



Camden and Islington
NHS Foundation Trust

CAMDEN AND ISLINGTON NHS FOUNDATION TRUST

QUALITY ACCOUNT 2022-2023

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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

	<p>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.</p>
Datix	<p>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.</p>
DIALOG+	<p>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.</p>
Foundation Trust	<p>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</p>
Information Governance (IG)	<p>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.</p>
Patient Safety Incident	<p>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.</p>
Quality Improvement (QI)	<p>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.</p>
Mortality	<p>Mortality rate is a measure of the number of deaths in a given population.</p>
Risk management	<p>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.</p>
Section 136 (s136)	<p>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.</p>

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:

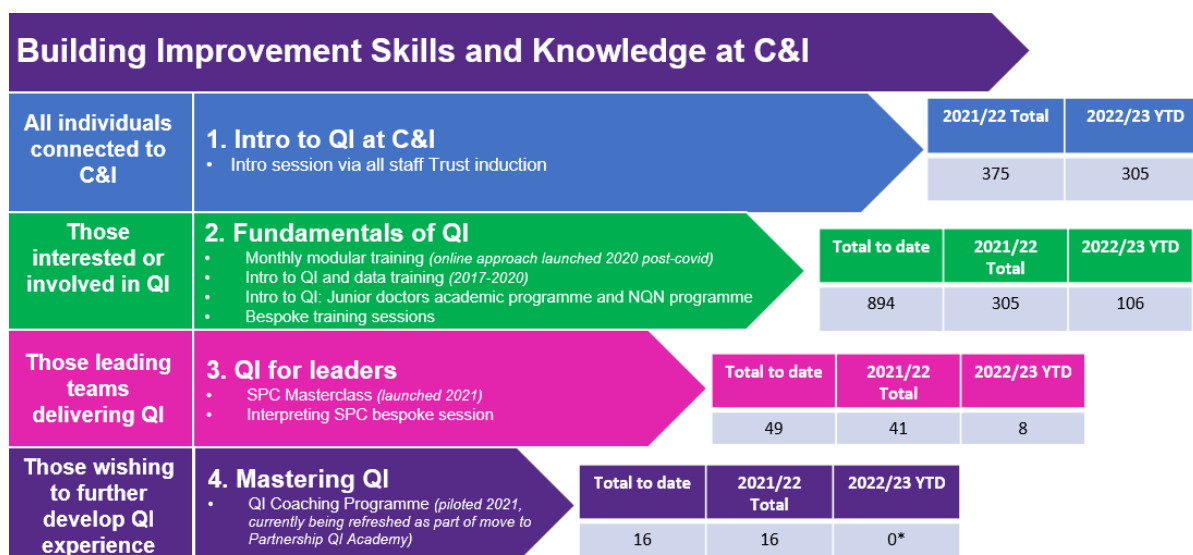
- ✓ supporting both Trust-wide and division-specific improvement priorities.
- ✓ supporting strategic and quality priorities.
- ✓ supporting colleagues to lead change through the delivery of QI training, coaching, and mentoring.
- ✓ incorporating QI into our divisional approach for quality management.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



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.

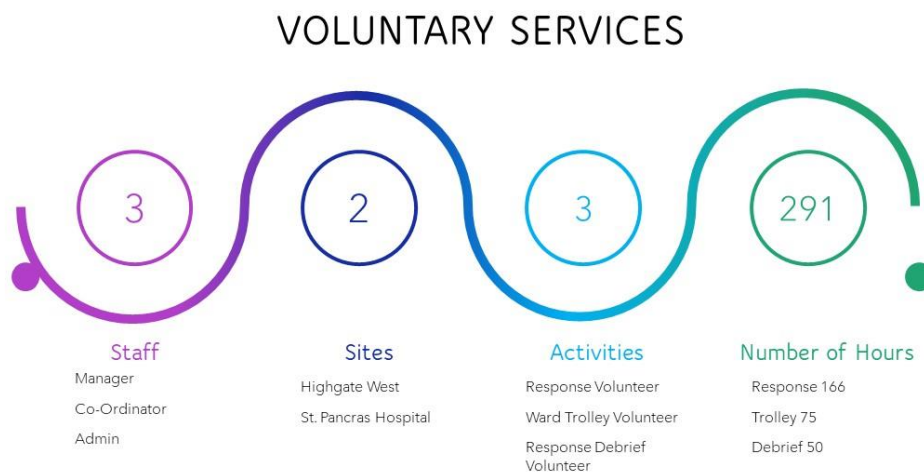
Internationally, we were also proud to attend the Institute of Healthcare Improvement (IHI) International Quality Forum in June 2022 where three members of the QI Team presented our work on Improving Flow in the Acute Mental Health Setting.

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.

- ✓ 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.



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



	Safe	Effective	Caring	Responsive	Well-led	Overall
Adult community-based services	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Wards for people with learning disabilities or autism	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Community mental health services with learning disabilities or autism	Good	Outstanding ☆	Good	Good	Good	Good
Community-based mental health services for older people	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Mental health crisis services and health-based places of safety	Requires Improvement	Good	Good	Good	Good	Good
Liaison psychiatry services	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Good	Good
Substance misuse services	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	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).

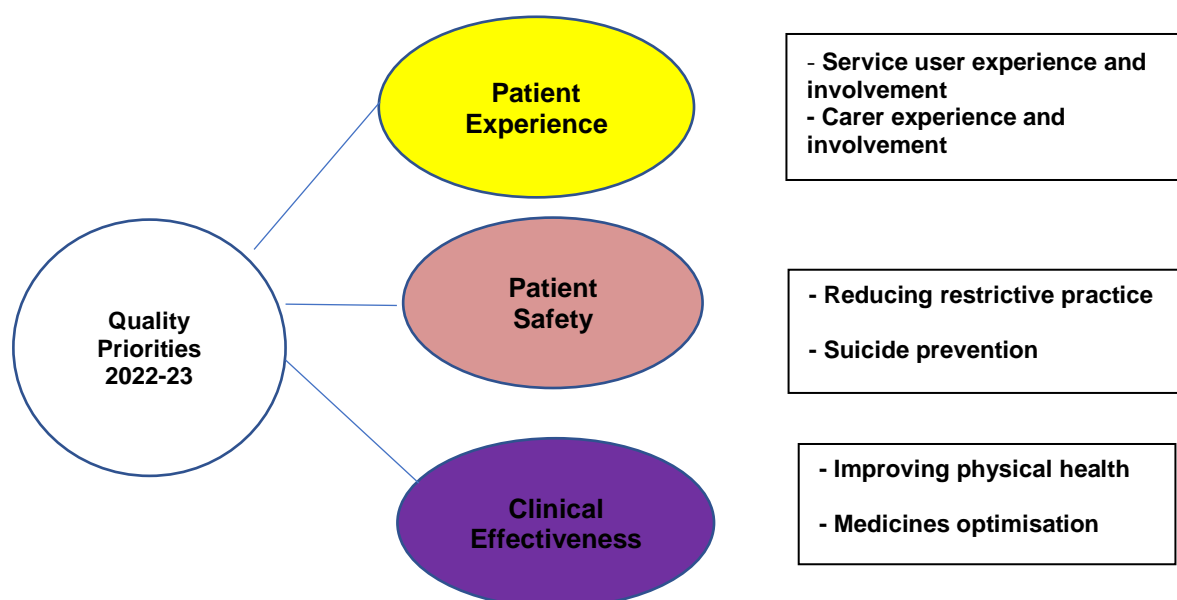


Figure 1

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.

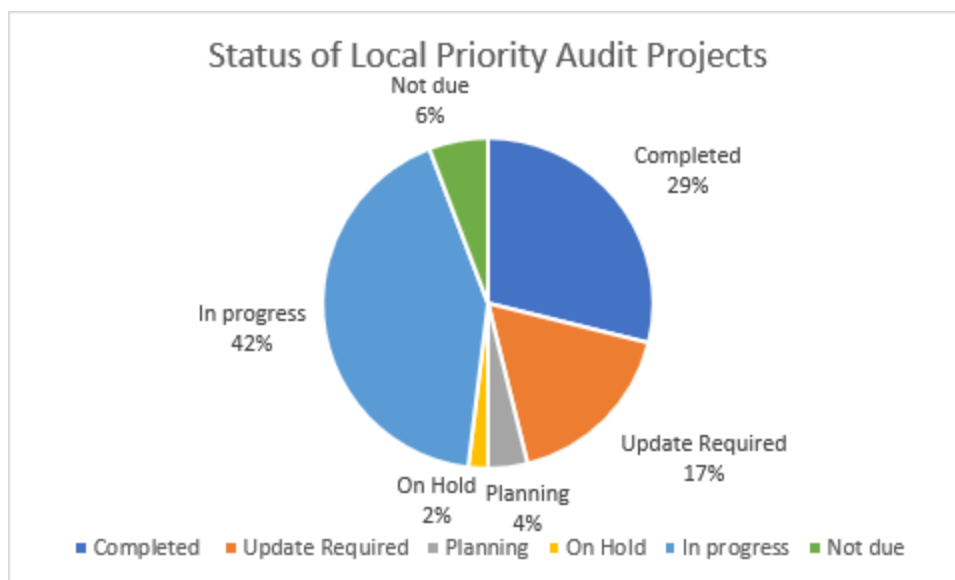
The Trust participated in all other eligible national clinical audits and national confidential enquiries in 2022- 2023.

	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.	
<p>7. 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>
<p>8. 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.

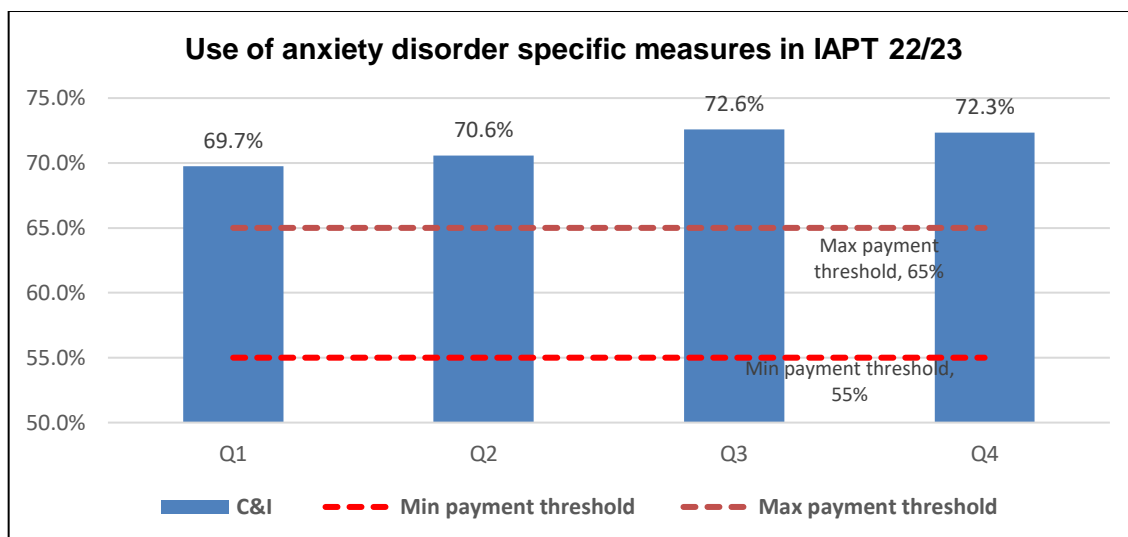
The Trust had faced an unprecedented situation this year where there was a cyberattack to the Trust's electronic patient record (Carenotes), in August 2022. This resulted in the lack of ability to capture and report on many of our performance indicators during that time. Whilst we were not the only trust 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:

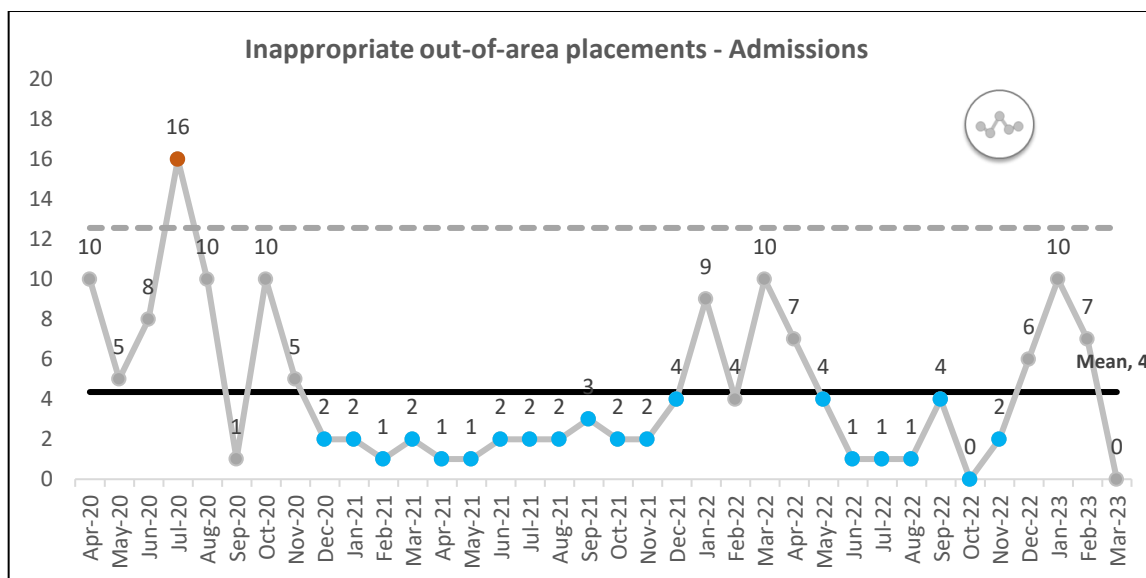
- ✓ Quality of Care, Access and Outcomes
- ✓ Preventing Ill Health and Reducing Inequalities
- ✓ Finance and Resources
- ✓ People
- ✓ Leadership and Capability

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

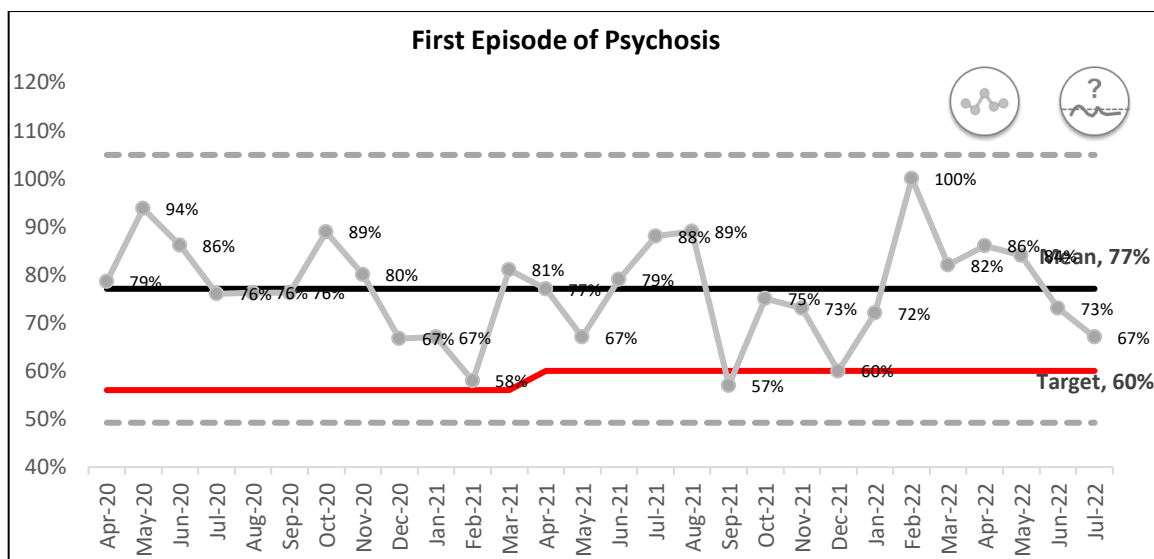
There has been a sustained improvement in out-of-area placements this year, and it has remained at low levels except January and February 2023 where we experienced a period of challenges with local capacity, linked to higher level admissions, alongside lower-level discharges. Sustained improvement, however, 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			
	Q1	Q2	Q3	Q4	Q1	Q2*	Q3	Q4
Bed Occupancy	92%	88%	91%	92%	95%	94%	92%	92%

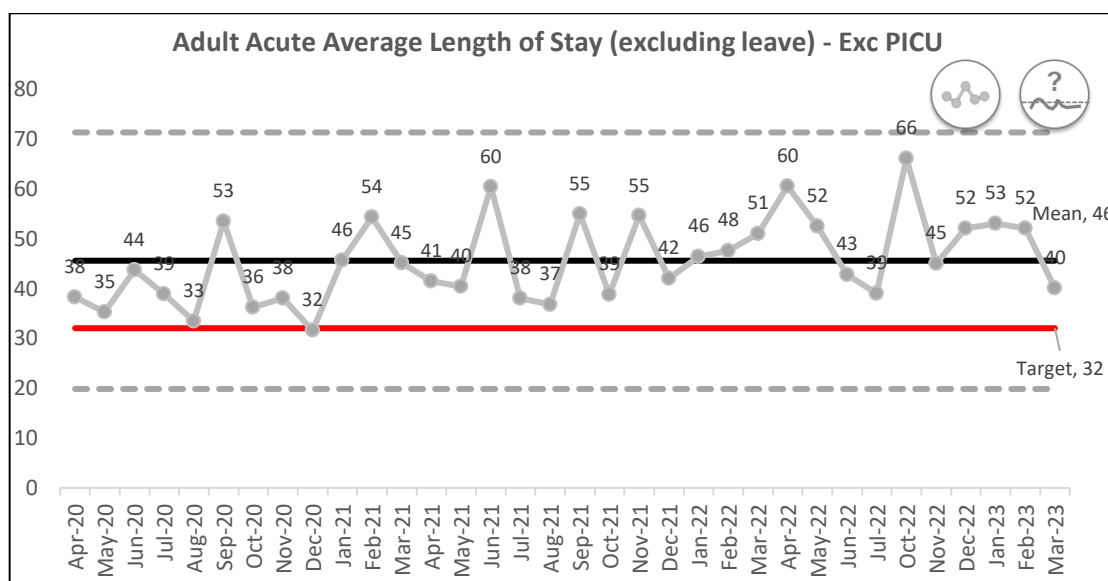
**Due to the EPR outage accurate data for August and September 2022 is not available but an average occupancy over the previous 3 months was used as a proxy for those months.*

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

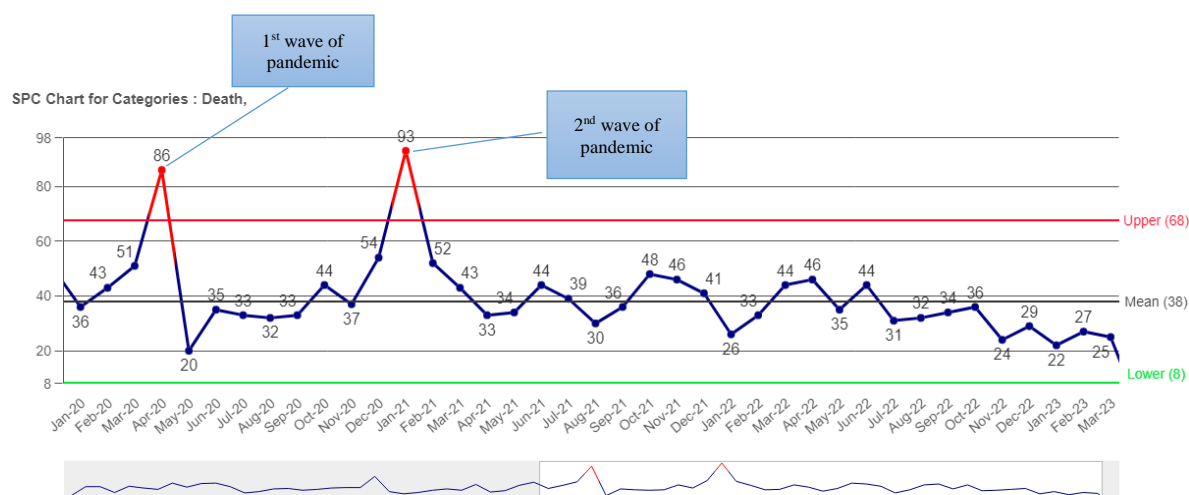
450 incidents of deaths were reported in 2022-23. Total numbers by quarter are shown below. The total number of reported deaths were within the normal range in each quarter.

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.

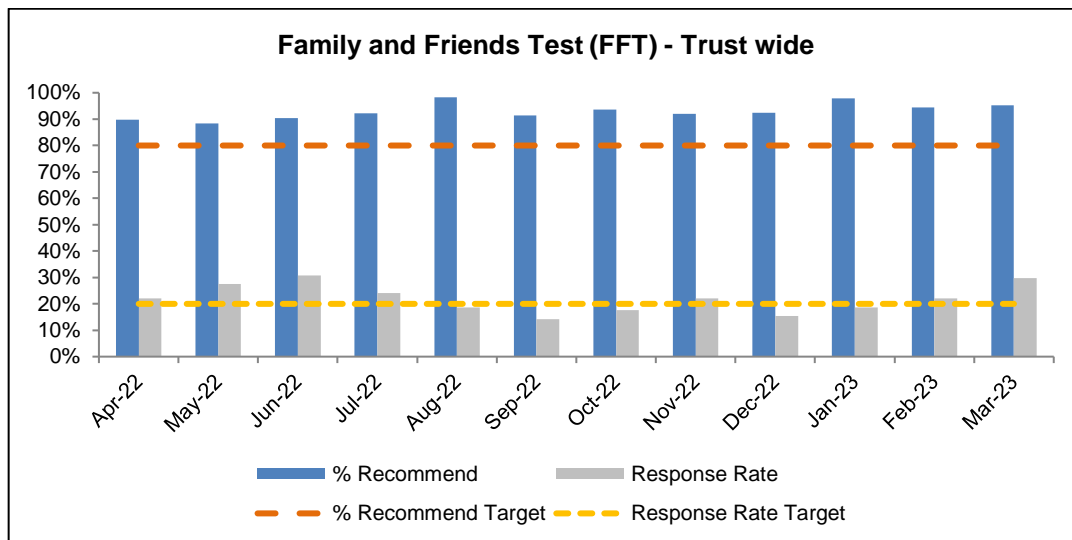
1,708 FFT responses were received across the Trust between April 2022 and March 2023.

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.

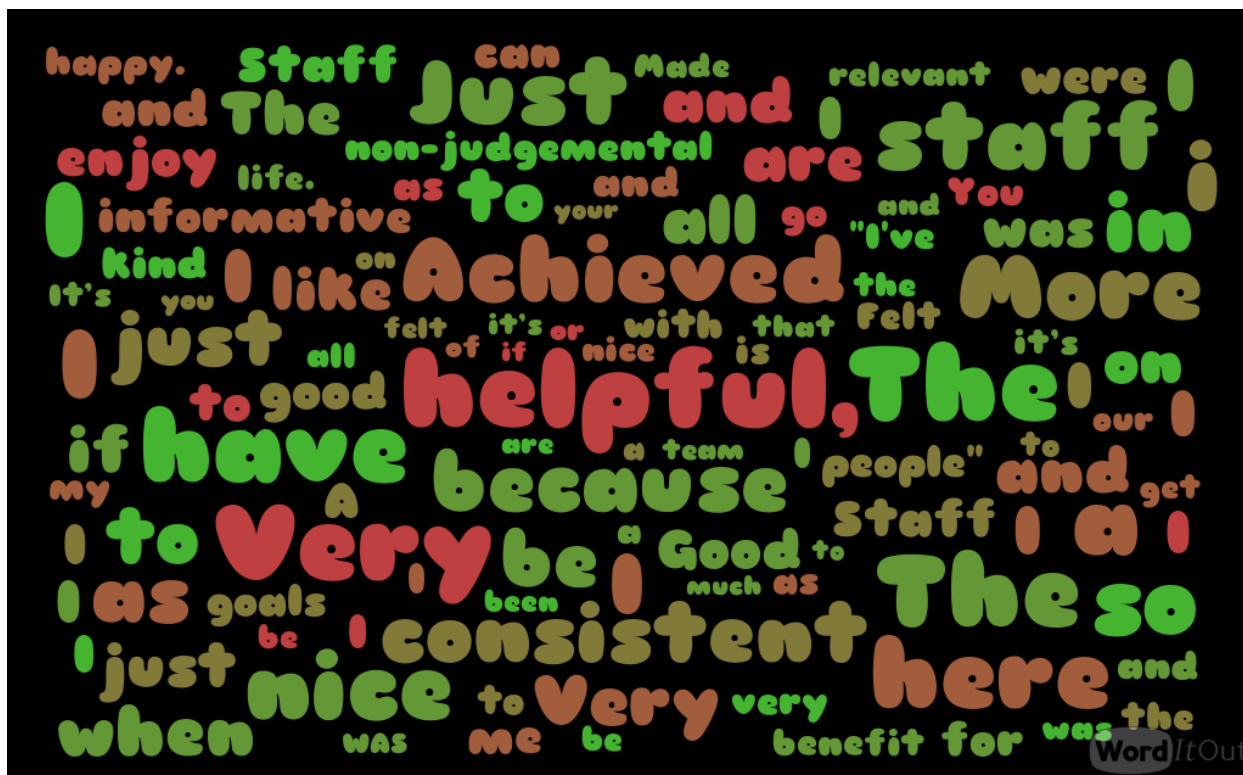
Patient FFT	2021-22				2022-23			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FFT Responses	286	379	439	404	496	362	405	445

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.

The recommended rate consistently met and exceeded the 80% trust target throughout the year as shown below. This represents 88% of positive feedback received from those who had very good or good experience following care and treatment.

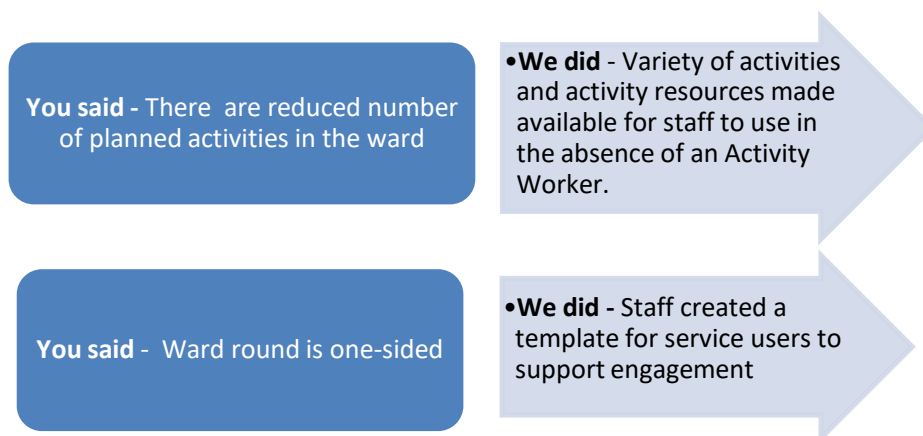


Some examples of positive comments received are highlighted in the word cloud below.



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;



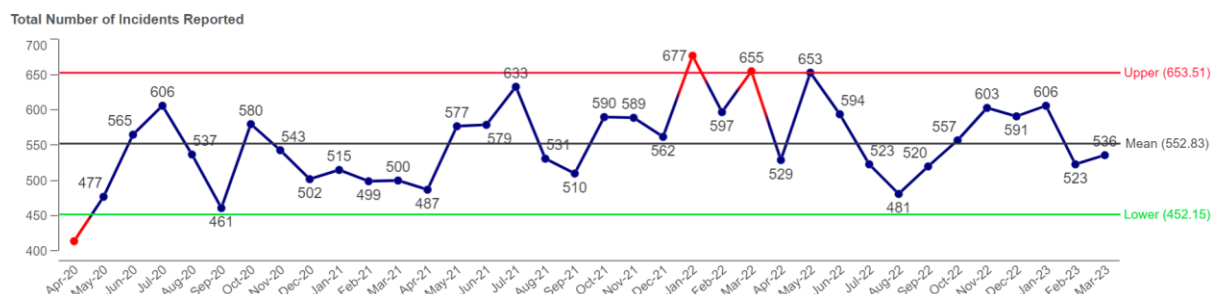
2.19 Patient Safety

2.19.1 Incident Reporting

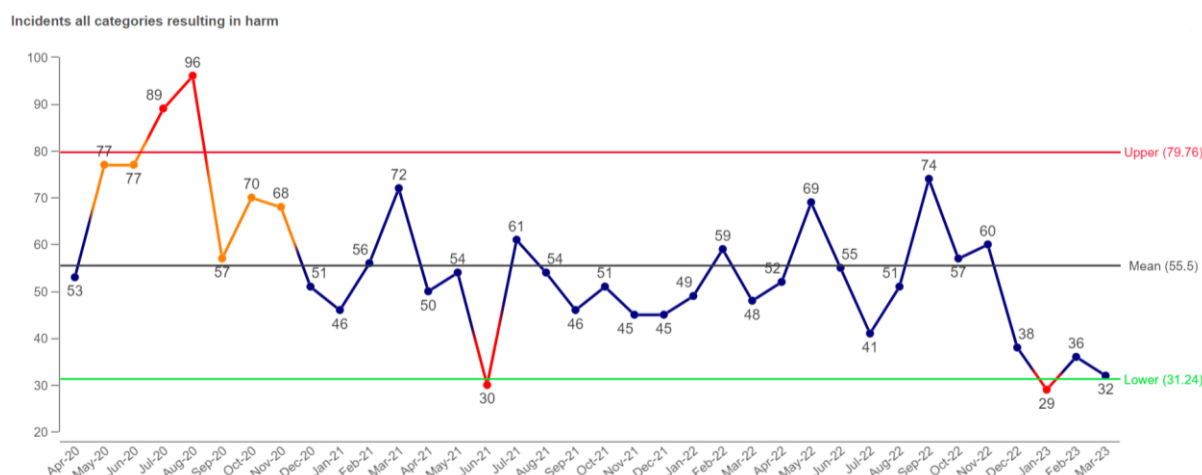
The key areas included in this section are our overall incident reporting rates, incidents that relate to patients, number of times patients were secluded, number of times patients had a fall, and our risk management processes.

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.



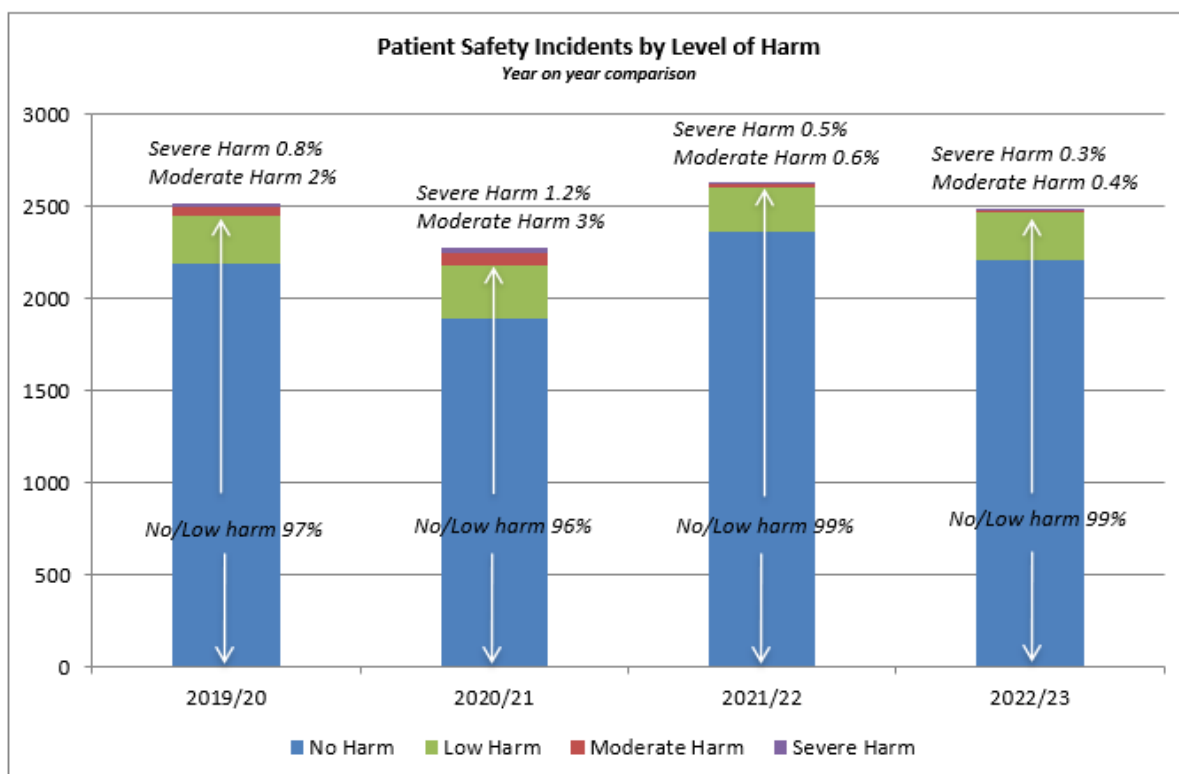
The number of incidents resulting in harm has remained low over the past three years. This is a further reflection of a positive safety culture and the impact of safety interventions, such as safety hurdles in acute inpatient settings. The overall proportion of incidents resulting in harm in 2022-23 (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

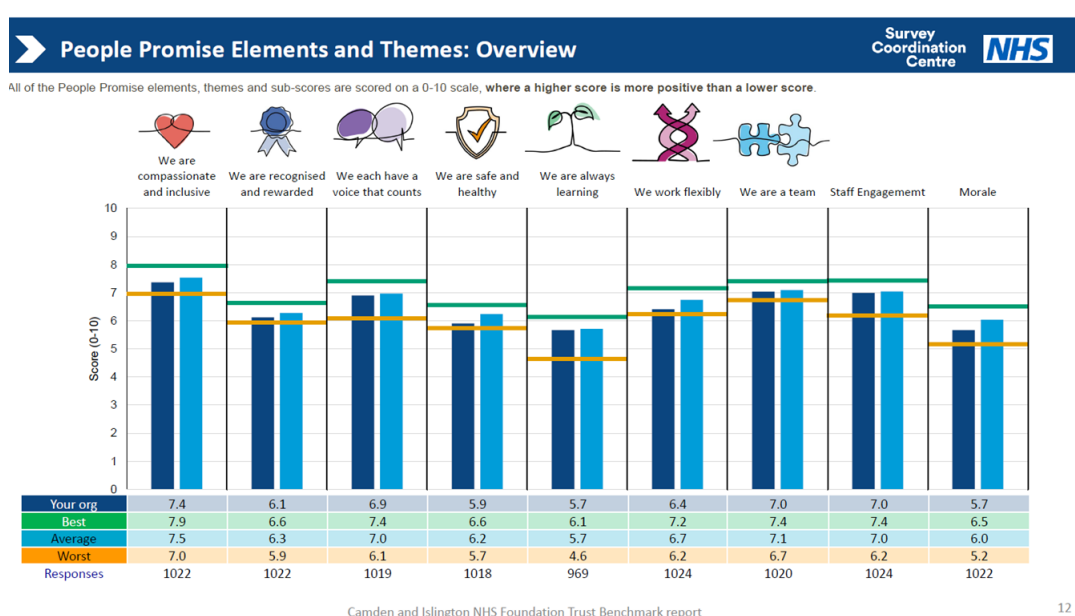
The Trust remains committed to improving staff experience and staff engagement, to support making the organisation a great place to work. In 2022, we again participated in the annual national Staff Survey - carried out every Autumn throughout the NHS as a mechanism for assessing the level of staff engagement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

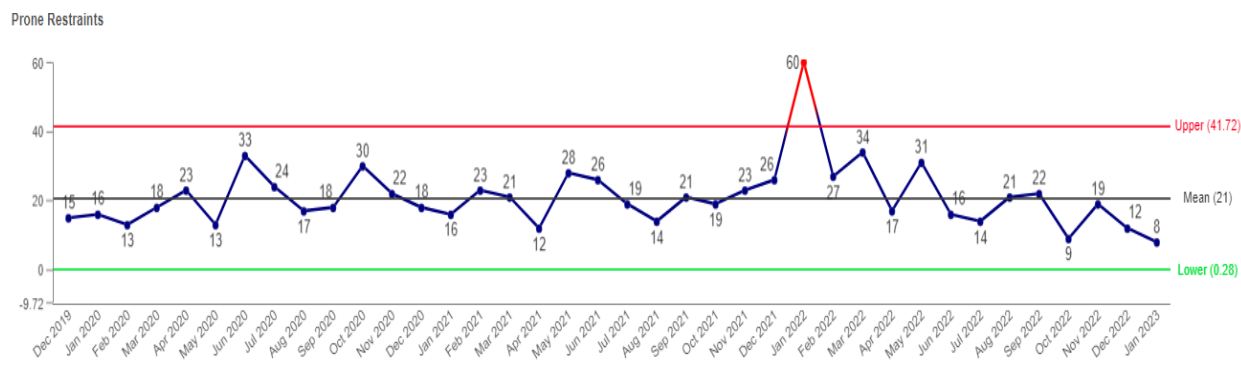
Least restrictive practice remains a key focus to the reduction of violence and aggression, reducing containment and improving service users' experience. Our resources have been increased to dedicate efforts in this area of work. Our specialist lead has been joined by an associate lead and a practitioner 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.



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.

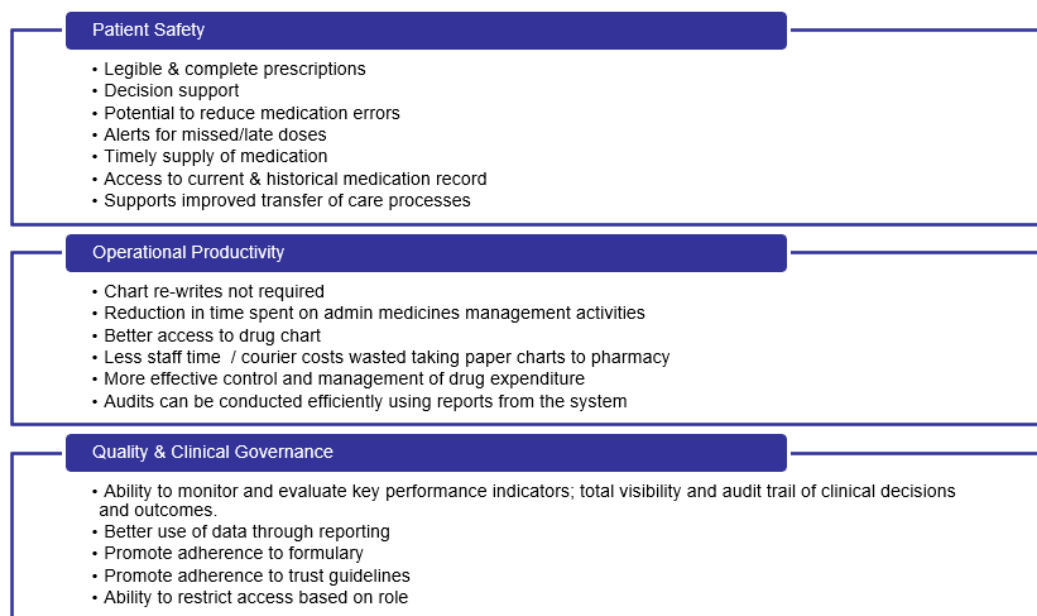
Going forwards, we will roll out the smoking cessation programme across the Trust, invest time on capturing data on uptake and impact, continue the physical health working group as part of the operationalisation of Highgate East, and continue the development of robust pathways.

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

Acknowledgements

Camden and Islington NHS Foundation Trust would like to thank all the staff, service users and partner organisations that contributed to this report.