



Camden and Islington
NHS Foundation Trust

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CAMDEN AND ISLINGTON NHS FOUNDATION TRUST

QUALITY ACCOUNT 2023-2024



Contents (page numbers to be finalised)

Part 1 – Statements of Quality	3
1.1 Foreword from the Chief Executive	3
1.2 Introduction from the Chief Nursing Officer	5
1.3 What is a Quality Account?	7
1.4 Our Key Highlights	10
Part 2 - Priorities and statements of assurances from the Board	22
2.1 Statements of assurance from the Board	22
2.2 Care Quality Commission (CQC)	22
2.3 Quality Priorities for 2023-24	24
2.4 Looking forward: Quality Priorities 2024-25	24
2.5 Clinical Effectiveness	26
2.6 Participation in Clinical Research	28
2.7 Participation in Accreditation Schemes	29
2.8 Improving Data Quality	30
2.9 NHS Performance Framework	30
2.10 Inappropriate out-of-area placements for adult mental health services	31
2.11 Talking Therapies	31
Average LOS for Acute wards	32
2.12 Dementia Diagnosis within 6 weeks	32
2.13 Information Governance (IG)	34
2.14 Patient Experience	34
2.15 Patient Safety	38
2.15.1 Risk management	Error! Bookmark not defined.
2.16 Infection Control	45
2.17 Annual Staff Survey 2023	48
2.18 Workforce – Our commitment to Equality, Diversity and Inclusion and Organisational Development.	50
Part 3 – Review of our Quality Performance	Error! Bookmark not defined.
3.1 Review of progress made against last year's priorities	52
3.2 Quality Governance	56
Safeguarding	57
3.3 Stakeholder Statements and Response to the Quality Account	58
3.4 Feedback	Error! Bookmark not defined.
3.5 Statement of the Directors' responsibilities for the Quality Report	Error! Bookmark not defined.

1.1 Foreword from the Chief Executive

I am delighted to welcome you to our Quality Account outlining our achievements and challenges over the past year.

The last 12 months has marked an important milestone for the North London Mental Health Partnership, our partnership between Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust. Our Partnership's priority at all times is making the care that we provide to you, our community across north central London, the best it can possibly be. That is why, last year, we took the decision to come together formally as a new Trust, and we are on course to achieve this on 1 October 2024, taking the best from each current Trust.

In May 2023, we published our new five-year Partnership Strategy and decided on a new name for our Partnership to give it a clear identity: The North London Mental Health Partnership. We also agreed a clear Vision to guide our work: Better Mental Health, Better Lives, Better Communities.

In order to achieve our Vision, we need to attract and retain great staff and to help in this, we launched our new People and Organisational Development Strategy in October 2023, after significant staff engagement. It outlines how we will support and develop our staff and explore new ways to attract and keep the very best staff. As part of this, we also launched our new Values and Behaviour Framework, which were co-produced with significant input from our staff. Our Values and Behaviour Framework set out how we want all our staff to behave with our service users, carers and each other, and, importantly, the behaviours we do not want to see in our organisation.

Another key development over the last year was the publication of our new Clinical Strategy in January 2024, setting out how we will deliver high-quality mental health services to meet the needs of local people over the next five years, ensuring patient care is always at the heart of everything we do.

We are coming together as a new Trust on 1 October because we believe this is better for our service users, carers, our staff and our local communities. Becoming a new Trust will help us to continue to improve our services. Some of the ways we will be able to do this include assessing service users according to their needs rather than their age and managing all of our beds across our five boroughs so that we can avoid anyone who needs inpatient care having to be admitted outside our area away from their support networks, which is vital when people are unwell. We are also streamlining how we work, including our new single point of access for all our crisis services through our Crisis Hub based at St Ann's Hospital in Haringey. This is one of only two pilots in London – the other in south London – working on a pioneering initiative to provide expert advice and timely support to police officers who come into contact with people in mental health crisis. This is already helping to minimise attendance at Emergency Departments and reducing inappropriate detentions, particularly of BAME service users, helping to reduce inequalities.

The buildings where we deliver our care and where our staff work are vital – research shows that the environment in which people get their care has a direct impact on how well they recover. Two major highlights in the last year were the opening of our brand new, purpose-built, 78-bed inpatient facility at Highgate East and of our new Community Mental Health Services Centre at Lowther Road in Islington. We are delighted, too, that our Mental Health Crisis Assessment Service, which has been offering 24/7 emergency care for local people suffering a mental health crisis now has a new, permanent home on our Highgate mental health campus.

We also continue to see the benefits of Blossom Court, our impressive inpatient facility at St Ann's Hospital which opened in 2020. It was formally recognised in October 2023 by the Royal College of Psychiatrists with official accreditation of best practice.

I hope you enjoy reading this Quality Account and thank everyone we work with for your support during the last year. We look forward to working with you over the coming, really significant, 12 months.

With best wishes

Jinjer Kandola MBE
Chief Executive

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1.2 Introduction from the Chief Nursing Officer

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

Getting the basics of outstanding care right, on every inpatient ward and in every community setting, is our focus and our Brilliant Basics programme continues to be embedded across our Partnership to ensure this happens with every service user.

Last year we launched a revised list of eight Brilliant Basics, with safety our number one priority. Our focus is on having consistent standards in every care setting with great communication between all colleagues, whether in their regular safety huddles or through their handovers between shifts.

Reducing restrictive practice on inpatient wards has been another priority with staff attending a session with the mother of a service user who died after being restrained on an inpatient ward in south London. We are committed to improving the use of therapeutic engagement and observations to reduce as far as possible, any need for restrictive practices.

We know that individuals with a mental health diagnosis are far more likely to have physical health challenges, so this year we are expanding our annual physical health checks for every service user to address this more effectively.

A key factor in improving patient care is developing a workforce that is empowered and consistently delivers excellent care. Making our Partnership a great place to work is crucial as we know that staff satisfaction in their work environment has a direct impact on patient care.

The 2023 survey was completed by 45% of staff, against a benchmark group median response rate of 52%. While progress has been made with positive work to reduce inequalities, we know that more work needs to be done around bullying, harassment and discrimination.

Our People and Organisational Development Strategy outlines our plans to improve staff experience across a number of areas, including staff wellbeing and our values and behaviours. As we move towards becoming a new Trust on 1 October 2024, we continue to focus on developing strong relationships with our key partners to improve the mental health and wellbeing of our local communities. As part of this, we engaged with more than 200 stakeholders, including service users, carers, health and social care partners to create our quality priorities for the next year. Their success is reviewed annually and having them as a focus will enable us to improve, still further, the care we offer.

I hope you enjoy reading this year's Quality Account and thank all our service users, carers and partners for the contribution you make to the success of our Partnership.

Amanda Pithouse
Chief Nurse

1.3 What is a Quality Account?

Every year, NHS trusts are required to produce a Quality Account.

The Quality Account includes information about the services we delivered to our local communities, how well they were delivered, and our plans for the year ahead. This Quality Account is an opportunity to reflect on our achievements and also the challenges we have encountered during this past year.

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

Our Quality Account 2023-24 is designed to:

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

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

We value the views of stakeholders in the development of our Quality Account. Our draft Quality Account 2023-24 was shared with stakeholders both for assurance and to ensure we are reporting on the things we need to and that our focus for the year ahead is in line with the Trust Strategy, outcomes and learning from 2022-23, and is improvement driven.

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

1.3.1 Glossary - Language and terminology

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.

Datix

Datix is a quality and safety improvement application that enables web-based incident reporting and risk management for healthcare and social care organisations. It helps the Trust to identify areas for improvement and implement necessary control systems.

DIALOG+

This is a new care planning approach which makes it much easier to co-produce a personalised care and support plan with people. It will replace the Care Programme Approach (CPA) and has replaced care notes.

Emergency
Preparedness
Resilience and
Response (EPRR)

The NHS is required to plan for and respond to a number of incidents and emergencies that could impact health or the care of our patients.

Foundation Trust

NHS Foundation Trusts in England have been created to devolve decision-making to local organisations and communities so that they are more responsive to the needs and wishes of local people

Information
Governance (IG)

Information Governance (IG) is the framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services.

Infection
Prevention Control
(IPC)

Effective infection prevention and control (IPC) programme, including cleanliness and prudent antimicrobial stewardship (AMS), is essential in ensuring that people who use health and social care services receive safe and effective care that conforms to nationally agreed best practice and guidelines in relation to protection from avoidable infections.

Patient Safety
Incident

A patient safety incident is any unintended or unexpected incident which could lead to, or could have led to, harm for one or more patients while receiving NHS care.

Quality
Improvement (QI)

Quality Improvement is a structured approach to improving performance by first analysing the current situation and then working in a systematic way to improve it. It is now an integral part of the quality agenda and aims to make health care safe, effective, patient-centered, timely, efficient and equitable.

Mortality

Mortality rate is a measure of the number of deaths in a given population.

NOCLOR	A research office who provide a number of services to support research from concept to delivery working with our Trust.
Risk management	Risk management involves the identification, assessment and prioritisation of risks that could affect or harm the organisation, staff or patients. The aim is to minimise the threat that such risks pose and to maximise potential benefits.
Section 136 (s136)	Section 136 (s136) is part of the Mental Health Act that gives police emergency powers. Police can use these powers if they think a person has a mental disorder, they are in a public place and need immediate help. They can then take the person to a place of safety, where their mental health will be assessed.
Serious incident investigation	Serious incidents in healthcare are adverse events where the consequences to patients, families, carers, staff or organisations are so significant that they require some form of investigation. These cases are investigated thoroughly, and lessons highlighted to minimise the risk of similar incidents happening again
Serious mental illness (SMI)	A serious mental illness is a mental, behavioural, or emotional disorder that lasts long enough to meet specific diagnostic criteria. SMI results in functional impairment which substantially interferes or limits one or more major life activities.
Statistical Process Control (SPC) chart	This is a way of presenting data over time that helps us understand how we are performing and whether changes that happen are due to normal variation in the system, or due to some special cause that we need to be aware of. It helps us better understand how we are doing and is particularly useful in quality improvement to help guide us in understanding whether changes we make lead to better outcomes.
PMVA	PMVA (Prevention and Management of Violence and Aggression) training helps to reduce the risks of violence and aggression by developing staff knowledge, skills, and attitudes to effectively manage such incidents.

1.4 Our Key Highlights

1.4.1 Partnership working between C&I and BEH

Since April 2022 we have been working in partnership with Barnet, Enfield and Haringey Mental Health NHS Trust (BEH), jointly known as the North London Mental Health Partnership. The Partnership covers a diverse population across Barnet, Camden, Enfield, Haringey and Islington. We provide integrated mental health and community health services to the people of north London, as well as some services regionally and nationally. Our services cover all ages.

Our partnership is made up of eight Divisions:

- Barnet
- Camden
- Child and Adolescent Mental Health Services (CAMHS).
- Enfield
- Haringey
- Hospital Division
- Islington
- Specialist Services

The Divisions work with local authorities and voluntary community groups in their area to deliver services close to where people live.

We support people to overcome the hurdles they face with their health and wellbeing and to live as independently as they can. We follow an 'enablement' approach to providing care, which means we give people the skills they need to look after themselves, with our support, in the community. When people need a higher level of care, we provide that on our wards. We aim to provide services that are accessible, person-centred and responsive to the often complex needs of each individual.

Our services in primary care include psychological therapies for mild to moderate mental illness, and for more serious illnesses, a service delivered by teams of psychiatrists, psychologists and nurses who support GPs to manage mental health problems and act as the gateway to secondary care mental health services. Staff in this role are often called mental health practitioners. We have specialist community services for people with post-traumatic stress disorder (PTSD), personality disorders, complex depression and anxiety, psychotic disorders, older people, dementia, and addictions.

We offer a wide range of local and more specialist mental health services, including helping people with personality disorders, drug and alcohol recovery, children's mental health issues, dementia, eating disorders, learning disabilities, and suicide prevention.

Camden and Islington NHS Foundation Trust is one of the few mental health trusts in England with a well-developed rehabilitation pathway for people with serious mental illness.

We have an acute pathway, with crisis and home treatment teams, crisis houses, a variety of inpatient wards and a Place of Safety for anyone detained by police under Section 136 of the Mental Health Act. Our crisis hub combines our urgent mental health phone lines, including an

advice line for police officers and the new NHS111 mental health option (in pilot phase as of March 2024 and formally launched in April 2024).

The hospital division includes all inpatient areas (Psychiatric intensive care unit (PICU), acute, older adults and rehabilitation) plus our mental health crisis assessment service (MHCAS), acute hospital liaison services and health-based places of safety)

Our Specialist Services division includes forensic mental health services, stalking, counterterrorism, and prison services across north London and beyond.

We also run the North London Forensic Service (NLFS), which the Care Quality Commission (CQC) has rated as Outstanding. It treats and cares for people in the criminal justice system who have mental health conditions. NLFS is embedded in Pentonville, Wormwood Scrubs and Brixton prisons in London.

In addition to delivering mental health care in adult prisons, we are also the lead provider for a group of five NHS trusts delivering secure forensic inpatient services in north London. As a Provider Collaborative, we jointly bring together regional providers of NHS England commissioned specialist services to improve the quality of patient care.

Our Child and Adolescent Mental Health Services (CAMHS) are undergoing a transformative journey aimed at providing better care for children and young people. This includes the launch of a Single Point of Access (SPOA) across three boroughs (Barnet, Enfield and Haringey) to streamline access to mental health services and offer quick clinical assessments and interventions. We've also developed a service for children aged 0-5, collaborating with local partners to provide assessments and intervention plans. Our focus remains on providing timely and equitable care, involving families in care plans, and supporting young people transitioning to adult services. We're proud to have reduced waiting lists and extended mental health support to schools. Our commitment to co-production is evident in initiatives like the Patient Knows Best digital platform and the integration of a Youth Board to shape service design. Through engagement efforts with local communities and partners, we're striving to ensure everyone has access to the support they need.

Our communities:

Our five boroughs – key highlights

- **Barnet:** Is the second largest London borough by population and has an estimated resident population of 389,400 (2021 census). There is a significant older population with 6.8% of the population aged 75 years and over. A significantly higher percentage of older people are living alone. The Serious Mental Illness (SMI) prevalence in adults (QOF 21/22) is 1.03%.
- **Camden:** Has an estimated population of 210,100 (2021 census) with a large proportion aged between 20 and 39 due to the large number of educational institutions and employment opportunities. The prevalence of depression in adults is 6% compared to the NCL average of 4%. The SMI prevalence in adults (QOF 21/22) is 1.38%.

- Enfield: Is the seventh largest London borough and has an estimated population of 330,500 (2021 census). Of year 6 pupils, 42% are overweight or obese and there are significantly high levels of GP diagnosed diabetes (8.4%) compared to the London average (6.8%). The SMI prevalence in adults (QOF 21/22) is 1.13%.
- Haringey: Has an estimated population of 264,100 (2021 census) with a large proportion aged between 25 and 44. The SMI prevalence in adults (QOF 21/22) is 1.29%.
- Islington: Has an estimated population of 216,100 (2021 census) with a large proportion aged between 20 and 39. Of the adult population, 7% are diagnosed with depression compared to the NCL average of 4%. The residents report the highest levels of disability across NCL. The SMI prevalence in adults (QOF 21/22) is 1.38%

New Flagship Inpatient and Community Mental Health Facilities

In March 2024, the North London Mental Health Partnership (NLMHP) opened two new flagship mental health facilities.

On the 13 March 2024, service users started to move into Highgate East, a state-of-the-art 78 bedded unit for adults and older people requiring mental health recovery and rehabilitation. Highgate East is a purpose-built inpatient mental health hospital offering all ensuite bedrooms, access to outdoor spaces, quiet areas, a family visiting area, a gym for service users and a café open to the public.

On the 18 March 2024, 1 Lowther Road, our new purpose-built Integrated Community Mental Health Centre, opened its doors to service users in Islington. The Centre incorporates the latest digitally enabled technology and will provide a range of community-based mental and physical healthcare treatments.

Both Highgate East and Lowther Road have been co-designed, constructed and delivered in collaboration with staff and service users, and have embraced a holistic approach to promoting health and wellbeing by considering mind, body, family, friends, community and the environment.

St Pancras Transformation Programme

The North London Mental Health Partnership (NLMHP) has a history of delivering high levels of innovation and research. Its academics have been at the forefront in developing the evidence base for rehabilitation services, early intervention services, assertive outreach teams, crisis teams, crisis houses, dementia care, and physical health in psychosis. We want to build on this expertise and grow our research capability to be world class, whilst at the same time improving public understanding of mental health, promoting positive perspectives and challenging accepted thinking on mental health issues - through innovative engagement and education.

Through the St Pancras Transformation Programme, the NLMHP will deliver cutting-edge inpatient and community mental health services in a new way and across new facilities in Camden and Islington. The new hospital at Highgate East will improve the way that inpatient services are delivered by providing the potential to meet patient mental health and physical health needs within a single NHS facility.



The Integrated Community Mental Health Centre at Lowther Road has been designed to be an inclusive, trauma informed environment conducive to breaking down barriers and destigmatising mental ill health.

The new facilities are as a direct result of the St Pancras Transformation Programme which has involved the sale of the St Pancras Hospital site for redevelopment, with the proceeds funding new estate for mental health care. Part of the site has already been sold to the Moorfields Eye Hospital NHS Foundation Trust and work commenced in March 2023 to construct 'Oriel', a brand-new Integrated Eye Centre, which is a joint initiative between Moorfields Eye Hospital, the University College London Institute of Ophthalmology, and Moorfields Eye Charity. The new Centre is scheduled to open in 2027.

NLMHP's future plan for the remainder of the St Pancras site includes the St Pancras Centre for Mental Health which will be a beacon for mental health research and learning in the heart of Camden's Knowledge Quarter. The primary function of the building will be to provide a wide range of community and specialist mental health services for local people in Camden, and a welcoming and inclusive environment that de-stigmatises mental illness.

Through the St Pancras Transformation Programme, NLMHP will become an exemplar for mental health service provision and development through leading research, quality improvement, and technological approaches. This will pioneer advances in mental health care and attract the very best clinicians and experts to work in mental health facilities with a national and international profile.

Highgate East

Located next to the Whittington Hospital in Archway on the Camden, Haringey and Islington border, all boroughs with high-levels mental health need, Highgate East replaces ageing inpatient facilities at the St Pancras Hospital, offering a purpose-built environment which will support the recovery of service users and significantly improve the working lives of staff.

Highgate East forms a new single campus with our existing Highgate Mental Health Centre, improving the way in which clinical cover is organised and how facilities are managed. We have also worked to establish a permanent home for the Mental Health Crisis Assessment Service on the campus, bringing together all our acute and assessment functions in a way that will share expertise and resilience.

Co-production with service users has been key to the success of the building and all those involved can be hugely proud of what they have achieved during the design and construction phases. We know their work will lead to long-lasting improvements for the NHS, the users of the building and the wider local community.

BBC London recently reported on Highgate East reflecting on how the ground-breaking hospital had been co-produced by service users. The BBC report can be viewed online [via this link](#). The official opening of the building will take place later in 2024.

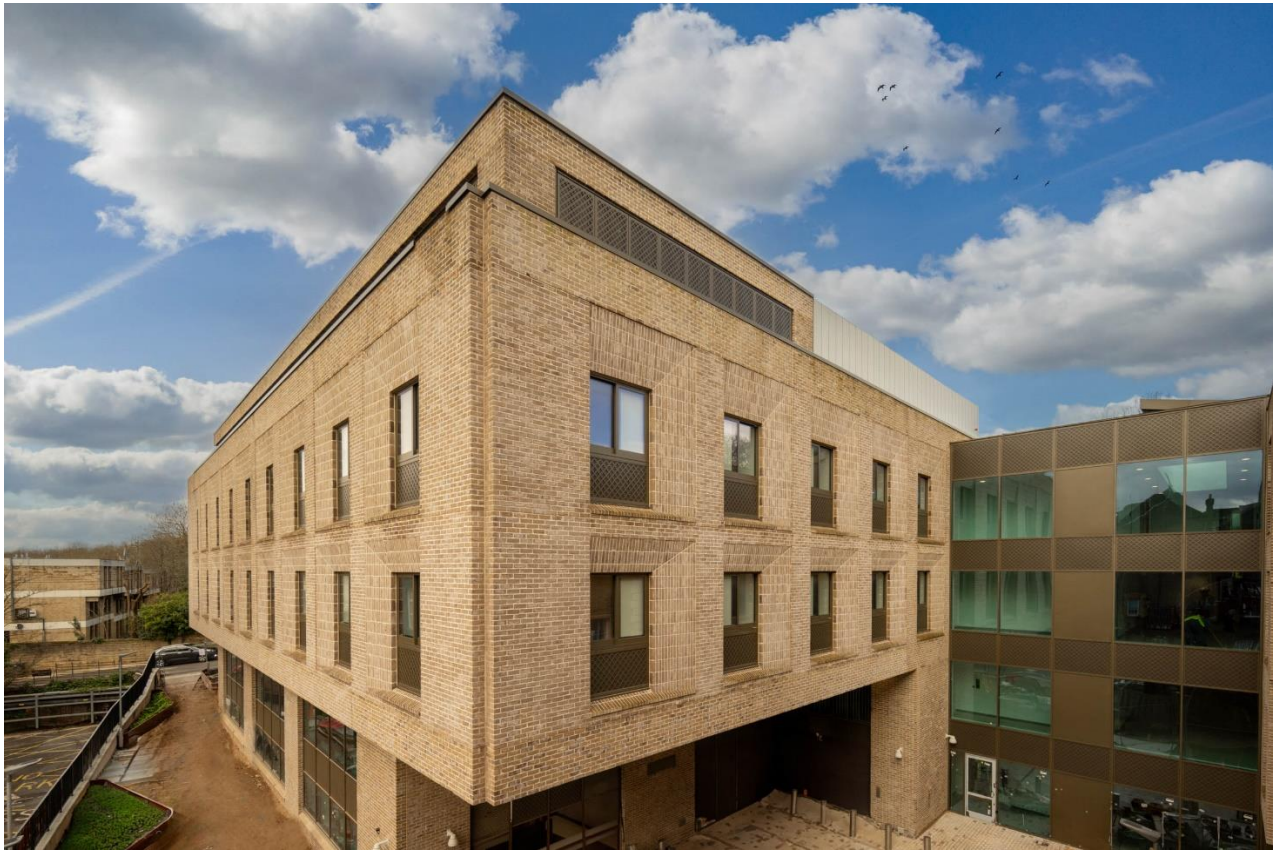


Figure 1 External View of Highgate East



Figure 2 Secure garden area with table tennis



Figure 3 Secure external area



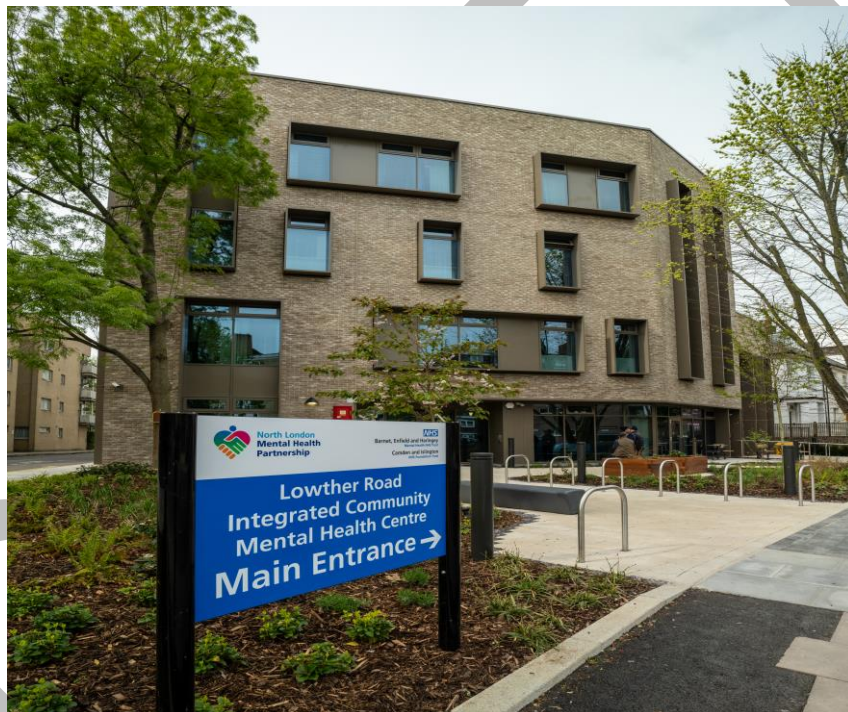
Figure 4 Service User lounge area

Lowther Road, Integrated Community Mental Health Centre

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.

Lowther Road Integrated Community Mental Health Centre provides a modern, welcoming space in the heart of the community. The Centre offers a range of community mental health treatments and care within 30 consultation rooms and therapeutic group rooms. With around 100 staff and clinicians based at the building, it will facilitate multi-agency collaboration across the NHS, local government and the voluntary sector work. In the future this will lay the foundations for better person-centred care integrated across mental and physical health, social care and social prescribing. The facility also provides a service user information zone to promote individual resilience and learning about self-care.

Lowther Road was opened on 18 April 2024, by Per Mertesacker, Arsenal Academy Manager. Arsenal in the Community provides an inspiring, supportive network for local people with mental health diagnoses and has strong connections with NLMHP.



1.4.2 Transforming Community Mental Health Care

Our ambitious programme to revolutionise mental health care continues and is now nearing the end of the third year of transformation. We are continuing to change how we work to help our service users recover sooner and stay well for longer in their communities. This three-year nationally funded transformation programme, which started in April 2021, has seen the appointment of hundreds of new frontline staff across North Central London (NCL) delivering new models of care.

Significant work continues to expand our core mental health teams to multi-disciplinary teams of professional and non-professional clinical staff. We are continuing to integrate our core mental health teams around Primary Care Networks (PCNs), as well as with Voluntary Care

Sector (VCS) and social care colleagues, to provide care at a neighbourhood level. This is so we can engage with local communities, service users, carers and their families to understand issues and tackle inequalities, strengthen relationships and take a coordinated approach to improve the quality of life and outcomes for service users.

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

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

We continue to focus on developing strong relationships with our key partners to improve the mental health and wellbeing of our local communities. This means working collaboratively to tackle social and economic factors that can impact wellbeing like isolation and loneliness.

As part of the third year of Mental Health Investment Funding received, we have continued to recruit more front-line workers to ensure there are no barriers to accessing the right care at the right time. We are focusing strongly on prevention, recovery and improving mental health and wellbeing in partnership with communities, local government, and other agencies.

Transforming mental health care takes time and our transformation journey will continue for some time as we continue to redesign our pathways as part of the transformation.

Examples of improvements already made or planned are:

- Continuing to roll-out and embed DIALOG+ across our community services, a holistic care planning approach designed to make service and key worker meetings therapeutically effective. DIALOG+ is being rolled out nationally as part of the shift away from the traditional Care Planning Approach (CPA). In 2023/24 thousands of DIALOG+ assessments have been undertaken with service users across our community services.
- Across all Boroughs, new members of staff continued to take up exciting new roles within our Core Community Mental Health Teams and our specialist teams.
- We are also implementing an early intervention community adult eating disorder recovery service with the aim of helping services users experiencing mild to moderate eating symptoms.
- We are continuing working in close partnership with the Voluntary and Care Sector (VCS), and with our Individual Placement Support (employment support) providers.
- Our VCS teams are helping service users every month with their mental health by providing a range of psycho-social support and interventions. They provide a critical link to local grass root and community organisations.
- We are continuing to build on and enhance the relationships with our Individual Placement Support service providers who provide a critical role in helping with employment support, using their evidence-based programme helping people find and return to employment. We will work in partnership with our providers to further strengthen our arrangements in 2024-25.
- We have continued to develop our range of professional support roles whether this is physical health, psychological, occupational and art therapists.

- We have continued to increase the number of adults accessing our 18-25s transitions services so that there is a seamless transfer from our Childrens and Young Adults Services to Adult services.
- With the implementation of the new national waiting time metric with its ambition of helping people receive treatment in four weeks, we have dedicated significant time across our operational, analytical and performance improvement teams to prepare to deliver this.
- Across our Islington Borough we are completing the moves to our new facilities at Lowther Road to provide excellent clinical facilities
- We are proud to continue organising and participating in local community events across our Boroughs to showcase community transformation developments, holding workshops, offering physical health checks and meeting and understanding the roles of Experts by Experience.
- We are excited to continue our transformation journey working in partnership with all our partners, and we are currently developing our plans for 2024-25. These include expanding our support for services users with personality disorders and complex emotional needs, bolstering our Early Intervention in Psychosis services, continuing the transformation of our eating disorder and community rehabilitation services, and investing further in our core mental health and specialist teams. We are also working to streamline our menu of services for providing psychological and therapy interventions so that service users know what they can receive to help them in their recovery.

1.4.3 Quality Improvement (QI)

Quality improvement (QI) has been part of the Trust's strategy since 2016 and ever since, we have been committed to embedding and sustaining a culture of continuous improvement and learning with strong frontline service user and carer involvement.

Our QI Team, now formed to support across the partnership, 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 through the brilliant basics programme
- 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 approach, to support with pathways and flow, and QI collaborative workshops, to improve service user and carer experience.
- Several QI, clinical and operational staff members are on the Flow Coaching Academy Programme from 2023 and are set to graduate in 2024, further strengthening our use of this methodology.

Building improvement skills and knowledge at C&I Our QI training strategy has four levels of improvement skills, tailored to individual roles, interests and needs.

Building Improvement Skills and Knowledge at C&I				
All individuals connected to C&I	1. Intro to QI at C&I <ul style="list-style-type: none"> Intro session via all staff Trust induction 	2022/2023 YTD	2023/2024 YTD	
		305	347	
Those interested or involved in QI	2. Fundamentals of QI <ul style="list-style-type: none"> Monthly modular training (online approach launched 2020 post-covid) Intro to QI and data training (2017-2020) Intro to QI: Junior doctors academic programme and NQN programme Bespoke training sessions 	Total to date	2022/2023 YTD	2023/2024 YTD
		941	106	47
Those leading teams delivering QI	3. QI for leaders <ul style="list-style-type: none"> SPC Masterclass (launched 2021) Interpreting SPC bespoke session 	Total to date	2022/2023 YTD	2023/2024 YTD
		64	8	15
Those wishing to further develop QI experience	4. Mastering QI <ul style="list-style-type: none"> QI Coaching Programme (piloted 2021, currently being refreshed as part of move to Partnership QI Academy) 	Total to date	2022/2023 YTD	2023/2024 YTD
		16	0*	0*

We have now merged with the BEH QI Team to provide support across the partnership. As part of this the QI training programme is being delivered through the newly established QI Academy. New branding and logos have also been developed to launch the partnership QI programme.

All of our QI projects are now registered on a Partnership Life QI platform and since the start of the programme, C&I have 72 completed projects and currently have 90 active 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.

1.4.5 Brilliant Basics

Clinical Strategy

The new Partnership Clinical Strategy has been developed through co-production, co-design, engagement and consultation with service users, carers, experts by experience, staff and partner organisations. A co-production group which included service users and carers worked on pulling together and reviewing the strategy and a number of stakeholder events were held to involve and hear from a wider group as well.

Brilliant Basics is about getting the basics of outstanding care right in every inpatient ward and community team in the North London Mental Health Partnership. Brilliant Basics is for *all* staff at all levels both clinical non-clinical roles alike. In 2023, a revised list of eight Brilliant Basics was launched across the North London Mental Health Partnership after engagement with staff and service users and triangulation of data from incidents, investigations, complaints, observations during clinical visits and feedback from CQC. Extensive work is in progress to coproduce new Partnership driver diagrams and change ideas for all eight Brilliant Basics.

The 8 Brilliant Basics are:

- Safety as Standard
- Reducing Restrictive Practices
- Rights and Capacity Assessments
- Service User and Carer Involvement
- Physical Health
- Person Centred Care Planning
- Safe and Therapeutic Environments

➤ Our Workplaces

Safety as Standard

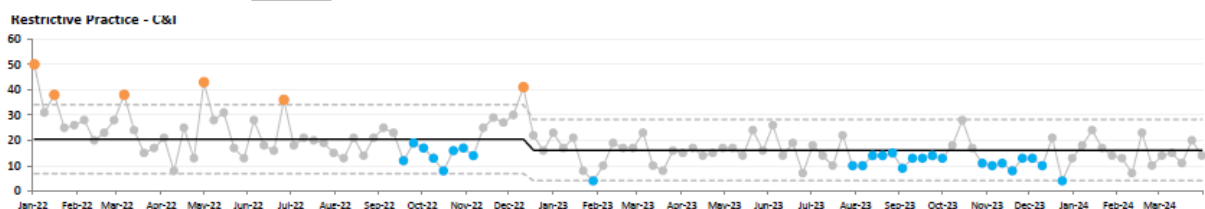
This is a new Brilliant Basic with a focus on 6 key areas; The initial focus is on the inpatient wards. However, embedding the standards in the community teams is also starting to take shape. The Safety as Standard Brilliant Basic focuses on delivering high quality around:

- Safety Huddles - embedding consistent, structured, well documented safety huddles in every inpatient ward and community team.
- Shift Coordination – developing a set of standards for the shift coordinator role
- Therapeutic Engagement and Observation - ensuring that all interactions are therapeutic and there is a good understanding of what enhanced observation levels mean in practice
- Handovers - embedding a high-quality handover process for nursing, MDT and all other handovers including coproduction of a measurement tool.
- Vision and Safety Compact - all wards and community teams to have a coproduced vision statement about how they will be delivering a high-quality safe service.
- Visual Management Boards - boards divided into four quadrants with data relevant to patient safety, efficiency, staff wellbeing and patient experience. The purpose of the boards is for staff and patients to be sited on the data to inform improvements.

Reducing Restrictive Practices

The Partnership is committed to reducing restrictive practices in the inpatient wards. An event was held in April 2023 which was attended by staff across the Partnership. There was a presentation from Aji Lewis, whose son died in 2010 after he was restrained on a mental health ward in South London. Aji campaigned resulting in an important piece of legislation, the Mental Health Units (Use of Force Act 2018).

Following the presentation from Aji Lewis the rest of the day was focussed on how we can reduce restrictive interventions including improving the use of therapeutic engagement and observations. Staff met in multidisciplinary groups with service users to think about interventions that could be introduced on wards to reduce restrictive interventions and improve therapeutic interactions with patients. From then until now staff are focussed on implementing the change ideas discussed on the day with a focus on least restrictive practice and trauma informed interactions with patients.



Rights and Capacity Assessments

Data for Rights and Capacity Assessments is now on Power BI, a live data system which means that staff can see the data in real time. This has allowed teams to monitor performance as and when needed. We have learnt from high performing teams that having a systematic process to monitor performance for rights and capacity assessments is very important, particularly in wards where there are a high number of admissions and discharges every day. We still have some work to do with recording capacity to consent to informal treatment. This is our current focus across the Partnership for 2024 as well as sustaining improvements made so far and not slipping back.

Service User and Carer Involvement

Services that are designed with service users are better services and have better outcomes for patients. We are committed to working more and working better with service users and carers to co-produce better care. All improvement work needs to be co-produced with patients and carers.

Two workshops took place in February 2024, one with service users and one with carers, to refine the driver diagram with some tangible, actionable change ideas for testing.

Physical Health

A collaborative workshop was held in January 2024 with key clinical, operational and physical health leads exploring, updating and aligning the new partnership Brilliant Basic to the implementation of North Central Lives Longer Lives strategy, and strategic physical health delivery and governance approach. This Brilliant Basic will focus on delivery of an expanded annual health check.

The wider strategic programme of work is to include implementing key areas of NCL longer lives strategy.

Person Centred Care Planning

We have launched Dialogue Plus in the Partnership. This is a tool that has been developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, person centred communication and solution focussed therapy. Research shows that it can improve patients' quality of life. By its very nature it is person centred. We are on the road to improving its uptake for all patients in the community.

Safe and Therapeutic Environments

This year we have split the environments focussed Brilliant Basic into patient centred environments and staff focussed environments. The staff focussed environments is now in a new Brilliant Basic called Our Workplaces. The photos show several of the improvements that have been completed during this year.

Our Workplaces

Our Workplaces is a new Brilliant Basic focussing on environments for staff.

Areas of focus have been agreed as a Partnership and will include staff rooms, meeting reasonable adjustments (confidential spaces for supervision, meeting individual adjustments whilst hot desking), staff safety (street lighting and personal alarms) and new starter support.

Part 2 – Priorities and Statement of assurance from the Board

2.1 Statements of assurance from the Board

During 2023/24 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 2023/24 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2023/24.

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 (East and West) and St Pancras hospital, and continue to undertake the following regulated activities:

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

CQC inspections

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



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

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

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

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

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

Camden and Islington NHS Foundation Trust



2.3 Quality Priorities for 2023-24

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 21st April 2023. This led to six Quality Priorities being agreed for 2023-24. These were:

An update on progress against the Quality Priorities is provided in Section 3.

2.4 Looking forward: Quality Priorities 2024-25

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 18th April 2024, which led to the selected priorities for 2024-25 outlined below.

Aim 1 – Providing consistently high quality care, closer to home

1. We will implement the Culture of Care standards across a range of in-patient services to improve Person Centred approaches to care.

Measures:

- Wards that have implemented standards
 - Impact of the implementation of these standards
2. We will increase the community offer for service users needing increased support, to prevent admissions to Hospital.

Measures:

- Increases in community service offer
- Rates of admission

Aim 2 - Working in partnership across North London, we will ensure equity of outcome

1. We will provide culturally appropriate services for diverse service users.

Measures:

- Increase the voice of BAME service users and community organisations in service design and delivery
 - Increase QI projects across all divisions looking at cultural appropriate service delivery
2. PCREF – we will increase the awareness of our staff of our local culturally appropriate support services across the boroughs

Measure:

- number of awareness sessions delivered across divisions/teams of culturally appropriate VCS services
- number of BAME patients signposted to cultural appropriate voluntary organisations

Aim 3 – Offer great places to work, providing staff with a supportive environment to deliver excellent care

1. We will implement the action development programme to support staff from under-represented protected characteristics to progress to more senior roles

Measures:

- Numbers of staff at Band 7+ from ethnic minority backgrounds

2. We will develop our staff in leadership roles to be compassionate and caring, in line with our Leadership Framework.

Measures:

- All Managers with Line Management responsibility to attend the Managers development programme

Aim 4 – More effective as an organisation by pioneering research, Quality Improvement and technology

1. We will ensure that Quality Improvement projects are co-produced with service users and carers.

Measures:

- Numbers of co-produced QI projects

2. We will increase support for staff at all levels to be involved in research across the Partnership.

Measures:

- Data on the number of staff and services engaging in research activities

2.5 Clinical Audit and Effectiveness

2.5.1 Participation in national audits and national confidential inquiries

C&I continues to participate in all relevant national audits, confidential enquiries, service evaluations and benchmarking projects. These projects provide valuable information to the Trust. The result help us to analyse aspects of our clinical practice and support continuous improvement in the care and treatment of our service users and provide a greater patient experience.

The Trust participated in all eligible national clinical audits and National confidential enquiries in 2023-24.

	National Audit topic	Status / Key actions
1.	POMH-UK Topic 22a The Use of Anticholinergic medicines in Old age mental Health services.	Completed – Report of outcomes received. This will be shared with the relevant committees and division for actions to be developed and monitored.
2.	POMH-UK 7G- Lithium Monitoring -An audit that looks at the monitoring of patients prescribed Lithium	Completed – Report of outcomes received. This has been shared with the participating teams to review and develop an action plan.
3.	POMH-UK- 23a -Sharing Best Practice	Report of outcomes received. Learning will be shared with relevant teams and services.
4.	POMH-UK- 16C -Rapid Tranquilisation	The data collection has been completed. Report pending.
5.	National Confidential Inquiry MH Clinical Outcome Review - Programme into Suicide and Safety in Mental Health (NCISH) - Delivered by	12 cases were identified. 8/12 questionnaires have been returned to the Study.

	National Audit topic	Status / Key actions
	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	
6.	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.	<i>The data for this audit has been completed. Report pending.</i>
7.	National Clinical Audit of Psychosis (NCAP) This audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) This audit aims to improve the quality of care that is provided to people with Psychosis.	<i>Data collection for the Bespoke audit has been completed. Report pending.</i>
8.	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) End of life Care – To identify and explore areas for improvement in the end of life care of patients aged 18 and over with advanced illness, focusing on the last six of life.	<i>The data collection has been completed. Report pending.</i>

2.6 Local Clinical Audit Programme

A number of Trust and Local Priority audits were carried out during 2023-2024. The priority audits are reported and monitored on a regular basis. A review of the audit programme is underway for both community and inpatient services. This will ensure that key areas for the improvement and monitoring of patient care and outcomes is aligned across the NLMHP.

All staff who wish to carry out a Clinical Audit or service evaluations are required to register their audit with the Quality Governance and Assurance Team. The audit programme is reviewed on a regular basis to ensure updates on progress is received and learning can be shared.

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

NICE is the institute responsible for producing evidence -based guidance, quality standards and other health based guidance for the promotion of good health, cost effective treatment and helping to prevent ill health.

The Trust continues to review NICE guidance and quality standards for relevance to the services delivered on a regular basis. The Trust will, as far as is possible implement guidance, quality standards and technology appraisals.

2.8 Quality and Safety Reviews

In October 2023 a structured programme of Quality and Safety Review visits began across the partnership. These supportive visits take place twice a month and provide an opportunity for a team of Executive and Non-Executive Board members and senior clinical staff from a range of professional groups to review clinical services across the eight divisions. The review covers the following four key areas:

1. Clinical effectiveness, quality improvement and learning
2. Patient/Carer involvement and engagement
3. Safety, safeguarding and safe staffing
4. The environment, the person and integrated care

Each visiting team undertakes an assessment of the quality and safety of the care being delivered, highlighting areas of notable practice and identifying areas for improvement. The visiting team also have the opportunity to speak to staff, service users and carers during these reviews.

In 2023-24 the following areas of notable practice were identified:

- Staff reported that they felt valued, supported, included and valued
- Learning from incidents was included regularly in team meetings
- A number of QI projects were in progress
- Service users were engaged in a number of activities on the ward
- Service users and carers were engaged in their care planning and attended meetings where they were able to share their ideas and feedback

Actions plans were created to address areas requiring improvement and the teams and services continue to monitor and implement the changes required.

The programme of visits will continue throughout 2024-2025 to support quality and safety and continuous improvement across the partnership.

2.9 Research and Development

Under the North London Mental Health Partnership (NLMHP), the trust has implemented its joint Research Strategy for 2024-2029, which was approved by the board this year. Our new strategy will focus on 8 key research priorities:

- Realising the benefits of the NLMHP clinical partnership.
- Developing the UCL-NLMHP Partnership's capacity and capability.
- Tackling health inequalities.
- Raising the visibility and profile of research.
- Increasing service user involvement in research.
- Adopting research and innovation into clinical practice.
- Strengthening the range of research partnerships.
- Building a robust clinical R&D support infrastructure.

2.9.1 Participation in Clinical Research

Between the beginning of April 2023 and the end of March 2024, 526 participants were recruited into 26 research studies in the Trust. The top recruiting studies during the 2023-24 financial year were as follows:

IRAS	Study Name	Local Investigator	Participants Recruited
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319599	Thoughts about physical activity: questionnaire study	Anthony Jemmott	108
313873	Social cognition and functioning in Alzheimer's dementia	Andrew Sommerlad	69
245339	Genetic Links to Anxiety and Depression (GLAD)	Nick Green	64
255501	CBT and the Neural Circuits of Anxiety	Joshua Buckman	49
309178	The Community Navigator trial	Glyn Lewis	39

This information has been sourced from the Information Management System held by Noclор and the NIHR's Central Portfolio Management System.

2.10 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	Accredited
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.
	Psychiatric Intensive Care Unit (PICU) and Older Adult wards	For Older Adult Services we are registered, and the wards are going through the self-assessment. PICU - We have completed the pre-accreditation visits and assessment and now have to apply for the accreditation process.

2.11 NHS Performance Framework

C&I 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 such as 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 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 Talking Therapy services in Camden, Islington, and Kingston.

The Trust continues to recover from the cyber incident that affected the Trust's EPR system in August 2022. Throughout 2023-24, most of the key performance indicators (KPIs) have shown improvement. The March data is preliminary, as the report timing influences it, but it is anticipated to closely align with the final validated figures.

2.12 Improving Data Quality

The Trust has a robust governance structure for managing and monitoring data. The established Partnership 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.

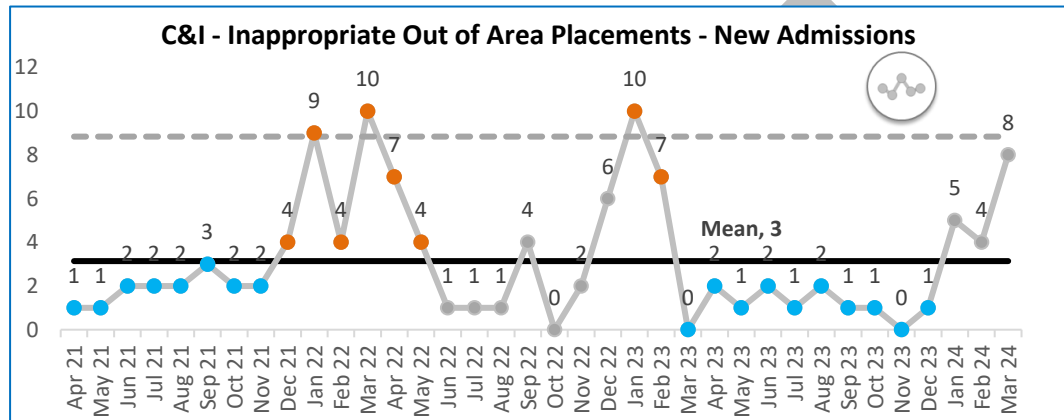
Below are examples of data quality improvement activities in 2023-24.

- ✓ Improvement of flow of Mental Health Services Data Sets (MHSDS) submission criteria and improving access to psychological therapies (IAPT). These 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.
- ✓ Due to the cyberattack and change to the electronic patient records system, the introduction of data quality reports and management of data quality issues has been fundamental to drive improvements. The Trust resumed MHSDS submission in May 2023. The latest NHS Digital published Data Quality Maturity Index (DQMI) score for the Trust was 87% (October 2023).
- ✓ 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 Analytics to ensure data is available to the clinical teams on a near real-time basis, to monitor their performance and data quality.

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

This year the Trust has witnessed notable enhancements in out-of-area placements for adult mental health services, largely attributed to the dedicated efforts of our operational teams. They have diligently tackled delays and executed a comprehensive operational strategy aimed at improving discharge procedures and patient movement.

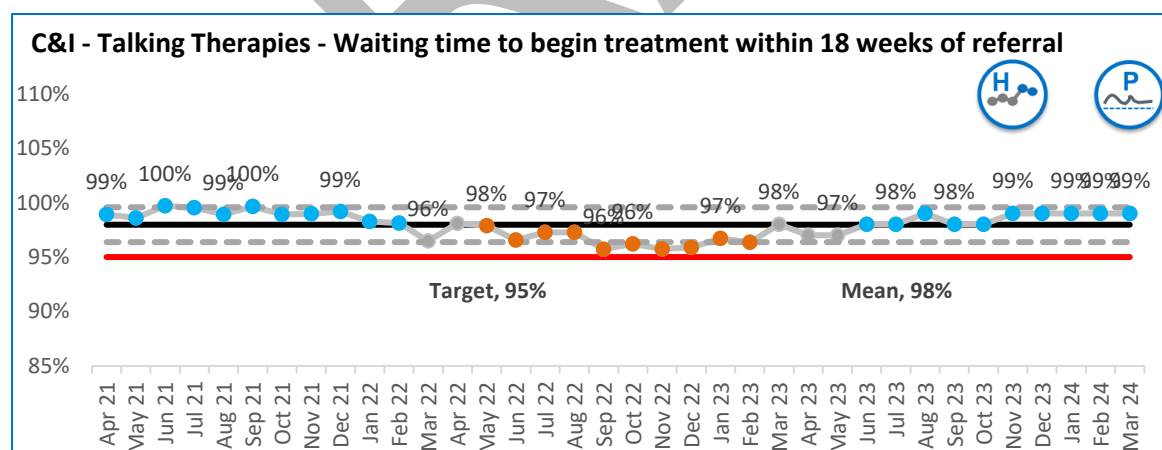
To further improve bed utilisation and maximise available bed days, the Partnership will be initiating a Patient Flow Improvement Program commencing in April 2024 for 12 months that will target all possible incremental improvements in flow processes. The Trust's goal for this year is not only to eliminate out-of-area placements but also to generate surplus capacity to meet the demands of the system.



2.12.2 Talking Therapies

18-week wait

All C&I services consistently met the 95% target for accessing services within 18 weeks of referral.



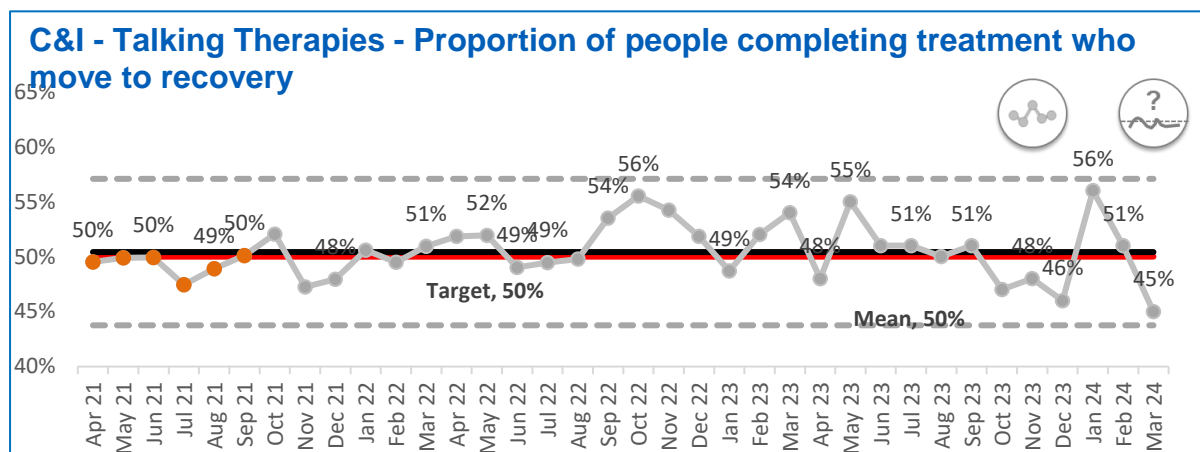
Recovery Rate

Overall C&I services met the recovery rate target. Islington and Kingston reported on average at or above the 50% target. Camden's performance fluctuated throughout the year but met the target by quarter 4.

All Services maintain close monitoring of recovery rates, regularly discussing them with teams. Ongoing staff training is provided to ensure accurate coding and prompt error correction.

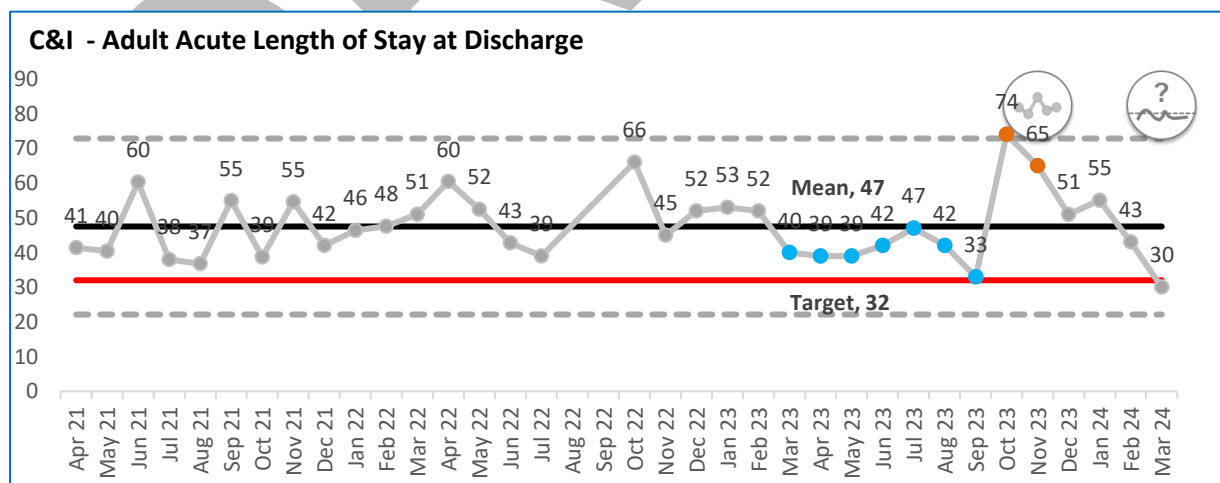
Services conduct regular data reviews to pinpoint areas where issues may arise, particularly in step 2 or step 3 variations.

Furthermore, services conduct thorough reviews of referral decision-making process to ensure that only suitable cases are admitted for treatment within the service. An ongoing priority remains reducing waiting times for step 3, as this directly influences capacity for recovery rate improvement.



2.12.3 Average LOS for Acute wards

The length of stay (LoS) in our inpatient services plays a crucial role in reducing bed occupancy rates. Currently, the average LoS for C&I is 48 days; complex needs requiring longer stays affect this average. Patients who are clinically ready and fit for discharge (CRFD) also impact LoS, which we are actively addressing. Industrial action has further impacted flow and length of stay. To streamline operations, we have merged Access and Flow teams with Bed Management teams to form a unified Patient Flow team, holding daily meetings to oversee bed management across the Partnership. Collaboration with the digital team is ongoing to enhance visibility of beds and support flow management.

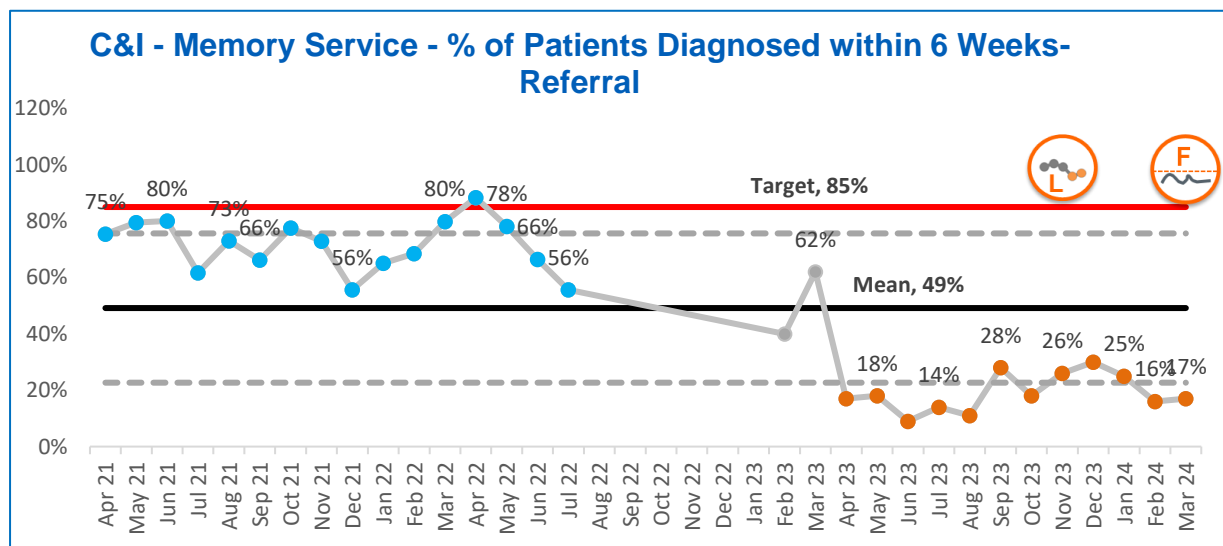


2.12.4 Dementia Diagnosis within 6 weeks

The performance for the Memory Service across the Trust has shown a continued reduction during the last financial year, which has been cumulated by the increase of referrals entering

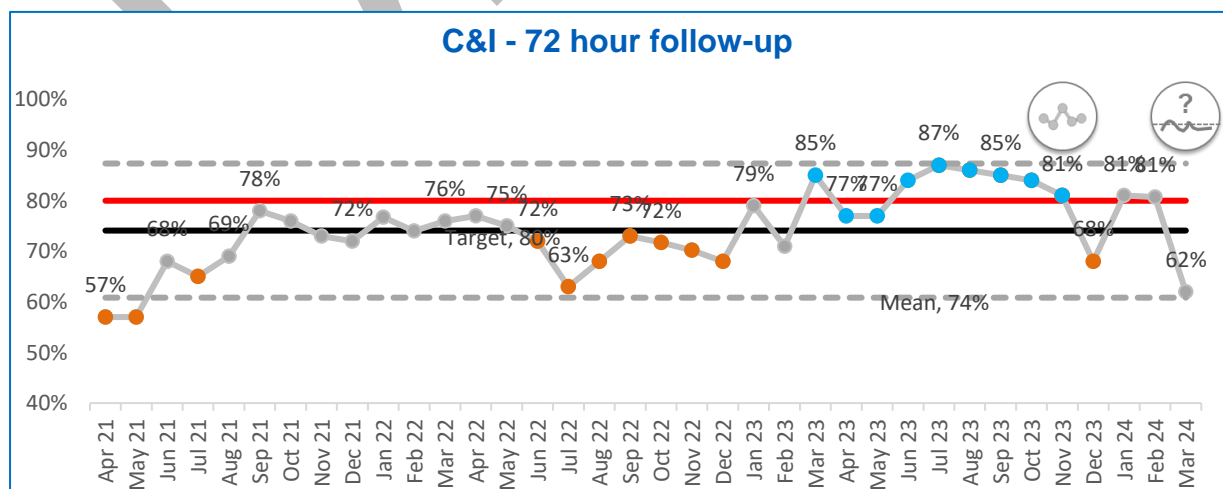
into the service, as well as staffing issues with the increase of vacancies. The effects of the industrial actions by junior doctor and consultants have also impacted on the reduction of the number of appointments slots being able to be offered, resulting in an increase of waiting lists.

The services continue to work in putting appropriate measures in place to recruit to the vacancies and be able to increase the number of additional appointments to address the waiting list backlog. The services are working hard to put service improvement measures in place which includes the appropriate recording of the referrals and appointments, as well as looking to at reviewing the performance targets to be more realistic and in line with how the services work.



2.12.5 72-hr Follow-up

Performance for the 72hrs follow-up has remained on and above target despite variations occurring during the year. Both inpatient and community services across the Trust continues to monitor performance to ensure patients contact is completed within the required time frame.



2.13 Information Governance (IG)

The Trust has been proactively working to improve security processes and to train staff so that they are aware of, and alert to, cyber security threats. The Trust takes seriously its duty to protect and safeguard the personal confidential data that it gathers, creates, processes and discloses. It must comply with the UK General Data Protection Regulation (GDPR), Data Protection Act 2018, NHS requirements and provide assurance to service users and the public.

All incidents that involve the loss or unauthorised disclosure of personal information are reported centrally and are closely monitored on the Trust's incident reporting system. All serious incidents are reported to the Data Security and Protection Toolkit within 72 hours of becoming aware of the breach, which reflects the requirements of the UK GDPR and the Networks and Information System (NIS) regulations.

During 2023-24 126 information governance incidents were reported, two of these were reported to the regulator, the Information Commissioner's Office (ICO). The Trust has continued to raise awareness of the requirement to report all incidents and encourages staff to report. The Information Governance (IG) Team responds to every breach and notifies the Caldicott Guardian every effort is made to ensure that lessons are learned and shared with teams to mitigate future risks.

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 a posting letter to the wrong address.

The Caldicott Guardian

The Caldicott Guardian is a mandatory role (within all NHS organisations introduced by the Department of Health and Social Care) with responsibility for patient confidentiality. In the Trust, there is a high level of awareness about the Caldicott Guardian role and the associated Caldicott principles. The Caldicott Guardian receives queries about patient confidentiality and supports the Information Governance Office to ensure the Caldicott principles and patient confidentiality are prioritised and respected.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) is an audit carried out by NHS Digital to ensure that the Trust meets data security standards. The Trust submitted evidence to NHS Digital that demonstrated that the Trust is meeting, or working towards, information governance and cyber security standards.

The Trust submitted their DSPT within deadline for 2022-23 before the end of June 2023, along with a robust improvement plan for two outstanding actions. The Trust was initially awarded 'approaching standards' and achieved 'standards met' on 10th January 2024 having completed the outstanding cyber actions in its improvement plan. The Trust is currently on track with the 2023-24 submission which is due at the end of June 2024.

2.14 Patient Experience

2.14.1 Service User and carer engagement and experience

In 2023-24 the Service Users Engagement and Experience Team (SUEET) successfully recruited a Patient and Carer Engagement Facilitator with lived experience to the team. Over

the past year the team has worked on implementing the Trust's Service User and Carer Experience and Engagement Strategy:

- The network of service user and carer representatives has been broadened through the Involvement Register and there are now over 90 people registered. The register allows us to promote a range of opportunities to a wider audience and ensures that we are hearing from a more diverse range of voices.
- The use of role descriptions means that opportunities are clearly defined and support people to understand the role.
- Quality improvement training for service users and carers has been co-produced with service user representatives and delivered via the Recovery College, allowing people to feel more confident in participating in Quality Improvement projects.
- 'What is peer working?' and 'Steps into Peer Working' courses were delivered via the Recovery College to support Experts by Experience into peer/lived experience work.
- Recruitment and Interview Panel Training for service users and carers was updated and delivered with the Human Resources team.
- Two co-produced webinars were delivered as part of Disability History Month, 'The importance of involving people with lived experience' and 'Carers Rights'.
- Regular 'Check In' sessions with the leads of independent service user groups set up to provide support.
- Service user representatives have been engaged to co-produce induction training for new people joining the involvement register.

One of these Brilliant Basic workstreams is focused on Service User and Carer engagement and experience. Four workshops have been held with Service Users and Carers to ensure that they are at the centre of shaping this work. Together driver diagrams for both service users and carers have been created which creates a visual display of what the groups agree "drives" or contributes to achieving improved experience. The workshop groups also helped to identify priority areas for focus and service user and carers will help co-produce and help us monitor progress going forward.

2.14.1 Mental Health Community Service User Survey

The National Community Mental Health Service User Survey is commissioned by the CQC and is conducted on an annual basis. Fieldwork for this survey was carried out between August and November 2023. The survey seeks to gain feedback from patients who use Community Mental Health Services in England. The CQC uses the results from the survey as part of their regulation, monitoring and inspection of NHS Trusts in England.

The Response rate for Camden and Islington NHS Foundation Trust was 17%. The table below presents a summary of the findings.

Where Service User Experience is best	Where service User Experience could improve
✓ Talking Therapies: 75% of service users had enough privacy to talk	○ Crisis Care: 25% of service users felt they had to wait too long when

<p>comfortably (national comparison 76%)</p> <ul style="list-style-type: none"> ✓ Crisis care (care): 42% of service users getting the help needed when they last contacted the crisis team (national comparison 43%) ✓ Support and well-being: 30% of service users being given help or advice with finding support for financial advice (national comparison 17%) ✓ Mental Health Team: 66% of service users being treated with care and compassion (national comparison 67%) ✓ Overall: 31% of service users had a very good overall experience of NHS mental health services (national comparison 27%) 	<p>contacting the team (national comparison 20%)</p> <ul style="list-style-type: none"> ○ Crisis Care: 45% of service users felt their family and carers did not receive support whilst they were in crisis (national comparison 45%) ○ Support and well-being (Physical): 47% of service users would have liked support with physical health needs but did not receive it (national comparison 39%) ○ Care Plan: 43% of service users do not have a Care Plan (national comparison 36%) ○ Care review: 48% of service users have not had a care review meeting in last 12 months (national comparison 43%)
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An action plan will be developed by our Community Services to ensure that areas that have been identified as requiring improvement are regularly monitored at both divisional and trust level to ensure that our service users experience continues to improve.

2.14.2 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. Through this year we have been continuing our work to align our processes with those in BEH and produce a single policy as we progress towards becoming one organisation.

109 complaints were investigated formally in 2023-24, a decrease on 2022-23 (120); 145 complaints were resolved informally through making early contact, compared with 182 in the previous year. There is an increased emphasis on attempting to resolve complaints promptly and informally by making contact soon after receipt and the benefits of this approach have been recognized by both those making complaints and those responding to them.

The Partnership aims to respond to at least 90% of formal complaints within the agreed timeframe, which is 40 or 60 working days depending on complexity. Unfortunately achieving this has continued to be challenging, particularly for those areas receiving high numbers of complaints, and at times monthly figures have been significantly below target.

Reasons for the delays have included staff capacity and leave, 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 SUEET.

Actions taken and ongoing include:

- ✓ The work to finalise a single process has been delayed due to capacity issues in the complaints team but will restart as soon as these are addressed. A new process flowchart and investigation response template has been agreed and is being used across the Partnership.

- ✓ The process is being supported by a series of training sessions for investigators which are being delivered jointly across the Partnership.
- ✓ All investigators are also receiving one-to-one support through the process from the complaints team.
- ✓ There is now a joint page for complaints on the NLMHP website.
- ✓ A joint complaints leaflet has been produced.
- ✓ We are in the process of moving complaints to DatixWeb to increase efficiency and improve oversight 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, through providing additional training to staff to improve knowledge around sharing information with families and carers and improving communication around discharge to ensure that service users have clarity around their status with the service. Learning is being shared through team meetings, divisional quality forums and Trust wide learning lessons bulletins.

2.14.3 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.

For the Traumatic Stress Clinic
'Thank you for all your support over the past two years and helping me to deal with the horrible symptoms of nightmares and flash backs. And for helping me to get a better understanding of why I think and feel the way that I do.'

Following investigation of a complaint
'I am grateful for the comprehensive response to my complaint and the commitment to take steps to improve the service offer.... I am convinced that you have taken my complaint seriously in the spirit of seeking to learn about system and operational delivery failures that need to be resolved satisfactorily.'

For the crisis team
"Superheroes in the times of people's crisis. Unbelievably kind".

You are a group of wonderful people....You all have contributed to my safety and security and contributed to my comfort on Ruby Ward.

2.14.4 Patient Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick, anonymous way for people to provide feedback. The Trust continues to seek feedback from the FFT and during 2023-24, 2867 responses were

received. This was a 67% increase from 2022/23 as shown below. The Trust continues to explore innovative ways to increase responses received.

Patient FFT	2022/23				2023/24			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FFT Responses	496	362	405	445	661	766	755	685

All divisions are actively engaged in QI activities to increase the number of responses per team monthly.

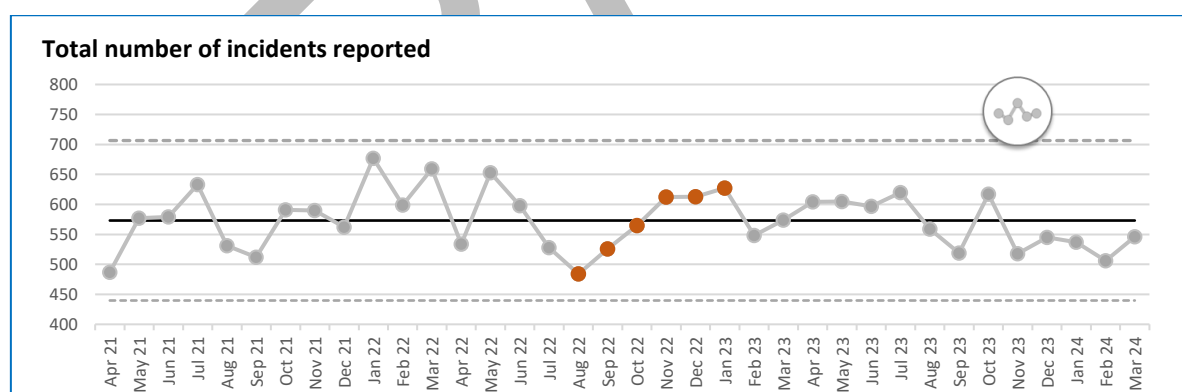
2.15 Patient Safety

2.15.1 Incident Reporting

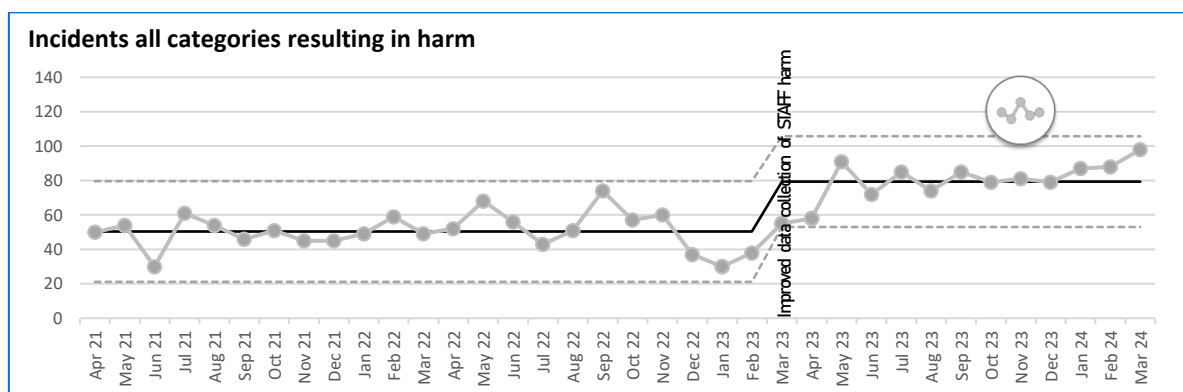
The key areas included in this section are our overall incident reporting rates, incidents that relate to patients, number of times patients were secluded, number of times patients had a fall, and our risk management processes.

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 6773 incidents were reported in 2023-24 (shown in the chart below); this is a 1% decrease on the previous year. 97% of incidents reported resulted in no or low harm. This highlights a good culture of reporting and safety consciousness in the Trust.



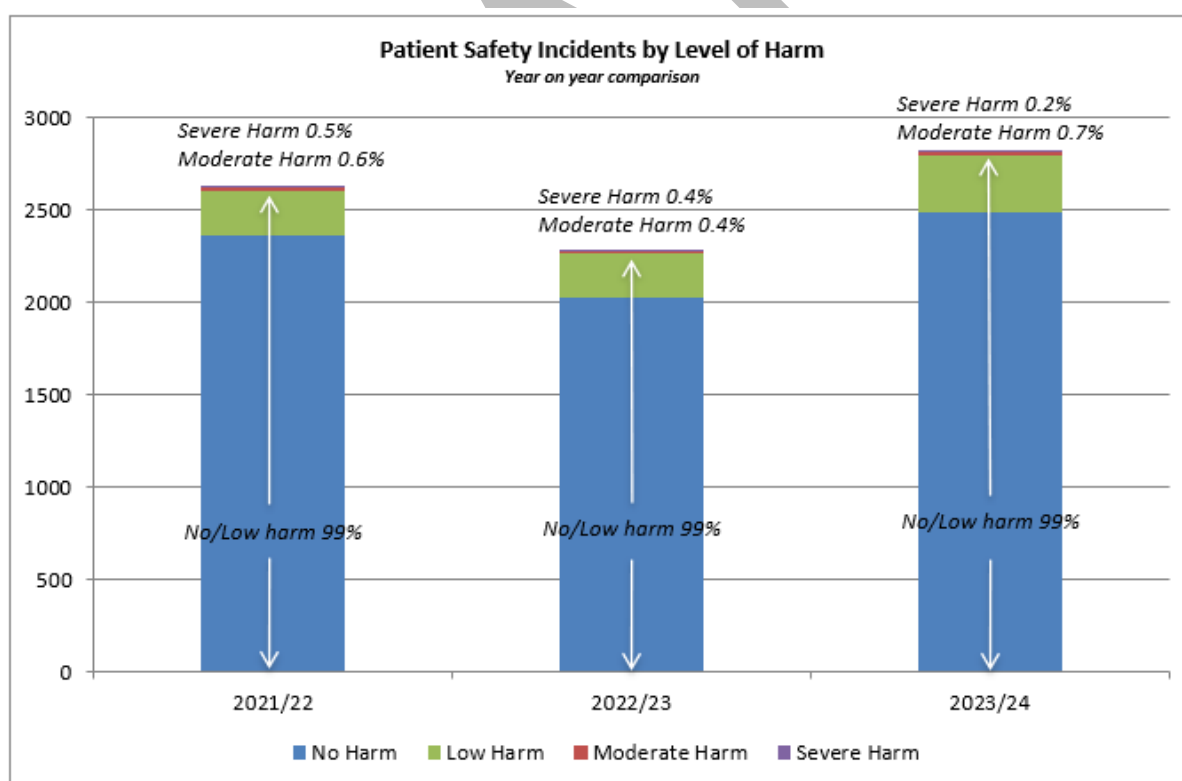
The number of incidents resulting in harm has remained low over the past three years. This is a further reflection of a positive safety culture and the impact of safety interventions, such as safety huddles in acute inpatient settings. The data collection methods for capturing staff harm were improved during 2023-24 and is reflected by a step change in the chart below. The overall proportion of incidents resulting in harm in 2023-24 was 14% which is a 5% increase on the previous year. This increase is reflective of the improved data collection of staff harm.



2.15.2 Patient Safety incidents

Patient Safety incidents accounted for 42% of the total incidents reported in 2023/24 (i.e. 2819), this is an 11% increase when compared to the previous year.

The chart below demonstrates that the majority (99%) of the reported patient safety incidents in 2023/24 resulted in no, or low harm, and the proportion of patient safety incidents resulting in moderate (0.7%) or severe harm (0.2%) remains similar 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.



2.15.3 Transition to the new Patient Safety Incident Review Framework (PSIRF)

Over the last 12 months, the Patient Safety Team have been working with staff, service users and external stakeholders, including NHS England and North Central London ICB, to prepare the Trust for transition to the new national Patient Safety Incident Response Framework

(PSIRF). This included a detailed review of the Trust's existing governance structures and processes for patient safety incident reviews and adapting them to be consistent with the requirements and ethos of PSIRF.

Additionally, in preparation for PSIRF implementation the Trust commissioned several training sessions for staff from an NHSE approved PSIRF trainer, and provided inhouse PSIRF training sessions for staff in leadership and oversight roles as well as staff who are responsible for daily incident management and engaging with staff, patients and their families during incident reviews.

In October 2023, PSIRF and a new governance structure for the management and oversight of incident reviews was launch across the Partnership. This was piloted for three months.

The PSIRF represents significant changes in the way the NHS responds to patient safety incidents, increasing focus on understanding how incidents happen, including the factors which contribute to them.

The changes that were implemented across the Trust to support this include:

- A new Trust wide pathway for the management of patient safety incidents which adheres to PSIRF principles and supports opportunities for learning and improvement.
- The introduction of Rapid Response Huddles, whereby relevant staff come together within five days of the incident to explore good practice and identify immediate safety risks or concerns.
- New governance structure for monitoring and oversight of patient safety incident reviews, and assurance. This includes a weekly incident review group with all divisions and the Director of Nursing – Quality Governance and Patient Safety Team.
- Bi-monthly Patient Safety Collaborative (PSC) meetings where all Divisions attend to reviews Safety Improvement Plans, Learning and outcomes.
- Establishing Trust patient safety priorities requiring a Patient Safety Incident Review (formerly known as a Serious Incident Investigation) and a fortnightly Partnership Patient Safety Incident Review Group to review Patient Safety Incident Reviews (formerly (SIs) for sign off.

C&I is committed to ensuring any ongoing investigations under NHSE's former Serious Incident Framework 2015 will be prioritised and recommendations from the investigations are fully implemented.

Following the pilot phase of PSIRF, a Patient Safety Incident Response Policy replacing the Trust's Management of Serious Incidents Policy was developed and agreed at Board in March 2024. The policy and PSIRF plan which outlines the Trust's plans for incident reviews where the most opportunity for learning exists, will be shared with the ICB in April for formal approval, ahead of formal transition to PSIRF at the beginning of the new financial year 2024-25.

Patient Safety Partner (PSP)

Seeking out meaningful engagement with patients, carers, and families with lived in experience is an essential element of PSIRF and the Trust is dedicated to placing the voices of people with lived experiences of BEH services at the centre of our drive to improve patient safety.

In keeping with this commitment and the NHS Patient Safety Strategy, the Trust recruited its first partnership Patient Safety Partner (PSP) in 2023, with a plan for additional partners to be recruited in the coming year.

Our Patient Safety Partner plays a fundamental role within the organisation and Patient Safety Team, by ensuring the lived experience voice is heard and is actively involved in the co-design of safer systems for the delivery of care across the organisation. Being a service user of BEH mental health services has meant they have personal experience of our services and can provide our staff with a unique insight into the feelings of the patient during their time with us.

Our PSP is involved in a number of work programmes that support the Partnership in its endeavours to embed a strong safety culture:

- Working with our Service User Engagement and Experience Team to drive the implementation of NHSE's Framework for Involving Patients in Patient Safety.
- Leading improvements to patient safety and involving patients in their own safety – with a curiosity into how patient safety concerns are reported, acknowledged, and addressed within our mental health services.
- As a core member of quality and safety groups and committees, ensuring the voice and perspective of the service user is always considered in discussions and proposed quality improvements.
- Attending local incident learning response meetings such as After-Action Reviews and Rapid Response Huddles.
- Ensuring service users' views and feedback are considered in the implementation of PSIRF and future PSIRF improvement work.
- Working closely with the Patient Safety Team on the development and delivery of staff training in relation to patient safety, leading on patient safety-related projects, and ensure involvement of experts by experience in patient safety processes, practices and policy development.

The PSP role represents an exciting and innovative approach to patient safety

Lucy, our Patient Safety Partner has shared her experiences of the role so far:



"I've been working as a Patient Safety Partner since October 2023, sharing my lived experience as a former patient, and promoting further inclusion of patient, carer, and layperson voices in patient safety. This new role has been embraced by the Partnership; staff have made me feel welcomed and supported, and have also given considerable value to the inclusion of lived experience voices in newly developed partnership patient safety governance spaces.

I've worked with Experts by Experience from our involvement registers to co-produce a new leaflet "Patient Safety Incident Reviews: Guide for patients, families and chosen families", which

I hope will prepare and support people to know what to expect, and how they can be meaningfully involved in the review.

My feedback and suggestions to involve service users and carers have been heard and respected in every meeting I have attended so far, which is a testament to the non-hierarchical just learning culture that we are embedding across the Partnership. It's also been great to see and acknowledge occasions when staff have gone above and beyond to include service users and carers (for example, in patient safety incident huddles and after-action learning), and have shown clear evidence that this inclusion is considered, person-centred, and trauma-informed.

Joining as a core member of the Quality and Safety Committee has also been positive, and leadership staff have been honest and transparent about where progress is still needed. There is still a long way that all mental health trusts need to go to ensure that we are hearing and are responsive to safety concerns that come directly from service users and carers, and I hope that the year ahead brings new opportunities for our Partnership to continue making improvements in this area.”

Lucy Harding
Patient Safety Partner (PSP)

Launch of Learn from Patient Safety Events (LFPSE) Service

In October 2023, the Learn from Patient Safety Events Service (LFPSE) was successfully implemented across C&I. LFPSE is a new national NHS service for the reporting and analysis of patient safety events. To ensure all national and statutory policy requirements were met, the mandatory LFPSE reporting fields were incorporated within the reporting design of the local incident management system as well as providing guidance for staff on how to complete LFPSE questions.

In time, the LFPSE service will facilitate the analysis of equalities data sets in relation to patient safety incidents and help identify potential trends which can be subsequently addressed through the Trust Patient Safety Improvement Plan.

2.15.4 World Patient Safety Day 2023 - 22nd September 2023 “Engaging Patients for Patient Safety”



C&I participated in the World Health Organisation’s World Patient Safety Day (WPSD) on Friday, 22 September 2023. The theme of the day was dedicated to “Engaging patients for patient safety”, a key priority in the NHS Patient Safety Strategy.

The first-hand experience and perspective of our patients, families and caregivers are an invaluable resource for improving patient safety and informing service co-design. As part of the day’s celebrations, members of the Executive Team, senior clinical staff, and Experts by Experience visited the wards to hear from our service users and staff about engaging patients for patient safety.

Following on from World Patient Safety Day, a patient safety survey for patient and staff were distributed to 45 inpatient wards across the partnership. Outcomes from the survey were largely positive. These have been shared across partnership services, for awareness, learning from good practice and improvements where necessary.

2.15.6 Safety As Standard Brilliant Basic Improvement Workstream

In December 2023, a new *Safety as Standard* Brilliant Basic was introduced across the Partnership. In collaboration with our BEH colleagues, C&I aims to improve safety and the quality of care for all services users by 30th June 2024. The Brilliant Basic was developed in response to outcomes from recent patient safety incidents and seeks to improve and standardise practice in six key areas, outlined below.



1. Safety Huddles
2. Shift Coordination
3. Handover
4. Therapeutic Engagement and Observation
5. Visual Management Boards dedicated to patient safety, patient experience, staff wellbeing and efficiency
6. Vision and Compact

Planned improvement initiatives include implementing a structured template for divisional and ward safety huddles, formalising the role of the shift coordinator and creating an individualised seven day activity planner for inpatients.

2.15.7 Serious Incidents (SIs)

During 2023-24, C&I reported 6 Serious Incidents. SIs reported during the year included incidents of unexpected deaths, safeguarding, and serious self-harm.

Examples of key learning and improvement actions from SI investigations during 2023-24 include:

- As part of the Trust Community Transformation Plan, every patient will be allocated a Key Worker by March 2024. This addresses a key SI finding which identified the need to improve patient monitoring and oversight within the community teams.
- The Junior Doctors' Induction Programme has been strengthened to include an updated Junior Doctor handbook providing clarity on roles and responsibility in response to clinical emergencies, and a Physical Health Team report signposting them to relevant physical health policies and documents. This enhanced education outlines the importance of checking and discussing the physical environment, medication compliance, and physical health.
- The Trust risk assessment training is being reviewed and revised to reflect the recurring themes identified by SI investigations during the last year. The training will include simulation / scenario-based risk training.
- Following an investigation which highlighted limited medical oversight of a service user in the community, a system of 12 weekly reviews has been set up to significantly improve the quality of care, flagging over-due medical reviews and responding to requests for psychiatry review within substance misuse teams. A plan to review the quality and efficiency of the existing 12-week review process has been proposed to ensure it is having a positive effect.

Improvements are being taken forward using QI methodology with active engagement from the relevant teams to ensure all improvement initiatives are collaboratively created and embedded across the organisation.

Never Events

'Never Events' are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. C&I did not report any Never Events in 2023-24.

2.15.3 Learning from deaths

C&I is committed to providing safe, effective services for all patients and service users. By cultivating a supportive patient safety culture with robust patient safety systems, the Trust continues to create more opportunities for learning to facilitate continuous improvements in delivery of services across the organisation.

Learning from incidents remains a key priority for the Trust in its commitment to promoting patient safety and minimising harm. By adopting a whole systems thinking approach to understanding incidents and events impacting patient safety, C&I has continued to foster a just, open and learning culture when reviewing incidents, ensuring recommendations and actions are focused on making sustained quality improvements to processes across the Trust, and not just where the incident occurred.

The Trust continues to report and review all reported deaths and where appropriate, will undertake a further, more detailed review.

In 2023-24, the clinical mortality reviews were brought into the weekly incident review group. This ensures there is multi-disciplinary, multi-divisional oversight of the deaths reported and discussion about the next steps, i.e. if a further review is required and at what level. The Mazars classification* and also agreed by the group.

Discussion within this group also facilitates identification of early learning from the incidents and any immediate patient safety concerns. This also gives additional assurance that there is a standardised approach towards mortality reviews across the Partnership.

For reported deaths, C&I continues to use the *Mazars classification framework in its clinical mortality review process, to categorise each death. This supports the decision-making process to consider if a further review is needed.

Future plans include implementing a partnership Learning from Deaths Review process which will involve the triangulation of mortality data to identify potential trends or issues which may indicate the need for a further review.

During 2023-24, 409 service users died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 106 in the first quarter; 124 in the second quarter; 102 in the third quarter; 77 in the fourth quarter.

By 31 March 2024, a case record review, and 61 investigations had been carried out in relation to the 409 deaths included above. In 61 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 9 in the first quarter; 27 in the second quarter; 21 in the third quarter; 4 in the fourth quarter.

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

2.16 Infection Control

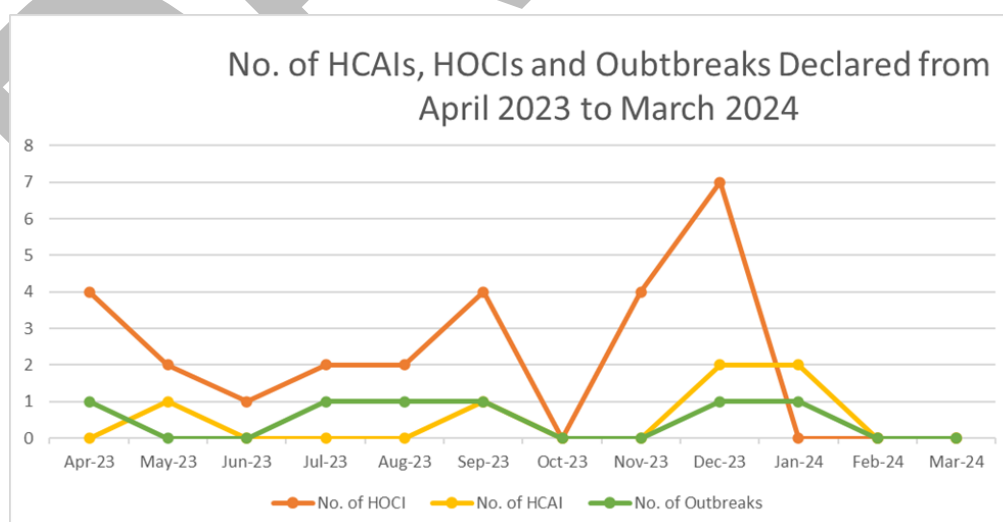
Reportable Infections and Outbreak Situations Declared

Effective infection prevention and control (IPC) programme, including cleanliness and prudent antimicrobial stewardship (AMS), is essential in ensuring that people who use health and social care services receive safe and effective care that conforms to nationally agreed best practice and guidelines in relation to protection from avoidable infections.

The IPC team is committed to reducing harm caused to patients as a result of Healthcare Associated Infections (HCAIs), by following the relevant criteria in the health and social care act 2008, and the Key line of enquiries in the NHSE IPC Board Assurance Framework (BAF). In 2023-24 there were 5 cases of HCAIs – 1 case of Scabies, 1 case of Clostridioides Difficile (C.Diff), 1 case of Tuberculosis and 3 cases of Influenza A.

In the same period, there were 32 COVID-19 cases recorded, of which 17 met the case definition for Hospital Onset COVID-19 Infection (HOCl, i.e positive specimen taken 15 or more days after hospital admission and a clear link to the healthcare setting). These low numbers reflect lower prevalence of COVID-19 cases nationally, coupled with changes in testing guidance. All patients affected were managed according to Trust policy and national guidance, recovering with no known harm.

Some of the cases above resulted in outbreaks, of which there were 6 declared during this reporting period. 5 COVID-19 Outbreaks and 1 Influenza A. All outbreaks were reported to North Central London (NCL) Integrated Care Board (ICB) and UKHSA as required, in accordance with outbreak notification guidelines nationally and locally. Each outbreak situation is managed through prompt outbreak meetings, chaired by the Trust IPC Lead Nurse, and attended by representatives from the clinical area, Estates and Facilities departments, UKHSA and the ICB, and IPC doctor where appropriate. Each outbreak ward has been provided with a robust action plan with a set of actions to help reduce risk of onward transmission; support is provided progress monitored by the IPC team.



All outbreaks, HCAIs and HOCl's are reported to the Trust Partnership IPC group meeting bi-monthly, chaired by the Director of infection Prevention and Control (DIPC)/Chief Nurse and attended by the Associate Director of IPC.

Testing for Respiratory Infections including COVID-19

From 31 March 2023, the publication of 'Living with COVID-19' from the UK Government and associated guidance from UKHSA/NHSE has been implemented across the Trust. COVID-19 testing continues for symptomatic inpatients and testing for symptomatic staff has been stepped down, unless the staff is providing direct care to immunosuppressed service users, in line with national guidance. PCR testing for other respiratory viruses continue and included in Laboratory service level agreement (SLA) with the Whittington Hospital/University College London Hospitals.

Winter Vaccination campaign

The 2023/24 winter vaccination programme which offered flu vaccines to all staff and flu and COVID-19 booster vaccines to all eligible service users ended in February 2024. The staff HCW overall uptake for Camden and Islington was 32.1%.

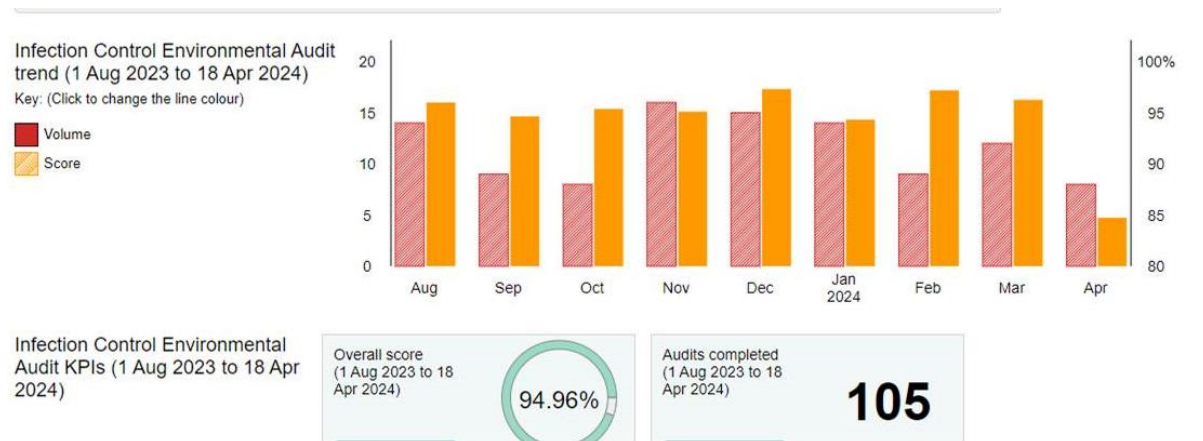
A reflective practice has been facilitated to reflect on the vaccination campaign to identify lessons learnt and areas for improvement in future campaigns. Key lessons have been identified which will inform the planning of next campaign to help improve uptake.



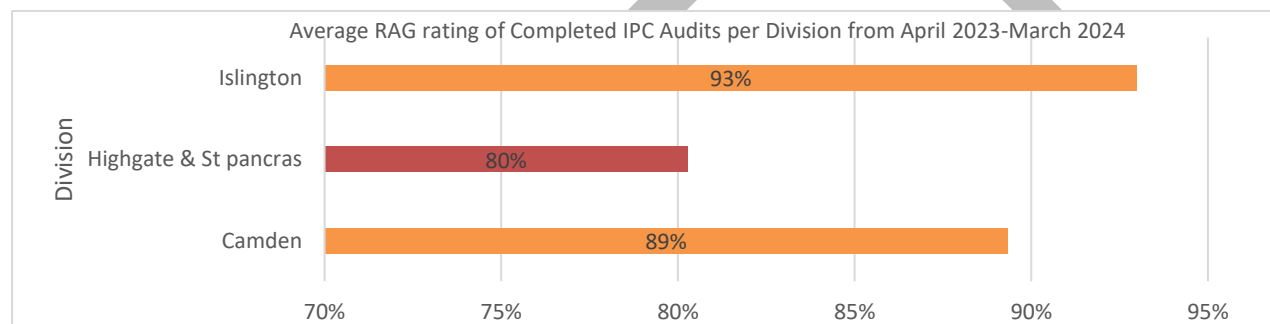
Infection Prevention and Control Audits

Each clinical area has been mandated to undertake Environmental Audit and Hand Hygiene audit on an electronic system Meridian. Both audits are to provide clear assurances of compliance with the Health and Social Care Act 2008 and are key evidence for clinical areas that IPC local and national guidance has been implemented. Local governance and oversight of these is facilitated at Divisional Quality Safety Groups.

The tools used for these audits were reviewed and amended by the IPC team in the beginning of the financial year and the updated tools rolled out in August 2023. These are the audits completed since the implementation of the new audit tool:



In addition, the IPC team carry out an oversight assurance audit per their annual audit programme, where each ward is audited at least once in 12 months. After the completion of each audit, a written audit report is shared to the teams with photographs alongside an action plan for completion by the departments. Below are scores from the assurance audit.



Educational Campaigns

Statutory and mandatory training for IPC levels 1 and 2 are delivered via Skills for learning virtually. Throughout the year, the IPC team have engaged in various educational programmes aimed at promoting the knowledge of infection prevention and Control standard precautions among staff and service users. These include internal link champions programmes, matrons and senior leaders update sessions and international and world campaigns such as stalls and activities for IPC week and world Tuberculosis day.



2.17 Annual Staff Survey 2023

The Trust remains committed to improving staff experience and staff engagement to support making the organisation a great place to work. In 2023 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.

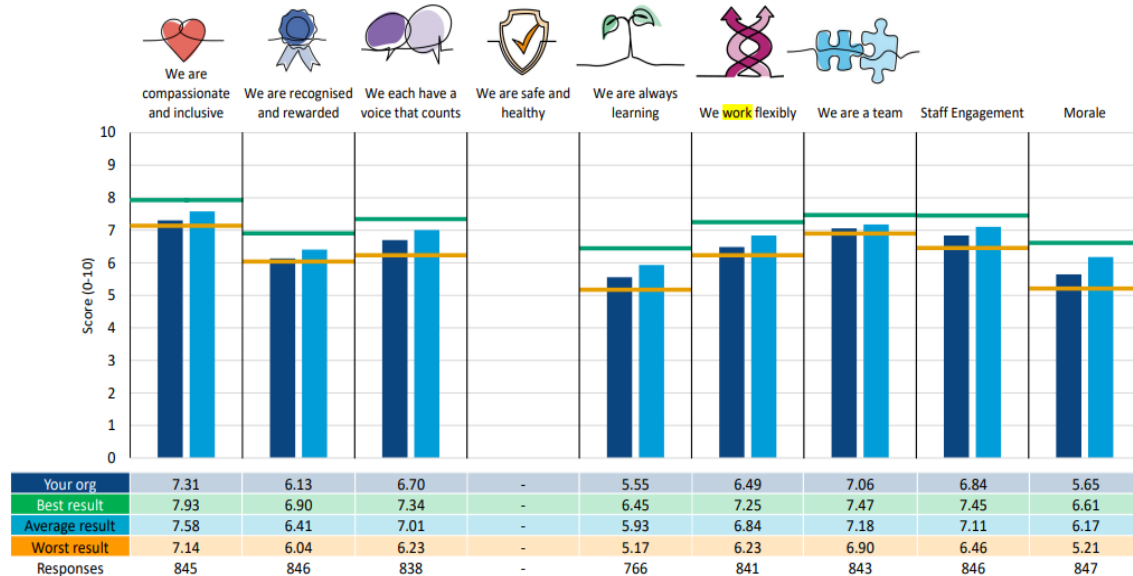
The overall results are grouped into the seven People Promise elements (listed below), and the overall two themes of staff engagement and morale.

- ✓ 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 2023, the Trust achieved a 45% response rate, down from the 55% response rate in 2022 and below the median rate (52%) across the benchmark group of similar organisations.

Our 2023 results (published in March 2024) are depicted by theme below, in comparison to the national benchmark average results.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



The results indicate some changes to staff experience compared to the previous year. Notably, survey scores improved for the themes of 'we work flexibly' and 'we are a team', stayed largely static for 'we are recognised and rewarded' and 'morale', but declined slightly across the other four themes. Note that at the time of publishing this report, the scores are unavailable for the 'we are safe and healthy' theme due to additional data quality checks being completed by the national NHS Survey Coordination Centre.

Work over 2023/24 to respond to the 2022 staff survey results has been largely driven by the development of the Partnership People and Organisational Development Strategy, and the implementation of the 2023/24 deliverables detailed within this. These deliverables have included projects and improvement work across the following domains: equality diversity and inclusion (EDI); wellbeing; values and behaviours (culture); onboarding; management and leadership development and workforce policies.

2.17.1 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 2023 to March 2024, 45 concerns were reported.

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

Concerns reported - April 2023 to March 2024	
Themes	Number
Management Issue	22
System and Process	6
Bullying and Harassment	3
Discrimination/Inequality	8
Behaviour/Relationship	5
Patient Safety/Quality	1
Worker Safety	0
Other	0

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

Ensuring Equality and Tackling Inequalities

This year is a significant year, as we work more collaboratively as a partnership. The joint EDI strategy for both C&I and BEH is now in its second full year of delivery. The launch of the NHSE Equality Diversity and Improvement Plan has helped us to focus our plans and work and we have taken a data driven approach to address our gender pay gap, and work with the most impacted staff groups in the Trust is underway to understand the culture, systems and processes that contribute to the gap. In addition, we are using positive action approaches to address career progression, to address racial disparities and for staff who live with a disability and or long-term condition. In addition, our focus is ensuring the equality impact assessment of our policies and strategies, and work closely with our colleagues to create a sense of belonging at work.

Our State of Inequality Report and Action Plan was endorsed by the Partnership Board and is instrumental to ensuring we continue our focus on improving the access, outcomes, and experience of our care, for patients and service users experience inequalities, live in areas of deprivation and are from a protected characteristics group. We know from the evidence that people from black, Asian and minority ethnic communities, disabled people, or those with diverse sexual orientation or gender identity, have worse mental health outcomes than the general population. We will continue to use tools available to us including the Patient Carer Race Equality Framework and Accessible Information Standard to support all our staff in their plans to close the gap in health inequalities, so that all patients and service users, no matter their identity, will receive the right mental health care and support. We will launch our EDI Programme Board in March 2024 to ensure accountability and impact of plans are measured.

2.18.1 Staff Networks

Staff Networks are part of an effective menu of EDI resources designed to promote diversity and inclusion in our workplace. They bring together and provide a safe and confidential platform for colleagues with shared, and intersectional identities. They provide opportunities 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 Partnership 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 for the third year created a well-received Equality, Diversity and

Inclusion and Mental Health Calendar/ Forward Planner. This interactive resource is multi-functional as hardcopy and digital, and helps staff across the Partnership plan awareness, cultural and multifaith events, activities and training. Staff Networks have also been instrumental in galvanising staff inclusivity or representing members in matters which affect or impact them such as the NHS Staff Survey, People and Organisational Development activities and the new Partnership arrangements, co-production and co-design.

2.18.2 Organisational Development (OD)

Over the course of 2023/24, a refreshed organisational development structure has been put in place, bringing together a Partnership OD team across Camden and Islington, and Barnet, Enfield and Haringey Trusts. During this period, several important steps have been taken in supporting the Partnership's journey to the creation of an aligned, values-based culture. These have included the following:

- ✓ Creation and delivery of the new Partnership O.S.C.A.R.S (Outstanding Service Contribution and Recognition Scheme) Staff Awards
- ✓ Development and introduction of the new Partnership Values and Behaviours Framework
- ✓ Development and introduction of the new Partnership Leadership Framework
- ✓ Roll-out of new Leadership Promise workshops to people managers, introducing the Leadership Framework and associated behaviours
- ✓ Dedicated OD bespoke programme development for priority teams
- ✓ Launch of refreshed Partnership OD consultancy service
- ✓ Participation in the People Promise Exemplar Programme (Cohort 2: February 2024 – January 2025).
- ✓ Refreshed approach to learning from and acting upon the annual and quarterly staff survey results.

Work has also been underway to embed the new Partnership Values within the following programmes of work from 2024-25:

- Partnership appraisal framework
- Partnership management development programme
- Partnership onboarding programme

The organisation development team maintain strong collaboration links with the equality diversity and inclusion (EDI), strategic and operational people teams, wellbeing and communications teams to ensure a shared focus on embedding our Values into our work.

Part 3 – Review of our Quality Performance

3.1 Review of progress made against last year's priorities

In March 2023, staff from across the Trust, including the Chair and Chief Executive, were joined by service users, peer workers, commissioners and representatives from other statutory and voluntary organisations to discuss and agree the Trust's Quality Priorities for 2023-24.

Our six Quality Priorities for 2023-24 were designed to support our aim to deliver excellent care for our diverse population. They took into consideration suggestions from stakeholders and the Trust's Strategic Objectives and were aligned to existing programmes of work.

Patient Safety

1. We will develop the role of Patient Safety Partners (in line with PSIRF), to ensure that those with lived experience are equal partners in strengthening patient safety governance and management processes.

In October 2023, we successfully recruited a Patient Safety Partner to the Patient Safety Team. The main role of our Patient Safety Partner has been to ensure that the lived experience voice is heard and embedded within the organisation, with the core purpose of improving safety and quality.

Our Patient Safety Partner has played a fundamental role in the Patient Safety Team; through application of their skills, knowledge, and lived experience, they have supported decision making to drive forward the Partnership's ambition to improve and embed a strong patient safety culture. The Patient Safety Partner works with staff as equal partners to influence and improve the governance and leadership of safety across the partnership. They have led on the implementation of the national Involving Patients in Patients Safety Framework working closely with our Service User Experience and Engagement Team colleagues.

We aim to expand our Patient Safety Partner provision in 2024-25 to continue the excellent work in progress, and to further develop improvements in safety and quality across all of our clinical services.

2. We will develop a partnership patient safety strategy focussed on equipping patients and staff with the skills and opportunities to improve patient safety.

During 2023-24, the Patient Safety Teams across BEH and C&I have been working in partnership to ensure all priorities of the national NHS Patient Safety Strategy, illustrated below, have been consistently implemented or being worked towards across both Trusts.

Alignment to NHS Patient Safety Strategy – key priorities



Before developing our own Patient Safety Strategy it is essential that all necessary structures, systems and processes are in place to support this work and the embedding of a strong patient safety culture. We can now move confidently ahead with the development of a Partnership Patient Safety Strategy in 2024-25.

Clinical Effectiveness

- 1. We will ensure that there are processes in place to prevent discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions – Data will be used to inform specific areas for improvement.**

The State of Inequalities Report provided an in-depth analysis of the status of inequalities across the Partnership in C&I and BEH. An action plan to address gaps was approved by a sub-group of the Board in October 2023.

Priority areas that have been progressed include:

- Setting up of governance to support implementation of the Patient Carer Race Equality Framework (PCREF). The Chief Nursing Officer as the Senior responsible Officer has been linking in with the Black Asian Minority Ethnic communities, and experts by experience have been developed across the divisions.
- A successful community engagement event was held showcasing the Partnership's community services offer and co-production around PCREF competencies. Further work will take place with the communities during 2024-25 to raise awareness of our plans and activities to address restraints in young black men, increasing access to CAHMS, and Section 136
- An Accessible Information Standard group has been set up to ensure the needs of disabled service users and carers are embedded across the Partnership. Further work is planned to raise the awareness of the LGBT communities in health care settings. In 2024-25 we will work towards the NHS Equality Delivery System 2022, Domain one – commissioned or provided services and use the work underway around physical health checks for inpatients with SME. More engagement with clinical staff is needed around cultural competency to ensure care for diverse communities and a business will need to be put together to fund this.

- 2. We will support people's physical healthcare and ensure that deteriorations in physical health are identified, and appropriate interventions are provided to improve health outcomes; we will do this by developing competencies and skills of clinical staff.**

During 2023-24 a number of improvement initiatives have been introduced to strengthen education and awareness, and clinical competencies and skills in physical healthcare management across the Partnership. Examples of improvements include:

Streamlined Physical Health Assessment Form: We have optimised our Physical Health Assessment Form by streamlining sections to capture critical information efficiently. This enhancement not only improves data capture but also promotes efficiency and eliminates duplication associated with Health Information Exchange (HIE). Next steps – data retrieval for ongoing improvement.

Brilliant Basic QI - Physical Health Assessments: Our commitment to excellence is through the Brilliant Basic for improving Physical Health Assessments.

Launch of NCL Longer Lives Strategy Delivery Plan: The implementation of the NCL Longer Lives Strategy Delivery Plan has been approved at both Integrated Care Board (ICB) and Trust levels. We are currently developing workstreams to ensure successful execution and achievement of strategic objectives.

QuiTT Collaborative with The Royal College of Psychiatrists: Collaborating with The Royal College of Psychiatrists through the QuiTT Collaborative enables us to enhance the quality of care provided to individuals with mental health conditions who smoke.

Practice Development Team Initiatives: Our Practice Development Team continues to support staff upskilling in essential areas such as ECGs, Phlebotomy, NEWS2, Medical Devices, and MYKITCHECK. This investment in staff development enhances competency and ensures high standards of care delivery.

Development of Clinical Pathways: We are actively developing clinical pathways to facilitate easier access to acute care services, thereby improving patient outcomes and reducing healthcare system inefficiencies.

Strategic Recruitment: We have strategically recruited a Practice Development Nurse and a Tobacco Dependence Advisor to bolster our team and enhance patient care in critical areas.

Training and Compliance Initiatives: NEWS2 Training, ILS/BLS compliance improvement, and ongoing Quality Improvement (QI) projects focused on familiarisation with emergency equipment and processes ensure staff readiness and adherence to best practices. MEET Training (Medical Emergency Equipment Training)

Standardised Medical Emergency Simulations: Introduction of standardised Medical Emergency Simulations in ward areas aims to enhance staff proficiency in managing cardiac arrest situations, fostering effective teamwork, and familiarising personnel with essential equipment and emergency management algorithms for safe care.

Pathology: Digital/Clinical project underway to integrate a digital solution into the existing Electronic Patient Record (RiO) for ordering and receiving blood results. This will increase efficiency by not having to generate paper requests and improve patient safety with easier access to results for ongoing clinical management.

Resus/Medical Management Process Review: A comprehensive review of the Resus/Medical Management process has led to a proposal for piloting a managed service, enhancing governance, infrastructure, clinical provision, and education.

Quality Improvement Projects: Our ongoing QI projects focus on the Prevention and Management of Pressure Ulcers and Tobacco Dependence, reflecting our commitment to continuously enhancing patient care and promoting a smoke-free environment.

Women's Health Clinics: Introduction of Women's Health Clinics on Ruby ward underscores our dedication to providing specialized care tailored to the unique needs of our female patients.

Wellbeing clinics at community sites/Clozaril clinics and assertive outreach checks for housebound and hard to reach.

Islington PH Matrons participating in MDTs with the Islington Community Respiratory Team and Diabetes Team.

Commencement of E-obs project at C&I to align with practice at BEH; Automatic score calculation saves time and eliminates human error. e-Obs can be used to send escalations to other staff members. Eliminate the need to visit a patient to view their e-Obs scores. Reduces the need for unnecessary duplicate tests as scores are stored centrally.

These initiatives collectively reflect our unwavering commitment to delivering high-quality healthcare services, fostering staff development, and ensuring positive patient outcomes. Through collaboration, innovation, and continuous improvement, we strive to meet the evolving healthcare needs of our community and uphold our commitment to excellence in healthcare delivery.

Patient Experience

- 3. 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.**

The launch of the Service User and Carer Brilliant basic has engaged stakeholders in identifying key areas for improvement with identified actions. A pilot initiative is currently being developed which will focus on service users specifically being asked in a clinic setting "what do you want to get out of this appointment". The commitment for all services to the "you said, we did" updates was highlighted as a key priority. Although it is recognised within the acute wards that these are updated more consistently, this level of engagement and responsiveness to feedback is not reflected within the community services.

Initial consultations have been had with the informatics department to explore the development and use of an app for teams to input on a monthly basis their updates. The app will also send monthly reminders to teams to input their updates and will have a function for data to be collectively pulled.

The previous Service User Experience and Engagement Group has now been split into two sub meetings - Service User Experience and Service User Engagement. This allows for a more focused review of the feedback received via the "Patient and Carer Survey" identifying key themes/areas of improvement/areas of excellence.

- 4. 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.**

The Service User Experience and Engagement Team is currently in the process of recruiting two new band 7 positions - Lived Experience Workforce Leads to join the corporate peer team. These roles will support the development and implementation of the new peer workforce strategy (expected roll out April 2025).

Additionally, the Service User Experience and Engagement Team has successfully recruited two band 5 Involvement and Engagement facilitators to continue to support the growth and development of the expert by experience programme.

3.2 Quality Governance

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

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

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

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

Through our quality governance systems, the Trust Board is provided with assurances on the quality of BEH's services and patient safety:

- We produce comprehensive Trust and divisional quality dashboards incorporating safety, experience and effectiveness
- We have an active national and local clinical audit programme
- We monitor themes and trends in service user experience and complaints
- We monitor the standards of our inpatient wards and a number of community teams through the Tendable audit app, through executive-led safety walk-arounds and scheduled quality reviews of service
- We have a robust risk management and escalation framework in place.

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

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

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

Safeguarding

As a Trust, we are fully committed in ensuring that safeguarding children, young people and adults is part of our core business. We recognise that safeguarding cannot be done in isolation. Our Trust values of working together with our partner agencies to 'Think Family' underpin how we protect those at risk of harm, abuse or neglect. To achieve this, the Trust works collaboratively with partners within the Integrated Care System (ICS) to safeguard the communities we serve. We continue our focus in developing evidence-based approaches to safeguarding, whilst balancing the rights and choices of an individual, with the Trust duties to act in their best interest to protect the patient, public and the organisation from harm. Our Trust values are central, ensuring our services are compassionate, respectful and have regard to the duty to protect individuals' human rights. We treat everyone with dignity and respect and safeguard people from abuse, neglect and discrimination, as well as reducing stigma.

Our Safeguarding Team continues to work with all internal and external partners to ensure safeguarding is core business throughout the Trust. We take all reasonable steps to promote safe practice and protect children, young people, and adults from harm, abuse and exploitation. We are fully engaged in the work of the Barnet, Enfield and Haringey Safeguarding Boards, and their associated sub-groups for both children and adults. We are fully compliant with the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (updated September 2022), and statutory duties in line with Section 11 of The Children Act 1989.

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4.1 Stakeholder Statements and Response to the Quality Account

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