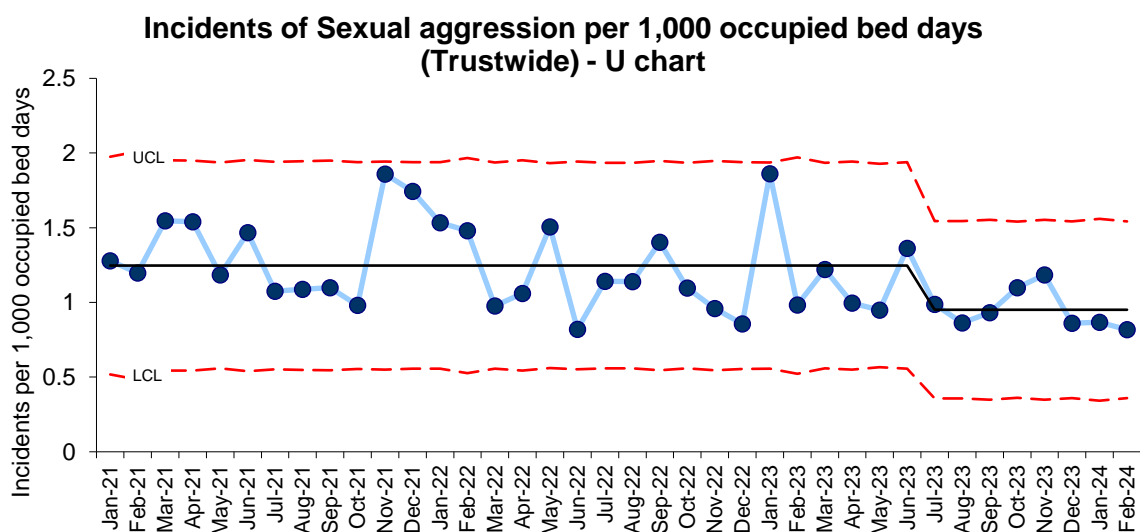
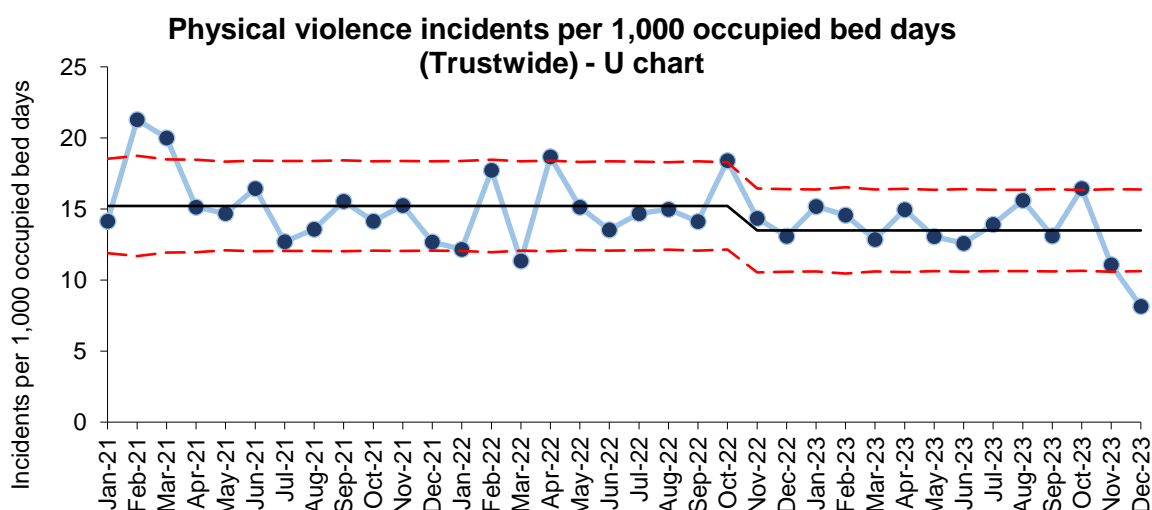
The Inpatient Quality and Safety improvement programme began in November 2022, and represents the trust's largest ever quality improvement programme. All inpatient units were engaged in work in two key areas; to reliably implement the ELFT safety culture bundle, and test ideas to improve the reliability of observations and therapeutic engagement.

The therapeutic engagement and observations part of this work demonstrated how all 52 inpatient mental health wards across the trust are using QI at scale, involving staff and service users to help solve complex quality issues identified in serious incidents and Prevention of Future Deaths notifications. Each team developed a local driver diagram and change ideas which were tested using Plan Do Study Act Cycles (PDSA). A standardised measurement plan was agreed across all teams, with data displayed over time on statistical process control charts to understand if

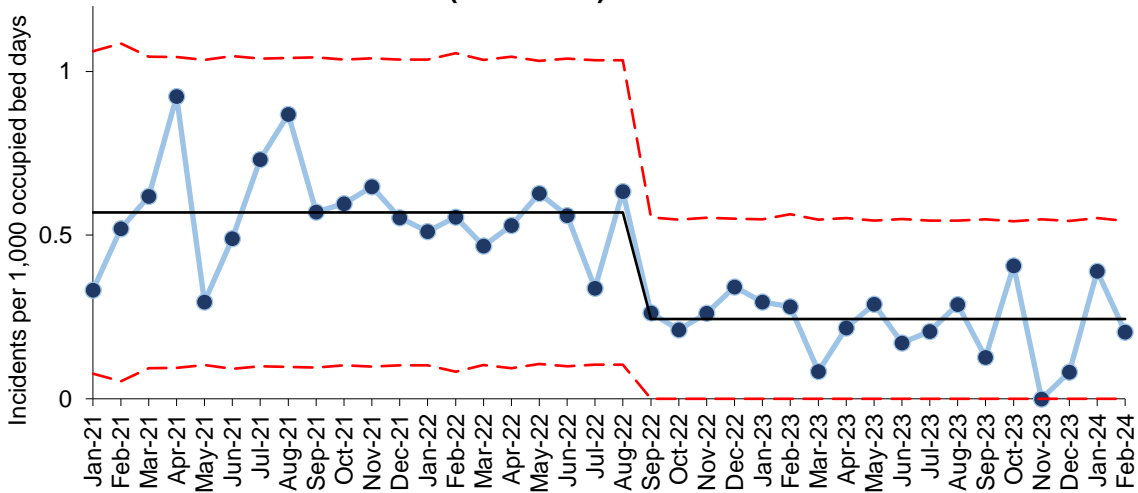
change was leading to improvement. The Trust's business intelligence team helped develop a dashboard for the work, which was available transparently to all staff, in real-time, within PowerBi.

Twenty-five change ideas were co-produced and tested with service users locally. In September 2023, staff and service users came together as part of a series of regular trust wide learning sessions to agree three ideas which they believed could be tested for scale up across all wards in the trust. These include a board relay, where staff hand over a physical board with observation documentation; zonal observations, where nursing staff are assigned a zone to engage with service users; and the use of Life Skills recovery workers on Twilight shifts (2 - 10pm) to conduct therapeutic activities with service users. The team at the original test site produced standard guidance to assist other wards in testing for scale-up.

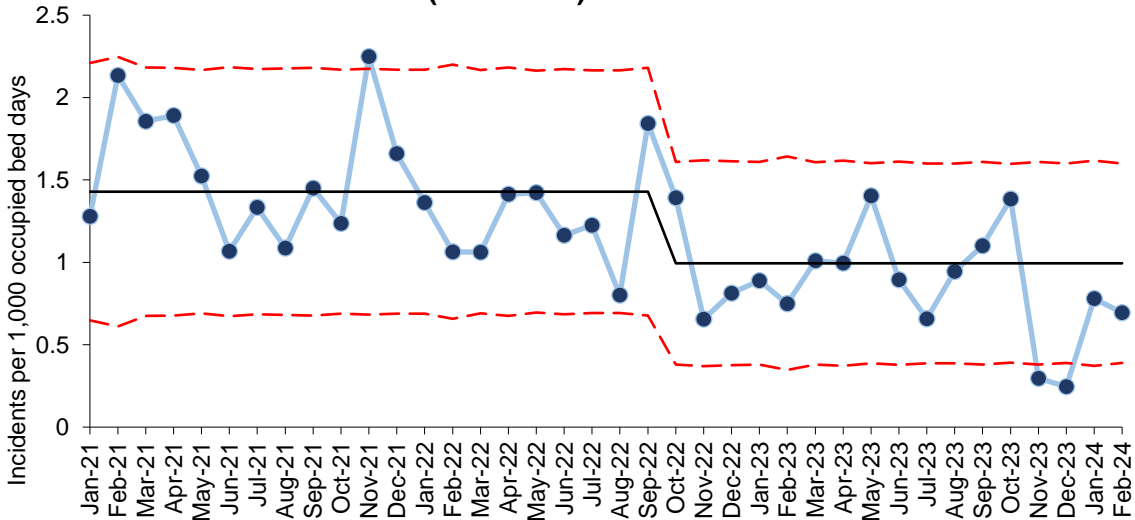
Over the course of the work there been sustained improvement trust wide in observation completion, and several measures of violence and restrictive practice.



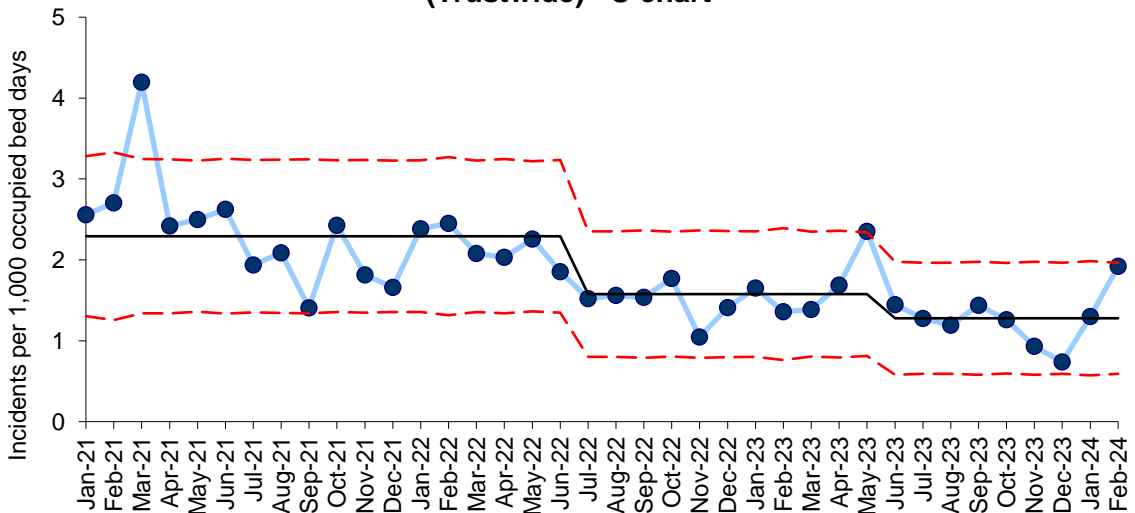
**Racial aggression incidents per 1,000 occupied bed days
(Trustwide) - U chart**



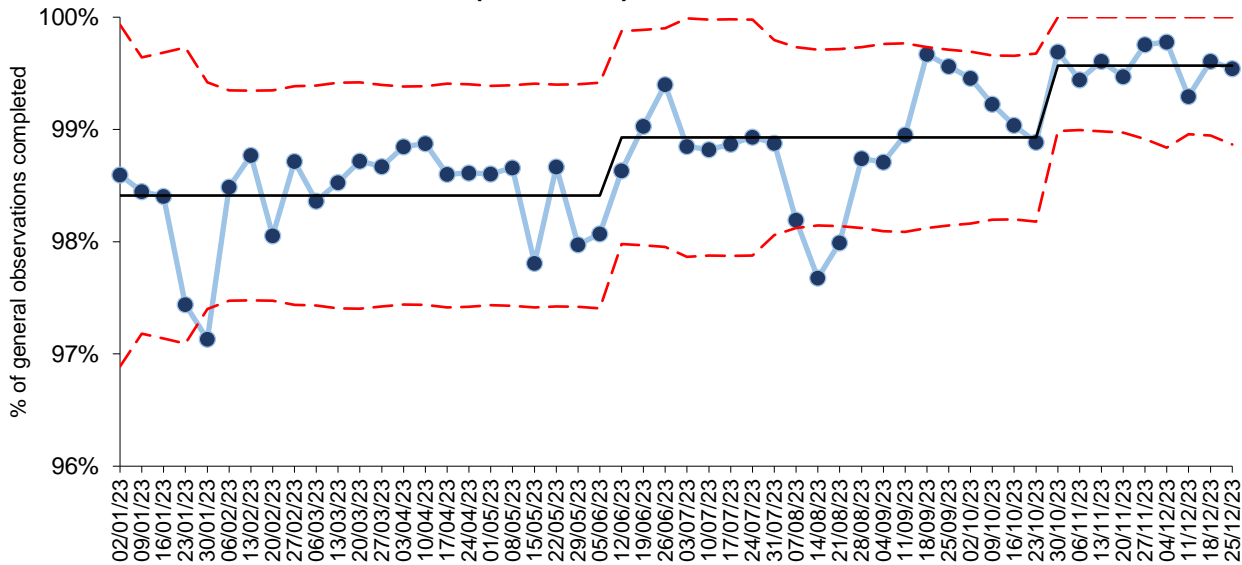
**Verbal aggression incidents per 1,000 occupied bed days
(Trustwide) - U chart**



**Incidents of prone restraint per 1,000 occupied bed days
(Trustwide) - U chart**



Percentage of general observations completion (Trustwide) - P' Chart



The ELFT safety culture bundle was first developed as part of work to reduce violence on inpatient wards from 2013 onwards. It consists of four interventions, the Broset Violence Checklist (BVC), a dynamic risk assessment tool designed to predict incidents of violence; the Safety Cross, a daily data collection tool to enhance transparency and data ownership across the ward; Safety Huddles, which are structured, safe, and brief meetings to convene, share concerns, and plan action; and finally, Community meetings for service users and staff to discuss safety on the ward. Teams have been supported to develop plans to implement these four elements across all inpatient services. A key component of this work is the use of visual management boards. These are quality control tools that consolidate data on all aspects of the safety culture bundle. Directorates have been supported to develop these boards locally to suit their context.

Improved Staff Experience

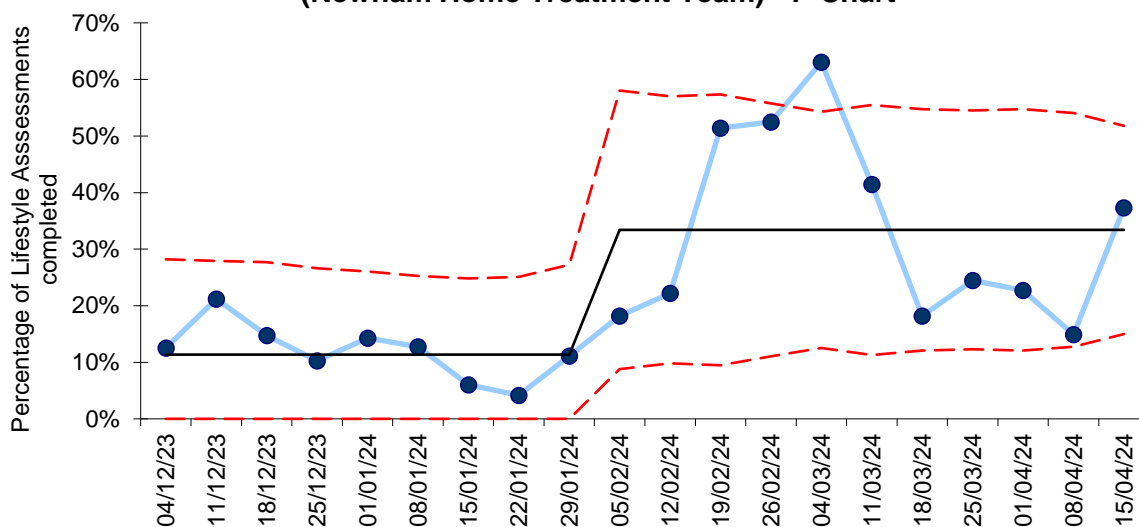
Building capability in QI skills is an important part of developing and maintaining a culture of QI across the Trust. Through 10 years of capability building at ELFT, the trust has trained over 6394 people in a variety of different QI skills. The trust offers three main capability building programmes which are accessible to staff and service users based on their need for skill development.

Pocket QI, the Trust’s one-day foundational QI training is accessible to all staff and service users and supports them to quickly be able to apply QI to complex issues that require improvement in their local area. Training is provided in both London and Bedfordshire and has on average 66 graduates each month, with 704 people completing the course in 2023/2024. Of those completing, 95% would agree or strongly agree that they would recommend the course to others.

In April 2024, 150 staff and service users graduated from the six-month long Improvements Leaders Programme (ILP). This supports attendees to lead teams to progress with their improvement work in their areas. Over 80 teams displayed their work on the final day of programme. The Newham Home Treatment team has been working to improve the completion of physical health monitoring for service users on their caseload. As a result of testing change ideas including a staff reminder to complete physical health checks and pharmacy involvement in

directing check completion, the team has seen an increase from 11.36% to 33.40% of people on the caseload with a lifestyle assessment completed.

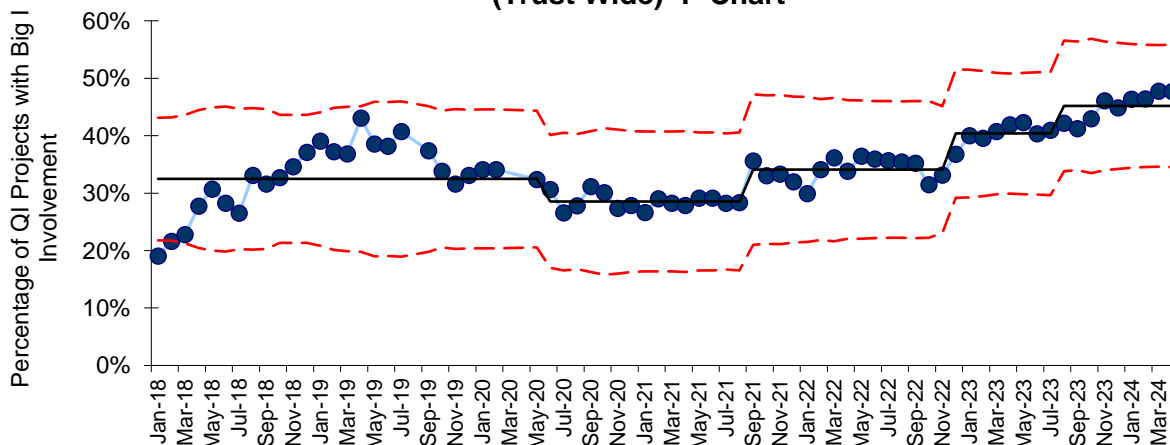
**Percentage of Lifestyle assessments completed
(Newham Home Treatment Team) - P Chart**



In March 2024, 41 staff and service users graduated from the Improvement Coaching Programme (ICP), a six-day course running over six months equipping QI coaches with a deeper knowledge in improvement science so that they can support and guide teams working on QI projects.

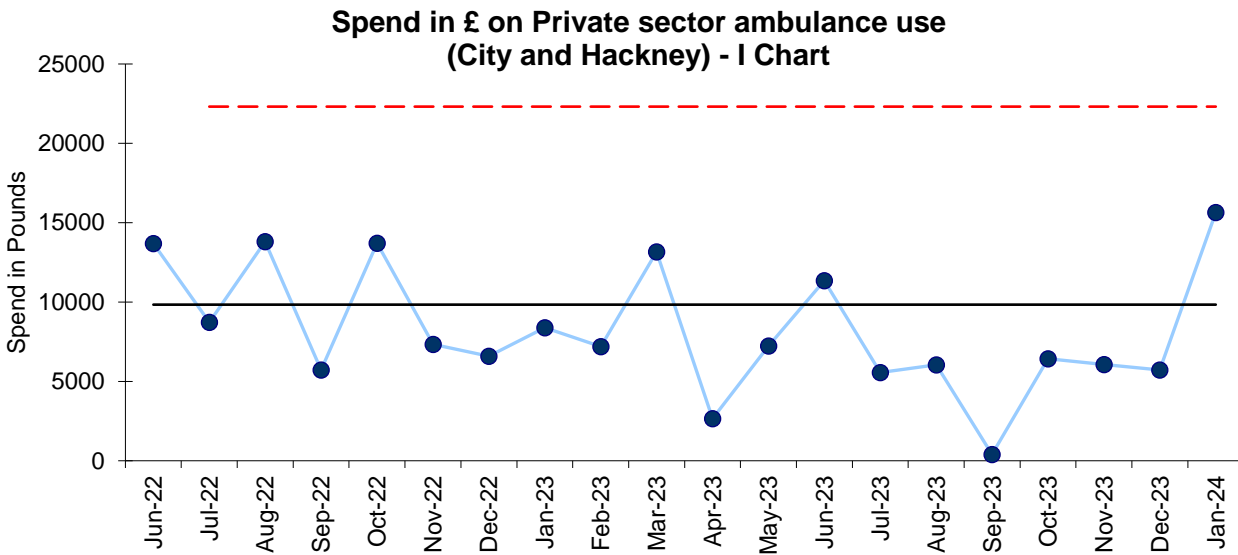
The involvement of service users and carers in QI work across ELFT continues to deepen. The pandemic saw a reduction in meaningful and authentic “Big I” involvement which is defined as full and true partnership between staff and service users in improvement work. 45% of QI projects have service users who are either leading or are active members of QI projects across the Trust, with most other QI projects demonstrating service user involvement in a more ad-hoc or occasional way. Several factors are contributing to this, including continuing efforts to support service users to attend QI training, stronger collaboration between the QI and People Participation departments, and clearer processes at directorate level for enabling service user involvement from the very outset of improvement efforts.

**Percentage of Projects with Big I Service User Involvement
(Trust Wide)- P Chart**



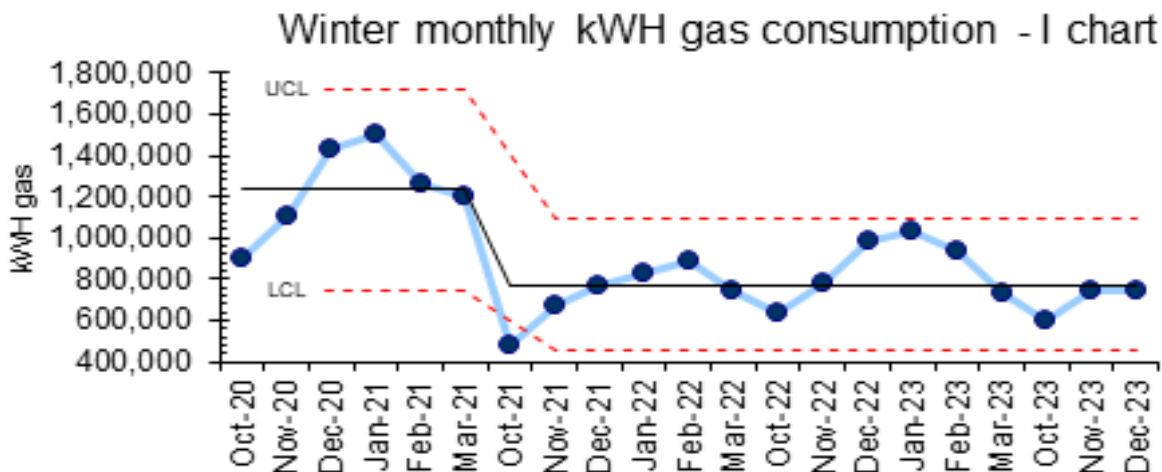
Improved Value

Presently, there are 190 QI projects across the Trust, each contributing value in various forms. QI projects focus on improving how services are delivered and received, and the experience of people interacting with them. Among these, some contribute to a demonstrable improvement by improving productivity, and through cost reduction and cost avoidance. Around 10% of current projects have a focus on direct cost reduction and cost avoidance. Examples of cost reduction projects include reducing indwelling catheter use in Newham and reducing private ambulance spend in City and Hackney.



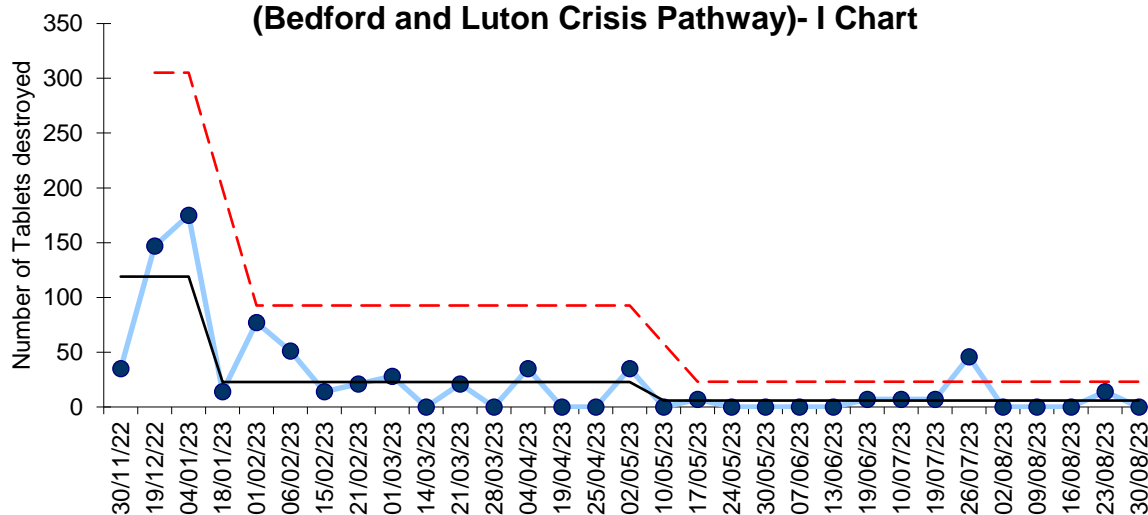
Environmental Sustainability

Trust wide there has been work to improve environmental sustainability, with service users, carers, communities, staff and partners, collaborating to use quality improvement methods to reduce direct greenhouse gas emissions by 40% by 2025 and indirect emissions by 40% by 2036. At a systems level, much work has been done to switch to using 100% renewable energy, make improvement to insulation and windows across the organisation’s estate, agile working and estates optimisation to reduce heating usage and increasing remote consultations where possible. This has resulted in a 37% reduction in gas consumption in the winter months.



At a local level, Bedfordshire and Luton Mental Health Crisis pathway has seen a 95% reduction in medication waste, going from 119 tablets destroyed every two weeks to just 5.9 tablets destroyed every two weeks. Change ideas tested included staff training sessions on medication waste, texting and calling service users to collect medication and changes to the home visit template. This equates to an annual carbon reduction equivalent to travelling 210 miles in a car and an estimated cost saving of £517 over the course of the work.

**Number of Tablets destroyed Bi-weekly
(Bedford and Luton Crisis Pathway)- I Chart**

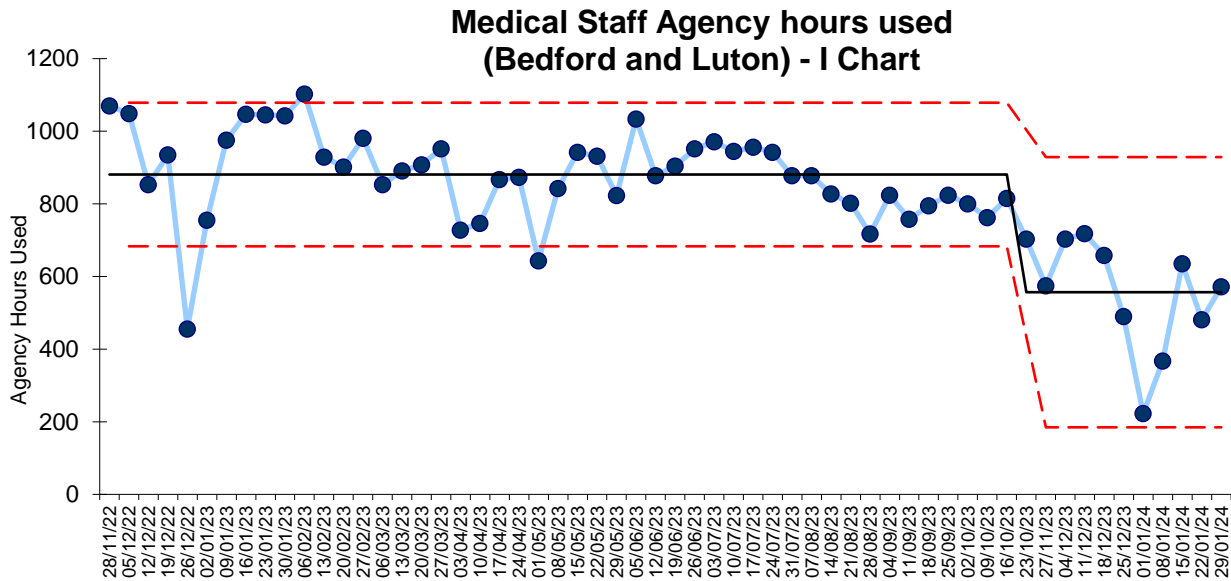


In Newham Community Health services, the MSK team worked to increase the number of walking aids recycled each month. The team tested several ideas including creating a poster to highlight the importance of recycling and setting up a walking aid drop off process. The team increased the number of walking aids recycled from 0 to 6 each week resulting in an estimated cost saving of £3474 over the course of the project.

Reducing the use of temporary medical agency staff

Work has also been underway to reduce the use of temporary agency medical staff in Bedfordshire and Luton to improve recruitment and retention of doctors. A team comprised of medical consultants, People and Culture and a service user have been testing a range of change ideas including improving the quality of job descriptions and advertisements, alongside more effective use of social media networks to improve promotion. The team have also considered the diversification of roles, exploring the use of Physicians Associates where appropriate, and developing a process for recruiting specialist grade doctors.

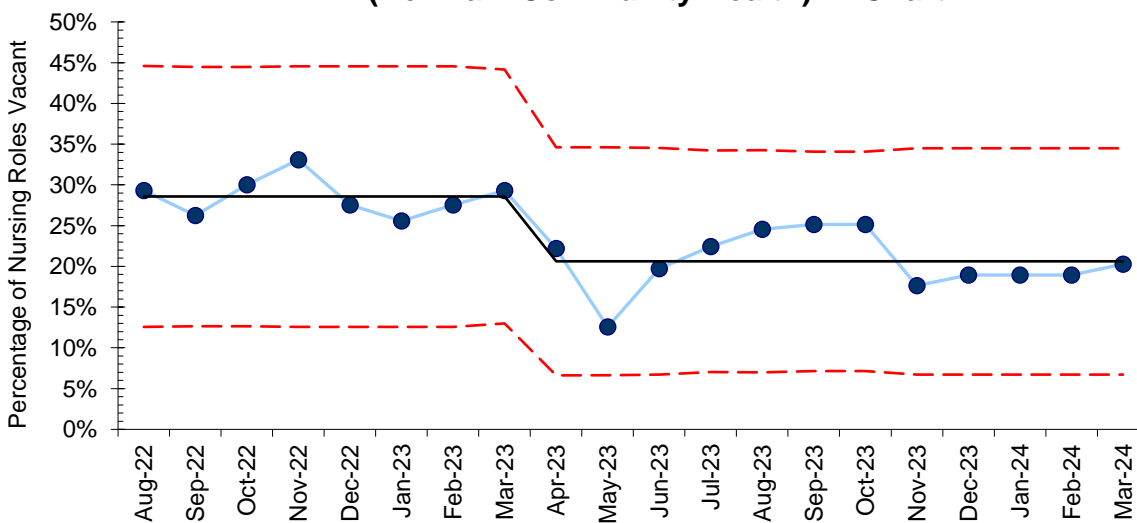
Links have been formed with specialist global agencies and networks such as the British Association of Physicians of Indian Origin to help place international Specialty and Specialist (SAS) grade doctors at ELFT. So far there has been a 35% reduction in the weekly number of agency doctors' hours in Bedfordshire and Luton, from an average of 880 to 567 each week.



Reducing nursing vacancies

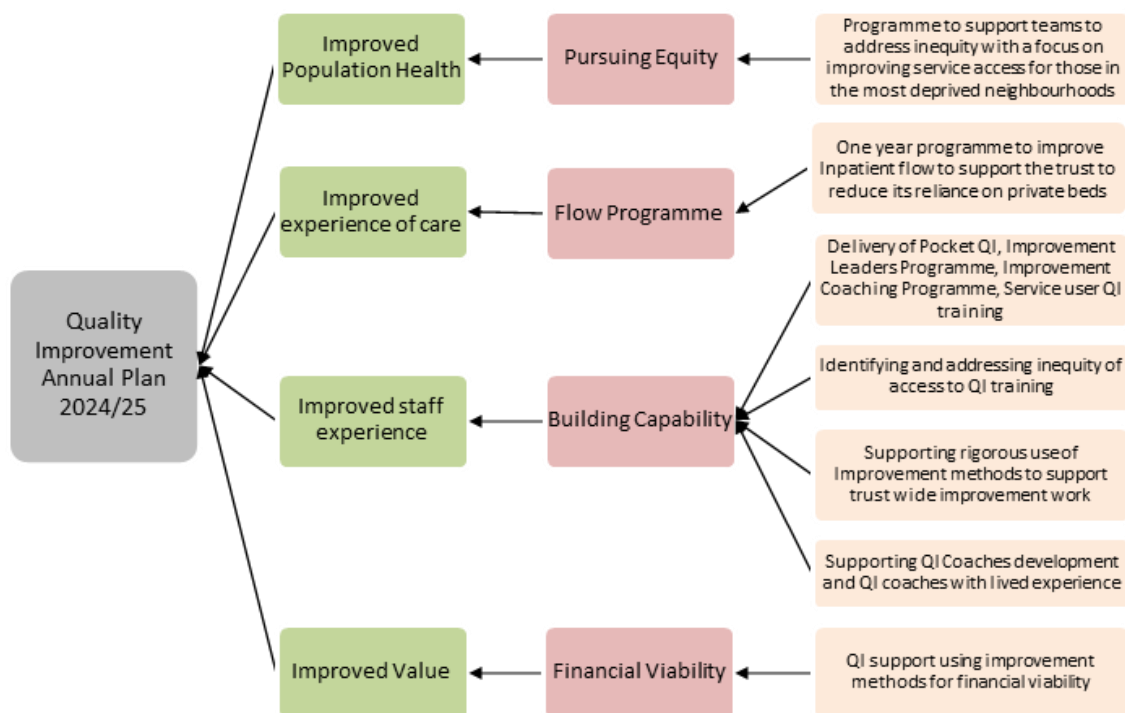
Work is underway across the Trust to reduce nursing vacancies through improving nursing workforce stability. This involves looking at recruitment, retention, and workforce planning. A team comprising lead nurses from across the Trust, the People and Culture department, Communications team, People Participation, and informatics are working together to identify high impact change ideas to take forward. The team have mapped local improvement efforts across the Trust so that they can scale up and spread what works. The team have co-developed a list of high impact change ideas which each lead nurse has taken away to test in their local area and bring back the learning to the project team. In Newham Community services, there has been a reduction in the number of Band 5 and 6 nursing vacancies from 28.5% to 20% each month

**% of band 5 and 6 nursing roles vacant
(Newham Community Health) -P Chart**



2.2. Quality Priorities for the coming year – looking forward to 2024/25

The driver diagram below sets out the priorities for the coming year, and shows how quality improvement projects across the Trust links to the key strategic priorities for ELFT and the annual plan for 2024/25.



In order to support improved population health phase 3 of the pursuing equity programme will be launched in September 2024 and focus on closing the gap in appointment access between ELFT service users living in the most and least deprived deprivation deciles. Currently 30 teams from across the trust have been identified to take part in the programme and will be supported to develop project teams. The second large scale quality improvement programme for 2024/25 will be work to support the trust to reduce reliance on private sector bed use via an Inpatient Flow programme, delivering improved patient experience, and improved value through concurrent reduction in cost. Wave 14 of the ILP will begin on October 2024 and Cohort 10 of the ICP will begin in September 2024. Work is underway to consider the accessibility of training in terms equity of access amongst staff groups, alongside the development of an online introductory QI learning module to be hosted via the trusts ELFT Learning Academy.

2.3 Participation in Clinical Audits

2.3.1 National Audit

Throughout 2023/24, ELFT participated in 4 national clinical audits. A list of these are below, along with the organisation that relevant data was submitted to.

Description of National Audit/Confidential Inquiry	Submitted to
Prescribing Observatory for Mental Health UK (POMH-UK) Topic 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Royal College of Psychiatrists
National Audit of Dementia (NAD) Memory Services Spotlight Audit 2023/24	Royal College of Psychiatrists
POMH-UK Topic 16c: Rapid Tranquillisation	Royal College of Psychiatrists
NCAP (NCAP) Early Intervention in Psychosis (EIP) 2023/24	Royal College of Psychiatrists

A breakdown of the number of teams involved and cases submitted is displayed in the table below where available. Each national audit is assigned a clinical lead who oversees and supports data collection, and is also responsible for the sharing back of audit findings and identifying actions for improvement.

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION		LEAD
	Teams	Submissions	Organisations	Submissions	
POMH-UK Topic 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	2	28	57	7915	Dr Waleed Fawzi
NAD Memory Services Spotlight Audit 2023/24	5	251	Report not yet published	Report not yet published	Dr Waleed Fawzi
POMH-UK Topic 16c: Rapid Tranquillisation	30	167	Report not yet published	Report not yet published	Dr Paul Gallagher
NCAP EIP Audit 2023/24	4	380	Report not yet published	Report not yet published	Dr Olivier Andlauer

The report for the NCAP EIP Audit 2022/23 was published in May 2023. ELFT take part in the NCAP EIP audit annually. All four Early Intervention Services in the Trust participated with a sample size of up to 100 cases and a contextual questionnaire per team. The findings were discussed locally by participating services and the clinical lead presented a summary of the findings and next steps to the Trust Quality Committee in Summer 2023.

According to the [Early Intervention in Psychosis Scoring Matrix](#), overall 3 teams were scored 'performing well' and 1 team as 'needs improvement'. All services were found to be 'performing well' or 'top performing' in relation to recording outcome measures (average 71.5%, range 53%-97%) and service users taking up supported employment and education programmes (average 36%, range 21%-54%).

All 4 services were scored 'needs improvement' for carers taking up carer education and support programmes (average compliance 40%, range 27%-47%). In response to these findings, teams developed action plans to increase engagement in carer support locally. City & Hackney EQUIP and Tower Hamlets EIS restarted local carer and family support groups to reengage carers. Newham EIS recruited an assistant psychologist to increase the amount of intervention and support available and invited all their carers to face to face and remote carer groups. Bedfordshire & Luton EIS reviewed their pathways and frequency of offers to carers and developed new leaflets to share with carers about what is on offer. The team are also working on capturing data more effectively in future.

Carrying out physical health reviews and providing relevant interventions was an area identified as 'requires improvement' for 2 teams; City & Hackney EQUIP and Tower Hamlets EIS. In response, both teams discussed how best to increase compliance and implemented changes. Tower Hamlets EIS began undertaking a local QI project which resulted in notable increases in physical health monitoring and interventions. City and Hackney EQUIP began using PowerBI to track physical health monitoring. Newham EIS also implemented changes to drive up their performance in this area which included recruiting a Healthcare Assistant to work 1 day per week and development of a new system for tracking patient's physical health monitoring which improved their local process.

3 of 4 teams scored 'performing well' for uptake of Family Interventions (FI), yet reported taking actions to drive further uptake. Tower Hamlets EIS have put in place regular local family support groups and Bedfordshire & Luton EIS reviewed their uptake of FI and have moved to a model of opt out rather than opt in. They also reviewed their information leaflet for families. Newham EIS scored 'needs improvement' in this area and in response have started a QI project to improve uptake of Family Interventions, rolled out FI training to their whole team and created a Family Interventions Lead post within the team to dedicate more time and resources to increase engagement.

The report for POMH Topic 22a on the use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services was published in February 2024. The clinical lead decided ELFT should not include data from community services. 2 of a possible 4 inpatient services participated in the audit with a combined final dataset of 28 cases. National benchmarking was based on data from both inpatient and community settings and sample submitted was small therefore comparability was limited. Despite this, the findings highlighted that reviewing and documenting side effects is an area requiring improvement for both services. Teams are in the process of discussing the findings locally and are developing an action plan to encourage consistent reviews and documentation of side effects going forward. The findings and next steps will be presented to the Trust's medicines committee.

3 national audit reports are yet to be released. The NAD memory services spotlight audit report is due to be published in August 2024 followed shortly by local reporting. Reports for POMH-UK Topic 16c on Rapid Tranquillisation and the NCAP EIP Audit 2023/24 will be published in September 2024.

2.3.2 Performance against the NHS England Learning Disability Improvement Standards Year 5

The NHSE and NHSI Learning Disability Improvement Standards were launched in 2018 by NHS Improvement to ensure the provision of high quality, personalised and safe care from the NHS for the estimated 950,000 adults and 300,000 children with learning disabilities as well as the 440,000 adults and 120,000 children with autism across England. These standards were designed together with people with learning disabilities, autistic people, family members, carers and health professionals, to drive rapid and substantial improvements to patient experiences and equity of care. (National Benchmarking Network)

The four standards that Trust's performance is measured cover:

1. Respecting and Protecting Rights
2. Inclusion and Engagement
3. Workforce
4. Specialist Learning Disability Services

The first three standards are universal and apply to all areas in all Trusts submitting a completed benchmarking tool. The fourth standard applies specifically to Trusts commissioned to provide specialist services to meet the needs of people with a learning disability and autistic people. There is a data collection tool that is provided to bring together both qualitative and quantitative data. In addition, there is a staff survey and a service user survey that are distributed across participating teams.

The Trust receives a bespoke report from the NHS Benchmarking Network which demonstrates both compliance with the standards and also data that reflects where ELFT are performing in comparison to other Trusts across England.

ELFT are awaiting the Year 5 results, however, a number of areas for development have progressed since the Year 4 outcomes.

Progress includes the implementation of the Mandatory Training for Learning Disability and Autism, with Tier One available to the target audience.

The Trust is now able to disaggregate data for Autistic people without a Learning Disability, however, this is work in development and requires data cleansing and more awareness around accurate diagnosis.

The Trust is also working as part of the wider North East London MHLDA Provider Collaborative (Mental Health, Learning Disability and Autism), to understand admission patterns for people with a learning disability and autistic people – the first stage of this is a Deep Dive on the rate of admissions, readmissions, length of stay and identifying any demographic patterns.

2.3.3 Trust Clinical Audit Activity

During 2023/24 the Quality Assurance team continued to facilitate the Trust-wide Clinical Audit programme. Audits were conducted in three cycles that took place in June, October, and February.

The Clinical Audit Programme consists of a mixture of pharmacy related audits, infection control audits, and directorate specific audits. All audits are listed below, along with a breakdown of where they are reported to and which directorates they apply to.

Audit Priority	Lead Committee	Directorate
Medication Audits – Controlled Drugs, Safe and Secure Handling of Medication, Transcribing Procedures and Clinical Use of Medication	Quality Committee / Medicines Committee	All
Infection Control Audit	Quality Committee / Infection Control Committee	All
15 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All

One medicines audit, the Controlled Drugs audit, continues to be audited 4 times per year, at the start of each quarter, as per regulatory requirements.

All Directorates have their own Directorate Audit standards.

The Trust continues to have a clear process to support learning and drive improvement from the clinical audit programme. All audit results are communicated to Directorate Management Teams, Audit Leads, local Quality Assurance Leads and Lead Pharmacists. Local Audit Leads disseminate audit results after each audit cycle and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Agreed priorities and associated actions are expected to be logged on a local action tracker. Each action has an allocated owner who is responsible for completing the action and updating the tracker accordingly. Action trackers are made visible to the Directorate's Quality Assurance Manager.

A good example of this is the Forensics directorate where action plans are recorded on a live tracker in the directorate team's channel, visible to the Quality Assurance Manager. Actions are monitored in Clinical Improvement Group meetings. The Forensics Quality Committee has oversight. The audit comprises standards on Electronic Monitoring and Enhanced Observations. Teams have been working to improve compliance around enhanced observations and have reported actions to drive improvements in this area. For example, Victoria Ward reported low compliance for reviews taking place and have therefore allocated a responsible person to have 1:1s with each patient and ensure this is documented on RiO. The ward Clinical Nurse Manager will monitor progress and escalate to the Matron if needed. Other wards took the topic of enhanced observations to their away days to remind staff of the importance of completing 24 hour nursing reviews and improving documentation on RiO. With regards to Electronic Monitoring, teams who showed low compliance in this area documented actions including, ensuring this was a topic of discussion at ward away days and Clinical Improvement Group meetings to remind staff

of the importance of ensuring all consent forms are uploaded to RIO and ensuring staff are using the correct ward round template which prompts on Electronic Monitoring.

Another example is from the Coborn Inpatient Unit within the CAMHS Directorate. Based on the results from their Directorate audit, it was decided that Responsible Clinician & Matron would do fortnightly young person clinic surgery thereafter Responsible Clinician would document it on RiO and Matron & Responsible Clinician would also ensure the capacity/consent form is completed by discussing this in daily Senior Management group huddle. It was also agreed that to ensure formulation for young person is completed within 2 weeks, the matron & core team need to ensure this is discussed and planned in ward round.

Where Directorates have clear processes to agree, document and monitor actions, it enables teams to monitor improvement. The Talking Therapies directorate have continued to work on driving up compliance in paired scores being recorded on the appropriate Anxiety Disorder Specific Measures. Teams provided training to staff, carried out monthly checks of cases to ensure diagnoses are recorded accurately and had a recurring agenda item at the Senior Management Team meetings. They have seen a significant increase in compliance as a result of implementing actions in response to audit findings.

Similarly, in the Newham Community Health Services directorate, care plans and documents were not being consistently completed. The directorate has created checklists and staff had space to discuss it in their supervision. This led to an improvement in compliance.

Tower Hamlets Mental Health directorate are an example of where discussion of the findings may lead to necessary improvements in the process such as developing guidance. Following participation, teams review audit results and discuss actions at local meetings. This is overseen by the Tower Hamlets Clinical Governance Coordinator. Actions are recorded on a Governance Tracker, leads and deadlines are agreed and progress against actions is monitored by the Clinical Governance Coordinator. In discussions regarding audit results, teams raised there was a lack of clarity around what quantified sufficient evidence of family contact and individuals were unsure where to find next of kin details therefore, actions were agreed for the directorate Clinical Governance Coordinator to work with services to develop guidance to provide clarity and ensure consistency.

Further, a review of the process and standards may be needed where participation is not proving meaningful. The Lead for Quality and Compliance in Bedfordshire Community Health Services recently led a review of their local directorate audit standards that had been in place for over 3 years. The standards were no longer measuring what mattered most to services or the Directorate Management Team. The audit was revised to ensure standards were aligned to current quality priorities. The first cycle of this new audit will take place in June 2024. The directorate are hopeful this will result in increased engagement and meaningful actions being taken forward.

During 2023/24 the Quality Assurance team began implementation of a new platform, InPhase, for collecting and reviewing audit data. The platform will streamline internal processes, giving staff across the organisation immediate access to their data. This is a great improvement, as previously staff received audit results 3 weeks post data submission. InPhase will also increase transparency across the organisation as all staff have access to the platform and use it for other governance and quality assurance processes.

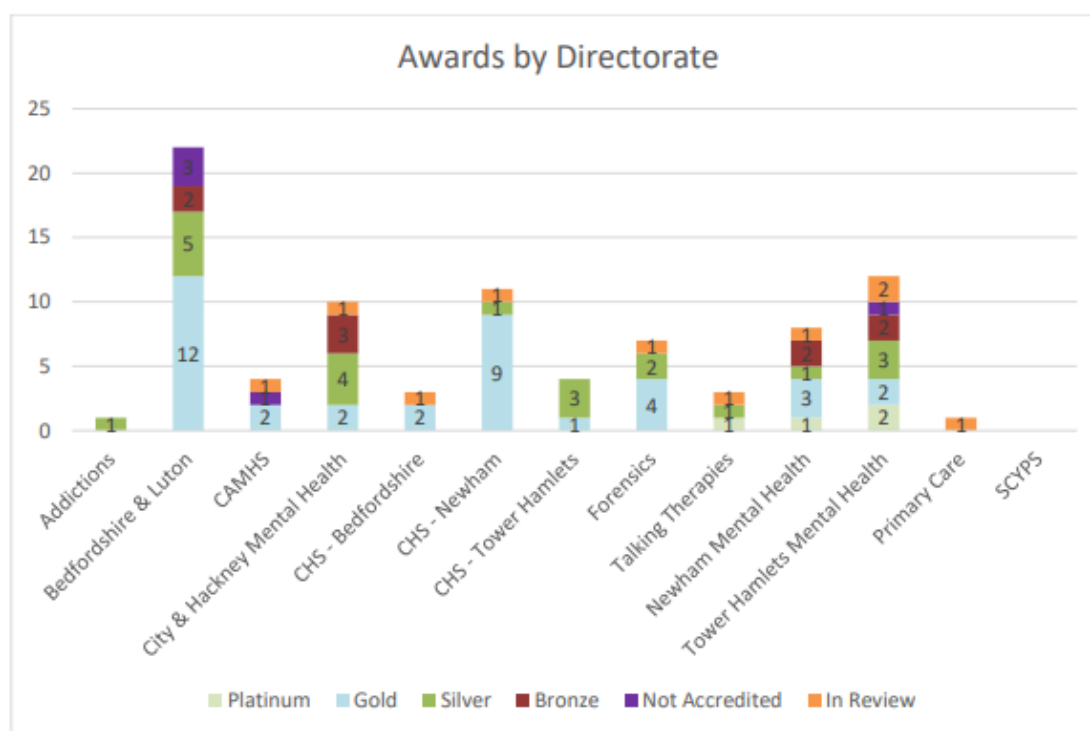
2.3.4 Service User Led Accreditation

The Service User Led Accreditation programme, launched in 2019, has continued in 2023/24. The process consists of a self-assessment against service user defined standards for excellence, followed by a visit by service user assessors to test the self-assessment and assess compliance with the standards. Following the visit, an Accreditation Panel award the service Gold, Silver or Bronze award.

The Quality Assurance team worked with service users, carers and staff to review all of the standards in the programme, and further develop a set of 6 standards which would form a new 'Platinum Award' for high achieving services. Services need to achieve Gold and meet 4/6 of the additional standards to achieve Platinum.

Outcome of assessments

The accreditation awards to date are summarised below. All services are made aware of the programme and encouraged to participate through their relationships with Quality Assurance Managers in each directorate, and also general communications across the trust. Participation is tracked by the Quality Assurance Strategy Team and reported to directorates in a bi-annual report.



Outcome of Assessments by Directorate

Whilst some of the Specialist Services directorate appear to have low participation, their numbers are proportionately similar when size of directorate is taken into account. Additional efforts to engage teams within directorates with proportionately lower participation have led to 7 SCYPS service currently undertaking the programme for the first time and for 6 additional services from Bedfordshire Community Health Services to undertake the programme.

The Platinum Award was introduced into the programme in May 2023 and the first services eligible for this award were presented to Accreditation Committee and the January 2024 Panel. Of the 6 services to attempt to achieve a Platinum Award 4 succeeded. They are Newham Home Treatment Team, Newham Talking Therapies, Stepney and Wapping CMHT, and Tower Hamlets Early Intervention Service. At the April 2024 Panel, a further 7 services succeeded in their attempt to achieve a Platinum Award. They are Continence BCHS, Tissue Viability Service CHN, Bedfordshire Talking Therapies, Tower Hamlets Early Detection Service, Topaz Ward (Newham Mental Health), Clerkenwell Ward (Forensics) and Health E1, our first Primary Care Service through the programme. We will be exploring the impact of the programme via storytelling, and contacting the aforementioned services to arrange interviews.

Impact of the programme

One example of how Services have used the process to improve is the work done by the Newham Talking Therapies, from the Talking Therapies Directorate. Despite being one of the first services to achieve a Platinum Award this service rapidly made changes to how they make service users aware of how to make complaints or contact the service with issues, queries, or concerns. Before undertaking accreditation this information was available in their welcome pack but Assessors reported that the service users interviewed would like this information available on clinic sites. The service now keeps colour leaflets with their contact details and their complaints pathway in therapy rooms. The service report that services users actively take these leaflets, having to replenish them every two weeks, but have not seen an increase in the number of complaints.

The Tissue Viability Service, in the Community Health Newham Directorate, are another example of a service that has quickly adopted suggestions made by assessors in order to improve. This service initially scored 'Partially Met' on Standard 7.1, "The Service provides service users with information to aid their recovery", and on Standard 8.3, "The Service can demonstrate that it works with People Participation and can direct service users to the local People Participation Lead". As part of their recommendations to improve against these standards Assessors suggested implementing a check list to be used in appointments to ensure issues like housing, benefits, and employment, as well as People Participation opportunities, were discussed with service users. In response the service has amended their template care plan to ensure both these things are discussed with service users, and then recorded on care plans.

We have continued to host regular 'Assessors Together' sessions each quarter to discuss any issues with assessors directly. Assessors fed back that reports were difficult to use with not enough space to capture feedback legibly against each question asked. This led to assessors making less notes and making it more difficult for lead assessors to draft comprehensive reports. In response to this, one assessor voluntarily re-designed the handbook around focus groups, rather than standards, allowing for more space for notes. This amended handbook was presented to assessors at an Assessors Together meeting and it was agreed to start using it on future visits.



We are continuously improving and developing the programme, which is a main QA priority for the next year. We will continue to collaborate with clinical teams and our service users to review and develop our processes.

2.3.5 External Accreditation

Many Wards and Teams within in the Trust are Members for Royal College Quality Networks and a number of them have achieved Accredited status (denoted by * below).

Accreditation scheme	Location	Members
	Bedfordshire & Luton	Ash Ward Coral Ward Crystal Ward Onyx Ward Willow Ward*
	Newham	Ivory Ward Opal Ward Sapphire Ward
	Tower Hamlets	Brick Lane Ward Roman Ward
	Bedfordshire & Luton	Bedford Child and Adolescent Mental Health Service Luton Child and Adolescent Mental Health Service
	City & Hackney	City and Hackney Child and Adolescent Mental Health Service
	Newham	Newham Child and Adolescent Mental Health Service
	Tower Hamlets	Tower Hamlets Child and Adolescent Mental Health Service
	East London	Galaxy Ward, Coborn Centre Coborn Centre GAU
	Bedfordshire & Luton	Evergreen Unit
	Tower Hamlets	Bethnal Green CMHT

Accreditation scheme	Location	Members
	East London	Tower Hamlets ECT Clinic*
	Bedfordshire & Luton	Luton ECT Suite*
	City & Hackney	City and Hackney Memory Service*
	Luton & Bedfordshire	Luton Memory Assessment Clinic*
	Newham	Newham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
	Bedfordshire & Luton	Bedford Psychiatric Liaison Service
	City & Hackney	Homerton Psychological Medicine
	Tower Hamlets	Tower Hamlets Mental Health and Psychological Medicine Team
	East London NHS Foundation Trust	East London NHS Foundation Trust
	Community	
	Bedfordshire and Luton	Bedfordshire and Luton Perinatal Mental Health Service
	City & Hackney	City and Hackney Perinatal Outpatient Service*
	Tower Hamlets	Tower Hamlets Perinatal Service
	Inpatient	
	City & Hackney	Margaret Oates Mother and Baby Unit
	Bedfordshire and Luton	Jade Ward
	City & Hackney	Bevan Ward

Accreditation scheme	Location	Members
	Newham	Crystal Ward (PICU)
	Forensics	Clerkenwell Ward Shoreditch Ward
	Forensics	John Howard Centre
	Bedfordshire & Luton	Luton and South Bedfordshire Crisis Team
	City & Hackney	City & Hackney Home Treatment Team
	Tower Hamlets	Tower Hamlets Home Treatment Team

2.4 Research and Innovation

Innovation and research is a key part of the work of the NHS, ensuring that patients in the UK continue to benefit from improved and modern services, and helping to deliver better outcomes to patients across the country. There is a significant body of evidence to show that research active trusts have better patient outcomes. The benefits of research apply at all levels from the individual patient to the entire population.



Research is fundamental in providing the evidence we need to transform services and improve outcomes, it is essential to find out which treatments work better for patients and plays an important role in discovering new treatments, making sure that we use existing treatments in the best possible way and improving the quality of life for people living with illness. Research can find answers to things that are unknown, filling gaps in knowledge and changing the way that healthcare professionals work. Patients who participate in research have the opportunity to access cutting-edge treatments

ELFT is now four years into a five-year plan to transform Research & Innovation (R&I) into a corporate function supporting our services to deliver the improvement agenda, and broaden the spectrum of what we mean by 'R' to include not just clinical research trials, but also service evaluations, case studies, audit, and QI (Quality Improvement).

Recruitment into research studies In 2023/24 was at an almost record high with over 1,000 participants enrolled into 29 studies from the Department of Health and Social Care's (DHSC) National Institute for Health Research (NIHR)¹ research Portfolio.² This is about a third above the average recruited at other trusts providing mental health services in the North Thames region.

Diversifying our research portfolio

We have made a conscious effort in increase recruitment of participants from underserved communities. For instance, for the Genes & Health study, which aims to improve population health in Pakistani and Bangladeshi communities, we have set-up drop-in clinics and approached potential participants in community settings e.g. Roshni cooking group in Luton. We also worked with the Trust Communications team to create a bespoke mail-out for this study, which included translated study information in Urdu and Bengali. We also delivered two studies that involved the recruitment of people with learning disabilities, who are often excluded from taking part in clinical research.

This year, we have actively prioritised widening our research portfolio to reflect our both our community as well as our mental health care services, incorporating a range of studies across different specialties and services, including tissue viability, smoking cessation, perinatal mental health, forensics, learning disabilities to name a few. In the category of mental health and

¹ The NIHR was established in 2006 to "create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public". It is funded by the Department of Health and Social Care. Working in partnership with the NHS, universities, local government, other research funders, patients and the public, the NIHR funds, enables and delivers health and social care research focused on early translational research, clinical research and applied health and social care research.

² NIHR Clinical Research Network (CRN) support is available to all studies, regardless of location, study type, study size, therapy or research area, provided they meet the [Department of Health and Social Care established eligibility criteria](#). Those that do are considered part of the *NIHR Portfolio*.

community Trusts, ELFT had actively recruiting studies in more speciality areas than any other Trust in the North Thames region for the 2023/24 year.

Partnership with Cambridge

Following last year's announcement of a partnership with University of Cambridge, we have appointed Dr Shobhana (Shobi) Nagraj as the new Associate Professor of Community and Primary Care. Dr Nagraj is a clinical academic, with a background in implementation science and theory-informed design and evaluation of complex interventions. Her research focuses on developing innovative models of care for improving maternal child health across the life course. Shobi has worked extensively with grassroots organisations in low resource settings both globally and locally, to co-design interventions that meet the needs of communities, service-users and the healthcare workforce.

During her first year in post, Shobi will be working on creating a research hub in Bedfordshire & Luton to enable clinicians in the area to engage with research and to advance quality of care improvement initiatives, using novel research methodologies. She will also be creating a research network between ELFT communities and the university to address their needs, tackling global challenges in a local setting. Her focus will be on the first 1000 days or life and early years.

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 2022/23.

The Trust last received an inspection in February 2023 of four Acute Working Age Mental Health Wards. The inspections looked into serious incidents of suicides and self-harm, ligatures, observations and learning in in-patients wards. The wards inspected were:

- Willow ward (Bedfordshire)
- Coral ward (Luton)
- Gardner ward (City and Hackney)
- Roman ward (Tower Hamlets)

The subsequent report highlighted both areas of positive practice and areas for improvement.

Areas of positive practice:

- Ward environments were safe and clean. The wards had enough nurses and doctors. Escalation processes for staff when they were short staffed or needed additional staff had improved.
- Service improvements had taken place as a result of learning from serious incidents. Wards applied identified recommendations and completed actions in a timely manner. On all wards the observation, ligature risk mitigation and patient search processes had improved.
- In response to a number of incidents where observation procedures were not followed and practice fell below expected standards the trust launched a trust wide quality improvement

project to understand the challenges in this area. This led to individual teams across the services working on a range of project areas around observations exploring local solutions.

- Most staff were well informed about incidents. Staff knew about previous serious incidents going back several years. The trust developed a suite of online training covering suicide prevention, ligatures, observations, and patient searches to support staff in learning lessons from previous incidents.
- Senior staff investigated incidents thoroughly. Patients and their families were involved in these investigations. The trust worked closely with family members and offered family members to option to feed into the service improvement and development processes. This had a powerful impact in understanding how the application of operational processes played a vital role in patient safety.

Areas for improvement identified:

- The availability and accuracy of Statutory and Mandatory training and staff compliance.
- Access to regular supervision and annual appraisals.
- Consistent environmental checks being conducted.
- Improvements to the serious incident process. This includes ensuring staff responsible for delivering actions following SIs and the senior managers are involved in the development of action plans, and that signed off serious incident action plans is reflecting the latest changes in the actions plan to ensure effective sharing of learning across the Trust.

The report identifies 2 'must do' actions that the Trust is required to undertake to ensure that it complies with the regulations set out in the Health and Social Care Act (2008), and a further 9 actions that the Trust 'should' undertake to improve the service it provides.

Since receiving the report in 2023, the Trust has taken the following action towards meeting the Must Do actions:

- All directorates are now RAG rated amber or green (>80%) for statutory and mandatory training compliance. The Trust's overall compliance is 88.4% as of April 2024, which has increased from 80.58% in July 2023. Since the CQC report ward published, work has been undertaken by Learning and Development to ensure staff are mapped correctly to the correct training. Regular reporting has also been reinstated which provides team leads with data about their team compliance, as well as DNA at training sessions.
- A new system to enable recording of supervision sessions has been implemented Trust wide in April 2024. This will enable a central system to monitor supervision levels across the organisation.
- On Gardner Ward, work to embed environmental checks and update ligature risk assessments has been completed.
- On Roman Ward, required refurbishments have taken place include to kitchen and bedroom doors, and a system to ensure repair works are logged and tracked is in place

- The Clinical Risk Assessment and Monitoring Policy has been reviewed, and changes made to ensure risk mitigation is included in all risk assessments.



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Good
Well-led?	Outstanding

Special Reviews

The Trust has not participated in any special reviews during 2023/24.

2.6 Learning From Deaths

Numbers of Patient Deaths Reported by ELFT in 2023/24

During the reporting period 1 April 2023 to 31 March 2024, ELFT reported a total of 2,862 patient deaths of which 2,426 were reported as expected and 438 were reported as unexpected. After the initial review 20 were re- categorised leaving 418 unexpected deaths. This represents a reduction on the previous reporting period (2022/2023) during which the Trust recorded 2,863 deaths. Overall expected deaths were higher than unexpected deaths.

Table 1 Total deaths reported by ELFT 01 April 2023 - 31 March 2024

Period	Number of reported deaths
Quarter 1	790
Quarter 2	597
Quarter 3	711
Quarter 4	764
Totals	2862

**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

The introduction of the Patient Safety Incident Review Framework (PSIRF) which replaced the Serious Incident Framework (SIF) has generated changes in the way we report and review incidents. The Care Review Tool (CRT) takes the place of the Structured Judgement Review (SJR). Unlike the SJR, the CRT is additionally used to review some unexpected deaths where it is not clear whether the death has been caused or was contributed to by a patient safety related event.

The Patient Safety Incident Investigation (PSII) replaces the SIR. The PSII is a systems based review which uses the Systems Engineering Initiative for Patient Safety (SEIPS) Framework instead of the Root Cause Analysis Framework which informed the previous SI Reviews. A 72 hour report supersedes the 48 hour report, where an initial review of the facts surrounding a patient safety incident now, where appropriate, includes the contributions of patients/families and has a threshold of 3 working days for this review to be completed compared to the earlier 2 day completion threshold for 48 hour reports. These changes commenced in Quarter 3 with the final moves towards PSIRF learning approaches being introduced in Q4.

During this period a total of 1,268 (44.30%) of all reported deaths were subject to an investigation. 761 investigations were conducted using the Trust's Structured Judgement Review and Care Review Tool process (SJR/CRT) and 475 were investigated through the Trust's internal Patient Safety Investigation process. This included 418, 48hour and /72 hour reports. Whilst 57 were investigated using several learning response methods including Serious Incident reviews (SIR), Patient Safety Incident Investigations (PSII), Concise Reviews and CRT's.

There were 32 Learning Disabilities Mortality Reviews (LeDeR).

Table 2 Learning Response Investigations per quarter and types

Period	Reported deaths	Investigation Type				Total Investigations (%)
		SJR/CRT Expected deaths	48hr and 72hr	Concise/SI/ PSII and CRT unexpected deaths	LeDeR	
Quarter 1	790	208	116	18	4	346 (43.70%)
Quarter 2	597	192	107	14	10	323 (54.01%)
Quarter 3	711	150	73	8	4	235 (33.05%)
Quarter 4	764	211	122	17	14	364 (47.64%)
Totals	2862	761	418	57	32	1268 (44.30%)

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

None of the 761 SJRs or CRT's for expected deaths identified contributory patient safety factors which contributed to the patient deaths.

Suicide was determined for 29 of the unexpected deaths. There were four Prevention of Future Death (PFD) reports issued by HM Coroners to the Trust during the reporting period (although the period during which the deaths occurred extends outside of the reporting period for this review i.e. earlier than this review period.).

91 unexpected deaths were heard, reviewed and concluded at inquest. The following themes were identified. All findings have had associated recommendations and action plans developed to address these findings.

Themes identified:

- Inadequate VTE risk assessment and monitoring of food and fluid.
- Improvement required on Physical Health observations and recording of information
- Poor or lack of communication, related to the care and communication between the crisis and neighbourhood teams
- Safeguarding, the coroner highlighted the need for teams to review their approach to escalating safeguarding concerns
- Inadequate assessments including the documentation of capacity assessments. Carer assessments and a need for us to better recognise and support the invaluable role of carers.
- Enhanced observations not in accordance with policy

- Locum and vacancy covering staff requiring enhanced local induction training.
- Enhanced oversight of referrals and follow up appointments to reduce/prevent the risk of cases being missed or not escalated appropriately.

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

Period	Deaths reported	Deaths likely to be related to care provide	%
Quarter 1	790	2	0.25%
Quarter 2	597	0	0%
Quarter 3	711	1	0.14%
Quarter 4	764	1	0.13%
Totals	2862	4	0.139%

Summary of ELFT Learning from Case Record Reviews and Investigations Undertaken in 2023/2024

Themes & Trends

Themes and trends from both expected and unexpected deaths across the Trust were considered. Community Health Services reported the highest number of overall mortalities. The highest numbers of expected deaths in Community Health and Community Mental health Services were between the ages of 76 years and 100 years. This was consistent in Q1, Q2, Q3 and Q4 and in the previous year 2022/2023.

Overall, there were more expected deaths than unexpected deaths.

End of Life Pathway (ELP) and Preferred Plan of Care (PPC)

Over the period 1 April 2023 and 31 March 2024 there was a continuation from the previous year where patients at the end of life had a care plan in place and had made advanced decisions. Patients that did not have an end of life plan (EoLP) in place had either; deteriorated unexpectedly requiring an emergent hospital or hospice admission or the patient was referred to ELFT and died before being assessed or seen. These patients were not specific to a single directorate or geographical area.

Age

The highest mortality rates were observed in the 76 – 100 year old age group Community Health Services continued to see the highest number of deaths. These services saw more patients over the age of 65, terminally ill patients and patients in receipt of palliative or end of life care.

Patients whose expected deaths resulted in an SJR or CRT accessed Community Health Services, Mental Health Services for Older People including dementia care and Memory Clinics. Many of the older Mental Health Service patients were known to the continence, podiatry and wheelchair services.

Gender

Differences in the numbers of deaths in males and females were noted monthly throughout the reporting period. Variations in gender were unremarkable, this was consistent throughout the reporting period.

Standard of care

Care of the dying person was reviewed using the East London Foundation Trust (ELFT) Dignity in Care at the End of Life Practice Guidance, the Gold Standard Framework (GSF) Guidance and Dying matters Guidelines.

Reviewers look at the quality of information being reported on the daily DATIX notifications incident report: missing information, missing patient details and any other required information.

Case notes on the Trust's electronic patient recording systems (RiO; EMIS and SystemOne) are reviewed to consider the care a dying person has received. Reviews are guided by the East London Foundation Trust (ELFT) Dignity in Care at the End of Life Practice Guidance and the Gold Standard Framework (GSF) Guidance.

Dignity in Care at the End of Life Practice Guidelines enables teams to develop a person-centred holistic plan of care enabling patients to make their own choices on where they wished to be cared for and their preferred place to die.

The GSF sets out 7 domains of guidance communication; co-ordination; control of symptoms; continuity of care; continued learning; care support and care in the dying phase. The domains are reviewed under the SJR process.

Between April 2023 and March 2024 the case notes reviewed under the SJR and CRT processes showed that in general the care delivered across the Trust met the requirements expected when caring for a dying person and had an End of Life Plan (EoLP) or a Universal Care Plan (UCP) in place.

Patients that did not have an EoLP or UCP in place that was available for review, had either: deteriorated unexpectedly requiring a hospital or hospice admission and end of life care was not provided by ELFT, or the patient was referred to ELFT services and died before the first assessment or face to face encounter .

Preferences were discussed with patients or their families, ensuring patient-centred care. Community Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were in place for all patients who died at home, while those in acute settings had hospital DNACPRs.

Diagnosis and Cause of Death

The highest number of deaths arose in patients with cancer, followed by respiratory conditions and dementia. Cancer related deaths were higher in all age ranges, this was consistent over previous years.

Actions Taken and Planned based on Learning from Deaths

Dying Matters Week in 2023 included online webinars, published blogs, and Talking about Death and Dying workshops were held with St Joseph's Hospice.

Suicide Awareness and Suicide prevention workshops, webinars and training were held across the Trust, this included North East London Health and Care Partnership Training Courses.

Work is underway to improve the support for staff, patients, families and carers involved in serious incidents. This includes improved pathways for support in bereavement and those affected by suicide.

Engagement with Primary Care and Homeless Services, Rough Sleepers Mental Health Project (RAMHP) continues to progress. Team Manager, RAMHP - Rough Sleepers Mental Health Project, ELFT is now on the Learning from Deaths Panel.

Work is still in development to raise the issue of a learning lessons forum with the Commissioner for Homeless Services in Tower Hamlets.

We continue to look at and improve the access to palliative care for this group of people.

Quality Improvement work is underway in Tower Hamlets involving communities and with raising cultural awareness and access to palliative care. This includes engagement with spiritual leaders, mosques and representatives from the local communities.

The Trusts team of Serious Incident Reviewers, now Patient Safety Reviewers, received training in PSIRF and continue to develop their skills in the completion of new learning methods reviews. An executive level oversight and sign-off system for PFD's has now been incorporated into the Learning from Deaths Panel meeting. PFD's and actions and learning are now presented by responsible persons in the quarterly panel meetings.

The Learning from Deaths Group review process for the Trust evolved during the course of 2023/2024

The panel is responsible for overseeing the SJR/CRT process and compliance with End of Life expressed preferences. During the course of the year EoL Pathways were reviewed to determine whether patients' preferences, including their wishes related to where they wish to die, had been met or not.

Going forward, The Learning from Deaths Group 2024-2025 plan is to focus on

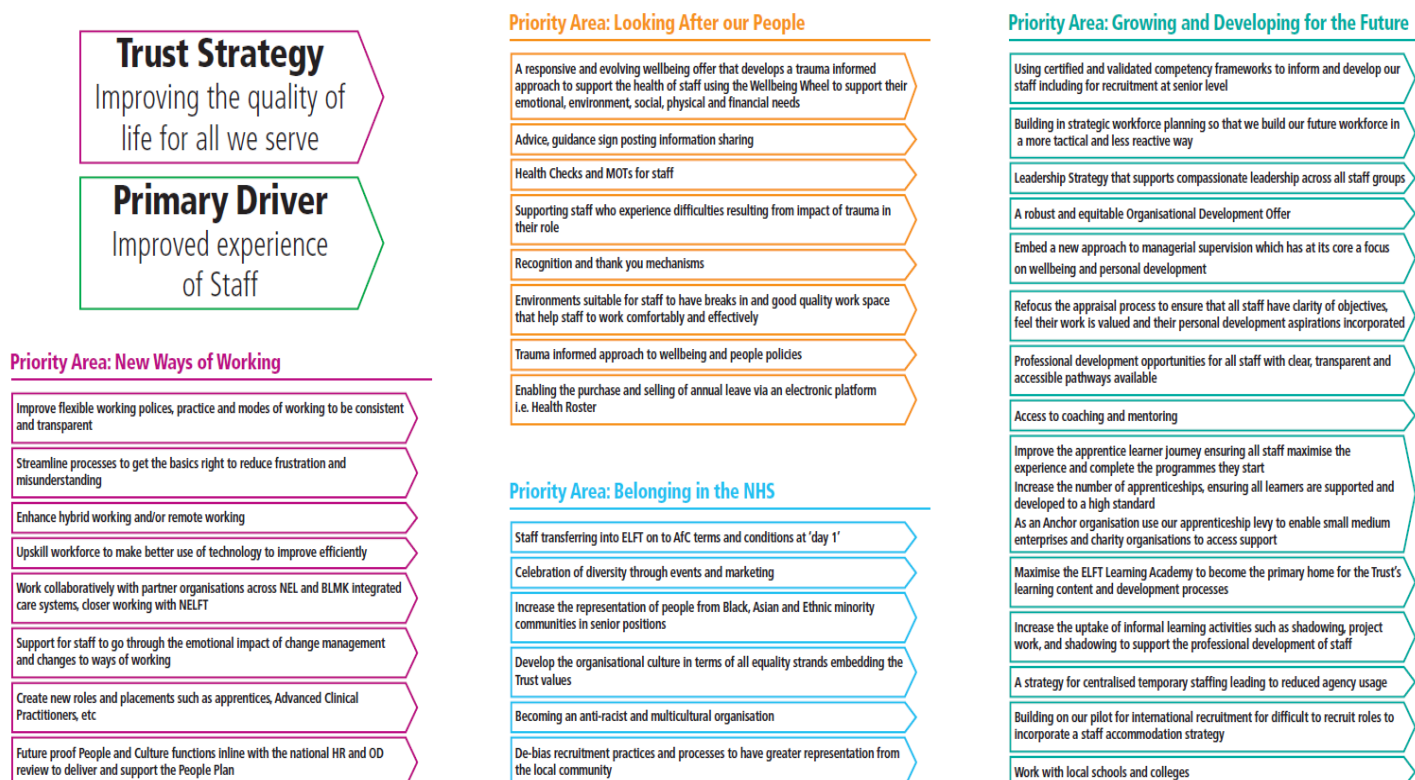
- Reviewing the terms of reference for the Learning from Deaths Group, with ways to improve our learning from incidents and deaths.
- Progressing learning through the PSIRF methodologies adopted to review both expected and unexpected deaths and how themes and systems factors which contribute to adverse patient safety outcomes can be better addressed
- Engagement with the Medical Examiners, monitoring how the role of the Medical Examiner impacts on the way we review expected deaths.

2.7 Staffing

2.7.1 Staff engagement

The 2022-2026 Trust People plan was signed off in March 2022 at the Appointments and Remuneration Committee. Progress against the People Plan is regularly reported to the newly implemented People & Culture Committee and to the Trust Board. One key measure of progress is the annual NHS Staff Survey. The People Plan supports the delivery of the Trust's strategy:

- Looking after our people;
- Belonging in the NHS;
- Growing and developing;
- New Ways of working and delivering care.



NHS Staff Survey

The Trust has recently received results from the 2023 NHS Staff Survey. The overarching themes emerging are:

- Equality, diversity and inclusion.
- Flexible working and retention.
- Staff safety and wellbeing.

The NHS Staff Survey draws on item banks within the survey to report all 118 survey questions on 9 People Promise elements. The People Promise elements measure the extent to which the Trust are compassionate and inclusive; staff feel recognised and rewarded, staff have a voice that counts; safe and healthy; always learning, working flexibly and work as a team. As well as staff engagement and morale.

Across the People Promise elements, the Trust response is higher than the national average on all *8 People Promise elements. Compared with other Mental Health, Learning Disability and Community Health Trusts, the Trust score is higher than the average on 5 of the elements and slightly lower than the average on the 3 following elements: 1) we are recognised and rewarded, 2) we work flexibly and 3) morale.

A staff engagement score is generated by drawing on 9 questions from the overall survey. These questions measure aspects such as recommending the organisation as a place to work/receive care, looking forward to coming to work/being absorbed in work and being involved as well as being able to have a say. The Trust score is consistently higher for staff engagement compared to the national average as well as the average of other Mental Health, Learning Disability and Community Health Trusts.

People Promise Element	Average National Overall	Overall Average MH & LD and MH, LD & Community	ELFT	ELFT Compared to National Average	ELFT compared to MH & LD and MH, LD & Community
We are compassionate and inclusive	7.30	7.58	7.60	↑	↑
We are recognised and rewarded	6.00	6.43	6.39	↑	↓
We have a voice that counts	6.72	6.98	7.09	↑	↑
*We are safe and healthy	-	-	-	-	-
We are always learning	5.64	5.92	6.18	↑	↑
We work flexibly	6.28	6.83	6.67	↑	↓
We are a team	6.80	7.17	7.21	↑	↑
Staff engagement	6.89	7.11	7.33	↑	↑
Morale	5.95	6.18	6.15	↑	↓

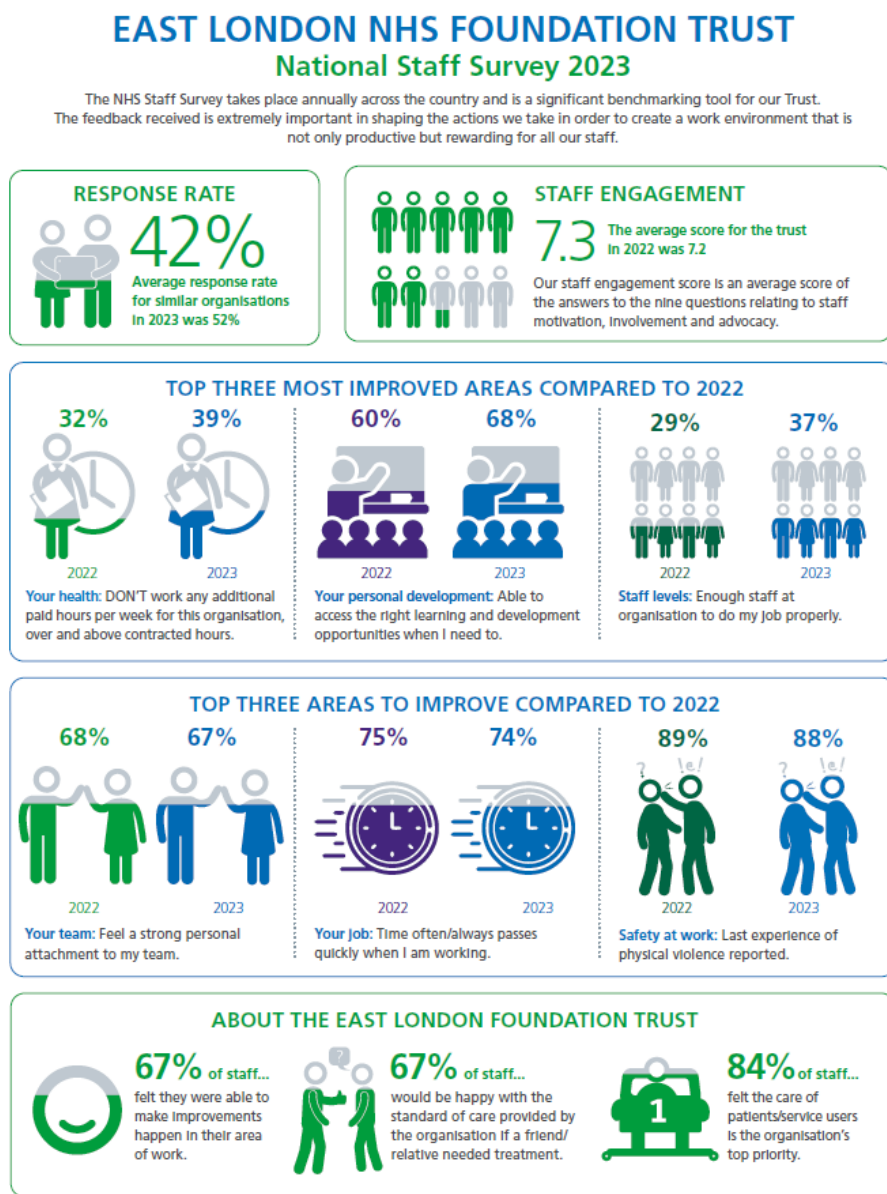
* Note. 2023 results for 'We are safe and healthy' have not been reported upon, across all Trusts, due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

In June 2023, the Long Term Workforce Plan for the NHS was published and sets out retention as a key pillar of our workforce strategy over the medium and long term. Alongside the LTP, the NHS has published 'We are the NHS: People Plan 2020/21 – action for us all', along with Our People Promise. This sets out what our NHS people can expect from their leaders and from each other. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

Following the publication of the NHS People Promise, NHS England piloted a Recruitment and Retention Exemplar programme. ELFT were successful in a submission to NHS England to be part of the 2nd cohort of People Promise Exemplar Programme. The programme commenced in February 2024, and we have secured funding from NHS England for a 12 month People Promise Manager role, who will be responsible for coordinating and embedding all elements of the NHS People Promise across all of ELFT. ELFT's new People Promise Manager has been appointed and is due to start on 3rd June 2024. They will be developing a robust project plan to ensure the co-ordination and embedding of all aspects of the NHS People Promise into ELFT by working

closely with colleagues to identify all NHS People Promise activity and interventions already taking place.

The infographic provides an overview of the Trust's 2023 NHS Staff Survey data:



TOP THREE MOST IMPROVED AREAS COMPARED TO 2022

32% 39%

2022 2023

Your health: DON'T work any additional paid hours per week for this organisation, over and above contracted hours.

60% 68%

2022 2023

Your personal development: Able to access the right learning and development opportunities when I need to.

29% 37%

2022 2023

Staff levels: Enough staff at organisation to do my job properly.

TOP THREE AREAS TO IMPROVE COMPARED TO 2022

68% 67%

2022 2023

Your team: Feel a strong personal attachment to my team.

75% 74%

2022 2023

Your job: Time often/always passes quickly when I am working.

89% 88%

2022 2023

Safety at work: Last experience of physical violence reported.

ABOUT THE EAST LONDON FOUNDATION TRUST

67%

of staff... felt they were able to make improvements happen in their area of work.

67%

of staff... would be happy with the standard of care provided by the organisation if a friend/relative needed treatment.

84%

of staff... felt the care of patients/service users is the organisation's top priority.

In partnership with:
Picker

East London
 NHS Foundation Trust

Contact us
 www.elft.nhs.uk
 020 7655 4000
 elft.communications@nhs.net

2.7.2 Raising concerns - Freedom to Speak Up

ELFT staff have a clear, confidential, and safe process to raise concerns about any matter that is damaging to patient care, or which puts patients at risk.

Speaking Up is speaking up about anything that gets in the way of colleagues doing a great job.

Freedom to Speak Up supports colleagues with raising their concerns if they are unable to do so in other ways.

The Freedom to Speak Up Guardian can be contacted via:

- ELFT FTSU inbox elft.freedomtospeakup@nhs.net
 - By phone: call FTSU Guardian directly 07436027388
 - Online Referral: All referrals are treated in strict confidence and seen only by the FTSU Guardian <https://www.elft.nhs.uk/intranet/all-about-me/freedom-speak/freedom-speak-form>
 - Anonymously via <https://forms.office.com/e/j4qrbw5nyD>
 - In writing to: Robert Dolan House, Trust Headquarters, 9 Alie Street, London, E1 8DE
-
- ✓ Contact a FTSU Champion
 - ✓ In addition, staff can contact the Senior Independent Director
 - ✓ Staff can also raise whistleblowing concerns via **Protect – Speak Up, Stop Harm** (<https://protect-advice.org.uk/>) Call **020 3117 2520**
 - ✓ Staff can also seek advice from Staff Side/Trade Unions
 - ✓ The FTSU (Whistleblowing) Policy also outlines how and who to raise concerns with. The purpose of this policy is to also provide a safe mechanism for anyone who works for the Trust to come forward and raise any concerns they have about any aspect of the Trust's work, and to be able to do so without fear of detriment or reprisal.
 - ✓ A signposting document on the FTSU intranet page also supports with directing staff to the appropriate support.
 - ✓ All information relating to Freedom to Speak Up and who to contact is available on the FTSU intranet page <https://www.elft.nhs.uk/intranet/all-about-me/freedom-speak>

Depending on the nature of the concern raised, feedback is given via the FTSU Guardian or by HR if an investigation was commissioned.

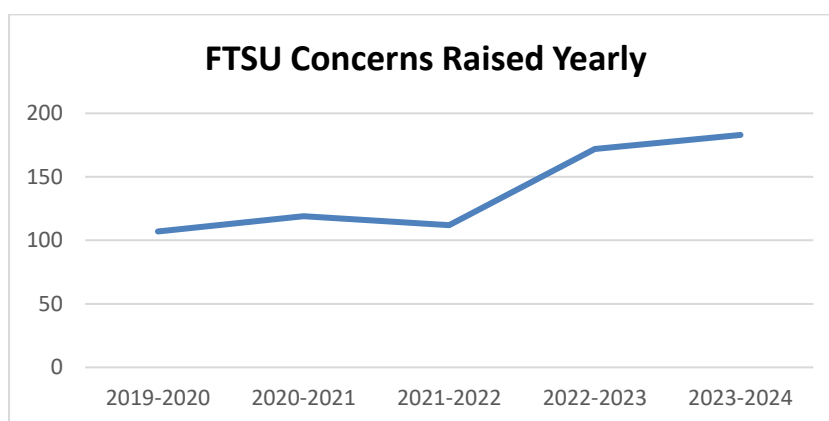
Once the case is closed, a feedback survey is given so that those that have used the service can feedback anonymously on the FTSU service, process and whether they suffered detriment as a result of raising the concern.

ELFT Staff have access to the following Employee Relations, Advice & Support

- ✓ Mediation Service
- ✓ Bullying & Harassment – contact an advisor <https://www.elft.nhs.uk/intranet/all-about-me/bullying-and-harassment-support-advisers>
- ✓ Employee Assistance - <https://www.carefirst-lifestyle.co.uk/>

Freedom to Speak Up concerns raised.

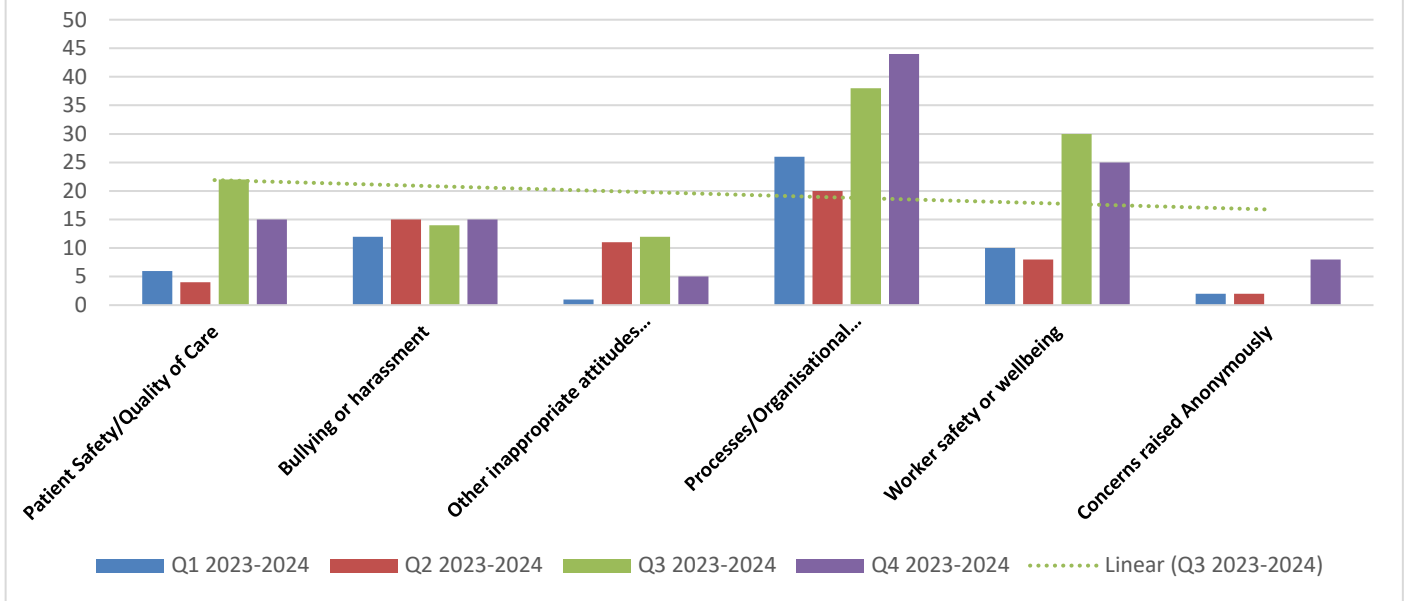
183 concerns were raised to Freedom to Speak Up during 2023/24.



FTSU Concern Themes

The most common themes of concerns raised relate to those of Processes/ Organisational Structure/ Other, Worker Safety and/or Worker Wellbeing and staff experiences of behaviours that amount to bullying and/or harassment. The chart below shows the number of times key themes emerged across all concerns raised during the year. Please note that the total number of themes does not correspond with the total number of cases raised, as a concern raised by one member of staff can relate to multiple themes.

FTSU Concerns - Broad Themes 2023-2024



All concerns raised are escalated to Service Directors and/or HR, as appropriate to the nature of the concern. The work done to resolve the concerns are fed back to who raised them, where possible (as not always possible when raised anonymously).

Themes are reviewed, and where it is possible to respond at a more system level the Trust will do so.

2.8 Goals Agreed with Commissioners for 2023/24

Use of the CQUIN Payment Framework

In light of the impact on the Covid Pandemic the CQUIN scheme for Providers was suspended in 2020/21, the scheme resumed for 2022/23. Performance against targets for 2023/24 is set out below.

CQUIN	Target	EL	B&L	Trustwide
CQUIN01: Flu vaccinations for frontline health workers	75% - 80%	26.1%	45.2%	30.4%
CQUIN12: Assessment and documentation of pressure ulcer risk	70% - 85%	93%		93%
CQUIN 13: Assessment, diagnosis and treatment of lower leg wounds	25% - 50%	41.7%	16%	28.9%
CQUIN14: Malnutrition screening for community hospital inpatients	70% - 90%	93%		93%
CQUIN15a: Routine outcome monitoring in community mental health settings	20% - 50% (overall) 2% - 10% (paired PROMs)	42% (overall) 35% (PROM)	27% (overall) 26% (PROMs)	38% (overall) 30% (PROMs)
CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services	20% - 50%			62%
CQUIN15c: Routine outcome monitoring in inpatient perinatal mental health services	75% - 95% (paired CROMs) 35% - 55% (paired PROMs)			81% (CROMs) 41% (PROMs)
CQUIN16: Reducing the need for restrictive practice in CYPMH inpatient settings*	70% - 90%	3%	27%	4.2%
CQUIN17: Reducing the need for restrictive practice in adult/older adult settings	75% - 90%	100%	100%	100%

* We do not agree with the calculation of this CQUIN and consider a low percentage a positive reflection of our work to reduce restrictive practices in CYPMH settings

2.9 Data Security and Quality

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
2021/22	100.00%	98.00%	N/A	N/A	0
2022/23	100.00%	98.00%	N/A	N/A	0
2023/24	100.00%	94.19%	N/A	N/A	0

2.10 Reporting against core indicators

NHS England (NHSE) Assurance

This section of the report sets out indicators that are part of the NHSE Oversight Framework which has replaced the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'.

East London NHS Foundation Trust 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.

2.10.1 Single Oversight Framework Indicators

These indicators form part of appendices 1 and 3 of the 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):

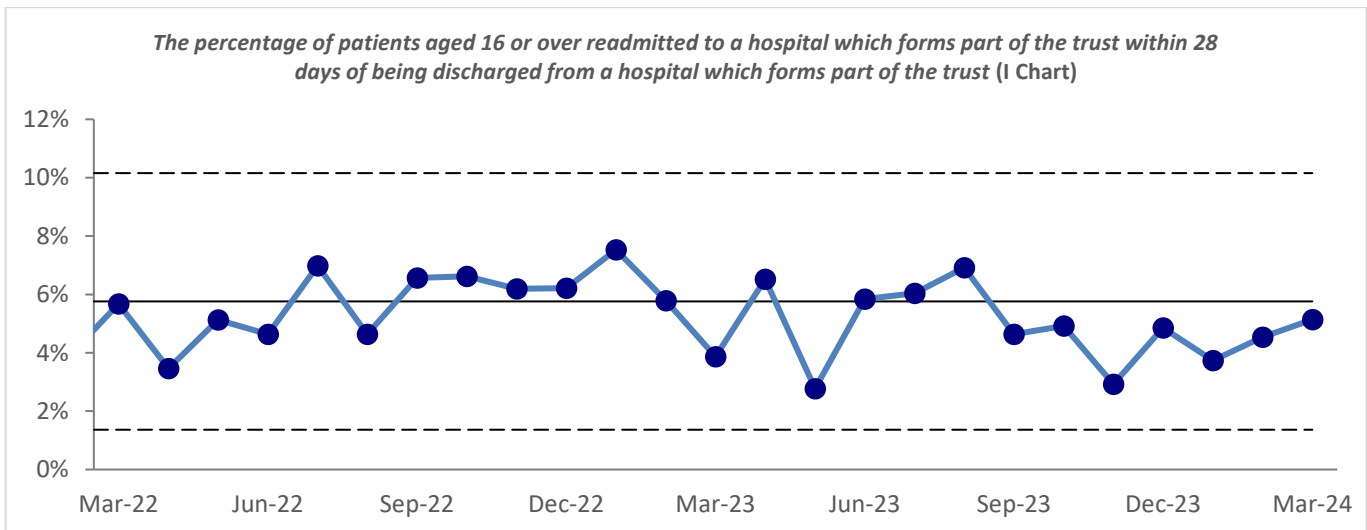
Quality of Care Indicators	Target	Actual 2020/21	Actual 2021/22	Actual 2022/23	Actual 2023/24
Admission to adult facilities of patients under 16 years old	0	1	2	0	1 (2023-2024)
Meeting commitment to serve new psychosis cases by early intervention teams' measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	50.7%	73.3%	76.8% (Q4)	74.6% (2023-2024)
Operational Performance	Target	Actual 2020/21	Actual 2021/22	Actual 2022/23	Actual 2023/24

Proportion of people completing treatment who move to recovery (from IAPT MDS)	50%	55%	52%	51% (Q4)	51% (2023-2024)
Improving Access to Psychological Therapies - Patients referred within 6 weeks measure (average weeks waited to assessment)	75% within 6 weeks 100% within 18 weeks	1.0 (March 21)	0.9 (March 22)	1.1 (March 23)	1.2 (March 24)

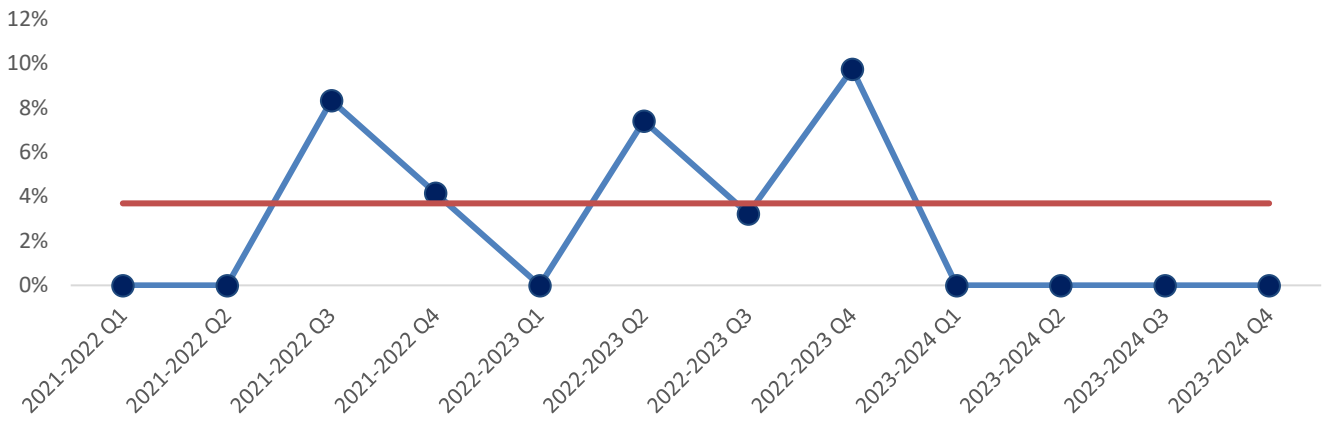
2.10.2 Quality of Care Indicators

Admissions to acute mental health services

	2023/24
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper.	99.8%

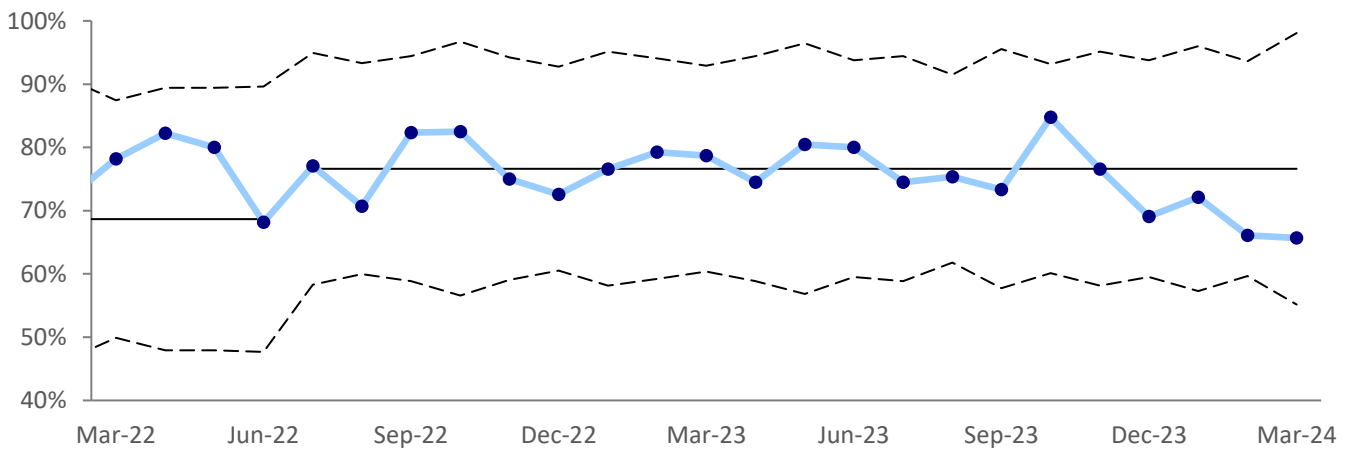


The percentage of patients aged 0-15 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust. (Run chart)



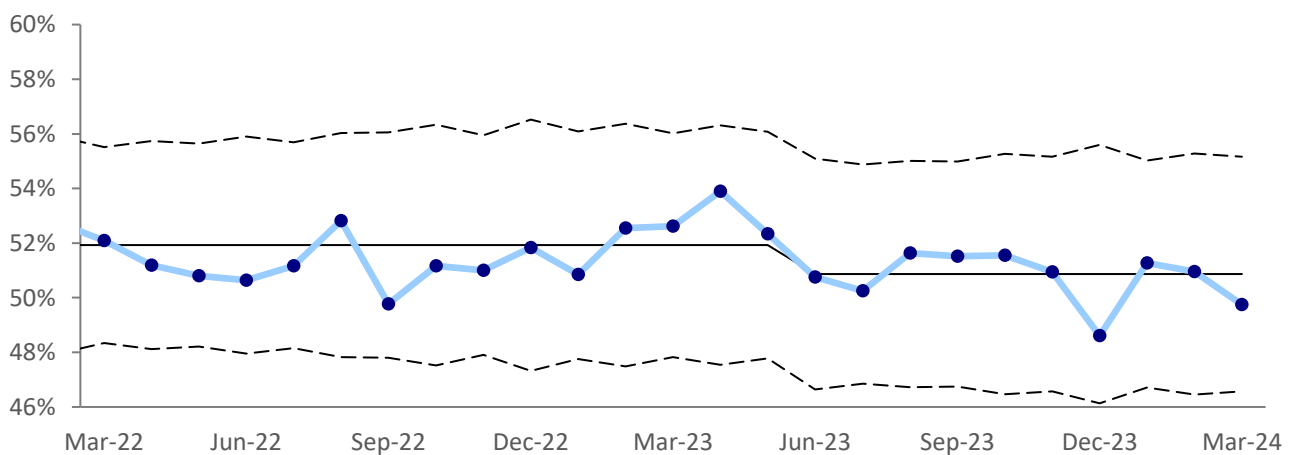
Percent of service users receiving NICE Standard treatment within two weeks of referral to early intervention in psychosis service – excludes telephone or face to face contacts as per current definition (Trust-wide)

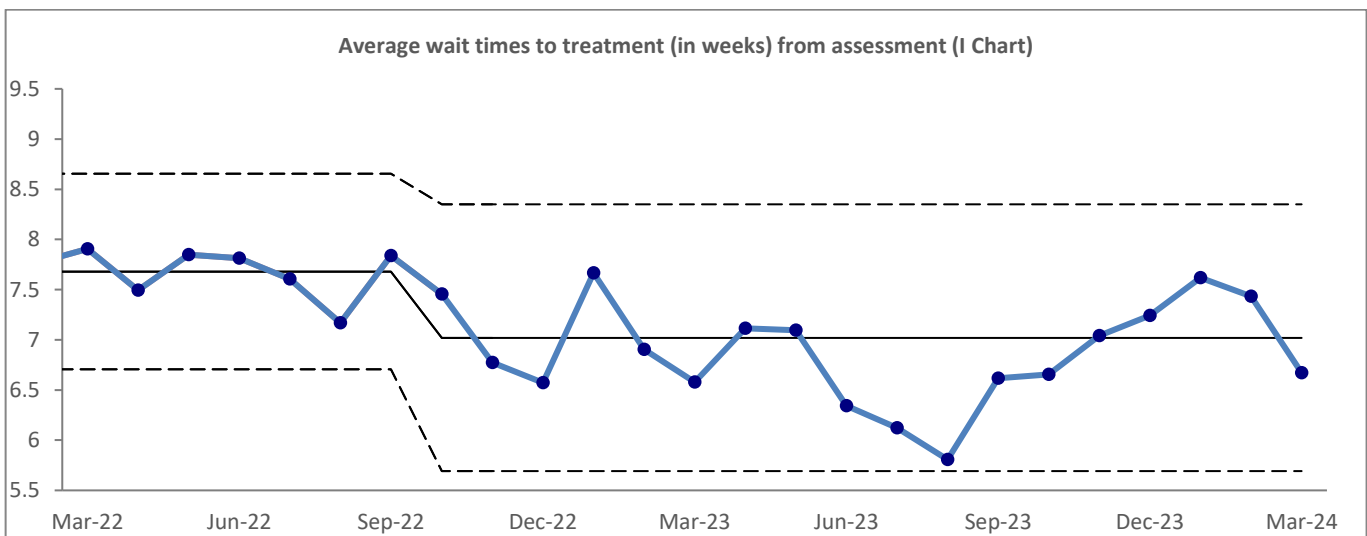
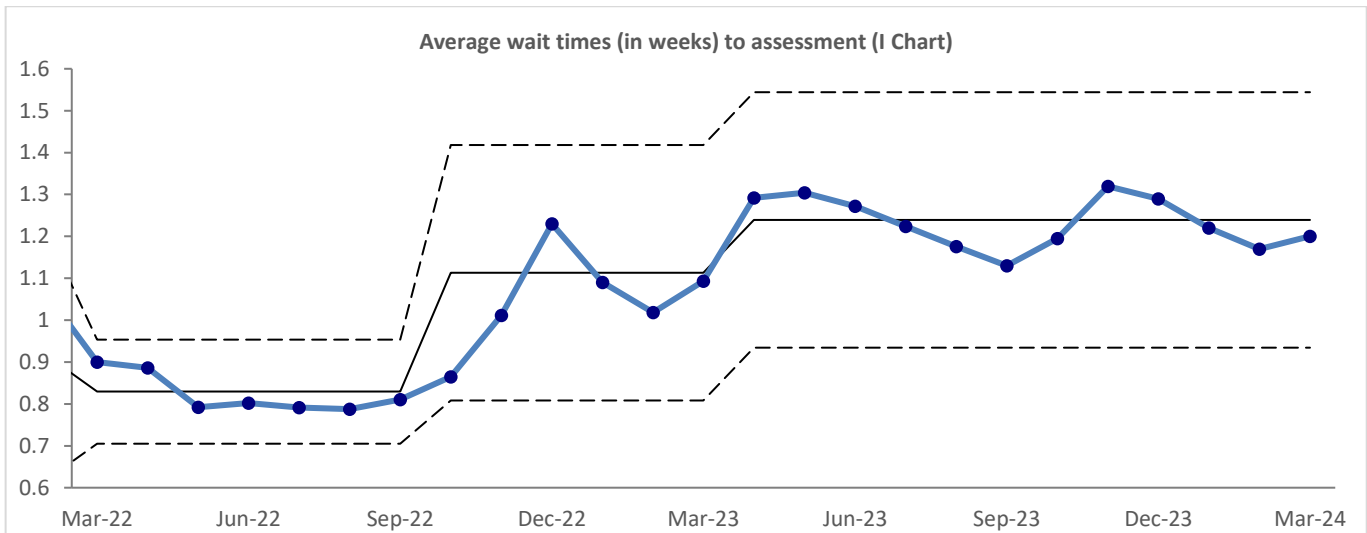
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart)



Psychological Therapies

Percentage of service users moving into recovery (P Chart)

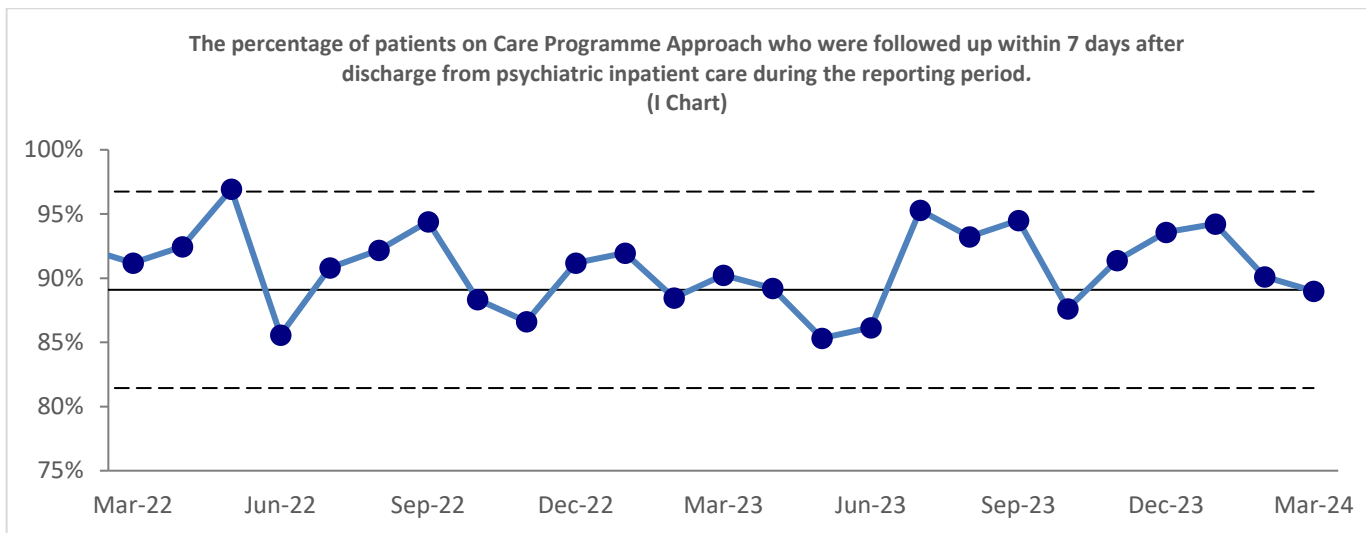




2.10.3 Care Programme Approach (CPA)

The CPA is the delivery framework for the care and treatment of a large proportion of the Trust's service users. The table below contains locally defined indicators and targets agreed with commissioners.

Indicator	Target	Q4 2023/24
CPA patients – care plans in date (documents 12 months old)	95%	49% 1525/3144
CPA patients – care plans in date (documents 6 months old)	N/A	29% 943/3144



Since its introduction in 1990 the Care Programme Approach (CPA) has been the national framework underpinning how mental health care is organised; setting out a minimum standard for how care is planned, coordinated, and delivered for those with the highest severity or complexity of need. It also has played a key role in how services are designed and managed and has impacted how professionals and professional groups have worked together to provide mental health care.

Between July 2015 and March 2017 (and prior to the development of national policy described above) ELFT carried out a review of its approach to CPA, with the main objectives being to develop an approach with a stronger focus on recovery, to empower service users, and to reduce unnecessary procedural and administrative burden for healthcare professionals.

This resulted in a refreshed approach and an update to ELFT’s CPA policy and included the introduction of DIALOG+ as the care and support planning tool to be used with people ‘on CPA’. This was supported by the development of some operational guidance for the CPA process in 2018, including how the process should be documented on RiO. This policy was organised around categories of ‘CPA’ or ‘non-CPA’ and included roles and responsibilities for people ‘on CPA’, as well as standards and timelines for assessment, care planning and review meetings. It also described the role and expectations of care coordinators.

In 2019 however, the Community Mental Health Framework for Adults and Older Adults laid out a ‘case for change’, signalling an intention to ‘replace’ CPA:

*“The CPA has had a central role in the planning and delivery of secondary care mental health services for almost 30 years. **The principles underlying the CPA are sound** and there has been some excellent work over the years in implementing and in improving it.*

*However, from early on, doubts were raised about its utility – principally, that it attempted to unite a model of resource allocation with one of clinical care delivery and planning, and that **it created a two-tier system in which a person is either “on” or “off” CPA.** Its role has been further complicated by its **close association***

with risk management. A number of attempts have been made to evaluate its impact but have failed to provide convincing evidence for its effectiveness...

This Framework therefore proposes **replacing the CPA for community mental health services**, while retaining its sound theoretical principles based on good care coordination and high quality care planning.”

In July 2021, NHS England published a ‘CPA Position Statement’ which further expanded on this as follows:

“The Community Framework makes clear that one of its purposes is to enable services to shift away from an **inequitable, rigid and arbitrary** CPA classification and bring up the standard of care towards a **minimum universal standard** of high-quality care for everyone in need of community mental healthcare. A **flexible, responsive and personalised** approach following a high-quality and comprehensive assessment means that the level of planning and co-ordination of care can be tailored and amended, depending on:

- the complexity of an individual’s needs and circumstances at any given time
- what matters to them and the choices they make
- the views of carers and family members
- professional judgment”

The Position Statement also described 5 principles that should underpin the new approach:

- i) **“A shift from generic care co-ordination to meaningful intervention-based care** and delivery of high-quality, safe and meaningful care which helps people to recover and stay well, with documentation and processes that are proportionate and enable the delivery of high-quality care.
- ii) **A named key worker for all service users with a clearer multidisciplinary team (MDT) approach** to both assess and meet the needs of service users, to reduce the reliance on care co-ordinators and to increase resilience in systems of care, allowing all staff to make the best use of their skills and qualifications, and drawing on new roles including lived experience roles
- iii) **High-quality co-produced, holistic, personalised care and support planning for people with severe mental health problems living in the community:** a live and dynamic process facilitated by the use of digital shared care records and integration with other relevant care planning processes (eg section 117 Mental Health Act); with service users actively co-producing brief and relevant care plans with staff, and with active input from non-NHS partners where appropriate including social care (to ensure Care Act compliance), housing, public health and the voluntary, community and social enterprise (VCSE) sector
- iv) **Better support for and involvement of carers** as a means to provide safer and more effective care. This includes improved communication, services proactively seeking carers’ and family members’ contributions to care and support planning, and organisational and system commitments to supporting carers in line with national best practice.
- v) **A much more accessible, responsive and flexible system** in which approaches are tailored to the health, care and life needs, and circumstances of an individual, their carer(s) and family members, services’ abilities and approaches to engaging an individual, and the complexity and severity of the individual’s condition(s), which may fluctuate over time.”

In response, the Trust has worked with service users and staff to further review its approach to care planning in order to identify any specific areas that might need further changes to fully meet national policy expectations.

The Trust now has a draft Care Planning Policy that will be ratified in early 2024/25, with a process of implementation to follow over the following months, as the trust completes its transition from the CPA to its new approach.

2.10.4 Data Quality Maturity Index reporting

Data quality metrics and reports are used to assess and improve data quality
The datasets the Trust submits are:

- Mental Health Services Data Set (MHSDS)
- Community Services Data Set (CSDS)
- Improving Access to Psychological Therapies (IAPT) Data Set
- Admitted Patient Care
- Out Patients

The visual below shows the DQMI scores published on the NHSE website and can be found here ([Data Quality](#))

Data Quality Maturity Index (DQMI) - Provider DQMI Values



Select a provider or Reporting Period below.

Org Type NHS TRUST	Provider Name and code EAST LONDON NHS FOUNDATION TRUST (RWK)	Reporting Period January 2024
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Each tile below shows the score for an individual Data Set submitted by the provider selected. You can scroll up and down the table below to view more Providers by using the scroll bar on the right hand side of the table.

Standard	APC (%) 91.9	CSDS (%) 91.4	DID (%)	ECDS (%)	IAPT (%) 98.4	MHSDS (%) 98.0	MSDS (%)	OP (%)	DQMI Score (%) 95.3
	Experimental								
		CSDS (%) 84.4			IAPT (%) 82.7	MHSDS (%) 88.3			DQMI Score (%) 87.7

■ Provider Data Set Score >= National Data Set Score
 ■ Provider Data Set Score < National Data Set Score
 ■ Provider Data Set Score < 50

PART 3 – Other Quality Performance Information 2022/23

3.1 An Overview of Key Dimensions of Quality During 2023/24

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 real-time dashboards.

In addition to routine monitoring of key data, the Board also receives regular quality reports that include updates on the progress of priority quality improvement work, and assurance in relation to key, current quality and safety issues. Over the last 12 months the Board has received 6 such quality deep dives, the subjects of which are set out below:

Trust Board Meeting	Topic	Themes of learning and areas of action for improvement
May 2023	Triangulation of staff feedback	<p>The report triangulates feedback from executive walkrounds, the annual staff survey, quarterly people pulse and Freedom to Speak Up concerns in order to understand the issues that matter most to staff. The themes are consistent across all these channels of feedback. Positive areas include staff feeling valued, appreciating the focus on their wellbeing, and feeling able to bring about improvements in their work/service.</p> <p>The opportunities for improvement centre around recruitment and retention, career progression, digital infrastructure and estates. The report outlines the work underway across these key themes, together with the oversight and assurance processes through to the Board</p>
July 2023	Leadership practices	<p>The report dives into the six habits and practices of happy, healthy teams that emerged from our work on developing a leadership framework across ELFT.</p> <p>The report describes current progress, oversight mechanisms and future plans across these six practices (supervision, away days, huddles, use of data, people participation and quality improvement). As we work to implement the leadership framework across the organisation, this work will continue to be reported through to the People & Culture subcommittee of the Board</p>
September 2023	Initial learning from the Lucy Letby case	<p>The report takes a detailed look into the systems, processes and culture at ELFT that enable people to speak up, raise concerns in a safe way, and for the Trust to listen and act in response. This deep-dive comes on the back of the recent conviction of Lucy Letby for serial</p>

Trust Board Meeting	Topic	Themes of learning and areas of action for improvement
		murder and attempted murder at the Countess of Chester hospital. The question for every Trust in the wake of this shocking conviction is whether our culture and ways of working would enable us to detect and act on potential harm to service users. The report identifies areas of strength for the trust, but also a range of areas in which further improvement is required.
November 2023	Learning from and preventing Patient Safety Incidents	<p>The report looks at the top five safety incident themes across the Trust, and reviews the rigour with which we are using data to understand variation and trends, learning from incidents, taking preventative actions, applying quality improvement to reduce incident frequency and whether we have appropriate structure and processes in place for assurance and improvement. Overall, there is evidence of good utilisation of data and learning from incidents, with appropriate structures that bring together clinicians to understand causes and take action to improve care and prevent future incidents. Quality improvement is being utilised broadly as a method to reduce incidents and harm from incidents.</p> <p>The review identified a few opportunities for learning and improvement, which are in train already. For example, the combined checklist and risk assessment developed in Newham related to leave planning is now being shared with all other inpatient units. The Pressure Ulcer Improvement Facilitator role, established in London community health, is currently being considered by the Director of Nursing for introduction in Bedfordshire</p>
January 2024	Triangulation of staff and service user feedback	<p>The report provides a triangulation of data from five different sources, to understand themes related to service user and staff experience at ELFT – the routinely collected patient experience feedback, complaints, feedback submitted on the Care Opinion website, executive walkrounds and non-executive visits. The themes are largely similar to those identified in previous triangulations, although it should be noted that there are fewer concerns about digital infrastructure from staff. Positive themes that emerge relate to service users feeling listened to and treated with compassion; experiencing a professional and supportive service; staff motivation; and staff feeling able to make improvements.</p> <p>The main themes of dissatisfaction relate to service user feedback about access and waiting times; the environment and facilities; information provision and communication with service users; and the impact of recruitment challenges. The report provides detail of work that is underway on each of these areas</p>
March 2024	Responding to the Greater Manchester MH Trust Inquiry	The report focuses on the safety and quality of care in our inpatient wards, subsequent to the publication of the independent review related to issues identified at Greater Manchester Mental Health NHS Trust, which were first aired in a Panorama documentary in 2022. This report builds on previous reports presented at Trust Board and Quality Assurance Committee, since the concerns in

Trust Board Meeting	Topic	Themes of learning and areas of action for improvement
		<p>Greater Manchester were first identified, and again following the Lucy Letby conviction last summer.</p> <p>The report aims to identify the strength of our systems and culture against the key domains of the inquiry report, and utilises feedback from service users and staff, regulatory assessment, accreditation assessment and other processes, in order to provide a semi-objective view on how we would know if there was a safety issue, and how we might further strengthen our systems and culture.</p>

Key metrics in the domains of patient safety, clinical effectiveness and patient experience are drawn from our 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; it 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 ELFT Safety Plan, shown in the driver diagram below, approved at the beginning of 2023/24, builds upon a wealth of safety improvement work that has been completed within the trust over the last decade. The mission is to provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve, with five key drivers to achieve this mission.



Progress on our Year One Objectives

To support the above programme of work, we chose four main focus areas for the first year of the plan, chosen as potential enablers and catalysts for the changes in culture and systems that are fundamental to safety improvement.

Progress against Objective 1: Transition to the NHS Patient Safety Incident Response Framework (PSIRF)

Our move to PSIRF from the Serious Incident Framework has been about focussing on continuous learning, improvement and supporting those affected, in line with NHSE recommendations.

Good progress has been made through the preparation stages of PSIRF under the leadership of our Chief Medical Officer, Director of Safety and Director of Nursing (London MH) and in liaison with system partners in both ICBs, NHSE and our local staff and service users to identify the most effective way to tailor PSIRF to our local setting. We have also gained learning from early adopters and from trusts who have applied PRISF to similar services, and we have taken advice from our legal team and local coroners regarding application of PSIRF to our unexpected deaths.

Examples of work undertaken on the PSIRF transition has included:

- **In-depth review of our Safety themes**, triangulating three years of data from a range of sources and also staff and service user views, to collaboratively identify our safety improvement priority areas which have been designed into our new PSIRF Plan. Progress on each is being tracked via our Safety forum alongside other improvement areas which have emerged as priorities over the year.
- **Revision of our safety learning methods** including replacement of Serious Incident Reviews with Patient Safety Incident Investigations (PSIIs), using a new systems methodology rather than traditional Root Cause Analysis, introduction of SEIPS analysis tools, and After Action Review as an additional learning method after safety incidents (70 conductors now trained, and 75 more booked on training) plus piloting of other new learning tools.
- **Improved shared learning approaches** – safety briefings, cascaded learning from incidents, safety newsletters and significant improvements in safety learning seminar attendance. Positive feedback from staff and stakeholders in relation to above changes.
- **Improved safety learning forums and networks** both within ELFT and at system level.
- Proactive planning of annual safety priorities at trustwide level undertaken and increased oversight and focus on these via Trust Safety Forum.
- Collaborative work between QI and Safety team to improve effectiveness of actions commenced.
- **Impactful large-scale Safety Improvement work** with all our in-patient wards, as part of In-Patient Safety Learning Programme focussed on improving therapeutic engagement, observations, violence and aggression.
- Involvement of **Patient Safety Partners** in all our safety work
- Development of a **New “People First” Framework** for Supporting Staff after incidents
- Inclusion of staff experience measures in our safety review work, and a new measure of patient experience of safety within our Patient Survey.
- New patient information re PSIRF and **improved signposting** to support for all affected.
- **New incident management pathway** with strengthened local and senior involvement in a decision-making huddles & panels to support proportionate learning response and effective use of new learning methods.

- **ICB involvement** in safety review decision-making and sign-off forums

Further developments are being tested over months ahead.

Progress against Objective 2: Transition to new Incident Reporting System, InPhase, and the NHS National Learning from Patient Safety Events System (LFPSE)

The transition to InPhase has been well managed, with oversight of a project implementation steering group and project team. A high level of staff support in managing the transition has been provided via the ELFT Learning Academy page, weekly on line drop-in clinics and via over 100 training sessions attended by over 1000 staff. InPhase information has been added to the Trust's Induction Pack for Corporate Induction for new starters. Incident reporting data has been monitored in detail over the transition, and there is a recognition that there has been an impact on the number of incidents being reported. Staff feedback is being sought via training sessions and enquiries received into the INPHASE support email box. Responses received to date remain positive in respect of the system and accessibility. However, staff do report challenges particularly in relation to the clarity, tone and length of the mandated LFPSE question bank and also in relation to the ease of report building.

Progress against Objective 3: Development of ELFT Staff skills in Patient Safety, including engagement with the National Patient Safety Syllabus

- Ambitious programme of F2F and remote internal and external PSIRF staff training delivered, in line with NHSE requirements.
- 240 staff in key roles have completed PSIRF trainings, and over 175 have had either formal or introductory training in conducting After Action Reviews, with a new ELFT internal AAR facilitator training launched in January.
- Our Patient Safety Specialists have also commenced the one-year NHSE Level 3-4 Specialist Patient Safety training with Loughborough University.
- Launch of five safety related e-modules on the learning academy platform with 243 staff having now completed at least one of these modules since their launch.
- Embedding of human factors content into a number of our leadership development modules and our Quality Improvement Leaders Programme.

Progress against Objective 4: Involvement of Service Users, Carers and families

Achievements this year include:

- Recruitment and embedding of 2 Patient Safety Partner (PSP) roles.
- PSP involvement in Safety walkarounds, safety forums, PSIRF transformation work, carer strategy group, patient experience forum and improvement work.
- Establishment of working group, with support from colleagues in QI, to develop and test a range of ideas to improve our involvement of service users and carers to improve safety
- Addition of question on safety culture to our ELFT patient survey
- PSIRF training module on involving and supporting those affected by safety incidents

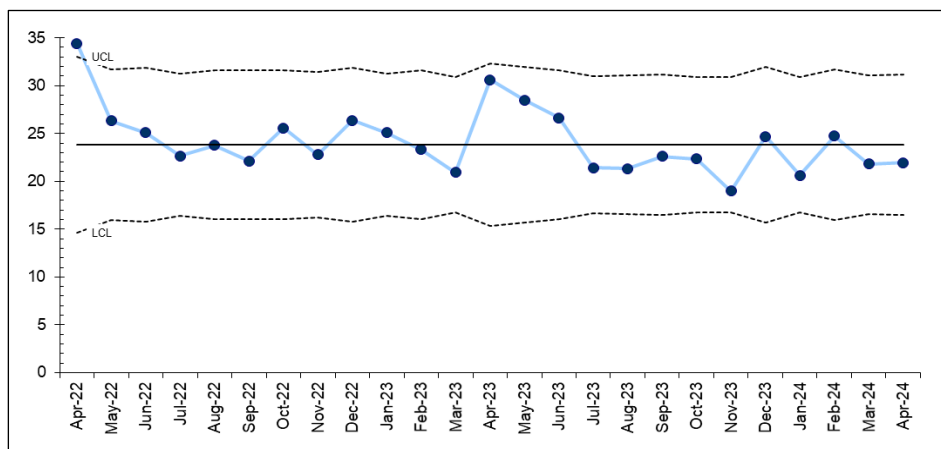
Examples of Achievements on our Longer-Term Ambitions

Achievements in improving Safety Culture, Leadership, Just Culture & Governance include:

- Safety reporting has been strengthened this year to support board to ward communication and monitoring of safety.
- New Safety Leadership Roles have commenced - Director of Safety, Head of Incidents role, PSIRF Lead role and seven Patient Safety Specialists.
- A new Safety Plan Oversight Group has been established with independent safety expertise.
- Strengthening of our safety incident decision-making and review processes, to enhance quality, reliability, and transparency, including a new daily incident review huddle and PSIRF decision-making panel.
- Introduction of a new executive-led system for Prevention of Future Deaths review and sign-off
- Strengthened Trust Patient Safety Forum with renewed focus on priority areas and expanded membership including FTSU guardian, directorate quality governance leads, QI colleagues, subject matter leads/experts, clinical leads and performance team colleagues.
- Representation of ELFT safety leadership at ICB-level safety specialist, safety and PSIRF forums.
- Extensive work, led by the interim Chief Executive and Chief Quality Officer, to co-design a common understanding of leadership at ELFT and creating a way for us to measure and improve our leadership across the organisation.
- Development and introduction of a Safety Culture In-Patient Team Staff Self-Assessment tool which is now embedded within our annual CQC readiness programme for all in-patient wards, with the aim of improving awareness, triggering Safety Culture conversations and improvement work.
- Work on improved triangulation of service user experience data with our staff reported safety measures, including addition of a question into our patient survey specifically relating to safety culture.
- Review of trust disciplinary process and documentation to further incorporate the principles of a Just Culture.
- Review and ratification of Speaking Up & Whistleblowing Policy to support staff by showing them the many ways in which concerns can be raised and escalated, and support resolution of concerns by managers wherever possible.
- Guidance provided to all staff re raising/escalating concerns, signposting key contacts and policies as well as the clear parameters of FTSU and People & Culture processes.
- Ongoing work to embed Respectful Resolution across the Trust.
- Training of first cohort of Schwarz Round Facilitators and launch of Schwarz Rounds with Community Health Services.
- Review of our existing safety reporting and monitoring measures, against the Healthcare Foundation framework for measuring and monitoring safety and against what matters to our staff and service users.
- Iterative improvements in the data being used to report on our safety work and outcomes, shifting towards more meaningful measures of improvement, learning and reliability of our safety systems.
- Contribution to the University of Leeds NIHR Response Study on measurement and monitoring of safety with access to results to make use of later in 2024.

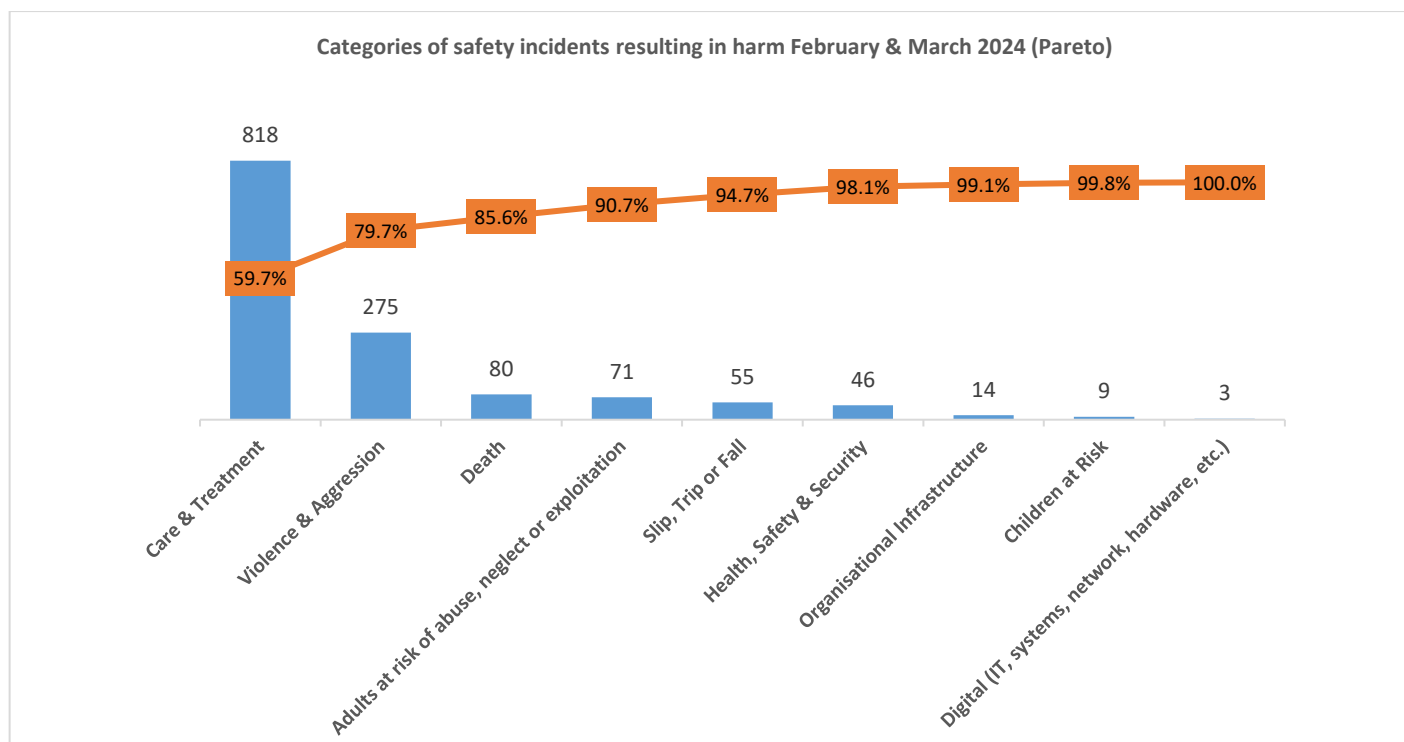
Here we set out some of the key safety metrics the trust has been paying close attention to over the past 12 months.

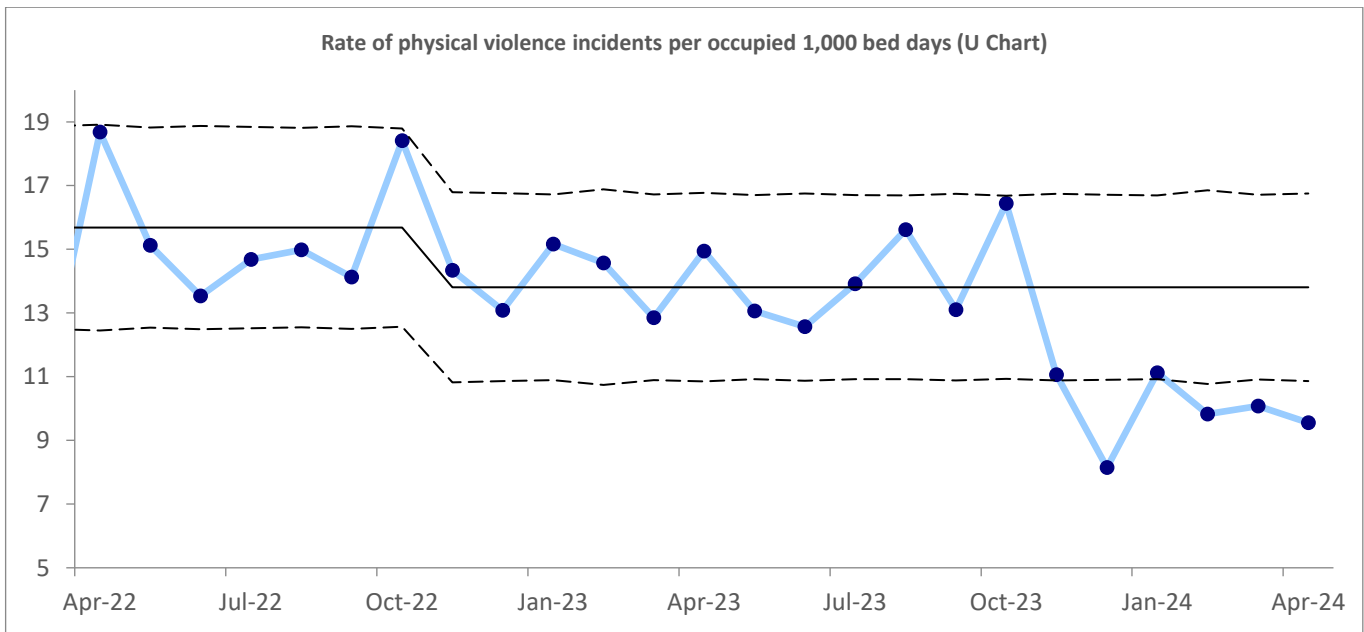
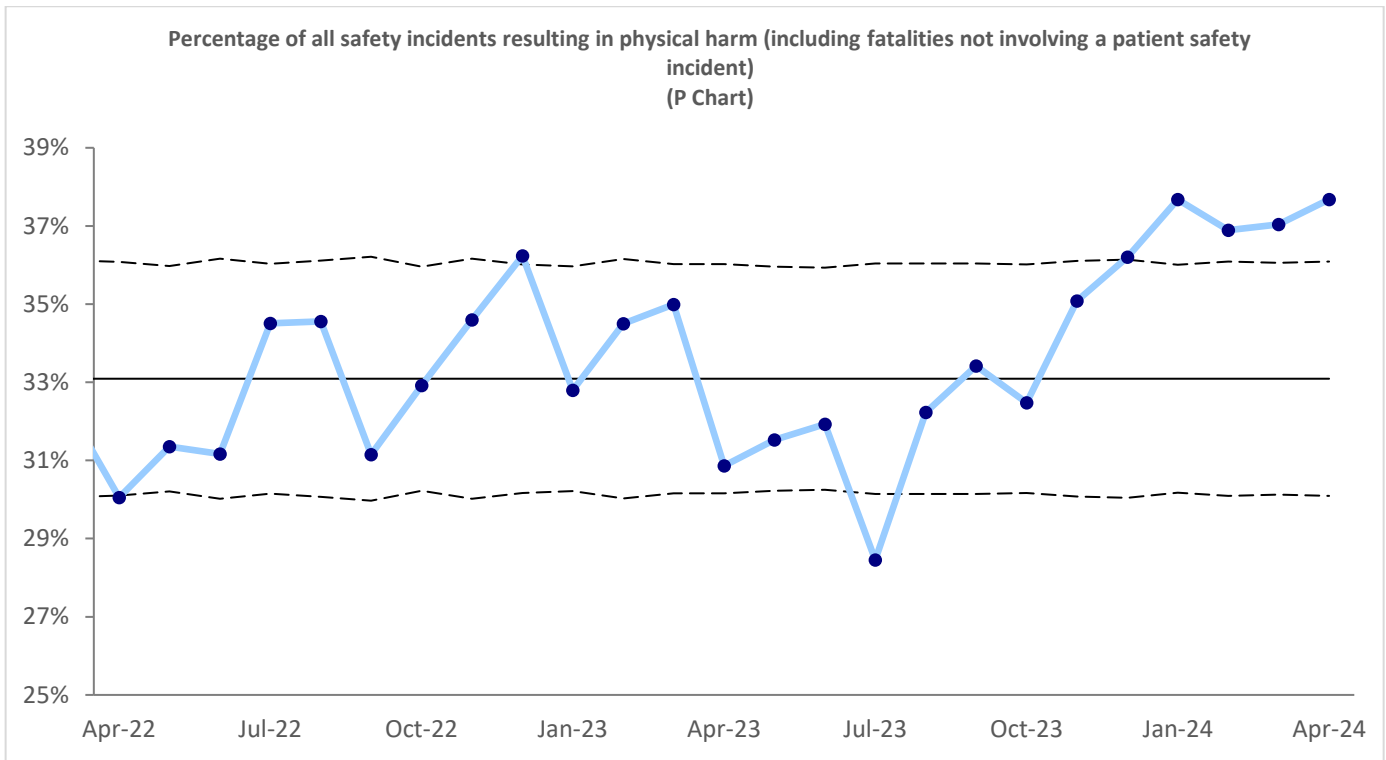
Incidents reported per 1000 contacts



During 2023/24 **29,324** incidents were reported in total. Of these **16,265 (55.47%)** were designated patient safety incidents and reported to NHSE via the central NRLS and LFPSE systems. Of those patient safety incidents, **197 (1.21%** of all patient safety incidents) were categorised as having resulted in severe harm or death. (It should be noted that not all patient safety incidents reported are attributed to the Trust)

The Pareto chart below shows the overall distribution of reported incidents resulting in harm in February and March, with 60% of reported incidents related to Care and Treatment, and 20% related to violence and aggression.





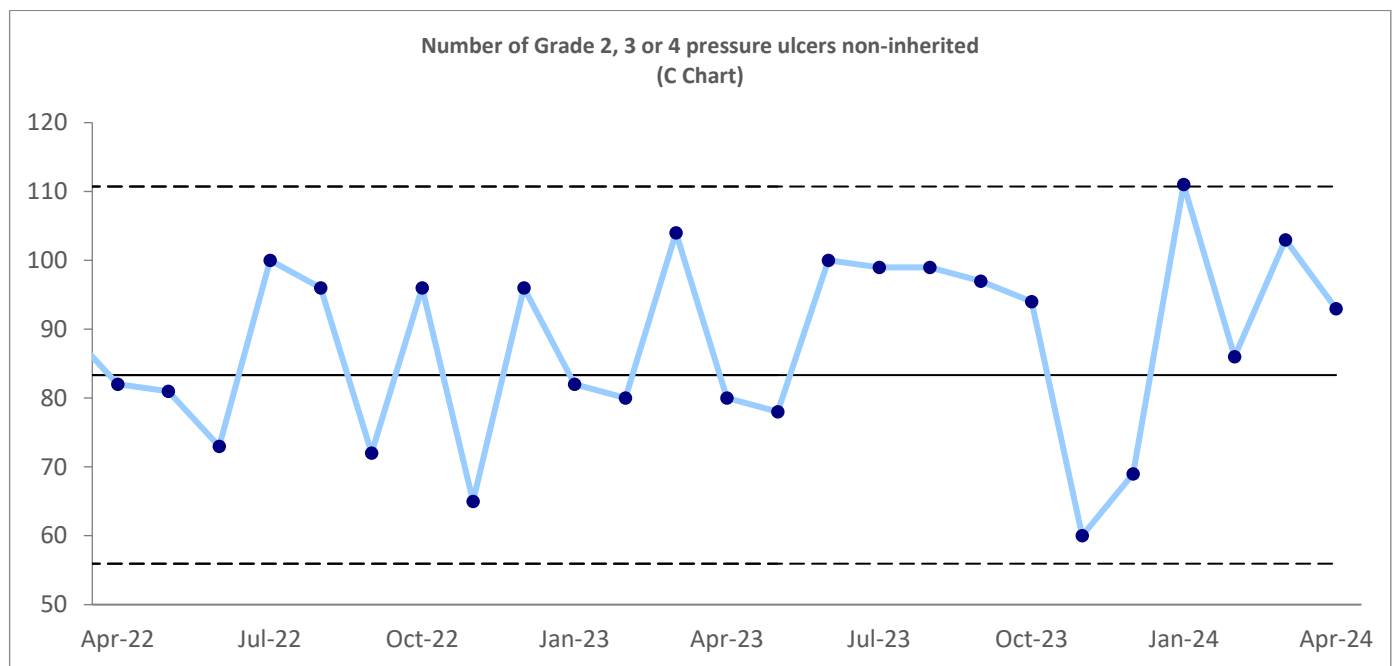
Our work to reduce inpatient physical violence began in 2012, starting with one ward and scaling a bundle of four high impact change ideas across the Trust by 2017. Within the current inpatient quality and safety improvement programme, units are working to embed this safety culture bundle more reliably into everyday operational practice.

Time to Think forums are in place in all inpatient services. These are multi-professional forums with service user input. The purpose of the meeting is to review local data, understand different experiences and perspectives, to shine a light on areas of practice, to support local quality improvement plans, and to monitor safety bundle implementation.

An online training module has also been developed, to ensure that all inpatient staff, and future staff, learn about the importance and how to utilise the four elements of the safety culture bundle. There is continuing training in relation to trauma informed care, and embedding of trauma informed practice via Time to Think groups, protocol and policy development. In addition, trauma informed care leads have reviewed safety intervention training and embedded a trauma informed approach within this.

PowerBI now contains simple and visual ways to view physical violence data in inpatient units, alongside the use of restrictive practices. The restrictive practices group, a trust-wide forum chaired by the Interim Chief Nurse, looks at incidents related to violence and aggression, including equality data, to generate discussion and action as needed.

There are other support groups across the trust that look at specific service groups e.g. PICU and Women's services and as part of that we look at the enablers and barriers to delivering effective services and agree on further workstreams. A QI project that is aimed at related to treatment and outcomes in women's services is soon to be launched.



Newham and Tower Hamlets Community Health Services have a dedicated team of pressure ulcer nurses known as Pressure Ulcer Improvement Facilitators (PUIF) whose main focus is on pressure ulcer prevention and management. They deliver monthly training and education sessions for all staff in a clinical role that support at-risk patients. This is not limited to nurses but also includes therapists and rehab support workers.

The PUIF have weekly risk assessment meetings with District Nursing teams where they discuss all patients on the caseload who have a pressure ulcer; the aim being to identify early any patients who have a pressure ulcer that may be deteriorating. They also review the equipment and care plan to ensure they are appropriate for the patient's needs.

All patients admitted to a caseload have a Waterlow risk assessment completed at the first assessment. If the patient is identified as at-risk, a aSSKINg bundle is implemented. This is a care bundle that stands for a - assessment, S - Surface that the patient is sleeping/sitting on S- Skin inspection from head to toe, K – Keep moving to assess level of mobility, I - Incontinence status is checked, N – Nutrition, G – give information. All of these areas must be assessed as part of the prevention strategy.

The PUIF's in East London see all patients who have a Moderate harm pressure ulcer (Category 3, Category 4 and unstageable pressure ulcers) and any category 2 or Suspected Deep Tissue Injury that has not resolved or improved within 2 weeks.

Community Health Services in Bedfordshire do not currently have this model of care in place, however it is being explored by the Director of Nursing. At present Tissue Viability Nurses see patients who are referred to them by the District Nursing teams. They also deliver training and education in Pressure Ulcer prevention and management. There is also a dedicated tissue viability nurse who supports mental health services and provides training in pressure ulcer prevention for staff working in older people's services.

Tissue Viability nurses and Directors of Nursing review all pressure ulcers reported on a daily basis and look for any clusters in a particular area. Where a higher number of pressure ulcers may be identified in a particular team, a deep dive will be undertaken to help understand any underlying issues and determine appropriate action.

Pressure ulcer data is available on PowerBI, to be able to view different grades of pressure ulcer, by team and over time, to spot any important variation. Data is also routinely viewed in the monthly Leadership meeting for Newham CHS and the Quality Assurance Group meetings in Tower Hamlets and Bedfordshire.

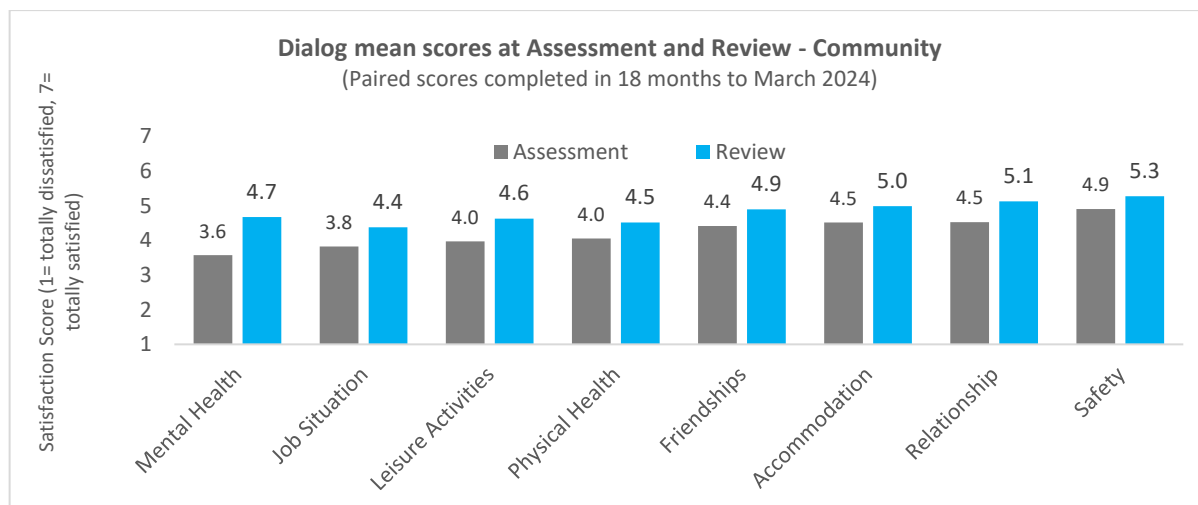
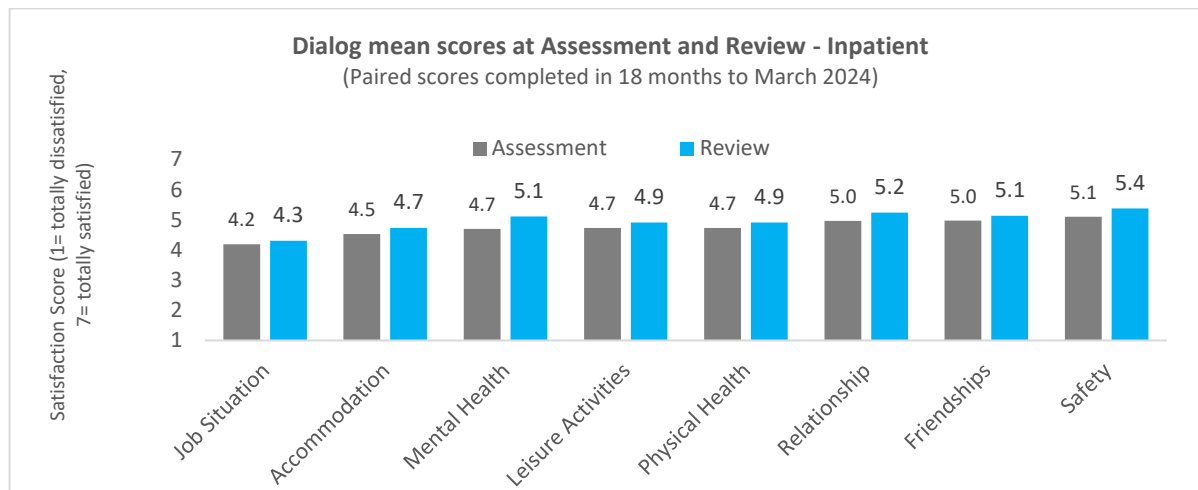
For any moderate harm pressure ulcers acquired in our care, the team undertakes a Root Cause Analysis investigation and presents this at the Pressure ulcer panel meeting and Skin Matters meeting in Bedfordshire. This is an opportunity to identify lessons learned, share good practice and put any actions in place.

Tissue viability teams across Newham and Tower Hamlets have engaged in Quality Improvement projects aimed at reducing occurrence of pressure ulcers, and the Trust is also working with City University on a qualitative research project to explore the barriers and enablers for family and carers when looking after a service user with a pressure ulcer. The Trust is engaged with partners to look at prevention and management across care pathways. The trust tissue viability lead is part of a system wide group led by NEL ICB where good practice and lessons learned are shared across the system. There have been collaborative lessons learned events with the Local Authority and Newham University Hospital with a focus on those service users at risk and who also have a learning disability.

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

Measuring outcomes

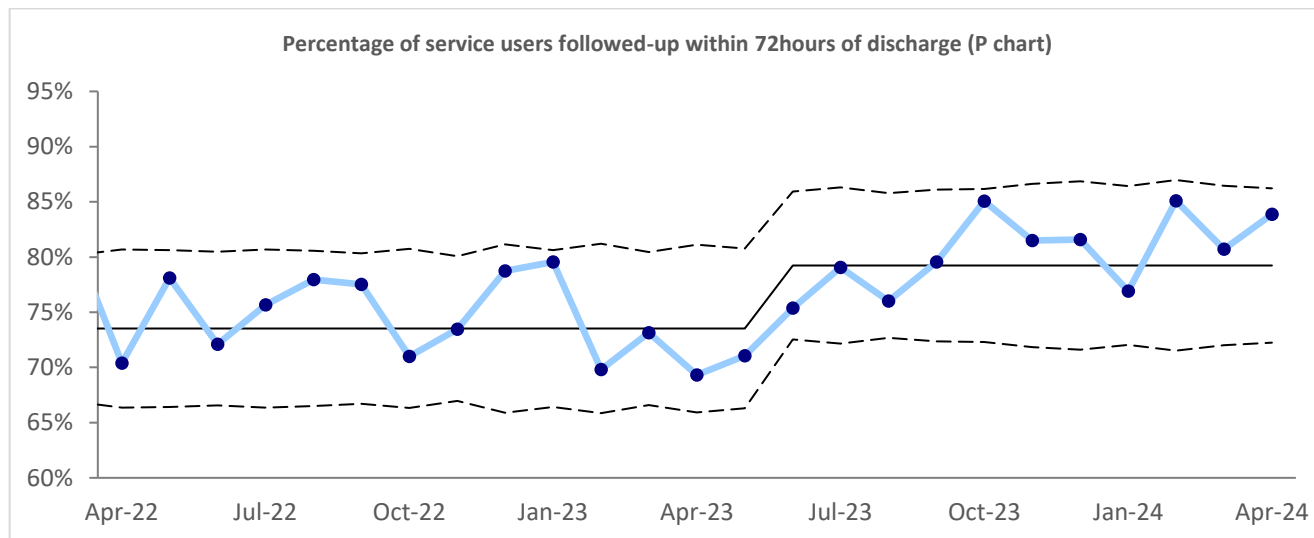


DIALOG is a scale of 11 questions. People rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and a score for treatment satisfaction. The scale is part of the intervention but can also be used on its own.

DIALOG+ is the first approach that has been specifically developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App. Research studies in different mental health services and multiple countries have shown that using it can improve patients' quality of life.

Analysis of outcome data from Dialog shows that inpatient care and community care is resulting in improved quality of life across all domains. This is a positive outcome of the Community Mental

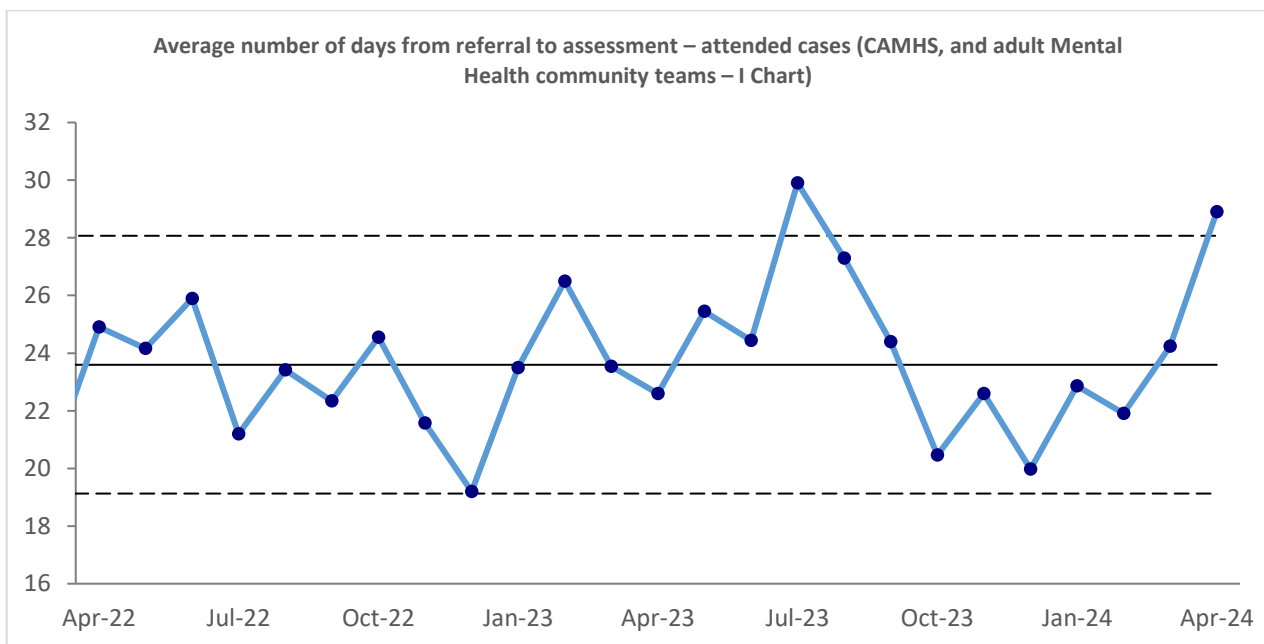
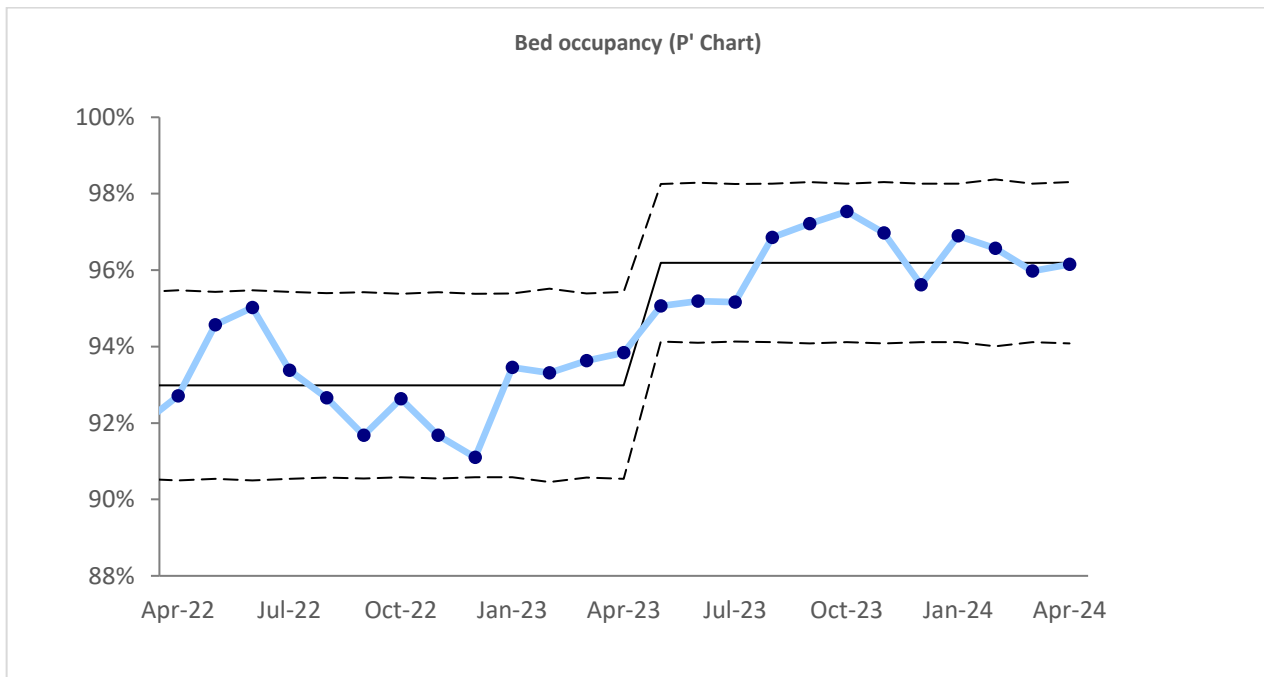
Health Transformation programme, which has introduced a replacement framework for the Care Programme Approach (CPA). The program provides guidance on implementing DIALOG and DIALOG+, outlining the role of care coordinators in developing personalized care plans, setting minimum care standards to meet user and carer needs, and emphasizing safety. The focus for the team continues to be on implementing this guidance and training staff in new approaches, which we believe will lead to further improvements



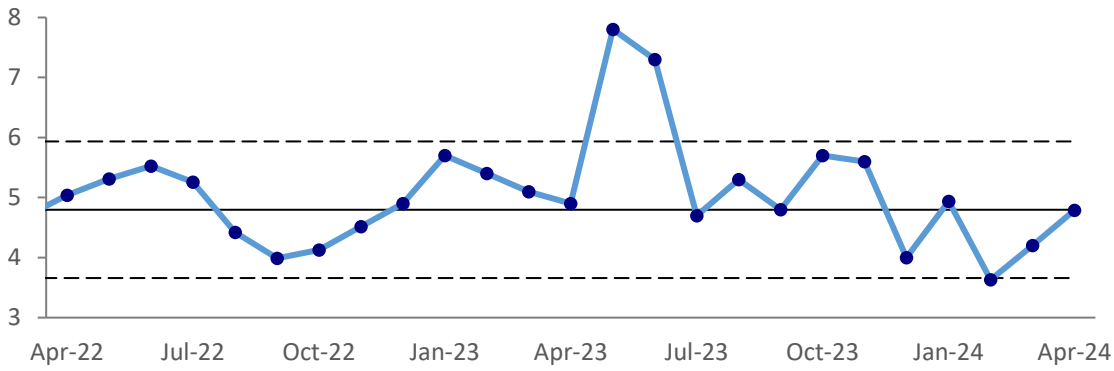
The percentage of service users followed up within 72 hours of discharge from mental health inpatient care has increased in April to 84%. Newham has observed an increase to 88%. The initiative to provide service users with a mobile phone has proved helpful in ensuring contact is made with service users. A small working group has been established to look at the entire discharge process to enhance follow-up procedures and identify areas for improvement.

Meanwhile, Tower Hamlets and City & Hackney have also observed an increase in follow-up post-discharge, achieving 83% and 79% in March, respectively. In City & Hackney, wards are currently exploring using Personal Health Budgets to procure phones for service users who do not have one, to enable ongoing communication post-discharge. Luton and Bedfordshire inpatient services continue to surpass the target, achieving 96% and 94% respectively.

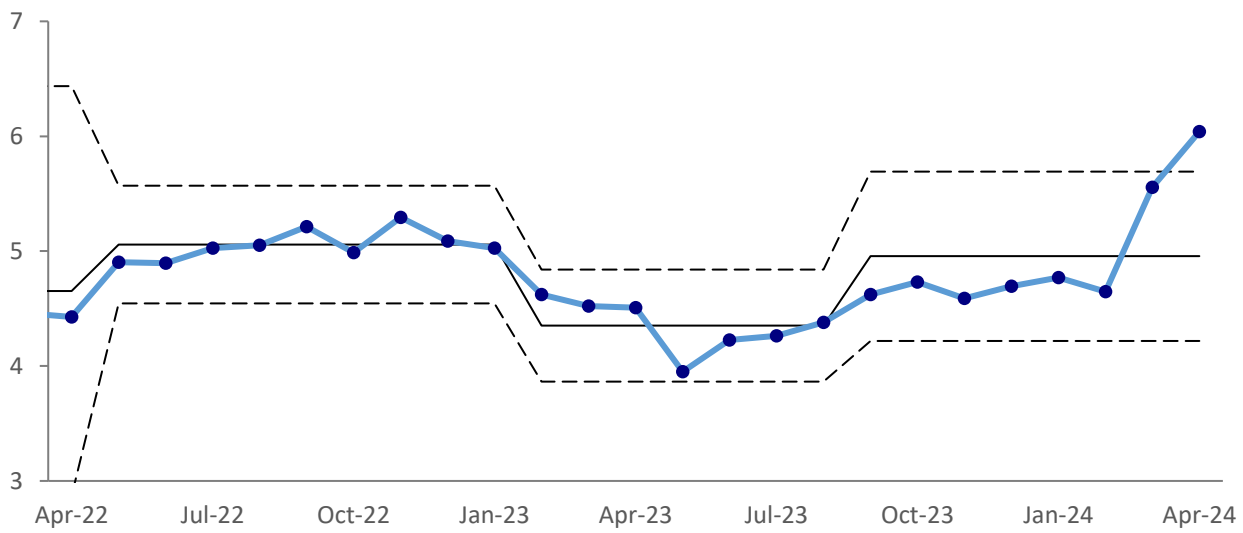
Access to services



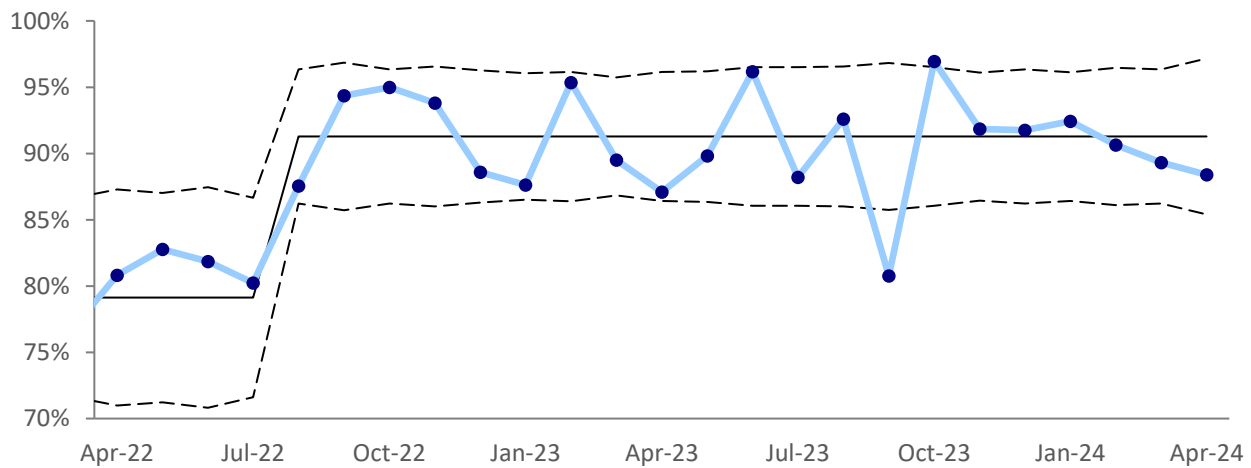
Referral to treatment times Average weeks waited Bedfordshire Adult Community Services (I chart)



Average number of weeks from referral to first appointment in East London Community Health (I Chart)



Rapid Response seen within 2 hour guideline (East London) (P Chart)



Bed occupancy across inpatient services remains high, averaging 96% in April, with the number of out-of-area placements stable at between 60-80. The main contributing factors continue to be related to the increased acuity and complexity of admissions, including a rise in service users with autism and learning disabilities (see Appendix 1, page 26), delays in discharging people who are clinically ready for discharge, and the number of admissions to ELFT beds from people who are from other catchment areas. The number of people clinically ready for discharge remains at around 65 at any time.

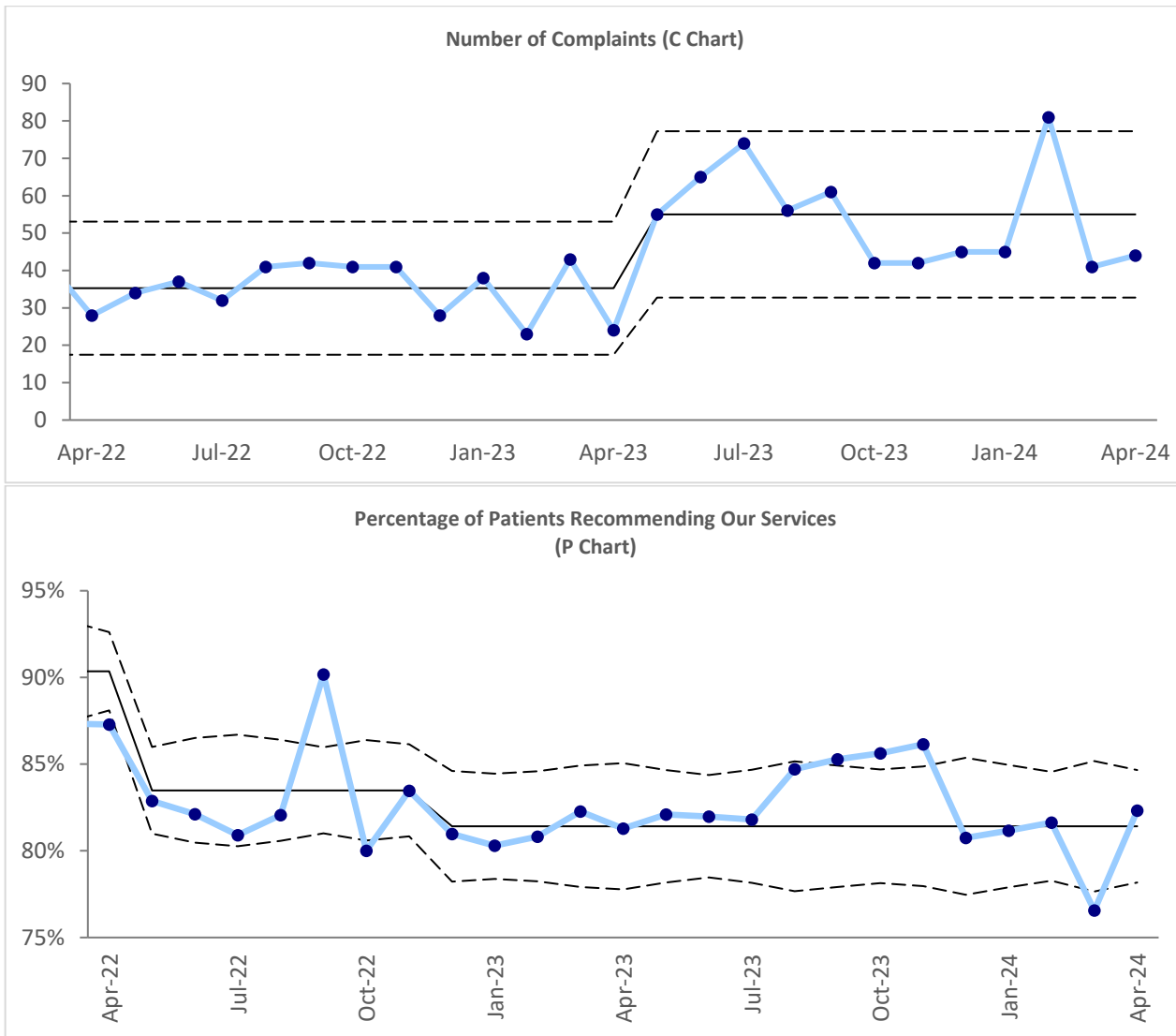
Bed occupancy, and flow through the care pathway, has remained a challenge throughout the year. The inpatient flow programme, a significant initiative across the Trust, is being established to oversee and strengthen the support across our services for the coming year, as it becomes one of our two large-scale improvement programmes. The programme will encompass a range of ideas and investments in the community, to reduce preventable admissions, and enable more rapid discharge to the community, through discharge-to-assess models, supported living accommodation, increasing home treatment team capacity and interventions for service users with complex emotional needs.

The inpatient element of this programme will focus on three key areas. Firstly, delivering purposeful admissions so that service users are only admitted to inpatient care when necessary assessments, interventions, or treatments cannot be provided outside the hospital setting. Secondly, ensuring that therapeutic inpatient care is tailored to meet patients' needs through planned and regularly reviewed interventions and treatments. Thirdly, discharge planning procedures should be initiated as early as possible to ensure individuals can leave the hospital promptly once they no longer require inpatient care.

These goals are consistent with NHS England's aspirations around the national inpatient Quality Transformation programme, which provides guidance and recommendations for ICB and providers to collectively develop plans to support cultural change and introduce bold, radical, reimagined models of care across all NHS-funded mental health, learning disability and autism inpatient settings. In Bedfordshire and Luton, a series of workshops was held in March with all stakeholders to formulate a system-wide plan and approach.

3.1.3 Patient Experience

Central to the delivery of the Trust's 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 charts below provide assurance across a range of service user experience indicators.



The number of formal complaints rose in February before returning to normal levels in April. This was related to a slight increase across most services, particularly Bedfordshire and Luton and Newham mental health services.

The main themes in Bedfordshire related to communication and clinical management, community neighbourhood teams, and inpatient services. Services have highlighted that a small number of staff in community teams left the Trust simultaneously, increasing appointment waiting times temporarily. New staff members have been recruited, and when all members are entirely in post, capacity will return to normal levels. The local performance team has introduced a new approach to triangulating themes derived from complaints and broader incident, quality, and performance data. This fosters a more comprehensive approach to supporting learning and improvement within every team.

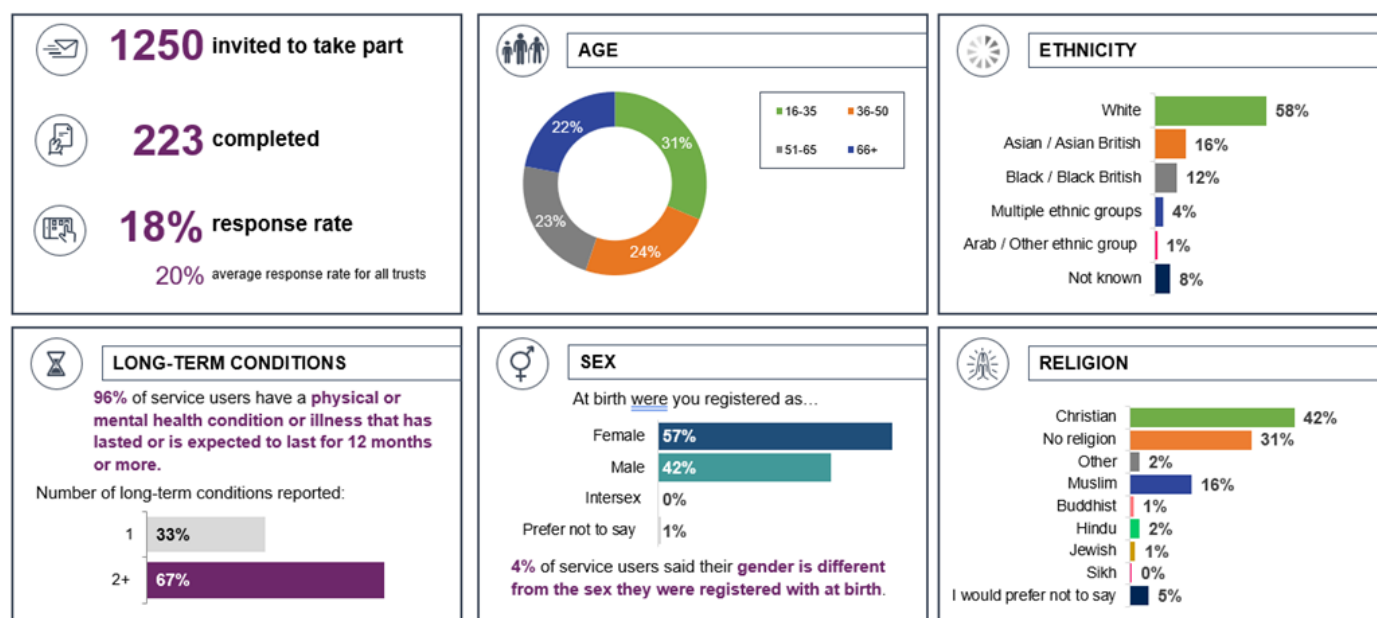
In Newham, there were similar themes around access, communication, clinical management and staff attitude across inpatient, community recovery and home treatment teams. Some of the complaints related to appointments and communication may have been impacted by team capacity due to sickness and leave over the past two months. Regular complaint learning huddles are being utilised in Newham to share insights and knowledge from complaints and tackle thematic issues where they are identified. Local performance teams also aim to enhance

the reporting processes between local complaint huddles and broader governance meetings to disseminate learning more effectively throughout the directorate.

The percentage of service users who would recommend our services decreased in March to 77%, before returning back to normal levels in April. The transition to a new digital platform to capture service user feedback led to a decrease in survey responses collected in March (30% fewer responses and a similar drop in positive results). A few directorates have seen a decrease in scores, particularly across Luton Mental Health and Primary Care services.

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 administered by an appointed contractor and sponsored by the Care Quality Commission.

The National Service User Survey was undertaken for East London NHS Foundation Trust in 2023. The figures below summarise participation and the findings of the report.























Where service user experience is best

- ✓ **Planning care:** service users having a care plan
- ✓ **Crisis care support:** service users getting help needed when they last contacted the crisis team
- ✓ **Planning care:** service users had care review meeting in the last 12 months
- ✓ **Involvement in care:** staff and service users deciding together on care received
- ✓ **Medication:** NHS mental health team checking how service users are getting on with medication

Where service user experience could improve

- **Support in accessing care:** support provided met service users' needs
- **Support in other areas of your life:** service users being given support with physical health needs
- **Support in accessing care:** NHS mental health team asked if service users needed support to access their care and treatment
- **Medication:** side effects of medications being discussed with service users
- **Talking therapies:** service users having enough privacy to talk comfortably during talking therapies

Headline scores

<p>Support while waiting</p>	<p>Patient Response </p> <p>6.4 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Mental Health Team</p>	<p>Patient Response </p> <p>5.9 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Planning care</p>	<p>Patient Response </p> <p>6.6 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Involvement in care</p>	<p>Patient Response </p> <p>6.0 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Medication</p>	<p>Patient Response </p> <p>6.7 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Talking Therapies</p>	<p>Patient Response </p> <p>7.9 / 10</p>	<p>Compared with other trusts </p> <p>Somewhat worse than expected</p>
<p>Crisis Care Support</p>	<p>Patient Response </p> <p>5.7 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Crisis Care Access</p>	<p>Patient Response </p> <p>6.8 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Support with other areas of life</p>	<p>Patient Response </p> <p>3.4 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Support in accessing care</p>	<p>Patient Response </p> <p>3.8 / 10</p>	<p>Compared with other trusts </p> <p>Somewhat worse than expected</p>
<p>Respect, dignity and compassion</p>	<p>Patient Response </p> <p>7.6 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Overall experience</p>	<p>Patient Response </p> <p>6.4 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>
<p>Feedback</p>	<p>Patient Response </p> <p>3.0 / 10</p>	<p>Compared with other trusts </p> <p>About the same</p>

In addition to the range of work in support of the strategic objective to improve experience of care, during 2023/24 the Trust has continued to promote the use of the Care Opinion platform to its understanding of, and ability to respond to service user and carer experience.

The Trust-wide Patient and Carer Experience Forum has met every other month through the year to provide a platform for discussion and review of patient and carer experience data with the aim of supporting learning and, ultimately, improvement of patient experience within the organisation.

3.2 Achievements and Awards

Health Service Journal (HSJ) Partnership Awards (March 2024)

Most Impactful Project Addressing Health Inequalities
City and Hackney: The Tree of Life in Schools project

Tower Hamlets Together Awards (February 2024)

Highly Commended
Child and Adolescent Mental Health Services (CAMHS) in Tower Hamlets

Primary Care Impact Awards (January 2024)

Excellence in Patient Communication Award
Cauldwell Medical Practice,

Royal College of Psychiatrists Awards (November 2023)

Psychiatric Team of the Year
East London Children and Young People Community Eating Disorder Service

Royal College of Psychiatrists Awards (November 2023)

Patient Contributor of the Year
Peer Support Training Lead, Lenna Adley

Queen's Nurse Awards (November 2023)

Nurse of the Year
Julia Roye
Lead Nurse for Primary Care

City University Practice Excellence Awards (November 2023)

Highly Commended
Broadgate Ward, John Howard Centre

Health Service Journal Awards (November 2023)

Innovation and Improvement in Reducing Healthcare Inequalities category
City and Hackney Tree of Life in Schools Project

Children & Young People (CYP) Now Awards (November 2023)

Mental Health and Wellbeing Award
City and Hackney: Tree of Life in Schools Project

Community Awards for Luton and Bedfordshire (November 2023)

Health Care Hero Award
Chris Gibbons, Prison Reconnect Worker
Luton and Bedfordshire Liaison and Diversion

London Healthcare Support Worker Awards (November 2023)

Team of the Year – Highly Commended
Fothergill Ward, East Ham Care Centre

VMWare International Customer Cloud Technology Award (October 23)

ELFT Infrastructure Team ELFT for Digital Infrastructure Programme

Top 75 Nursing Times List

Newham Community Children's Matron, Rebecca Daniels

HSJ 50 Most Influential BAME People in Health (October 2023)

Chief People Officer, Tanya Carter
Non Executive Director Dame Donna Kinnair

NHS Pastoral Care Quality Award (October 2023)

International recruitment and high-quality pastoral care to overseas staff

Learning Disabilities and Autism Awards (August 2023)

Chelsea Laing (Highly Commended) BLMK CAMHS Nurse

Global Research Professorship Award

Professorship at the National Institute for Health and Care Research (NIHR).
Newham Consultant Paediatrician Dr Michelle Hays

RCN Foundation Impact Award (July 2023)

Margaret Parkinson Into Nursing Impact Award
Fartun Ali (Staff Nurse)

Royal College of Psychiatrists (July 2023)

Foundation Doctor of the Year (London Division)
Dr James Cai

HSJ Digital Awards (June 2023)

Improving Urgent and Emergency Care Through Digital Award
Joint Award – Bedfordshire Community Health Services, East Of England Ambulance and HNS
partners
Access to the Stack Programme

HSJ Digital Awards (June 2023)

The Bedfordshire Community Health Service Single Point of Access Collaboration

3.3 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.

3.4 Statements of Integrated Care Boards and Partners

Statement from North East London Integrated Care Board to ELFT Quality Accounts 2023 – 2024

NHS North East London Integrated Care Board is the lead commissioner responsible for commissioning health services from East London NHS Foundation Trust on behalf of the population of east London.

Thank you for asking us to provide a statement on East London NHS Foundation Trust's 2023/23 Quality Account and priorities for 2024/25. We commend the Trust for aligning priorities with system partners, working in collaboration with communities to improve care and experience, and supporting the development of our Integrated Care System strategic objectives.

The Trust has continued to make progress on improving population health outcomes; experience of care; staff experience; and improved value. The Trust's substantial quality improvement programme, supported by strong leadership, has delivered an impressive range of quality improvement projects in east London over the last year in both mental health and community services. We hope to see these improvements sustained, spread to other services, and continue to focus on what matters to our residents.

We are aware that the Trust has undertaken important work to address health inequalities in the last year. Several interesting examples of this work are provided, such as the Women in Motion project which successfully enhanced employment opportunities for Somali women in the NHS and healthcare sectors. This year the Trust has reported on how it has made a conscious effort to increase recruitment of participants for research studies from underserved communities. This is an excellent example of how the Trust uses every opportunity to improve equity of care.

We also note the work taking place across inpatient services to improve experience and safety of care in response to serious incidents and Coroner Prevention of Future Death reports. We very much support this work and hope that in future it can be reported in a way that will enable us to see the positive impact this has had for inpatient services in east London.

We are grateful to the Trust and its staff for their continued commitment to collaboration and partnership working that will further support and develop our North East London Integrated Care System.

We confirm that we have reviewed the information contained within the account, and checked this against data sources where these are available to us, and it is accurate.

Overall, we welcome the 2023/24 quality account and look forward to working in partnership with the Trust over the next year.



Zina Etheridge
Chief Executive Officer
North East London Integrated Care Board

Statement from Bedfordshire, Luton & Milton Keynes Integrated Care Board to ELFT Quality Accounts 2023 – 2024

BLMK ICB acknowledges receipt of the 2023/2024 Quality Account from East London Foundation Trust (ELFT). The Quality Account was shared with key members of the ICB and reviewed by members of the ICB's Quality Team as part of developing our assurance statement.

The Trust and the ICB have continued working together as partners, further developing joint quality assurance meetings with ICB colleagues attending ELFT quality assurance meetings. The ICB has had a greater understanding of challenges and developments of services by being embedded within the Trust's governance meetings.

Across Bedfordshire and Luton, the ICB have worked closely with ELFT and Partners (Local Authority, Healthwatch and ELFT senior leaders) in ensuring patient safety and quality of services. In line with the NHS (Quality Accounts) Regulations, BLMK ICB have reviewed the information contained within the ELFT Quality Account and it is, to the best of our knowledge, accurate and fairly interpreted.

BLMK ICB would like to thank ELFT on their continued commitment to patients during another year of high demand with further increasing complexity. We recognise the ongoing increase in demand on both the Community and Mental Health services which includes quality improvement of services alongside the joint work from ELFT with other local providers to reduce system pressure. People participation is an intrinsic element to the review and improvement of service delivery promoting a positive patient experience.

The Trust has demonstrated how Quality Improvement was organised within the 2023-24 Quality Improvement Plan, to support delivery of the Trust's annual plan. The successful delivery of two large-scale equity improvement programmes which are beginning to show results is impressive. We note specifically the increase in people with a serious mental health illness receiving health checks within the Hatters Health Primary Care Network and the increase in the number of women accessing the Bedford Crisis Pathway and Perinatal service.

Improving Inpatient Quality and Safety by continuing to embed the ELFT Safety Culture Bundle remains a key priority, involving both staff and service users which has shown a significant reduction in violence and the use of restrictive practice. This is in line with the 3-year NHS England Programme to improve the quality within mental health, learning disabilities and autism inpatient services.

It is positive to see 'Building Capability in QI skills' across the Trust and the Integrated Care Systems with graduations from both the Improvement Leaders Programme and Improvement Coaching Programme. The reduction of temporary medical agency staff and nursing vacancies offers greater stability to mental health services across Bedfordshire and Luton and should improve outcomes for service users.

The ICB has reviewed the Trust's Quality Priorities for 2024-25 to improve population health, improve experience of care, improve staff experience and improve value. There is clarity in how quality improvement projects will support delivery of these ambitious priorities.

It is assuring to see the proposed launch of phase 3 of the Pursing Equity programme to focus on closing the gap for service users accessing services who are living in the most deprived deprivation deciles.

With the challenging position around use of private out of area inpatient beds, it is positive that the Trust will be carrying out a large-scale quality improvement programme to reduce reliance and improve inpatient flow. Ensuring that residents are supported in local NHS provision will improve outcomes and experience of mental health services.

The ICB would like to acknowledge the continued partnership working in relation to the development of the Patient Safety Incident Framework for the BLMK system which is part of the Trusts Patient Safety Strategy. Continued partnership working over 2023-24 has further supported the development of the BLMK Integrated Care System.

Following the commencement of the Thirlwall Inquiry, embedding and developing the role of Trust's Freedom to Speak Up (FTSU) Guardians and Champions will be imperative to support an open and listening culture.

As Strategic Commissioners and System Partners we recognise the continuing transformation and improvement of services to support on-going demands, complexities and challenges of meeting the needs of the population. We are looking forward to further embedding partnership working to improve patient safety, quality of care alongside patient experience.

We hope ELFT finds these comments helpful and anticipate continuous improvements throughout the coming year. BLMK ICB looks forward to the continued developing collaboration of services with ELFT across our Integrated Care System in 2024/25 and the impact this will have for BLMK residents.

A handwritten signature in black ink, appearing to read 'Sarah Stanley', with a long horizontal flourish extending to the right.

Sarah Stanley
Chief Nurse/Executive Director Nursing & Quality
BLMK Integrated Care Board

Statement from Central Bedfordshire Council Social Care Health And Housing Scrutiny Committee to ELFT Quality Accounts 2023-2024

Central Bedfordshire Council's Social Care Health and Housing Overview and Scrutiny Committee holds decision-makers to account for improving outcomes and services for the residents of Central Bedfordshire. As a critical friend to the Trust, we are pleased to have an opportunity to provide feedback on the Trust's Quality Account for East London NHS Foundation Trust.

We would like to start by acknowledging the many highlights and achievements delivered by the Trust during the last year. The progress and innovation reported as part of the pursuing Equity Quality Improvement Programme focused on improving population health outcomes is encouraging and it was positive to read the examples of innovative change ideas that are being tested and rolled out. It is also encouraging to see the increase in service user involvement in quality improvement projects following a decrease during the Covid-19 pandemic.

We also make specific reference to the focus on reducing the use of temporary medical staff and the encouraging results shown by this innovation programme, as well as the impressive reduction in medication waste achieved by the Bedfordshire and Luton Mental Health Crisis pathway.

We note the overall positive results from the NHS Staff Survey as properly valuing and supporting staff who care for some of the most vulnerable is vital. We hope to see more detail in future reports setting out the work the Trust is undertaking to address the three main areas of staff feedback from the Trust's staff survey.

We highlight the following areas of concern and for improvement:

- The admission of one patient under 16 years old to an adult facility during 2023-24, an increase on the previous year where the Trust met the target for no admissions. Capacity within inpatient facilities has been an area of interest for the Committee during this past year.
- That the uptake for the flu vaccine by frontline health workers was significantly lower than the CQUIN target. Given the increased risks of infection for frontline staff and the role vaccination can play in reducing this risk and helping safeguard vulnerable patients, we hope the Trust will continue to focus on this issue in the coming year.
- Waiting times and difficulty accessing support from referral has been an issue raised by residents and discussed in Committee this year, and we would welcome more detail in future reports about action the Trust is taking to reduce waiting times and make it easier to access services.
- We also note the impact of delayed discharges on occupancy rates and would welcome further information about joint working with other agencies and authorities to tackle this issue.

In conclusion we welcome the opportunity to consider and comment on the report and we look forward to working constructively with the Trust to support the scrutiny process and our residents.

Cllr Emma Holland-Lindsay, Chair, Central Bedfordshire, Social Care Health and Housing Overview and Scrutiny Committee.

3.5 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 Accounts is available via:

- East London NHS Foundation Trust website (<https://www.elft.nhs.uk>)

2023/24 Statement of Directors' Responsibilities in Respect of the Quality Accounts

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

NHS England has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Accounts (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 Accounts.

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

- the content of the Quality Accounts meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 and supporting guidance
- the content of the Quality Accounts is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2023 to May 2024, papers relating to quality reported to the Board over the period April 2023 to May 2024
 - 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 Accounts
 - the national staff survey within Quality Accounts
- the Quality Accounts presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Accounts is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, 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 Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

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

Signature

Signature

**Eileen Taylor
Chair**

**Lorraine Sunduza
Chief Executive**

Date

Date

CONTACT US

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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