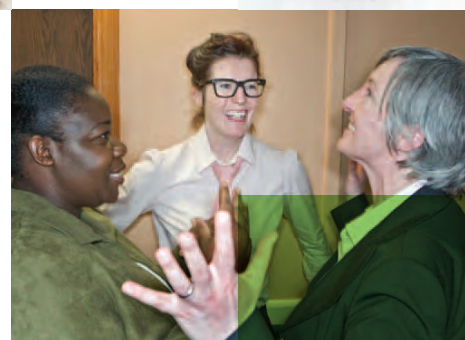




East London NHS Foundation Trust Quality Accounts 2011/12



Presented to
Parliament pursuant
to Schedule 7,
paragraph 25(4) of
the National Health
Service Act 2006

East London NHS
Foundation Trust
Annual Report and
Accounts 2011-12

Contents

Executive Summary	2
Part 1	
Statements on Quality	3
1.1 Statement on Quality from Dr Robert Dolan, Chief Executive	3
1.2 Statement on Quality from Dr Kevin Cleary, Medical Director	4
Part 2	
Priorities for Improvement	5
2.1 The Population of East London and the City	5
2.2 Review of Services	7
2.3 Participation in Clinical Audits	8
2.4 Research	11
2.5 Goals Agreed with Commissioners 2011/12	12
2.6 What Others Say about the Provider	13
2.7 Data Quality	14
2.7.1 Information Governance Toolkit Attainment Levels	14
2.7.2 Clinical Coding Error Rate	14
2.8 Trust Priorities for 2012/13	15
2.9 Quality Indicators for 2012/13	15
2.10 Special Focus across the Trust	19
2.10.1 Improving Access to Psychological Therapies (IAPT)	19
2.10.2 Virtual Ward	20
2.10.3 Forensic Services	20
2.10.4 Mental Health Care of Older People (MHCOP)	21
2.10.5 Real-Time Service User Data Collection	21
Part 3	
Review of Quality Performance 2011/12	23
3.1 Priorities for 2011/12	23
3.2 Quality Indicator Priorities for 2011/12	23
3.3 Good Quality Care Across the Trust	24
3.4 An Explanation of Which Stakeholders Have Been Involved	42
3.5 Statement from Lead Commissioning PCT – North East London and the City PCT	42
3.6 Statements from East London and City Local Involvement Network	43
3.7 An Explanation of any Changes Made	44
3.8 Feedback	44
3.9 2011/12 Statement of Directors' Responsibilities in Respect of the Quality Report	45
3.10 Glossary	46

Executive Summary

The Quality Account Report forms part of our Annual Report for the same period. The Report reflects on the work undertaken across the Trust over the previous year and forward to the year ahead.

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 performance measures. The feedback we received from our stakeholders 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 and carer satisfaction
- Improving staff satisfaction
- Maintaining financial viability

As a result of adopting a consistent focus on the priority areas the Trust has achieved all ten of the quality indicators set in last year's Quality Accounts Report. Furthermore, the Trust has realised all the goals set by our commissioners and the Care Quality Commission (CQC).

We are committed throughout the organisation to ensure that quality continues to run throughout all that we do and that the people who use our services, or come in contact with them, have a positive experience.

Part 1

Statements on Quality

1.1

Statement on Quality from Dr Robert Dolan, Chief Executive

Our Quality Account Report this year reflects the activity that has taken place across the Trust to develop and strengthen the quality of our services. This year we have focussed on a number of specific areas to build on our expertise and experience to improve the quality of the care and treatment we provide.

Our quality indicators were developed in partnership with our key stakeholders, such as service users, carers and representative groups across the three boroughs and concern three domains: patient safety, clinical effectiveness and patient experience. We have been able to focus our time and resources on these priorities to achieve the ten targets we set ourselves. It is our intention to focus on these same priorities in the coming 12 months.

Additionally, the Trust has exceeded the goals agreed as part of the Commissioning for Quality and Innovation payment framework. (CQUIN) agreed between the Trust and East London and the City Alliance for the provision of NHS services.

The Trust's Improving Access to Psychological Therapies (IAPT) service in Newham is leading the way in the adoption of IAPTus, an integrated IT system which records the service user pathway and includes outcome measurement, clinical records and service reports. The Newham IAPT is now a well established service providing effective and accessible talking therapies as recommended by the National Institute of Clinical Effectiveness.

In Community Health Newham, we have further developed the Extended Primary Care/Virtual Ward model to better address the multiple needs of vulnerable people to avoid preventable hospital admission. The teams now include Older Adult Community Psychiatric Nursing staff and all disciplines are working in an innovative and cohesive way. Those who have used the service are positive about its impact on their health and rehabilitation and the indications are that the Virtual Ward is resulting in people being discharged from hospital to home earlier.

The Trust is using technology to find out the real-time experiences and perceptions of service users. DigiPen technology is in use to collect PROMs (Patient Reported Outcome Measures) and PREMs (Patient Reported Experience Measures) and we have also implemented the use of 'touch screens' in community settings for people to tell us about their experience so that we can act quickly to make changes if needed.

The information contained in our Quality Accounts is accurate to the best of my knowledge. Whilst we have achieved a great deal in the past year, it is important that we continue to listen to service users and staff and build on these improvements to be confident that our services provide optimum support to meet service user needs.



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 that 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 crucial but has proved to be difficult at times to assess accurately. The national surveys are important but often have low return rates. Over the year we have 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. We use this information to drive change in how we deliver their care.

Looking forward we want to continue 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 on central initiatives. It is the staff delivering services and our patients and service users 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

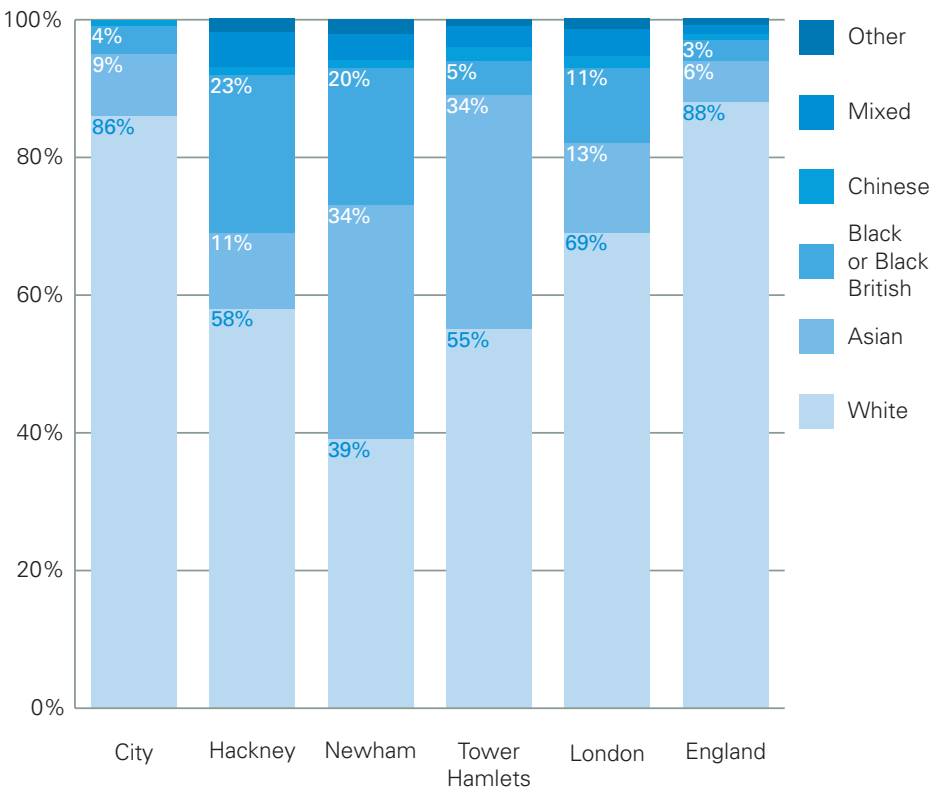
Priorities for Improvement

2.1

The Population of East London and the City

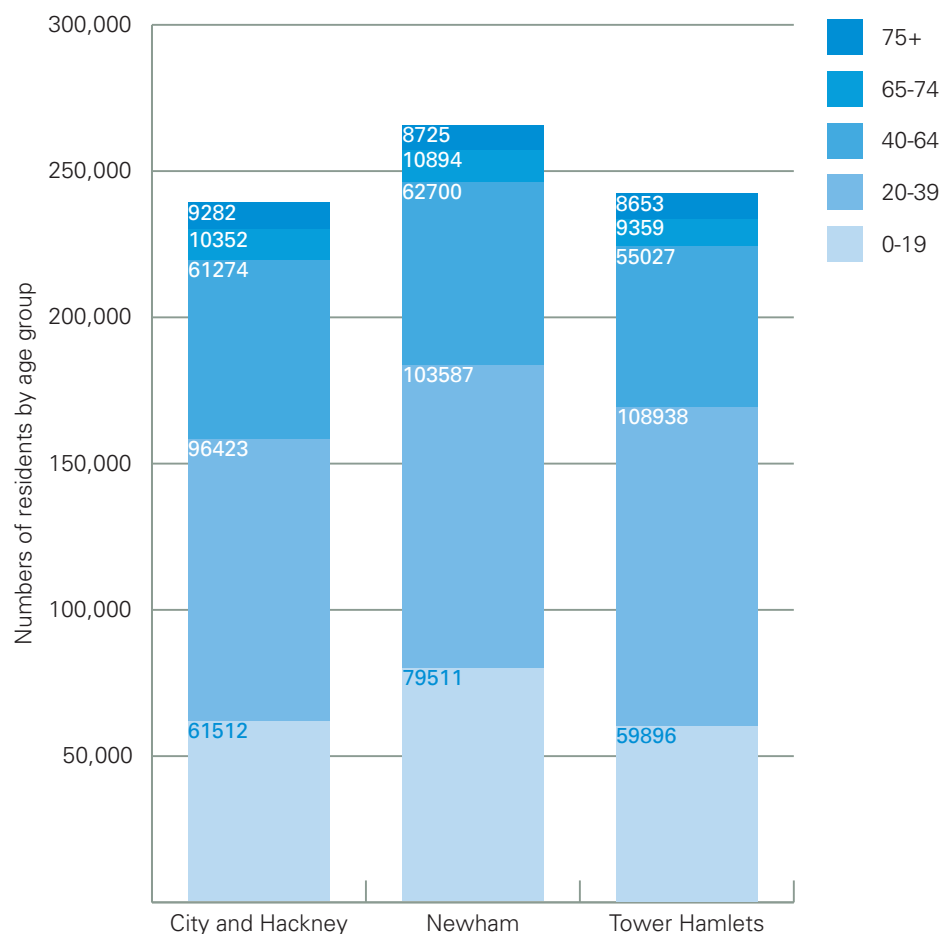
East London NHS Foundation Trust (ELFT) serves four boroughs: Hackney, The City of London, Newham and Tower Hamlets. These areas are culturally diverse with significant levels of mental and physical health need. East London is exclusively inner city urban, with high levels of immigration, socio-economic 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.

Figure 1. ELFT population by ethnicity



The figure below shows that the area has a very young population, with a high proportion of adults aged 20-39 years. The proportion of older people is therefore much smaller than the national average.

Figure 2. ELFT population by age group



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 to 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).

There are a number of implications for ELFT services. Many of the severe mental illnesses such as schizophrenia and bipolar disorder first present in early adulthood. There will therefore be a disproportionately higher number of new diagnoses of these conditions, which will require significant service input to establish treatment. The large working age population offers a substantial opportunity to improve mental health through the workplace and similarly to prevent poor mental health triggered by workplace factors, such as stress.

However, amongst the working age population, levels of economic inactivity vary markedly across the East London area, with particularly high levels in Tower Hamlets. Consequently, there is a high proportion of children born into poverty. The area has some of the highest child poverty levels in the country.

In spite of this, the Trust has demonstrated that it is performing well compared to other 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

1,500,000

The Trust's forensic services are provided to a population of 1.5 million in north east London.

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 and 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 the Trust provided and/or sub-contracted one NHS service. 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 Service (CAMHS), 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 four local boroughs as well as the North East London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest and other specialist mental health services to North London, Hertfordshire and Essex. The specialist Chronic Fatigue Syndrome/ME adult outpatient service also serves North London and the South of England.

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. The areas served by the Trust are the most culturally diverse and deprived areas in England and therefore present significant challenges for the provision of mental health services.

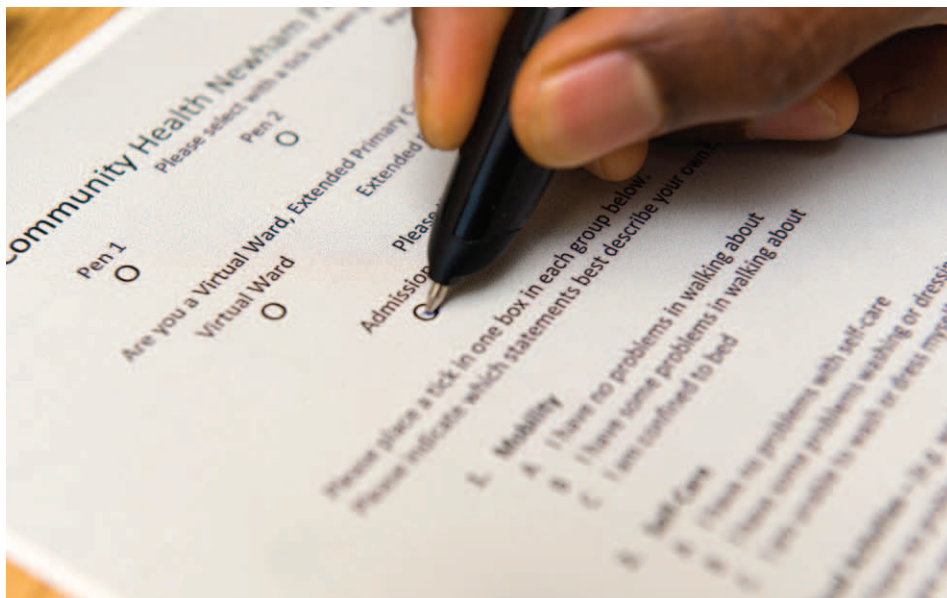
As of June 2012, the Trust will also provide Primary Mental Health services in Richmond. These services will be part of the Improving Access to Psychological Therapies (IAPT) model, currently used in Newham. As a result, 33 new staff will be providing psychological services across multiple sites in the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

Community Health Newham Services

Community Health Newham has been a fully integrated part of the Trust for over a year (since 1 February 2011). The Community Health Newham (CHN) Directorate is responsible for improving the health and well-being of the people of Newham through healthcare services in community settings. CHN has a key role in delivering personalised services that promote and enhance peoples' independence and well-being.

As a result of this integration, 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 service users. Some of these sites are also used by mental health services.

2.3 Participation in Clinical Audits



During 2011/12, **three** 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 that 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 below:

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 <i>Valid for two years; next audit due in April-June 2012</i>
National Audit of Intermediate Care	NHS Benchmarking, 3000 Aviator Way Manchester Business Park Manchester M22 5TG
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness	Centre for Suicide Prevention Psychiatry Research Group School of Community-Based Medicine University of Manchester 2nd Floor, Jean McFarlane Building Oxford Road Manchester M13 9PL
National Audit of Schizophrenia	Royal College of Psychiatrists 4th Floor, Standon House 21 Mansell Street London, E1 8AA

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	14 wards	100
Psychiatric intensive care units	4 PICU's	100
Older people mental health wards	4 wards	100
Memory services	3 services	100
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	97	100
Medicines reconciliation	64	100
Use of antipsychotics in people with learning disability	0	
Use of antipsychotic medication in CAMHS	53	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
Trust-wide 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 that 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

100

Each year since 2007 there have been over 100 publications resulting from our involvement in 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 worldwide evidence base, and directly or indirectly, leads to improvements in healthcare. 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. As a result of these findings the Trust is considering how changes can be made.
- 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 to 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 (CBT) and graded exercise therapy (GET) (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 some 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 2011/2012

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 ELFT and East London and the City Alliance for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. In 2011/12 this constituted 1%, in 2012/13 2.5% of the Trusts' total income will be conditional on successful achievement of the CQUINs.

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 Contact Us section at the back of this report).

The table below summarise the Trust's final position on delivery of 2011/12 Mental Health CQUIN targets.

2011/12 Mental Health CQUIN Indicators	2011/12 Target	Trust Performance (31 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 four 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 a 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 ELFT during 2011/12.

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.

Inspections are ongoing across Trust services and will be reported next year.

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 in decisions about their care, treatment and support.”

CQC Compliance Report – Forensic Learning Disability 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 [to the recording of episodes of seclusion].”

“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).”

CQC Compliance Report – Safeguarding and Looked after Children’s Services (Part of a wider review involving Local Authority 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 plays a full part.”

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 improvement actions requested by CQC.

Further information

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

2.7 Data Quality

The Trust's Information Governance (IG) framework, including Data Quality (or 'Information Quality Assurance') policy and responsibilities/management arrangements are embedded in the Trust's Information Governance and Information Management and 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 receives and reviews performance on data quality benchmarked across London and nationally – including the 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 submits records during 2011/12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics that are included in the latest published data. The percentage of records in the published data taken from local RiO data as of 29 February 2012:

- which included the patient's valid NHS number was: 97.2% for admitted patient care, and 99.5% for outpatient care
- which included the patient's valid General Medical Practice Code was: 91.8% for admitted patient care, and 95.4% 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

2.7.1 Information Governance Toolkit Attainment Levels

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

2.7.2 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 and carer 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.

A revised set of indicators 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 focussed measures for quality. This work will allow the Trust to measure real aspects of recovery and experience and improve performance.

Much of the work the Trust undertakes to improve the quality of the services we deliver is in partnership with external organisations and stakeholder groups. We hope to continue this positive experience in the future.

In addition to the 10 quality indicators set out overleaf, a range of initiatives will be undertaken over the next 12 months in the following areas:

Improving service user and carer 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
- Increasing the amount of service user and carer involvement in the staff training programme
- 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 the Organisational Development programme
- Improve staff engagement and communication
- Better use of staff satisfaction indicators

Maintaining financial viability

The Trust is required to meet the operating framework assumption as part of its compliance obligation which for 2012/13 equates to 4% Cash Releasing Efficiency Savings (CRES). As in previous years, the Trust adopts an approach of delivering CRES plans that have the least impact on service users.

- Be 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 £9.6m
- Deliver CQUIN targets and contract requirements
- Continue to seek new business.

The Trust has developed a range of reporting mechanisms, including the monthly Quality & Performance meeting

that includes all directorates. Ultimately, we hope to see improvements in our Service User and Staff satisfaction surveys.

The Quality Indicator priorities 2012/13

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

Care co-ordinators will enter data 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

Percentage 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 in 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

Care co-ordinators will enter appointments data 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 patients with enhanced CPA with a crisis plan and risk assessment up to 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

Care co-ordinators will enter data onto the RiO data system. Teams will be measured against target 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 Clozapine)

Rationale

Medicine errors are potentially dangerous events that 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 72 hours of admission

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 system. Teams will be measured against target data from the previous year (90%) and progress will be tracked on a quarterly basis.

Category

Patient safety; Clinical effectiveness

7

Consolidation of real-time satisfaction measures for service users across services.

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 fed back regularly.

Process

Regular feedback via local team meetings and quarterly Trust-wide inpatient and community care forum meetings.

Category

Patient experience

8

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

Rationale

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

Process

Clinicians will enter data onto 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 who report having well structured appraisals in the last 12 months.

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 have.

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

2.10 Special Focus across the Trust

2.10.1 Improving Access to Psychological Therapies (IAPT)

The Trust became one of the two national IAPT demonstration sites in 2006 that spearheaded the national IAPT rollout. The Trust provided a comprehensive Cognitive Behaviour Therapy (CBT) service to people presenting with common mental health problems across the borough.

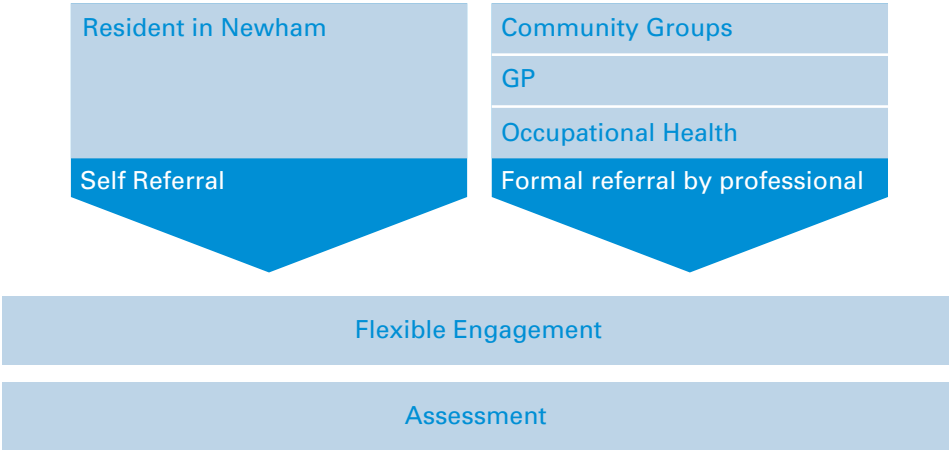
The service was delivered by CBT trained therapists and provided either in the individual's practice or in a local treatment centre. Local employers also access the service to help people stay in employment. The programme is complemented by increasing access to Employment Coaches provided by Mental

Health Matters (MHM). The service treats over 3,000 people per year and has developed a range of culturally sensitive interventions.

The Trust developed robust referral management processes and as a result of this 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 one working day (see model below).

Pathways into Service



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.

1,000

The Virtual Wards have cared for over 1,000 patients in the first year

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.

2.10.2 Virtual Ward

The new Extended Primary Care Team (EPCT)/Virtual Wards (VW) service commenced on the 1 February 2011. Importantly, these teams now include Older Adult Community Psychiatric Nursing staff. This means that the 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 in engaging with key partners to ensure successful 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 1,000 patients in the first year.

The teams are now using Digi pen 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. The 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 three 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 6,000 Telehealth/care participants, in terms of very significantly decreased mortality, 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 the mainstream use of Telehealth, informed by a risk tool indicating community residents risk of hospital admissions. That way, a well targeted approach to monitoring and care can be delivered. This is also a key contributor to the current emphasis on self-care and personalisation within our services.

Stakeholder Engagement

The Directorate has benefited from the high profile involvement with local GP Commissioning engagement from the CEO and the 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 patients' clinical improvement outcomes and experiences.

2.10.3 Forensic Services

The East London Forensic Mental Health Service is an established one with a track record of providing safe, effective care alongside 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 with no escapes in the last five years. Regarding clinical effectiveness the service is discharging double the number of patients compared to 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 to maintain and raise further an already high quality service 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 programme 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 that 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.

2.10.4 Mental Health Care of Older People (MHCOP)

The Mental Health Care of Older People (MHCOP) Directorate is mid-way through a three-year review and service redesign. This has involved a substantial expansion of community services and a redesign of ward provision. The service is now better

able to offer extended levels of support to older people with mental health needs and those with dementia, to enable these individuals to live more independently at home and to reduce the need for hospital care. The increased capacity also means that in the boroughs of Newham and Tower Hamlets MHCOP have established specialist liaison services that focus on the needs of older people with dementia who have been admitted to either the Barts and The London NHS Trust group of hospitals or Newham University Hospital.

The redesigned service has seen a significant reduction in the number of admissions into MHCOP beds. Consequently, the directorate has been able to reduce its need for ward based services and has established a new centrally located dementia assessment ward. The ward environment was designed in collaboration with the Dementia Design Unit at Kingston University and delivers specialist inpatient care within a structured clinical pathway. The older adult wards all meet 'Accreditation for Inpatient Mental Health Services' (AIMS) standards, with some rated as excellent, and it is anticipated that the new ward will also achieve an excellent AIMS rating.

As a result of the service redesign, referrals to all local memory clinics have increased by more than fifty percent and it was particularly gratifying that dementia services in Newham were recently cited by Paul Burstow, Minister of State for Care Services as a beacon of good practice and a model that should be embedded across the NHS.

Future work for the directorate involves learning from the service redesign with the aim of reviewing existing bed and community requirements for older people with mental illness.

2.10.5 Real-Time Service User Data Collection

The government's Health White Paper proposed an information revolution, centred on the patients themselves. In particular, the government is keen to "encourage more widespread use of patient experience surveys and real-time feedback."

The Trust is aware that it is essential to systematically collect and utilise feedback from service users that truly represents their actual experiences and perceptions. In partnership with service users and



carer groups, the Trust developed a set of standards that services should strive towards and a set of questions to assess whether they were achieving them based on service user and carer perceptions. This process became known as the Service User-Led Standards Audit (SULSA).

What makes the SULSA particularly service user focused is that the process of data collection is facilitated by trained service user auditors, who ask current service users a set of questions that provide quantitative and qualitative data about their experience.

The results are collated, analysed and made available to ELFT staff, service users on the wards and at service user and carer forums, and to commissioners who have adopted the SULSA as a valid assessment of service quality.

In the summer of 2011, the Trust implemented the use of electronic data collection devices, specifically 'touch screens' in community settings and the use of Digital pens for all service user feedback data from inpatient wards.

This process has had a significant positive impact. For example, the service users joining the auditing team have developed new skills and report feeling more empowered. Similarly, current service users in wards see former service users in a new and influential position. This is inspiring and provides hope. Furthermore, the number of services users who now provide feedback on their experience has increased over 50% in the last 12 months because of this process.

Crucially, the findings from the service user feedback lead to ongoing changes to improve the quality of care and treatment the Trusts provides.

Part 3

Review of Quality Performance 2011/2012

3.1

Priorities for 2011/12

In the 2010/11 Quality Account Report we acknowledged that in spite of meeting the vast majority of the Key Performance Indicators set by our commissioners, there had still been serious incidents in the previous 12 months. We outlined that the Trust was moving away from performance related indicators towards improving the quality of the care and treatment we provide in three domains: patient safety, clinical effectiveness and patient experience.

The quality indicators set out below were developed in partnership with our key stakeholders, such as service users, carers and representative groups across the four boroughs and cover those three main domains. By focusing our time and resources on these priorities, the Trust has been able to achieve each of the targets. This is why we have chosen to maintain this focus for 2012/13.

Below are the details for each of the ten priorities set out for 2011/12.

3.2

The Quality Indicator Priorities 2011/12

Priority	Category	Target	Status
1. All community, Adult & Older Adult and NSF Teams to report the % 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. Reduce the number of medicine errors reported as a % of all incidents	Patient safety; Clinical effectiveness	<3%	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 Care Pathway (LCP) and Advanced Care Planning (ACP) as appropriate.	Patient experience; Clinical effectiveness	Yes/No	Yes
10. Each Clinical team to develop one quality initiative to improve patient satisfaction	Patient experience; Clinical effectiveness; Patient safety	Yes/No	Yes

Monitor Assurance

As a Foundation Trust, we are also required to deliver against the following Monitor requirements. Two are statutory, one is locally defined.

Monitor targets	Target 2011/12	Actual 2011/12
1. CPA inpatient discharges followed up within 7 days (face to face and telephone)	95%	96.4%
2. Patients occupying beds with delayed transfer of care – Adult & Older Adult	7.5%	1.2%
3. It was recorded that a Baseline physical health examination was conducted at admission.	95%	99%

3.3 Good Quality Care across the Trust

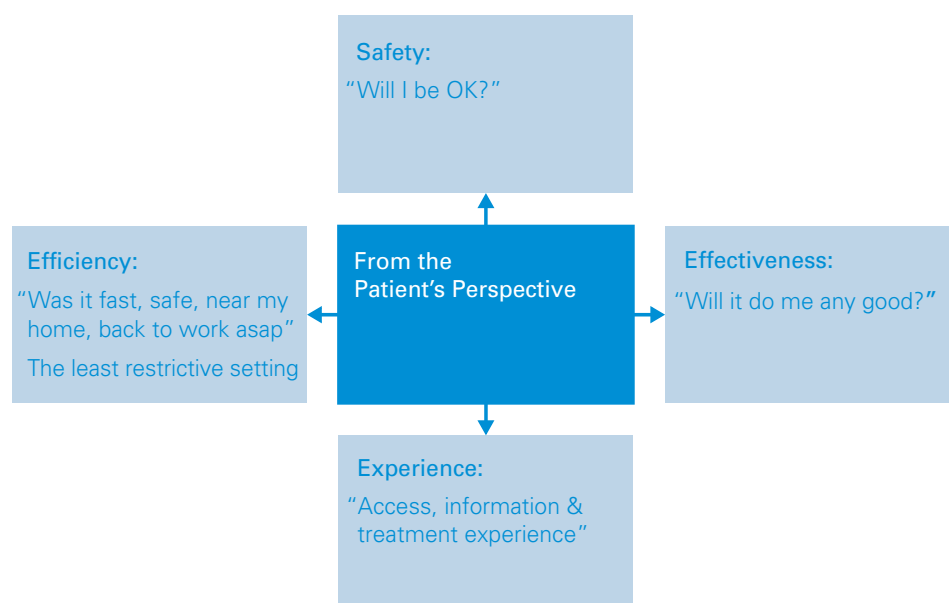
The Trust participates in a range of additional activities that are designed to improve the quality of the care and treatment we provide. The following section provides information on a range of areas that influence good quality care.

The information is derived from a range of sources, both from internal process and external review. The aim of this section is to provide a sample of the work the Trust engages in to improve the quality of the services we provide.

3.3.1 A definition of quality

It is essential that the Trust works with a definition of quality. This should include the patient's viewpoint. The diagram below, developed by Professor Bruce Keogh (Medical Director of the NHS), incorporates the key elements of the priorities for the Trust.

In addition to fulfilling all the priorities set out over the previous year, the Trust has met all Care Quality Commission (CQC) and all commissioner targets



3.3.2 First Person Care Plans

To ensure patients are involved in developing their care plan, the Trust has introduced a 'First Person Care Plan' that contains goals and steps towards recovery as defined by the patient.

This may involve a member of staff assisting patients to develop a care plan written from their perspective (first person). This care plan is subsequently shared with the care coordinator, consultant and anybody else the patient wishes to, to ensure all care and treatment is co-ordinated.

The Trust was aiming to implement this process with 30% of patients in clusters 11-14 (i.e. with 'specific diagnoses') by end of the year. In fact, **over 53%** of these patients now have a care plan developed by them and setting out their goals and aspirations towards recovery.

3.3.3 PEAT Scores (Patient Environment Action Team)

PEAT is an annual assessment of inpatient healthcare sites that have more than 10 beds.

It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.

The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.

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

Site Name	Environment Score	Food Score	Privacy and Dignity Score
Homerton East Wing	4	3	4
The Lodge	4	4	4
Newham Centre for Mental Health	4	5	5
John Howard Centre	4	4	4
Tower Hamlets Centre for Mental Health	4	4	4
Recovery Unit, Wolfston House	4	4	4

PEAT Score Ratings Key (maximum 5): Excellent – 5, Good – 4, Acceptable – 3; Poor – 2, Unacceptable – 1, N/A – 0

3.3.4
Length of Stay and
Readmission Rates

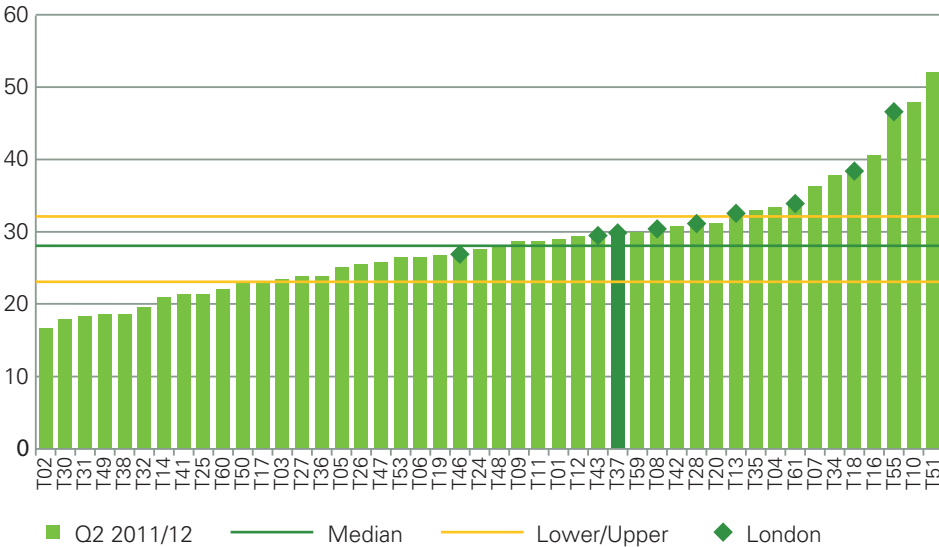
The autumn 2011 report from the Audit Commission’s ‘Trust Practice Mental Health Benchmarking Club’ compared Trust performance against the majority of mental health trusts nationally (n=50).

The report stated that in adult services the data shows that ELFT deals with significant demand for services effectively.

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.

Available beds for weighted population numbers are relatively low given the high level of mental health needs in East London [T37 = ELFT].

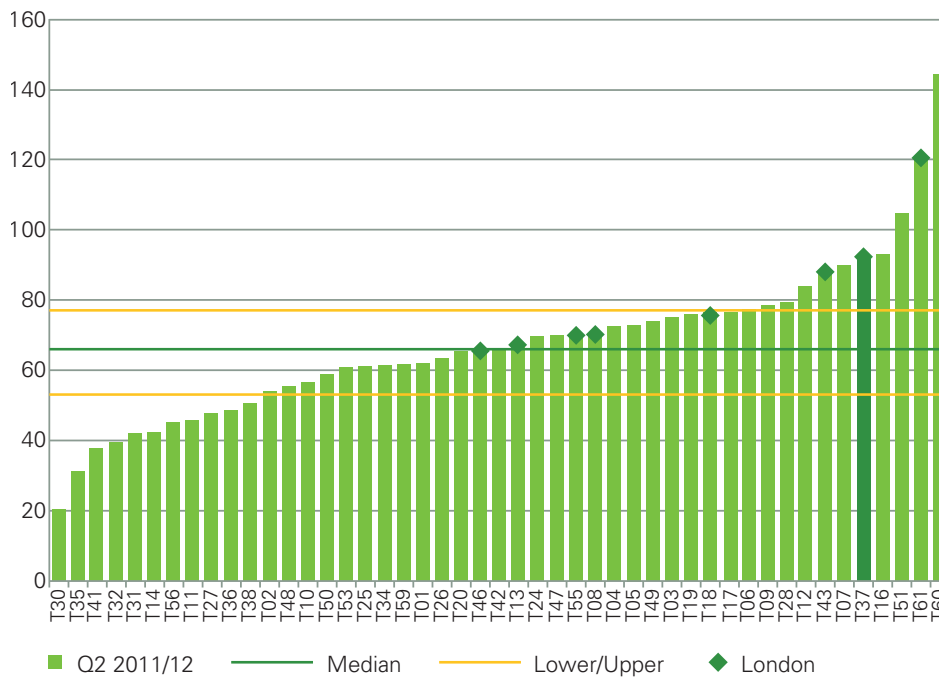
Adult acute – Available beds per 100,000 weighted head of population



Source: Audit Commission Autumn 2011

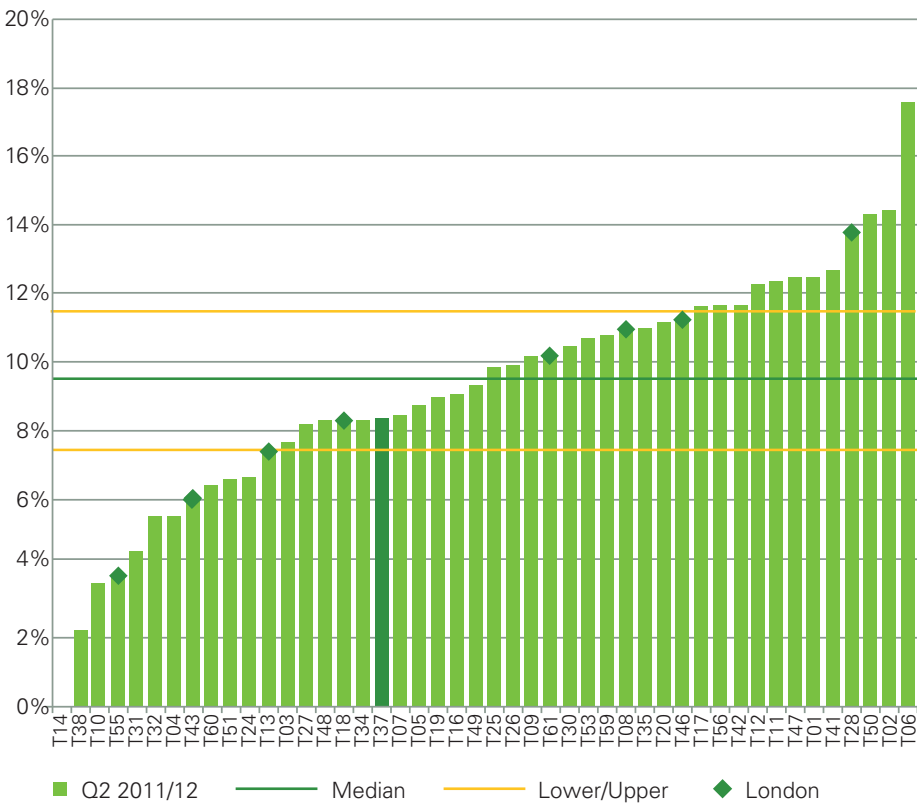
The Audit Commission stated that ELFT services nevertheless deal with admission rates that are above the London average whilst maintaining low levels of readmission rates and average lengths of stay.

Adult acute – Admissions per 100,000 weighed head of population



Source: Audit Commission Autumn 2011

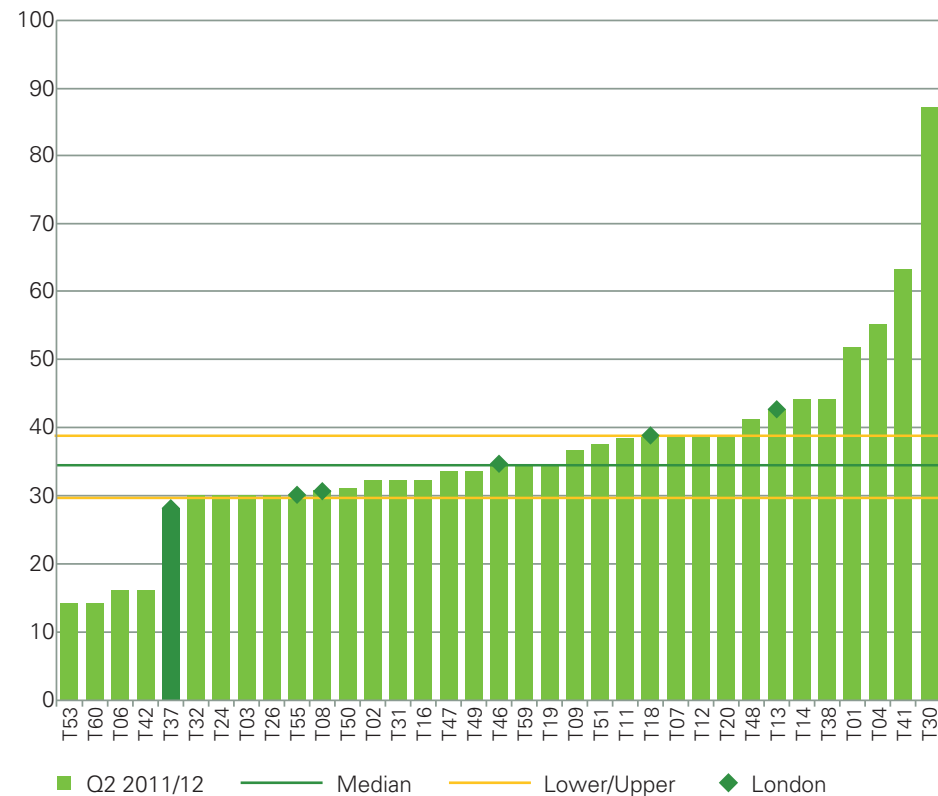
Adult acute – Readmission rate as a percentage of discharges



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.

Adult acute – Mean average length of stay (including outliers, excluding leave)

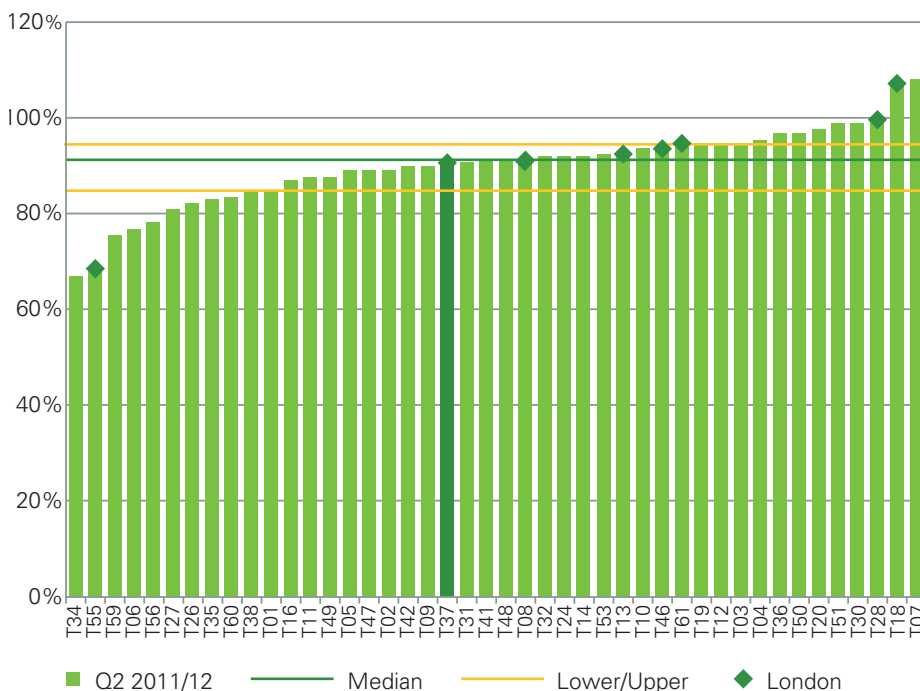


Source: Audit Commission Autumn 2011

85%
We reached our goal of 85% bed occupancy

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.

Adult acute – Occupancy rate (excluding leave)



Source: Audit Commission Autumn 2011

3.3.5 Care Programme Approach (CPA)

The CPA is the framework through which the care and treatment is delivered for a large proportion of the Trust's service users. The table below shows that for the vast majority of service users on CPA their care plans are kept up to date.

However, the proportion of service users on CPA who are seen every month is below the level we would hope to achieve increasing contact time is one of the Trust's priorities for the year ahead.

Indicator	Target	Actual performance
CPA patients – care plans in date (documents 12 months old)	95%	98.5%
CPA patients – care plans in date (documents 6 months old)	95%	96.4%
% CPA patients seen in month – face to face only	90%	88.6%

3.3.6 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 4,370 referrals during the year. CAMHS had 43,539 total contacts with approximately 4,082 children and young people on CAMHS caseloads.

The following information is provided to demonstrate that good performance in training compliance in health and safety areas can have an impact with leading to

a reduction in staff safety incidents and therefore can lead to a reduction in potential for personal injury claims. This is vital in the process of improving in the areas of patient safety, clinical effectiveness and patient experience the cornerstones of the Trust's priorities.

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 apply.

'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

Total	Number of staff	Number of staff attended	% compliance
2010/11	2,562	2,306	90.0%
2011/12	3,592	3,404	94.8%

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.

Safeguarding Adults' training compliance

Total	Number of staff	Number of staff attended	% compliance
2010/11	2,562	1,018	80.6%
2011/12	3,592	2,913	81.1%

3.3.7 Health and Safety

The Trust has a comprehensive work plan to address the actions required at both 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

Total	Fire	Moving and handling	Falls (non-clinical)	***RIDDOR reportable	Smoking in an un-authorised area	Total
2010/11	106*	8	66	24	123	303
2011/12	146**	14	96	16	157	413

*32 actual fires **42 actual fires

*** RIDDORs are excluded from any total, as they are not incidents in their own right and so likely to be counted twice

The increase in incidents reported since the last financial year can be explained by:

- The integration of Newham Provider Services in February 2011
- Improved reporting practices supported by improvements in the Datix incident reporting system implemented during April 2011
- Ongoing work corporately and locally to promote incident reporting, support people involved in incidents and develop systems to enable learning from incidents.

'Health and Safety' training compliance

Total	Number of staff	Number of staff attended	% compliance
2010/11	2,562	1,331	52.0%
2011/12	3,592	2,969	82.7%

'Manual Handling' training compliance

Total	Number of staff	Number of staff attended	% compliance
2010/11	2,562	2,237	87.3%
2011/12	2,901	2,684	92.5%

'Fire Safety (including fire marshal)' training compliance

Total	Number of staff	Number of staff attended	% compliance
2010/11	2,562	2,401	93.7%
2011/12	3,592	2,665	74.2%

3.3.8 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 are then 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	1,421	1,058	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 patients' medicines are to be reconciled by pharmacy staff within 72 hours. This is a directive from the NPSA, NICE and also a CQUIN target for the Trust. Reconciliation of medicines on admission

ensures that medicines are prescribed accurately in the early stages of admission. It involves checking that the medicines prescribed on admission are the same as those that were being taken before admission and involves contacting the patient's GP.

Directorate	Total	Missing	Complete
City & Hackney	266	22	91.7%
MHCOP	69	6	91.3%
Newham	222	11	95.0%
Tower Hamlets	181	4	97.8%
Trust Total	738	43	94.2%

3.3.9 Drug savings

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

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

3.3.10 Service User-Lead Standards Audit

Below is a summary of findings from the Service User-Led Standards Audit for Quarter 4 (January to March 2012). The audit collects information across ten

service user developed standards by asking two questions per standard.

The data are presented as 'mean scores' for each directorate against the standards listed below.

Standard 1

Service users can access ward staff at all times and feel treated with dignity and understanding.

Standard 2

Service users are provided with information and guidance on how to complain and feel able to raise concerns without fear.

Standard 3

The religious, spiritual and cultural needs of every service user are respected and accounted for.

Standard 4

Service users are provided with information (written) and guidance (verbal) about medications, including potential side effects.

Standard 5

Service users are involved in important decisions about care planning and discharge.

Standard 6

Service users have regular access to therapeutic groups and activities that enhance their wellbeing.

Standard 7

Service users receive regular, quality 1:1 time with their allocated nurse

Standard 8

Service users are informed of their rights in regard to Mental Health Act 1983 and accessing clinical notes.

Standard 9

Service users are provided with information and advice on practical matters, such as housing and benefits.

Standard 10

On admission, service users receive a Welcome Pack containing useful information.

Survey scale used by Service Users

1	2	3	4	5	N/A
No Never Not at all Strongly Disagree Very Poor	Rarely Slightly Disagree Poor	Sometimes Moderately Neither Fair	Often Very Agree Good	Yes Always Extremely Strongly agree Excellent	Don't know Not applicable

Standard	1	2	3	4	5	6	7	8	9	10	Mean
City & Hackney	4.5	2.8	3.4	2.8	2.9	4.1	3.1	2.8	1.9	3.1	3.1
Newham	3.8	3.7	3.1	3.8	3.0	4.1	3.4	2.9	3.1	3.4	3.4
Tower Hamlets	4.2	3.5	3.3	3.6	3.3	4.1	2.9	3.3	3.2	3.4	3.5
MHCOP	4.6	4.1	4.1	4.4	4.4	4.5	4.6	4.8	4.6	N/A	4.5
Forensic	4.5	4.0	3.8	4.0	3.8	3.7	3.3	4.2	4.0	3.5	3.9
Wolfston House	4.5	3.4	4.0	4.1	3.9	4.0	3.2	4.2	3.9	4.1	3.9
Trust Total	4.4	3.6	3.6	3.8	3.6	4.1	3.4	3.7	3.5	3.5	3.7

3.3.11 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 2011, 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 trusts nationally. This takes into account the number of respondents from each trust as well as the scores for all other trusts, and makes it possible to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts.

Based on patients responses to the survey, this trust scored	How this score compares with other trusts	How these data compare with last year
8.4/10 Health and Social Care Workers	About the Same	Increase
7.3/10 Medications	About the Same	Increase
7.2/10 Talking Therapies	About the Same	Increase
8.3/10 Care Coordinator	About the Same	Same
6.4/10 Care Plan	About the Same	Increase
7.5/10 Care review	About the Same	Increase
6.9/10 Crisis Care	About the Same	Increase
5.7/10 Day to Day Living	About the Same	Decrease
6.3/10 Overall	About the Same	Decrease

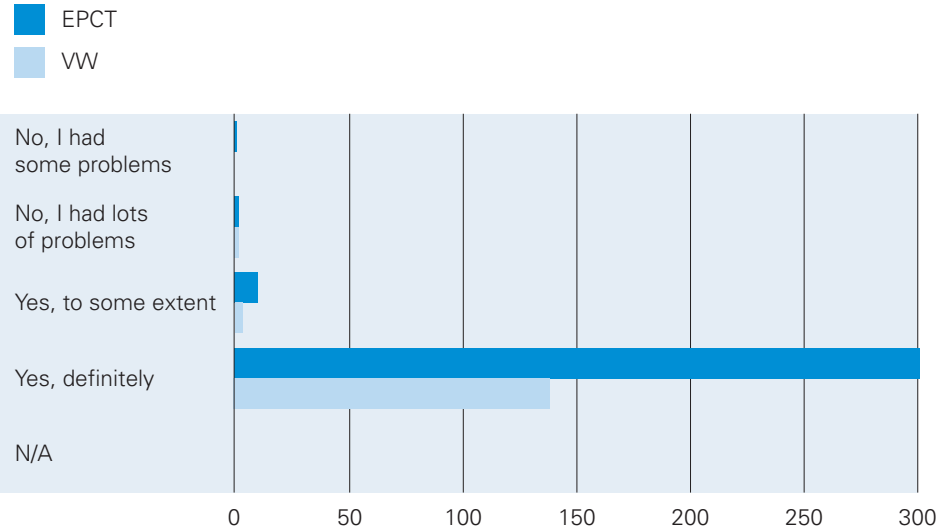
ELFT user ratings have increased in six of the nine domains. The greatest positive change relates to perceptions of Talking Therapies (from 6.5 to 7.2). This is significant, as the Trust has focused on this area over the last 12 months.

3.3.12
Community Health Newham
(CHN) – Patient Reported
Outcomes

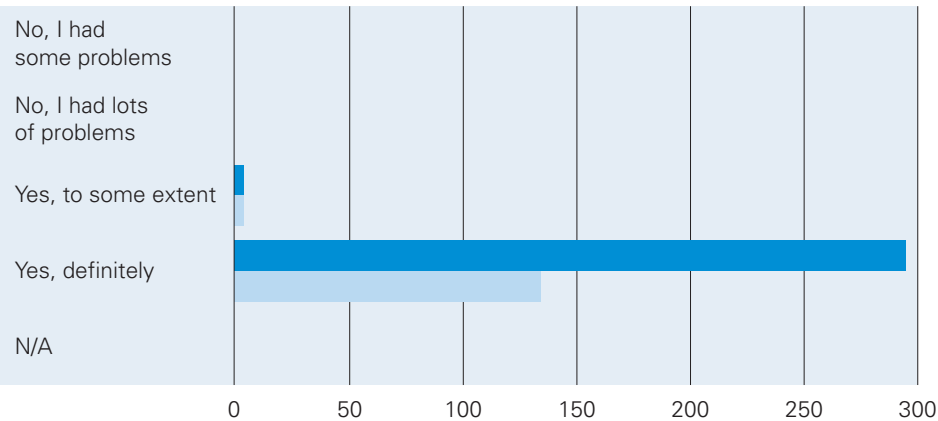
Real-time data collection methods have been implemented in a range of CHN services. Presented below are responses to five standardised questions from the Extended Primary Care Team (EPCT) and the Virtual Ward (VW).

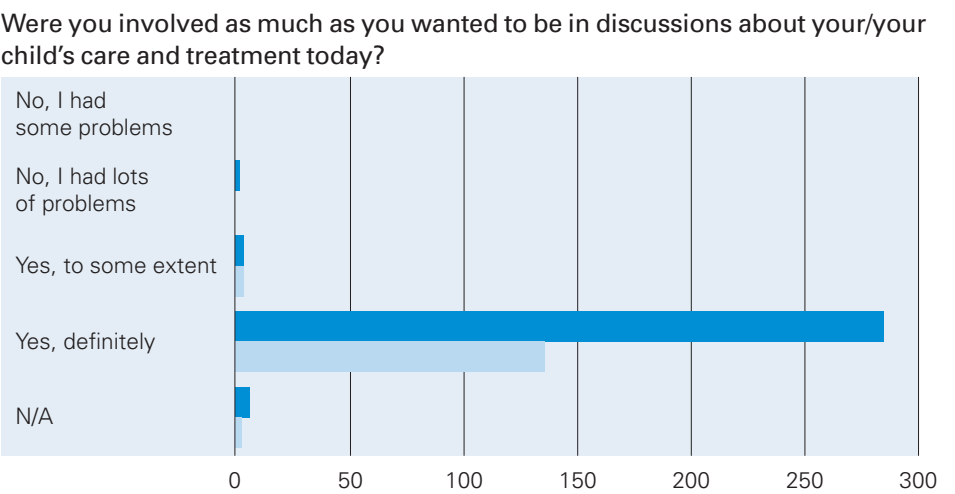
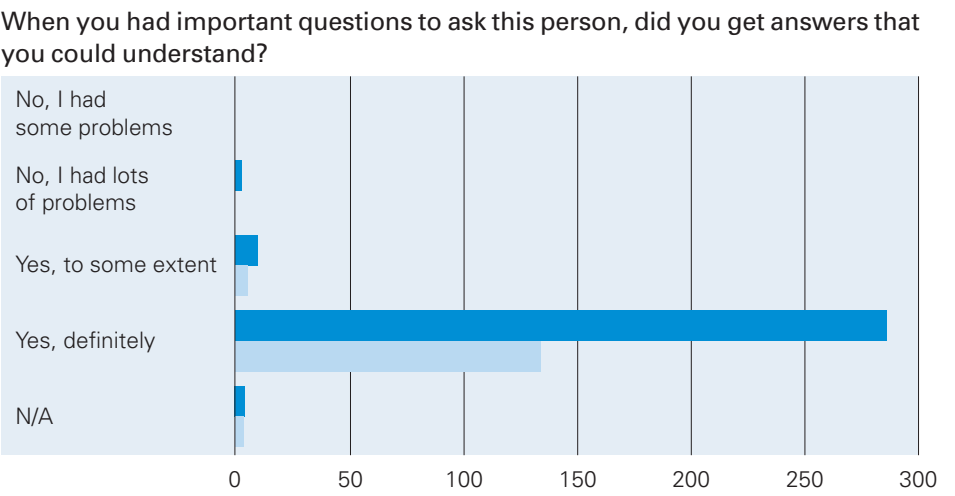
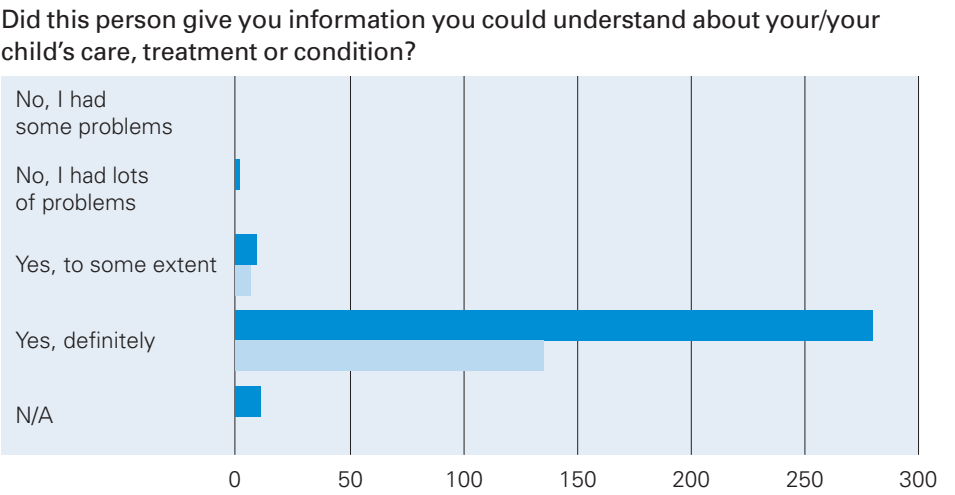
In the first eight months of engaging in this process, 820 people have completed this process and provided these teams with valuable, and often very positive, feedback data.

Did you have trust and confidence in the professional that saw you today



Did this person treat you with respect and dignity?



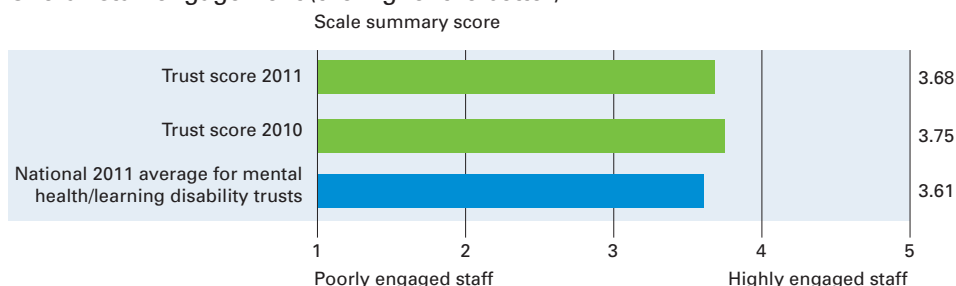


3.3.13 NHS Staff Survey 2011 Overall Indicator of Staff Engagement for East London NHS Foundation Trust

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. 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.

Overall staff engagement (the higher the better)



This overall indicator of staff engagement has been calculated using the results 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 key findings 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 the 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 or 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

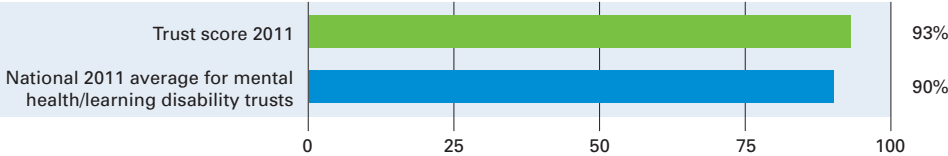
Summary of 2011 Key Findings for
East London NHS Foundation Trust
Top and Bottom Ranking Scores

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.

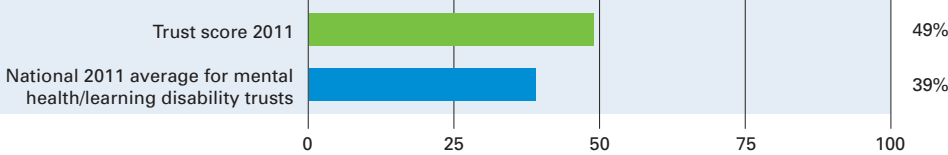
Top four ranking scores



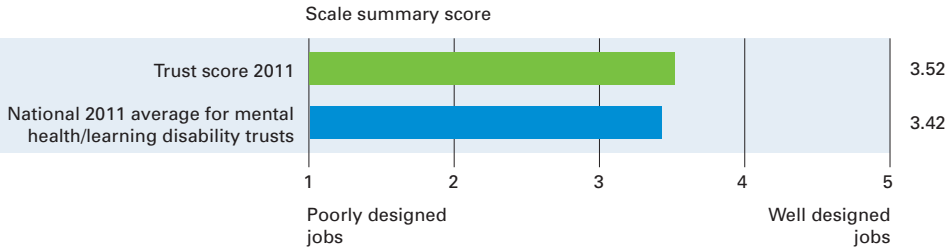
KF2. Percentage of staff agreeing that their role makes a difference to patients



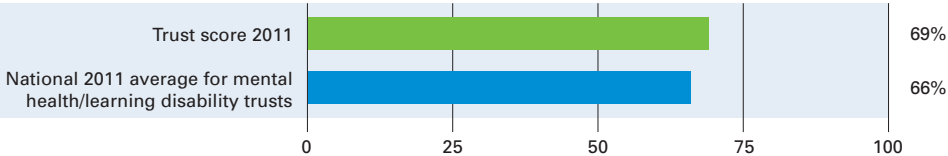
KF13. Percentage of staff having well structured appraisals in last 12 months



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



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



93%

The percentage of staff who agree that their role makes a difference to patients

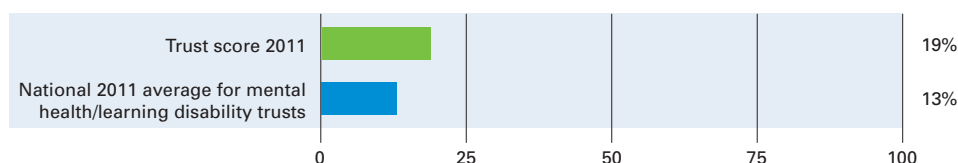
For each of the 38 Key Findings, the mental health/learning disability trusts in England were placed in order from 1 (the top ranking score) to 59 (the bottom ranking score). East London NHS Foundation Trust's four highest ranking scores are presented here, i.e. those for which the Trust's Key Finding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

The page overleaf 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.

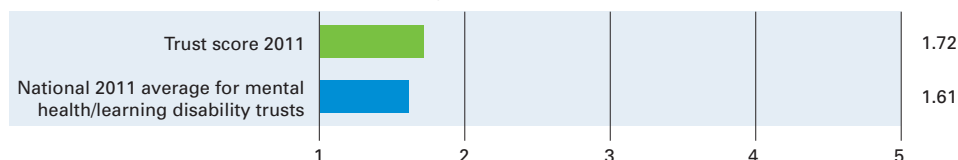
Bottom four ranking scores



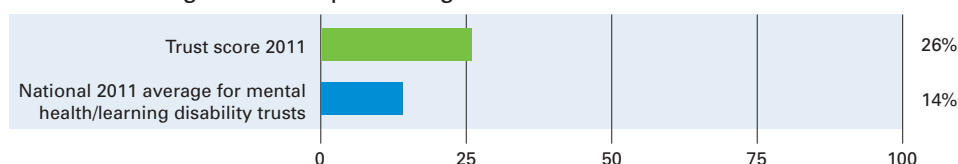
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



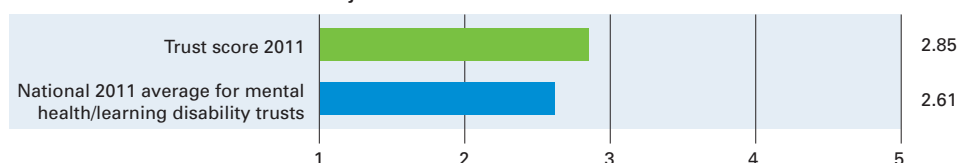
KF28. Impact of health and well-being on ability to perform work or daily activities



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.

Trust Response...

In response to the 2011 Staff Survey results, the Human Resource (HR) Department has, together with the Service Directors, analysed key areas for improvement and devised a set of locally targeted action plans.

The overall engagement strategy will encompass key initiatives on improving job satisfaction, reducing staff attrition where possible, improving staff perception of equality of opportunities and reducing bullying and harassment incidents within the Trust.

These initiatives will be delivered through 'Staff Engagement Road Shows', effective training on appraisals, reducing stress workshops, equality & diversity, harassment and bullying awareness sessions, enhanced reward and recognition schemes and Senior Management involvement at grass root level.

The overall objective is to enhance staff morale and staff engagement through continuous improvement.

3.3.14 Carers Update

Trust-wide Carers Committee

Over the course of the last year the Trust has broadened the membership of the Trust-wide Carers Committee and this now includes members from the 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. More work will take place in this area over the course of the coming year.

Trust-wide Carers Event

Carers and staff jointly planned a Trust-wide event that was held in September 2011. It 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 provided a platform for local carers leads showcasing the work regarding 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 users 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 Approved Mental Health Professional (AMHP) training.

3.3.15 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. It provides 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 2011/12, PALS dealt with 380 enquiries. These were largely initiated by telephone that accounted for 250 enquiries (67%)
- Between 1 February 2011-31 March 2012 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, tel: 0800 783 4839. (Voicemail service available out of office hours). PALS can also be contacted by e-mail: PALS@eastlondon.nhs.uk

3.3.16 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).

74% (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 that 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.

Some examples of lessons learnt...

A complaint regarding how a service user's medication was being managed identified the need for the Trust to produce a Trust-wide operational policy and procedure on the management of Clozapine.

It also recommended the need to work with GPs to establish clear systems for the monitoring of patients prescribed antipsychotic medication. It was also agreed that the Trust should review what training is available to non-Trust staff caring for its service users in residential homes to ensure that they were aware of the need to monitor and assess side effects.

There were several complaints about occasions when phlebotomy services had had to curtail their advertised opening times at short notice. Investigations of these complaints identified that clients were not always made aware of the reasons for these changes and not told about alternative services they could access in the borough.

Managers have since done work with reception staff to improve their communication with clients, ensuring that they are given good explanations for any changes in opening times and also provide information about alternative services.

3.4

An Explanation of Which Stakeholders Have Been Involved

The priorities for 2012/13 are a continuation of the priorities developed in 2011/12. The proposed priority areas were reviewed and appraised by the Trust Governors and Service User groups over a series of meetings. These discussions form part of an ongoing dialogue about the quality of our services and are intended to make the Quality Accounts process as practicable as possible, whilst allowing for the realities of good practice.

3.5

Statement from Lead Commissioning PCT – North East London and the City PCT

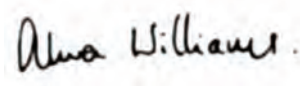
Statement from NHS North East London and the City's Chief Executive for East London Foundation Trust's Quality Account

NHS North East London and the City welcomes the opportunity to provide this statement on East London NHS Foundation Trust's Quality Account. We confirm that we have reviewed the information contained within the Account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and is accurate in relation to the services provided.

We have reviewed the content of the Account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the Account represents a fair, representative and balanced overview of the quality of care at East London NHS Foundation Trust. We have discussed the development of this Quality Account with East London NHS Foundation Trust over the year and have been able to contribute our views on consultation and content.

This Account has been reviewed within NHS North East London and the City by colleagues in commissioning, quality and clinical governance, Clinical Commissioning Groups (CeGs), as well as specialists in infection control and safeguarding.

Overall we welcome the vision described within the Quality Account, agree on the priority areas and will continue to work with East London NHS Foundation Trust to continually improve the quality of services provided to patients



Alwen Williams
Chief Executive Officer
NHS North East London and the City

3.6 Statements from East London and City Local Involvement Networks

We are very pleased that the Trust recognises that its greatest challenge is to change the culture of the organisation and its workforce so that the patient is at the centre of everything that they do. We agree with the continued focus on both service user and patient satisfaction, and welcome the identification of clearer quality indicators to measure improvements. The change of Quality Account priorities last year has led to a direct improvement in service user experience and introducing clearer quality indicators should see these improvements continue.

Research

We would like to see a connection between the findings of the research, the setting of objectives and service changes/improvements. For example:

- black and minority ethnic patients detained for involuntary psychiatric treatment experience more coercion
- female patients benefit from acute treatment in day hospitals
- patients register more anger, irritation and depression as a consequence of locked doors (at the Mile End Mental Health Unit, all doors are locked).

Improving service user satisfaction

We recognise that the Trust has developed mechanisms to enable the findings from service user feedback to lead to ongoing changes to improve the quality of care and treatment. With a move away from the secondary care setting and with less of a hospital focus how is user satisfaction in primary care going to be measured more effectively?

There are significant service user concerns regarding the (discharge to) move to more GP based services and given choice in relation to being (discharged to) referred to primary care. The principle of patient choice must be respected here.

Integrated care

We would like to see greater focus on integrated care across service providers. We know that people who have been diagnosed with a long-term physical condition often need mental health support, and people with a mental health condition often feel their physical health is ignored. If the service is to be patient centred there may need to be further input into joined-up services or better relationships between primary, secondary and social care as well as the voluntary and community sector and carers. How do we ensure that patients are able to

navigate the health and social care system in order to support greater self-management? Can we promote more joined-up information and service guidance?

There is no mention of the contribution of voluntary organisations and how ELFT can improve relationships, especially when they are involved in CPAs. Would the term co-production be appropriate here?

Carers

It is important that service user satisfaction also includes the experience of carers. We would like to see the Trust promoting the uptake of personal budgets for carers and direct payments where that is there wish.

Serious incidents

There have been a significant number of serious incidents over the last two years and it would reassure service users if there was information regarding the actions taken and how those actions will lead to a reduction in the number of such incidents and an improvement in the quality of services.

More information on complaints (and the response to them) would be particularly useful. The top complaint is staff attitude – is this similar to other trusts?

Equalities

Given the diverse communities that the Trust serves we would like to have seen some analysis and/or identification of the specific quality issues that this might raise. If research has identified particular equalities issues, we would need to see that and to ask:

- What action is being taken to address those issues?
- What issues do language barriers raise on inpatient wards and how are they tackled?
- Have the mental health issues of the LGBT community been addressed?
- What is being done to measure whether there has been a reduction of anti-psychotic and other 'tranquillising' medication for older, and particularly older inpatient, service users?

Improving staff satisfaction

- More text to say what the Trust are going to do/action plans to tackle the issues highlighted in Red, (bottom Four Ranking Scores), page 42.
- National Staff Survey 2011 – ELFT are average compared to other mental health trusts, but the percentage of staff experiencing harassment, bullying or abuse from other members of staff

remains high 18% (median = 13%) and this has been an area of concern highlighted in previous years. 26% report experiencing discrimination at work in the last 12 months (median = 14%). 30% report that they will probably look for work in another Trust in the next 12 months (median = 22%). There has been little overall change in results since 2010.

Maintaining financial viability

There needs to be an acknowledgment of the high and growing demand for services predicted in the current economic climate, and the corresponding financial 'efficiencies' drive that is being initiated by the Trust and commissioners.

We think service users and the community need to be involved at the earliest possible stage of the decision-making process regarding all strategic planning and any future cuts, not when decisions have already been made. It is important to ask users where efficiencies can be made with the least impact on user outcomes.

There is concern about the impact of payment by results for mental health on service users.

There is recognition of the difficulty of working across three boroughs and the City, and that the different CCGs will have different aims and objectives.

3.7 An Explanation of any Changes Made

As a result of the feedback received from our various stakeholder groups substantial changes have been made, specifically in relation to including more service user feedback data, data that allows comparison to other Trusts and the perennial issue of trying to make the report more 'user-friendly'.

We always appreciate the careful consideration of the report and the detailed feedback provided.

3.8 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 tel: 0207 655 4000.

3.9 2011/12 Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality 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:

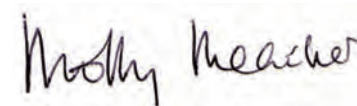
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period; April '11 – April '12
 - Papers relating to Quality reported to the Board over the period; April '11- April '12
 - Feedback from the commissioners dated; 25 May '12
 - Feedback from governors dated; 19 January, 22 March & 10 May '12
 - Feedback from LINKs dated; 28 May '12
 - The Trusts complaints which constitute part of the 'Integrated Governance Report reported Quarterly to the Trust Board; 26 January '12
 - The [latest] national patient survey; 23 January '12
 - The [latest] national staff survey; 2 March '11
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated; 23 April '12
 - Care Quality Commission quality and risk profiles dated; April '12

- 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

30.05.2012



Molly Meacher
Chairman

30.05.2012



Dr Robert Dolan
Chief Executive

3.10 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.
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 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.
DATIX	Datix is patient safety software for healthcare risk management, incident reporting software and adverse event reporting.
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).

Term	Definition
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 that 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.
Serious Mental Illness (SMI)	Serious mental illness includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment.





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Your opinions are valuable to us. If you have any views about this report please contact Simon Tulloch, Head of Quality, Innovation and Patient Experience at the address above or by email simon.tulloch@eastlondon.nhs.uk You can also call 020 7655 4236/07930 619 493

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