

Quality Accounts 2010/11

Foreword

Welcome to our second Quality Account. Our first Quality Account published in 2009/10, established a baseline against which our governors, members, service users and staff, as well as the wider public, can see the progress we make each year to improve the quality of the services we provide.

Much has been achieved over the last year. We have finally opened our new mental health inpatient unit, Sunflowers Court. This enables us to bring together acute inpatient services for three of our boroughs into a state of the art building and to complete the long overdue closure of Mascalls Park. The reorganisation of our inpatient services has been accompanied by a major review of our mental health services and enabled us to develop our community teams in line with best practise nationally. These initiatives are deliberately designed to improve quality, and we are already beginning to see the impact of this through positive patient feedback from our service user surveys.

It has been almost two years since Barking and Dagenham Community Health Services joined our organisation, and we are extremely proud of what has been achieved in this time. The collaborative working between our mental health and community health services is beginning to show real benefits to service users and we hope to be able to build on this in the years to come.

Over a year ago we were chosen as the preferred provider for community health services in South West Essex. A lot of work has taken place since then and at the time of writing we are about to agree the final contract for this arrangement. Managing these services fits strategically with our commitment to providing high quality health services that provide an alternative to hospital-based treatment and care, and we are extremely excited about how these services will develop in the future.

There is a lot to see in this report. It represents a statement of our commitment to openness about the quality of the services we provide and a means by which all our stakeholders and the communities we serve can hold us to account. We know that we cannot afford to be complacent and we recognise that there are several areas of our services that require more attention and these too are highlighted in the report.

Jane Atkinson
Chair

John Brouder
Chief Executive

Introduction

In this second published Quality Accounts we reflect and review our quality performance from April 2010 to March 2011. We look ahead at our continued journey to improve the quality of the services we provide, and to ensure we have a skilled, motivated workforce, able to meet the challenges ahead.

Our Quality Accounts is set out in three parts:

Part 1 sets the scene and outlines our commitment to quality, what we are doing well and where we need to make improvements. Each of our business units is represented in Part 1.

Part 2 is the forward looking section of the report and sets out our improvement priorities for the coming year. It also includes some mandatory information which regulations state must be included in Quality Accounts.

Part 3 is the backward looking part of the report and here we review our progress on improvement priorities set over the last year.

The Mental Health Services business unit and Barking and Dagenham Community Health Services business unit each have an individual Part 2 & 3. Into the future, South West Essex Community Services have an individual Part 2, however into the future, they will have a Part 3.

Development of our Quality Accounts

Shortly after the publication of our 2009/10 Quality Account, we developed an engagement and involvement plan setting out a list of all the groups and individuals we intended to consult with. Keen to ensure that the consultations were structured, we worked with our governors to develop a short Quality Accounts feedback questionnaire (see Appendix 1). At each stakeholder forum a short Quality Accounts presentation was given and a questionnaire asked individuals to rank a set of issues and identify areas where the Trust is doing well and areas for improvement. The feedback from this process has directly informed the improvement priorities set out in Part 2 for both MHS and B&D CHS Appendix 2 sets out the results from the consultation process.

The Trust plans to have a rolling continuous programme of Quality Accounts discussion, engagement and involvement into the future.

Feedback and data for this document has also been sought from a variety of other sources such as our Patient Advice Liaison Service (PALS), complaints and performance dashboards.

How to provide feedback on this Quality Account

We hope you find this report useful and informative. We welcome your feedback on how we can improve our Quality Accounts the next time round.

If you would like to give us feedback on our Quality Accounts or make suggestions/comment, please contact us at:

[Sue to provide information on this please]

Part 1

About us

North East London NHS Foundation Trust (NELFT) provides a broad range of healthcare services to people living in north east London and in neighbouring Essex.

We provide specialist mental health services to the London Boroughs of Waltham Forest, Redbridge, Barking & Dagenham and Havering, and beyond.

We also provide community healthcare services to people living in Barking & Dagenham;
and since 1 May 2011, to people living south west Essex following the transfer of NHS South West Essex Community Services (SWECS) from NHS South West Essex to NELFT.

Providing healthcare services to a population of more than 1.3 million people is a workforce of over 4,000 members of staff. We have an annual budget of approximately £250million.

As our organisation grows through the transfer of services, we are taking the opportunity to revisit our Trust Vision and Values to ensure they reflect the aspirations of our Trust, and of our staff and the people who use our services.

Our Vision

A Trust-wide vision will be established through working groups and meetings with a wide range of people over the coming months. This will not only result in a one-line vision for our Trust but will have engagement from a wide range of people in discussion about what our Trust wishes to achieve. A working vision on which to base this work is **Together**...Providing high quality healthcare.

Our Values

Some initial Trust values have been developed, for discussion over the coming months. The 5 Ps:

- Putting people first
- Promoting independence, opportunity and choice
- Prioritising quality
- Performing with honesty and integrity
- Pursuing innovation to continually improve

Our Mission

Two business unit areas of our Trust already have an established 'mission', which were developed with staff and service user engagement. We are confident that each business unit is able to maintain their own identity in this way while maintaining the overarching Trust vision and values.

Mental Health Services

'Together...Helping you live the life you want'

Barking and Dagenham Community Health Services

'Together...Your health made better'

Staff engagement sessions are being held with South West Essex community Services staff to develop a new mission

Engagement with Governors, service users, our staff, our partners and the public

We have continued to engage closely with our governors this year. The establishment of a monthly 'governor Information Forum' provides governors with the opportunity to meet with the Chair and Chief Executive on a regular basis to discuss key issues relating to governance, finance, performance and strategy. The forums are rotated around the Boroughs so that Governors can meet with senior staff and clinicians and hear what is happening in their area. We have also established a dedicated area of the Trust website for our Governors to use as an information source and they continue to receive a monthly newsletter containing Board news. We have undertaken some initiatives to engage further with our public members, including competitions and face-to-face recruitment drives. The Annual Members' Meeting will take place in September 2011.

The Service User Reference Group (SURG) continues to develop and reports directly to the Board of Directors twice a year on mental health service user issues. Both the SURG and the User Quality Action Teams (UQAT) are recruited from the Trust's service user community and ensure that service user concerns and suggestions for quality improvement can directly influence our plans and strategy. Barking and Dagenham CHS have a thriving Patient Public Engagement Group and in the future, plan to develop a set of user standards.

Engagement with the four Borough LINKs and our Overview and Scrutiny Committees continues at a local and Trust-wide level with attendance at joint meetings by key executives and senior managers.

Our Commitment to Quality

We are determined that our focus on quality improvement is the same as that given to maintaining financial balance. We believe that quality is the responsibility of every member of staff and we have established systems to ensure that quality is embedded at an individual, team, business unit and Trust Board level. We have implemented a strategic, inclusive approach to both ensuring and assuring high levels of care through our governance process. Our Trust's corporate objectives are aligned and consistent with our commitment to delivering quality services. Our corporate objectives are:

- To improve service quality and productivity
- To deliver the service developments and transformation, and local environments
- To meet financial and performance targets
- To deliver new business opportunities
- To improve capability and capacity

Equality and Diversity

The law states that all NHS Trusts must promote equality and tackle unfair treatment. The Trust's vision is to embrace diversity. This year, the Equality Act 2010 came into effect, requiring equal treatment in access to employment and

access to private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

As a Trust, we are expected to deliver and fulfil the statutory requirements and duties of the Act. The Trust in partnership with its neighbouring Trusts, have a Single Equality Scheme to mainstream quality and improve services for both staff and services users/carers. The Scheme establishes a set of integrated, general and specific duties to positively promote equality across all equality areas and human rights.

The delivery action plan for the Single Equality Scheme is monitored via the Trust Equality and Diversity Group on a quarterly basis, and is accountable to the Board, when the Board receive an annual Equality and Diversity Report.

The seven priority areas of service provision and access identified are:

- Training and awareness raising, including cultural competence
- Communication, including language support services
- Improving monitoring data collection
- Improving access to faith and spiritual needs of service users
- Equality Impact Assessments across all NELFT services
- Coaching and Mentoring Scheme
- Development of Staff networks

What we are doing well

The Trust is proud of the many initiatives and projects working towards delivering services of excellence. Here are a few examples of where we are doing well:

Mental Health Services

Change Implementation Programme

Staff, Service users, and Carers were fully involved in the review of the way we provide all of our mental health services, and the 'service models' that were then developed. This included the development of Sunflowers Court, the new £22 million state of the art healthcare facility which was officially opened in January 2011. The building was designed by staff, service users and a range of stakeholders working in partnership to ensure that the facilities and environment met their needs.

In the coming months we will also be introducing 'NELFT Mental Health Direct', a 24/7 initial contact point for mental health service users and referrers.

Engaging service users and carers in the Service User Standards

The Service User and Carer Standards are unique to NELFT. A comprehensive programme of audit is in place to monitor and evaluate these. Action Plans are developed based on survey results and feedback and progress is reported to all levels in the organisation. Since the creation of these standards they have also been adapted for CAMHS and Learning Disability services.

Learning Disabilities mainstreaming

Work is being carried out with the Communications team to ensure paper copies of Easy Read are in a service user friendly format and will then be made available to all wards and all teams. A link to Easy Read information on the home page of our website has been created for service users to have readily available and comprehensive information about treatment options, complaints procedures and about appointments. Short training sessions for dissemination in team

meetings and handovers have been developed for staff to enhance their knowledge of learning disabilities. Work is also underway to ensure Learning Disabilities awareness is included in the Trust Induction Programme. A mechanism is now in place to identify and flag patients with Learning Disabilities on RIO. We are working with service user and carer leads to encourage representation of people with Learning Disabilities and their families.

Barking and Dagenham Community Health Services

Extended Discharge Team

Our Extended Discharge Team has grown from strength to strength. Based in A&E at Queen's Hospital and operating seven days a week, this team consist of a nurse, a therapist and a GP. They review patients who are possible emergency admissions, and aim to discharge them back home with advice and appropriate packages of care where required. During the year, they have managed to prevent an average of five to seven emergency admissions per day.

Smoking Cessation Team

Our Smoking Cessation Team has continued to perform well. They have adopted a number of innovative initiatives to encourage smokers to consider quitting, and have continued to exceed the challenging targets. They also have one of the highest conversion rates in London (i.e. the number of patients enrolled in the four week programme who had successfully quit by the end of the four week period).

Family Nurse Partnership

The Family Nurse Partnership, which seeks to provide intensive nursing support to teenage mothers for the first two years of the child's life was established in summer 2010. Operating from the Gascoigne Children's Centre, its aim is to provide support to both the child, and parents, with each nurse having a caseload of 25 children, which is approximately 14 times less than the target caseload for traditional health visiting services.

NHS South West Essex Community Services

Infection prevention and control

Infection prevention and control inspection audits have led to significant improvements which were endorsed by a CQC visit to the community hospitals. Monthly infection control inspection audits were carried out in 2010/2011 in the community areas and these have seen a significant improvement in the compliance rate from 86% to 96%, reflecting an increase in staff knowledge, cleanliness and other aspects of infection prevention and control.

Improvement in care demonstrated through audit

We have strengthened our audit programme to include thematic reviews. These review audits have been undertaken in both community inpatient units and the district nursing teams. Actions taken have resulted in an improvement in areas such as medicines management, structure of team meetings, wristband compliance, handover processes and store management. These reviews will continue to be repeated in 2011/2012.

Improvements in access to services and clinical data

Access to services has improved as demonstrated by our ability to meet the 18 week wait target consistently in over 98% of our services for the past 12 months.

The Department of Health funded 90 mobile devices to run a pilot, which is still in progress in community nursing. The introduction of mobile devices to support data inputting by community nurses will provide the ability for real time data entry. Most importantly it also allows immediate access to a patient's clinical record, past medical history and prescribing history. Other benefits include increased patient contact due to less travel time.

Additionally, we have reviewed our clinical system (SystemOne) rollout, revisiting training and user guides for all services. The resulting data is reported both through our clinical activity reports to each individual clinician, and via our performance dashboard. This enables regular and routine scrutiny of data by individuals, their managers, the information team, leadership team and integrated governance department.

Joint Initiatives

Mental Health and Community Health Projects

As a provider of both Mental Health Services and Community Health Services the Trust was keen to maximise opportunities to improve the patient and staff experience across services. Three projects have been delivered to bring about collaboration and increased holistic care:-

- a) Smoking Cessation project
- b) Postnatal Depression (PND) Project –
- c) Continuing Professional Development (CPD) Project

Areas requiring Improvement

In our pursuit of continuous improvement, we are aware that there are some areas where improvements are required. The following are areas where we will be focusing particular attention over the coming year. (All of these areas requiring improvement are explained further in Part 2.)

Mental Health Services

Improving customer care

We aim to ensure that all service users are treated with dignity and respect at all times, however our Quality Accounts consultation highlighted that staff attitude and communication is the biggest area requiring improvement. We are committed to providing support and guidance to staff on expected behaviours and attitudes, through our Staff Charter and values-based recruitment which aims to ensure that only those aligned to the organisations values are recruited.

Improving information for service users

Ensuring that service users have the right information at the right time in a format which meets their needs is a key priority. Further work is required to ensure that service users have the information they need to make informed choices. The Service User Information Group will monitor improvements.

Improving information about medication

Our aim is to ensure that individuals have the medicines they are prescribed at times they need them and in a safe manner. We aim to increase staff usage of the choice and medication website and ensure service users have information about their medicines.

Barking and Dagenham Community Health Services

Involving Carers

We believe we need to do more work to fully involve carers. Although on many occasions we provide care for a short, limited, period of time, we recognise that more can be done to help both patients and those who will look after them. Talking to carers can often give us information about the services we provide that we could not get in any other way. They are our key partners and can frequently become patients themselves when unsupported. All recent legislation on health and social care emphasises the need to involve users and carers in the planning and development of services, and we recognise the need to do more in this respect.

Improving the range of services provided

Improving the range of services provided is another key issue for us. Our commissioners have identified, through their Quality, Innovation, Productivity and Prevention plans, that there are several opportunities for community health services to deliver services that have been traditionally provided by acute hospitals, as well as delivering existing services in new ways. This will improve choice for our patients, as well as providing seamless services closer to our patients' homes.

Reducing waiting time for services

Another priority is waiting times for services. Although we have seen a reduction in waiting times, we recognise we need to do more to ensure that patients are treated before their condition deteriorates further.

NHS South West Essex Community Services

Improving discharge planning across all services

We are aware that there are improvements that can be made to all aspects of the discharge planning process as we have reviewed the feedback from complaints and the themes from incidents. We plan to undertake some specific audits of the admission, transfer and discharge process, comparing our practice against national guidance.

We will work in partnership with those agencies and organisations that are integral to the discharge pathway such as social services. We will be enhancing the discharge criteria for both inpatients and the community, improving outcomes from the multidisciplinary team meetings and developing specific staff competencies that will be underpinned with training.

We will report our progress to the Integrated Governance Group, demonstrating changes with audit and review of themes from complaints and incidents. We will be seeking out specific feedback from patients and users of our services.

Ensuring we meet NICE guidance around Venous Thromboembolism (VTE)

Within our community hospitals, we have already implemented local guidelines and will be strengthening them to achieve compliance with NICE guidance. We have a working group established to develop a local policy and identify specific training requirements for staff. The implementation will be underpinned with audit to ensure compliance and this will be monitored by the Integrated Governance Group.

To ensure systems are developed and implemented to reduce harm from omitted and delayed medicines

We want to ensure that this aspect of patient safety is as robust as possible, so that we can minimise the risk of harm from omitted and delayed medicines. We have reviewed our medicines policies and procedures and will be ensuring that

staff receive consistent support. We will be comparing our incident rate with the national data and looking at lessons learnt from other organisations. We will be reporting on progress in this area to the medicines management group and integrated governance group.