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To: All Members of the North Central London Joint Health Overview and
Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee -
Tuesday, 6th June, 2023

I attach a copy of the following reports for the above-mentioned meeting
which were not available at the time of collation of the agenda:

6. SCRUTINY OF NHS QUALITY ACCOUNTS (PAGES 1 - 104)

- Barnet, Enfield & Haringey Mental Health NHS Trust
- Camden & Islington NHS Foundation Trust

Yours sincerely

Dominic O'Brien,
Principal Scrutiny Officer

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Barnet, Enfield and Haringey
Mental Health NHS Trust
Quality Account 2022-23

DRAFT

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Foreword from the Chief Executive

I am delighted to bring you this Quality Account with many positive things to highlight from the past year.

We have seen increasingly close ties in our Partnership with Camden and Islington NHS Foundation Trust which is now in its second year. As part of this joint working, we have been developing a shared set of aims and priorities, as well as agreed values. I am confident these will bring huge benefits for our service users, their carers and their families as we go forward.

Our Partnership is already making a significant difference, with a new model of community services across our five boroughs. This £25m three-year project - now in its final year - entails a new model of care, with clinicians, voluntary sector and social workers teaming up to provide wraparound care for individuals, taking into account every aspect of a person's life and working from bases close to where people live. By summer 2024, we expect every resident across North Central London to have access to this new model of care.

Ensuring we have the right staff to support all our services is crucial and in summer 2022, we launched the Someone Like Me recruitment campaign. Aimed at local people, we have been working hard to recruit to a range of roles including nurses, therapists, doctors and other healthcare roles. The campaign showcases the working lives of those within the Trust, as well as the diversity of staff we employ to encourage more residents in our boroughs to consider a career with BEH.

Retention was one of the areas in our Annual Staff Survey where we know we need to do more and we will continue focusing on this area, as well as ensuring every individual is supported in their professional development. We are currently developing a Partnership-wide People and Organisational Development Strategy as we work towards making BEH and our wider Partnership a great place to work. The survey

showed some positive improvements including our response to physical violence, our Appraise with Values process and our health and wellbeing provision.

I am delighted to see progress too in reducing restrictive practice with the appointment of specialist colleagues with lived experience who can help efforts in this area of work.

We remain fully committed to our joint Suicide Prevention Strategy, launched with Camden & Islington NHS Trust in February 2022 and aligned with the North Central London suicide prevention initiative. It has led to several achievements in the last year, including the appointment of an active carer expert-by-experience, as well as partnership working with voluntary providers who support suicidal people and those close to them.

We delivered a joint flu and COVID vaccination programme across the Partnership for our staff and service users. We recruited more peer-vaccinators and targeted messaging across all channels to ensure colleagues were able to make informed decisions.

Partnership working continues to strengthen our peer support workforce, recognising the challenges that remain in embedding the role. Co-produced work with our peer workforce and local community partners has seen the development of the Community of Excellence which aims to create more visibility of Peer workers and help organisations recognise their value, as well as further support peer worker wellbeing, and provide training, development and opportunities for career progression.

These are just some of the highlights from this year; I hope you enjoy reading more about our achievements this year, and our plans for next year in our Quality Account.

Jinjer Kandola MBE, Chief Executive

Introduction from the Chief Nursing Officer

I am delighted to bring you our Quality Account which highlights just some of our achievements during the last year and the improvements we have made to the quality of care we provide to our service users.

We have continued with our commitment to getting the basics right in our delivery of care to our services users and for our staffs' health and well-being, through a Brilliant Basics programme that prioritises key quality improvement areas for the Trust. Our nine Brilliant Basics have delivered some sustained improvements which you can read more about in this Quality Account.

In April 2022, we started to deliver NHS England's Quality, Service Improvement and Redesign (QSIR) training programme inhouse; subsequently our Quality Improvement (QI) capacity has increased significantly. Our aptitude for QI within the Trust and recognition of the benefits of a QI approach to delivering excellent care and service has gone from strength to strength.

In August 2022, we launched the Trust's co-produced Recovery Strategy. The goal and principles of the strategy will be the foundation that supports services to implement recovery focused and enabling practice.

Our growing register of experts by experience demonstrates the willingness of our service users, their families and carers to work alongside our staff to improve the quality and experience of care. We are very grateful to them for helping us do this.

Reducing restrictive practices has been a key priority for BEH. This work will continue across the partnership in 2023, with a new Partnership strategy for reducing restrictive practices being developed. One of our priorities next year will be to improve the therapeutic value of using enhanced observations.

I am pleased to say we have started to roll out DIALOG+, a new care planning approach across mental health community teams. DIALOG+ will ensure service users' care and treatment plans are co-produced and personalised and that the service user is enabled in their decision making every step of the way.

Another of our priorities this year has been to prepare for implementation of the national Patient Safety Incident Response Framework (PSIRF) which was launched by NHS England in August 2022. PSIRF will change the way we respond to patient safety incidents, by promoting a more proportionate and effective response for organisational learning and improvement. We have been working collaboratively across the Partnership to ensure we have the right systems in place, and the resources and training to support successful delivery of the requirements of the Framework from September 2023. Additionally, the achievement of our two patient safety Quality Priorities for 2023-24 will help drive this forward.

Our achievements against our priorities for 2022-23 show a continued emphasis on partnership working, achieving excellence for our service users and continuously improving and empowering our staff. Our Quality Priorities for 2023-24 will drive forward our equality, diversity and inclusion agenda and keep our focus on addressing health inequalities across our communities.

Amanda Pithouse
Chief Nursing Officer

Our Quality Account

Every year, all NHS trusts are required to produce a Quality Account, a report which includes information about the services we deliver to our local communities, how well we deliver them, and our plans for the year ahead. This report is an opportunity to reflect on our achievements and also the challenges we have encountered during this past year.

Our journey of improvement has been a challenging but positive one, and our commitment to continuous improvement is evident in our strategic vision and aims. Through engagement with service users, stakeholders, and staff we are able to demonstrate good practice and improvements in the quality of services we provide. This in turn gives us the opportunity to identify areas we need to focus on in the year ahead.

Our Quality Account 2022-23 is designed to:

- ▷ Reflect and report on the quality of our services delivered to our local communities and our stakeholders
- ▷ Demonstrate our commitment to continuous evidence-based quality improvement across all services
- ▷ Demonstrate the progress we made in 2022-23 against the priorities identified
- ▷ Set out where improvements are needed and are planned
- ▷ Outline our key quality priorities for 2023-24 and how we will be working towards them.

The Quality Account also provides the information we are required by law to provide so that people can see how the quality of our services compares to those of other NHS trusts.

We value the views of stakeholders in the development of our Quality Account.

Our draft Quality Account 2022-23 was shared with stakeholders both for assurance and to ensure we are reporting on the things we need to and that our focus for the year ahead is in line with the Trust Strategy, outcomes and learning from 2021-22, and is improvement driven.

Sharing a draft version of the report with our external stakeholders has given them the opportunity to provide feedback for consideration in the final report, and to provide a formal statement. These statements are available in Appendix 1.

This Quality Account has been reviewed by the:

- Partnership Executive Leadership Team
- Trust Quality and Safety Committee
- Trust Board
- Healthwatch bodies for Barnet, Enfield and Haringey
- North Central London Integrated Care Board
- North Central London Joint Health Overview and Scrutiny Committee



Throughout this Quality Account, our service users will sometimes be referred to as patients.

About Barnet, Enfield and Haringey Mental Health NHS Trust

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) is an integrated mental health and community health services provider. We are the lead provider of a wide range of mental health services across the London boroughs of Barnet, Enfield and Haringey, as well as specialist mental health services to a larger population across North London, Hertfordshire, Essex and surrounding counties. Additionally, we provide a full range of children and adult community health services in Enfield. We deliver our care in the community and in inpatient settings and serve a population of well over a million people.

Our vision is simple and clear:

To support healthy lives and healthy communities through excellent integrated mental and community healthcare

We have four **values** and four **strategic aims**. We ask all of our staff to promote the values and observe them every day in every area of their work. The values are interlinked to each other and underpin everything we do as an organisation, the decisions we make and the actions we take to improve the health and wellbeing of our population. We strive to put service users at the centre of everything we do through living by our values and driven by our strategic aims.

Our Values

- ▶ Compassion
- ▶ Respect
- ▶ Being Positive
- ▶ Working Together

Our Strategic Aims

- ▶ Excellence for service users
- ▶ Empowerment for staff
- ▶ Innovation in services
- ▶ Partnerships with others



We have been working actively towards achieving our strategic aims.

1. The 9 Brilliant Basics which are quality improvement workstreams, are embedded into practice and feed into relevant governance systems, ensuring that we strive for and achieve excellence for all our service users. We have recruited over 100 Experts by Experience and 45 Peer Support Workers to ensure the voices of service users, carers and people with lived experience are heard and inform actions for the benefit of our services users and carers.
2. We are empowering our staff – the Quality Improvement approach is firmly embedded, forums and networks that support equality, diversity and inclusion regularly take place, and staff health and wellbeing has been an important focus area this year.
3. We have continued to develop new partnerships with other mental health trusts, local NHS providers, primary care, local authorities and the voluntary sector to deliver integrated care that improves the health of our population. We are a strong voice in North Central London Integrated Care System, leading on specialist initiatives for the mental health and learning disability population. This has led to opportunities for us to develop and sustain our services and provide better care for our service users as the healthcare landscape changes.



Our Services

In 2022-23, our 3,700 plus staff helped care for more than 137,880 people, made up of approximately 2,498 patients across our 30 wards and over 135,383 service users in the community. We provided mental health services including a specialist Eating Disorders services and other specialist services, for young people, adults and older people, in addition to our full range of child and adult community health services in Enfield.

Our North London Forensic Service (NLFS) treats and cares for people in the criminal justice system who have mental health needs, learning disabilities or autistic spectrum disorder. We provide:

- Forensic low and medium secure inpatient and community services.
- Mental health services in prisons across London – HMP Pentonville, HMP Wormwood Scrubs and HMP Brixton
- Pathways service at HMP Aylesbury – a specialised service for people presenting with high risk and complex psychological needs.
- Liaison and Diversion Services across North Central London within police custody and courts, as well as for British Transport Police and Marine Police Services.
- Highly specialised fixated threat, stalking diversion services in partnership with policing and other key providers.

NLFS also hosts the North Central London Vanguard, an innovative pilot delivered in partnership with local authorities and voluntary sector partners that supports up to 25 years olds at risk of or impacted by serious youth violence in community based settings across the five NCL boroughs.

The **North London Forensic Collaborative** is a partnership of five NHS Mental Health Trusts providing inpatient and community forensic services for the population of North London. BEH is the lead provider and via its commissioning hub team is responsible for quality assurance,

clinical oversight, contract management and a population based budget for North London adult secure services. 2022-23 has seen the provider collaborative continue to innovate by developing a Patient Council, which is delivering a Speak Up campaign and increase the number of people with lived experience in paid quality assurance roles. The commissioning hub team has commissioned new learning disability & autism teams across North London as well as enhancing the physical health services within the inpatient settings, increasing advocacy services and creating research teams.

The Trust has 580 inpatient beds which are located on our five main sites:

- St Ann's Hospital in Haringey
- Chase Farm Hospital in Enfield
- St Michael's Primary Care Centre in Enfield
- Edgware Community Hospital (Dennis Scott Unit) in Barnet
- Barnet General Hospital (Springwell Centre)

Statement of Assurance from the Board regarding the review of services 2022-23

During 2022-23, BEH provided services across mental health and community NHS services. Our Trust Board has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2022-23 represents 100% of the total income generated from the provision of NHS services by BEH for 2022-23.

Community Mental Health Transformation (CMHT) Programme

Our ambitious programme to revolutionise mental health care continues and is now nearing the end of the second year of transformation.

We are continuing to change how we work to help our service users recover sooner and stay well, for longer in their communities. This three-year transformation programme, which started in April 2021, is seeing the appointment of hundreds of new frontline staff across North Central London (NCL) delivering new models of care. Significant work continues to integrate our core mental health teams around Primary Care Networks (PCNs), as well as with Voluntary Care Sector (VCS) and social care colleagues, to provide care at a place-based level. This is so we can understand issues, strengthen relationship and take a coordinated approach to improve the quality of life for service users.

The goals for the CMHT programme are to realise the following outcomes:

- More people receiving support
- See people more quickly
- Provide holistic higher quality care

We are working with our key partners as above and others to improve the mental health and wellbeing of our local communities. This means working collaboratively to tackle social and economic factors that can impact wellbeing like isolation and loneliness. We are consulting service users, carers and local communities to deliver the care that they want and need.

We have continued to recruit more front line workers to ensure there are no barriers to accessing the right care at the right time.

We are focusing strongly on prevention, recovery and improving mental health and wellbeing in partnership with communities, local government and other agencies.

Transforming mental health care takes time. This new approach has been rolled out across our Primary Care Networks, but we continue to redesign our pathways as part of the transformation.

Examples of improvements already made or planned are:

- Implementing DIALOG+, a holistic care planning approach designed to make service and key worker meetings therapeutically effective. DIALOG+ is being rolled out nationally as part of the shift away from the traditional Care Planning Approach (CPA). Whilst we are in the early stages, hundreds of DIALOG+ assessments are being undertaken with service users every month.
- Across Barnet, Enfield and Haringey, new members of staff have taken up exciting new roles within GP surgeries as Primary Care Mental Health practitioners. Half funded by the GPs and managed by the Trust, we are helping hundreds more service users every month. Our work with Haringey GPs has been recognised as a national example of good practice.
- Working in close partnership with the Voluntary and Care Sector, around 30 new members of staff are working in an integrated way with our core community teams to help many more service users. The team are helping around 150 unique service users every month with their mental health by providing a range of psycho-social support.
- Introduction of new roles to help service users transition between the Children and Younger Adults services and Adult Mental Health services, in what is called our 18-25s Transition Pathway.

- We are continuing to build on and enhance the relationships with our Individual Placement Support service providers who provide a critical role in helping with employment support, using their evidence-based programme helping people find and return to employment.
- We have continued to develop our Physical Health roles to support people in the community, with improvements evidenced in the community mental health survey responses.
- We have continued to introduce more staff in new roles including peer support, community engagement workers, psychological support and occupational therapy.
- Implementation of the digital technology system 'MaST' (Management and Supervision Tool) which translates health record data into risk and crisis prediction and identifies service users in most need of support, and services users who can receive lesser support. We are working with our clinical teams to focus how we can strengthen the use of MaST in our multi-disciplinary team meetings actively.
- Hundreds of residents attending North Central London and Borough level community events to showcase community transformation developments, holding workshops, offering physical health checks and meeting and understanding the roles of Experts by Experience (someone who has recently had experience of our services, a patient).

These are just a few examples of how we are continuing our journey to transform our services.

This partnership demonstrates the closer collaborative and different ways of working between the Primary Care Networks and our Community Mental Health Teams (CMHTs), to form core community teams, as outlined in the NHS Long Term Plan. It is hoped that more of these posts will be created in future.

Funded by £25 million investment (from the national Service Development Fund and Mental Health Investment Standard funding) to

strengthen community mental health services and implement the national Community Mental Health Framework in Barnet, Camden, Enfield, Haringey and Islington, the programme will transform care and improve the quality of life for thousands of people with serious mental illness. By 2024, thousands more people will receive care and ongoing support.



Systems in place to ensure quality at all levels

Quality Governance provides a framework for organisations and individuals to ensure the delivery of safe, effective, and high-quality care and treatment.

At BEH, our governance structures and processes for continuous learning and improvement ensure there are effective quality governance arrangements in place from 'Floor to Board'. Review, monitoring and oversight of these arrangements takes place through scheduled reporting to the following:

- ▶ Trust Board
- ▶ Quality and Safety Committee
- ▶ Safe, Effectiveness and Experience Group
- ▶ Divisional Quality and Workforce Meetings
- ▶ Weekly Trust Safety Huddle

Our quality governance structures and processes provide an avenue for effective monitoring of key quality and performance indicators and learning from patient safety incidents, audits, service reviews and service user feedback.

Through our quality governance systems, the Trust Board is provided with assurances on the quality of BEH's services and patient safety. We produce comprehensive Trust and divisional quality dashboards (incorporating safety, experience and effectiveness); we have an active national and local clinical audit programme; we monitor themes and trends in service user experience and complaints; we monitor the standards of our inpatient wards and a number of community teams through the Tendable audit app, through Executive led safety walk-

around and scheduled Quality Reviews of service, and we have a robust risk management and escalation framework in place.

Our Clinical Fridays programme, an initiative that sees senior nurses across the organisation doing walkabouts every Friday on inpatient and community sites gives staff the opportunity to talk openly and honestly with nurse leaders about quality and safety.

We continue to work with our Experts by Experience (EbEs) to ensure our quality governance arrangements support the embedding of high quality care and services for all of our service users. Our Involvement Register of Experts by Experience (EbEs) continues to grow with more EbEs getting involved in several programmes of work to improve the quality of services across the Trust.

We recognise that having a strong organisational culture that is fair and inclusive helps create the conditions necessary for safe and effective service user care and experience, and staff wellbeing.



The Trust did not receive a full inspection by the CQC in 2022-23. However, following the CQC inspection in late 2021 and subsequent published report on the inspection in February 2022 in which the Trust was rated as 'Good', we have delivered a robust improvement plan to address the actions raised by the CQC,

leading to improvements in a number of areas.

We continue to meet with the CQC on a regular basis to feedback on our ongoing developments in the Trust and we have had positive feedback on the work being undertaken by the Trust.

The CQC continued with their programme of Mental Health Act Reviews throughout 2022-23 and visited nine inpatient teams across the Trust. Two of these visits did not identify any areas for improvement; in six visits, the feedback from the CQC was for services to ensure feedback from the visit was shared with patients and families via patient community meetings and ward notice boards. One review highlighted a gap in evidence of an assessment of capacity for one patient or discussion of consent. The ward has implemented actions to address this.

Registration with the Care Quality Commission

As a Trust, we are required to register with the Care Quality Commission (CQC) and our current registration status is that we are registered with no conditions attached to our registration.

Brilliant Basics



The Brilliant Basics concept is about getting the basics right so that we can deliver outstanding care. It is not just for clinical staff but all staff whatever their role, who each play an important part in providing consistently good care and ensuring BEH is a great place to work.

There are 9 workstreams under the Brilliant Basics which have been identified as key priority areas for the Trust. They are also aligned to the areas for improvement identified in the CQC Well Led Inspection report published in September 2019:

- Staff wellbeing
- Patient safety
- Timely and accurate data
- Safe and therapeutic environments
- Care planning and risk assessments
- Retention and recruitment
- Rights and capacity assessments
- Physical health
- Mental Health Act assessments

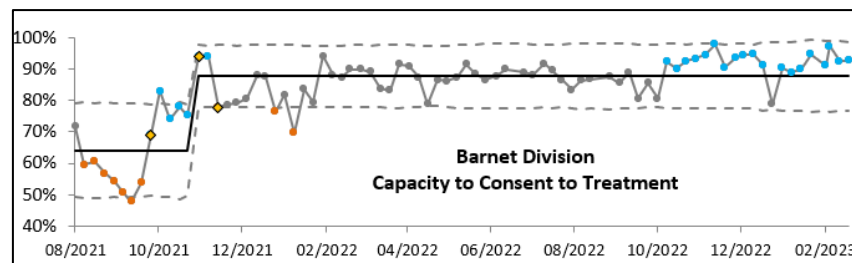
The Trust has continued to make progress in many of the Brilliant Basics workstreams during a time of increased acuity due to the COVID-19 pandemic. Examples of achievements have been provided below:

▷ Rights and capacity assessments

The Brilliant Basic Rights and Capacity Assessments workstream was set up in response to long-established themes in CQC Mental Health Act (MHA) visit feedback that not all detained patients were being provided with explanations of their rights or receiving assessments of capacity to consent to treatment in line with the MHA Code of Practice.

The aim of this Brilliant Basic was renewed to include all patients on a Community Treatment Order having an explanation of rights and all informal inpatients having an assessment of their capacity to consent to admission. There has been a sustained improvement in some Divisions.

Barnet Division has generated change ideas that have had a positive impact on the number of inpatients who received an assessment of their capacity to consent to treatment.



► **Timely and accurate data**

Our new data warehouse went live with inpatient and community dashboards showing key data now available. We are planning further development and triangulation of data from patient, staff, incident and finance systems over the coming months.

For the first time, staff across the Trust have access to key intelligence dashboards, populated with up-to-date information from across multiple systems. Data quality standards are clearly defined and monitored across our divisions, and we continue to collaborate on ways to increase the ownership and use of data by clinical and operational teams.

► **Retention and recruitment**

Staff vacancy rates are currently high at 14.9%; as a result this Trustwide collaborative aims to reduce the overall trust vacancy rate to no more than 10%. This involves reviewing the fundamental processes and systems that are in place for recruitment, onboarding and inductions, whilst also focussing on the retention of staff so that they feel appreciated; this also includes talent management and succession planning.

► **Physical health**

Having implemented the e-observations system that allows patient observations such as temperature to be recorded digitally, we now have also seen improvement in the completion of the six key health check parameters and are increasing our focus on responding to patients who are at risk of deterioration.

► **Patient safety**

This Brilliant Basic commenced in 2021. Under the umbrella of Patient Safety the QI projects are: Sexual Safety, Suicide Prevention, Pressure Ulcers and Falls. As part of the patient safety programme the aim encompasses sharing knowledge and supporting the Partnership. It includes implementation of the national Patient Safety Incident Response Framework (PSIRF) which is being taken forward as part of 4 key workstreams. Attention will also be given to the development of a Joint Partnership Patient Safety Strategy. This will address the national work but also specific aims for local populations.

A number of improvements have already been implemented with others in progress. One positive change is the roll out of the NHS Patient Safety Syllabus Training Programme – Level 1 (Essentials) to all staff. This will improve awareness of patient safety.

► **Reducing restrictive interventions**

A number of improvements have been implemented for the benefit of our patients including the delivery of training sessions on Autistic Spectrum Disorder to approximately 70 staffs.

Three wards are taking part in a national safety programme to reduce restrictive interventions.

► **Care planning and Risk Assessments**

The DIALOG+ pilot commenced in December 2021. This approach enables healthcare professionals to have supportive and meaningful

conversations with service users about the aspects of their lives that are most important to them such as family, relationships, leisure activities and accommodation, in addition to their mental and physical health. It uses a person-centred and patient-rated scale that measures Patient Reported Outcomes (PROM) as well as a measure of Patient Reported Experience (PREM). The approach is holistic and puts the views of the service user first, helping people to take a practical and active part in their recovery. It provides assessment, planning, intervention and evaluation in one procedure. This is currently being implemented within the community teams in all divisions before progression to inpatients.

▷ **Mental Health Act assessments**

This was a new Brilliant Basic for 2022. We are working with our partners including Local Authorities to ensure that anyone who needs a Mental Health Act assessment will get the assessment and appropriate care at the right time. Our current focus is on each of the teams having a digital dashboard in place in all Divisions for the 3 boroughs and developing a patients and carers leaflet to help them to understand the process of having a Mental Health Act assessment.

▷ **Safe and therapeutic environments**

This Brilliant Basic has focussed on ensuring that both our indoor and outdoor spaces are as safe and therapeutic as possible. We have conducted a survey and the information from both staff and patients will inform the local improvement projects in each Division. Staff have told us that they would like to have some feedback after reporting a job to estates, so we are developing a new reporting system. We want staff to be assured that when they have jobs that need attention we will intervene quickly and appropriately. Patients have told us how much they like the new sensory room and de-escalation room in PICU in Enfield Mental Health. We have new signage at St Ann's. Staff have brought their ideas to improve the outdoor spaces. One example of how improvements can be made to the environment is the new mural on Suffolk Ward in Enfield Division which has been created with staff and service users

working together.

▷ **Staff Well-being**

As a result of recent staff surveys it became evident that there is a gap in our approach to staff health and wellbeing. The current focus is to improve staff wellbeing by identifying the issues that staff are experiencing and measuring alongside a particular statement in the People Pulse survey: To increase the percentage of staff who agree or strongly agree with the statement "My organisation proactively supports my health and wellbeing" from 45% to 52.7% (to equal the NHS average).

One of the key change ideas of having a staff council in one of the Divisions has been very a successful factor and is now spreading across all divisions. This consists of representatives from different teams and professions to feedback on behalf of their given areas about their colleague's wellbeing, providing an accurate account of how staff really feel.

Supported by the QI Team there is ongoing work to develop QI projects for the Brilliant Basics in wards, departments and teams, to ensure improvements are Trustwide, but in a way that meets local needs.

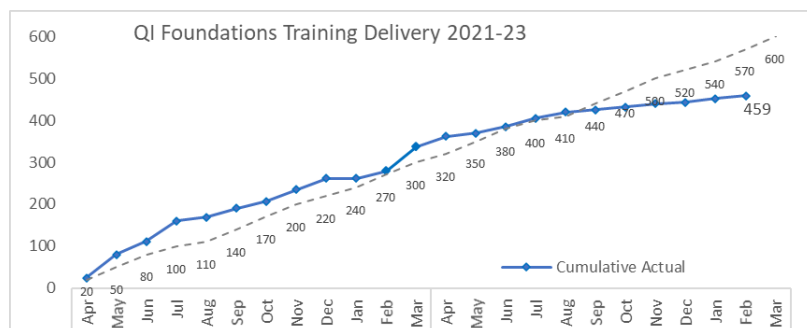
Quality Improvement (QI)



A key factor in improving patient care is developing a workforce that is empowered and consistently delivers excellent care through a Quality Improvement (QI) approach. The QI

approach focuses on developing changes in culture, processes and practice to improve the quality of our services. We recognise that for improvement to be sustainable, a single improvement methodology needs to be consistently embedded in the way we work in all our services, from small changes to major transformational programmes. The Trust has supported the implementation of the Model for Improvement which is endorsed by the Institute of Healthcare Improvement as our preferred methodology.

Building QI capability within the Trust is essential so that staff have a knowledge of QI and are able to understand and use the Model for Improvement. We have continued to raise awareness of QI within the Trust induction and offer QI Foundations training to all staff, which we offer every month.



There has been a slight decline in the rate of staff trained at this level, but this may be due to us offering other training as well. It has been the

ambition of the Trust to use NHS England's Quality, Service Improvement and Redesign (QSIR) programme to train staff internally. We are really proud that the 5-day QSIR Practitioner training was launched in April 2022. This is face to face training. There have been 3 cohorts with the 4th cohort finishing in April 2023 by which point it is expected that 96 staff will have completed the course in 2022-23. Some of the QI projects that have been led by new QSIR practitioners include Improving diversity among Allied Health Practitioners, Alignment of Activities for Daily Living (ADL) pathways, Capacity to consent to treatment, Reducing 1:1 observations and more.

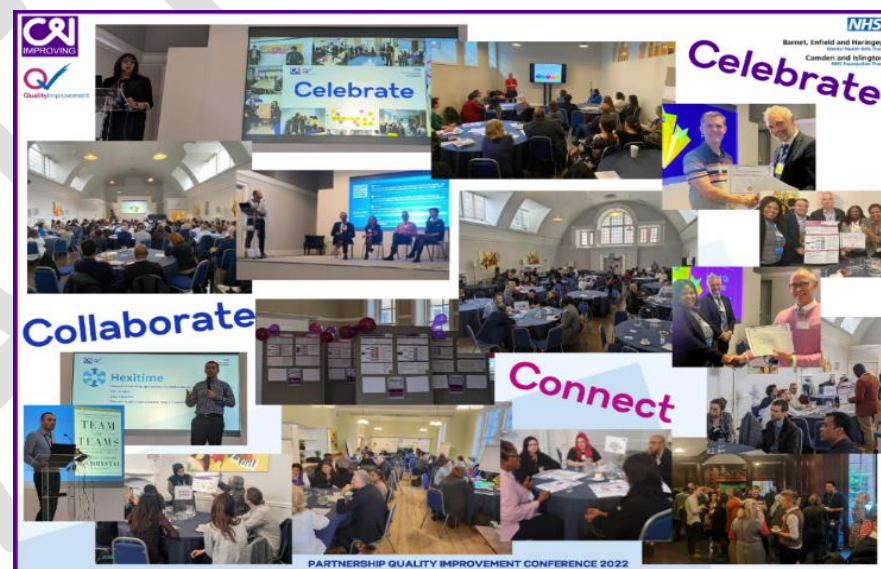


All teams are encouraged to use QI as the approach to address issues locally. For example, Shannon Ward in Barnet Division completed a QI project about the use of Body Worn Cameras in a mental health acute adult inpatient setting. The Beacon Centre (children and adolescent mental health inpatient services) is doing three QI projects which are reducing self-harm, improving the onboarding process for staff and improving wellbeing. Three wards at BEH are taking part in the national QI collaborative for reducing restrictive interventions – this platform provides an opportunity to learn from QI work in other mental health trusts in the NHS. As a Trust we are focussed on reducing restrictive interventions. The data now shows a significant improvement in the number of restrictive interventions in the Trust.

BEH is the first Mental Health Trust in NHS England to be accepted to take part in the Flow Coaching Academy (FCA) Programme. The FCA exists to enable front line staff across pathways, organisations and whole systems to continuously improve service user care and outcomes. The focus is on team coaching in a weekly Big Room and The Model for Improvement is utilised within this concept. In 2022, 9 staff from BEH graduated as Flow Coaches. There are currently 2 Big Rooms at BEH which are the Access and Flow Big Room and the CAMHS Big Room. In Spring 2023 we are launching our second year of Flow Coaching training with 6 staff from Barnet, Enfield and Haringey and 6 staff from Camden and Islington attending the year-long training programme.

Embedding QI across the Trust has been underpinned using LifeQI, a digital platform, where all QI projects are now registered. This not only provides teams with the tools to progress their work but also enables collaboration and real-time and robust reporting of QI within the Trust. There has been a substantial increase in the number of QI projects registered from 40 in April 2021 when it was first implemented to 159 at the beginning of March 2023.

In November 2022 we delivered our first joint QI Conference with our C&I colleagues. We welcomed over 150 staff and service users in-person to “Celebrate, Collaborate and Connect” – our theme for the day. Over the afternoon we celebrated the success and heard reflections from our senior leaders, two keynote speakers, and 20 different projects across the partnership.



Infection Prevention and Control

Reportable Infections and Outbreak Situations Declared

In 2022-23, there was one case of an Influenza A, the patient was positive pre-admission from another Trust and isolated on admission according to Trust policy. Two cases of MRSA were reported in Q4, 1 case was positive on admission from another Trust and the second case tested positive following a surgical procedure in an acute hospital. Both patients were isolated according to Trust policy. The vaccination campaign for flu and Covid 19 boosters was concluded in February 2023 the vaccination uptake for staff was as follows 33.9% for Influenza and 31% for COVID-19 booster.

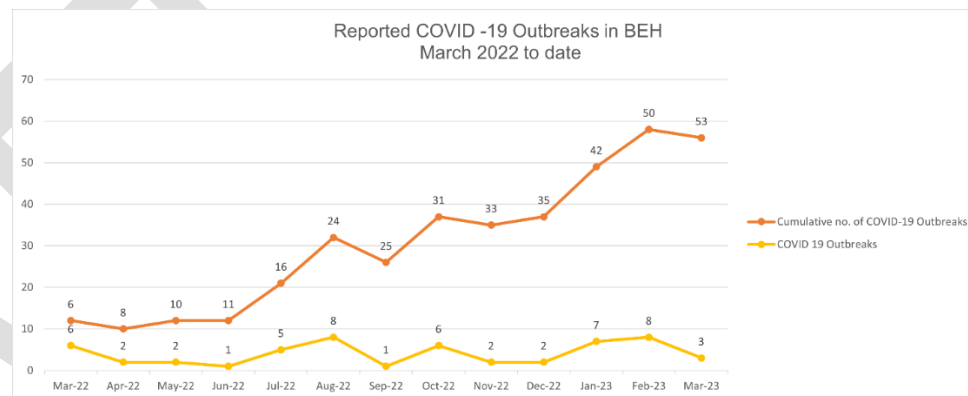
COVID-19 testing continues for inpatient symptomatic patients and symptomatic staff groups and remains in accordance with the current UKHSA recommendations.

A daily live situation report of COVID-19 positive cases in the Trust is monitored through the Trust access and flow meetings, daily submissions are made to NHSE. Outbreaks and Hospital Onset Covid Infections (HOCIs) are reported monthly on the Trust Integrated Performance Report. The number of individual cases and outbreaks experienced in the Trust during 2022-23 has reflected the general prevalence of the virus in the community, showing a similar picture to other Trusts. We continued to have ongoing outbreaks in the last quarter. A total of 267 COVID-19 cases were reported across all BEH sites in the reporting year 2022-23 and 193 cases were identified as HOCl.

During 2022-23 there were 53 COVID-19 outbreaks declared and reported to NHSE/I, UKHSA and North Central London Clinical Commissioning Group (CCG) (in accordance with outbreak notification guidelines). Each outbreak situation is managed through prompt outbreak meetings, chaired by the Trust IPC Lead Nurse, and attended by representatives from the ward, Facilities and Estates departments, UKHSA and the CCG. Each outbreak ward has been provided with a

robust action plan with a set of actions to help reduce risk of onward transmission of the virus; progress is monitored by the IPCT.

Declared outbreaks in the Trust



After Action Reviews, a structured review process with those involved to explore and understand what happened and why, were completed for outbreaks where it was identified in the outbreak meetings that learning could be gained and shared across the Trust. Evidence from the outbreaks during the period from March 2022-23 demonstrated that the ward teams are very knowledgeable in how to best manage an outbreak where challenges unique to mental health settings are found.

Infection Prevention and Control Audits

The IPCT have an annual programme of audits; each ward has been audited by the team at least once in the last 12 months.



Wards received a written report with photographs and an action plan to complete; the actions were prioritised Red, Amber & Green, the ward team was given a time frame to complete the action plan. Where IPC compliance was found to be lower than expected, those wards were prioritised for additional follow-up visits in the months following the original audit visit.

During the IPCT audit visits, the cleaning standards and condition of the fabric of the building was reviewed; where issues relating to Estates and Facilities were found, the IPCT shared the audit report with those teams for their information and action. The new national cleaning standard is being implemented across the Trust. Enhanced collaboration between the IPCT and Facilities is integral in maintaining high cleaning standards and in effectively undertaking regular cleaning audits and sign off.

The Tendable audit tool is used by clinical teams to undertake IPC audits. The tool hosts a hand hygiene and IPC practice and

environmental audits. The IPCT delivered on the audit program for 2022-23 achieving 94% completion and an average score of 97%.



The IPCT undertake their own audits to ensure ward reported outcomes are right. Following some inconsistency in scores, the team has amended the environmental audit tool, to make it easier to use and therefore more likely to show scores which reflect the conditions on the ward and provide accurate assurances in relation to infection control and the environment.

Statutory and mandatory training – IPC levels 1 and 2 are currently delivered via Skills for learning virtually.

Patient-led Assessment of the Care Environment (PLACE)

Patient-led Assessment of the Care Environment inspections are voluntary self-assessments covering a range of non-clinical activities and services which impact on our patients' experience of care. This provides a snapshot of our performance.

Five assessments were carried out in collaboration between Trust staff and local people known as Patient Assessors recruited from Healthwatch,

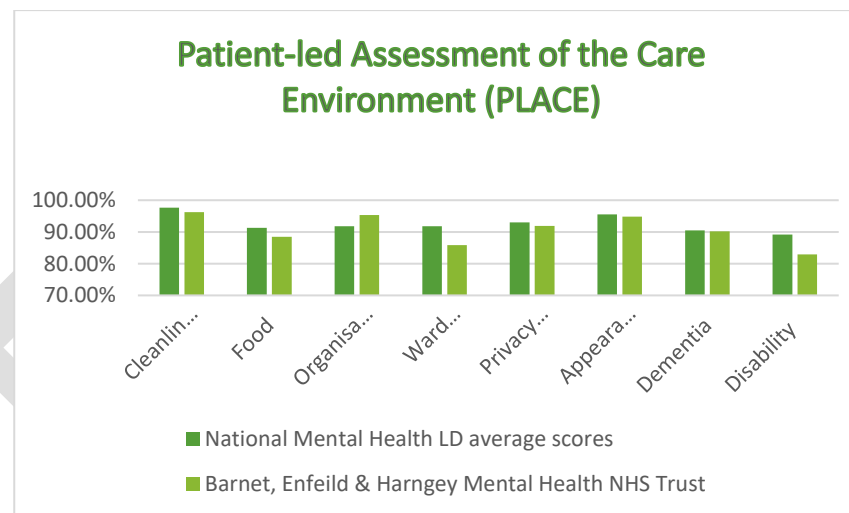
Barnet Voice, Haringey User Network, and Enfield Mental Health Users. The Trust ran training sessions for the assessors to carry out the PLACE assessments.

The six domains assessed are:

- Cleanliness
- Food
- Organisational Food
- Ward Food
- Privacy, dignity, & wellbeing
- Appearance & Maintenance
- Dementia
- Disability

The 2022-23 PLACE assessments overall organisational scores are shown below compared with the national Mental Health and Learning Disabilities average scores

Following the PLACE assessments, an action plan to address all areas of non-compliance and shortfalls are in the process of being devised and will be actioned by the relevant departments, units, and wards.



Looking Back: Quality Priorities for 2022-23

In March 2022, staff from across the Trust, including the Chair and Chief Executive, were joined by service users, peer workers, commissioners and representatives from other statutory and voluntary organisations to discuss and agree the Trust's quality priorities for 2022-23.

Quality Priorities 2022-23

Our five Quality Priorities for 2022-23 were designed to support our aim to deliver excellent care for our diverse population. They took into consideration suggestions from stakeholders and the Strategic Objectives of the Trust. The priorities were aligned to the Brilliant Basics and therefore taken forward through the work being carried out by the existing working groups to reduce variation in services and improve the quality of care and service delivery across all teams and our staff health and wellbeing:

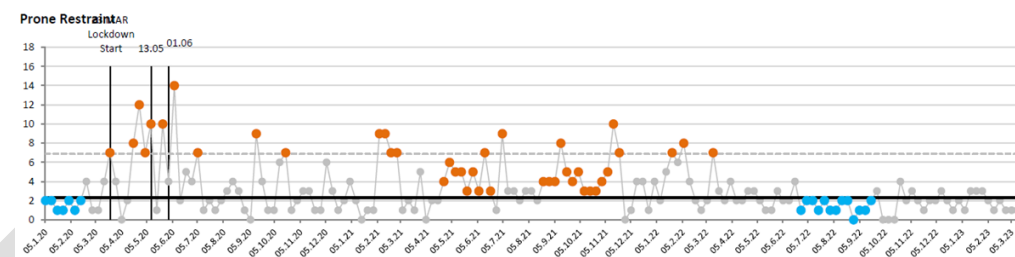
Excellence for service users

Quality Priority 1: *To reduce prone restraints to zero by March 2023.*

This has been taken forward and monitored as part of the Reducing Restrictive Interventions Brilliant Basic.

Prone restraints across the Trust have been greatly reduced with low numbers being reported week to week. But due to periods of high acuity, and the challenges that brings, we were not able to achieve 0 prone restraints. This continues to be an area of focus for the Reducing Restrictive Interventions Brilliant Basic.

Prone restraint incidents reported weekly:



Quality Priority 2: *To have someone with lived experience in the core membership of all groups and committees relating to quality and safety by March 2023.*

Expert by Experience (EbE) attend 40% of the Trust's quality and safety groups and committees.

It has been reported by some EbEs that they were not able to actively participate in the meetings where meetings moved to Teams during the pandemic. Further work is underway to develop and support EbEs to undertake this role.

The Service User Experience & Engagement Team introduced Expert by Experience Coordinators into the team; a key focus of their role is to work with service users to better understand how lived experience positions could be introduced into the existing governance structure. Recognition of the importance of role clarity and purpose is essential to ensure the introduction of the lived experience voice is meaningful.

Training sessions have been developed for experts by experience and all group/committee chairs to help them understand the role of the Expert by Experience, that they have the same opportunity as fellow members to contribute, question, and most importantly challenge. It is also important for members to feel confident to reciprocate towards the Expert by Experience acknowledging that

there are limitations within the organisation and conveying this within the meeting for transparency.

Job descriptions, adapted for all groups and committees relating to quality and safety have been finalised and recruitment to the roles will commence in April 2023.

Plans are in place to recruit to the Patient Safety Partner roles, introduced as part of the implementation of the National Patient Safety Strategy. They will play a fundamental role in attending key quality and safety meetings and ensuring the lived-experience voice carries through in all areas of the organisation, from Board meetings to ward safety walkarounds and patient safety related QI projects for example.



Empowerment for staff

Quality Priority 3: Staff retention and wellbeing

A new Health and Wellbeing strategy is to be developed collaboratively with staff to ensure a more structured plan is in place for 2022-23 based on the needs of staff.

This has been achieved. A new Partnership Wellbeing Strategy was launched in November 2022.

The Partnership strategic aim is to create and embed a culture of Health and Wellbeing that is founded upon compassion, inclusion and collaboration aligned with the NHS People Plan and our priorities.

The next stage is a collaborative and co-creation approach to developing a Wellbeing Plan that moves us towards innovative evidence-based interventions that carry a strong focus on prevention and empowerment of our workforce and make a difference and contribute to transforming organisational culture.



#DietitiansWeek 2022

Innovation in services

Quality Priority 4: *To embed a cultural change within the Trust that builds on QI and empowers our staff to innovate to deliver (or contribute to delivering) better outcomes for patients.*

The aim was to have an innovation forum where staff will be able to discuss their proposal for an idea and seek funding to implement.

- Several sessions held where staff could discuss ideas with representatives from key departments: QI, Estates, Finance, IT for example
- 64 applications were received with wide ranging ideas
- 29 awards were made from the innovation fund and included the following themes:

Shortlisted application themes	Number of applications	Total investment requested
Service innovation	23	£131,618
Estates/ Infrastructure	3	£62,000
Digital	2	£55,508
Sustainability/Wellness	1	£30,888
Total	29	£280,014

To support the building of capability for QI, we launched the Quality, Service Improvement and Redesign (QSIR) programme in April 2022 with 4 cohorts taking place in the year. By the 1st week of April 2023, 96 members of staff will have completed this training.

Partnerships with others

Quality Priority 5: *Strengthening the partnership with C&I.*

Our Partnership with C&I has continued to progress through 2022-23, with a single Partnership Executive Team in place across BEH

and C&I from June 2022. This has supported progress in improving our services for those who use them and the working lives of our staff.

We have now developed a new Partnership Strategy, approved by both Trust Boards, with significant input from our service users, carers, staff, partners and our local communities. It sets out how, by working even more closely together in a formal Partnership, our two Trusts can:

- Improve outcomes for our service users, sharing best practice to improve the quality of care and ensure our services are delivered consistently in each borough
- Remove competition between the Trusts to address mutual challenges collaboratively
- Become a united and powerful voice, nationally and locally, to champion mental health and mental health services in North London, and be at the forefront of national policy developments to highlight the rights and needs of our service users
- Provide more career development opportunities for our staff through our bigger scale and greater range of services
- Provide a single leadership team that works with all of our stakeholders at System, Borough and Neighbourhood level
- Create a new, shared culture and set of values, aimed at providing care that is preventative, compassionate, personalised, and trauma-informed
- Make efficiencies through economies of scale, sharing services and reinvesting resources where they are most needed

By working together more closely in Partnership, our two Trusts can achieve more for our service users, their carers, our staff and our local communities than we can by working separately.

Clinical Audit and Quality Assurance Programme

Clinical audit and service reviews are a way to find out if the health care and service we provide to our service users is in line with best practice standards; it lets us know which services are doing well which allows us to learn from them, and where improvements can be made.

The Trust has an extensive clinical audit programme aimed at improving the quality of services, care and treatment, patient safety and service user experience.

Participation in national clinical audits and national confidential enquiries, 2022-23

Every Trust is required to provide the following prescribed statements in relation to participation in national audits and confidential enquiries.

The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period and which covered the relevant health services that the provider provides or subcontracts

During 2022-23 eight national clinical audits and one national confidential enquiry covered relevant health services that Barnet Enfield and Haringey Mental Health Trust provides.

The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.

During 2022-23 Barnet, Enfield and Haringey Mental Health Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits, national confidential enquiries and national benchmarking projects that Barnet, Enfield and Haringey Mental Health NHS Trust participated in and for which data collection was completed during April 2022 to March 2023 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

BEH participation in national clinical audits and National Confidential Enquiries, 2022-23

National Audit	Number of Submissions to audit	% of eligible case submitted
Prescribing Observatory for Mental Health (POMH-UK) Audits		
Topic 21a: The use of melatonin	Awaiting report	
Topic 20b: Valproate prescribing in adult mental health service	3 cases	
Topic 7g: Monitoring of patients prescribed lithium	Awaiting report	
Audit of anti-libidinal medication	Awaiting report	

National Audits		
Falls and Fragility Fracture Audit programme (FFFAP): National Audit Inpatient Falls (NAIF)	0 case identified	N/A
National Clinical Audit of Psychosis (NCAP) – Early Intervention Service	234 cases	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	124 cases	100%
Sentinel Stroke National Audit Programme (SSNAP)	Commenced and in progress	
National Confidential Enquires		
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	16	81%

The report of one national clinical audits was reviewed by the Trust in 2022-23 and Barnet, Enfield and Haringey NHS Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:

1) National Clinical Audit of Psychosis (NCAP)

In March 2023, our Early Intervention Services (EIS) in Barnet, Enfield and Haringey participated in the annual National Clinical Audit of Psychosis. Since the last audit round, the three services have been making improvements in a number of areas such as the undertaking of physical health reviews of service users. There has been an ongoing action plan for the areas previously identified by the audit that required improvements. To address these, the following actions were identified for the Trust:

- The number of service users that took up supported employment and education programmes required improvement; gaps were identified with the Individual Placement and Support (IPS) remote service delivery and remote working had led to a reduction in referrals. The IPS workers are working onsite again, and the team managers worked with the IPS Lead to increase the numbers of referrals. Additionally, the services have been liaising with the Informatics team to ensure all referrals are being captured on RiO.
- The number of service users with first episode psychosis that have had a physical health review and relevant interventions, required improvement. The services ensured a Physical Health Practitioner was in post in each team and led on the physical health checks. The team managers reviewed opportunities for a local phlebotomist and completing physical health interventions are currently being looked at NCL wide.
- The number of carers that took up carer-focussed education and support programmes required improvement. Each service runs a monthly carer's group monthly and encourage carer uptake
- The completing of outcome measures for the service users required improvement. DIALOG+ is now the main platform for these to be completed on in each service and each would monitor locally and utilise clinical supervisions for this. There will be continued tracking of paired outcomes locally, pending service specific DIALOG+ reports being available, and MAST would also be utilised once available.

National Benchmarking Projects

The report of one national benchmarking project was reviewed by the Trust in 2022-23 and Barnet, Enfield and Haringey NHS Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:

NHS England and NHS Improvement Learning Disability Year 4 Improvement Standards Collection

The following were identified as systems and process changes required by the Trust for the benefit of service users with a learning disability and/or autism:

- Mechanisms to identify and flag service users with learning disabilities, autism, or both from the point of admission through to discharge; and where appropriate share this information as people move through departments and between services. This mechanism will be developed by the information technology team in conjunction with the RiO (electronic patient record system) steering group.
- Measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism, or both. The Trust has implemented learning disabilities awareness training for staff and is introducing the Oliver McGowan, learning disability and autism training developed by Health Education England, for all staff.
- Processes that ensure work and engagement with people receiving care, their families and carers, are as set out in the NHS Constitution. The Trust Learning Disabilities lead is undertaking a review of the standards in the NHS Constitution to assess the work required by the Trust to meet the standards and further strengthen current practice.
- Ability to demonstrate services are 'values-led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment.

- Processes to regularly review the medications prescribed to people with learning disabilities, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England's Stopping Over Medication Programme (STOMP). The Trust is currently developing and piloting a Trust wide audit to review and monitor this

Improvements are being led by the newly appointed clinical leads for learning disabilities.

Local Audits

The Trust encourages staff to undertake audits to improve outcomes and experiences for service users and staff. Examples of local audits carried out and subsequent improvements made to services are detailed below. These are monitored by the services:

Determining whether psychotropic medication prescribed to young people adheres to the NHS England STAMP for service users open to Haringey CAMHS LD.

- Teams are working to improve documentation of capacity, consent and Best Interest decisions on the appropriate Mental Capacity pages on RiO and will review these annually.
- Development of alerts on the RiO system is underway to improve more timely recording of 'Best Interest' decisions and communication to the GP of service users 14 years of age to ensure they are highlighted as being entitled to an annual health check as early as possible.
- Access for the team to physical health monitoring including access to blood tests, ECGs and access to online results has been improved.

Are physical health assessments for new admissions being performed and if appropriate physical health monitoring carried out for those prescribed antipsychotic medication in HMP Wormwood Scrubs.

- A system to monitor new admissions has been introduced and is embedded.
- Documentation processes of physical examination information, ECG, UDS and blood tests have been improved.
- An information leaflet about the need of appropriate monitoring, with involvement of the Occupational Therapist and the nurses to promote psychoeducation about the physical health monitoring has been developed.
- A process on how to document urine drug screening and the results has been introduced.

Carers/Family involvement in the Haringey Crisis Home Treatment Team

- The team has worked collaboratively to implement a new proforma for the shift lead (point of all referrals) to use when receiving, screening and accepting referrals to establish current carer and family involvement, their details and consent to share, and who they want present during initial assessment. This has streamlined the process by bringing it into the one form.
- There is consistent weekly interface now with community mental health teams to discuss referrals, discharge plans and subsequent joint reviews to safely complete a handover of care.

Where necessary, a re-audit will be carried out in 3 to 6 months to see if standards have been maintained and to see if improvements have been embedded.

Monitoring quality and safety through audits

The Trust uses a number of audit tools to monitor clinical practice and safety across services.

Tendable is used across all of our inpatient wards. It is an app that hosts a series of bespoke clinical audits and practice reviews as well as the Quality, Effectiveness Safety Trigger Tool (QuESTT). The audit questions have been developed to provide a picture of safety and effectiveness on our wards. Tendable is available on hand-held devices, allowing staff to review clinical practices and safety on the wards as part of their day to day work. Since the launch on our inpatient wards, 12 community teams have also now started to use Tendable.

The system provides real-time results which are used to identify areas requiring attention and improvements immediately. Audit outcomes are reviewed at team, divisional and Trust level.

Quality Assurance Audits and Peer Service Reviews

The majority of the Trust's community teams complete monthly Quality Assurance and Peer Service Review audits.

The Quality Assurance audit is self-assessed and specific to each service, based on relevant national and local standards. There is a programme of spot checks of these audits to ensure robustness of outcomes.

The Peer Service Reviews are based on CQC regulations and local standards. Outcomes for both audits are reviewed at team, divisional and Trust level and are monitored over time to ensure that learning and recommendations have been embedded and quality of services has improved.

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Research and Development

Following the strategic alliance between BEH and Camden and Islington NHS Mental Health Foundation Trust in 2022, the partnership has embarked on creating a joint Research Strategy, in collaboration with the Institute of Mental Health. This strategy will be finalised in early 2023 following wide consultation with key stakeholders. One of the key ambitions of the strategy is to extend research and its impact in BEH.

Participation in Clinical Research

Each year the Research Councils invest around £3bn in research. The National Institute of Health Research (NIHR) distributes research funding via 15 Clinical Research Networks (CRNs). The CRNs provide the infrastructure to facilitate high quality research and to allow service users and health professionals in England to participate in clinical research studies within the NHS. Our local one is the North Thames CRN.

The number of patients receiving relevant health services provided or sub-contracted by BEH in 2022-23 that were recruited during that period to participate in research approved by a research ethics committee is 92, across 11 different portfolio adopted studies.

- 48 (52%) of participants were recruited to Interventional studies
- 44 (48%) of participants were recruited to observational studies

The Top 5 recruiting studies at BEH in 2022-23 were:

Short Name	Local Investigator	Recruitment
DREAMS START (Dementia RElAted Manual for Sleep) RCT	Dr Ruth Lukeman	24
PPIP2	Dr Maja Elia	14
APPLE-Tree programme for dementia prevention: pilot and RCT	Dr Lauren Huzzey	13
The Community Navigator trial	Angela Sobers	11
An Anthropological Study of Open Dialogue in the NHS (APOD) v1	Dr Ruth Kloocke	10

Commissioning for Quality and Innovation (CQUIN) goals agreed with commissioners for 2022-23

The CQUIN payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions. CQUINs are part of our contractual income, subject to us evidencing delivery of the specific schemes (or indicators) as included within our contract with commissioners.

The 2022-23 CQUIN programme is comprised of a smaller number of key clinical priorities for which targets have been applied. The design criteria is focussed on familiar short-term clinical improvements, the likes of which the Trust is already building into its normal clinical practice. The delivery of wider national goals – and the recovery from Covid19 - have determined the scope of this year's programme.

The scope of the Trust's 2022-23 CQUIN programme is detailed below.

- Ensuring frontline healthcare workers receive their flu vaccine
- Ensuring inpatient service users have appropriate tests to diagnose cirrhosis or advanced liver fibrosis
- Ensuring service users accessing Children and Young People's services have outcome measures
- Ensuring service users accessing adult services have outcome measures
- Ensuring service users accessing IAPT (Improving Access to Psychological Therapies) services have scores recorded on the Anxiety Disorder Specific Measure (ADSM)
- Ensuring service users who have been referred because of self-harm have a biopsychosocial assessment concordant with NICE

guidelines

- Ensuring community hospital inpatients and community nursing service users have a nutritional screening that meets NICE Quality Standard
- Ensuring service users with lower leg wounds receive appropriate assessment diagnosis and treatment in line with NICE Guidelines
- Ensuring community hospital inpatients have a pressure ulcer risk assessment that meets NICE guidance

Ref	CQUIN Title	Q1	Q2	Q3	Q4 Confidence	
CCG1	Flu vaccinations for frontline healthcare workers	Nil submission	Nil submission	35%		<ul style="list-style-type: none"> • With the very limited time remaining in the current programme, an action plan to improve performance is being developed for the 23/24 programme
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	n/a	55%	n/a		<ul style="list-style-type: none"> • Fairly well-established processes embedded as BAU, though the very small numbers in-scope can affect overall results
CCG10a	Routine outcome monitoring in CYP and perinatal mental health services	Routine data submitted to MHSDS				<ul style="list-style-type: none"> • Fairly well-established processes embedded as BAU, following a comprehensive targeted project
CCG10b	Routine outcome monitoring in community mental health services	Routine data submitted to MHSDS				<ul style="list-style-type: none"> • The Trust is still establishing the use of Dialog+ assessments. Some confidence that Q4 performance will demonstrate continued improvement, but the whole-period performance threshold will be missed
CCG11	Use of anxiety disorder specific measures in IAPT	51%	69%	79%		<ul style="list-style-type: none"> • Well-established processes embedded as BAU, with moderate-to-high confidence that maximum performance threshold will be met
CCG12	Biopsychosocial assessments by MH liaison services	92%	91%	93%		<ul style="list-style-type: none"> • Well-established processes now embedded as BAU; high confidence that maximum performance threshold will be met
CCG13	Malnutrition screening in the community	10%	12%	24%		<ul style="list-style-type: none"> • Nutritional screening is being recorded, but further work is required to improve the use of the MUST tool
CCG14	Assessment, diagnosis and treatment of lower leg wounds	15%	22%	5%		<ul style="list-style-type: none"> • Although full assessments are being documented with consistency, there remains a challenge in ensuring referrals to vascular services for leg ulcers are fully documented
CCG15	Assessment and documentation of pressure ulcer risk	100%	100%	100%		<ul style="list-style-type: none"> • Well-established processes now embedded as BAU; high confidence that maximum performance threshold will be met

Most of the CQUIN goals have seen good performance throughout the year, though some challenges remain in embedding the use of outcome measures, and in ensuring the uptake of the flu vaccine.

Information Governance Toolkit compliance

The Trust's aim is that all service users are in control of their own personal information and our NHS information systems are designed to support clinicians and other frontline staff to deliver safe, high quality care to our patients.

Our focus in 2022-23 has been to provide, design and implement services that meet the needs of our diverse population and to ensure all information is accurate, available and reliable to enable the Trust to provide exceptional patient care.

In 2022-23 we continued to apply a risk-based approach to information use and sharing initiatives, to ensure we are compliant with the General Data protection Regulation (GDPR) and the Data Protection Act (DPA). We continued to participate in various national information sharing initiatives across the health service for 'direct care' purposes to support timely delivery and safe care to our service users when they receive treatment.

We continue to work closely and in partnership with care providers across North Central London and participate in various NHS information sharing initiatives, such as the London Care Records and the National Records Locator Services, which provides Clinician's access to real time information and a record of patients' care history, without the need for the patient to repeat them to the professional wherever they are being treated. This access to patient records is for "direct care" purpose only and for providing timely care and treatment to our patients.

BEH partnership working with Camden and Islington NHS Foundation Trust continued to be strengthened, through collaborative working and sharing of ideas on best practice. As a result of the partnership the Trust has established joint lines of responsibility and accountability for key

Information Governance roles to named individuals, the Senior Information Risk Owner (SIRO) and Caldicott Guardian is a joint responsibility across the partnership.

As part of our digital innovation programme, to further enhance our service users control and access to their records and freedom to liaise directly with their care providers at their convenience in relation to the record we hold about them, we have invested in mobile applications that enable our service users' access to their information at their convenience if they choose to use the App.

To ensure BEH is compliant with its Information Governance, Information Security and Data Quality Frameworks, the Trust completes an annual Data Security Protection Toolkit (DSPT). In June 2022, the Trust made a DSPT submission for 2021-22. The Trust achieved a 'standard met' compliance status.

The Trust completed an internal audit of its Data Security Protection Toolkit and implemented a plan to monitor, and address identified gaps and continue to strengthen the weak areas.

In June 2022, BEH received an award for Cyber Essentials accreditation.

The Trust had no serious Information Governance breaches requiring investigation by the Information Commissioner's Office in 2022-23. Information about how the Trust handles confidential information and privacy rights can be found in the Trust Privacy statement on our website.

To ensure BEH is compliant with its Information Governance, Information Security and Data Quality Frameworks, the Trust completes an annual Data Security Protection Toolkit (DSPT). This is an online self-assessment tool that we must use to measure our performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must

use this toolkit to demonstrate that they are upholding good data security principles and standards for the processing and management of data.

Participation in Accreditation Schemes

Trust services participate in accreditation schemes to enhance and improve the quality of care and services provided to our service users.

Accreditation is pursued by teams to give assurance of the high standards of service being provided. There are a number of different accreditations that teams within the Trust have achieved or are progressing towards.

The following BEH wards and services have successfully participated in accreditation schemes, part of the Royal College of Psychiatrists' national quality improvement programme

Programmes	Participating services within the Trust	Accreditation status
Quality Network Working Age inpatient wards (QNWA)	Shannon Ward, Barnet	Accredited
ECTAS: Electroconvulsive Therapy Services	Chase Farm ECT Clinic	Accredited
Memory Services National Accreditation Programme (MSNAP)	Memory Services: Barnet, Enfield and Haringey	Accredited
Home Treatment Accreditation Scheme	Haringey Crisis Resolution and Home Treatment Team, Haringey	Accredited

The following services are in the process of preparing for accreditation.

Programmes	Participating services within the Trust	Accreditation status
Quality Network Inpatient CAMHS	The Beacon Centre, CAMHS.	Comprehensive review completed in April. Scheduled accreditation for early '23.
Quality Eating Disorder	Iris Ward, Haringey	In progress, (awaiting report of the peer review in September 2022)
Quality Network for Inpatients Learning Disability Services (QNLD)	Mint Ward and Moselle House, Forensic Services	Accreditation Deferred
Home Treatment Accreditation Scheme (HTAS)	Enfield Crisis Resolution and Home Treatment Team	In progress
Pulmonary Rehabilitation Services Accreditation Scheme	Respiratory Services, Enfield Community Health	In progress
Accreditation of inpatient mental health services (AIMS)	Haringey inpatient wards: Daisy, Sunflower and Tulip Wards	In progress (peer reviews taken place)

Improving Data Quality: Mandatory indicators

Our ability to produce timely and effective monitoring reports using complete data is recognised as a fundamental requirement in order for us to deliver safe, high quality care. The Trust Board strongly believes that all decisions, whether clinical, managerial or financial, need to be based on information, which is accurate, timely, complete and consistent. A high level of data quality also allows the Trust to undertake meaningful planning and enables services to be alerted of deviations from expected trends.

Monthly dashboards allow the Trust to display validated data against key performance indicators, track compliance and identify data quality issues.

The following are mandated indicators that must be reported in the Quality Account.

- 1) **Mental Health Minimum Data Set:** During 2022-23, the Trust made monthly and annual submissions to the Mental Health Minimum Data Set for all mental health service patients.

For the overall Data Quality Maturity Index Published Data (DQMI), the Trust is reporting 98%.

The percentage of records which included the patient's valid NHS Number and General Medical Practice code is shown below.

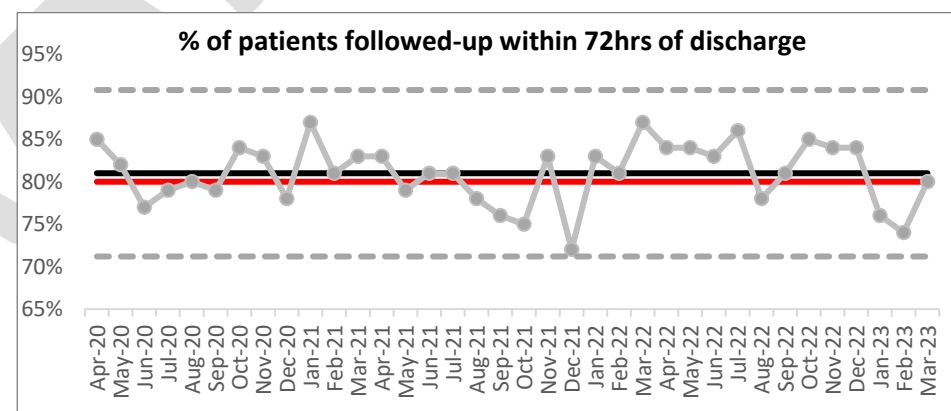
	NHS Number (%)	National results (%)	GP Code (%)	National results (%)
Completion of valid patient care data set	99.9%	98.3%	99.9%	99.9%

- 2) **Community Services Data Set (CSDS):** During 2022-23 the Trust made monthly and annual submissions to the CSDS for all Community Services patients. The Trust has made an improvement on the data quality in this area and is reporting at 99.9%.

- 3) **The percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care.**

The Trust replaced the seven day follow up in 2020-21. Patients discharged from psychiatric inpatient in Adults and Older Adult wards are now followed up within 72 hours. The target for this indicator is 80%.

In 2022-23, 82% of patients were followed up 72 hours after discharge. Regular monitoring is in place to ensure every effort is made to follow up on patients within 72 hours.

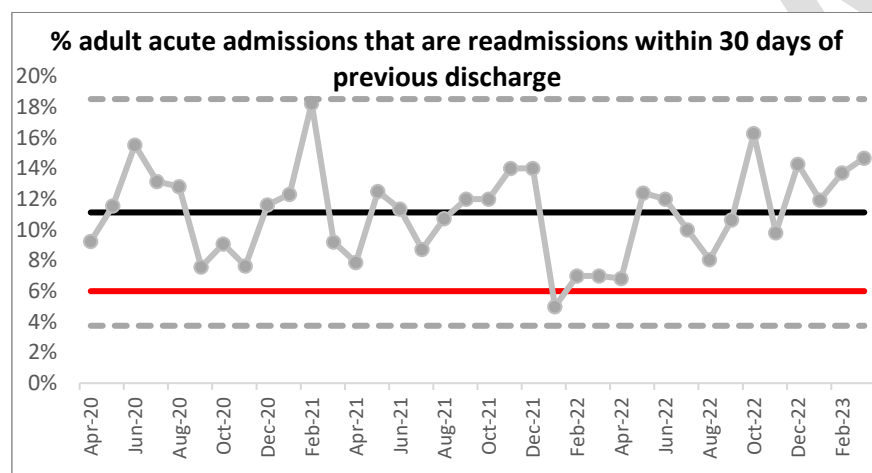


4) Re-admissions within 30 days of discharge

This indicator shows the percentage of all re-admissions within 30 days of discharge, target of 6%.

The Trust recorded a rate of 11.7% for 2022/23. There is no national benchmarking data available at this time. The national benchmarking rate was 9.3% 30-day re-admission rate in 2021-22.

There are occasions where patients need to be readmitted within 30 days given the challenges in finding ways of engaging and supporting service users post discharge. Our services continually audit and monitor such cases to identify themes and address areas of significant concern.



We have taken the following action to improve this percentage and so the quality of our services: we have ensured our clinicians are aware of their responsibilities to complete these reviews and this is managed and monitored by teams through daily review of discharge activities.

5) Community Mental Health Survey

The Community Mental Health Survey 2021 (CMHS) is a CQC led annual national survey that the Trust is committed to. The final report of findings was published in November 2022. The majority of our scores sat in the mid 60% range in comparison to other Trusts surveyed with the Trust improving in 14 areas and declining in 11 since 2021. The Trust scored in the highest 20% score of Trusts for supporting service users with their physical health needs.

A review of the 2021 action plan against the 2022 results was undertaken, alongside the CMHS action plan for 2022 to underpin other Trust workstreams - Quality Improvement (QI) projects, Brilliant Basics, the Recovery Strategy, and the Community Mental Health Transformation Programme (CMHTP). A new action plan will be created between the Service User Experience & Engagement Team (SUEET) and the CMHTP team to strengthen and underpin all improvement workstreams and the current governance structures already in place across the organisation. Additionally, we will be working in partnership with Camden & Islington NHS Foundation Trust to identify similarities across our results and look to share good practice, whilst focussing on areas for improvement

6) Learning from deaths

The Trust is committed to reporting, reviewing, and where appropriate, investigating all reported deaths. This is achieved by ensuring effective processes are in place for mortality reviews with appropriate input from relevant staff.

Divisional decisions on the level of investigation are reviewed by the Clinical Mortality Review Group (CMRG) on a weekly basis. This is to ensure that valuable learning opportunities to improve care are promptly identified, any immediate concerns are identified and escalated, and the learning is shared across the organisation. This also gives additional assurance that there is a standardised approach towards mortality reviews across the Trust.

More recently, to enable wider organisational input and oversight, all CMRG outcomes are reviewed at the fortnightly Trust wide Patient Safety Incident Review Group (PSIRG) and in the event of a reported death requiring further review, the case is discussed, and a decision is agreed collectively at PSIRG.

A separate CMRG meeting is held to review the reported deaths of patients under the care of Enfield Community Services, whose services provide treatment and support for people with physical healthcare problems. The majority of these deaths are 'expected deaths' such as those of palliative care patients. The review of these cases provides additional opportunities for divisional learning.

During 2022-23, 407 of BEH patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 119 in the first quarter; 98 in the second quarter; 94 in the third quarter; 96 in the fourth quarter.

By 31 March 2023, case record reviews, and 58 investigations had been carried out in relation to the 407 deaths included above.

In 58 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 12 in the first quarter; 10 in the second quarter; 15 in the third quarter; 21 in the fourth quarter.

None of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

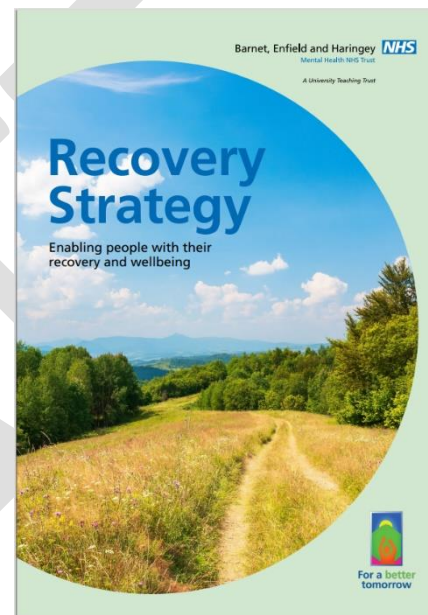
Service User Experience, Engagement and Involvement

The Service User Experience & Engagement Team remain committed to driving service user and carer experience, as well as their involvement, as an integral part of service design, development, and delivery. We also recognise the impact that Peer workers as a discipline have on our service users and carers and remain dedicated to increase the workforce whilst ensuring that their development is a focal point for the next financial year.

The key areas of focus for the team in 2022-23 have been to:

- Continue to deliver the Community Mental Health Survey action plan in partnership with the CMHT team and the Equality, Diversity and Inclusion (EDI) team.
- Continue to work closely with the divisions focussing on early resolution as a priority for concerns raised by service users/carers.
- Clear the backlog of overdue complaints with a focus on achieving the Trust benchmark of 90% compliance
- Increase the number of Experts by Experience (EbE) on the Involvement Register and implement a support structure and training opportunities for their development
- Trialling the EbE Coordinator role within SUEET as a means to strengthen the EbE infrastructure and build capability and sustainability for meaningful involvement and engagement activity.
- Launch the Recovery Strategy in partnership with service users, staff, and our local communities.
- Introduce Peer Leads within SUEET to help drive the peer workforce and mobilise support structures.

In 2022, our Service User Involvement and Engagement Strategy was brought to a close and in August 2022, the Trust's Recovery Strategy was launched.



The principles and goals of the Recovery Strategy underpin our strategic aims and quality priorities. The goal and principles detailed in the current strategy will act as a foundation which will support other areas to implement recovery focused and enabling practice.

Co-production is about involving people using a service and their family and friends together with staff in service design, delivery and evaluation. Co-production is different from traditional involvement or engagement work because a coproduction approach requires 'doing with'

in an equal and reciprocal partnership rather than 'doing for' or 'doing to'.

We wanted to create a strategy that reflects the ideas and views of people who use our services to understand how we can support individualised recovery. To achieve this, we set out to co-produce with people who have used our services, people who are currently using our services, staff and voluntary sector organisations. All the content within this strategy is a collection of over 250 people's ideas and recommendations without any dilution. The 5 year strategy will be delivered through a 5 year plan.

The Service Users' Voice – a selection of feedback from service users

"Without the Older Peoples Community Mental Health Team's support, I would have struggled and would not have known where to start i.e. with decluttering. The staff were caring and compassionate and I felt safe. Thank you very much for all your continued help and support."

"Thank you Enfield IAPT for being compassionate and helping me to see things in a different way. Taking the time to explain things to me again when I don't fully understand."

"The open event held in Haringey for the launch of the recovery strategy was fantastic and I thoroughly enjoyed it!"

"I've really enjoyed getting involved with projects as an Expert by Experience, specifically with the executive team. I feel this demonstrates the attitude to want to improve services and listen to our feedback"



Trust-wide Service User & Carer Engagement and Involvement

We successfully increased our Involvement Register and host 110 Expert by Experiences, all of which are actively fulfilling paid roles across the Trust. The E-Learning module for Coproduction which was designed and co-produced together with staff (including peers across BEH and C&I, EbEs, Inclusion Barnet and other Voluntary and Community Sector partners), has been finalised; and we have introduced several 'How-to' guides to support staff with the introduction of involvement and engagement work on a divisional level. We trialled the Expert by Experience Coordinator role within SUEET to support with the workstream and recruited four individuals, three of which have successfully progressed into substantive peer worker positions.

We have introduced an Expert by Experience Induction training for new EbEs and monthly wellbeing drop-ins to provide a safe space to identify aspects which are working particularly well, as well as highlight any challenges, meaning we have been able to act swiftly on any issues. We have also rolled out staff training to increase understanding of co-production and involvement work and its importance, as well as raise awareness of the Involvement Register. We have made further changes to our application and onboarding of Expert by Experience's with work continuing into 2023-24. We are striving for an Involvement Register which is representative of the populations we serve and are being supported by the Equality, Diversity, and Inclusion Team with this work.

Peer Workforce

Partnership working with Camden and Islington NHS Foundation Trust continues to strengthen our peer support workforce, recognising the challenges that remain in embedding the role into both organisations and the need for a clear progressive pathway from frontline peer support work roles to an Executive Director with lived experience. Co-produced work with our peer workforce and local community partners has seen

the development of the Community of Excellence which aims to create more visibility of Peer workers and help organisations recognise their value; as well as further support peer worker wellbeing and provide training, development and opportunities for career progression.

August 2022 marked the launch of our Recovery Strategy. The two Peer & Lived Experience Managers, the first senior Peer roles for the Trust, recruited by SUEET and the Community Mental Health Transformation Programme (CMHTP) supported the launch and will be integral to the development of associated work plans, as well as embedding DIALOG+ as part of community transformation.

A gap analysis of the Peer workforce has been completed which has given us a better understanding of the current support systems, as well as training needs of Peers. It has enabled us to focus our grant from Health Education England accordingly and have some exciting training opportunities for the Peer workforce in 2023. We are proudly running regular reflective spaces and opportunities for networking and support for our Peer workforce and successfully hosted a Peer Away day in Tottenham Hotspur Stadium in Jan-23 [picture below].



We have achieved many of our strategic objectives from the Service User Involvement & Engagement strategy. We are confident that those not accomplished yet will be completed by Spring-23 and will be factored into the implementation plan for the Recovery Strategy. Aims which remain outstanding are:

- Establish a complaints review panel to review and learn from investigation findings
- Establish a service user advisory council, comprised of Trust wide committee members
- Improve complaints response compliance to 90%, to ensure service users receive timely outcomes to their complaints
- Develop a service user Non-Executive Director role to sit on the Trust Board
- Develop a team of involvement workers to collect service user feedback

Service User and Carer Surveys

The Trust's 'Your Experience' Survey provides those using our services with the opportunity to give feedback under three key domains: involvement, information, and dignity and respect.

During 2022-23 a total of 11,490 surveys were completed (an increase from 10,149 in 2021-22). The Service User Experience & Engagement team support divisions to access the IQVIA (audit and survey) system to review survey results in real time and report on survey returns, as well as detail compliments and concerns as part of monthly reporting. Services can instantly identify areas for improvement and get assurance of when they are doing well. Services have been utilising the functions within the system to promote our You Said, We Did culture.

See examples below:

You said	We did
We would like more sports items on the ward	Sports equipment has since been delivered to the ward
We would like more games consoles on the ward	Management have since purchased two more consoles for the ward
We would like more options of fruit provided at breakfast	Additional fruit is now available

Friends and Family Test (FFT)

The national Friends and Family Test asks service users and carers about their overall experience of our services. During 2022-23, 11,444 service users and carers responded to this question, an increase in volume from 2021-22 where 9997 responses were received. Of those who responded, 90% had a very good or good experience, down slightly from last year's result of 92.5%. This meets our 90% target, and we continue to monitor this monthly at every level of the organisation. The Divisions focus on individual service scores but respond at a service level, ensuring our overall FFT results are consistent across BEH.

An example of changes brought about from service user and carer feedback is:

- Service users in the Oaks wanted the option of having a cooked breakfast once a week which has since been implemented by the team.

Concerns and Complaints

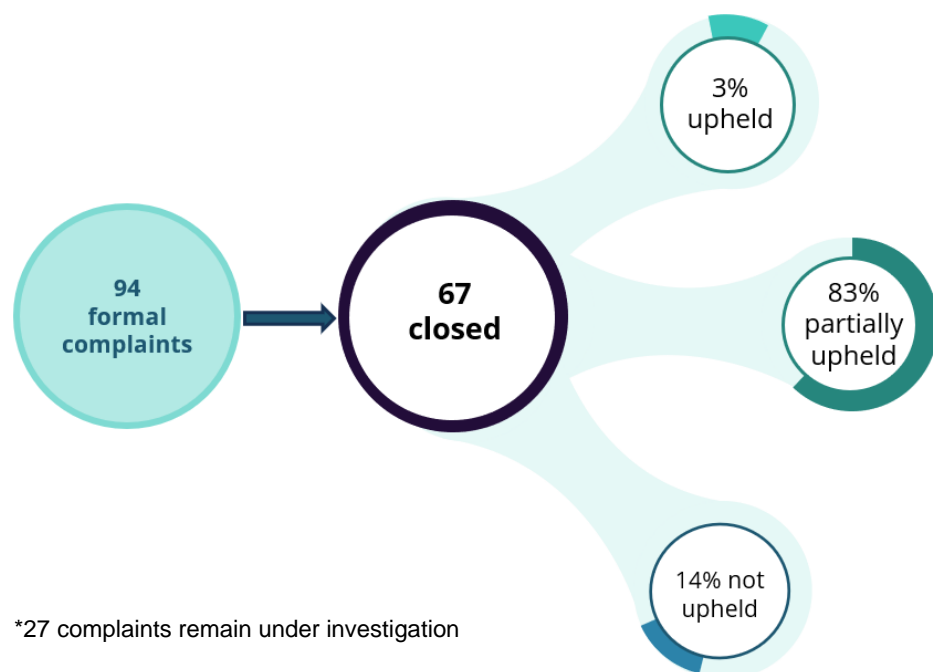
Concerns and complaints about services by service users and their families are taken very seriously. We seek to address issues promptly and provide assurance of improvements made. Where possible, individuals are encouraged to seek local resolution by discussing concerns directly with the service. However, where this is not possible, the Trust implements a formal investigation process in line with national guidelines.

The Service User Experience & Engagement Team's objective has been to improve quality and timeliness of investigations, to ensure complainants meet agreed timeframes. We recognise this is an area that requires improvement. In January 2023, following a review of the formal complaints matrix, the 25 day timeframe was removed. We recognised that these types of complaints, if acted swiftly by the divisions, can be de-escalated and resolved informally. Complaints are now triaged by the SUEET against a 40 or 60 day timeframe based on complexity.

From 1 April 2022 to 31 March 2023, the Trust received 169 formal complaints; 75 of these were withdrawn and 94 were taken forward. Of the 94 complaints taken forward for investigation, based on complexity, 32 were triaged as 25 working days, 47 for 40 working days and 15 for 60 working days.

Of the 94 formal complaints, 27 remain under investigation and 67 have been closed.

Outcomes of the 67 formal complaints completed:



There have been changes to the way that complaints are logged and tracked, which involve weekly reporting and escalation to all divisional leads and the Trust's senior executive team. The most common categories of complaints were around patient care and clinical treatment. The table below illustrates the breakdown of compliments, concerns and complaints during 2021-22 and 2022-23 for comparison.

Feedback Type	2021-22	2022-23
Compliments	245	867
Issues and concerns	116	91
Informal complaints	205	171
Formal complaints	164	169
Members Enquiries	4	6
Parliamentary and Health Service Ombudsman Enquiries	2	2

Patient Safety

BEH is committed to keeping our patients safe and protecting them from harm, and to ensuring that learning is a priority and that it is focused on identifying system factors that contribute to patient safety incidents.

The Patient Safety Team (PST) plays a major role in BEH's commitment to patient safety. A range of initiatives have been implemented to strengthen our patient safety incident management processes to improve the quality and timeliness of incident investigations. Promoting a 'just culture' remains a focal point across all BEH quality improvement initiatives.

The national Patient Safety Incident Response Framework (PSIRF) published in August 2022 represents a significant shift in the way all NHS providers will respond to patient safety incidents, by promoting a more proportionate and effective response for organisational learning and improvement. Significant work is underway across the partnership to replace processes under the Serious Incident Framework (2015) and implement the new PSIRF by September 2023.

Some of the most significant changes include:

- The increased focus on active participation of patients and their loved ones in the investigation process.
- The adoption of a systems-based investigation approach and a move away from the current linear Root Cause Analysis approach.
- The introduction of an accredited investigators course in "safety investigation science".
- To adopt a more flexible approach which is based on the requirements of the investigation and learning opportunity.

The new Partnership Patient Safety Collaborative Group which commenced in January 2023, aims to drive patient safety and the

implementation of PSIRF through collaborative working with key stakeholders on four quality improvement workstreams:

1. Involving Patients in Patient Safety
2. Shared Learning
3. Governance Processes (for implementation of PSIRF)
4. Improving Patient Safety Culture

These workstreams will support the development of a partnership Patient Safety Strategy in 2023.

Embedding of safety systems

A diverse range of quality improvement projects aimed at strengthening and improving compliance with safety systems were introduced during this past year. These include:

- Increased compliance monitoring: Compliance with patient safety incidents investigation metrics for quality and timeliness has been a substantial focus of the Patient Safety Team. A monthly compliance report has been developed and is now a standing agenda item at the trust wide Patient Safety Incident Review Group (PSIRG) meeting. This report has proven to be a useful tool in understanding barriers to completion and increasing divisional accountability and oversight.
- After Action Reviews (AARs) QI project. AARs are an invaluable exercise in identifying immediate learning following a safety incident. A quality improvement project has commenced to encourage Divisional uptake and compliance of AARs with a focus on timely, quality reports with meaningful learnings. The QI project is focused on ensuring teams have the correct skills, tools and training to confidently conduct AARs. To support this, the Patient Safety Team has developed a new AAR report template aimed at

showcasing achievements in care whilst more clearly aligning identified improvements to recommendations. A training program is in development to ensure that all Divisions have access to AAR champions and can independently facilitate AARs.

- The Trust's Clinical Mortality Review Group (CMRG) has been strengthened to allow more collaborative decision making in regard to the level of investigation resulting from a death of a patient. These changes include reporting fortnightly to PSIRG on all deaths with a requirement for Divisional leads to provide overviews of incidents for group agreement about the required type of incident investigation, to discuss any gaps in information or delays in requested reports that provide further information. This change has led to a more in-depth understanding on the circumstances of a patient's death and more effective decision making on the appropriate course of action.
- "Reflections from Patient Safety" Bulletin is a Trust sharing platform that disseminates key patient safety messages to all staff. This bulletin includes learning from incident investigations, learning from audits and coroner claims and inquests.

The Trust continues to foster and facilitate a Trustwide patient safety learning culture through the fortnightly Patient Safety Incident Review Group (PSIRG). The group ensures a systems thinking approach is taken when reviewing recommendations and actions from serious incident investigations. This will ensure processes are standardised and effectively embedded within daily clinical practice across the Trust.

Learning from Coroner's Inquests are also shared with the group to consider improvements required.

From April 2023, PSIRG will become a partnership group providing even more opportunities for learning and consistency in improvements across both Trusts.

World Patient Safety Day: Medication without harm

23rd September 2022



To mark World Patient Safety Day, BEH & C&I held its first joint World Patient Safety Day webinar which was dedicated to "Medication Safety: Medication without harm". The theme of the event focused on raising awareness of medication-related harm and medication error prevention and reduction. Presentations included a very thought provoking one from a service user who relayed their lived-in experience with medication management both as an inpatient and as a community patient, highlighting the symbiotic relationship between medication safety and its impact on physical health.

Launch of the Patient Safety Awards

As part of the World Patient Safety Day, BEH & C&I launched its first joint Patient Safety Awards, to recognise and celebrate areas of clinical excellence in relation to patient safety. Nomination criteria focused on three key areas.

- Insight: Demonstration of how the team has learnt from patient safety events and how this has informed a change to working practice.
- Involvement: Evidence of collaborative working to improve patient safety, such as working with other teams, Trusts, or empowering patients and carers to further understand and be involved in their care.

- Improvement: Evidence of innovation and sustainable change which had improved patient safety.

All nominations were reviewed by a senior panel from across both Trusts and a total of 22 teams received a Patient Safety Award on the day. An exceptional award was given to Specialist Services Division for their Breakfast Club, a fortnightly forum which provides an open and supportive environment for staff to share, reflect and learn from each other.

Serious Incidents (SIs)

During 2022-23, the Trust reported 33 Serious Incidents. SIs reported during the year included incidents of unexpected deaths, suspected suicides and self-harm.

Examples of key learning and action from SI investigations during 2022-23 include:

- All incidents requiring medical intervention are automatically graded as moderate harm now and recorded on the ward's Daily Handover Sheet to ensure awareness, wider incident review and decision making.
- Door top alarms have been fitted on communal doors used by patients on wards across the Trust.
- Access and Flow team to formally request patient medical notes and discharge summaries ahead of patient transfers to BEH wards from other providers to ensure staff have the opportunity to familiarise themselves with the patient's needs prior to their arrival and to enable them to escalate any concerns with appropriateness of transfer.
- My Kit Check's resuscitation digital application which enables real time visibility and escalation of organisational compliance on readiness of emergency equipment (includes daily and monthly checks) is to be implemented.

Improvements are being taken forward using a QI approach with engagement from relevant teams to ensure improvements are collaboratively achieved and embedded across all services.

Never Events

'Never Events' are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. BEH did not report any Never Events in 2022-23.

Regulation 28: Report to Prevent Future Deaths

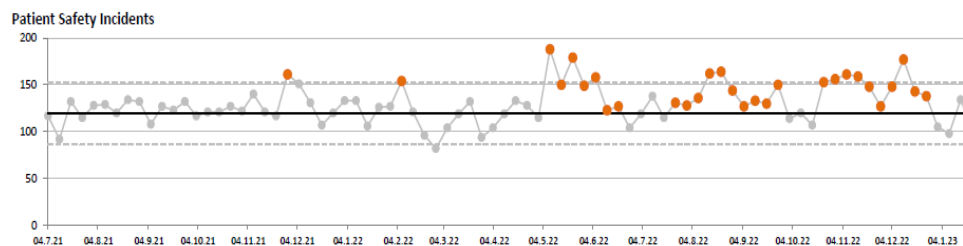
Following an inquest, the coroner may issue a Prevention of Future Death or Regulation 28 report if they feel the evidence suggests further avoidable deaths could happen if preventative action is not taken.

During 2022-23, the Trust received one Regulation 28: Reports to Prevent Future Deaths. This was in relation to a suspected suicide incident. Three concerns were highlighted by the coroner, in relation to training for staff, ensuring a point of contact for patients during staff absences and the strengthening of the provision of assessment protocols. An action plan to address these concerns has been developed and shared with the coroner.

Patient Safety Incidents

During 2022-23, the Patient Safety Team continued to work with clinical teams to ensure potential patient safety incidents were identified and reported, and to ensure systems for the identification of themes and trends and sharing of learning from incidents were in place.

During the year, a total of 6265 patient safety incidents were reported. This is a decrease of 4.5% in comparison to the number of patient safety incidents reported in the previous year (6,560).



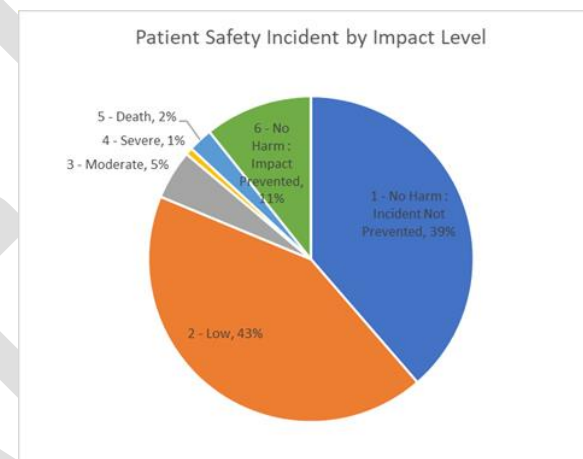
The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, the culture of reporting incidents at BEH MHT has improved patient safety processes within the organisation substantially.

The National Reporting and Learning System (NRLS) figures for October 2021 to March 2022 were published in October 2022. The data for April 2022 onwards is not available at this time.

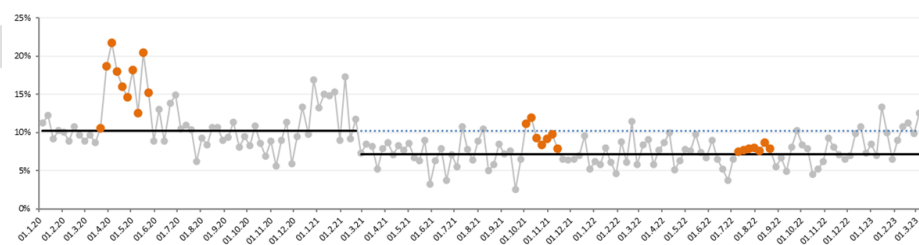
Since late 2022, the Trust has been preparing for the move to the new national Learn from Patient Safety Events (LFPSE) system, which will replace NRLS. BEH will launch LFPSE in early 2023-24.

Patient Safety Incidents by Severity

Of the 6,265 patient safety incidents reported to NRLS in 2022-23 by BEH services, 49% of those resulted in no harm.



Incident Severity (Proportion of incidents classified as resulting in 'moderate harm' or worse)



Incident data is reviewed weekly at the Trust's executive lead Partnership Safety Huddle.

A bi-monthly Quality and Safety report is provided to the Quality and Safety Committee, a sub-committee of the Board. The report details the incidents reported across mental health and community services, any themes and learning identified and how concerns are being addressed.

A number of quality improvement initiatives were introduced in 2022-23 to manage patient safety concerns. These include the roll out of Trauma Informed Care e-training for clinical teams to improve staff's recognition of trauma and the associated psychological triggers, to reduce violence and aggression incidents and the need for seclusion; collaborative learning workshops between Enfield Community Services and mental health teams across the Trust to learn about hospital acquired pressure ulcers reduction; training sessions on Autistic Spectrum Disorder (ASD), delivered to approximately 70 staff to assist in reducing restrictive practices through awareness of factors; and Enfield mental health services' Community Garden project with service users and staff. This project aims to increase access to garden areas and reduce patient distress and agitation, which is the main cause for restrictive practices.

Annual Staff Survey 2022

The NHS Staff Survey is one of the largest in the world and gives us insight into how staff are feeling, covering the seven key areas of the People Promise, (below), which commits to improving the experience of everyone working in the NHS.



At BEH, the response rate was 48%. In 2022, the median response rate from benchmark organisations was 50%.

There is more to do, but there are many areas where we are starting to see real change.

At BEH positive changes includes:

- Our response to physical violence
- Our Appraise with Values process
- Health and wellbeing provision

The areas we need to do more in include:

- Developing our leadership, managers, and teams to create a joined-up approach to action planning and supporting staff

- Improving staff health and wellbeing; recognition and reward and staff retention
- Ensuring every individual is supported in their professional development

Whilst there are many positives from the staff survey results, we are clear that significant improvements are still required and our overt commitment to all staff is we will work hard to address their concerns.

Our action plan includes developing a Partnership-wide People & Organisational Development Strategy, which aspires to make the Partnership a great place to work.

We will support our Staff Networks, who continue to do an amazing job addressing inequalities for our staff.

We will implement a Partnership-wide Health and Wellbeing Strategy and the good work that began last year with the Metropolitan Police, Crown Prosecution Service and NHS in London to address bullying, harassment, and abuse, (Operation Cavell), continues.

Finally, we take pride in the areas of progress made in 2022, during what was another extremely difficult year for the NHS and for all of our staff. We look forward to continuing to work with them to make BEH and the very best place to work and be cared for.

The Guardian Service

The Guardian Service provides an independent and confidential route for staff to raise concerns in the workplace that affect staff, patient safety and experience. The service operates 24/7, including bank holidays. Launched in January 2021, the service is widely publicised and well received.

During this second year, 1 January 2022 to 31 December 2022, there has been an increase of 31% in staff using the service, demonstrating that staff are increasingly more confident in raising their concerns. The Guardian service provides a safe space for staff to speak up and contributes to promoting an open culture.

The main concerns have been raised under the themes below:

- Management themes - 33% of cases raised. Concerns under this category include those in relation to accountability, leadership, resources - adequate staffing, guidance and development.
- Bullying and Harassment - 16% of cases raised. These include concerns where staff perceived or identified they were at risk of being bullied or harassed or provided actual examples of bullying behaviour and harassment.
- Systems / Process - 16% of concerns received and include governance issues, any element of policy and procedures not being followed or misapplied.
- Behaviour/Relationships - 13% of cases raised and include concerns about lack of trust and incivility between colleagues or with their managers.
- Patient Safety / Quality – concerns under this theme represented 7% of cases received. Concerns include any element of poor

patient experience and safety outcomes. There tend to be fewer cases under this theme, which is in line with national trends.

Concerns around patient or worker safety where there is a risk of harm were escalated to the relevant senior leader immediately and closely monitored until the situation was made safe and resolved.

All other cases where there was no risk of imminent harm were escalated at the request of the staff member.

Often the Guardian and staff will discuss options that help staff manage the issue independently. However, where staff need support to have their concerns heard and addressed, the Guardian will escalate this to an appropriate leader and support staff through the process. Staff are encouraged to raise an issue with their manager/s but where this is not possible, they can escalate their concerns anonymously.

Monthly data reports are supplied, which report on the themes being raised across all divisions; this supports the Trust to address emerging issues in a timely way.

Looking Forward: Quality Priorities for 2023-24

To develop the Quality Priorities for the year ahead, a stakeholder event was held in April 2023. The event was well attended by Trust staff and external stakeholders including ICB and Healthwatch colleagues, Local Authorities and councillor members of the Joint Health Overview and Scrutiny Committee.

The annual stakeholder event provides an opportunity for senior Trust staff to engage with internal and external stakeholders to discuss quality priorities for the year ahead. The priorities have been identified through various channels and relevant experts as areas requiring focus.

Those who attended the stakeholder events were asked to review priorities in three key areas: Patient Safety, Clinical Effectiveness and Patient Experience. Two priorities have been identified in each area.

This section of our Quality Account describes our priorities for improvement for the year 2023-24.

Patient Safety

1. We will develop the role of Patient Safety Partners (in line with PSIRF), to ensure that those with lived experience are equal partners in strengthening patient safety governance and management processes.
2. We will develop a partnership patient safety strategy focussed on equipping patients and staff with the skills and opportunities to improve patient safety.

Clinical Effectiveness

1. We will ensure that there are processes in place to prevent discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions – Data will be used to inform specific areas for improvement.
2. We will support people's physical healthcare and ensure that deteriorations in physical health are identified, and appropriate interventions are provided to improve health outcomes; we will do this by developing competencies and skills of clinical staff.

Patient Experience

1. We will strengthen feedback mechanisms at a Divisional level by focusing on improvement plans in response to service user feedback using Quality Improvement methodology to bring about measurable improvement. We will develop a feedback framework to communicate our response to feedback to service users, carers and staff across the partnership.
2. We will ensure that involvement and engagement of those with lived experience is embedded at all levels of the partnership organisational structure by increasing the numbers of experts by experience and staff employed with lived experience.

Statements from key stakeholders (to follow)

Statement from NCL Integrated Care Board

DRAFT

DRAFT

Statement from Barnet, Enfield and Haringey Scrutiny Committee, a sub-group of North Central London Joint Overview and Scrutiny Committee

Statement of Director's Responsibility (to follow)

DRAFT

Glossary

AAR	After Action Review
CAMHS	Child and Adolescent Mental Health Service
CMRG	Clinical Mortality Review Group
CPA	Care Programme Approach
CQC	Care Quality Commission
CRHTT	Crisis Resolution Home Treatment Team
CQUIN	Commission for Quality and Innovation. (Quality improvements agreed during the annual contracting negotiations between BEH and its health commissioners)
EIS	Early Intervention Service
ECS	Enfield Community Health Services
FFT	Friends and Family Test
ICB	Integrated Care Board
IPS	Individual Placement and Support
JHOSC	Joint Health Overview and Scrutiny Committee
KPI	Key Performance Indicator
LFPSE	Learn from Patient Safety Events
MDT	Multi-disciplinary Team
MHS	Mental Health Services
MRSA	Type of bacterial infection that is resistant to a number of widely used antibiotics
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCL	North Central London
NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NRES	National Research Ethics Service
Partnership	BEH and Camden & Islington NHS Foundation Trust
PHSO	Parliamentary Health Services Ombudsman
POMH	Prescribing Observatory for Mental Health

PROMS
QuESTT
QI
RiO
SEEG
ULYSSES

Patient Reported Outcome Measures
 Quality, Effectiveness & Safety Trigger Tool
 Quality Improvement
 Trust Electronic Patient Care Record System
 Safe, Effectiveness and Experience Group
 Trust Incident and Risk Management System

How to provide feedback

We hope that you find this report helpful and informative. We consider the feedback we receive from stakeholders as invaluable to our organisation in helping to shape and direct our quality improvement programme. We welcome your comments on this report and any suggestions on how we may improve future Quality Account reports should be sent to the Communications Department on the details below.

Additionally, you can keep up with the latest Trust news on our website: www.beh-mht.nhs.uk

Or through social media:
@BEHMHTNHS
[www.fb.com/behmht](https://www.facebook.com/behmht)

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CAMDEN AND ISLINGTON NHS FOUNDATION TRUST

QUALITY ACCOUNT 2022-2023

DRAFT



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Part 1 – Statements of Quality

1.1 Foreword from the Chief Executive

We are delighted to bring you this Quality Account with many positive things to highlight from the past year.

We have seen increasingly close ties in our Partnership with Barnet, Enfield and Haringey (BEH) NHS Trust which is now in its second year. As part of this joint working, we have developed a shared set of aims and priorities for the next few years that I am confident will bring huge benefits for our service users, their carers, and their families.

We are also in the process, with input from staff, patients, and partners, of finalising a joint Clinical Strategy for the Partnership. This is a crucial document which will shape and improve the care we jointly give as a Partnership over the coming five years, sharing resources and best practice.

Our Partnership is already making a significant difference, with a new model of community services across our five boroughs. This £25m three-year project - now in its final year - entails a new model of care, with clinicians, voluntary sector and social workers teaming up to provide wraparound care for individuals, considering every aspect of a person's life. By summer 2024, we expect every resident across North Central London to have access to this new model of care.

Supporting our Clinical Strategy has been our ongoing work to transform our buildings – many of them old and unsuitable - across Camden and Islington. Redevelopment work at St Pancras began in February 2023 with construction starting on Oriel, a brand-new integrated eye care centre which is a joint initiative between Moorfields Eye Hospital NHS Foundation Trust, the University College London Institute of Ophthalmology and Moorfields Eye Charity.

With the revenue from the sale of the land for Oriel, we are building our new inpatient hospital at Highgate which will complete later this year, along with a new community centre at Lowther Road in Islington. The building of further community facilities will follow in the coming months. By redeveloping our inpatient and community sites, we will create larger, modern facilities that will enable us to deliver joined-up, holistic care for our service users.

Another key highlight is the change to the way care is planned and delivered for people accessing community-based mental health services. In the last year, we have launched a new care planning approach, called DIALOG+. It makes it much easier to co-produce a personalised care and support plan with our service users. This will support our drive to ensure that service users are involved in the planning and review of their care and treatment and enabled in their decision making every step of the way. The new approach is rolling out gradually across the Trust as part of a London-wide initiative.

I am delighted to see progress too in reducing restrictive practice with the appointment of specialist colleagues with lived experience who can help efforts in this area of work.

We remain fully committed to our joint Suicide Prevention Strategy, launched with BEH in February 2022 and aligned with the North Central London suicide prevention initiative. It has led to several achievements in the last year, including the appointment of an active carers expert-by-experience, as well as partnership working with voluntary providers who support suicidal people and those close to them.

Our Partnership enabled us to deliver a joint flu and COVID vaccination programme for our staff and service users. Internally, we recruited more peer-vaccinators and targeted messaging across all channels to ensure colleagues were able to make informed decisions.

We are also close to introducing an electronic prescribing system to replace our current paper-based one, improving further how we ensure patients get the medicines they need.

Our volunteers across the Partnership play a vital role in our achievements. A highlight this year has been our Volunteer to Career programme which developed and further integrated volunteer involvement in the Trust, as well as improving our partnerships with local voluntary services, education, and employment providers. A massive thank you to them and to all our partners who have played a part in this year's successes.

I hope you enjoy reading more about this year's achievements and our plans for next year in our Quality Account.

Kind regards



Jinjer Kandola MBE

Chief Executive

1.2 **What is a Quality Account?**

A Quality Account is an annual report about the quality of the services provided to service users and other stakeholders by the Trust. It includes information about the services the Trust delivers, how well we deliver them and our plans for the following year.

All providers of NHS services in England have a statutory duty to produce this report to increase public accountability and drive quality improvement within NHS organisations.

Scope and structure of the Quality Account 2021-2022

This report will include:

- ✓ How we performed on our Quality Priorities for 2021-22, and the progress we made towards achieving them.
- ✓ What our Quality Priorities for 2022-23 are, and how we intend to address them.
- ✓ The information required by law to indicate how the quality of our services compares with other NHS Trusts against nationally defined core quality indicators.
- ✓ Statements on our Quality Account from our external Stakeholders.
- ✓ If you or someone you know needs help understanding this report, or would like the information in another format, such as large print, easy read, audio or Braille, or in another language, please contact our Communications Department by emailing Communications@candi.nhs.uk.

1.2.1 Glossary - Language and terminology

It is easy for people who work in the NHS to assume that everyone else understands the language that we use in the course of our day-to-day work. We use technical words and abbreviations which can make our reports difficult to understand. In this section, we have provided explanations for some of the common words or phrases we use in this report.

Benchmarking	Benchmarking is the process of comparing our processes and performance measures to other NHS trusts. Things which are typically measured are quality, time, and cost. Through the process of best practice benchmarking, we identify the other trusts both nationally and/or locally and compare the results of those studied with our own results and processes. In this way, we learn how well we perform in comparison to other similar organisations.
Care Quality Commission (CQC)	The CQC is the independent regulator of health, mental health and adult social care services across England. Its responsibilities include the registration, review and inspection of services and its primary aim is to ensure that quality and safety standards are met on behalf of patients.
CareNotes	CareNotes was part of the Trust's Electronic Patient Records system that holds the record of all patients medical and clinical information recorded by the clinical team. All staff who are directly involved with the care of a service user/patient will have some

	level of access to this system. It records information such as patient demographics, appointments, clinical notes, discharge summaries, etc. Access to this system is strictly managed through specific login details for each member of staff and training is mandatory for everyone before they start using the system.
Datix	Datix is a quality and safety improvement application that enables web-based incident reporting and risk management for healthcare and social care organisations. It helps the Trust to identify areas for improvement and implement necessary control systems.
DIALOG+	This is a new care planning approach which makes it much easier to co-produce a personalised care and support plan with people. It will replace the Care Programme Approach (CPA) and has replaced carenotes.
Foundation Trust	NHS Foundation Trusts in England have been created to devolve decision-making to local organisations and communities so that they are more responsive to the needs and wishes of local people
Information Governance (IG)	Information Governance (IG) is the framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services.
Patient Safety Incident	A patient safety incident is any unintended or unexpected incident which could lead to, or could have led to, harm for one or more patients while receiving NHS care.
Quality Improvement (QI)	Quality Improvement is a structured approach to improving performance by first analysing the current situation and then working in a systematic way to improve it. It is now an integral part of the quality agenda and aims to make health care safe, effective, patient-centered, timely, efficient and equitable.
Mortality	Mortality rate is a measure of the number of deaths in a given population.
Risk management	Risk management involves the identification, assessment and prioritisation of risks that could affect or harm the organisation, staff or patients. The aim is to minimise the threat that such risks pose and to maximise potential benefits.
Section 136 (s136)	Section 136 (s136) is part of the Mental Health Act that gives police emergency powers. Police can use these powers if they think a person has a mental disorder, they are in a public place and need immediate help. They can then take the person to a place of safety, where their mental health will be assessed.

Serious incident investigation	Serious incidents in healthcare are adverse events where the consequences to patients, families, carers, staff or organisations are so significant that they require some form of investigation. These cases are investigated thoroughly, and lessons highlighted to minimise the risk of similar incidents happening again
Serious mental illness (SMI)	A serious mental illness is a mental, behavioural, or emotional disorder that lasts long enough to meet specific diagnostic criteria. SMI results in functional impairment which substantially interferes or limits one or more major life activities.
Statistical Process Control (SPC) chart	This is a way of presenting data over time that helps us understand how we are performing and whether changes that happen are due to normal variation in the system, or due to some special cause that we need to be aware of. It helps us better understand how we are doing and is particularly useful in quality improvement to help guide us in understanding whether changes we make lead to better outcomes.
PMVA	PMVA (Prevention and Management of Violence and Aggression) training helps to reduce the risks of violence and aggression by developing staff knowledge, skills, and attitudes to effectively manage such incidents.

1.3 **About Camden and Islington NHS Foundation Trust**

Camden and Islington NHS Foundation Trust (C&I) provides high quality, safe and innovative care to our service users in the community, in their homes or in hospital.

We provide services for adults of working age, adults with learning difficulties, and older people in the London area. We currently deliver most of our care to residents in the London Boroughs of Camden and Islington. We also provide substance misuse and primary care mental health services to people living in Kingston.

Our Trust is also a member of University College London Partners (UCLP), one of the world's leading academic health science partnerships.

In addition, we have specialist programmes which provide help and treatment for:

- ✓ Veterans living in London.
- ✓ Young people caught in the cycle of gang culture.
- ✓ Perinatal mental health conditions.

We are proud that our organisation is recognised internationally for the quality of its research and innovation. This research, often conducted with the help of our patients, ensures we are leaders in evidence-based treatment and services, meaning we provide some of the world's most up-to-date therapies to aid service user recovery.

We are a lead provider for educational placements in north London and work in partnership with local universities to deliver both education and research projects as well as creating together the workforce of the future. This provides a great environment for our staff to innovate and deliver projects which transform patient care.

The safety and quality of the care we deliver at Camden and Islington NHS Foundation Trust is our utmost priority, and is reviewed by assessing whether,

- ✓ Service Users are safe (patient safety).
- ✓ How well the care and treatment provided works (clinical effectiveness).
- ✓ How service users experience the care they receive (patient experience).

1.3.1 **Our Services**

C&I has a holistic approach to promoting health and wellbeing, considering mental and physical health, family, friends, community, and environment. Our Clinical Strategy recognises that health and wellbeing are shaped by individual characteristics, lifestyle choices and environmental influences. Our services look at individual needs and help people reach their potential. We aim to provide services that are accessible, person-centred, and responsive to the often-complex needs of everyone.

To promote good health, prevent ill health and reduce inequalities, C&I works with a wide range of partner organisations to impact the socio-economic factors that are likely to impair people's health.

Our services are divided into three Divisions:

Divisional Structure

Hospital – all inpatient areas Psychiatric Intensive Care Unit (PICU), acute, older adults and rehabilitation) plus our Mental Health Crisis

Divisional Structure
Assessment Service (MHCAS) and our acute hospital liaison services and a Health Based Place of Safety
Camden - also hosts cross-borough services for Ageing Mental Health and Perinatal Mental Health
Islington - also hosts cross-borough Mood Disorder and Substance Misuse Services

This structure is helping shape and support our transformation programmes and has put us in the best place to deliver our priorities, place-based care and population health priorities.

Our achievements in 2022-23 and the plans for 2023-24 are summarised in the review of our quality performance in part 3 of this report.

1.4 Our Key Highlights

1.4.1 Partnership working between C&I and BEH

Our Partnership with BEH has continued to progress through 2022-23, with a single Partnership Executive Team in place across both Trusts from June 2022. This has supported progress in improving our services for those who use them and the working lives of our staff.

We have now developed a new Partnership Strategy, approved by both Trust Boards, with significant input from our service users, carers, staff, partners, and our local communities. It sets out how, by working even more closely together in a formal Partnership, our two Trusts can:

- ✓ Improve outcomes for our service users, sharing best practice to improve the quality of care and ensure our services are delivered consistently in each borough.
- ✓ Remove competition between the Trusts to address mutual challenges collaboratively.
- ✓ Become a united and powerful voice, London and locally, to champion mental health and mental health services in North London and be at the forefront of national policy developments to highlight the rights and needs of our service users.
- ✓ Provide more career development opportunities for our staff through our bigger scale and greater range of services.
- ✓ Provide a single leadership team that works with all our stakeholders at System, Borough and Neighbourhood level.
- ✓ Create a new, shared culture and set of values, aimed at providing care that is preventative, compassionate, personalised, and trauma informed.
- ✓ Make efficiencies through economies of scale, sharing services and reinvesting resources where they are most needed.

By working together more closely in partnership, our two Trusts can achieve more for our service users, their carers, our staff and our local communities than we can by working separately.

1.4.2 St Pancras Transformation Programme

C&I has recognised for a long time, that the estate infrastructure at St Pancras, which represents 40% of the Trust's accommodation, is no longer fit for purpose and could have an impact on its ability to deliver a full range of services and improvement targets. We have an estate transformation programme underway, which runs in parallel with our community transformation programme.



St Pancras Transformation Programme

The St Pancras Transformation Programme will deliver 21st century state-of the-art mental healthcare facilities. It is vital that we care for people in modern, therapeutic environments that are not only inspiring but also reflect the high standards of care that our staff provide.

Our estate transformation work includes the redevelopment of the St Pancras Hospital site. This will include the construction of Oriel, a brand-new integrated eye Centre which is a joint initiative between Moorfields Eye Hospital NHS Foundation Trust, the UCL Institute of Ophthalmology and Moorfields Eye Charity.

Two-acres of the St Pancras Hospital site, earmarked for Oriel, were acquired by Moorfields on 1 February 2023 through an NHS-to-NHS transaction approved by the Secretary of State for Health.

The remainder of the site will be developed by the Trust and our partner King's Cross Central Limited Partnership. The proposed development will provide modern, accessible, and sustainable mental health facilities fit for the 21st century, as well as new offices, homes, retail, leisure, and public spaces in a place which is accessible and welcoming to all.

First stage public consultation events for the redevelopment of our St Pancras Hospital site were held during January and February 2023. The feedback will be used to review and update proposals before our revised designs are taken to the next phase of consultation in spring 2023.

Highgate East

Highgate East, our new flagship inpatient building in Islington, will replace the ageing wards at St Pancras Hospital.

The inpatient services currently based at St Pancras Hospital are housed in buildings that were never designed to provide modern-day care. The 78-bed Highgate East facility will open in autumn 2023 and provide a modern environment that supports the recovery of service users. The facility will offer all single en suite rooms, outdoor space from each ward and modern therapy spaces. It will also form a new single campus with Highgate Mental Health Centre, improving the way that clinical cover is organised and how facilities are managed.

The building's designers have listened to the views of our service users and are working to create a calming and relaxed environment to support recovery. This will be a place where everyone is welcome, and everyone is respected with Highgate East providing a valuable community asset with a café and gym open to the public.



Guests touring
Highgate East

Lowther Road

Improving the quality of our community facilities is also a crucial part of our plans to help people with mental health problems to live well in the places where they live and work.

When it opens, at the end of 2023, Lowther Road will provide a modern, welcoming space in the heart of the community. This will enable C&I to offer integrated services which will address both mental health and physical health. Importantly, the new facility will also provide an enhanced working environment for our staff. One of the benefits of Lowther Road being a community facility is that it will be accessible to all, helping to remove stigma for service users.

Flexibility is crucial in today's fast-changing NHS and Lowther Road will accommodate a range of services in a space that can be adapted to meet future needs.



Lowther Road –
groundbreaking

Supporting our clinical strategy

By redeveloping our inpatient and community sites, we will create larger, modern facilities that

provide the space we need to co-locate our clinical teams and allow partner organisations to run wellbeing and support services, to deliver joined-up, holistic care for our service users.

Increasing capacity in the community will also further support our ability to provide the care people need early on in their illness. All our new facilities have been designed with input from service users, carers, and staff to create therapeutic environments that support mental health recovery and improve patient experience.

Creating healthier communities

Our Anchor Programme goes beyond the care and wellbeing of service users and focuses on playing our part to build healthier communities. We are working to provide buildings that local people will see as valuable community assets and improve their understanding and interest in mental health.

A key priority in our estate transformation work is to build facilities that also create a 'sense of place' in the community. The new inpatient and community facilities will have spaces that local people can share to support their wellbeing and maintain social connections. For example, café spaces will be open to all, and we will allow access to our meeting rooms and gym at allocated times.

1.4.3 Transforming Community Mental Health Care

The aims of the Community Transformation

- ✓ Core integrated teams wrapped around PCNs that facilitate improved access to mental health support (measured as 2+ contacts with services and a maximum 4 week wait time as standard in 23/24).
- ✓ Community services for PD, ED and community rehab are developed.
- ✓ Other more intensive/specialist services are integrated.
- ✓ A whole life course approach to services is adopted taking into consideration the differing needs of transitioning young adults, adults and older adults.
- ✓ Outputs and outcomes are developed to meet the aims of the community framework and Long-Term Plan. These include team activity, physical health checks and addressing health inequalities. We are expanding on this with the support of VCS and LBC to include a wide range of qualitative measures.
- ✓ Transition away from CPA with all service users having and coproduced care plan and keyworker.

Key deliverables in the Long Term Plan by 2023/24				
Core model	Dedicated focus	Physical health	Employment Support	Early intervention in Psychosis
A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Network, contributing to 370k minimum access number by 23/24	Improving access and treatment for adults and older adults with a diagnosis of 'personality disorder', in need of mental health rehabilitation and eating disorders, contributing to 370k minimum access number by 23/24	Increasing the number of people with SMI receiving a comprehensive physical health check to a total of 390,000 people per year	Supporting a total of 55,000 people a year to participate in the Individual Placement and Support programme	Maintaining the 60% Early Intervention in Psychosis access standard and ensuring 95% of services achieve Level 3 NICE concordance

Progress to date:

- ✓ Core Teams are now in place across the Camden and Islington boroughs.
- ✓ We have recruited new roles to work in Core Teams alongside traditional mental health roles, including Population Health Nurses and Peer Coaches. Current recruitment rate is at 92%.
- ✓ New 3-year voluntary sector contract to go live from 1st April 2023. The voluntary sector roles include key workers, welfare rights advisor and community development worker.
- ✓ Outreach work with community groups e.g. SMI checks being undertaken with the Turkish community.
- ✓ Embedding of DIALOG+ to enable personalised and holistic care planning.

Next steps:

- ✓ Embed the new roles into the Core Teams.
- ✓ Intensive Model development / Interfaces.
- ✓ Embed co-production and community focus within the service.
- ✓ Implement the Operating Policy for the Core Teams.
- ✓ Continue to roll out person centred care plan (DIALOG+).
- ✓ Retention/ recruitment into the mode.

1.4.4 COVID-19 Pandemic – After Action Review

An extensive after- action review process took place following the Omicron wave of the Covid-19 pandemic. The recommendations from the after-action review were managed through the Partnership Resilience Committee and have, by and large, been adopted as business-as-usual processes going forward.

A significant number of recommendations have been included in the 2022/23 Partnership Winter Plan, including the continuation of a joint Covid-19/influenza vaccination programme, winter command structure and infection prevention and control measures.

The after-action review is also likely to form a significant part of the Trust submission to the Covid-19 inquiry, which commenced in June 2022, with Module 3, relating to the NHS response to the pandemic, that commenced in November 2022. The Partnership response to the Covid-19 Inquiry is led by the Chief Nurse.

1.4.5 Emergency Planning Resilience and Response (EPRR)

The Civil Contingencies Act of 2004 and the NHSE Emergency Preparedness Resilience and Response (EPRR) Framework requires the Trust to work in partnership with other NHS organisations and other key partners to develop clear and coordinated response plans for major and serious incidents. The EPRR Assurance Framework also sets out core standards for Trusts across the NHS.

In September 2022 the Trust achieved a grading of full Compliance with the NHSE EPRR Assurance Framework standards.

Work has continued to embed the learning from the pandemic and other incidents across the Partnership and this has been aided by an extensive exercise programme at Divisional and service level, including a multi-agency live exercise based on an evacuation from our forensic wards at Chase Farm Hospital.

A new Business Continuity Management system is being implemented, bringing consistency and centralised management of business continuity across the Partnership.

The resilience of the Trust was demonstrated by effective response to a number of critical incidents, including the heatwave in July 2022 and the loss of Carenotes (the Trust electronic patient records system), as a result of a cyber-attack against Advanced, who provide the system.

The EPRR team is developing single Partnership plan and policies to further embed shared good practice and to further enhance Partnership resilience.

1.4.6 Quality Improvement (QI)

Quality Improvement has been part of the C&I strategy since 2016, and we have been committed ever since to embedding and sustaining a culture of continuous improvement and learning with strong frontline service user and carer involvement.

Our QI team supports this culture of continuous improvement and learning, strengthening our approach and capability for QI by:

- ✓ supporting both Trust-wide and division-specific improvement priorities.
- ✓ supporting strategic and quality priorities.
- ✓ supporting colleagues to lead change through the delivery of QI training, coaching, and mentoring.
- ✓ incorporating QI into our divisional approach for quality management.
- ✓ developing improvement knowledge and expertise at all levels.

Creating collaborative spaces to engage frontline teams in continuous improvement is a big part of our ethos. This includes using 'Big Room' meetings, based on the Flow Coaching approach, to support with pathways and flow, and QI collaborative workshops to improve service user and carer experience.

We will be providing QI training, to clinical and operational staff members on the Flow Coaching Academy programme in 2023, further strengthening our use of this methodology.

Building improvement skills and knowledge at C&I

Our QI training strategy has four levels of improvement skills, tailored to individual roles, interests, and needs.

Building Improvement Skills and Knowledge at C&I				
All individuals connected to C&I	1. Intro to QI at C&I <ul style="list-style-type: none"> Intro session via all staff Trust induction 	2021/22 Total	2022/23 YTD	
		375	305	
Those interested or involved in QI	2. Fundamentals of QI <ul style="list-style-type: none"> Monthly modular training (<i>online approach launched 2020 post-covid</i>) Intro to QI and data training (2017-2020) Intro to QI: Junior doctors academic programme and NQN programme Bespoke training sessions 	Total to date	2021/22 Total	2022/23 YTD
		894	305	106
Those leading teams delivering QI	3. QI for leaders <ul style="list-style-type: none"> SPC Masterclass (<i>launched 2021</i>) Interpreting SPC bespoke session 	Total to date	2021/22 Total	2022/23 YTD
		49	41	8
Those wishing to further develop QI experience	4. Mastering QI <ul style="list-style-type: none"> QI Coaching Programme (<i>piloted 2021, currently being refreshed as part of move to Partnership QI Academy</i>) 	Total to date	2021/22 Total	2022/23 YTD
		16	16	0*

Moving forwards, we have been working with our QI colleagues in BEH to develop our Partnership QI Academy. This will include co-designing shared QI Foundations training and opening places to C&I staff on QSIR (Quality, Service Improvement and Redesign), an NHS England accredited course.

We will also be expanding on our QI Coaching programme pilot, which will train staff to become QI coaches and expand our QI capability across the partnership.

Showcasing and sharing QI learning

All our QI projects are registered on our Life QI platform, and since the start of the programme we have had 130 completed QI projects.

We have developed our own external facing QI microsite <https://qi.candi.nhs.uk/> which showcases all our completed project work, and includes information about improvement tools, our latest news, and upcoming training and events.

We also celebrate and share success through our Divisional QI showcases, giving frontline staff a regular platform to present their work and reflect on their QI journey.

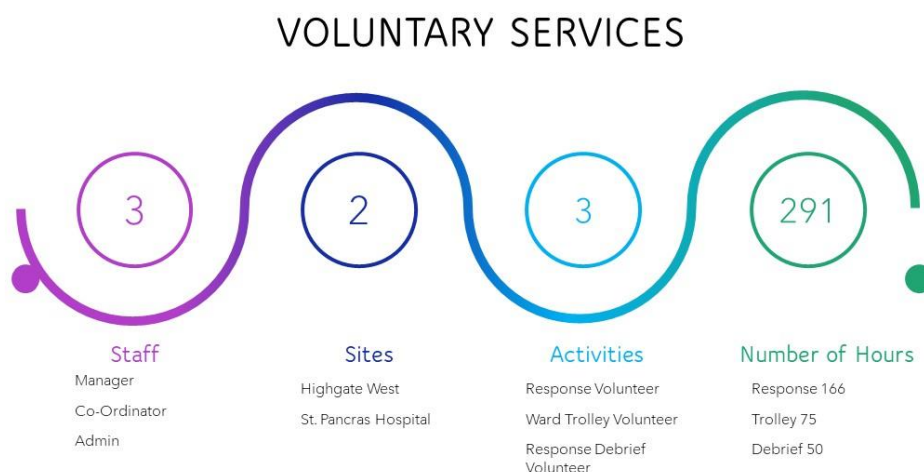
Internationally, we were also proud to attend the Institute of Healthcare Improvement (IHI) International Quality Forum in June 2022 where three members of the QI Team presented our work on Improving Flow in the Acute Mental Health Setting.

We delivered our first joint QI Conference with our BEH colleagues on the 2nd November 2022. We welcomed 150 staff and service users in-person to “Celebrate, Collaborate and Connect” – our theme for the day. Over the afternoon we celebrated our success and heard learning and reflections from 20 different projects across the partnership, as well as three key note speakers and ending with a panel discussion.



1.4.7 Voluntary Services

At present most of our volunteers work in inpatient services at Highgate Mental Health Centre and St Pancras Hospital sites. The opening of Highgate East in the Autumn of 2023 will enable them to work as a single team across Highgate East and West. Over the past year we have continued to provide our Response Volunteer Service (responding to requests from service users and staff), Ward Trolley Shop and Restraint Debrief Volunteer Service (volunteers involved in debrief sessions following a service user restraint).



"The volunteers have made life a whole lot easier on our wards."

Part 2 - Priorities and statements of assurances from the Board

2.1 Statements of assurance from the Board

During 2022/23 the Trust provided and/or sub-contracted 91 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 91 of these relevant health services. The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2022/23.

2.2 Care Quality Commission (CQC)

We are required to register with the Care Quality Commission (CQC), and we are currently registered to carry out our legally regulated activities in line with the statement of purpose, with no conditions to our registration.

Camden and Islington NHS Foundation Trust provides a broad range of mental health, social care, and substance misuse services as follows:

- ✓ Assessment or medical treatment for persons detained under the 1983 Act.
- ✓ Caring for people whose rights are restricted under the Mental Health Act.
- ✓ Diagnostic and screening procedures.
- ✓ Learning disabilities.
- ✓ Mental health conditions.

CAMDEN & ISLINGTON FOUNDATION TRUST QUALITY ACCOUNT 2022-23

- ✓ Substance misuse problems.
- ✓ Treatment of disease, disorder or injury.
- ✓ Caring for adults under 65 years.
- ✓ Caring for adults over 65 years.

We operate community and inpatients services from two registered locations: Highgate Mental Health Centre and St Pancras hospital, and continue to undertake the following regulated activities:

- ✓ Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- ✓ Diagnostic and screening procedures.
- ✓ Treatment of disease, disorder, or injury.

CQC inspections

CQC rated the Trust as 'Good' overall in the last full inspection in 2019, reported in 2020.

	Overall trust quality rating		Good ●
	Are services safe?		Requires improvement ●
	Are services effective?		Outstanding ☆
	Are services caring?		Good ●
	Are services responsive?		Good ●
	Are services well-led?		Good ●

Inspection of Acute Ward for adults of working age and psychiatric intensive care units 2022

The CQC conducted an unannounced inspection of Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units in 2022. The CQC visited the following 5 wards:

- ✓ Coral – PICU
- ✓ Opal
- ✓ Topaz
- ✓ Rosewood
- ✓ Sapphire

The rating for the Responsive Domain improved to Good, however the Safe Domain remained as requires improvement.



Last rated
27 January 2023

Camden and Islington NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

CQC Mental Health Act (MHA) - Assessment and Review Visit 2022

The CQC reviewed the assessment and admission pathways in the London Borough of Islington during an announced visit.

The visit focused on the following areas:

- 1) The operation of section 135.
- 2) The operation of section 136.
- 3) Timeframes for MHA assessments.
- 4) Timeframes for admission of patients who have been assessed as requiring admission to hospital.
- 5) The use of section 5 within 48 hours of informal admission.

The overall report was positive, the Trust received only one area where they were required to act.

CQC Mental Health Act (MHA) visits

The Trust received Mental Health Act visits to 4 inpatients units in 2022-23 as follows:

Ward	Date visited
Ruby	08.04.2022
Montague	14.07.2022
Amber	21.07.2022
Malachite	17.10.2022

All actions from our CQC inspections and from the MHA visits are regularly monitored.

2.3 Quality Priorities for 2022-23

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of our stakeholders including service users. Potential priorities were reviewed and compiled from a range of sources and presented for discussion, at a stakeholder event held on 7 April 2022. This led to the selected priorities for 2022-23 outlined below (fig 1).

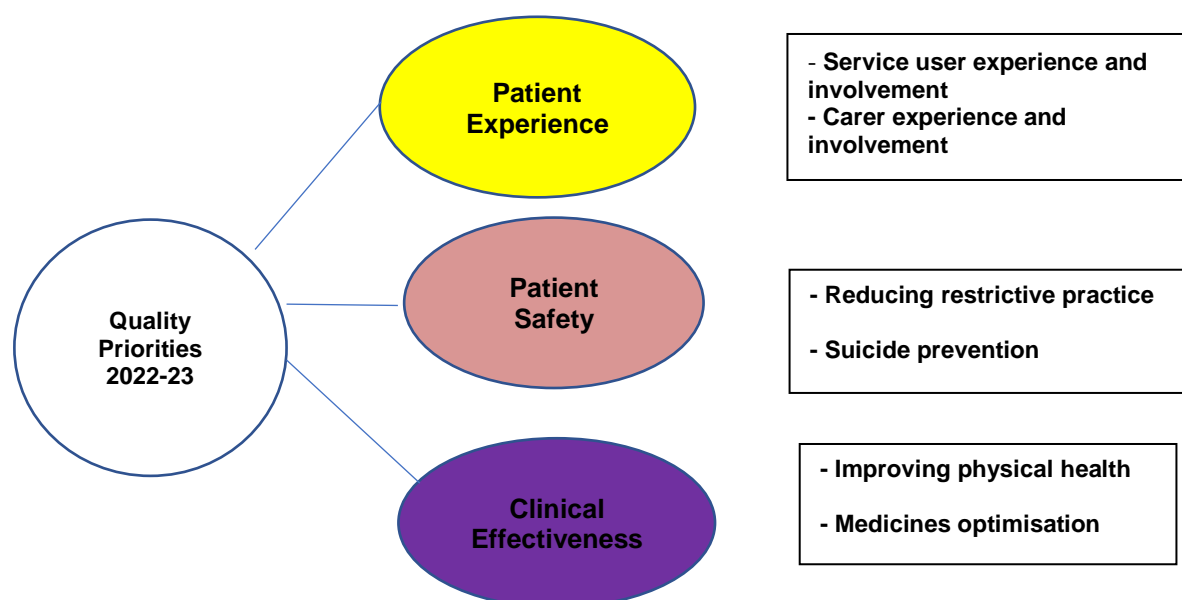


Figure 1

Progress against these priorities is outlined in Part 3 of this report.

2.4 Looking forward: Quality Priorities 2023-24

Potential priorities were reviewed and compiled from a range of sources taken into consideration; the progress made on last year's priorities, quality and safety data/reports and lessons learnt, national and local priorities.

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of all stakeholders including service users and staff. A stakeholder event was held on 21 April 2023, which led to the selected priorities for 2023-24 outlined below.

2023-24 proposed Quality Priorities

PATIENT EXPERIENCE	
Priority 1	We will strengthen feedback mechanisms at a Divisional level by focusing on improvement plans in response to service user feedback, using Quality Improvement methodology to bring about measurable improvement. We will develop a feedback framework to communicate our response to feedback to service users, carers and staff across the partnership.
Priority 2	We will ensure that involvement and engagement of those with lived experience is embedded at all levels of the partnership organisational structure, by increasing the numbers of experts by experience and staff employed with lived experience.
PATIENT SAFETY	
Priority 3	We will develop the role of Patient Safety Partners (in line with PSIRF), to ensure that those with lived experience are equal partners in strengthening patient safety governance and management processes.
Priority 4	We will develop a partnership patient safety strategy focussed on equipping patients and staff, with the skills and opportunities to improve patient safety.
CLINICAL EFFECTIVENESS	
Priority 5	We will ensure that there are processes in place to prevent discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions.
Priority 6	We will support people's physical healthcare and ensure that deteriorations in physical health are identified, and appropriate interventions are provided to improve health outcomes, by developing competencies and skills of clinical staff.

2.5 Clinical Effectiveness

2.5.1 Participation in national audits and national confidential inquiries

The Trust continues to encourage and support staff to participate in national audits, confidential enquiries, service evaluations and benchmarking projects. These enable evaluation of clinical practice but also highlight key areas for improvement in service user care and patient experience.

Due to the Carenotes outage in August 2022, the Trust was unable to participate in The Prescribing Observatory for Mental Health (POMH-UK) Topic 20B- Valproate Prescribing in Adult Mental Health Services. It was not possible to access all the information required to complete this audit.

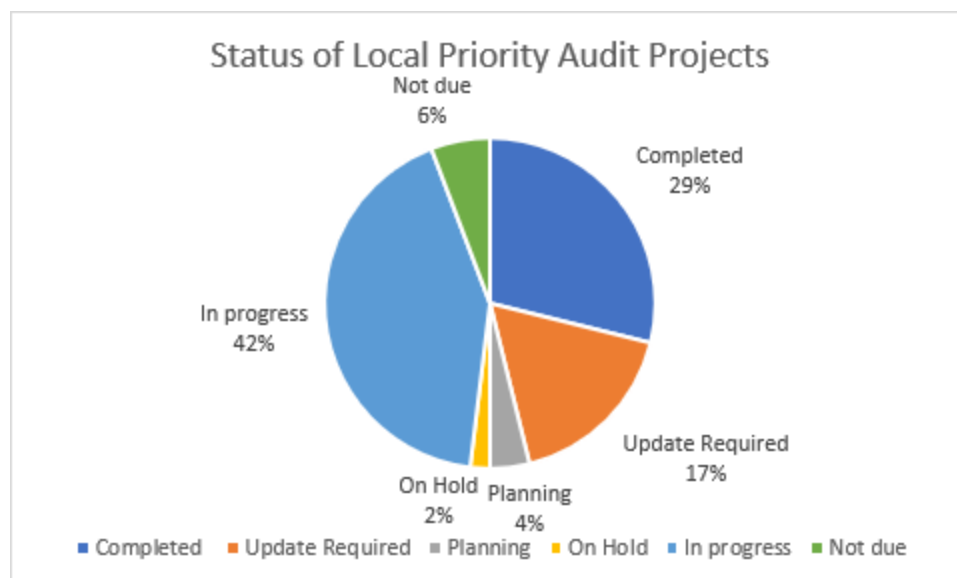
The Trust participated in all other eligible national clinical audits and national confidential enquiries in 2022- 2023.

	National Audit topic	Status / Key actions
1.	POMH-UK Topic 21 The Use of Melatonin- An audit that looks at the standards around the prescribing on Melatonin.	<i>Completed - The Trust has received the report. This will be shared with the relevant committees and division and any actions will be developed and monitored.</i>
2.	POMH-UK 1h & 3e – Prescribing of medication in Adult Mental Health Services including high dose, combined and PRN (i.e., medication as needed) - An audit that looks at the standards around prescribing regular high dose or combined antipsychotic medication and prescription of Oral PRN antipsychotic and or benzodiazepine medication.	<i>Completed - The Trust has received the report. This will be shared with the relevant committees and division and any actions will be developed and monitored.</i>
3.	POMH-UK 7G- Lithium Monitoring -An audit that looks at the monitoring of patients prescribed Lithium	<i>Data collection is in progress</i>
4.	National Confidential Inquiry MH Clinical Outcome Review - Programme into Suicide and Safety in Mental Health (NCISH) - Delivered by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). The inquiry examines cases of suicide for those people who have been in contact with secondary and specialist mental health services in the previous 12 months	<i>The Trust submitted 2 completed questionnaires to the study.</i>
5.	Learning Disabilities Mortality Review Programme (LeDeR) - Commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes.	<i>Deaths are reported by the Local Councils following which allocation to a LeDeR Reviewer to investigate cause of death/lead up and undertake root cause analysis as well as identifying learning and any areas of good practice is done. The Trust has not reported any cases this year.</i>
6.	Regional Evaluation for Maternal Mental Health Services - This is an evaluation of four pilot maternal mental health services in London, each running for 12 months. The aim of the evaluation is to capture the experiences of service users being supported by the pilot services	<i>We are waiting the outcome of the report</i>

	National Audit topic	Status / Key actions
	and the staff that work in them, to better understand and develop this service offer.	
7.	<p>Tobacco Prevention Data Collection - The NHS Long Term Plan (LTP) has set out a commitment for the NHS to deliver NHS funded tobacco dependence treatment services across inpatient, maternity and outpatient/community settings. A patient-level data collection will provide systems the ability to prioritise patient cohorts, track outcomes and understand the impact on health inequalities.</p> <p>The NHS Long Term Plan (LTP) has set out a commitment for the NHS to deliver NHS funded tobacco dependence treatment services across inpatient, maternity and outpatient/community settings. A patient-level data collection will provide systems the ability to prioritise patient cohorts, track outcomes and understand the impact on health inequalities.</p>	<p><i>The Trust is currently in the planning stages of this audit project.</i></p>
8.	<p>Learning Disability Improvement Standards Benchmarking Audit - The NHS England – Learning Disability Improvement Standards review is a national data collection, commissioned by NHS England (NHSE) and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to understand the extent of organisational compliance with the NHSE Learning Disability Improvement Standards and identify improvement opportunities.</p>	<p><i>The data for this audit has now been submitted. The Trust is waiting for the report to be published.</i></p>

2.5.2 Local Clinical Audit Programme

52 local and Trust priority audits were registered on the clinical audit planner in 2022-23 of which 15 were completed. Their status at the end of 2022-23 can be seen in the chart below. There are several audits that are on a monthly cycle that is being monitored and reviewed regularly. The carenotes outage affected the completion of several audits, however these will be carried over to the next financial year. Each Division and Corporate team will review their audit plans for the year 2023-2024.



To support clinical audit activity across the Trust, all audits are required to be registered with the Quality Governance and Assurance Team and each audit programme must be reviewed at the local quality forum or most appropriate forum to ensure updates are received and learning is shared.

2.5.3 National Institute for Health and Clinical Excellence (NICE) Guidance

NICE produces evidence-based guidance and develops quality standards and performance metrics for health and social care services. This includes health and social care professionals, service users and the public, in addition to guidance from the Department of Health. NICE provides the best available evidence for the promotion of good health, whilst helping to prevent ill health.

The Trust continues to review NICE guidance and quality standards for relevance to the services delivered. Assurance around compliance with NICE guidance is provided by nominated leads following the completion of a baseline assessment.

In 2022-23, 19 NICE guidance were deemed relevant to the Trust.

2.6 Participation in Clinical Research

Between the beginning of April 2022 and the end of March 2023, 544 participants were recruited into 24 research studies in the trust. The top 5 recruiting studies during the 2022-23 financial year were as follows:

Short Name	IRAS	Local Investigator	Recruitment
Genetic Links to Anxiety and Depression (GLAD)	245339	Nicholas Green	101
Pharmacogenetics In Mental Health	193707	Elvira Bramon	70
Major Depressive Disorder (MDD)- a computational neuroscience approach	161423	Judy Leibowitz	53
SUSHI Study Phase 2- testing an online social inclusion assessment	302829	Helen Killaspy	42
DREAMS START (Dementia REIAted Manual for Sleep) RCT	272935	Gil Livingston	34

The focus over the past year has been strengthening our partnership between Camden and Islington and Barnett, Enfield, and Haringey. There was significant work implementing both delivery teams to support the trusts and broadening their service to research teams. The work ranged from screening and consent to assessments and delivering interventions. This work has enabled the teams to achieve sustainable recruitment figures while recruiting into more complex interventional trials.

2.7 Participation in Accreditation Schemes

The Trust participates in accreditation schemes to improve the quality of care and services provided to our service users. Accreditation is taken up by services to provide assurance of the high standards of service being provided.

Below is a table of services and their accreditation status.

Programme	Services	Accreditation Status
Home Treatment Accreditation Scheme (HTAS)	South Camden Crisis Resolution Team	Accredited.
	North Camden Crisis Resolution Team	Accredited.
	Islington Crisis Resolution Team	In progress.
Electroconvulsive Therapy Services (ECTAS).	ECT Service	In progress
Psychiatric Liaison Accreditation Network (PLAN).	Liaison services at UCLH, Royal Free and Whittington Hospitals.	In progress.
Quality Network for Inpatient Working Age Adults (QNWA) previously (AIMS).	8 Inpatient Wards.	Due to the St. pancreas transformation programme, all wards will transition to the developmental route for accreditation in 2023/24.
	Psychiatric Intensive Care Unit (PICU) and Older Adult wards	Applied for membership.

2.8 Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of Camden and Islington NHS Foundation Trust's income is usually conditional on achieving quality improvement and innovation goals stipulated through the Commissioning for Quality and Innovation (CQUIN) payment framework, which supports improvements in the quality of services and the creation of new, improved patterns of care.

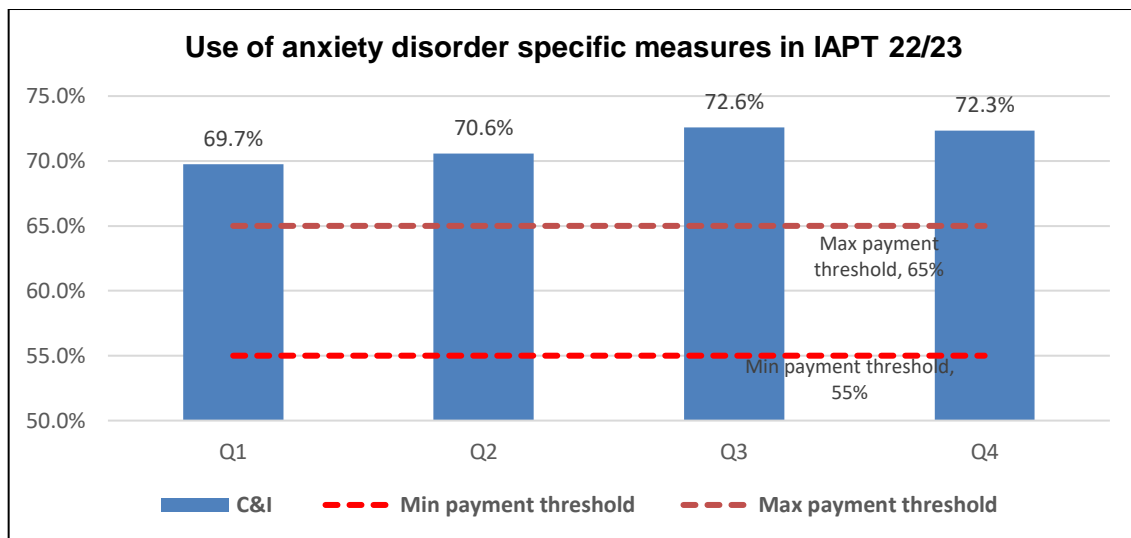
The Trust had faced an unprecedented situation this year where there was a cyberattack to the Trust's electronic patient record (Carenotes), in August 2022. This resulted in the lack of ability to capture and report on many of our performance indicators during that time. Whilst we were not the only trust in the UK to be affected in this way, this inevitably resulted in the Trust being unable to report on national and local datasets. NHS England and the Commissioners have been kept aware of the situation. NHS Digital was managing this through a 'Provider Data User Group' weekly meeting, and the feedback from all the other Trusts affected indicates they are in a similar situation.

Whilst the cyberattack incident was being managed, the priority of the Trust teams have been around clinical safety and the capture of key clinical information.

The Trust has swiftly implemented a new interim EPR solution (RiO) in September 2022. This enabled the clinical teams to restart capturing clinical records safely. However, it has resulted in some reporting gaps due to this being a new system. Whilst recognising that the position was not optimal, it was recognised that not implementing the RiO system would have left our clinical teams without a safe clinical record and reporting would have been more compromised than without it. The Trust's ICT team, along with operational and clinical teams, worked to ensure the Trust can report on all areas of performance by April 2023. Due to this reason, for some of the key indicators presented in this report, the data is provided to the point that we lost access to our systems due to the cyberattack. The Trust has kept NHS England updated through the implementation of this new system. Despite the cyberattack, some CQUINs were captured using a manual approach or a different system.

CQUIN CCG11 – Use of anxiety disorder specific measures in IAPT.

For our Talking Therapies (iCope) services, the CQUIN involved reporting on the percentage of patients with anxiety disorders who were given the correct Anxiety Disorder Specific Measure. (This is known to be related to improved clinical outcomes). Camden iCope and Islington iCope were above the maximum target for each quarter. Kingston met the minimum payment threshold for two of the last four quarters. Overall, Trust wide performance has exceeded the maximum payment threshold for all four quarters.



CQUIN CCG12 – Achieving 80% of self-harm referrals receiving a biopsychosocial assessment concordant with NICE guidelines.

Achieving 80% of self-harm referrals receiving a biopsychosocial assessment concordant with NICE guidelines.	Area	Target	2022/23			
			Q1	Q2	Q3	Q4
	Trust	80%	79%	83%*	*	86%

* Data from August to December 2022 not available due to outage.

Liaison leads implemented a clinical audit that was overseen in the Divisional Performance and Quality meetings. Gaps in adherence standards were followed up systematically however, the EPR outage impacted on the overall ability to fully implement. Clinical and Operational Leads are considering including this as business-as-usual clinical audit beyond the life of the CQUIN.

2.9 Improving Data Quality

The Trust has a robust governance structure for managing and monitoring data. The established Data Quality Improvement Group meets monthly with all relevant stakeholders, to ensure all data quality issues are captured and addressed effectively in a timely manner. The group reports to the Information Governance Steering Group. The Trust Data Warehouse and Clinical Applications Teams continue to work closely to monitor and improve the quality of data across the Trust in liaison with the operational teams. The current data quality policy is being revised to support the governance structure and will be published in May 2023.

Below are examples of data quality improvement activities in 2022/23.

- ✓ The implementation of a new version (v5) of Mental Health Services Data Sets (MHSDS) submission criteria. MHSDS and improving access to psychological therapies (IAPT) submissions provide a wide range of quantitative and qualitative information about the services that the Trust offers. Data quality reports are generated to identify any anomalies.
- ✓ The introduction of data quality reports and investigations across data quality has resulted in a reduction of the number of data quality issues pertaining to MHSDS submission until the cyberattack in August 2022. The latest NHS Digital published Data Quality Maturity Index (DQMI) score for the Trust was 96.6% (July 2022).

- ✓ The development of information dashboards to support the promotion of a data driven culture in The Trust. Several dashboards, including data quality reports, have been developed by the Information Team to ensure data is available to the clinical teams on a near real-time basis, to monitor their performance and data quality.

2.10 NHS Performance Framework

The Trust reports on a bi-monthly basis to the Board on the Trust's operational, quality and safety, workforce and financial performance against national and local standards. The focus is defined by the Trust's priorities, which are informed by nationally defined objectives for providers (the NHS Constitution, the NHS Long-Term Plan, NHS England and NHS Improvement's Oversight Framework, which provides the framework for overseeing providers. The Oversight Framework was built round five national themes:

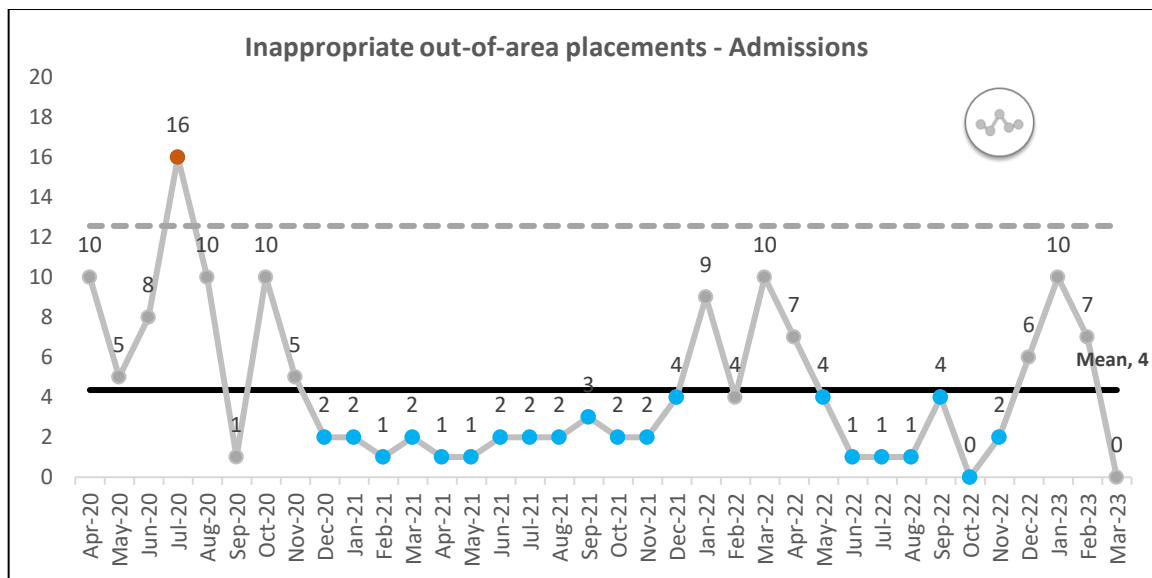
- ✓ Quality of Care, Access and Outcomes
- ✓ Preventing Ill Health and Reducing Inequalities
- ✓ Finance and Resources
- ✓ People
- ✓ Leadership and Capability

These five themes are monitored through a series of service performance targets. These include service users who should be followed up within 72 hours of discharge from an inpatient unit and people experiencing a first episode of psychosis being treated with a NICE-approved care package within two weeks of referral, patients placed in an inpatient bed out of the Trust's catchment area. There are also several Mental Health Services Data Set metrics and tiers of targets covering recovery rate of Improving Access to Psychological Therapies (IAPT) services in Camden, Islington, and Kingston.

Although most of the performance reporting remain suspended during the year due to the cyberattack, below are some of the key performance indicators (KPIs) that continued to show improvement during 2022-23. The data for March is provisional due to the timing of the report but it is not expected to vary significantly from the final validated numbers.

2.11 Inappropriate out-of-area placements for adult mental health services

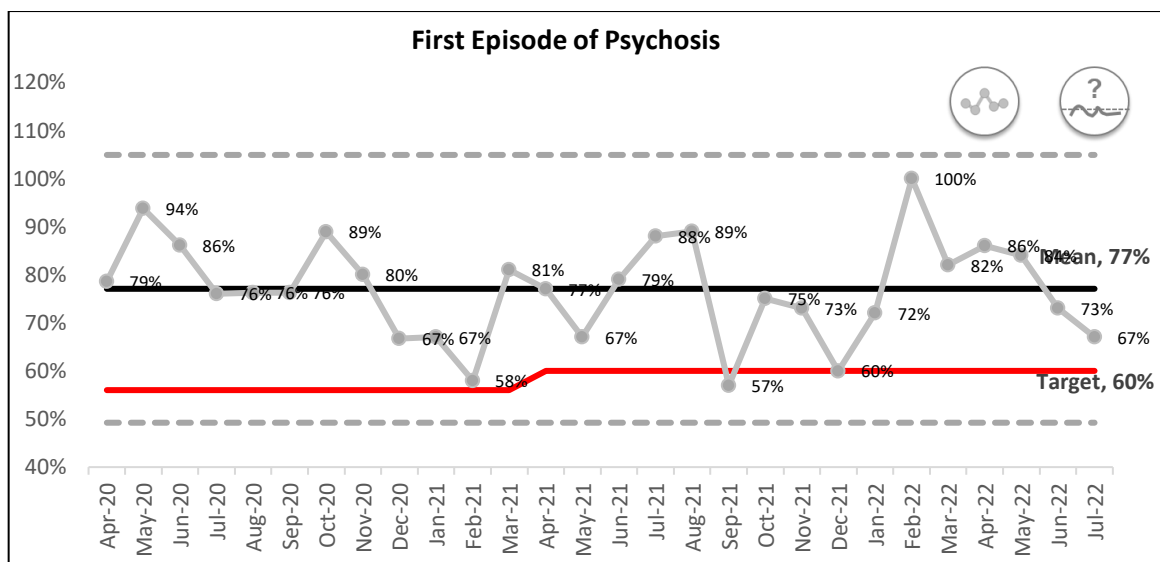
There has been a sustained improvement in out-of-area placements this year, and it has remained at low levels except January and February 2023 where we experienced a period of challenges with local capacity, linked to higher level admissions, alongside lower-level discharges. Sustained improvement, however, is attributed to the continuation of plans to prevent unnecessary admissions and focus on long-stayers in our acute wards. This improvement means that the service users can be visited regularly by their care coordinators to ensure continuity of care and effective discharge planning. This also enabled service users to be treated in a location where they can maintain contact with family, carers and friends, and to feel as familiar as possible with their local surroundings. The Trust's ambition for this year is to not only eliminate the out of area placements but create surplus capacity to support the system demand.



2.12 Proportion of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral.

The Five Year Forward View for Mental Health states that at least 60% of people with first episode psychosis start treatment with a NICE-recommended package of care with a specialist. Early Intervention in Psychosis (EIP) service do so within two weeks of referral.

The Trust had consistently exceeded its performance target of 60% prior to the cyber incident to its EPR system in August 2022.



2.13 Improving access to psychological therapies (IAPT)

The data for the two key indicators are waiting time to enter the service (from IAPT minimum dataset) and proportion of people completing treatment who move to recovery (from IAPT minimum dataset). Both are derived from our internal performance systems.

The table shows the performance of our three boroughs for last year (NHSI published performance numbers are usually three months retrospective).

CAMDEN & ISLINGTON FOUNDATION TRUST QUALITY ACCOUNT 2022-23

Waiting times for all three boroughs have fluctuated around the 75% target for being seen within 6 weeks. The periods when the 75% target were not met were associated with high vacancy rates. Kingston had a period of high vacancies that led to an increased number of people waiting to be seen. The situation was successfully tackled by an 'assessment week' and active recruitment. In Islington, low staffing was a concern, but the situation is improving following the introduction of electronic booking for initial assessments and staff recruitment. Camden met the 6-week target for much of the financial year. The electronic booking system has also been introduced to reduce initial waiting times.

Camden and Kingston have met the 18-week wait time target throughout the year. Islington occasionally did not meet the target due to understaffing although at present, performance is improving.

Services in each of the three boroughs have shown an average recovery rate above the 50% target over the year (53% for Islington and Kingston, and 51% for Camden). This represents an improvement for Camden and Islington compared to last year's recovery rates.

All services monitor recovery rates closely and review fluctuations monthly. Performance is reviewed at divisional quality forums and, service, staff group and practitioner level to identify areas for intervention and improvement.

Camden and Islington Divisions have re-introduced recovery rate consultations to enable staff to engage and identify factors affecting recovery rates.

Performance Indicator	Target	Area	Source	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Waiting time to begin treatment within 6 weeks of referral	75%	Camden	Local	76%	72%	79%	79%	77%	77%	81%	72%	76%	81%	71%	72%
			NHSD	77%	74%	79%	80%	78%	77%	79%	72%	76%			
		Islington	Local	72%	71%	71%	63%	69%	71%	69%	70%	73%	74%	76%	72%
			NHSD	72%	72%	69%	65%	70%	72%	69%	71%	73%			
		Kingston	Local	76%	62%	70%	58%	64%	78%	73%	72%	78%	85%	79%	83%
			NHSD	78%	65%	70%	59%	64%	78%	73%	72%	78%			
Waiting time to begin treatment within 18 weeks of referral	95%	Camden	Local	99%	98%	98%	97%	97%	98%	98%	95%	96%	96%	96%	97%
			NHSD	99%	98%	98%	97%	97%	98%	97%	95%	96%			
		Islington	Local	95%	97%	92%	96%	96%	91%	93%	92%	93%	94%	94%	97%
			NHSD	96%	96%	92%	96%	95%	92%	93%	93%	93%			
		Kingston	Local	100%	98%	100%	99%	99%	99%	100%	99%	99%	100%	99%	99%
			NHSD	100%	98%	99%	99%	100%	99%	100%	99%	99%			
Proportion of people completing treatment who move to recovery	50%	Camden	Local	51%	46%	40%	49%	48%	53%	55%	53%	47%	53%	53%	53%
			NHSD	49%	48%	41%	48%	46%	52%	54%	51%	45%			
		Islington	Local	53%	56%	51%	45%	51%	54%	58%	58%	54%	43%	52%	60%
			NHSD	49%	54%	49%	44%	48%	51%	55%	57%	54%			
		Kingston	Local	52%	55%	57%	55%	50%	53%	53%	52%	53%	51%	50%	48%
			NHSD	52%	55%	54%	55%	51%	53%	53%	52%	52%			

2.14 Bed occupancy

The Trust has made progress towards maintaining our ambition of less than 95% occupancy, with further work planned to improve on this. Reduced occupancy levels enable timely admission of new referrals and improves patient quality and staff experience. The occupancy below includes adult acute, Psychiatric Intensive Care Unit (PICU) and older adult beds.

Financial Year	2021/22				2022/23			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2*	Q3	Q4
Bed Occupancy	92%	88%	91%	92%	95%	94%	92%	92%

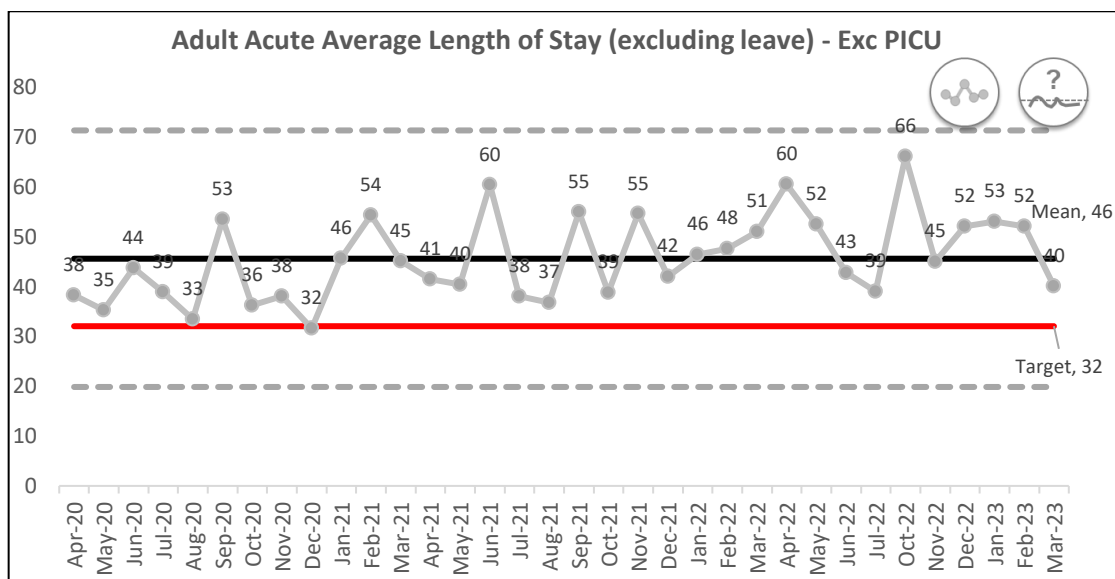
**Due to the EPR outage accurate data for August and September 2022 is not available but an average occupancy over the previous 3 months was used as a proxy for those months.*

2.15 Average LOS for Acute wards

We are aware that a person's length of stay (LOS) in our inpatient services is a key driver in reducing inpatient bed occupancy rates.

One of the NHS Long Term Plan ambitions is that 32 days would be the average time for a person to be an inpatient. Over a two-year period, our average length of stay was 46 days. C&I continues to be an outlier in the 60-day plus admissions and this remains an area of focus for improvement. Analysis of points of higher LOS shows individual patients with highly complex needs and very long LOS have been discharged and not impacted by our average LOS. These discharges are considered successful, but work needs to continue to prevent these longer lengths of stay continuing in our system.

Specific areas for further focus include re-launching the Community Standards (72hr formulation and Estimated Discharge Date setting, with frequency of engagement), implementation of the North Central London 10 Actions for Discharge and RiO forms for Estimated Date of Discharge and Clinically Ready for Discharge. The Leads at both Camden and Islington Borough are committed to deliver on these activities to enable improvement.



2.16 Information Governance (IG)

C&I takes very seriously our duty to protect and safeguard the personal confidential data that it gathers, creates, processes and discloses. The trust is compliant with the UK General Data Protection Regulation (GDPR), Data Protection Act 2018 and NHS requirements, and provide assurance to service users and the public.

We have continued to raise awareness of the reporting system and encourage staff to report incidents via our Datix reporting system. 108 Information Governance incidents were reported in 2022-23 and the IG team responds to each of them.

The breaches which occurred were mainly associated with human error and failure to adhere to local standard procedures, for example, sending an email to an incorrect recipient or posting a letter to the wrong address.

Data Security and Protection Toolkit (DSPT)

The DSPT is an audit carried out by NHS Digital to ensure that the Trust meets data security standards. This year's DSPT had an increased emphasis on cyber security and the UK GDPR. The Trust submitted evidence to NHS Digital to demonstrate progress made in meeting or working towards IG and Cybersecurity standards.

Our DSPT submissions for 2021-22 were submitted within deadline before the end of June 2022, with all 116 mandatory evidence items completed, along with several non-mandatory evidence items. We received a 'standards met' as our overall score, without the need for an improvement plan. We are on track with the 2022-23 submission which is due at the end of June 2023.

2.17 Learning from Deaths

The Trust is committed to reporting, reviewing, and where appropriate, investigating all reported deaths and identify learning. This is achieved by ensuring effective processes and mechanisms are in place for mortality reviews with appropriate input from relevant staff. The trust has an established weekly forum, the Serious Incident Review Group (SIRG), where all deaths are reviewed and categorised using the MAZARs¹ rating, and Initial Management Review (IMR) outcomes of relevant death incidents are discussed.

Our partnership with BEH means that, as of April 2023, SIRG has been stood down and a new Partnership Patient Safety Incident Response Group (PPSIRG), has been developed to have oversight of all incidents of death, and the categorization of such incidents using the MAZARs ratings.

C&I and BEH will also be commencing a partnership Learning from Deaths Group, which will replace C&I's mortality review group. The Learning from Death Group (LfD Group) will support the Trust Boards in the partnership organisations in providing assurance that mortality is proactively monitored and reviewed, reported, and where necessary, investigated to ensure appropriate lessons are learned, improvement actions are implemented, and the learning is disseminated across the organisations.

Reported Deaths 2022-23

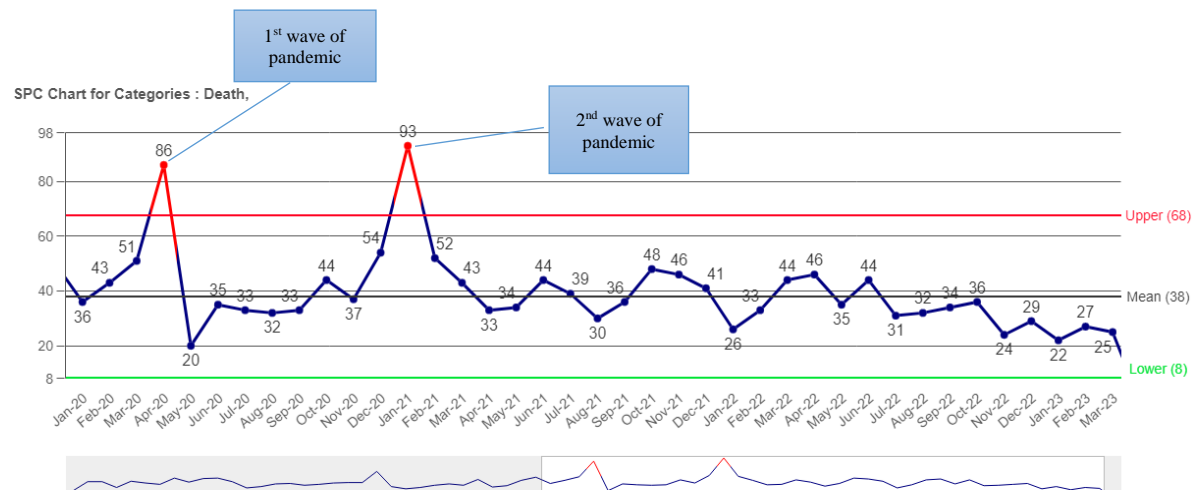
450 incidents of deaths were reported in 2022-23. Total numbers by quarter are shown below. The total number of reported deaths were within the normal range in each quarter.

Quarter	Total Reported Deaths (2022-23)
Q1	137
Q2	103
Q3	102
Q4	108
Total	450

The chart below represents the total number of deaths that actually *occurred* within each reporting month.

As seen within the chart, the total number of deaths rose above the upper limit in April 2020, and January 2021, this was due to the Covid-19 pandemic.

¹ MAZARs - Mazars is the name of an integrated, international audit, tax and advisory firm commissioned by NHS England to review a cluster of deaths in an NHS Trust in 2015. They used a framework for classifying patients' deaths, referred to as MAZARs framework.



Review of death incidents

Out of the 450 reported deaths, 94 were classified as unexpected (21%), and out of these 94 unexpected deaths, 30 were unexpected unnatural deaths (6% of total reported deaths).

The table below shows the number of incidents of death which were escalated for further investigation in accordance with our serious incident response pathway. Following the investigations, all incidents where gaps in care and/or service delivery were identified, action plans were developed to improve patient care and safety. In total, 131 (29%) incidents of death were escalated for further investigation.

Escalation Category	Q1	Q2	Q3	Q4	Total
Incidents investigated via Initial Management Review (IMR)	32	31	27	28	118
Incidents escalated for Serious Incident Investigation	4	0	2	2	8
Incidents randomly selected for care record reviews	5	0*	0*	0*	5
Total	41	31	29	30	131

*Due to the Carenotes outage, the mortality review group agreed to temporarily pause all care record reviews from Q2 onwards due to the limited access to clinical records.

Summary of Learning from Serious Incident Investigations relating to Deaths

There were two key themes of learning that arose from the serious incident investigations completed in 2022-23 in relation to service user deaths. The themes and key learning points are shown in the table below.

Physical healthcare and Transfer of Care to Acute Hospitals

Accurate fluid monitoring on a mental health inpatient ward is challenging. In response to this, the Trust has developed guidance for the nursing and medical management of service users that are not drinking or eating.

The Trust and the Whittington hospital (WH) identified a few learning points with regards to the shared management of a patient with deteriorating physical health, and the following were put in place.

- ✓ Shared guidance across C&I and WH for the medical management of physically unwell patients.
- ✓ Routine ambulatory care follow-up for unwell HMHC inpatients for the next working day
- ✓ Agreed standards for discharge care and treatment plans when a service user is discharged back to C&I from the WH.
- ✓ Access to electronic patient records across Trusts to aid safer and more effective communication.
- ✓ All inpatient medical teams should ensure that a Venous thromboembolism (VTE) assessment is completed for every service user on admission to hospital.

Communication and Documentation

- ✓ Need for effective communication and handover of care between C&I core team services and the associated GPs to improve patient safety. Verbal handover of information should always be provided to confirm that information is received and understood. Standard Operating procedure produced.
- ✓ All C&I services use the EPR system to document referral decisions where risk concerns are escalated to enable effective MDT/multi-agency risk management.
- ✓ Capacity assessments are formally documented using the Trust's capacity assessment form on the EPR system.

2.18 Patient Experience

2.18.1 Service User and carer engagement and experience

In 2022-23 the Engagement and Experience Team was established to implement the Trust's Service User and Carer Experience and Engagement Strategy. The team is led by the Trust's Recovery Lead who also provides oversight for the Recovery College and strategic support and development of the peer workforce. A patient and carer experience, and engagement lead was also appointed to drive the experience and engagement agenda, and a task and finish group was established to progress the strategy implementation. A service user facilitator will be appointed to join the team.

A survey of service users forum/group members was conducted in June/July 2022 by the Patient Engagement and Experience Team to inform how we plan engagement and involvement activities.

Below are some of the steps the Trust has taken to increase involvement activities.

- ✓ Created an Involvement Register so that Service Users and Carers can join to hear about involvement opportunities.
- ✓ Developed a role description template so that Service Users and Carers can understand what opportunities will entail and make informed decisions about participation.
- ✓ Liaised with colleagues undertaking Quality Improvement projects to champion and support wider Service User and Carer involvement.
- ✓ Created an Intranet page for staff to access information about involvement opportunities for Service Users and Carers and direct them to the Patient Engagement and Experience Team.

QI and training

Training has been developed to support engagement and experience participation. The QI team is working with the Patient Engagement and Experience Team and Recovery College to coproduce a training for service users and carers to better understand improvement processes. The Equality Diversity and inclusion Team is working with the Patient Engagement and Experience Team and Recovery College to coproduce a training for service users and carers to better understand Equality Impact Assessments. A coproduction training has been initiated for service users and carers which sits alongside an online version that was coproduced with the Recovery College, Service Users, My Care Academy and the Trust.

2.18.2 Mental Health Community Service User Survey

The National Community mental Health Service User Survey is commissioned by the CQC and is conducted annually. It is a patient experience survey of people who use community mental health services in England. The CQC uses the results from the survey in the regulation, monitoring, and inspection of NHS trusts in England.

In 2022, the results were similar to the 2021 results. It highlights the things we are doing well and those we need to improve on. The results can be accessed [here](#). A detailed action plan has been developed to make sure areas identified for improvement are monitored at divisional and trust level to improve the experience of our service users. Details of the 2022 scores are provided in the appendix.

2.18.3 Complaints and Feedback

Concerns and complaints from service users and their families are taken very seriously, and C&I seeks to address issues thoroughly and promptly, providing assurance of improvements being made.

111* formal complaints were received via our Advice and Complaints Service in 2022-23, a decrease on 2021-22 (133); 173* concerns (issues that were raised informally) were also received and resolved, compared with 200 in the previous year.

The Trust aims to respond to at least 80% of formal complaints within the agreed timeframe.

For the first half of the year the monthly compliance rate ranged between 25-45%, dropping to 20% in October 2022. However, by the end of Q2 good progress had been made in closing all the significantly overdue 'legacy' complaints that had accumulated during the pandemic crisis and which were negatively impacting on the figures. In addition, the average number of days taken to respond to complaints was significantly reducing as per the table below.

Average no of days to respond to complaints per month	July 22	Aug 22	Sept 22	Dec 22
	169	85	81	49

There was gradual improvement month on month up to January 2023 when compliance reached 50% (it is noted that from January 2023 compliance has been calculated by the same method that BEH uses, based on responses due in month rather than those closed). Unfortunately, during Q3 some overdue complaints built up again. Reasons for the delays included delay in allocating investigators and quality assurance processes taking longer than the time allocated. Weekly monitoring has continued at the Divisional level and at Trust safety huddles supported by the provision of update reports by the Complaints Team.

As at beginning March the backlog of overdue complaints has been cleared and we are in a good position to move forward in line with our planned improvement programme.

Actions taken and ongoing include:

- ✓ Recruitment to a new complaints manager post. The new staff member started in December 2022, and this has brought vital additional resource to the complaints team.
- ✓ The QI project on the complaints process which began in 2022 has restarted from January 2023 with a focus on quality, addressing concerns promptly and standardising practice across C&I and BEH. The project will also ensure we are compliant with the new Ombudsman national framework. Project is scheduled for completion by Summer 2023.
- ✓ Within the QI work a new process flowchart is being piloted from March which aligns timeframes with BEH. We anticipate compliance will increase in the coming months with Early Resolution being attempted for every complaint across all divisions.
- ✓ The process is being supported by a series of bitesize training sessions which focus on delivering key messages around communication, early resolution, and remedy/putting things right.
- ✓ All investigators are receiving one-to-one support through the process from the complaints team.
- ✓ A business proposal is being made for complaints to be moved to DatixWeb to increase efficiency and improve oversight of complaints from all staff across the divisions.

We are also reviewing our improvement processes to ensure that investigations result in real measurable change. Themes and learning from complaints are used to inform quality improvement initiatives and service developments, for example, supporting service users to make informed decisions around their care through provision of information leaflets/detailed information prior to assessments and improving communication around discharge following therapeutic interventions to ensure that service users have input into outcomes and information sharing. Learning is being shared through team meetings, divisional quality forums and Trust wide learning lessons bulletins.

2.18.4 Compliments

Whilst we are always conscious of the need to learn and improve where we could have done better, our service users also frequently tell us about some of the excellent practice in the Trust. We can also use this to learn from where things have gone well.

Some examples of positive feedback that the Trust recently received are below.



2.18.5 Patient Friends and Family Test (FFT)

The Trust continues to seek feedback from the Friends and Family Test (FFT) surveys in line with the principle that people who use NHS services should have the opportunity to provide feedback on their experience, for us to continue to improve.

1,708 FFT responses were received across the Trust between April 2022 and March 2023.

When compared with the previous year, there was a 16% increase in numbers received in 2022-23 as shown below. The Trust continues to explore innovative ways to increase responses received.

Patient FFT	2021-22				2022-23			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FFT Responses	286	379	439	404	496	362	405	445

The response rate did not consistently meet the 20% trust target partly due to the gradual return to business as usual following the pandemic. All divisions are actively engaged in QI activities to increase the number of responses per team monthly. One such project is to combine the FFT with outcome and/or experience measures in service areas to capture a broader perspective of patient experience on the services delivered. Teams have made it a priority to meet the minimum of 5 responses per month and it is monitored at divisional quality forums, that reports to the trust’s Quality and Safety Programme Board. The Trust’s Service User Experience and Engagement Task and Finish Group are planning additional opportunities to collect service user feedback to supplement the FFT and improved engagement with the FFT.

Family and Friends Test (FFT) - Trust wide

Month	% Recommend	Response Rate
Apr-22	90%	21%
May-22	89%	28%
Jun-22	91%	31%
Jul-22	93%	24%
Aug-22	99%	18%
Sep-22	92%	14%
Oct-22	94%	17%
Nov-22	93%	22%
Dec-22	93%	15%
Jan-23	98%	18%
Feb-23	95%	22%
Mar-23	96%	30%

Legend:
 % Recommend (Blue bar)
 Response Rate (Grey bar)
 % Recommend Target (Orange dashed line)
 Response Rate Target (Yellow dashed line)

happy. Staff can Made relevant were I
and The Just and I staff
enjoy life. non-judgemental are staff
informative as to your and are You
kind I like on Achieved the More
it's you I felt of it's or with is that felt
I just all to good helpful, The on
if have are a team people" to our I
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WordItOut

Learning from Patients' comments - Very few negative comments are received. However, each is reviewed and responded to where actions are required.

Examples of 'You said', we did' from patient FFT response are provided below;

You said - There are reduced number of planned activities in the ward

•We did - Variety of activities and activity resources made available for staff to use in the absence of an Activity Worker.

You said - Ward round is one-sided

•We did - Staff created a template for service users to support engagement

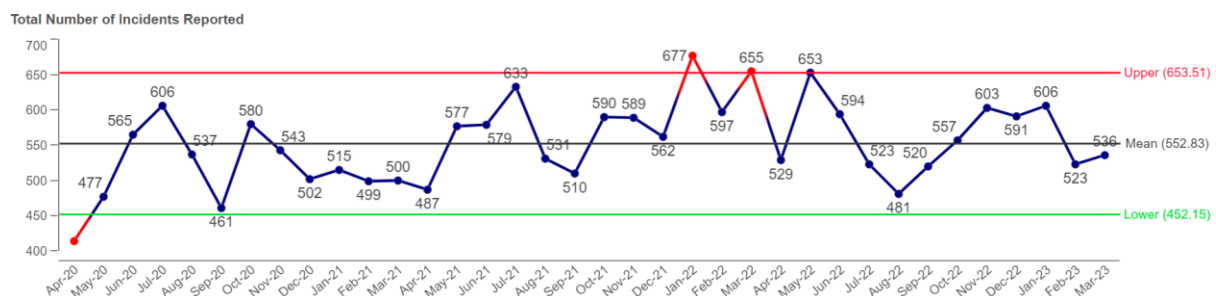
2.19 Patient Safety

2.19.1 Incident Reporting

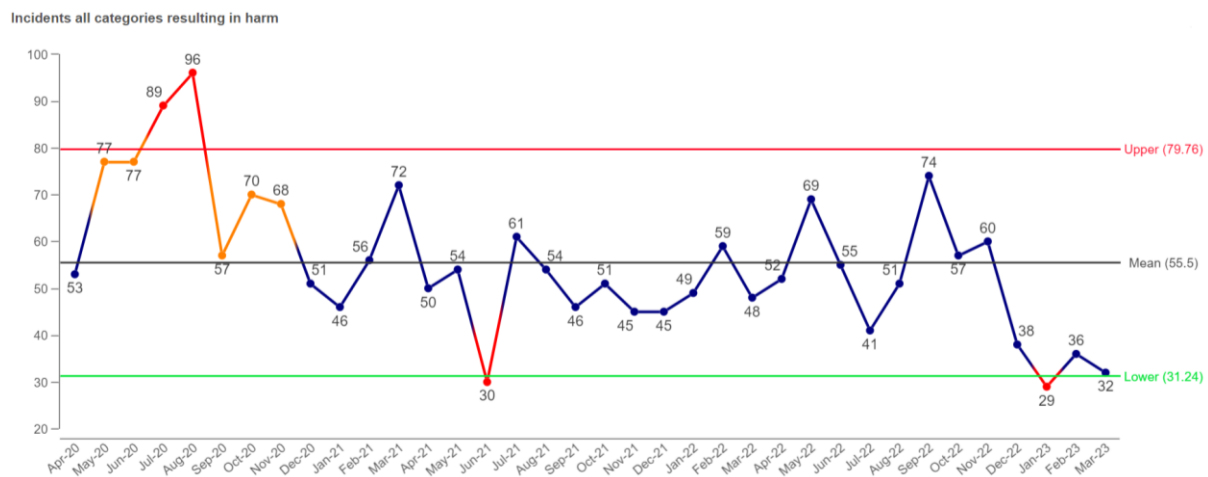
The key areas included in this section are our overall incident reporting rates, incidents that relate to patients, number of times patients were secluded, number of times patients had a fall, and our risk management processes.

The Trust continues to promote an open reporting culture and the incident reporting policy sets out our minimum standards for incident reporting and management. We use the Datix system to report all incidents with the provision of online resources to support staff with incident reporting and management.

Incident reporting rates have remained stable over the past three years. In total 6,725 incidents were reported in 2022-23 (shown in the chart below) which is a 4% decrease on the previous year. 99% of incidents reported resulted in no or low harm. This highlights a good culture of reporting and safety consciousness in the Trust.



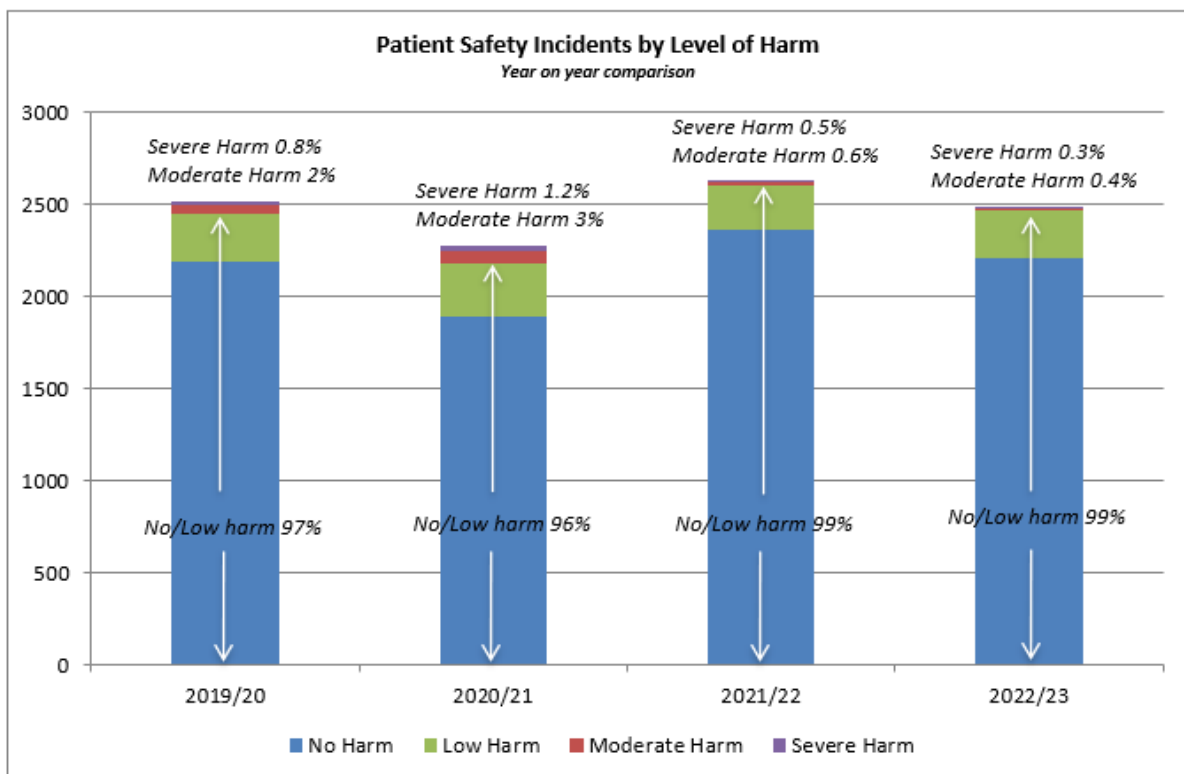
The number of incidents resulting in harm has remained low over the past three years. This is a further reflection of a positive safety culture and the impact of safety interventions, such as safety hurdles in acute inpatient settings. The overall proportion of incidents resulting in harm in 2022-23 (shown in the chart below) was 9% which is less than 0.5% increase on the previous year.



2.19.2 Patient Safety incidents

Patient Safety incidents accounted for 37% of the total incidents reported in 2022-23 (i.e. 2483), this is a 1% increase when compared to the previous year.

The chart below demonstrates that the majority (99%) of the reported patient safety incidents in 2022-23 resulted in no, or low harm, and the proportion of patient safety incidents resulting in moderate (0.4%) or severe harm (0.3%) has reduced when compared to previous years. This is further evidence of staff willingness to continue to report low level issues and not just the more serious incidents. The Trust remains committed to learning from reported incidents.



2.20 Annual Staff Survey 2022

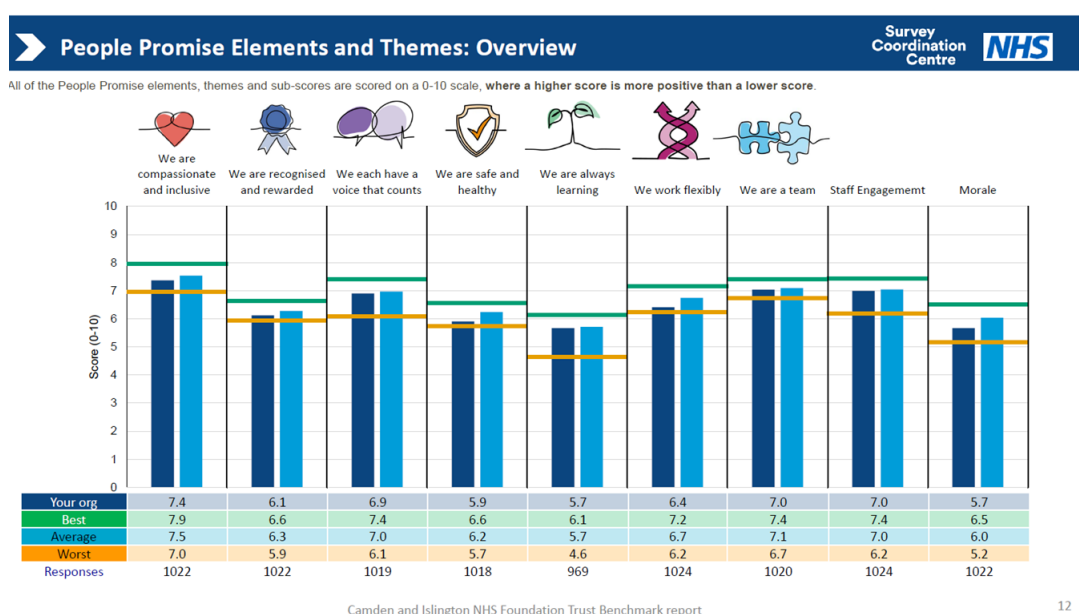
The Trust remains committed to improving staff experience and staff engagement, to support making the organisation a great place to work. In 2022, we again participated in the annual national Staff Survey - carried out every Autumn throughout the NHS as a mechanism for assessing the level of staff engagement and experience.

There were changes to the 2021 format of the NHS Staff Survey due to the alignment of questions to the People Promise. The rationale was to enable the tracking of progress against the ambition to make the NHS the workplace we all want it to be by 2030. The NHS People Promise includes seven principles which enable a positive, compassionate, and inclusive culture and these are summarised as:

- ✓ We are compassionate and inclusive.
- ✓ We are recognised and rewarded.
- ✓ We have a voice that counts.
- ✓ We are safe and healthy.
- ✓ We are always learning.
- ✓ We work flexibly.
- ✓ We are a team.

In 2022, the trust achieved a 55% response rate – down from 2021, but above the median of 50%. As in previous years, when there are less than 11 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Our 2022 results by theme were:



2.20.1 The Guardian Service

The Guardian Service (GSL) continues to provide an independent Freedom to speak up service across the Trust. The GSL does not replace any existing channels for staff to speak about their concerns but represents an additional option for those individuals who for whatever reason do not believe they can utilise the policies of the Trust.

The GSL reports are cumulative in nature and are presented monthly to the organisation. In the twelve-month period from April 2022 to March 2023, there has been 42 cases, 21 of which have been closed.

Reports analyse data in line with the National Guardian Office recommended themes. The breakdown is as follows.

April 2022 – March 2023	
Themes	Number
Management Issue	14
System and Process	7
Bullying and Harassment	3
Discrimination/Inequality	6
Behaviour/Relationship	11
Patient Safety/Quality	1
Worker Safety	0
Other	0

2.21 **Workforce – Our commitment to Equality, Diversity and Inclusion and Organisational Development.**

2.21.1 **Ensuring Equality and Tackling Inequalities**

This year is a significant year, as we reflect in the enormous changes we have seen in the workplace since the pandemic and the strategic partnership alliance with Barnet, Enfield and Haringey NHS Trust.

The joint EDI strategy for both C&I and BEH has been agreed for 2022-25. The partnership EDI Strategy sets out our vision, aims and objectives to create a fair and inclusive culture across both Trusts regarding both patients and workforce over the next few years. EDI is at the heart of whatever we do because we understand that every single patient we care for, and every single member of staff we work with, has the right to be treated with dignity and respect.

We report on, and have action plans, for the workplace equality standards,

- ✓ C&I Workplace Equality Race Standard
- ✓ C&I Workplace Equality Disability Standard and
- ✓ C&I Gender Pay Gap

Many metrics have improved while some have not. We need to invigorate our efforts. That is why much of this year's work was spent on the next wave of the EDI Strategy and a revamped governance structure.

We have made some positive organisational cultural improvements and further developed our co-production with staff inclusion networks and made new links with equality partners and introduced new inclusion initiatives for staff.

2.21.2 **C&I Staff Networks**

Staff Networks sit within a powerful cohort of C&I EDI resources that promote diversity and inclusion in our workplace. They bring together and provide a platform for colleagues with shared

and multiple identities to discuss, celebrate and have a collective voice on the issues and topics that matter to them, and which impacts some of our most underrepresented groups across the wider trust.

Led by our Joint Staff Networks Coordinator, much progress has been made over the last year. We now have five active staff networks for Race, Disability, Women, LGBTQ+ and Peer Support Work. In collaboration, we have created the well-received inclusive Equality, Diversity and Inclusion and Mental Health Calendar/Forward Planner.

2.21.3 Organisational Development (OD)

Restorative Just and Fair Culture (RJC): The trust continues to support the RJC approach to addressing adverse events. The RJC framework creates an environment where staff feel supported and empowered to learn when things do not go as expected rather than feeling blamed. It aims to prevent the damage to trust and relationships that can be part of formal employee relations processes. The approach embodies fairness and accountability to bring about cultural change in the way that adverse events are responded to and how disputes are managed.

Following the successful piloting of RJC within the Hospital Division in 2022, a wider rollout programme is underway for the Camden and Islington divisions. An e-learning programme, which utilises tools and resources made available to us by Mersey Care NHS Foundation Trust is in the final testing stage and will be made available to people managers during March/April 2023; allows new managers access training on an on-going basis and provides consistency of learning for people managers. The RJC approach is also referenced wherever possible, including during Away Days and discussions as part of the Transformational Management Essentials programme and other learning and organisational development interventions.

Part 3 – Review of our Quality Performance

3.1 Review of progress made against last year's priorities

3.1.1 Priority 1: Service User Experience and Involvement - Dialog+ (Usage and roll out)

Dialog+ enables healthcare professionals to have supportive and meaningful conversations with service users about the aspects of their lives that are most important by using a person-centred and patient-rated scale, and training was rolled out across the Trust in 2022. Dialog+ is a care planning tool and it replaces Care Programme Approach. Service users and carers were engaged in the development and implementation of Dialog +, including the development of training packages.

The implementation was significantly impacted with the carenotes outage experience by the Trust but has been resumed with the adoption of the temporary EPR system RiO. It was implemented into the live RiO system on 6th February 2023.

The transition from the Care Programme Approach to the use of Dialog + as a comprehensive tool to engage service users and identify their care needs remains in progress. The trust has established a partnership approach to the wider development and implementation of the care planning tool with BEH, with a combined Task and Finish Group that is supported with project management to complete implementation and ensure this is undertaken with a governance framework.

3.1.2 Priority 2: Carer experience and Involvement – Triangle of Care

Triangle of care was developed by carers who were supporting people that regularly needed acute inpatient mental health services. It identified six key standards that if in place would mean that carers would be better involved and supported by mental health services. It remains an underpinning framework by which the Trust will operate. However, the focus is moving towards a Partnership Strategy and Community of Practice which will guide the overall work and involvement.

The significant pre-implementation auditing requirement are assessed to be barriers to this project by both carers and services. The data previously collected will be used to expedite the implementation of the triangle of care, recognising the limited capacity of busy services to repeat this exercise. A survey carried out indicated that further ongoing mapping is needed to track the reach of specific service areas to carers. This work is in progress and is being undertaken across the C&I and BEH partnership, with active engagement of other partner agencies. It will be part of a new Partnership Carers' Strategy that will include a governance framework.

To date, the Trust has secured Health Education England (HEE) funding to progress Triangle of Care work, which will be undertaken in partnership with Carers, Local Authorities, and voluntary sector partners. Further funding was obtained to develop a Peer Carer role with local third sector specialist carer organisations. The Trust has facilitated tasters for self-compassion sessions for local carer organisations and will further this work. Carer engagement mapping has been carried out to help identify areas of activity and future focus.

3.1.3 Priority 3: Reducing restrictive practice – Focus on reducing those on prone position.

Least restrictive practice remains a key focus to the reduction of violence and aggression, reducing containment and improving service users experience. Our resources have been increased to dedicate efforts in this area of work. Our specialist lead has been joined by an associate lead and a practitioner with lived experience to support our strategic and operational objectives. The trust has invested in the use of safety Pods when restraint is used, and staff are being trained and supported in clinical areas on how to use them dynamically. The Trust 's focus has been mainly in our high-risk areas (e.g., Patient Intensive Care Unit (PICU).

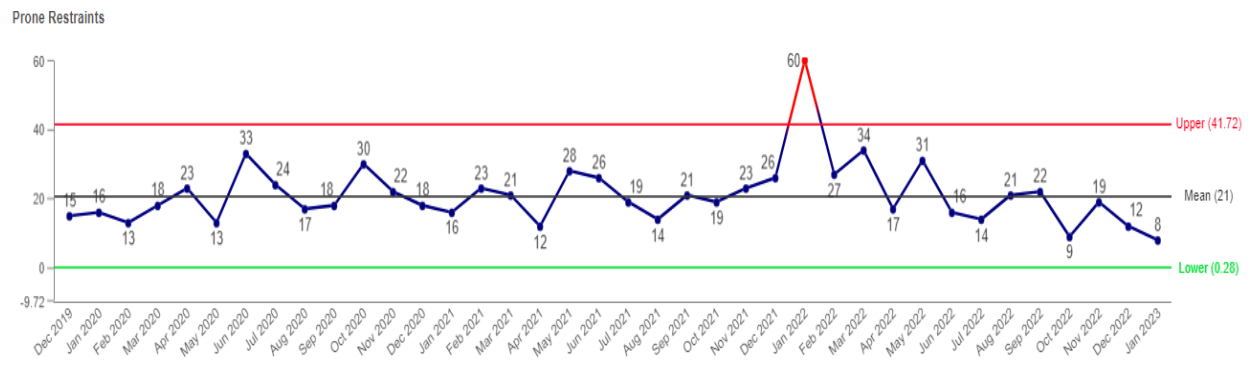
QI project focused on addressing broader restrictive practices that causes conflict situations and containments is in progress.

Some of the achievements of the Least restrictive Practice Team are as follows:

- ✓ Regular audits and monitoring of incidents and sharing lessons through different platforms to staff.
- ✓ Working with our independent volunteer restraint debrief team to learn from incidents and prevent reoccurrence.
- ✓ PMVA training is BILD certified and has been bespoke to address incidents of restraint that looks at alternatives to prone.
- ✓ Training on Reducing Restrictive Practice is provided to frontline staff, with specific focus in understanding the principles of least restrictive, the legal and ethical use of restrictions and consideration of their appropriate use. The session includes case examples and practical simulations.
- ✓ Workshops and training on administering IM medication using alternative injection sites apart from the Dorsal Gluteal.

The Trust continues to see a culture and an ambition by ward staff and teams to reduce their episodes of prone restraints.

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3.1.4 Priority 4: Suicide prevention – Involving carers in risk assessment and care planning

The Trust's partnership Suicide Prevention Strategy was launched in February 2022. It is aligned with the NCL-wide suicide prevention initiative with multi-agency partners. A shared governance structure with BEH has been established that will enhance learning within a Trauma Informed Approach (TIA). This work will be supported by an Action Group that includes clinicians, partner agencies and people with lived experience of the impact of suicide, and the emphasis will be on supporting and engaging carers.

In 2022/23 the Trust achieved the following:

- ✓ Engagement of an active carers expert by experience people that contributed to the strategy implementation.
- ✓ Good progress was made on developing bespoke in-house risk and suicide prevention training. However, during Spring/Summer 2022 it became necessary to prioritise a substantial package of training on the DIALOG+ implementation. An external specialist suicide prevention training (Applied Suicide Intervention Skills - ASIST) was commissioned in November 2022. Learning events took place in November 2022 and February 2023.
- ✓ Partnership working with voluntary providers who support suicidal people and those close to them.
- ✓ The development of Clinical Lead and Champion roles with the Trust who are supported by intensive training and a Community of Practice.

Making sure there are champions throughout Trust services who have dedicated time to directly support their teams with best practice is an ongoing challenge in the face of many priorities. Also, it was planned to make further changes to the Carenotes to implement safety care plans and improve documentation around risk history. However, the carenotes outage in August 2022 meant that this had to be postponed, until such time as it can be addressed as part of the transition to the new EPR system (RiO).

The NCL-funded Suicide Prevention Initiative ended in December 2022, apart from the Support After Suicide service, which was funded by NCL ICB to September 2023. The local authorities have agreed to a funding extension for a further two years, which will be subject to a retender process in March 2023.

The Trust has been working with other partners in NCL to maintain important aspects of the NCL-funded work e.g., the Data and Insights Group will continue, chaired by Barnet Public Health.

3.1.5 Priority 5: Improving Physical health – governance for physical health assessment and monitoring in people with serious mental illness

Research shows that people with a mental health problem are more likely to have a preventable physical health condition such as heart disease. This can be for a variety of reasons, including, genetics, low motivation, lack of support to change unhealthy behaviour and being less likely to receive medical help.

The trust prioritises physical health and have put in place policies and training packages to support staff to make sure service users are assessed and monitored at regular intervals.

To support staff and service users, the Trust has reviewed and improved the physical health screening tool to capture high quality physical health data at individual patient level and working towards HealthIntent (population health platform) that was progressing well during spring 2022. This work was however paused due to the impact on carenotes outage but has now been restarted. Physical Health Training sessions have been provided for clinical staff for Cardio-Pulmonary Resuscitation (CPR) and Intermediate Life Support (ILS) through the Preceptorship programme for newly qualified nurses several times during the year. The programme also includes training in core skills on the use of the National Early Warning scoring tool (NEWS2), how to complete and record an ECG, safe injection technique, use of food and hydration tools and the development of food diaries for inpatients was undertaken.

A physical health QI Forum was established to support the delivery of community physical health work and spread knowledge across the system. The forum aims to create a network and learning space, engaging frontline staff across the partnership to:

- ✓ Support delivery of physical health work and spread knowledge across the system.
- ✓ Provide a regular learning space to share learning and collaborate on quality improvement work related to physical health.
- ✓ Identify and escalate system-wide barriers that need a trust-wide approach.
- ✓ Act as a communication channel to consult and embed changes because of trust-wide physical health change projects.

A joint physical health working group has also been established with the Whittington Hospital, as part to the operationalisation of Highgate East. Work is in progress in developing and streamlining care pathways for mental and physical health patients to avoid patients' harm, reduce waiting times and backlogs and to improve physical and mental health care patients experience. Establishing a physical Health-Mental Health Partnership Model (WTH/C&I) will ensure mutual benefits for the two Trusts and the people who use the services.

The trust has recruited a smoking cessation advisor to deliver The NHS Long-Term Plan (LTP) ambition for Tobacco Prevention. C&I in partnership with BEH have developed a planned approach to deliver the LTP ambitions for tobacco prevention. The tobacco dependence treatment service offered by BEH and C&I will support patients with either a quit attempt or temporary abstinence during their stay at a smoke-free hospital.

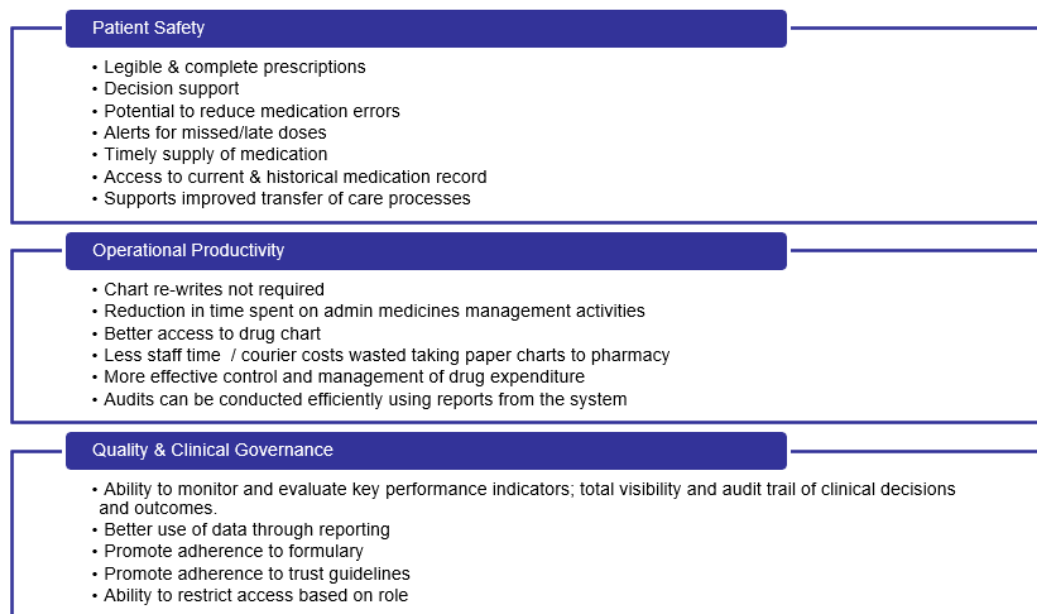
Going forwards, we will roll out the smoking cessation programme across the Trust, invest time on capturing data on uptake and impact, continue the physical health working group as part of the operationalisation of Highgate East, and continue the development of robust pathways.

3.1.6 Priority 6: medicines Optimisation – roll out of electronic medical prescribing

Medicines optimisation is about ensuring people get the right choice of medicines, at the right time and are engaged in the process by their clinical team. The goal of medicines optimisation is

to help patients to improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety.²

The key benefits of an ePMA system are outlined on the image below. The patient safety and quality benefits directly relate to improved medicines optimisation whilst the operational benefits mean that time otherwise spent on administrative tasks can now be spent on medicines optimisation.



Having identified medicines optimisation as a priority for C&I for 2022/23, the trust has been preparing for the implementation of an Electronic Prescribing and Medicines Administration (ePMA) system across inpatient services. This system will replace the current paper-based medicines management process and provide the multi-disciplinary teams at C&I with the digital tools to support patients to get the best outcomes from their medicines. Key decisions regarding the overall configuration and delivery of the system have been made in collaboration with the multi-disciplinary team forming the C&I ePMA Steering Group to guarantee maximum benefit is gained from the use of this digital system for both staff and patients.

Unfortunately, the ePMA project has experienced a few unforeseen delays since its initiation. The pandemic and the unplanned downtime of our Electronic Patient Record (EPR) has meant that the trust has been unable to deliver the benefits of the ePMA system as quickly as hoped. The unplanned downtime of our EPR also meant that the ePMA system would no longer be able to interface with the EPR system and work on Admission, Discharge and Transfer (ADT) interface was also delayed. To avoid further delay to the delivery of the project and avoid a potential clash with the move of wards to the new Highgate East hospital, the Trust have made the decision to implement on the two pilot wards without an ADT interface by end of April 2023. Engagement with staff on the wards has been extremely promising and multidisciplinary users of the system are keen to start making the most its functionality to reduce medication errors and improve patient care. Following the pilot, the system will be enhanced with the ADT interface and full implementation across all inpatient wards is to be completed prior to the move of wards to Highgate East.

² <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf>

3.2 Stakeholder Statements and Response to the Quality Account

3.3 Feedback

If you or someone you know needs help understanding this report, or would like the information in another format, such as large print, easy read, audio or Braille, or in another language, please contact our Communications Department by emailing Communications@candi.nhs.uk.

If you have any feedback or suggestions on how we might improve our Quality Report, please do let us know by emailing Communications@candi.nhs.uk

If you would like to give feedback on services at Camden & Islington Foundation Trust, please email us at feedback@candi.nhs.uk or call 020 3317 3117.

3.4 Statement of the Directors' responsibilities for the Quality report

To be added

3.5 Appendix – Annual Community Mental Health Survey 2022 comparable scores (London average)

	Annual Community Mental Health Survey 2022 comparative scores with London Trusts	C&I	London Average	C&I Rank (out of 9)
Q3	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.2	5.8	2
Q4	In the last 12 months, have you and someone from NHS mental health services agreed how your care and treatment would be delivered? (i.e. in person, via video call or telephone)	6.3	7.0	9
Q6	Have you received your care and treatment in the way you agreed?	8.8	8.1	1
Q7	Were you given enough time to discuss your needs and treatment?	7.6	7.1	2
Q8	Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.0	6.7	3
Q9	Did the person or people you saw appear to be aware of your treatment history?	7.3	6.9	1
Q10	Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care and may be called a "care coordinator" or "lead professional".)	7.3	7.0	3
Q12	How well does this person organise the care and services you need?	8.5	8.0	1
Q13	Do you know how to contact this person if you have a concern about your care?	9.8	9.6	2
Q14	Thinking about the last time you contacted this person, did you get the help you needed?	8.5	7.7	1
Q15	Have you and someone from NHS mental health services decided what care you will receive? (This may be called a care plan).	6.1	6.1	5
Q16	Were you involved as much as you wanted to be in agreeing what care you will receive?	7.8	7.3	1
Q17	Did decisions on what care you will receive take into account your needs in other areas of your life?	7.4	6.8	1
Q18	In the last 12 months, have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?	5.6	6.4	9
Q19	Did you feel that decisions were made together by you and the person you saw during this discussion?	8.9	7.6	1
Q20	Would you know who to contact out of office hours within the NHS if you had a crisis?	7.3	7.0	5
Q21	In the last 12 months, did you get the help you needed when you tried contacting this person or team?	7.9	6.7	1
Q22	How do you feel about the length of time it took you to get through to this person or team?	6.3	6.1	5
Q24	Has the purpose of your medicines ever been discussed with you?	8.4	7.9	1
Q25	Have the possible side effects of your medicines ever been discussed with you?	6.5	5.8	1
Q27	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?)	7.4	7.5	8
Q29	Were these NHS talking therapies explained to you in a way you could understand?	8.0	8.1	7
Q30	Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?	7.5	7.2	4
Q33	In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, disability, or a condition such as diabetes, epilepsy, etc.)?	5.6	4.7	1
Q34	In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	5.0	3.6	1
Q35	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	4.1	3.9	4
Q36	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.6	6.5	5
Q37	Overall...	6.7	6.6	5
Q38	Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.2	8.1	2
Q39	Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	1.9	2.3	8

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