TOWER HAMLETS

Meeting of the

HEALTH SCRUTINY PANEL

Tuesday, 24 April 2012 at 6.30 p.m.

A G E N D A

VENUE
Meetin Room M72, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Members:	**Deputies (if any):**
Chair: Councillor Rachael Saunders **Vice-Chair: Councillor Denise Jones**	
Councillor Lesley Pavitt **Councillor David Edgar** **Councillor Dr. Emma Jones** **Councillor Helal Uddin** **Councillor Lutfa Begum**	Councillor Tim Archer, (Designated Deputy representing Councillor Dr. Emma Jones) Councillor Mizan Chaudhury, (Designated Deputy representing Councillors Rachael Saunders, Lesley Pavitt, Denise Jones, David Edgar and Helal Uddin)
[Note: The quorum for this body is 3 Members].	

Co-opted Members:		
David Burbridge	–	(THINk)
Dr Amjad Rahi	–	(THINk)

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact: Zoe Folley, Democratic Services,
Tel: 020 7364 4877, E-mail: zoe.folley@towerhamlets.gov.uk

LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

Tuesday, 24 April 2012

6.30 p.m.

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Chief Executive.

		PAGE NUMBER	WARD(S) AFFECTED
3.	**UNRESTRICTED MINUTES**	**3 - 10**	
	To confirm as a correct record of the proceedings the unrestricted minutes of the ordinary meeting of Health Scrutiny Panel held on 24th January 2012.		
4.	**REPORTS FOR CONSIDERATION**		
4.1	**Barts Health NHS Trust - Verbal Update**		**All Wards**
	To receive a verbal update from the Barts Health NHS Trust on the ongoing merger and Quality Accounts for 2011-12.		
4.2	**Health and Wellbeing Board Engagement Sub-Group - Verbal Update**		**All Wards**
	To receive a verbal update from the Tower Hamlets Involvement Network (THINk)		
4.3	**Consultation and Engagement in Adult Social Care - Discussion.**		**All Wards**
4.4	**Quality Accounts 2011-12 - East London Foundation Trust.**	**11 - 54**	**All Wards**
4.5	**Quality Accounts 2011-12 - Milday Hospital**	**55 - 70**	**All Wards**
5.	**ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**		

DECLARATIONS OF INTERESTS - NOTE FROM THE CHIEF EXECUTIVE

This note is guidance only. Members should consult the Council's Code of Conduct for further details. Note: Only Members can decide if they have an interest therefore they must make their own decision. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending at a meeting.

Declaration of interests for Members

Where Members have a personal interest in any business of the authority as described in paragraph 4 of the Council's Code of Conduct (contained in part 5 of the Council's Constitution) then s/he must disclose this personal interest as in accordance with paragraph 5 of the Code. Members must disclose the existence and nature of the interest at the start of the meeting and certainly no later than the commencement of the item or where the interest becomes apparent.

You have a **personal interest** in any business of your authority where it relates to or is likely to affect:

(a) An interest that you must **register**

(b) An interest that is not on the register, but where the well-being or financial position of you, members of your family, or people with whom you have a close association, is likely to be affected by the business of your authority more than it would affect the majority of inhabitants of the ward affected by the decision.

Where a personal interest is declared a Member may stay and take part in the debate and decision on that item.

What constitutes a prejudicial interest? - Please refer to paragraph 6 of the adopted Code of Conduct.

Your personal interest will also be a prejudicial interest in a matter if (a), (b) and either (c) or (d) below apply:-

(a) A member of the public, who knows the relevant facts, would reasonably think that your personal interests are so significant that it is likely to prejudice your judgment of the public interests; AND
(b) The matter does not fall within one of the exempt categories of decision listed in paragraph 6.2 of the Code; AND EITHER
(c) The matter affects your financial position or the financial interest of a body with which you are associated; or
(d) The matter relates to the determination of a licensing or regulatory application

The key points to remember if you have a prejudicial interest in a matter being discussed at a meeting:-

i. You must declare that you have a prejudicial interest, and the nature of that interest, as soon as that interest becomes apparent to you; and

ii. You must leave the room for the duration of consideration and decision on the item and not seek to influence the debate or decision unless (iv) below applies; and

iii. You must not seek to improperly influence a decision in which you have a prejudicial interest.

iv. If Members of the public are allowed to speak or make representations at the meeting, give evidence or answer questions about the matter, by statutory right or otherwise (e.g. planning or licensing committees), you can declare your prejudicial interest but make representations. However, you must immediately leave the room once you have finished your representations and answered questions (if any). You cannot remain in the meeting or in the public gallery during the debate or decision on the matter.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 24 JANUARY 2012

COMMITTEE ROOM M72 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Denise Jones (Vice-Chair)
Councillor David Edgar
Councillor Lesley Pavitt
Councillor Dr. Emma Jones
Councillor Lutfa Begum

Other Councillors Present:

None.

Co-opted Members Present:

Dr Amjad Rahi	–	(THINk)
David Burbridge	–	(THINk Steering Group Member)

Guests Present:

Dianne Barham	–	(THINk Director)
Jane Milligan	–	(Borough Director, Tower Hamlets, NHS East London & the City)
John Wardell	–	(Chief Operating Officer Tower Hamlets, Clinical Commissioning Group)
Chris Lovitt	–	(Associate Director of Public Health NHS East London and The City)

Officers Present:

Stephen Cody	–	(Interim Corporate Director Adults Health & Wellbeing)
Paul Thorogood	–	(Service Head Resources, Adults Health and Wellbeing)
Mary Durkin	–	(Service Head, Youth and Community Learning)
Sarah Barr	–	(Senior Strategy Policy and Performance Officer, One Tower Hamlets, Chief Executive's)
Robert Driver	–	(Strategy, Policy and Performance Officer, One Tower Hamlets, Chief Executives)
Zoe Folley	–	(Committee Officer, Democratic Services Chief

Executive's)

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Councillor Helal Uddin and for lateness by Councillor Denise Jones.

2. DECLARATIONS OF INTEREST

No declarations of personal or prejudicial interest were made.

3. UNRESTRICTED MINUTES

The Chair **MOVED** and

It was agreed that the minutes of the meeting of the Panel held on 18th October 2011 be agreed as a correct record and signed by the Chair.

Matters Arising.

Item 4.3 Proposed Merger of Barts and the London, Newham and Whipps Cross.

The Chair reported on a recent meeting with the Barts and the London and Scrutiny Officers following the issues around surgeon resignations reported in the national press. Assurances had been secured that the issues were being addressed and that the Trust Board Secretary would provide the Panel with briefings on current issues. The Chair stressed the importance of strengthening communications with the hospital and that a proactive approach should be taken to this.

Concern was expressed at the impact of the resignations on orthopaedic services. It was feared that patients were now facing extended delays for urgent treatment. Members considered that this matter should be followed up.

4. REPORTS FOR CONSIDERATION

5.1 Overview of NHS Tower Hamlets Commissioning Strategic Plan

Jane Milligan (Borough Director, Tower Hamlets, NHS East London and the City) gave the Panel an overview of the NHS Tower Hamlets Commissioning Strategic Plan for 2012/13.

Firstly she provided an update on overall events. She referred to the emergence of the Clinical Commissioning Group (CCG) and its greater

responsibilities for health budgets. She explained its expected move to authorised status in readiness for the end of the Primary Care Trust.

She also explained the merger proposals combining East London and the City with outer north east London to create a new commissioning cluster.

She outlined the development of the NHS Commissioning Board and its budget responsibilities and the work to create a commissioning support organisation.

Other key headlines were the public health outcomes published this week, the work of the Health and Wellbeing Board in developing a strategy, last weeks visit from senior NHS figures to consider the robustness of the plans. The feedback from which was very positive.

Ms Milligan also reported on key achievements including the near achievement of last years commissioning plans, planned initiatives, the savings targets and possible ways of achieving this.

In response to the Panel, Ms Milligan and Mr John Wardell (Chief Operating Officer, Tower Hamlets CCG) reported the following issues:

- It was recognised that the Choose and Book appointment system was an issue. Colleagues were looking at alternative systems nationally to find the most effective system.
- It was planned to carry out a mapping exercise of population changes to update GP Lists. There was a working group currently looking into this. The Panel stressed the need for the lists to be updated regularly and accurately so that resources matched patients needs.
- That the GP services in A&E had proven very effective. A key aim of this service was addressing the large number of child admissions to A&E.
- Steps were being taken to improve the support services for A&E to secure the correct referral first time.
- It was planned to continue with current budgets when CCG took over.
- Noted that Community Health services were a key issue. Innovations such as the virtual health ward and use of new IT services should improve performance and facilitate greater integration. A key area to be looked at was District Nurses. It was necessary to carry out further work to improve performance and integration further.
- The Panel stressed the need for Community Health Services to be better integrated with other services and for the sections in the plan (TH Commissioning Strategic Plan 2012/13-2014/15) to be better linked with the other parts of the strategy.
- In relation to back pain, the structure and changes to the services was explained. The aim was to provide the right pathway for patients and to integrate services rather than reduce services. Work was being done to obtain an evidence base to inform this area of work.
- Noted the need to work with the Panel to promote patient involvement and to identify ways of achieving this.

- Noted the positive relationship between the various NHS services and that they have a good dialogue in identifying savings.
- The need to use plain English in health documents was recognised.
- That the question raised by Councillor Pavitt around mental health services be looked into and the answer be reported back.

Chris Lovitt (Associate Director of Public Health NHS East London and the City) clarified the budget position for Alcohol and Drug services. For 2011/12 there is expected to be a small increase in Pool Treatment Funding. The services were currently developing a Drugs and Alcohol strategy. He noted the Panels concerns about the savings in this area given the role of alcohol and drugs in increasing crime. He reassured the Panel that steps were being taken to address the impact on crime with the health services. Key to this was making services as accessible as possible and integrated working.

He also referred to the Mental Health services. It was intended that that the promotion of wellbeing would be reflected in all health and wellbeing strategies and that there was focus on early prevention and correct treatment. This was a key future goal of the service.

The Chair welcomed the proposed structure for Patient and Public Involvement (pages 64 of agenda) showing Member involvement. She also stressed the need for the Panel to be kept up to date with the hospital merger plans and for it to receive details of the consultation and the criteria for consulting on to influence the process.

Reference was also made to the Health and Wellbeing Board.. It was intended that the Chair would be sent details of Health and Wellbeing Board meetings and the agenda in advance to facilitate participation. The Panel noted the importance of this.

RESOLVED

That the report and the presentation be noted

5.2 Tower Hamlets Health Scrutiny Panel - Review of Consultation Events

The Panel considered a report which reviewed two consultation events that it had participated in as part of its work programme for 2011-12. The Panel were invited to discuss the role of the Panel in future events and how the findings could shape the future work programme.

The Chair considered that the events were very useful and were well attended.

LAP 5 and 6 Health Event 26th October 2011 Burdett Neighbourhood Centre.

Dianne Barham (THINk) presented the key findings and the lessons learnt to maximise responses. A good idea now was to feedback to respondents to show progress with comments. Consideration could be given to ways of doing this.

In response, the Panel welcomed the approach taken in undertaking a range of exercises to maximise responses.

Health and Scrutiny Panel Adult Social Care Review Event. 8th November 2011 Toynbee Hall

The Panel felt it beneficial to engage regularly with the service users involved in the event.

Accordingly, the Chair suggested that the Panel hold regular face to face events say on an annual basis to consult with the service users.

Overall, it was **Agreed** that the responses to the consultation events should be submitted to the Overview and Scrutiny Committee with a view to subsequent submission to the Cabinet.

The Chair also commented that ways of increasing public involvement should be explored further.

Mr Stephen Cody (Interim Corporate Director Adults Health and Wellbeing) highlighted the action underway in his Directorate to consult extensively with the community in supporting the Council's Local Account and AHWB strategies in general.

5.3 Overview of Sexual Health Services in Tower Hamlets

Mr Chris Lovitt (Associate Director of Public Health NHS East London and the City) gave a comprehensive overview of sexual health services (SH) in the borough.

Mr Lovitt reported on the impact of the proposed Health and Social care Bill on the commissioning arrangements for sexual health services, its key objectives to improve access, outcomes and integration. He explained the key improvements to date in sexual health services especially reducing Teenage Pregnancy that have been achieved through strong partnership working across the council, NHS and other partners. Subject to the passage of the Health and Social care Bill the government is planning to move responsibility for commissioning sexual health services (excluding abortion services) from the NHS to the Local Authority as part of the move of Public Health to the council

He also reported on current work being undertaken locally including the production of a new Tower Hamlets Sexual Health Strategy for the Borough, the potential introduction of sexual health tariff due to take affect in April 2012. He presented an overview of Sexual Health statistics for the Borough that

showed that the borough has high rates of sexual ill health, significant amounts of unmet need and about 40% of local people are accessing services outside of the borough

In response to the presentation, Members discussed the intention to reduce hepatitis B and C. It was suggested that action be taken to educate beauty salons to prevent the spread of the disease via such treatments.

The Panel also questioned whether the overall cuts in funding could increase demand on local SH services and sought assurances that they would remain local under the hospital merger.

In response to the questions, Mr Lovitt referred to national policy for Hepatitis B and C treatment to target those at risk. As with other diseases, key to this was early and greater screening and treatment. There is already work on introducing routine "opt out" screening for HIV in both the hospital and primary care. The case for widening this to include Hepatitis B and C screening is currently being looked into.

Mr Lovitt also highlighted the key aims of the national sexual health strategy including increased education for groups at risk and promoting awareness amongst older age groups. Steps were also being taken to raise awareness of sexual health issues amongst the over 30s age groups, as it was noted that they were at risk also, as well as younger people. The Public Health is keen to ensure the sexual health services were easily assessable and services mainstreamed into Primary Care and to remove taboos around the service.

Currently there were three hubs providing specialist SH services along with services provided in Primary care. However, the current location of the GUM clinic at the Royal London is less than ideal and there are concerns around accessibility during the redevelopment as the clinic is staying in its current location whilst demolition work is taking place around. The current location is only secure until 2014 and plans have yet to be developed about where GUM services will be located in the future either within the new build or off site in a "high street" location. It was **Agreed** that the Chair should write a letter about this plan to Barts.

It was also **Agreed** that the Sexual Health Strategy should be submitted to the Panel when ready for discussion.

RESOLVED

That the information in the presentation be noted

5.4 Budget Proposals for 2012/2013 for Adults Health and Wellbeing Directorate

Mr Stephen Cody (Interim Corporate Director Adults Health and Wellbeing) and Mr Paul Thorogood, (Head of Finance Adults Health and Wellbeing)

presented the agreed efficiencies and further proposed savings for the Adults Health and Wellbeing Directorate (AHWB).

Mr Thorogood highlighted the efficiencies agreed by Council in March 2011 for AHWB and the targets for delivery. He also explained the proposed efficiencies for the Directorate agreed by Council in January 2012 and to be submitted to full Council.

In considered each initiative, Mr Cody also responded to the questions raised by the Overview and Scrutiny Committee regarding the budgets as set out below.

Use of Telecare

In relation to the questions about Telecare, Mr Cody explained how the proposals for the service should lessen the need for other forms of care. Work was being done to coordinate Telecare services to ensure clients received one integrated service. Officers were also looking at working with voluntary services such as befriending services to allay any worries over greater customer isolation with increased use of Telecare. It was planned to phase in the changes.

Housing Link Phase 2.

Regarding the question about the Look Ahead service, Mr Cody reassured the Panel that the organisation already possessed the capacity required to take on the new commitments and already undertook worked with the key agents and clients of the Housing link service. Mr Cody also explained the implications for the employees affected by the changes.

Improving the quality of the hostel sector and managing reduction of the number of beds.

Regarding the potential reduction of 150 hostel beds, it was evident from the recent review that some beds were underused. It was considered that the new hostel service would be more than adequate to cope with demand.

In response, the Panel referred to the new Housing Benefits thresholds and the impact on homelessness. It was important to take this on board when looking at housing and homelessness especially the impact on families in the Borough.

London Living Wage.

Mr Cody expressed confidence that the ‘squeeze’ would not lead to poorer services in this area. The aim of the changes was to commission an improved service. The type of services to be provided would be more flexible recognising the personal needs of the customer.

RESOLVED

That the information in the presentation be noted

6. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Nil items.

The meeting ended at 9.05 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	**24 April 2012**	**Unrestricted**		**4**
Reports of: East London NHS Foundation Trust **Presenting Officer:** N/A		**Title:** East London NHS Foundation Trust Quality Accounts **Ward(s) affected:** All		

1. Summary

This draft Quality Accounts is a report about the quality of services provided by East London NHS Foundation Trust. Quality Accounts are published annually by each NHS healthcare provider and made available to the public.

2. Recommendations

The Health Scrutiny Panel is asked to consider the information in the draft Quality Accounts and raise any issues or concerns on behalf of the residents of Tower Hamlets.

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East London NHS
NHS Foundation Trust

QUALITY ACCOUNTS – 2012

(Draft for Stakeholders)

East London NHS Foundation Trust

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- TBC

Part 1. Statement on Quality

1.1 Statement on Quality from Dr Robert Dolan, Chief Executive

- TBC

1.2 Statement on Quality from Dr Kevin Cleary (Medical Director)

It has been a challenging and exciting year to be working as part of a team that is focussed on improving the quality of healthcare we provide to our patients and service users. The inclusion of community services in Newham in the Trust's portfolio of healthcare provision has provided an opportunity to look at how we deliver services and the different approaches that are taken to quality in community services. We have definitely gained a wider perspective on what patients value from healthcare providers and how we can tailor our services to meet the needs of our customers.

Our biggest challenge in healthcare quality is how to change the culture of the organisation and its workforce so that the patient is at the centre of everything we do. We started the year with a survey of staff's attitudes to patient safety using a standardised tool. The results were positive and greatly heartening; staff were definitely aware of the importance of patient safety and viewed the organisation as one which was attempting to learn from previous incidents. In addition our staff wanted to report incidents and did not feel inhibited in their reporting. This has provided us with a great base on which to develop a positive safety culture within the organisation. On the national stage it is often reported that senior clinicians are difficult to engage in patient safety work but our experience has been that senior staff have very actively engaged in our programme of learning lessons.

We have taken part in a number of national audits reviewing aspects of the care that we provide which offers us a chance to compare the effectiveness and safety of our services with other similar providers around England. We have also worked with the relevant confidential inquiries to assist with their critically important work on improving patient outcomes. The benchmarking part of these processes is important but is not what we value most. What is of the greatest value is the scrutiny of external agencies and the application of validated standards to our work. Measurement is the basis of improvement: you cannot improve something unless you can measure it. The coherent use of externally validated standards is an important lever in our management of quality improvement.

What our patients and service users think of our services is critically important but has proved to be difficult at times to accurately assess. The national surveys are important but often have low return rates. We have over the year moved to involving service users in the collection of information from other service users and also introduced new technology to ensure that we can capture real time data from our patients about what they think, using this information to drive change in how we deliver their care.

Looking forward we want to ensure that we continue to make progress with our improvement work. The key to success will be increasing the capacity for bottom up initiatives from our staff to drive the quality improvement work rather than relying upon central initiatives to drive this work. It is the staff delivering services and our patients who have the best insights into service quality and we will be harnessing this over the next year to ensure continual improvement in our care.

Part 2. Priorities for Improvement

2.1 The Population of East London and the City

The area served by the Trust is culturally diverse with significant levels of mental and physical health need. East London is exclusively inner-city urban, with high levels of immigration, socio-economic deprivation and health inequalities. The area is also densely populated and has a relatively young population. Ethnicity data indicate that the East London area has the largest black and minority ethnic (BME) population (49%) in the UK. The BME population nationwide is eight per cent.

London's population is estimated to grow by 810,000 from 7.3 million in 2003 to 8.1 million by 2016. The population served by the Trust is expected increase overall by 25% (178,000 people), with 31% in Newham (80,900), 35% in Tower Hamlets (78,200), and 8% in City & Hackney (18,900).

It is likely that there will be a significant increase in the levels of mental health need of all people in east London over the next ten years.

There is compelling evidence that the profile of patients the Trust serves is more demanding in terms of clinical severity and complexity and we have shared the evidence to support this belief with commissioners. We have also been taking part, with other Mental Health Trusts, to progress the Health of the Nation Outcome Scale Payment by Results (HoNOS PbR) national agenda; whilst this is work in progress, the information produced so far concurs with this belief.

In spite of this, the Trust has demonstrated that it is performing well compared to other Mental Health Trusts in terms of inpatient efficiency, for example low length of stay, lower readmission rates and lower delayed transfers of care. Compared to the level of morbidity, we have one of the lowest levels of investments for one of the most deprived areas of the country.

2.2 Review of services:

East London NHS Foundation Trust (ELFT) provides a wide range of community and inpatient mental health services to the City of London, Hackney, Newham and Tower Hamlets. Forensic Services are also provided to Barking & Dagenham, Havering, Redbridge and Waltham Forest, as well as Community Health Services in Newham. In the year ahead, the Trust will also provide psychological therapies to people in Richmond (South West London) in partnership with the mental health charity MIND.

During 2011/12 East London NHS Foundation Trust provided and/or sub-contracted one NHS services. The Trust has reviewed all the data available to them on the quality of care in this service.

The income generated by the NHS services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for this period.

Mental Health Service Provision

Trust service provision includes community and inpatient services for children, young people, adults of working age and older adults who live in the City of London, Hackney, Newham and Tower Hamlets. The Trust has a large and well established Child & Adolescent Mental Health Services (CAMHS) service, provides a range of psychological therapies services and was one of two national demonstrator sites for Improving Access to Psychological Therapies (IAPT).

The Trust provides Forensic Services to the local boroughs as well as the north east London boroughs including Barking and Dagenham, Havering, Redbridge and Waltham Forest and other specialist mental health services to north London, Hertfordshire and Essex. The specialist Chronic Syndrome/ME adult outpatient service also serves north London and the south of England.

The areas served by the Trust are the most culturally diverse and deprived areas in England and therefore provide significant challenges for the provision of mental health services. The Trust's local services are provided to a population of 710,000 in east London and the Trust's forensic services are provided to a population of 1.5 million in north east London.

As of June 2012, the Trust will also provide Primary Mental Health services in Richmond. These services will be part of the Increasing Access to Psychological Therapies (IAPT) model, currently used in Newham. As a consequence, 33 new staff will be providing psychological services across multiple sites in the Richmond area.

Community Health Newham Services:

Community Health Newham has been fully integrated into the Trust for over a year (since January 2011). The Community Health Newham (CHN) Directorate is responsible for improving the health and wellbeing of the people of Newham through the delivery of healthcare services in community settings. CHN has a key role in delivering personalised services which promote and enhance peoples' independence and wellbeing.

As a consequence, the Trust now employs an additional 900 staff and provides community health services from 33 sites, including an inpatient facility of 78 beds at the East Ham Care Centre for continuing care, respite care and intermediate care clients. Some of these sites are also used by Mental Health services.

2.3 Participation in clinical audits

During 2011/12, **eight** national clinical audits and **one** national confidential enquiry covered NHS services that East London NHS Foundation Trust provides.

During that period the Trust participated in **100%** of national clinical audits and **100%** of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that East London NHS Foundation Trust participated in during 2011/12 are as follows:

Description of National Audit	Submitted to
National Sentinel Stroke Audit	Royal College of Physicians Stroke Audit Team Clinical Standards Department – Clinical Effectiveness and Evaluation Unit Royal College of Physicians of London Valid for two years next audit due in April-June 2012
Multiple Sclerosis National Audit	Clinical Standards Department - Clinical Effectiveness and Evaluation Unit The Royal College of Physicians of London
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness	National Clinical Inquiry
National Falls and Bone Health Audit in Older People	Royal College of Physicians of London Bones and falls Audit team
Continence Audit	No Audit was carried out due to staff shortage

The Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) also undertakes a range of external and peer review programmes. The Trust participates in a wide range of improvement projects as outlined below:

CCQI Programme	**Participation by ELNFT**	**% of cases submitted**
Service accreditation programme		
ECT Clinics	2 ECT clinics	100
Working Age adult wards	13 wards	91
Psychiatric intensive care units	4 PICU's	100
Older people mental health wards	6 wards	100
Memory services	1 service	33
Psychiatric liaison teams	2 teams	66
Service quality improvement networks		
Inpatient child and adolescent units	1 unit	100
Child and adolescent community MH teams	1 team	33
Therapeutic communities	1 community	100
Forensic mental health services	1 service	100
Perinatal mental health inpatient units	1 units	100

National Audit of psychological therapies (NAPT)	**2 teams**	**100**
Multisource feedback for psychiatrists (ACP 360)	**23 enrolments**	**69 in total**
POMH TOPIC	**Number of patients**	
Monitoring of patient prescribed lithium	**38**	**100**
Medicines reconciliation	**64**	**100**
Use of antipsychotics in people with learning disability	**0**	
Use of antipsychotic medication in CAMHS	**31**	**100**

The Trust also undertook a range of local audits:

Audit Priority	**Lead Committee**	**Directorate**
CPA & Risk Assessment Audit	Quality Committee / CPA Group	All
Discharge Audit for inpatient services	Quality Committee / PCT	Adult inpatient Units
Record Keeping Audit	Quality Committee / Health Records Development Group	All
Medicines Policy – Prescribing & Administration Audits	Quality Committee / Medicines Committee	All
Infection Control Audit	Quality Committee / Infection Control Committee	All
Trustwide Case Note Audit (CQC standards)	Quality Committee / Service Delivery Board	Adult inpatient Units
Safeguarding Children Audit	Safeguarding Committee	All
Section 58 Consent to treatment / Section 132 Patient Rights / Section 17 Leave of Absence	Quality Committee / Mental Health Act Committee	Adult Inpatient Units
Monitoring of patients prescribed lithium (POM UK)	Quality Committee / Medicines Committee	Adult Inpatient & Community
Prescribing antipsychotic medicines for people with dementia (POM UK)	Quality Committee / Medicines Committee	MHCOP Teams
Prescribing antipsychotics for children and adolescents (POM UK)	Quality Committee / Medicines Committee	CAMHS / Adult Teams

The Trust develops specific action plans for each audit which are managed through the Quality Committee, for example, as a result of the CPA & Risk Assessment Audit the Quality Committee & CPA Group initiated additional training, revised the documentation and closely monitored the implementation of these processes.

2.4 Research

Being a centre of excellence for research is one of the key strategic objectives of East London NHS Foundation Trust. To achieve this objective, the Trust collaborates closely with academic partners, such as Queen Mary University of London and City University, and concentrates on research that improves the delivery of health care in East London.

Research in the Trust is linked to the specific local context, reflects national priorities, and plays a leading role internationally. The aim of the research is to provide evidence that contributes to the world-wide evidence base and directly or indirectly, leads to improvements in health care. To achieve this, research has to be of high quality and receive recognition on an international level.

The work of the research groups has influenced public and professional debates on policy and clinical issues in mental health care on local, national and international levels. The impact of our research on policy and practice can sometimes be rather indirect and difficult to distinguish from the effects of other contributions to the same debates. In other areas, however, it is possible to identify some direct impact of our research on health services and policy. Some examples include:

- A finding that black and minority ethnic patients detained for involuntary psychiatric treatment experience more coercion than similar white patients. However, when looking within a given geographic area, such as East London, the differences between ethnic groups disappear. East London was the geographic area with the highest level of perceived coercion across all ethnic groups. Therefore, attempts should be made to reduce perceived coercion in all groups in the Trust rather than specific ethnic groups.
- Based on findings that patients registered more anger, irritation and depression as a consequence of locked doors than staff or visitors thought they experience, all attempts should be made to avoid locked doors on the wards in our Trust.
- Wards with good leadership, teamwork, structure, attitudes towards patients and low burnout had significantly lower rates of containment events (coerced medication, manual restraint, etc.). Interventions to reduce rates of containment on wards may need to address staff issues at every level, from leadership through staff attitudes.
- Female patients benefit from acute treatment in day hospitals as compared to conventional inpatient wards, whilst there is no difference for men. Acute day hospitals such as the one in Newham may be part of a gender specific service provision.
- All available population-based indices for the funding of mental health care suggest that East London has the highest need in the whole country. Since the need reflected by population-based indices is not matched by actual funding, this evidence needs to be pointed out to Commissioners and the public.
- The DIALOG intervention (computer-mediated structuring of patient-clinician communication) was found to be effective in a trial in six European countries. Out of all areas in which it was tried, the effect was greatest in East London. Based on the research evidence, the intervention will be implemented and further developed in East London.
- Cognitive behavioural therapy and graded exercise therapy (both in addition to specialist medical care) were more effective in the treatment of chronic fatigue syndrome than specialist medical care alone or with adaptive pacing therapy.

Therefore the Trust's practice of providing CBT and GET is shown to be an effective treatment, although it might be criticised by patient groups.

The number of participants from the East London NHS Foundation Trust recruited in 2011/2012 to take part in research included on the National Institute of Health Research (NIHR) Portfolio was 709 (includes recruitment reported through 27 February 2012). This represents a 68% increase over the previous year.

In every calendar year since 2007, there have been over 100 publications resulting from our involvement in research, helping to improve patient outcomes and experience across the NHS.

Further information regarding the research undertaken across the Trust, including a list of ongoing and previous research is available: http://www.eastlondon.nhs.uk/rande

2.5 Goals agreed with commissioners 2010/11

Use of the CQUIN payment framework

A proportion of East London NHS Foundation Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between ELNFT and East London and the City Alliance for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically on the website: http://www.eastlondon.nhs.uk/ or on request from the Trust secretary (see page 46 for contact details).

The table below summarise the Trust's final position on delivery of 2010/11 Mental Health CQUIN targets.

2011/12 Mental Health CQUIN Indicators	2011/12 Target	Trust Performance (31st March 2012)	Status
Improve the physical health and medicines reconciliation of patients with mental health problems			
CQUIN 1a – 90% of all hospital and community based patients to have a complete set of mental and physical health high mortality ICD10 codes	90%	**97.5%**	Complete
CQUIN 1b – The Trust must demonstrate medicine reconciliation within care plans within 72 hours of admission to inpatient care	90%	**96.6%**	Complete
CQUIN 1c – Notification of discharge for all hospital based patients to be undertaken within one week of discharge from inpatient care	90%	**97.5%**	Complete
Improve the responsiveness to the personal needs of patients in CMHTs.			
CQUIN 2 – Implementation of real-time data collection methods in community settings, analysis of one quarters' worth of data and development of action plan	Yes/No	**YES**	Complete
To enable safe, effective and supportive care for SMI patients discharged to Primary Care			
CQUIN 3 - Work with GPs across the three Boroughs to agree a protocol that streamlines all patients on the SMI register that require assessment and/or treatment within 24 hours of the GP referring/contacting the appropriate provider service.	Yes/No	**YES**	Complete
Recovery and patient focused care planning			
CQUIN 4 - The Trust will introduce care planning process that imbeds developing a care plan written in the first person, first tense – with community patients on CPA and/or in Clusters 11 to 14.	30%	**51.6%**	Complete

2011/12 CQUIN targets for Forensic Services, Child and Adolescent Mental Health Services, Newham Talking Therapies and Community Health Newham have been met.

2.6 What others say about the provider

Statements from the Care Quality Commission (CQC)

East London NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without any conditions. The Care Quality Commission has not taken enforcement action against ELNFT during 2010/11.

There were no relevant special reviews or investigations by the CQC during the reporting period. Below are quotes from the reviews of services undertaken in 2011/12.

CQC Compliance Report – Safeguarding and Looked after Children's Services

"Health and social care leadership has been rated as adequate. Both agencies have ambition and are working to a shared vision and agreed priorities through the Children's Trust in which health play a full part."

CQC Compliance Report - Tower Hamlets

"We found that Adult Mental Health Services – Tower Hamlets Directorate was meeting all the essential standards of quality and safety we reviewed."

"The provider recognises the diversity of the community it serves and supports patients whose first language is not English to be involved decisions about their care, treatment and support."

CQC Compliance Report - Forensic Services

"We found that Woodbury ward was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made."

"Care plans were detailed and person centred. Discharge and discharge planning of patients was happening. Patients' health was regularly monitored and patients risk was managed appropriately. Overall, we found that Woodbury Ward was meeting this essential standard (Care and welfare of people who use services)."

Trust response

The CQC reports were disseminated across the Trust and discussed at the Service Delivery Board, Quality Committee and Assurance Committee. The Trust submitted action plans in response to the improvements actions requested by CQC.

Further information http://www.eastlondon.nhs.uk/about_us/care_quality_commission.asp

2.7 Data quality

The Trusts Information Governance (IG) framework, including Data Quality (or "Information Quality Assurance") policy, responsibilities/management arrangements are embedded in the Trust's Information Governance and Information Management &Technology Security Policy.

Information Quality Assurance:

- The Trust established and maintains policies and procedures for information quality assurance and the effective management of records
- The Trust undertakes or commissions annual assessments and audits of its information quality and records management arrangements
- Data standards are set through clear and consistent definition of data items, in accordance with national standards
- The Trust promotes information quality and effective records management through policies, procedures/user manuals and training.

The Trust's Commissioners, Trust Board and Information Governance Steering group receive regular reports on Data Quality/Completion rates against agreed targets. The IG Steering group receive and review performance on Data Quality benchmarked across London and nationally – including use of the national data quality dashboard.

To support action and improvement plans, Directorate Management Teams receive a range of cumulative and snapshot data quality reports from the Trust's Information Management team – these show missing or invalid data at Ward, Team and down to individual patient level. Data Validity and Accreditation checks are undertaken annually (often more frequently) in line with the IG Toolkit national requirements and an annual audit of Clinical Coding is undertaken in line with the IG Toolkit national requirements.

East London NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data*. The percentage of records in the published data:

- which included the patient's valid NHS number was: 95.9% for admitted patient care, and 99.2% for outpatient care
- which included the patient's valid General Medical Practice Code was: 100% for admitted patient care, and 100% for outpatient care.

The Trust has implemented the following actions to improve the data quality:

- Deployment of RiO clinical across mental health services
- Monthly Performance Management meetings

2.7 (i) Information Governance Toolkit attainment levels

East London NHS Foundation Trust Information Governance Assessment Report score overall score for 2011/12 was 81%.

2.7 (ii) Clinical coding error rate

East London NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

2.8 Trust Priorities for 2012/13

In 2010/11 the development of new priorities and measures of quality and satisfaction represented a fundamental shift in the Trust strategy and a move away from the existing wide range of 'output' focused performance measures. The feedback we have received from our key stakeholder groups, such as the LINks, commissioners and the Trust Members Council was a crucial factor in the shift. As such, the Trust will maintain the focus on these three key areas to ensure continuity and consistency.

- **Improving service user satisfaction**
- **Improving staff satisfaction**
- **Maintaining financial viability**

In spite of significant challenges, the Trust has directed considerable resources to improve these key priorities; we intend to build on this momentum. The challenge for the year ahead is to keep all areas of quality (patient safety, clinical effectiveness and patient experience) central to the care and treatment we provide

2.9 Quality Indicators for 2012/13

The Trust monitors quality in a number of ways, including through designated Board committees, robust performance management processes, internal scrutiny, self-assessment and feedback from service users and carers.

In 2011-12 one of the Trust's three strategic goals focused on improving service user satisfaction with services. These will be maintained for 2012/13 through the Trust's commitment to continually improve outcomes and enhance recovery for service users. Progress for each Quality indicator will be tracked regularly

Revised set of quality indicators for 2012/13

A revised set of indicators are currently under development. Once implemented, they will enable the Trust to better monitor the quality of service delivery within the annual plan and through the in-year monitoring process.

They are grouped into the categories of:

- Patient safety
- Clinical effectiveness
- Patient experience

The quality indicators will provide a renewed emphasis on service user focused measures for quality. This work will allow the Trust to measure real aspects of recovery and of experience and to learn from and improve performance.

The Quality Indicator priorities 2011/12

1.
All Adult & Older Adult Community Teams to increase the % of caseload receiving face to face contact per month
Rationale
Regular and frequent face-to-face contact with patients is essential to gain a full understanding of each patients needs. This is essential to ensure that an appropriate care plan is in place.
Process

Data will be entered by care co-ordinators on to the RiO data system. Teams will be measured against data from the previous year and progress will be tracked on a quarterly basis.

Category

Patient experience; Clinical effectiveness

2.

% of young people in contact with Community CAMHS Teams who have shown improvement as measured by CORC outcome measures

Rationale

Changes in the CORC outcome scales enable us to understand whether we are offering the appropriate interventions to each of the young people under our care.

Process

CAMHS clinicians will collect and input data into the CORC database. Teams will be measured against data from the previous year and progress will be tracked on a quarterly basis.

Category

Clinical effectiveness; Patient experience

3.

Amount of time care co-ordinators working in Adult and Older Adult services are in contact with patients as a proportion of their working week.

Rationale

Increased levels of contact are associated with higher levels of satisfaction.

Process

Appointments data will be entered by care co-ordinators into their electronic diary. Teams will be measured against data from the previous year and progress will be tracked on a quarterly basis.

Category

Patient experience

4.

An increase in the % of enhanced CPA patients with a crisis plan and risk assessment in date

Rationale

Crisis plans and risk assessments are core to ensuring that patient and staff know what to do when a patient is experiencing a crisis, and what risks they may face either to themselves or others.

Process

Data will be entered by care co-ordinators on to the RiO data system. Teams will be measured against data from the previous year (90%) and progress will be tracked on a quarterly basis.

Category

Patient experience; Patient safety

5.

Reduce the total number of medicine errors of three high risk medications (Insulin, Lithium and Chlozapine).

Rationale

Medicine errors are potentially catastrophic events which can have a detrimental effect on the health and well being of our patients. Reducing errors whilst encouraging reporting of all

errors is key to protecting patients

Process

Clinicians will enter the DATIX data collection system. Levels will be measured against data from the previous year and progress will be tracked on a quarterly basis.

Category

Patient safety; Clinical effectiveness

6.

Increase the % of patients who have had their medicines reconciled within 72hours

Rationale

Medicine reconciliation ensures continuity of medication which may have been prescribed by other medical staff whilst a patient is in the hospital environment

Process

Pharmacists will upload information onto RiO data collection system. Teams will be measured against data from the previous year (90%) and progress will be tracked on a quarterly basis.

Category

Patient safety; Clinical effectiveness

7.

Establishment of a real time satisfaction measures for service users.

Rationale

Real-time data collection methods have been implemented across inpatient and community settings. Data are currently collected using questions developed centrally or from national guidance. To fully embed the principle of local ownership it is crucial for questions to be developed locally (individual teams) and feedback regularly.

Process

Increased local involvement via the Quality, Innovation and Patient Experience team.

Category

Patient experience

8.

% of all patients with diabetes with a physical health care plan that specifies targets for glycaemic control.

Rationale

Diabetic patients' for this measure would include all patients on the DSN caseload plus all in-patients with a diagnosis of diabetes who have been on the ward for 4 weeks.

Process

Data will be entered by clinicians on to the RiO data system. Aim to establish a baseline measurement and track progress on a quarterly basis.

Category

Patient experience; Clinical effectiveness; Patient safety

9.

Increase the proportion of staff ratings ('good' and 'very good') of their appraisal experience

Rationale

Staff supervision and appraisal can affect employee well-being and morale, as such, those seeking to create healthier workplaces should acknowledge the important role supervision and appraisal has.

Process

Data collected via the annual staff survey undertaken by Quality Health

Category
Patient experience; Clinical effectiveness

10.
Each Clinical team to develop one quality initiative to improve patient satisfaction
Rationale
Clinical Teams and the service users within each of the teams are best placed to know what improvements will have the biggest impact on them. This will allow each team to decide a priority and for the Trust to dedicate resources to supporting the team and its users to develop and implement this.
Process
Written reports produced by each team tracked on a quarterly basis.
Category
Patient experience; Clinical effectiveness; Patient safety

In addition to the 10 Quality indicators described above, a range of initiatives will be undertaken over the next 12 months in the following areas:

Improving service user satisfaction

- Complete review of capacity of inpatient acute and female PICU
- Focus on personalisation agenda and care planning in community services
- Increase number of health visitors in Community Health Newham
- Better use of quality indicators and patient experience feedback
- Implementation of NICE guidance "*Service user experience in adult mental health"*
- Implementation of recovery model/establishment of a Social Inclusion Board

Improving staff satisfaction

- Continue with Organisational Development programme
- Improve staff engagement and communication
- Better use of staff satisfaction indicators

Maintaining financial viability

- On track to meet all financial targets, including a savings programme of £11.2m
- Achieve financial risk rating of 4
- Deliver Cash Releasing Efficiency Savings (CRES) of £10.2m
- Deliver CQUIN targets and other contract requirements
- Continue to seek new business

The Trust has developed a range of reporting mechanisms, including the monthly Quality & Performance meeting which includes all directorates. Ultimately, we hope to see improvements in our Service User and Staff satisfaction surveys.

Special focus across the Trust

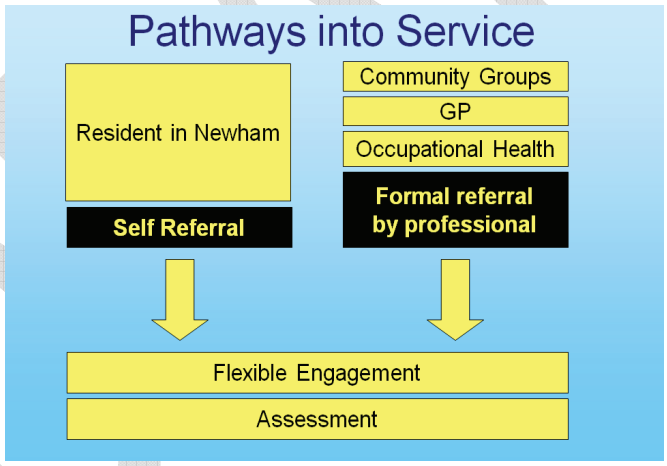
1. Increasing Access to Psychological Therapies (IAPT)

The Trust became one of the national IAPT demonstration sites in 2006 which spear-headed the national IAPT rollout. The Trust provided a comprehensive CBT psychological therapy service to people presenting with common mental health problems across the Borough.

The service was delivered by CBT-trained therapists and provided either in the individual's practice or in a local treatment centre. Local employers also access the service to help people stay in employment. The programme is complemented by increasing access to Employment Coaches provided by Mental Health Matters (MHM). The service treats over 800 people per year, developed culturally sensitive CBT interventions and a further 600 people were supported in seeking to return to work.

The Trust developed robust referral management processes and as a result of our experience has developed a flexible innovative approach in response to local needs. This service model is now widely used in IAPT services nationally.

The referral management service was developed following extensive research into best practice and has been continuously updated in consultation with local GPs. Our success is reflected in the 90% of patients who access and are referred to appropriate services within 1 working day (see model below).



Trust clinicians also lead in the development of the IAPTus, the IT system currently used across all IAPT services. This single integrated IT system captures the service user pathway from start to finish and includes outcome measurement and clinical records whilst ensuring development and automatic production of service reports. The Trust is also piloting the system's rollout to the primary care enhanced mental health team for GPs in a local borough.

Key Achievements:

- Delivered NICE recommended talking therapies for common mental health problems; overcoming the gap between policy and practice.
- Empowered and informed service user choice
- Developed and implemented robust information structures to support service users, clinicians and service managers
- Delivered an accessible, popular and effective talking therapy service.
- Provided an integrated service that:

- educated patients to be their own therapists,
- improved their well being,
- reduced the risk of recurrence and
- promoted social inclusion.

2. Virtual Ward

Extended Primary Care Team (EPCT)/Virtual Wards:

The new EPCT/Virtual Ward service commenced on the 1st February 2011. Importantly, these teams now include Older Adult Community Psychiatric Nursing staff so that the often multiple needs of vulnerable people are being better addressed in an integrated and comprehensive way through multi-disciplinary working. Work continues on developing this new service and engagement with key partners to ensure successful long-term sustainability of this innovative service. Results to date are very promising with some excellent outcomes reported and good quality 'patient experience' accounts from those who have received Virtual Ward services. Across the borough the Virtual Wards have cared for over 1000 patients in the first year.

The teams are now using Digipen technology to collect PROMs (Patient Reported Outcome Measures) and PREMs (Patient Reported Experience Measures). Early results are encouraging and support the database of good patient stories. These positive results are collated monthly and shared regularly with Commissioners and GP groups.

Feedback from geriatricians also suggests that the Virtual Ward service is facilitating earlier discharge and is beginning to work in an integrated way with the day hospital. Of note, and relevance to the future development of Virtual Wards and EPCTs in Newham, a major national trial of Telehealth and Telecare was undertaken over the past 3 years (in Newham, Kent and Cornwall).

The national evaluation of our experience was published at the end of 2011 and is now informing both national (and international practice). In short, there were very positive outcomes from the Randomised Control Trial of over 6000 Telehealth/care participants, in terms of very significantly decreased mortality, and avoided hospital admissions and resultant secondary care costs. CHN is now developing a recasting of its VW and EPCT structures and resources, in order to build in and mainstream use of Telehealth, informed by a 'risk tool' indicating community residents' 'risk of hospital admission', such that a well targeted approach to monitoring and care can be delivered. This is also a key contributor to the current plans and emphasis on self-care and personalisation within our services.

Stakeholder Engagement:

The Directorate has benefited from the high profile input into local GP Commissioning engagement from the CEO and Acting Director of Performance and Business Development. This has come at a crucial time during transformation for the Extended Primary Care Teams and Virtual Ward Service. The Directorate has been active in setting up new Patient Related Outcome and Patient Experience monitoring programmes as part of the Patient/Public involvement agenda and capturing patient's clinical improvement outcomes and experiences.

3. Forensic Services

In considering quality of care within the forensic directorate it is important to reference it to the current situation. The East London Forensic Mental Health Service is an established one with a track record of providing safe, effective care alongside a good patient experience. The service received a very favourable report through the Royal College of Psychiatrist Quality Network Peer Review.

In respect of safety, there are a low number of matters recorded as serious untoward incidents with no cases of clinical negligence. The hospitals have an excellent track-record in respect of security with no escapes in the last five years. Regarding clinical effectiveness the service is discharging double the number of patients than five years ago and there is a consistent average length of stay in medium security of below two years. For patient experience, a recent audit found that inpatients across the service had more than twenty-five hours of meaningful activity available to them in a week. Inpatients of the forensic service consistently report high levels of patient satisfaction.

Thus, the challenge for the forensic service is not to produce a high quality service, because there is evidence already of good quality, but to improve quality further in a time of financial constraint. This is also in a situation where there is a focus on targets and compliance, with the need to be able to demonstrate quality through audit and external review particularly by the CQC.

Important quality issues for the year ahead

The forensic service is now being commissioned within the new National Commissioning framework and the London Region subgroup. The service is required to comply with tighter timescales for assessment for admission and a twelve-week program of inpatient assessment. This means marshalling resources to achieve the timescales required and recording that to demonstrate compliance or to identify difficulty and then rectify it. This is a challenge because it involves imposing external regulatory requirements upon clinicians who have differing ways of working. The service has however, developed a revised assessment and care pathway procedure, which dovetails with commissioning requirements. It is thus comparatively well placed to meet the challenge, but this situation will need to be carefully monitored.

More generally, there are a wide range of CQUIN targets and other targets which the service needs to achieve. The challenge for the service is to maintain a focus on these whilst providing good quality clinical care more generally. Excessive focus on targets can lead to neglect of quality in other areas, whilst the service appreciates that quality targets do need to be met. The challenge is to keep all areas of quality (patient safety, clinical effectiveness and patient experience) in mind and under review to continue to drive up quality, as has been consistently occurring.

PART 3

3.1 Review of quality performance 2010/11

3.1 (i) Priorities for 2011/12

The Quality Indicator priorities 2011/12

Priority	Category	Target	Status
1. All community, Adult & Older Adult and NSF Teams to report the %/n of caseload receiving face to face contact per month	Patient experience; Clinical effectiveness	**80%**	**88.6%**
2. % of young people in contact with inpatient & Community CAMHS Teams who have shown improvement as measured by CORC outcome measures	Clinical effectiveness	**80%**	**85.7%**
3. % of patients on enhanced CPA with a written copy of the care plan in date	Patient experience	**90%**	**98.5%**
4. % of enhanced CPA patients with a crisis plan and risk assessment in date	Patient experience; Patient safety	**90%**	**98.5%**
5. Number of medicine errors reported as a % of all incidents	Patient safety; Clinical effectiveness		**2.85%**
6. % of patients who have had their medicines reconciled within 72hours	Patient safety; Clinical effectiveness	**90%**	**96.6%**
7. Development of a real time satisfaction measures for service user and staff	Patient experience	**Yes/No**	**Yes** (CMHT's and CHN settings)
8. Achievement of four Service Areas implementing Productive Community Service principles	Patient experience; Clinical effectiveness; Patient safety	**Yes/No**	**Yes**
9. Identify the number of end-of-life patients cared for in the four virtual wards and the caseload of community matrons and other case managers and to demonstrate a minimum of weekly MDT meetings about these patients to which the patient's GP has been invited and sent the meeting notes evidencing adherence to Gold Standard Framework (GSF), Liverpool	Patient experience; Clinical effectiveness	**Yes/No**	**Yes**

	Care Pathway (LCP) and Advanced Care Planning (ACP) as appropriate.			
10.	Each Clinical team to develop one quality initiative to improve patient satisfaction	Patient experience; Clinical effectiveness; Patient safety	**Yes/No**	**Yes**

PEAT Scores (Patient Environment Action Team)

The results of PEAT inspections carried out in the year, and ratings achieved, are summarised in the table below:

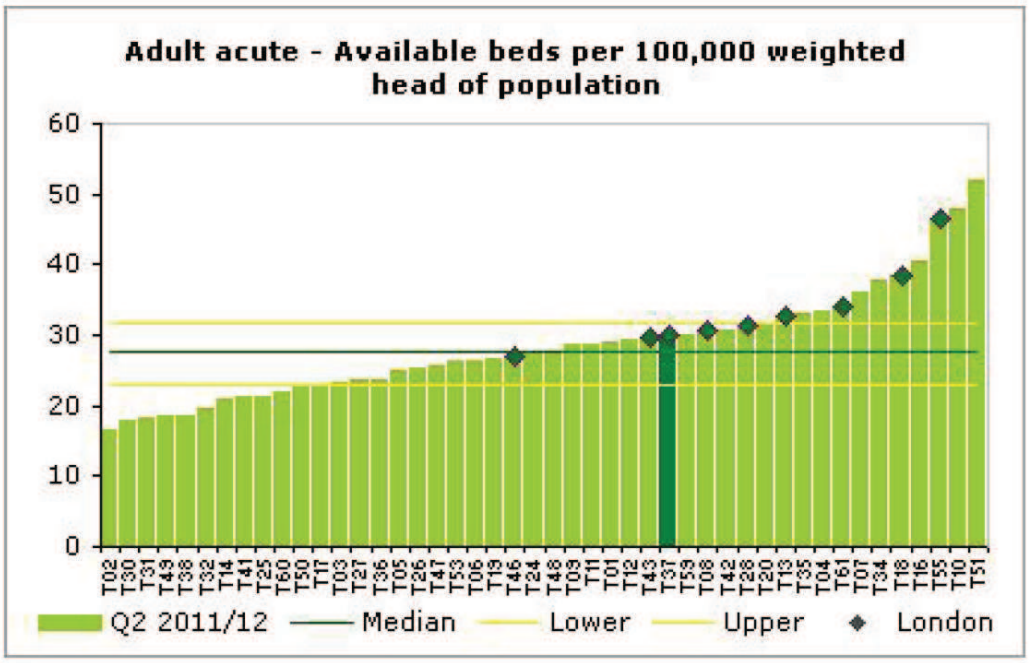
PEAT SCORES - Site	**Food**	**Environment**	**Directorate**
THCfMH	Good	Good	TH
Wolfson House & JHC	Good	Good	Forensics
Lodge & C&HCfMH	Acceptable	Good	C&H
NCfMH & Coborn CAMHS Unit	Excellent	Good	Newham

- PEAT Score Ratings Key (maximum 5): Excellent – 5, Good – 4, Acceptable – 3; Poor – 2, Unacceptable – 1, N/A – 0
- [1] Provisional excellent awaiting ratification

Length of stay and readmission rates

The autumn 2011 report from the Audit Commission's 'Trust Practice Mental Health Benchmarking Club' compared Trust performance against the majority of mental health trusts nationally (n=50).

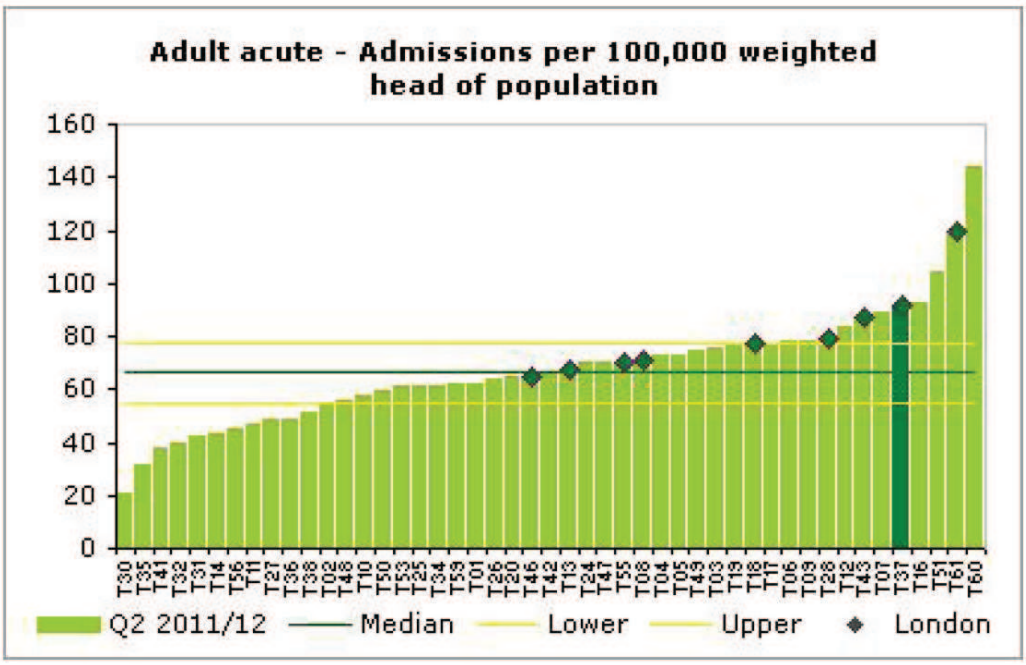
The report stated that in adult services the data shows that ELFT deals with significant demand for services effectively. Available beds for weighted population numbers are relatively low given the high level of mental health needs in East London [T37 = ELFT].



Source: Audit Commission Autumn 2011

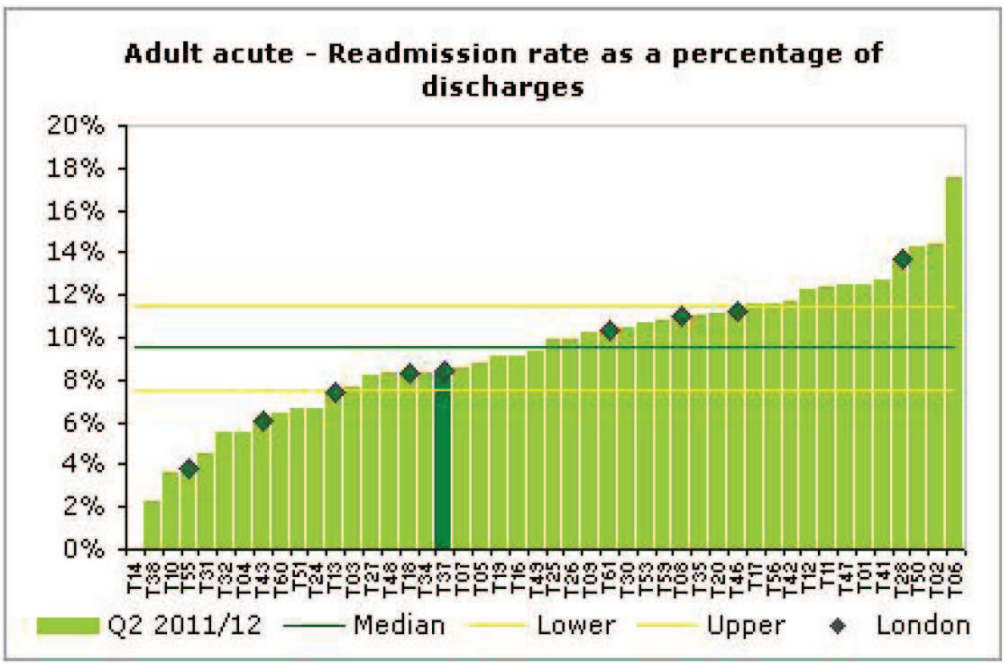
The Audit Commission stated that ELFT services nevertheless deal with admission rates that are above the London average whilst maintaining low levels of readmission rates and average lengths of stay.

ELFT admissions per 100,000 weighted head of population (Q2 2011/12 data) compared to the Audit Commission Benchmarking Club for other Mental Health Trusts Nationally.



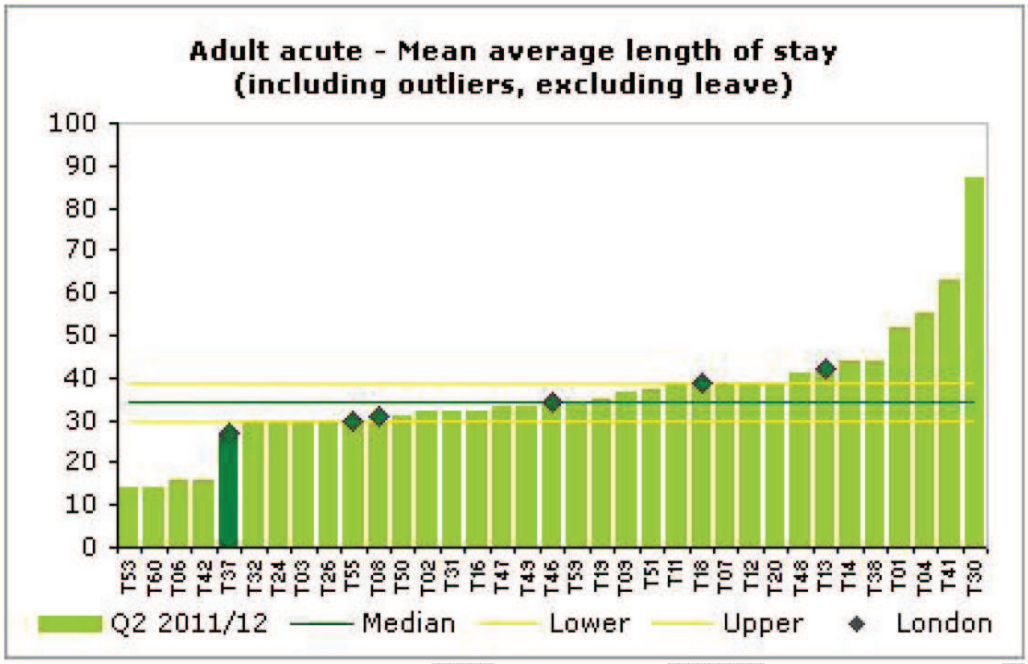
Source: Audit Commission Autumn 2011

ELFT readmission rates (Q2 2011/12 data) compared to the Audit Commission Benchmarking Club.



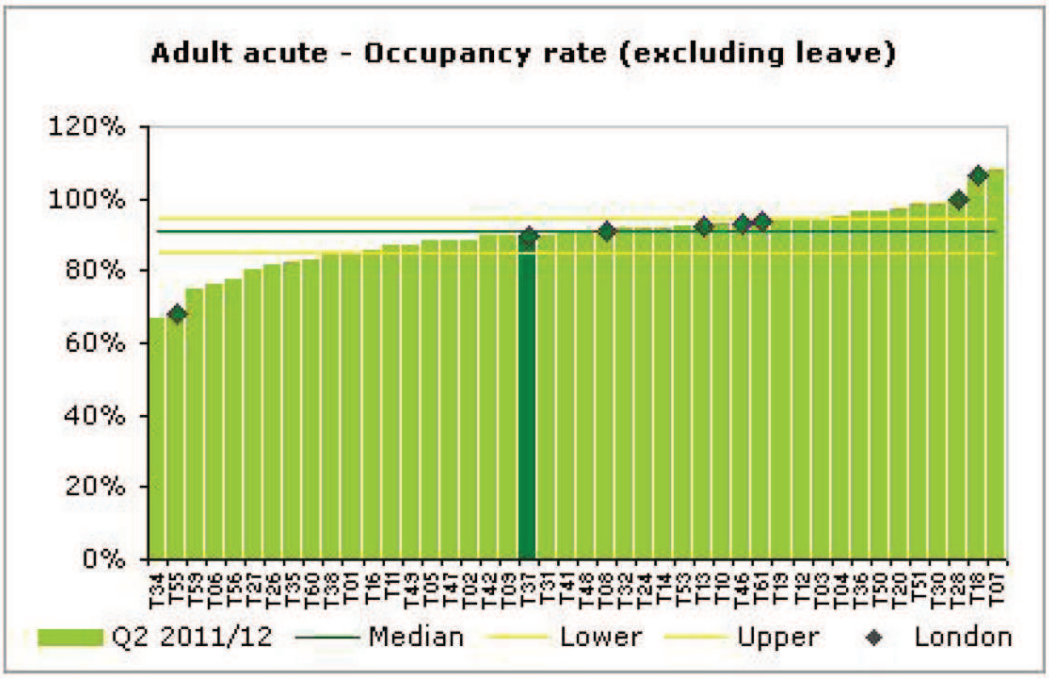
Source: Audit Commission Autumn 2011

Average ELNFT length of stay (Q3 2010/11 data) compared to the Audit Commission Benchmarking Club for other London Mental Health Trusts



Source: Audit Commission Autumn 2012

Bed occupancy has improved significantly over the last 12 months. As a result of this we managed to reach our goal of 85% bed occupancy.



Source: Audit Commission Autumn 2011

Quality Health – Inpatient Service Users Survey

Carers Update

Trustwide Carers Committee

Over the course of the last year the Trust has broadened the membership of the Trustwide Carers Committee and this now includes members from Local Authority, Voluntary Sector Groups, as well as staff from specialised areas and a greater number of carers. The aim of this broadened membership is to look at how all agencies can work together better to achieve greater partnership working around carers' issues and more work will take place around this over the course of the coming year.

Trustwide Carers Event

Carers and staff jointly planned a Trustwide Event that was held in September 2011 and brought together carers, staff and service users. More than 80 people attended the event that looked at carers' plans, carers' issues, and offered workshops and information for carers. This event offered a platform for locaility carers leads to showcase the work that has taken place around their carers plans, as well as an opportunity for carers to link directly with the Trust Chief Executive and other senior members of staff.

Triangle of Care

Last year the Trust initiated the use of the *Triangle of Care* across mental health services. The *Triangle of Care* is a guide to best practice in acute mental health care provision that encourages a therapeutic alliance between service user, staff member and carer. The initial stage of this guide involves undertaking a baseline assessment to establish current practices around involving carers – City and Hackney, Newham and Tower Hamlets have now all completed this initial assessment process. Working groups have also been established in the localities to further build on the required elements for better collaboration and partnership with carers in the service user and carers' journey through an acute episode.

Carer involvement in delivering training

ELFT carers have become more involved in delivering training to Trust staff members over the course of the last year. This includes delivering CPA and risk management training, as well as AMHP training

Patient Advice and Liaison Service (PALS)

The Trust Patient Advice and Liaison Service (PALS) provides information, advice and support to those who come into contact with the Trust.

PALS is a confidential service and alongside the provision of information and advice, helps people to deal with worries and concerns before they become serious enough for people to want to make a complaint.

- During the year 2010/11, PALS dealt with 380 enquiries. These were largely initiated by telephone which accounted for 250 enquiries (67%).

- Between 1st February 2011 – 31st March 2011 for the new Community Health Newham Directorate, PALS received 26 enquiries. These were largely initiated by telephone, 18 enquiries (69%) and email enquiries, 7 (27%).

- In some cases, some of the contacts were passed on to us by either another PALS service or referred by other health professionals.

PALS is based at the Trust Headquarters and has a Freephone number - 0800 783 4839. (Voicemail service available out of office hours)

PALS can also be contacted by e-mail: PALS@eastlondon.nhs.uk

Complaints

This is the first full annual complaint report since the integration of Community Health Newham in February 2011.

The information below is a summary of all formal complaints (461) received between 1 April 2011 and 31 March 2012. This is 155 more than the previous year, which represents a 51% increase. Community Health Newham complaints accounted for 74% of this increase (111 complaints).

Seventy four per cent (year to date figures) of complainants received a full written response either within the Trust's target timescale of 25 working days or an extended timescale agreed with the complainant. Many complainants took up the offer of a meeting with staff to ensure their concerns were clearly understood and to discuss how these might best be resolved.

No complaints were investigated by the Health Service Ombudsman during this period.

Accessibility to the complaints procedure remains a priority. The Trust has a Freephone number which is advertised on posters displayed in all service areas and a freepost address. The Trust also has a complaints leaflet which provides information on the complaints procedure, as well as details of organisations which can provide independent advice and support to service users, their relatives and carers who wish to complain. There are also laminated cards by phone boxes on the wards.

The top complaint subject for this year was staff attitude. 27% of complainants raised issues about staff attitude. Other top subjects this year were poor communication, access to services, medication and discharge and transfer arrangements.

3.1 (ii) Community and Specialist Mental Health Services

Safeguarding adults and children

The Trust works with around 16,000 adult mental health service users at any one time. Many of these are parents, pregnant women, grandparents, step-parents or in contact with children in some way. Over 25% of our service users will be subject to the Care Programme Approach.

Child and Adolescent Mental Health Services (CAMHS) received 4,848 referrals during the year. CAMHS had 44,676 total contacts with approximately 4,000 children and young people on CAMHS caseloads.

CPA Audit Tool – Safeguarding Children Standards: Four of the standards in the CPA audit tool relate to safeguarding children. These are to ensure children are identified at the outset. Once it is known that the service user has children, the Safeguarding Children Audit Tools then applies.

Standard No	Standard	2010 compliance	2011 compliance
2	Family and/or household composition including pregnancy details documented.	61%	TBC
4.28	Relationships with dependent children and parenting support needs.	78%	TBC
5.8	Questioned about risks to children, related or unrelated.	84%	TBC
5.9	If any risks to children have been identified, a referral has been made to Children's Social Care and this has been documented in the file.	80%	TBC

'Safeguarding Children Level 1' training compliance - the Trust continues to ensure that all staff attends relevant mandatory training courses. The target set by the CQC for all levels is 80%.

Safeguarding Children Level 1

	Number of staff	Number of staff attended	% compliance
Total	**2562**	**2306**	**90.01%**

'Safeguarding Adults' training compliance

	Number of staff	Number of staff attended	% compliance
Total	**2562**	**1018**	**39.73%**

The Trust is about to embark on a major training programme around safeguarding adults to ensure that all our staff have the appropriate training to manage this agenda

Health & Safety

The Trust has a comprehensive work plan to address the actions required at both a corporate and local level to ensure compliance with Health & Safety legislation and Security Management Service directions. This covers all aspects of training and regulatory compliance.

Incident data

	Fire	Moving and handling	Falls (non-clinical)	RIDDOR reportable	Smoking in an un-authorised area	Total
Total	**23**	**1**	**11**	**5**	**36**	**104**

'Health and Safety' training compliance

	Number of staff	Number of staff attended	% compliance
Total	**2562**	**1331**	**51.95%**

'Manual Handling' training compliance

	Number of staff	Number of staff attended	% compliance
Total	**2562**	**2237**	**87.31%**

'Fire Safety (including fire marshal)' training compliance

	Number of staff	Number of staff attended	% compliance
Total	**2562**	**2401**	**93.72%**

Medicines management

Medicines management is a high risk area of activity; we therefore pay specific attention to medication errors of all types and have recently introduced an e-learning package for all staff who administer medication.

Incident data

	Prescribing error	Dispensing error	Administration error	Chart not signed	Medication availability	Other	Total
Total	24	20	120	6	11	79	260

Medicines incidents continued to be reported via the Trust DATIX system and discussed at Medicines Safety Groups. Measures then are taken to minimise risk and repetition of incidents.

Training compliance

All clinical staff receive medicines safety training. This increases awareness of how to minimise risks around the prescribing, dispensing and administration of medicines.

Medicines Safety-

	Number of staff	Number of staff attended	% compliance
Total	1421	1058	74.45%

The trust has also developed an e-learning programme for nurses for the safe administration of medicines. Nurses are given protected time to complete the training.

Safe administration of medicines (e-learning)

	Nurses completing e-learning package
Total	**533**

Medicines Reconciliation

The Trust's target is that over 90% of patient's medicines are to be reconciled by pharmacy staff within 72 hours. This is a directive from the NPSA and NICE and also a CQUINN target from the trust. Reconciliation of medicines on admission ensures that medicines are prescribed accurately in the early stages of admission. It involves checking that that the medicines prescribed on admission are the same as those that were being taken before admission and involves contacting the patient's GP.

Medicine Reconciliation			
Directorate	**Total**	**Missing**	**Complete (%)**
CH	266	22	91.7%
MHCOP	69	6	91.3%
NH	222	11	95.0%
TH	181	4	97.8%
Trust Total	738	43	94.2%

Drug savings

The trust has reduced expenditure of medicines by 15% in 2011/12. This has been through several initiatives, including:

- Reduced waste
- Managed entry of new drugs
- Centralised procurement
- Use of generic medicines

CQC – Community patient survey (2011)

We use national surveys to find out about the experience of service users when receiving care and treatment from the Trust. At the start of 2010, a questionnaire was sent to 850 service users. Responses were received from **215** service users at East London NHS Foundation Trust.

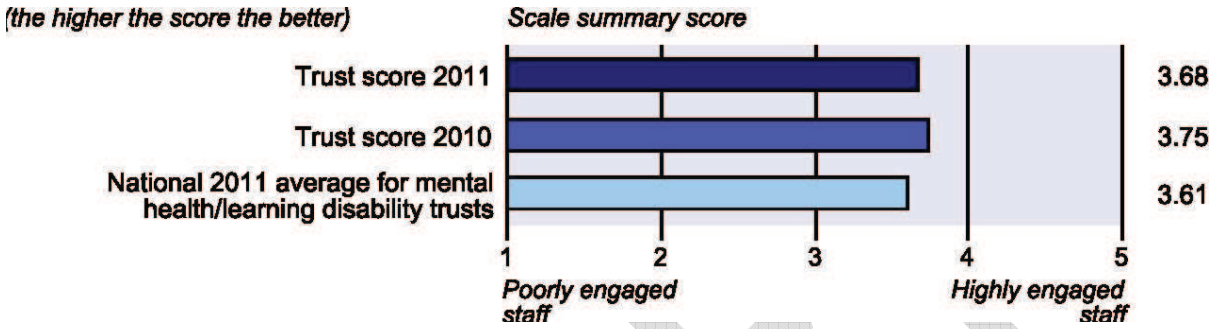
The ELFT scores are compared against scores from other trust nationally. This takes into account the number of respondents from each trust as well as the scores for all other trusts, and makes it possible to identify which scores we can confidently say are 'better' or 'worse' than the majority of other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

ELFT user ratings have increased in six of the nine domains. The greatest positive change relates to perceptions of Talking Therapies (from 6.5 to 7.2). This is significant, as the Trust has focused on this area over the last 12 months.

NHS STAFF SURVEY 2011

Overall indicator of staff engagement for East London NHS Foundation Trust

The figure below shows how East London NHS Foundation Trust compares with other mental health/learning disability trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.68 was above (better than) average when compared with trusts of a similar type.



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 31, 34 and 35. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 31); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 34); and the extent to which they feel motivated and engaged with their work (Key Finding 35).

The table below shows how East London NHS Foundation Trust compares with other mental health/learning disability trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2010 survey.

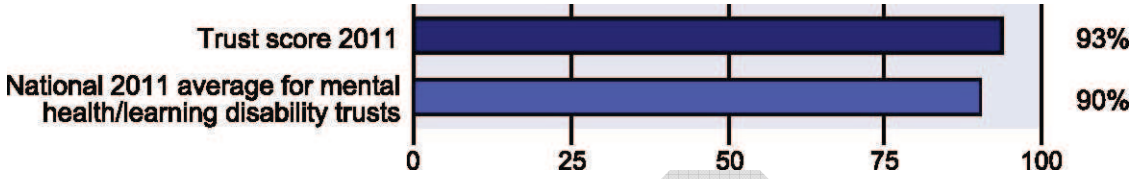
	Change since 2010 survey	Ranking, compared with all mental health trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Above (better than) average
KF31. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓ Highest (best) 20%
KF34. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)*	• No change	✓ Above (better than) average
KF35. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	• Average

3.1 Top and Bottom Ranking Scores

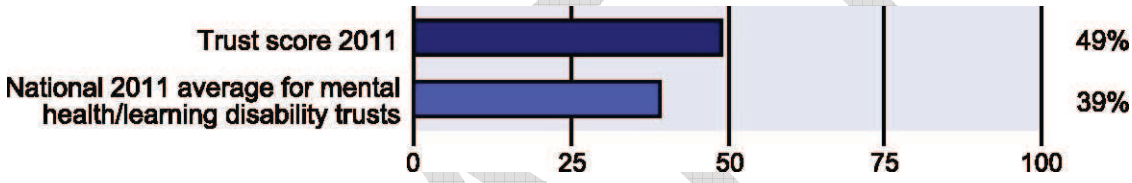
This page highlights the four Key Findings for which East London NHS Foundation Trust compares most favourably with other mental health/learning disability trusts in England.

TOP FOUR RANKING SCORES

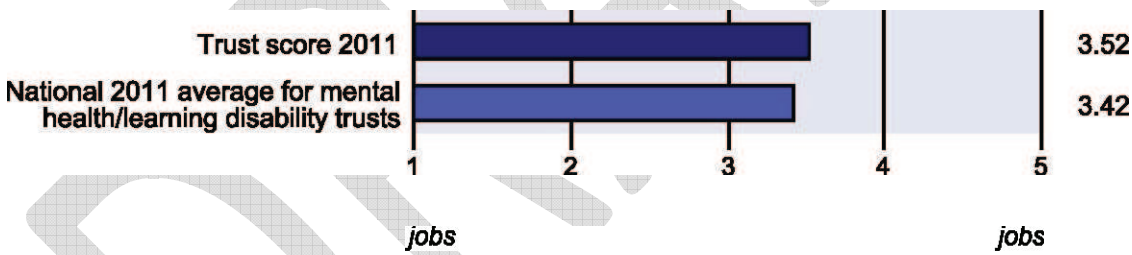
✓KF2. Percentage of staff agreeing that their role makes a difference to patients



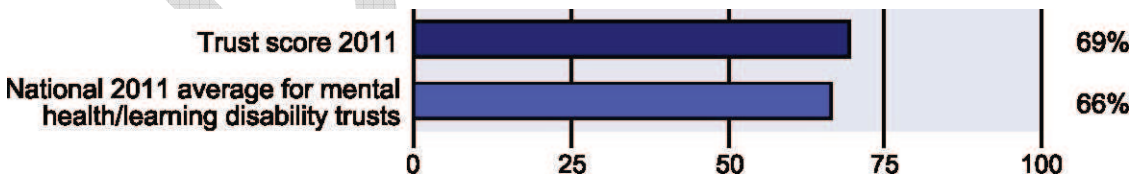
✓KF13. Percentage of staff having well structured appraisals in last 12 months



✓KF4. Quality of job design (clear job content, feedback and staff involvement)



✓KF31. Percentage of staff able to contribute towards improvements at work

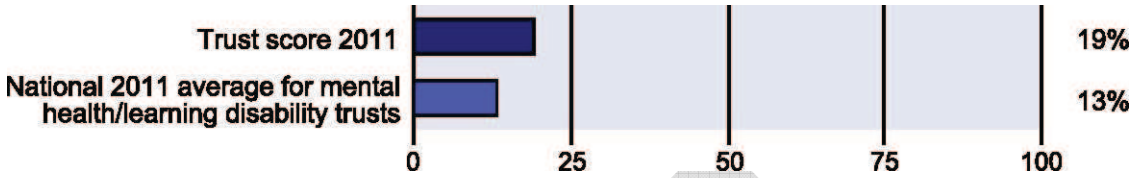


For each of the 38 Key Findings, the mental health/learning disability trusts in England were placed in order from 1 (the top ranking score) to 59 (the bottom ranking score). East London NHS Foundation Trust's four highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document.

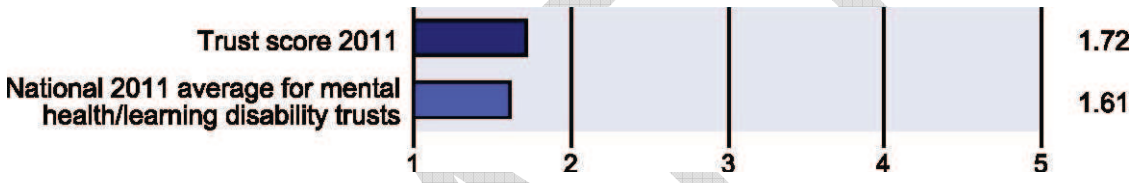
This page highlights the four Key Findings for which East London NHS Foundation Trust compares least favourably with other mental health/learning disability trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FOUR RANKING SCORES

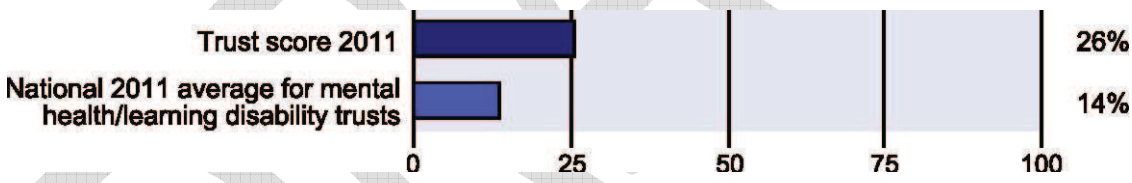
! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



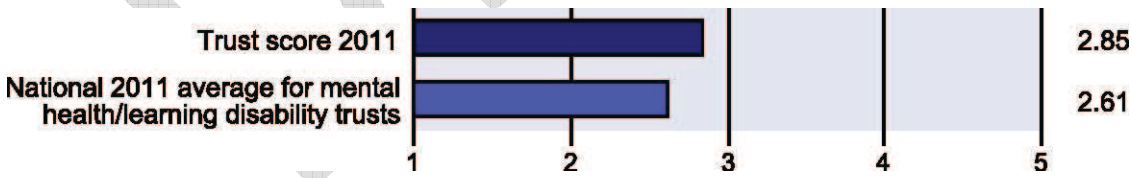
! KF28. Impact of health and well-being on ability to perform work or daily activities



! KF38. Percentage of staff experiencing discrimination at work in last 12 months



! KF33. Staff intention to leave jobs



For each of the 38 Key Findings, the mental health/learning disability trusts in England were placed in order from 1 (the top ranking score) to 59 (the bottom ranking score). East London NHS Foundation Trust's four lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 59. Further details about this can be found in the document.

Summary of data against last year's priorities

.2 An explanation of which stakeholders have been involved

INSERT TEXT

.3 Statements from lead commissioning PCT – East London and the City PCT

INSERT TEXT

.4 Statements from East London and City Local Involvement Networks

INSERT TEXT

.5 Statements from Tower Hamlets OSC

INSERT TEXT

.6 An explanation of any changes made

INSERT TEXT

.7 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Trust Secretary, Mr Mason Fitzgerald on: 0207 655 4000.

3.8 Glossary

Term	Definition
Admission	The point at which a person begins an episode of care, e.g. arriving at an inpatient ward.
Assessment	Assessment happens when a person first comes into contact with health services. Information is collected in order to identify the person's needs and plan treatment.
Black and minority ethnic (BME)	People with a cultural heritage distinct from the majority population.
Care Co-ordinator	A care co-ordinator is the person responsible for making sure that a patient gets the care that they need. Once a patient has been assessed as needing care under the Care Programme Approach they will be told who their care co-ordinator is. The care co-ordinator is likely to be community mental health nurse, social worker or occupational therapist.
Care pathway	A pre-determined plan of care for patients with a specific condition
Care plan	A care plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy. (see Care Programme Approach).
Care Programme Approach (CPA)	The Care Programme Approach is a standardised way of planning a person's care. It is a multidisciplinary (see definition) approach that includes the service user, and, where appropriate, their carer, to develop an appropriate package of care that is acceptable to health professionals, social services and the service user. The care plan and care co-ordinator are important parts of this. (see Care Plan and Care Co-ordinator).
Care Quality Commission (CQC)	The Care Quality Commission is the independent regulator of health and social care in England. They regulate care provided by the NHS, local authorities, private companies and voluntary organisations.
Case Note Audit	An audit of patient case notes conducted across the Trust based on the specific audit criteria outlined by CQC.
Child and Adolescent Mental Health Services (CAMHS)	CAMHS is a term used to refer to mental health services for children and adolescents. CAMHS are usually multidisciplinary teams including psychiatrists, psychologists, nurses, social workers and others.
CAMHS Outcome Research Consortium (CORC)	CORC aims to foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who experience mental health and emotional wellbeing difficulties.
Client Assessment of Treatment (CAT)	The CAT comprises seven items on different aspects of hospital treatment. Each item is rated from 0, not at all, to 10, yes entirely; mean score of all items used. The scale has been widely used and validated with psychiatric populations.
Community care	Community Care aims to provide health and social care services in the community to enable people to live as independently as possible in their own homes or in other accommodation in the community.
Community Health Newham (CHN)	Community Health Newham provides a wide range of adult and children's community health services within the Newham PCT area, including continuing care and respite, district nursing and physiotherapy.
Community mental health team (CMHT)	A multidisciplinary team offering specialist assessment, treatment and care to people in their own homes and the community.
Continuing care	The criteria for assessing long term care eligibility

Discharge	The point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan. (see Care plan)
East London NHS Foundation Trust (ELNFT)	East London NHS Foundation Trust provides a wide range of community and inpatient mental health services to the City of London, Hackney, Newham and Tower Hamlets. Forensic Psychiatric Services are also provided to Barking & Dagenham, Havering, Redbridge and Waltham Forest. Community Health Services are provided in Newham.
General practitioner (GP)	A family doctor who works from a local surgery to provide medical advice and treatment to patients registered on their list
Mental health services	A range of specialist clinical and therapeutic interventions across mental health and social care provision, integrated across organisational boundaries.
Multidisciplinary	Multidisciplinary denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.
Named Nurse	This is a ward nurse who will have a special responsibility for a patient while they are in hospital.
National Institute of Health Research (NIHR)	The goal of the NIHR is 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.
National Institute for health and Clinical Excellence (NICE)	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
(NCI / NCISH)	The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI / NCISH) is a research project which examines all incidences of suicide and homicide by people in contact with mental health services in the UK.
Patient Advice and Liaison Service (PALS)	The Patient Advice and Liaison Service offers patients information, advice, and a solution of problems or access to the complaints procedure.
Prescribing Observatory for Mental Health (POMH-UK)	POMH-UK is an independent review process which helps specialist mental health services improve prescribing practice.
Primary care	Collective term for all services which are people's first point of contact with the NHS. GPs, and other health-care professionals, such as opticians, dentists, and pharmacists provide primary care, as they are often the first point of contact for patients
Primary Care Trust (PCT)	Statutory NHS bodies with responsibility for delivering healthcare and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions
Quality Accounts	Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
RiO	The electronic patient record system which holds information about referrals, appointments and clinical information.
Service user	This is someone who uses health services. Other common terms are patient, service survivor and client. Different people prefer different terms.

1. 2010/11 Statement of Directors' responsibilities in respect of the Quality Report (To be updated)

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period ?**;**
  - Papers relating to Quality reported to the Board over the period ?**;**
  - Feedback from the commissioners dated ?;
  - Feedback from governors dated ?;
  - Feedback from LINks dated ?;
  - The trusts complaints which constitute part of the 'Integrated Governance Report reported Quarterly to the Trust Board; ?
  - The [*latest*] national patient survey ?;
  - The [*latest*] national staff survey ?;
  - The Head of Internal Audit's annual opinion over the trust's control environment dated ?;
  - Care Quality Commission quality and risk profiles dated ?;
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-

nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

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

By order of the Board

.....Date.....Chairman

.....Date.....Chief Executive

Contact us

The Trust's postal address is:

Trust Headquarters

EastONE

22 Commercial Street

London

E1 6LP

Switchboard Telephone Number: 020 7655 4000

Fax Number: 020 7655 4002

Email: webadmin@eastlondon.nhs.uk

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 Janet.Flahertyu@eastlondon.nhs.uk

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Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	**24 April 2012**	**Unrestricted**		**4**
Reports of: Mildmay Mission Hospital **Presenting Officer:** N/A		**Title:** Mildmay Mission Hospital Quality Accounts **Ward(s) affected:** All		

1. Summary

This draft Quality Accounts is a report about the quality of services provided by Mildmay Mission Hospital. Quality Accounts are published annually by each NHS healthcare provider and made available to the public.

2. Recommendations

The Health Scrutiny Panel is asked to consider the information in the draft Quality Accounts and raise any issues or concerns on behalf of the residents of Tower Hamlets.

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Mildmay Mission Hospital UK
Registered office;
2 Austin Street
London E2 7NB

Company no: 07512950 **Charity no: 1140807**

QUALITY ACCOUNT 2011-12

QUOTES ON QUALITY

"xxxx"

TO BE ADDED

AFTER RESPONSES

FROM CONSULTATION

Part 1 – Responsible Individual's Statement

Mildmay Mission Hospital UK (herein after referred to as 'Mildmay') is a voluntary charitable hospital and rehabilitation unit that delivers services to the NHS through the mechanism of a contract with 24 London Primary Care Trusts (PCT's). It also accepts duly scrutinised spot purchased referrals from any other UK source that could include PCT's, acute hospitals, self payers or E.U. funding sources.

It is a tertiary healthcare provider of specialist care and rehabilitation of people living with complex HIV related conditions, particularly HIV Associated Neurological Disorder (HAND) also known as HIV Related Neurological Impairment (HNCI).

On behalf of the board of trustees, I would like to thank all our staff and volunteers for their achievements over the past year. Despite the very challenging current economic climate, Mildmay has continued to provide high quality services and, at a parliamentary enquiry, has been recognised to be a valuable resource to the NHS. Mildmay has a robust scrutiny of income and expenditure involving all budget holders in partnership with the senior management team to monitor and manage its budget. It would be fair to say that

Quality and Patient Safety are paramount for Mildmay and the Spencer House Unit is an international beacon of good practice in the specialist field of HIV related Neuro Cognitive Impairment (HNCI) and has hosted international visitors and had interns from Europe, Africa & Canada.

Mildmay is registered with the Care Quality Commission to deliver services under four regulated categories, they are;

> **Long Term Care (LTC)** – this is a category that encompasses our work in the ongoing medical & nursing care and support of people, living with complex HIV related conditions.
>
> **Rehabilitation (RHS**) this is aimed at people living with complex HIV related conditions and HIV related Neuro Cognitive Impairment (HNCI)

Palliative Care (HPS)- Mildmay continues its pioneering work in the field of hospice end of life care of people with HIV related conditions.

Diagnostic & Screening Services (DSS) – this category enables Mildmay to assess, screen, stabilise and rehabilitate people with complex HIV related conditions.

Following submission of our self assessment in 2009 the care quality commission identified no shortfalls in service delivered. The senior management team attributes this to the continuing hard work of staff who have embraced the challenge of change and embedded quality improvements in practice at our Spencer House Unit.

The safety, care and support experience and the outcomes for patients and day service users are of paramount importance in the understanding of what Quality looks like at Mildmay, and Mildmay voluntarily completed a Patient Environment Action Team assessment in February 2012 which has contributed actions to the continuous improvement action plan for the Unit. The score of 'GOOD' at 82% was limited by some design issues limiting day service use and which will be significantly addressed when we move to the new unit in the Autumn of 2013. The infection control team particularly welcomed the 99.2% cleanliness and appearance score.

Through effective clinical governance, the Mildmay UK Clinical Governance Committee, chaired by a board member, oversees the clinical, nursing and rehabilitative care and support delivered by Mildmay receiving reports from a range of internal and external groups and key officers.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported is accurate and compliant with the requirements of the Health Act of 2009.

Michael Albero
Interim Director
Registered 'Responsible Individual'
Mildmay Mission Hospital UK
31st March 2012

Part 2 - Planned Priorities for Improvement 2012-13

2.1 Objectives

2.1. 1 Objective 1- Maximise Occupancy

We will seek to achieve a more sustainably occupancy profile. Occupancy is the key to stability for Mildmay. Investment may be needed to significantly change the mechanisms for patient acquisition. Free external consultation from a large corporation executive volunteer scheme has generated a systemic review of marketing and stakeholder consultation that will lead to more 'active' acquisition methods begin deployed in the year ahead.

2.1.2 Objective 2 - Maximise Voluntary income

We will seek to increase voluntary income to the charity. Diversification of income is step that can reduce the risk of dependency on a single contract and can contribute to achieving other objectives such developing an education and training resource, & innovation in service delivery. This work is underway with a fit out cost capital fundraising appeal for our new hospital. We will explore cope for sponsoring of some functions of the hospital.

2.1.3 Objective 3 – Awareness Raising

We will seek to raise awareness of the HNCI/HAND work of Mildmay building our stakeholder base, creating tranche of training and development materials and develop a medial engagement strategy. We will focus our marketing on the launch of the new Unit in the autumn of 2013 and will seek to develop a marketing strategy that balances the needs of confidentiality and awareness.

2.1.4 Objective 4 – Move to new Site

We seek to achieve an effective and efficient move to the new hospital on our former site. We will oversee the fit out and manage the building handover and systems testing in a four week window. We wish to minimise disruption to the patients on site at the point of move but to participate in the build process to ensure the management need and functionality of the new building meets the needs of our service and enables future flexibilities.

2.1.5 Objective 5 –Innovation

We will continue to explore the design of new services. We will build on our experience of innovation in the delivery of appropriate services for people living with complex HIV conditions.

2.2 Statements of Assurance from the Board.

During 2011-12 the old Mildmay Mission Hospital has been demolished. The move in 2008 to our current site at Spencer House (which was the former mother and baby unit) was always seen as a temporary move and brought about restrictions due to the limitations of the site and the unavailability of space and the lack of some key facilities (such as a central dining room).

During the period Mildmay submitted quarterly reports to commissioners and referring officers in the form of a traffic light table with commentary. Mildmay also submitted quarterly reports to the board including snapshots of cases, budget statistics and a progress report on meeting key objectives and explanations about opportunities and obstacles encountered.

Mildmay delivers services under contract and in accordance with a service specification embedded in that contract. Its Medical Director was noted by the Evening Standard to be one of the 1000 most influential Londoners and was one of only 22 medical personnel in that list.

The closing of the year had only one reportable 'red indicator, that of occupancy. This year has been a roller coaster with some PCT's being very defensive in their spending and some diversion of potential patients to different (less specialised?) facilities. That has led to the board questioning our financial stability; being such a small unit the large variations in numbers will have a dramatic effect on cash flow.

The Senior Management Team (SMT) met at least three weekly, reviewing incidents, staff performance, operational issues, progress on strategy and the business plan. It oversaw the work of a number of standing committees (Risk Management, Clinical Governance, Staff Forum, Budget & Resource Review) and it ensured that a range of monthly internal audits were presented as well as the quarterly Morbidly Audit.

The 2011-12 year has seen an efficient consolidation despite a challenging financial environment, and the redesign of the draft service specification for 2011-12 evidenced continued measures to improve quality service delivery at Mildmay, by providing clear pathways for the care of patients, these pathways were accepted by the 2012 European Conference of Integrated Care Pathways as a good practice example.

Part 3 - Review of Quality Performance 2011-12

3.1 Objectives

3.1. 1 Objective 1

Establish a programme of training and roster rotation to ensure all clinical staff will attend a 'Managing Challenging behaviour' course. This has been achieved and is now part pf a programme of in-house trailing.

3.1.2 Objective 2

Improve the quality of staff completion of incident reporting forms to make then an effect tool for learning. This has been partly achieved, turnover and shift pattern has prevented ALL staff attending, but training needs have been picked up into a rolling training programme.

3.1.3 Objective 3

Capture patient journey comments in a manner that ensures their efficacy in affecting change on the Unit. There has been an improved and more consistent use of exit interviews, patient surveys, and reporting by day service client forum, consultation with referrers and other key stakeholders will contribute to the monitoring of this objective, which will now form a part of service expectations.

3.1.4 Objective 4

Establish an office manager post to be the administrative contact between patients, carers and to develop the patient information pack (PIP) as a principle aid to admission. This post is now in place. There has been noticeable improved communication between patient, cares, family & staff as a result. The ownership of the PIP will shift to the office manager when her annual appraisal sets objectives for the year ahead.

3.2 Statements of Assurance from the Board.

During 2010-11 Mildmay consolidated its occupation of the Spencer House Unit as part of the planned relocation from the original Victorian (soon to be demolished) old Mildmay Mission Hospital into a temporary site.

Mildmay has submitted quarterly reports to commissioners and referring officers in the form of a traffic light table with commentary. Mildmay also submitted quarterly reports to the board including snapshots of cases, budget statistics and a progress report on meeting key objectives and explanations about opportunities and obstacles encountered.

Mildmay delivered services under contract and in accordance with a service specification embedded in that contract.

The Senior Management Team (SMT) met at least three weekly and reviewed incidents, staff performance, operational issues, progress on strategy and the business plan. It oversaw the work of a number of standing committees (Risk Management, Clinical Governance, Staff Forum, Budget & Resource Review) and it ensured that a range of monthly internal audits were presented as well as the quarterly Morbidly Audit.

The 2011-12 year has seen an efficient consolidation despite a challenging financial environment, and the design of the draft service specification for 2012-13 evidenced continued measures to improve quality service delivery at Mildmay.

4. Commentary

4.1 Patients and Day Service User feedback

Day service clients have a client forum for each operational day and it can call any officer of Mildmay to account. It can comment about any aspect of the experience of being a service user and it can hold to account the management of the day service team.

Feedback from in-patients is obtained from a range of methodologies; Independent Patient Champion interviews, exit interviews, feedback forms (with anonymity) feedback to key workers, contribution to care planning and access to senior staff or feedback via their community nurse specialist.

Feedback from next of kin, carers, friends, visitors, relatives and significant others is encourage in face to face encounters and by the provision of feedback forms and suggestion boxes on the Unit.

4.2 Mandated statements

4.2.1 Review of Services

During 2011-12 Mildmay had capacity for 5840 in-patent bed nights and 3200 day service placements.

In 2011/12 we provided 3414 in-patient bed nights for 101 people and 2139 day service placements for 77 community clients and 35 inpatients.

Of these services, 97% were funded by the NHS and 2% by social services (continuing care) and 1% self funded.

The Mildmay has reviewed all the data available to them on the quality of care, and its entire management team have responded to lessons learned from incidents, admission difficulties & reviews. The senior management team at Mildmay also pass mater to its risk management committee and clinical governance committee as well as the staff forum, to seek to improve practice on site.

The income generated by the NHS services reviewed in 2011-12 represents 100% of the total income generated from the provision of NHS services by the Mildmay for this reporting period.

4.2.2. Clinical Audits

During 2011-2012 **NO** national clinical audits and **NO** national confidential enquiries covered NHS services that the Mildmay provides. During this period Mildmay UK participated in **0%** of national clinical audits and **0%** of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquires that Mildmay was eligible to participate in during the reporting period are as follows; **NIL.**

The local clinical audits and local confidential enquires that Mildmay was eligible to participate in during the reporting period are as follows; **NIL.**

4.2.4. Research

The number of patient receiving NHS services provided or sub contracted by Mildmay in this period that were recruited during that period to participate in research approved by a research ethics committee was **ONE (Social cognition and HIV).**

Mildmay was involved in conducting **NO** clinical research studies in HIV during the reporting period.

NO clinical staff participated in research approved by a research ethics committee at Mildmay during this period.

4.2.5 CQUIN

NONE of the income of Mildmay Mission Hospital UK in 2011-12 was subject to CQUINs (Commission for Quality & Innovation payments) due to the complex nature of the service delivery. Therefore NO income was conditional on achieving quality

improvements and innovation goals through the Commission for Quality and Innovation payment framework.

The 2012/13 contract may contain CQUIN stipulations, Mildmay awaits clarification from its commissioning group.

4.2.6 Statement from the CQC

Mildmay has met the two conditions of the 24th June 2009 report which recommended Mildmay i) develop a Child, Protection Procedure for Visitors to the Unit and ii) create a policy about the use of the Depravation of Liberty Standards(DOLS). Mildmay has achieved registration under the new requirements for October 2010.

4.2.7 Data Quality

Mildmay's in house record system (Palcare) is compliant with NHS records good practice requirement but Mildmay maintains a mainly paper based record system at present, supplement by a lotus notes internal; email system that does not have capacity to be sent beyond the registered in-house email accounts.

Mildmay will be taking the action to improve data quality by developing peer group review and by improved induction processes. We will be introducing 'iCare' as our new patient information system which is 'Ne complaint' which will allow better data transfer to & from our NHS colleagues.

4.2.8 NHS Number & General Medical Practice code validity

Mildmay has not submitted records during the reporting period to the secondary uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data as it is not a requirement of the contract with our commissioners, and it a measure which protects the confidentiality of people living with a condition which still experiences stigma and discrimination in the community.

4.2.9 Information Governance Toolkit attainment levels

Mildmay has never taken a Information Governance Assessment Report score and is not subject to the IGT rating scheme, but will be in 2012 as it shifts to a nN3 compliant system.

4.2.10 Clinical Coding error rate

Mildmay was not subject to the Payment by results clinical coding audit in 2011-12 by the Audit Commission.

4.2.11 Complaints & Incidents

A total of 12 comments were received of which 7 were treated as complaints that were satisfactory resolved at the second stage in complaint handling. Other comments resulted is some changes of process, practice and in procedural reviews.

A total of 91 untoward incidents and three serious untoward incidents were reported; they were reviewed by the Senior Management Team and resulted in improvements in practice.

6 medically adverse incidents were analysed by the Medical Director and resulted in the identification of training needs and better induction of rotation doctors, agency & bank nursing staff.

A breach of confidence occurred when and agency healthcare worker spoke to relatives / visitors of a patient with information which disclosed diagnoses by saying that "all the patients here have HIV". This was reported as a serious untoward incident and action has been taken to improve agency induction but it raised a complicated issue that anyone could go to Mildmay's website and see we are a HIV specialist Unit and as most patient and relative data seeks to explain our work in supporting adherence to medication, healthy living advice for people living with HIV & we have a range of leaflets about the management of the condition. Nevertheless, control of disclosure is the right of the patient and due to the stigma and potential discrimination still expericned in society by people living with HIV, this is a very pertinent issue to Mildmay.

It is to be noted that 'healthcare assistants' are not a registerable profession (unlike home care. domically and care home workers) and Mildmay feel that a vital element of external accoutnabiltiy may be missing the health & social care field.

4.3 Mildmay's action in the three quality domains;

4.3 1. Domain 1 Patient Safety

Mildmay holds patent safety to be its paramount concern and hold regular reviews of the patient experience in particular peer group incident review meeting when it is considered that there are lessons to be learned or when there was an unsatisfactory discharge.

Consideration of safety begins with a comprehensive induction process and proceeds with assessment and review of need.

Key working is in place to maximise advocacy for each patient and to be a mechanism to direct person centred holistic service delivery.

Weekly case reviews, daily medical rounds and weekly psychiatric rounds add to the systems for consideration of risk and well being.

Sometimes people fall in a unit with a rehabilitation focus and while people are encouraged to take normalising risks, the management of these risks is mediated by therapeutic observation and input.

4.3.2. Domain 2 Clinical Effectiveness

Mildmay has a matrix of mechanisms to ensure clinical effectiveness overseen by the Clinical Governance Committee. It receives reports from;

- Risk management meeting
- Staff forum
- Independent Infection control visit
- Registered Manager & Nominated individual observations
- Patient Environment Action Team (PEAT) assessments

All registered practioners have access to clinical supervision, training updates

All practioners are strongly encouraged to participate in their own discipline's personal & professional development forums and Mildmay will target its training resources to enable research, presentations or study group activity.

Mildmay prides itself on being a training environment and promotes the question of what we do, why we do it, why we do it this way by student placements use of interns and other learning & exchange opportunities. Mildmay was yet again voted by the nursing students of City University to a 'Commended' placement status in 2012.

Mildmay uses its Monthly Quality Audits and quarterly Morbidity & Mortality Audits to consider various elements of practice on the unit, and encourage staff at all levels to participate in the process.

4.3.3. Domain 3 Patient Experience

Mildmay has a role of Independent Patient Champion (IPC) that is currently vacant, the role can track the patient journey and the IPC is accessible to patients, day service users, their family, friends and carers as an advocate and who can hold Mildmay to account. The day service has five consultation forums to give a voice to the day client journey.

The exit interview process captures views at discharge, but other comment are captured throughout their stay.

The suggestion box (at reception) provides opportunity for comment, compliment or complaint.

Key working session enable an exploration of patient experience at the unit.

Reviews are held in compliance with our published care pathways where external advocate for the patient can also contribute their views about the patient journey.

17% of patients in the year were subject to Deportation of liberty standards (DOLS) due to their experience of Brain Impairment or significant behavioural or cognitive problems associated with their complex HIV condition. These patients may then be supported by an Independent Mental Health Advocate (IMCA).

A set of meeting with key stakeholder offers opportunity to comment on service delivery and the experience of clients / patient while at unit. The meeting with the referral sources are particularly valuable in this regards.

ANNEX Supporting statements

In compliance with the regulations, Mildmay UK sent copies of our Quality Accounts to the following stakeholders for comment prior to publication.

- The lead commissioner Tower Hamlets PCT
- All 22 known commissioner part of the Pan London Mildmay Commissioning Group
- All 24 referring CNS's in receipt of monthly reports
- The East London Learning Involvement Network LINk
- The Overview & Scrutiny Committee OSC of the London Borough of Tower Hamlets
- The Friends of Mildmay

At the point of publication the following comments had been received:

ENTER RESPONSES HERE

ACTIONS;

Draft submitted to board for comment 1-3-2012 (with follow updated check by 10-4-2012)

Submitted to stakeholders for comments 10- 4-2012

Revision (if any) 13-5-2012

Revised draft Submitted to OSC (scrutiny date of) 5-4-2012(WITHOUT CONSULTATION COMMENTS)

Revision to take into account comments (if any) from stakeholders 10-6-2012

Board sight if final version 10-6-2012

Submitted to the Secretary of State & uploaded NHS Choices 30-6-2012

Uploaded to Mildmay's website for public view 1-7-2012

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