

REPORT TO THE TRUST BOARD - PUBLIC
27 APRIL 2017

Title	Quality Report
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Purpose of the Report:

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

Summary of Key Issues:

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

- 1 – quality control, which helps understand how the system is performing, based on the Board's quality dashboards. This section includes narrative to investigate instances of special cause seen in the data.
- 2 – quality assurance, which provides a summary of data, intelligence and actions to provide high quality of care against the CQC's key lines of enquiry
- 3 – quality improvement, which provides an update of improvement work across the Trust

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

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

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	N/A

Implications:

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

Supporting Documents and Research material

N/A

Glossary

Abbreviation	In full
CQC	Care Quality Commission
CPA	Care Programme Approach
HCA	Health Care Assistants
KLOE	Key Line of Enquiry

1.0 Background/Introduction

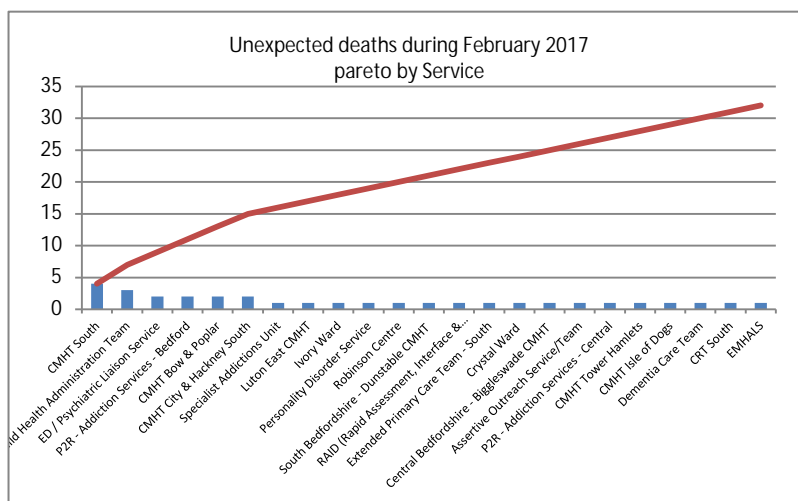
1.1 The Quality Report has been redesigned to provide the board with an overview of quality across the organisation, split across the three domains of quality control, quality assurance and quality improvement. The quality control section continues to be based on the Trust Board's quality dashboard of whole system measures, displayed as statistical process control charts to help us understand variation and whether we are improving over time. The data is presented in two dashboards - East London only services and all services. The 'All Services' dashboard is limited to measures where data are available or reliable.

2.0 Quality Control

2.1 Safety

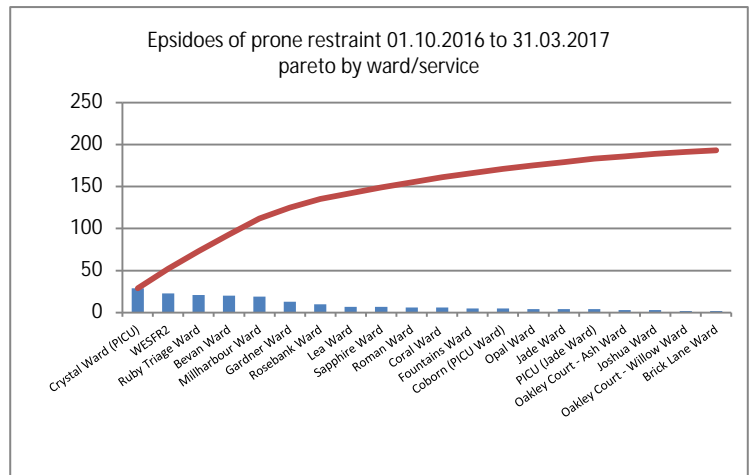
2.1.1 Serious incidents in March show special cause variation. On review of the data, this has been influenced by a number of incidents that took place prior to March being identified as serious incidents during the month, and four further incidents that had occurred pre-March, and been initially reviewed at Level 2, being re-graded as Serious Incidents following review of the findings of those Level 2 reports.

2.1.2 The numbers of unexpected deaths showed special cause variation during February across the Trust. The pareto chart below shows the distribution of unexpected deaths by service during February.



Notably, there are three deaths of children - whilst the deaths were tragic and unexpected, the children had existing serious and complex health conditions which had led to contact with our services. Additionally, there were four deaths of patients of our specialist addictions services, which initial information suggests were related to their substance misuse.

2.1.3 The last five months have seen increasing numbers of restraints in prone position in both the Trust wide and London data. Whilst this is not yet a statistical trend, the pareto chart on the right shows the distribution of prone restraint across services over the last 6 months. The Director of Nursing for London mental health has recently undertaken a detailed audit and analysis of the data around prone restraint and will report to the next Quality Committee. Reducing prone restraint has been identified as a core objective of the QI project to reduce in-patient violence.



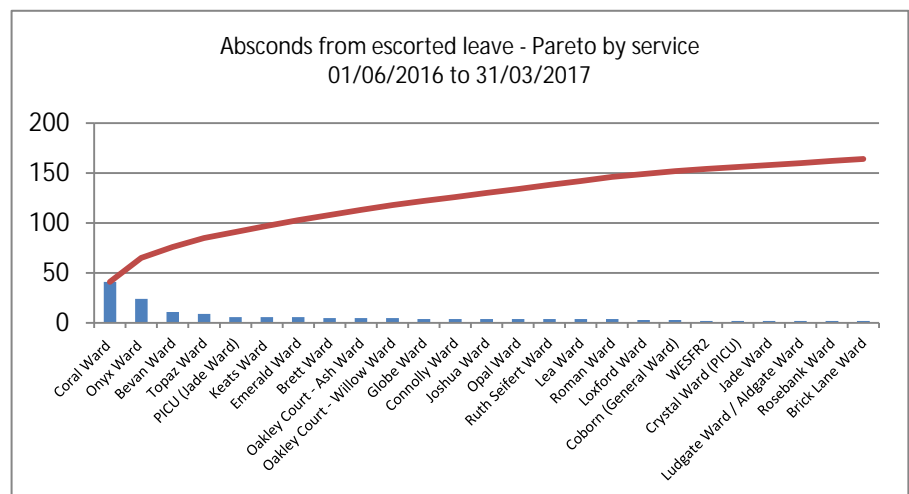
2.1.4 The February quality report described special cause in the number of falls reported trust-wide. The data has now reverted to normal variation.

2.1.5 Incidents of self-harm have returned to normal variation across the Trust, sitting close to the lower control limit.

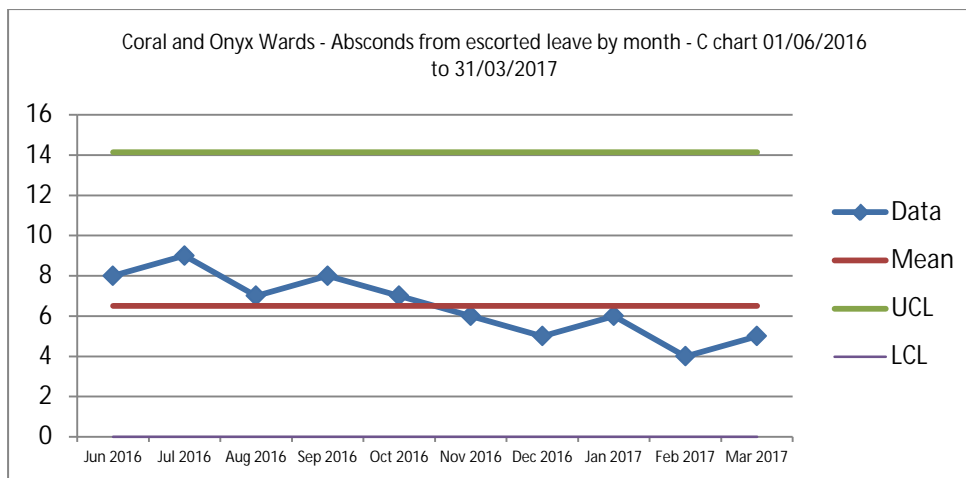
2.1.6 Since a period of increased reporting of medication incidents between June and September last year, reporting has returned back to the original level.

2.1.7 Episodes of absconds from escorted leave trust-wide have shown a sustained increase since November 2015, such that the chart has been phased from that point with a new higher mean and control limits.

2.1.8 Analysis of the period of increase (from June 2016) reveals that a significant number of incidents were reported by Onyx and Coral Wards, adult acute services in Luton.



2.1.9 Work has been undertaken to address this, and the c chart below signals that this is starting to have an impact, with another data point below the mean indicating a shift.



2.2 Clinical effectiveness

2.2.2 Non-attendance (DNA) at appointments across the Trust continue to show special cause variation, falling below the lower control limit, following the inclusion of District Nursing data again. We will need to wait for this to stabilise before recalculating the new control limits for this measure.

2.2.3 A chart showing waiting times for Adult CMHTs including Luton and Beds is included in the dashboard for the first time. It shows a lag in the impact of Luton and Beds services, with just normal variation for a period after April 2015. There follows an increase in waiting time, outside of normal variation around April 2016. This coincides with RIO roll out in those services, and there is a high likelihood that the increase is exaggerated by the crossover of recording systems, which we are now seeing resolved as waiting times return to a lower level, with seven consecutive data points below the mean signalling a potential shift.

2.2.4 The pattern is different across London services, where the 'Access to Services collaborative' has had some success in reducing waiting times. There has been a slight rebalancing where waiting times have increased slightly, but they remain lower than the baseline level. The chart has been phased to reflect these changes.

2.2.5 The percentage of CPA caseload contacted within the month is showing special cause variation during February and March, falling below the lower control limit. This is a recording issue caused by changes made to the RIO system in preparation for the reintegration of older persons services into the Borough Directorates. We would expect data to return to normal variation in the next iteration of this report.

2.2.6 Adult acute mental health length of stay across London services is showing signs of reduction, with seven points below the mean. This is not mirrored within the Trustwide data. Bed occupancy remains stable across the Trust.

2.3 Patient Experience

2.3.2 The percentage of patients who were extremely likely to recommend ELFT's services has continued to show special cause variation within London. This is now also being witnessed within the Trust wide data, signifying similar improvement in Luton and Bedfordshire. On deeper analysis, this is due to improvements across the Trust in all five standard patient reported experience measures:

- Have our staff treated you with kindness
- Have you felt listened to by our staff
- Have you felt treated with dignity and respect by our staff
- Have you been given enough information to help you cope with your mental health?
- Do you know who to contact when worried or in a time of crisis?

2.3.3 The number of complaints received can be seen to have remained stable within the London data, however is showing special cause variation within the Trust wide data. Complaints closed within 25 days is continuing to show special cause variation, with 100% of complaints closed within 25 days during March. Team staffing has improved since the turn of the year and detailed work has taken place during March, with the new Complaints Manager and her team, to review and improve complaints handling processes. This is also likely to lead to a new and improved measure of responsiveness or experience of the complaints process replacing the current measure on the dashboard soon.

2.3.4 PALS enquiries are showing an increase, and special cause variation across the Trust. This may reflect new dedicated resource in the Complaints and PALS team that has enabled an increase in enquiries.

2.4 Our Staff

2.4.2 Following special cause variation above the upper control limit within the London data, the number of staff leaving employment has now returned within normal variation during March. This pattern is not mirrored within the Trust wide data, with the number of staff leaving employment remaining above the upper control limit. This signifies unusually high numbers of leavers within Luton and Bedfordshire.

2.4.3 The number of staff leaving employment within 12 months continues to show variation in the Trustwide data, however this appears to be stabilising within the London data.

3.0 **Quality Assurance**

3.1 In September 2016, East London Foundation Trust were awarded a rating of 'outstanding' by the Care Quality Commission. To maintain this high standard of care, the Trust's quality assurance processes will now seek to closely align to the CQC process, maintaining preparedness at all times. This Quality Assurance section consists of a summary and distillation of various quantitative and qualitative data sources and seeks to provide the board with confidence that the care standard achieved in 2016 is maintained and any areas for improvement are identified and acted upon.

Are we effective?

3.2 Definition

The CQC definition of effective focuses on care and treatment outcomes, staff knowledge and training, cross-disciplinary and departmental working, compliance with care-related statutory and legal regulations and the monitoring and addressing of physical wellbeing. To develop an understanding of this, data has been pulled from across the Trust with a focus on the qualitative aspect of effectiveness, considering the learning that has occurred across the Trust within the last year and where there may be areas for improvement still to be addressed.

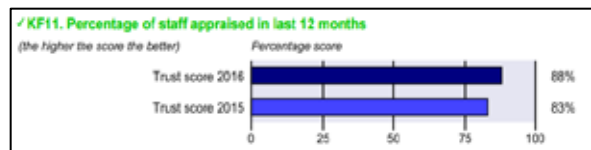
3.3 Data used

Various data spanning numerous functions has been triangulated. The data discussed spans February 2016 to February 2017 and the sources have been split into three areas to provide a rounded and robust view of effectiveness:

What does the data tell us	What do our staff tell us	What our service users tell us
<ul style="list-style-type: none"> ▪ Training completion ▪ Supervision, appraisal and performance management ▪ Learning from incidents ▪ Assurance and improvement completion rates ▪ RiO assessment forms ▪ Trust wide audit 	<ul style="list-style-type: none"> ▪ Executive Walkround ▪ Internal staff survey ▪ National staff survey 	<ul style="list-style-type: none"> ▪ Service user led audit ▪ Patient experience feedback ▪ Complaints ▪ CQC Community Mental Health Survey

Learning and development

3.4 While the National Staff Survey has shown a notable increase in the percentage of staff who have been appraised in the last 12 months (83% in 2015 to 88% in 2016), this figure is still one of the lowest when considering other mental health/community health (MH/CH) Trusts. Those appraisals that do occur are ranked highly by staff, coming in much higher when compared to other MH/CH trusts.



3.5 Men, those without a disability and those who belong to BME groups tend to report higher satisfaction with appraisals and non-mandatory training, learning or development. Those who work in administrative and corporate services reported low numbers of appraisals completed and the lowest levels of satisfaction with the quality of appraisals and training, learning and development opportunities.

	Adult / General Nurses	Mental Health Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Occupational Therapy	Physiotherapy	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Social Care	Public Health / Health Improvement
Appraisals & support for development														
KF11. % appraised in last 12 mths	90	92	94	92	89	89	93	85	90	86	84	78	91	93
KF12. Quality of appraisals	3.54	3.61	3.61	3.78	3.47	3.29	3.48	3.06	3.18	3.71	2.97	2.92	3.47	4.05
KF13. Quality of non-mandatory training, learning or development	4.40	4.28	4.46	4.20	4.17	4.13	4.08	4.18	4.04	4.22	3.81	3.84	4.22	4.50

- 3.6 In comparison to other Mental Health/Community Health trusts, ELFT came very low when considering equal opportunities for career progression (78% in ELFT, 88% for comparable trusts). The lowest scores in this area were reported by general managers (69%) and corporate services (58%). In regards to demographic data, those with a disability, those above the age of 51, women and BME groups all reported low scores.

Assurance and improvement activity

- 3.7 Participation in Trust-wide clinical audits is currently at 54%. This figures is influenced by Luton and Bedfordshire, where involvement in the Trust audit process is still nascent, who show the lowest compliance rates with 26% and 28% of teams participating. The Quality Assurance team will be picking up engagement work regarding this within the newly established Quality Assurance Network, supporting representatives from each directorate to raise awareness and promote engagement with the process. A review of the appropriateness and relevance of standards is also being carried out.

- 3.8 To date, 1210 people have graduated from QI training programmes across the Trust. The National Staff Survey shows the percentage of staff at ELFT who feel they are able to contribute to improvements at work is the highest across all provider organisations in England.

Training Programme	Graduates
Pocket QI	467
Improvement Science In Action	690
QI Coaches	53

- 3.9 The deployment of the recovery-focused Care Programme Approach (CPA) uses DIALOG, a Patient Recorded Outcome Measure (PROM), as its focus. All CPAs will record this PROM from April 2017. This will yield high levels of Trust wide data on the support needs of our service users. .

Working well within and across organisations

- 3.10 A large number of discharges come about not as result of clinical intervention, most often because of non-attendance at appointments, or referrals not being clinically indicated or appropriate. This is suggestive of inefficiency in the system, and is most prevalent in CAMHS and Newham. Further work to understand the data in CAMHS is required, however work currently underway in Newham includes increasing GP awareness, more frequent liaison meetings with GPs and Consultants from both Community Recovery Team and Assessment Brief Treatment Team and structural changes within ABTT to address these issues.

- 3.11 Pathways, handovers and transitions was raised as an issue in the ‘Safe’ quality assurance report. Following a thematic analysis of incidents related to access and transition, the top five themes were:

- Record keeping (including a lack of information, incorrect information and missing records)
- Communication (especially regarding handover between internal wards and services)
- Staffing
- Patients leaving prior to assessment from team (this is particularly relevant to RAID teams and most frequently occurs within emergency departments)
- A lack of available beds (particularly when communication about handover has broken down between wards/services)

4.0 Quality Improvement

Encouraging, engaging and inspiring:

- 4.1 Our 1st annual Bedfordshire and Luton QI Conference took place on 7 March and was attended by 150 staff, service users and external partners. Delegates celebrated the work that had already taken place and reflected on what had helped and hindered QI during its first year in Bedfordshire and Luton.



- 4.2 Our third annual London QI conference took place on 31 March and was attended by 300 staff, service users and external partners. In addition to two plenary presentations, delegates attended one world café session and breakout sessions on service user involvement and scale up and spread.



- 4.3 On 26 April we will be hosting an Experience Day for 150 international delegates as part of the International Forum on Quality and Safety in Healthcare. The morning session will focus on the ELFT QI journey and service user involvement in QI. In the afternoon delegates will split into groups, visiting nine sites across East London to experience QI and services at the frontline.

Building Improvement Capability:

- 4.4 Our third cohort of our Developing Improvement Coaches course will start in May with 50 new coaches registered to attend. This will bring the total number of QI coaches operating in the organisation to 81. In Improvement Science in Action, 50 staff from wave 5 (Luton and Bedfordshire) and 75 staff from wave 6 (London) graduated in March 2017. Wave 7 is scheduled to start in September and will feature a re-designed structure and syllabus. Pocket QI is now operating on a regular basis in both London

and Luton & Bedfordshire sites, with the total number who have now graduated though this offering being 477.

Embedding into daily work:

4.5 The Trust has agreed five strategic priority areas for the coming year. These will be:

Reducing violence, Improving Access, Enjoying Work, Shaping Recovery in the Community, and Value for money

4.6 Collaborative learning systems and project boards are now in place for each of these areas and we are currently refining aims, content and execution theory in addition to measurement systems for each.

4.7 Additionally, we are working with local directorates to develop a quality planning cycle which will provide additional support and structure in helping directorates identify their own local quality priority areas. This should in turn help directorates better align QI work with available resources and determine how they build improvement capability linked to the work.

QI Projects within the organisation:

4.8 We currently have 181 active QI projects. Of these, 51 projects are now showing sustained improvement whilst 67 feature service user involvement. Progress against the Trust's strategic priority areas is as follows:

Reducing Violence

4.9 The violence reduction collaboratives continue to operate in City and Hackney and Newham. City and Hackney are observing an 84% reduction in violence across 5 wards whilst Newham are now observing a recent increase in violence of 27% across 4 wards. This increase can be attributed to special cause variation on all wards which has now been brought back into control.



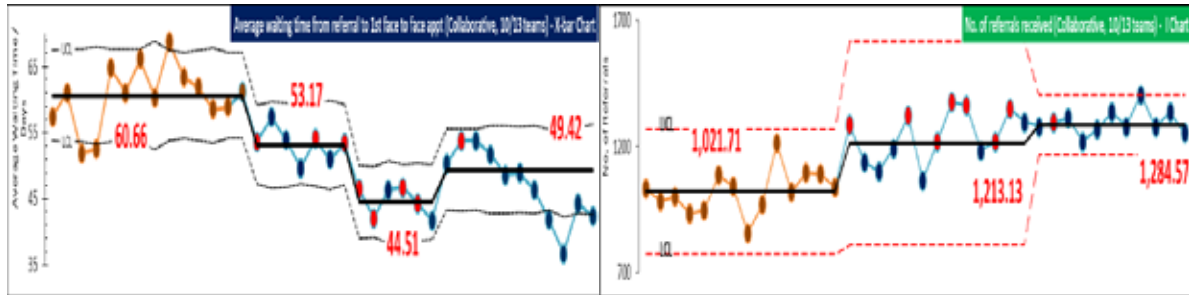
4.10 A forensics violence reduction collaborative is now operating. A formal dashboard is now live and meetings have commenced.

Improving Access:

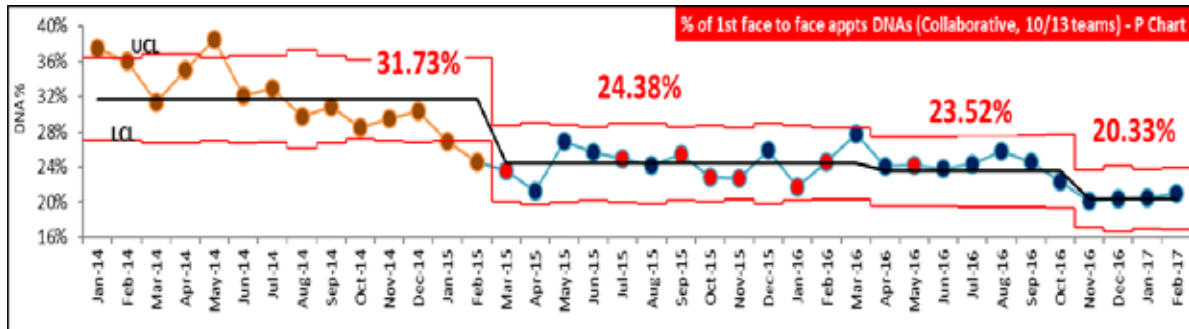
4.11 The improving access collaborative continues to operate across the Trust and is composed of 14 projects across 11 teams from a wide range of services and location across the Trust. Overall we are observing a 19% reduction in waiting times, a 36% reduction in DNAs and a 25% increase in referrals received across these teams.

Average waiting time from referral to 1st face to face appt.

No. of referrals received



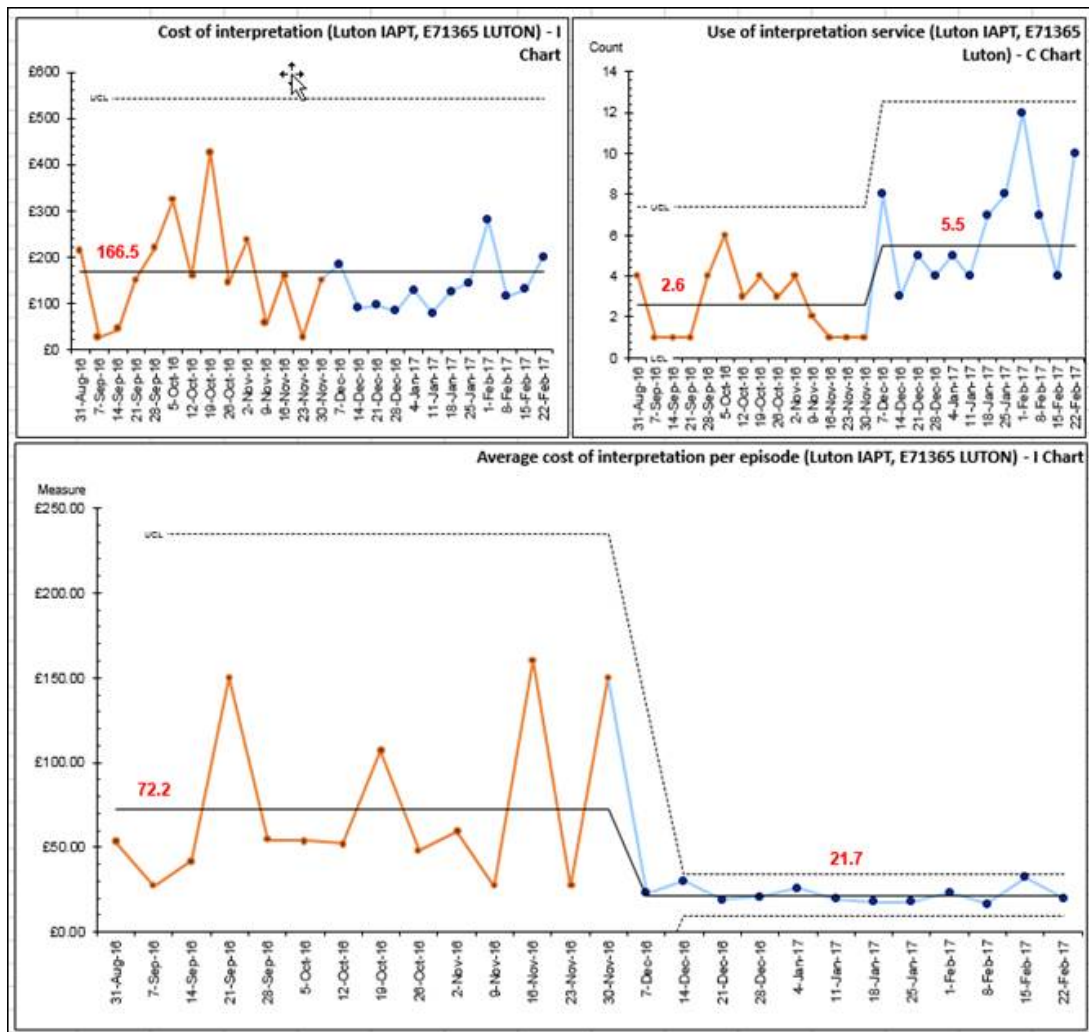
% 1st face to face appts. DNAs



4.12 In parallel, we are undertaking a scoping exercise to identify new opportunities for scale up and spread of this work across the organisation. This will influence the design of this area of work for the next year.

Increasing Value:

4.13 The first project board for this new strategic QI priority met in March and 3 working groups have now been established for the initial test areas of translation (interpreting), transcription (typing letter and documents) and mailing (outsourced mailing to reduce postage). These working groups are now creating aims, content and execution theory in addition to measurement systems to help guide the testing, scale up and spread of successful change bundles. Luton IAPT are undertaking initial testing on reducing mailing costs and the Isle of Dogs CMHT, Tower Hamlets will shortly initiate testing to reduce transcription costs.



4.14 We will shortly be establishing a fourth working group to start working on salary overpayments within the organisation.

Shaping Recovery in the Community

4.15 Regular project boards are now operating for this new priority area and early design work has been carried out in the Isle of Dogs CHMT, Tower Hamlets. This work has now also started at the South CMHT in Newham and is also planned to move to one further test site in Hackney. We are close to having an aim, content and execution theory in addition to measurement systems to help guide future testing and scale up.

Enjoyment in Work:

4.16 We are currently in a process of designing a learning system and using a 90 day innovation cycle to accelerate this work. We now have two project teams (EPCT in CHN and Luton IAPT) who will be testing an emerging measurement system in the organisation. Local sponsors for this work are meeting weekly, work stream meetings are in place 2-weekly and a project board with Executive sponsorship is now meeting every 2 months.

5.0 ACTION REQUESTED

5.1 The Trust Board are requested to DISCUSS this report

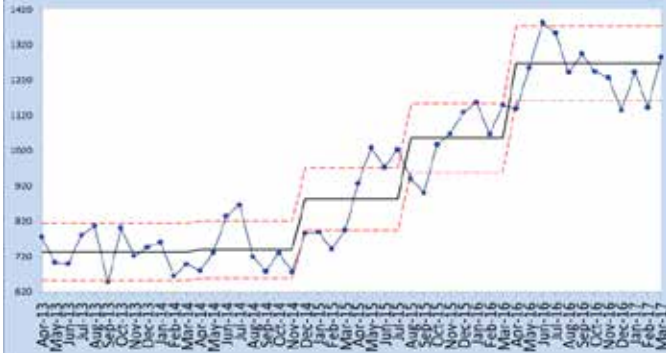
Quality dashboard
organisation-level view
trust wide including Beds and Luton

April 2017

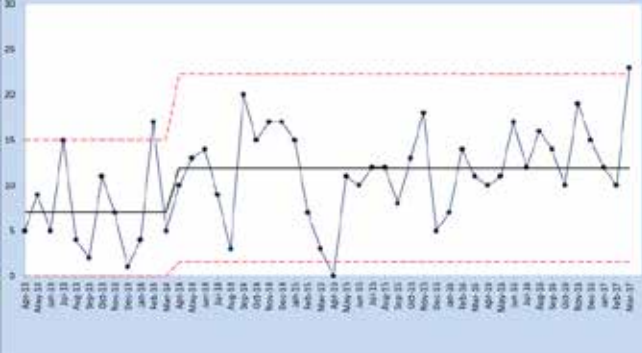
Safety

Trust wide including Beds and Luton

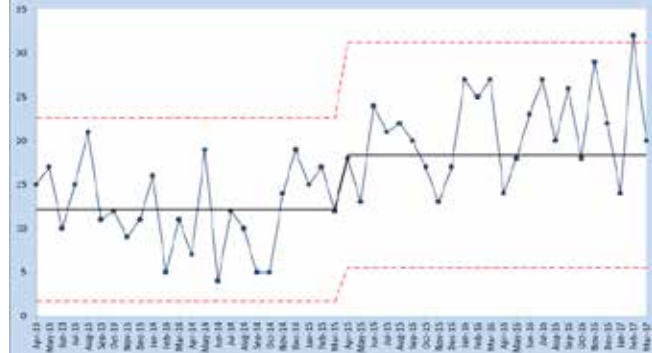
Incidents Reported C Chart



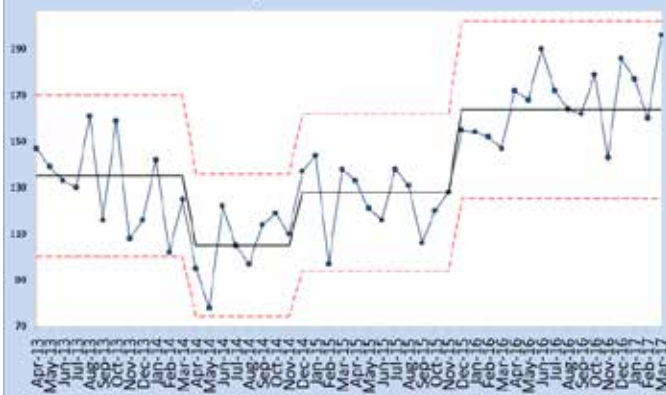
Serious Incidents C Chart



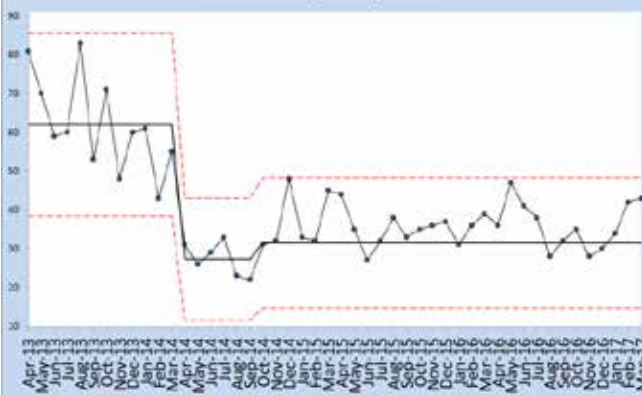
Unexpected Deaths C Chart



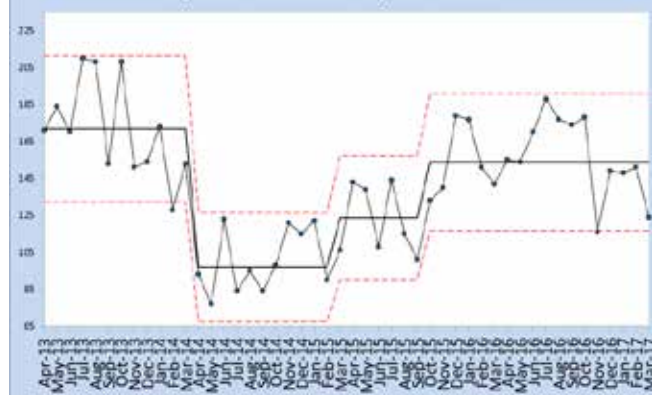
Episodes of Restraint



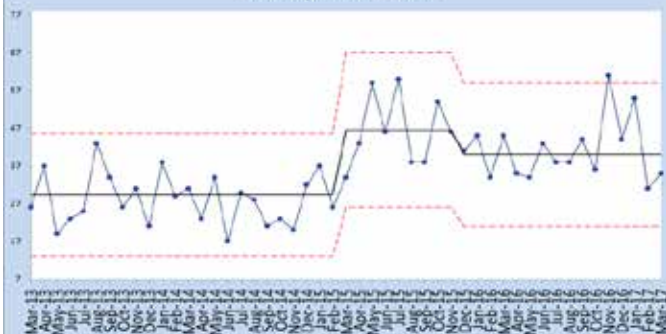
Restraints in prone position



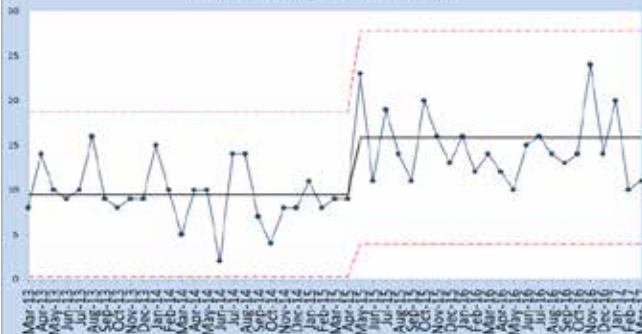
Reported Incidents of Physical Violence



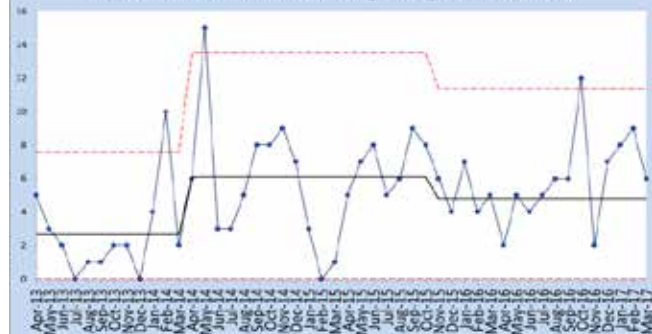
Falls Reported C Chart



Falls Resulting in Harm C Chart

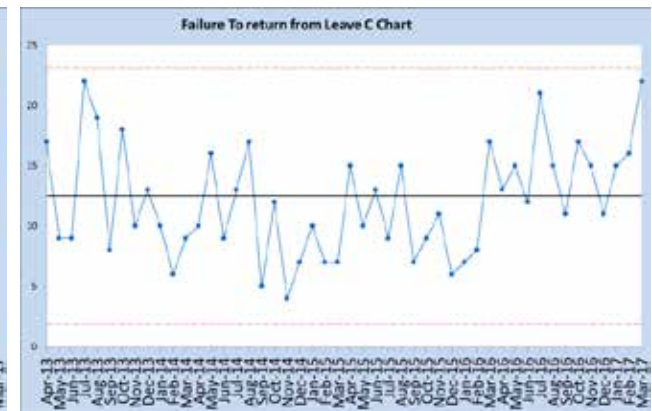
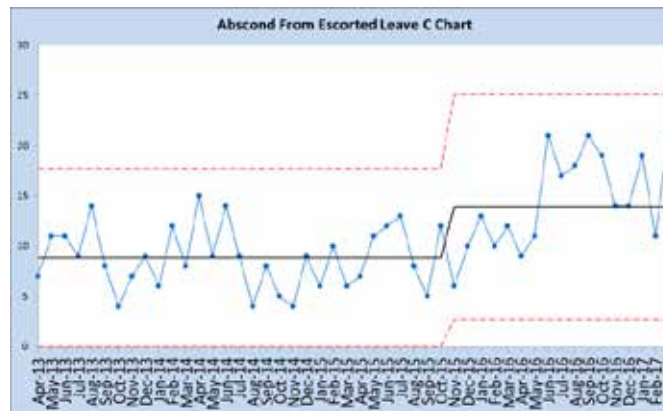
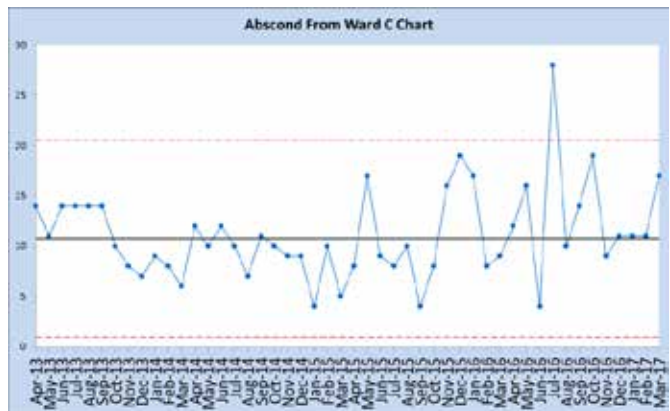
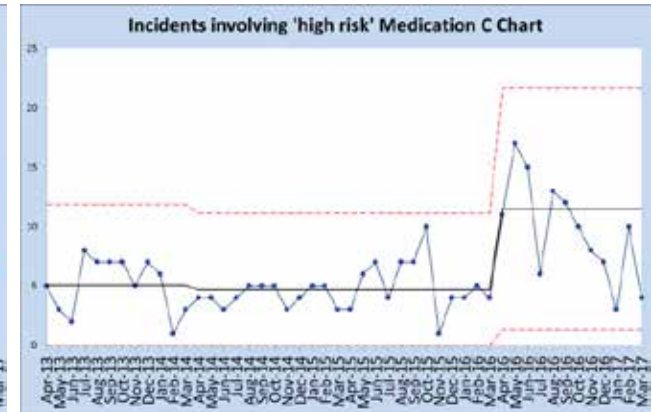
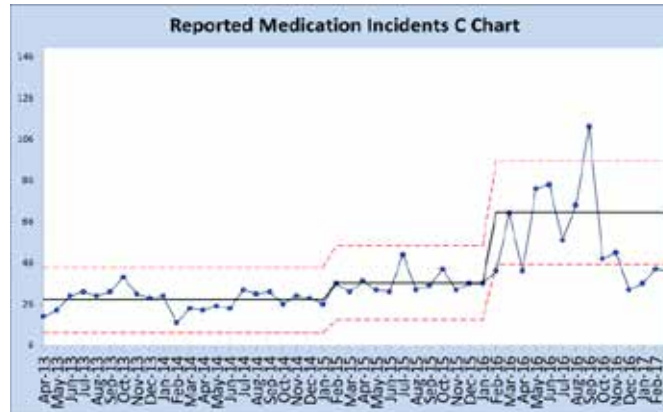
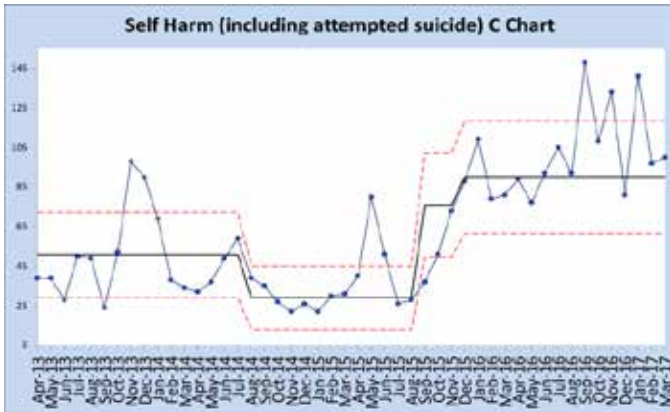


Grade 3 & 4 Pressure Ulcers Originating at ELFT C Chart



Safety

Trust wide including Beds and Luton



Serious incidents Trust wide during February/March 2017

Patient deaths

- 23 incidents where death was unexpected and suicide cannot be ruled out
- 22 involved community patients, an 1 in-patient on leave

Incidents related to care and treatment

- A female patient administered sodium valproate whilst pregnant, contrary to protocol

Incidents of violence

- An attempted murder by a service user
 - 3x alleged homicides
- a number of serious charges brought against a user of addictions services

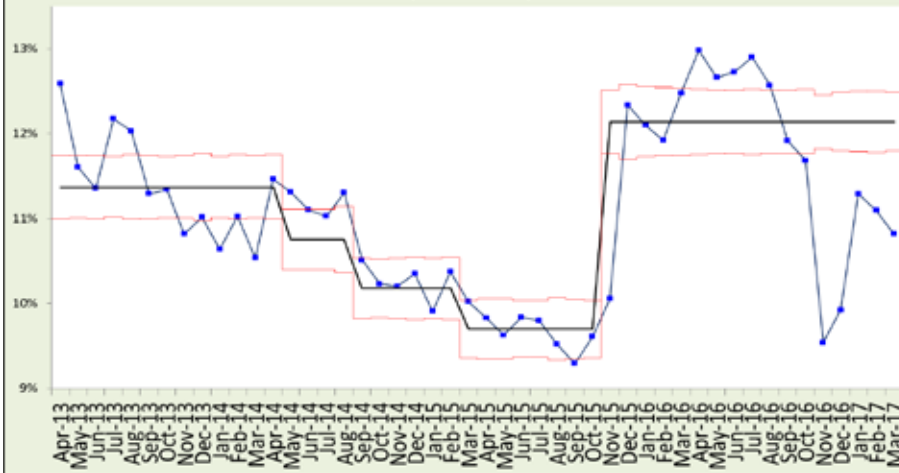
Falls

- A patient fell and fractured their knee whilst in-patient

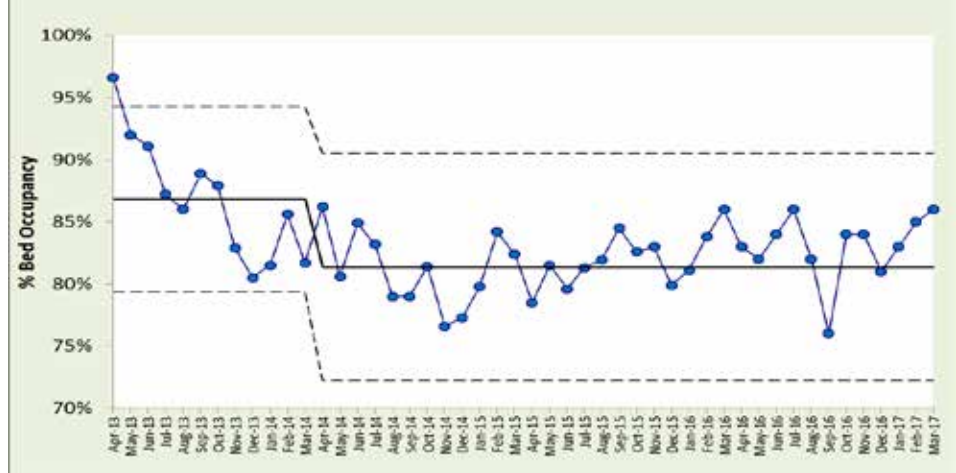
Clinical Effectiveness

Trust wide including Beds and Luton

DNA Proportion p Chart



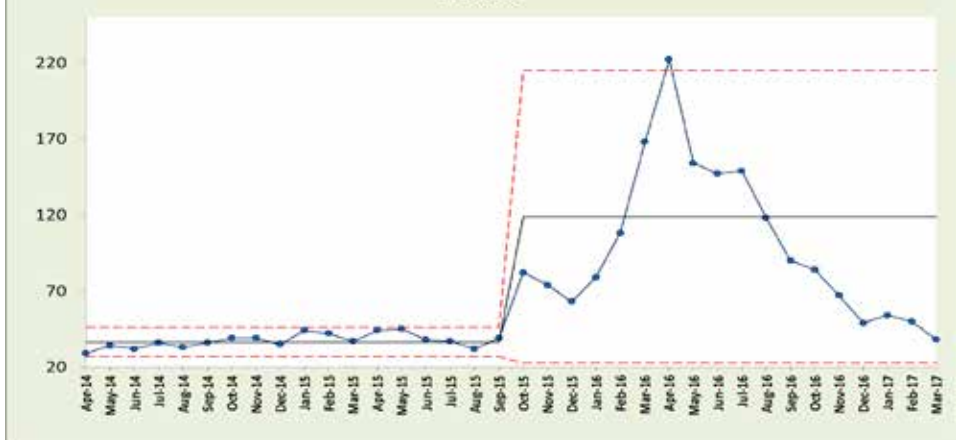
Adult Acute Mental Health Occupancy i chart



Adult Acute Mental Health Length of Stay i chart

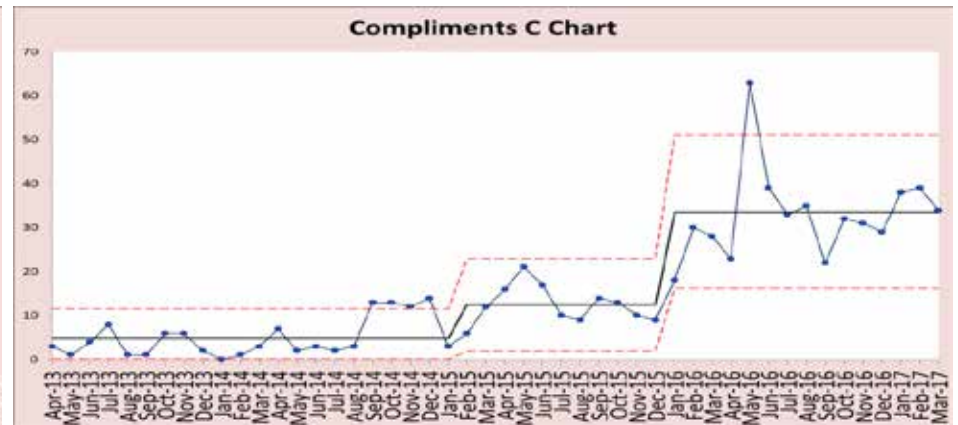
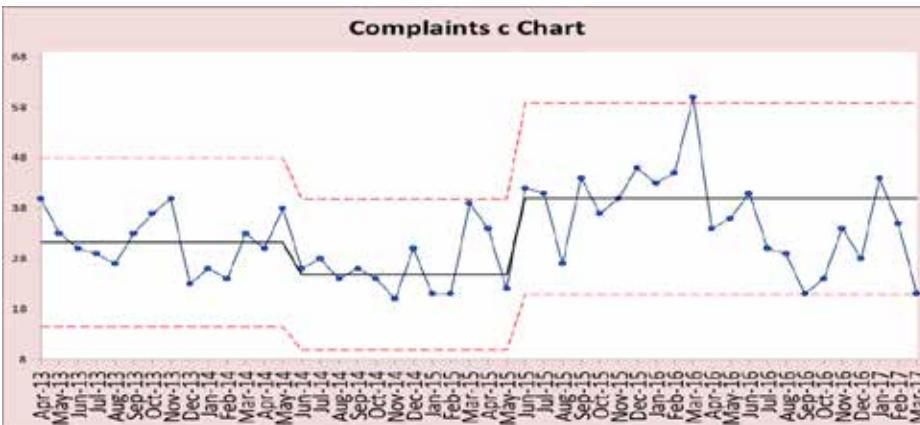
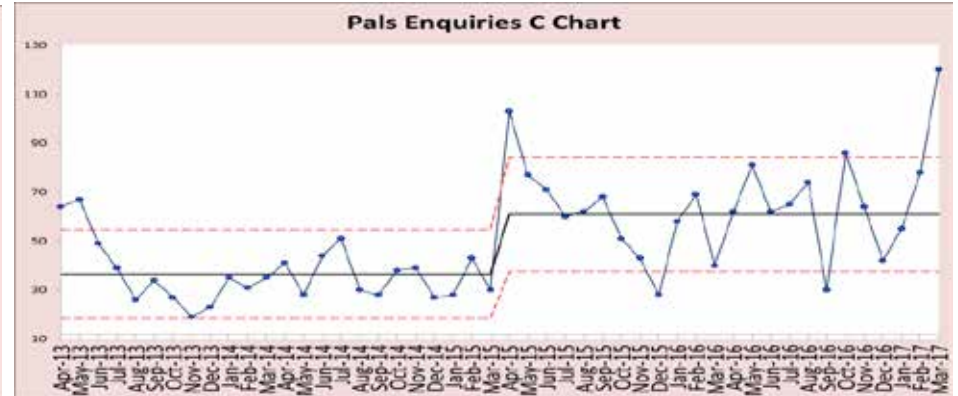
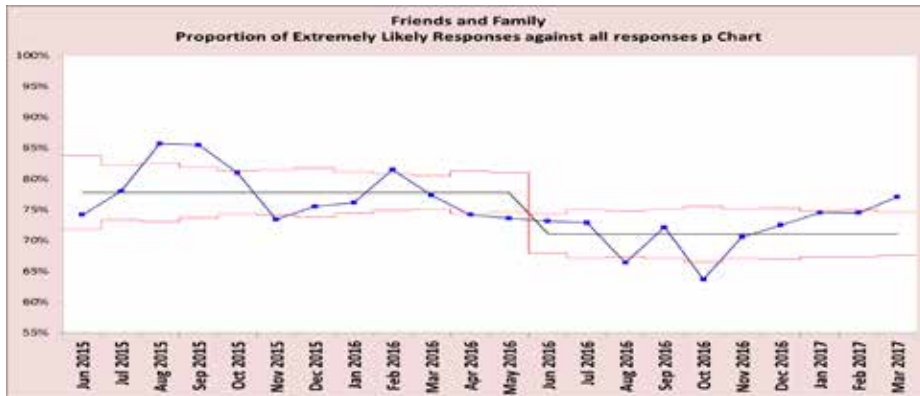


Adult CMHTs Days Waited until First Face to Face Contact i Chart



Patient Experience

Trust wide including Beds and Luton

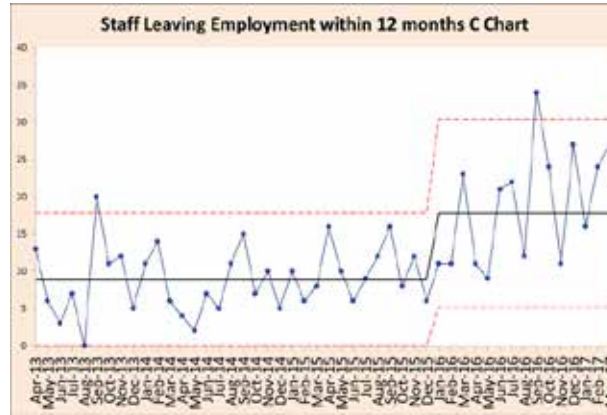


Complaints February/March 2017

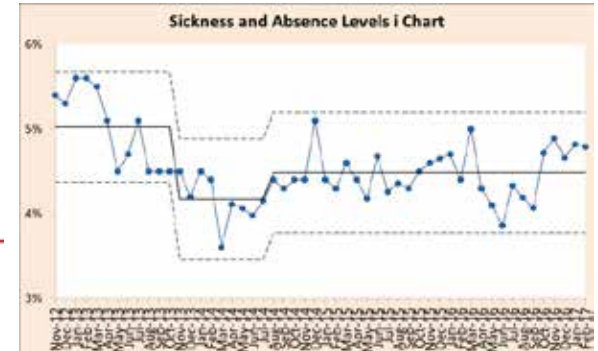


Our Staff

Trust wide including Beds and Luton



Reasons given by staff leaving February/March 2017

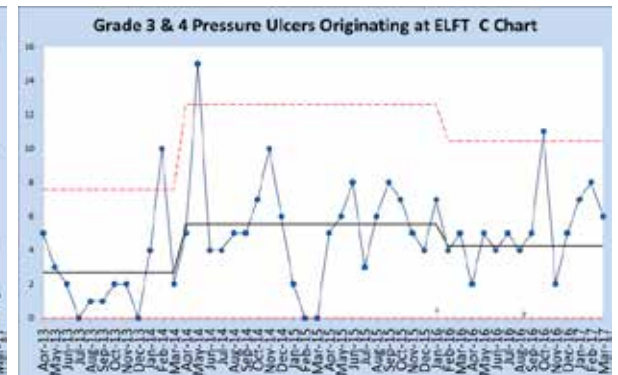
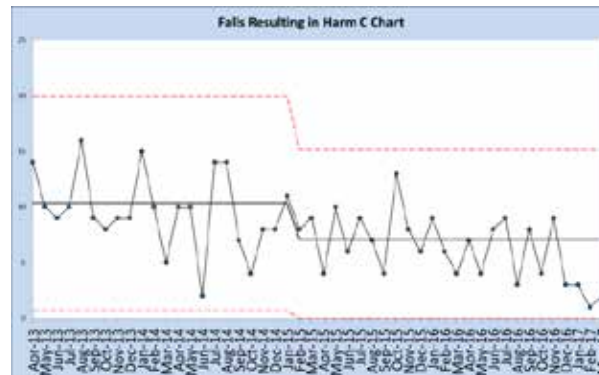
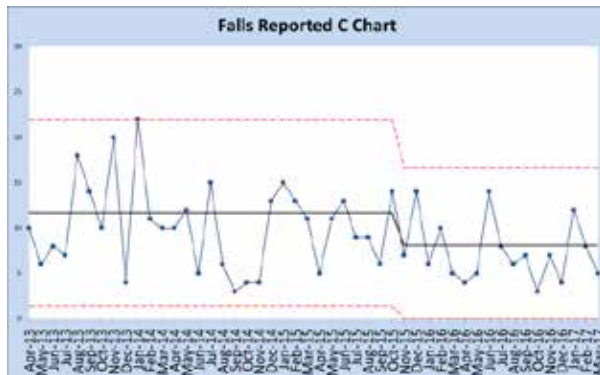
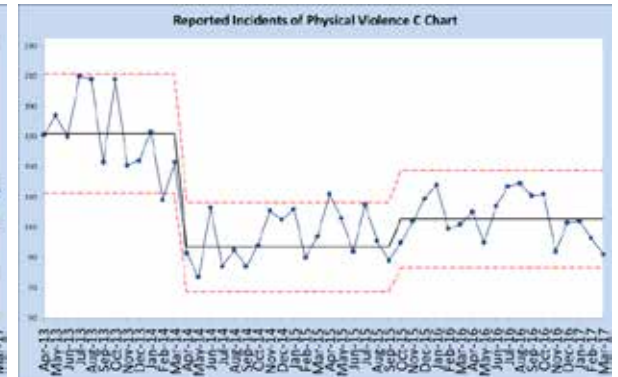
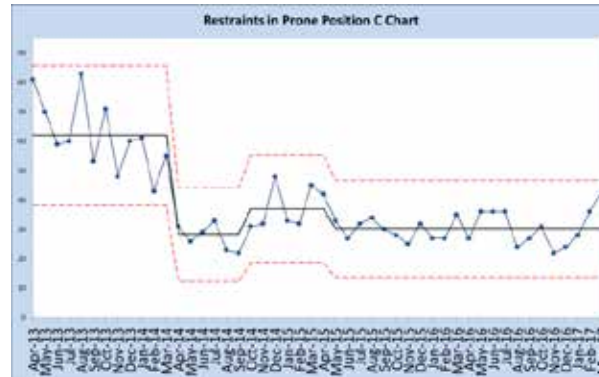
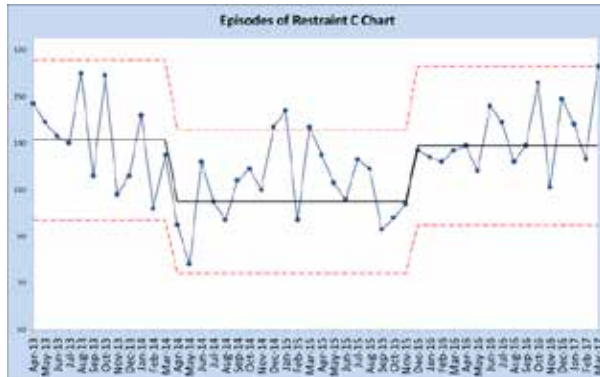
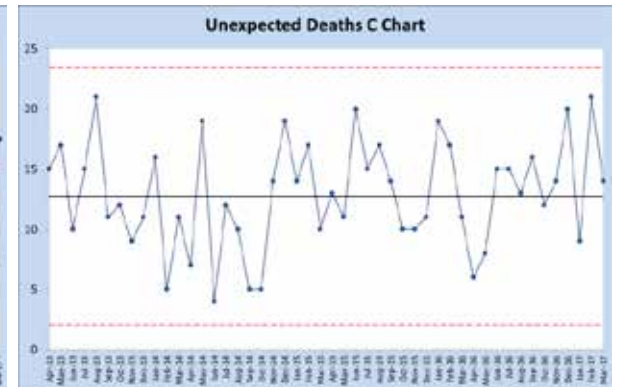
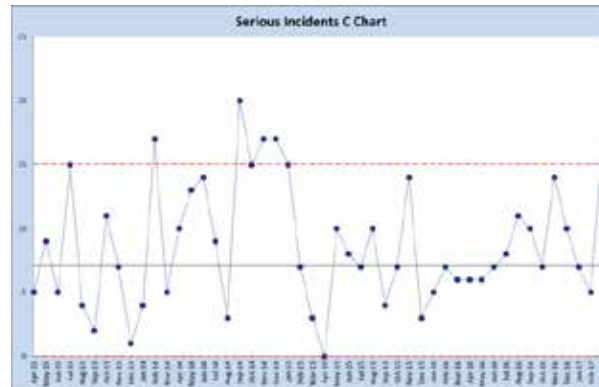
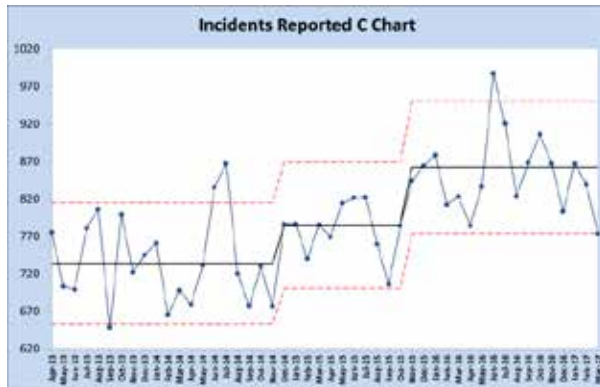


Quality dashboard
organisation-level view
trust wide excluding Beds and Luton

April 2017

Safety

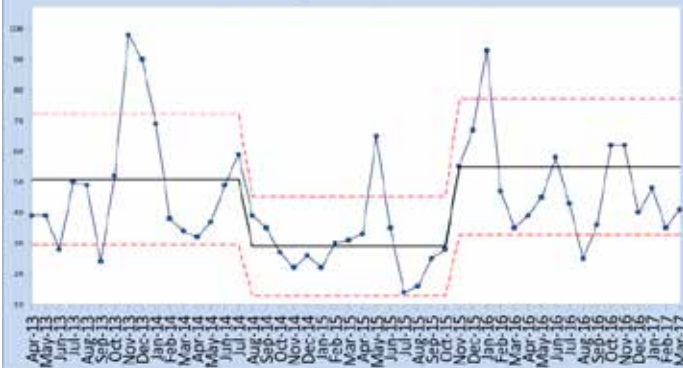
Trust wide excluding Beds and Luton



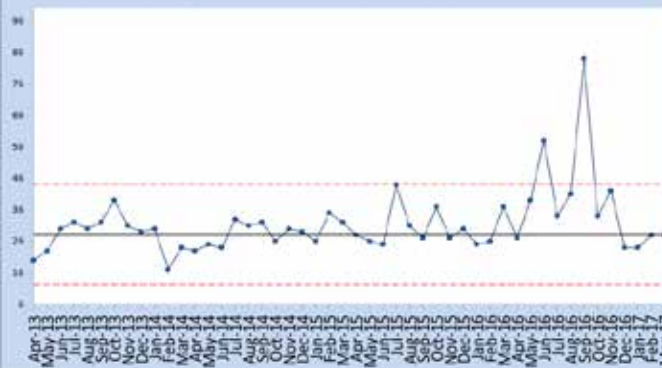
Safety

Trust wide excluding Beds and Luton

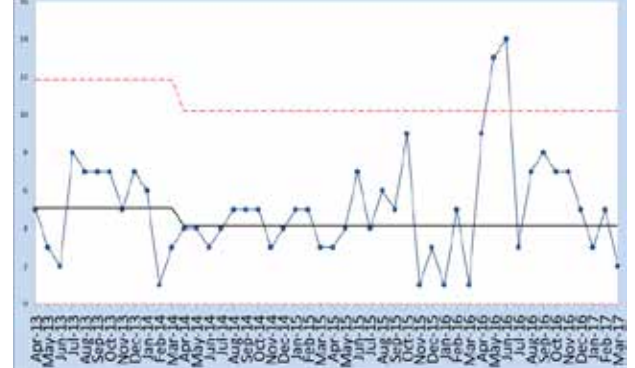
Self Harm (Including Attempted Suicide) C Chart



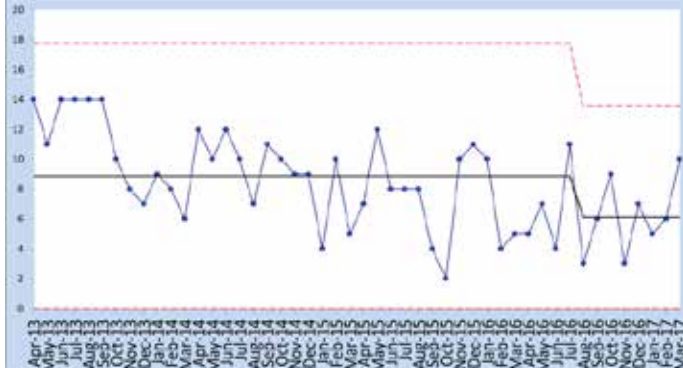
Reported Medication Incidents C Chart



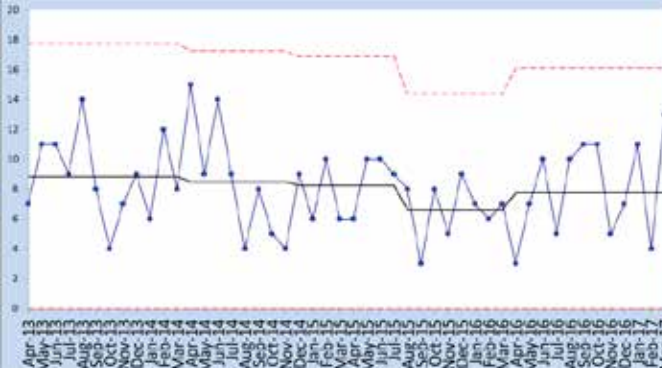
Incidents involving 'high risk' medication C Chart



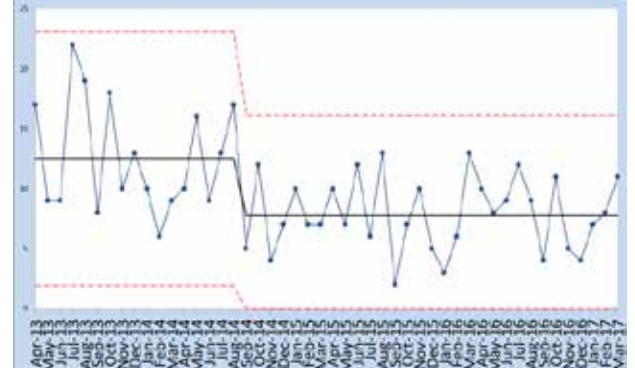
Abscond from Ward C Chart



Abscond from Escorted Leave C Chart



Failure To Return from Leave C Chart



Serious incidents in London Services during February/March 2017

Patient deaths

- 13 incidents where death was unexpected and suicide cannot be ruled out
- 12 involved community patients, and 1 in-patient on leave

Incidents related to care and treatment

- A female patient administered sodium valproate whilst pregnant, contrary to protocol

Incidents of violence

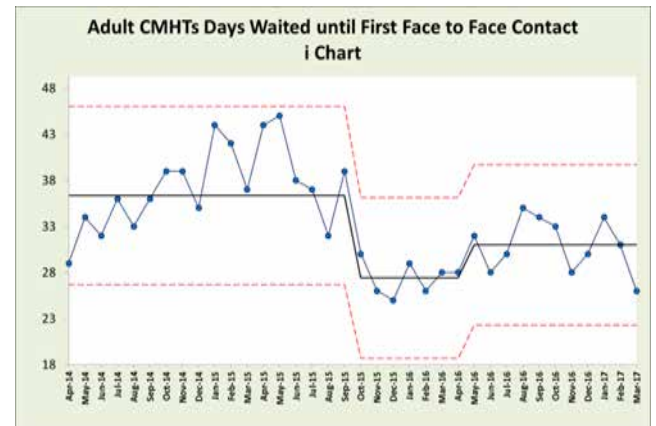
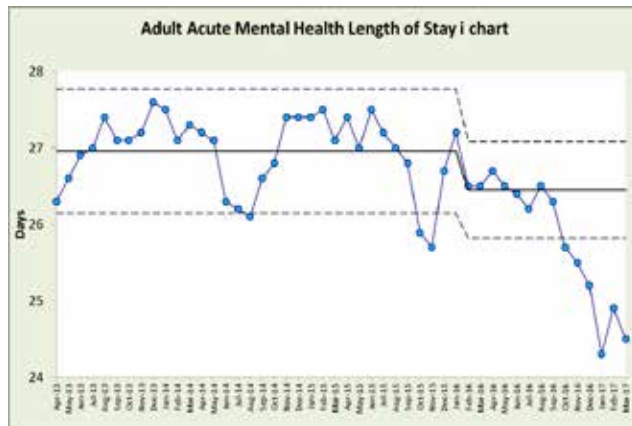
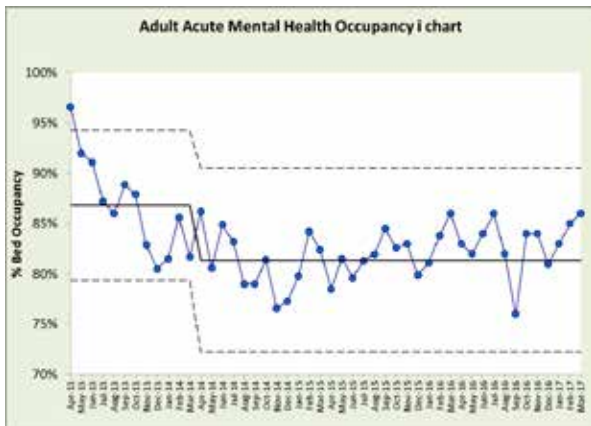
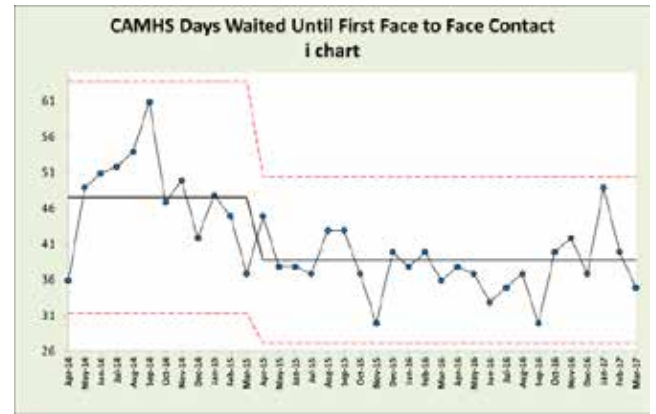
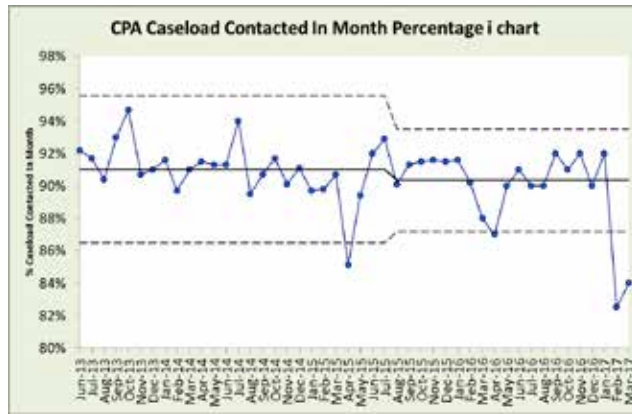
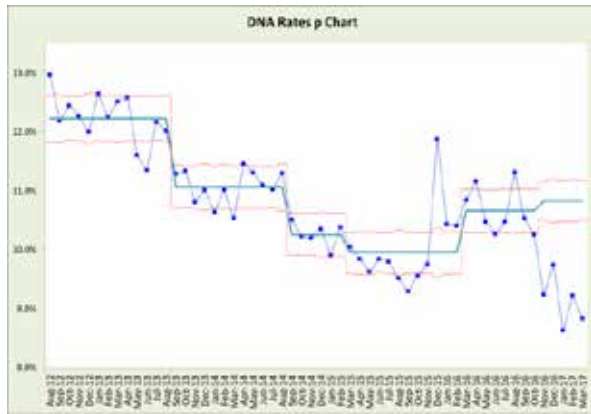
- An alleged homicide by a service user

Falls

- A patient fell and fractured their knee whilst in-patient

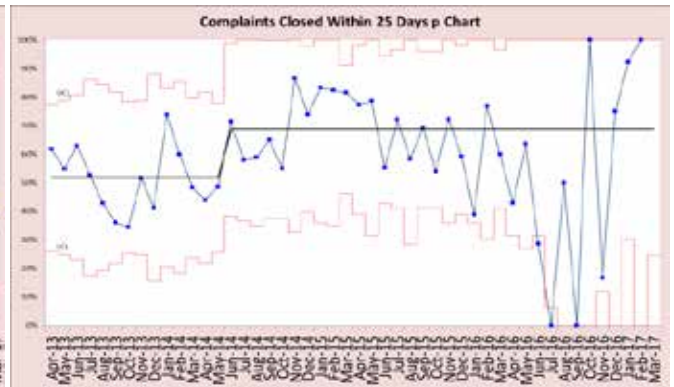
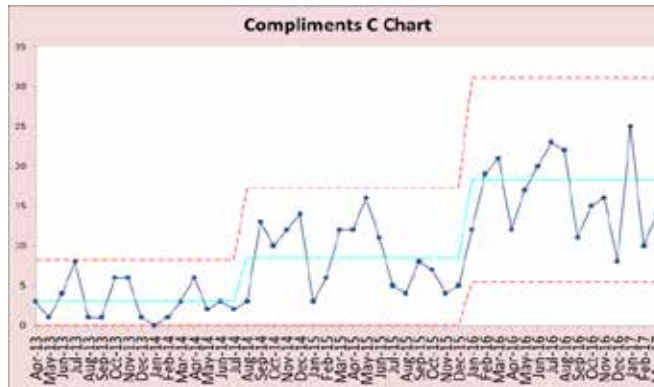
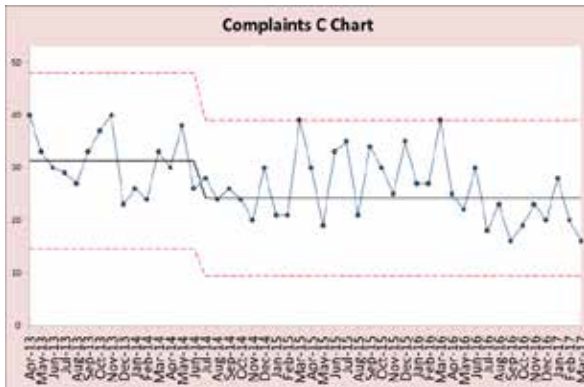
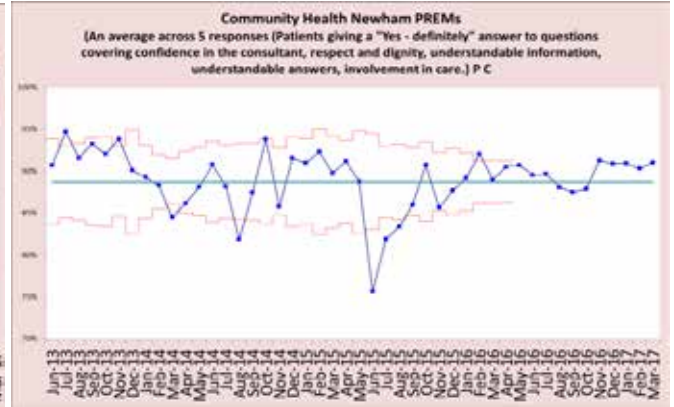
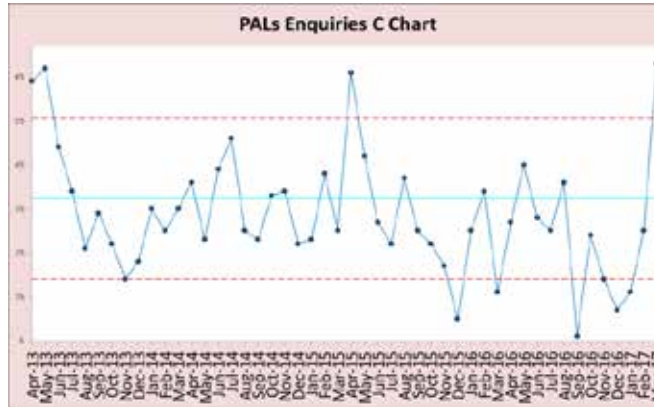
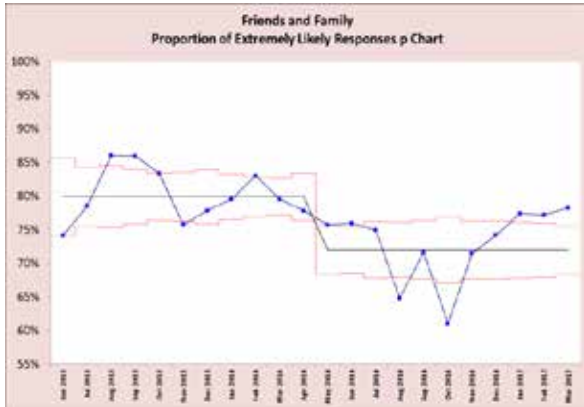
Clinical Effectiveness

Trust wide excluding Beds and Luton



Patient Experience

Trust wide excluding Beds and Luton

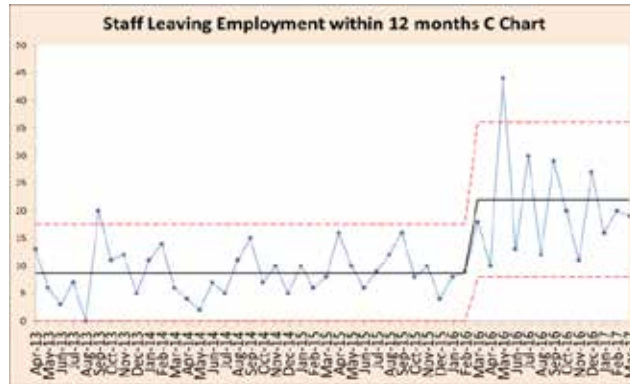


Complaints February/March 2017

Admission
Clinical Management Mental Health
Attitude Of Staff Health
Appointments Delay Access To Services
Communication
Assessment Care Planning Mental

Our Staff

Trust wide excluding Beds and Luton



Reasons given by staff leaving February/March 2017

Volunt Resignation Further Edu
 Retirement Age
 Volunt Resignation Relocation
 Volunt Resignation Promotion
 Volunt Resignation Work Life Balance
 Volunt Resignation Better Reward Package
 Volunt Resignation Child Dependants
 Dismissal Conduct
 Volunt Resignation Health
 End Of Fixed Term Contract
 Redundancy Compulsory

