Camden and Islington NHS
NHS Foundation Trust

QUALITY ACCOUNTS 2010/11

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Quality Accounts 2010/11

Contents

1.0 Statement on quality from the Chief Executive, Wendy Wallace

Camden and Islington NHS Foundation Trust is proud of its achievements in improving a wide range of aspects of the quality and safety of care we deliver to our service users and their families. As part of our drive for Excellence, the first of the Trust's strategic goals is to continuously improve the quality and safety of service delivery, improve service user and carer experience and improve outcomes. The work to deliver this derives from many programmes within the Trust. A principal pillar of the Trust's strategy to improve quality is the Clinical Strategy which sets out the principles of service delivery and the structures governing care. It also sets out for the Trust and its stakeholders annual objectives which drive our delivery of excellent mental health and substance misuse services.

During the past year we have reorganised the services so that management is on the basis of clinical care pathways. Each pathway will have quantitative outcome measures which we will be able to compare over time and which will measure the recovery made by service users. During the past year we have also introduced local patient experience tracking systems, enabling us to get feedback on specific areas rapidly and improve the service as a result. Throughout the services there are numerous quality initiatives, which improve services at the frontline on a day to day basis.

In late 2010/11 the Trust received its first inspection by the Care Quality Commission (CQC) as part of its new assessment processes. The CQC inspected services based in or linked to Queen Mary House; all being services for older adults. I am delighted that not only did the CQC find that the Trust was fully compliant with all standards, but they made no recommendations at all for improvement and quoted many complements about the service from service users and carers.

We had set an ambitious list of quality targets with our commissioners for 20010/11, through the CQUIN process. These targets covered important areas, such as improving our vigilance and oversight of physical health issues (with which mental health service users disproportionately suffer). The Trust is reporting full achievement against these targets in this year's Quality Accounts. Further regional and local quality indicators and targets have been set for 2011/12 and we are committed to achieving good results against these targets in the coming months.

The Board of Directors established a new Quality subcommittee of the Board during 2010/11. This committee, chaired by the Deputy Chair of the Trust gives enhanced oversight and assurance on quality issues for the Board.

The Board is satisfied that the data contained in these quality accounts are accurate and representative.

2.1 Priorities for improvement

2.1.1 Priority area 1 – Quality of response to service user requests for information and assistance

Rationale

This is a quality area priority suggested by the Trust's governors. A "mystery shopper" programme will help examine levels of customer care at initial contact with service users and the public and establish a baseline for performance that can then be developed. Other Trust's have successfully conducted similar programmes with the aim of improving service user and carer experience of services.

Key improvement initiatives

This initiative will complement the established and expanding Patient Experience Tracking (PET) programme and it is hoped that service user representatives will be able to help undertake the surveys in a similar manner to past successful user focussed monitoring programmes.

Key performance indicator

The survey will examine the accuracy of information provided in response to set queries and the performance of the responder in relation to set expectations of politeness and timeliness. The details of the questions, standards and targets are still to be developed.

2.1.2 Priority area 2 – CQUIN 1: Physical health

Rationale

This is a key priority nationally and for our local stakeholders. Research data has consistently shown that mental health service users suffer significantly worse physical health outcomes than the national average. This includes a higher risk of high mortality physical health diagnoses such as diabetes, cardio-vascular disease and respiratory diseases. This priority area will look to better identify physical health diagnoses in our service users and improve physical health care in Trust hospital and community settings.

Key improvement initiatives

The key initiatives in this area relate to improved information sharing between primary and secondary care. In 2010/11, the physical health CQUIN indicators related to building better systems for ensuring that service user information stores in both care settings are populated with key data fields for mental and physical health diagnoses and ensuring that service users are helped to access primary physical health care for high mortality diagnoses. In 2011/12, this will be further developed with the addition of work to ensure key information about medication in the primary care setting is relayed to secondary care settings.

Key performance indicators
There are four key indicators for this priority:

- Service users to have a complete set of mental and physical health high mortality ICD10 codes recorded for their episode of care;
- Support of inpatients and service users on CPA to access relevant physical health checks and/or screening;
- To improve the medicines reconciliation of service users admitted to mental health inpatient units;
- Provision of discharge letters to GPs on discharge from secondary mental health care

2.1.3 Priority area 3 – CQUIN 2: Patient Reported Experience Measures (PREMs)

Rationale
This is a key priority nationally and for our local stakeholders. Key ratings from the annual CQC survey indicate that trusts in London score relatively poorly for service user satisfaction compared to the national average. Camden and Islington NHS Foundation Trust performed strongly in relation to other London trusts at the 2010 survey but results still indicated an unsatisfactory level of satisfaction for some of our service users. In 2010/11, the Trust undertook a Patient Experience Tracking (PET) programme that allowed us to monitor service user feedback much more dynamically than the previous reliance on the CQC annual survey could allow. Commissioners have identified this area as a key priority for improved Trust performance, including particular questions from the annual CQC survey as indicators in the 2010/11 CQUIN list.

Key improvement initiatives
The Trust will continue to use the handheld electronic PET devices to collect service user satisfaction data throughout 2011/12. The devices will be used in community settings in addition to the inpatient use of 2010/11. The surveys will be run at the beginning and end of the year with an action plan being developed in response to any areas of weakness in the first survey.

Key performance indicators
Responses to four key questions will be monitored for this CQUIN:
Inpatient:

- The proportion of service users answering “good” or “excellent” when asked about the care they received;

- Proportion of service users answering “yes” to the question, “Were you involved as you wanted to be in decisions made about your care?”;
- Proportion of service users answering “yes” to the question, “Were you treated with respect and dignity?”;
- Proportion of service users answering “yes” to the question, “During your most recent stay, did you feel safe?”;

Community:

- The proportion of service users answering “good” or “excellent” when asked about the care they received;
- Proportion of service users answering “yes” to the question, “Do you think your views were taken into account when deciding what was in your care plan?”;
- Proportion of service users answering “yes” to the question, “Have you been given (or offered) a written or printed copy of your care plan?”:
- Proportion of service users answering “yes” when asked if they had the number of someone from their local NHS Mental Health Service that they could phone out of hours;

2.1.4 Priority area 4 – CQUIN 3: Development of personalisation in care plans

Rationale

This is a key priority nationally and for our local stakeholders. The Trust ascribes to the promotion of sustainable recovery and increased self esteem in its Recovery Model approach to care delivery but fidelity to this model so far has not been widely measured. Recovery based services need to measure how they are promoting service user involvement in setting meaningful goals in care plans that promote recovery and improved quality of life outcomes.

Key improvement initiatives

This CQUIN aims to develop the recovery model culture in care planning by ensuring ownership of a care plan by the service user rather than the clinical team. This cultural change will be driven through service user ownership of the practical goal setting work in care planning and of the language used in its formalisation.

Key performance indicators

The Trust will need to demonstrate that at least 30% of care community based care plans are written in the first person singular and have at least two service user defined recovery goals.

2.1.5 Priority area 5 – CQUIN 4: Patient Reported Experience Measures (PREMs) in dementia services

Rationale

This is a key priority nationally and for our local stakeholders. In line with established work in relation to certain physical health areas, nine statements have been proposed by the Department of Health which capture what people with dementia say they aspire to in terms of their expectations of the health and social care system. It is proposed that the Trust prioritise work towards ensuring these particular aspirations and expectations are met.

Key improvement initiatives

As with priority area 3, the Trust will monitor its performance against this area through service user surveys. Compliance with one of the nine key statements will be monitored in the Trust's dementia services at two points in the year with an action against any weak areas being developed and implemented in between the two surveys.

Key performance indicator

The key questions to be asked for this CQUIN indicator are:

- "Have you been treated with dignity and respect?";
- "Do you know what you can do to help yourself and who else can help you?"

2.2 Quality of services provided

2.2.1 Statements of assurance from the Board

The Board is able to provide the following statements of assurance:

2.2.1.1 Review of services

During 2010/11, Camden and Islington NHS Foundation Trust provided and/or sub-contracted the following 4 NHS services:

- Adult Mental Health
- Mental Health Care of Older People
- Substance Misuse
- Learning Disability

Camden and Islington NHS Foundation Trust has reviewed all the data available to it on the quality of care in all 4 of these NHS services

The income generated by the NHS services reviewed in 2010/11 represents 100% of the total income generated from the provision of NHS services by Camden and Islington NHS Foundation Trust for 2009/10.

The Trust has been able to review data for each of these services in the areas of patient safety and clinical effectiveness. It has also been able to review data relating to patient experience for Adult Mental Health, Mental Health Care of Older People and Substance Misuse through the use of the Trust's Patient Experience Tracking programme.

2.2.1.2 Participation in clinical audits and national confidential enquiries

During 2010/11, one national clinical audit and one national confidential enquiry covered the NHS services that Camden and Islington NHS Foundation Trust provides.

During that period, Camden and Islington NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Camden and Islington NHS Foundation was eligible to participate in during 2010/11 are as follows:

- National audit for psychological therapies for anxiety and depression (NAPT)

- Confidential enquiry into suicide and homicide by people with mental illness (CISH)

The national clinical audits and national confidential enquiries that Camden and Islington NHS Foundation Trust participated in during 2009/10 are as follows:

- National audit for psychological therapies for anxiety and depression (NAPT)
- Confidential enquiry into suicide and homicide by people with mental illness (CISH)

The national clinical audits and national confidential enquiries that Camden and Islington NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

	Cases submitted	% of cases required
National audit for psychological therapies for anxiety and depression (NAPT)	545	93%
National confidential enquiry into suicide and homicide by people with mental illness (CISH)	18	100%

No reports of national clinical audits were reviewed by the provider in 2010/11. The report of the National audit for psychological therapies for anxiety and depression will be reviewed when published.

Results from the national clinical audit programme administered by the Healthcare Quality Improvement Partnership (HQIP) are available at the HQIP website: http://www.hqip.org.uk/national-clinical-audit/

The reports of 260 local clinical audits were reviewed by the provider in 2009/10 and Camden and Islington NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (examples):

- A best practice flow chart is to be developed to assist clinical staff in reviewing service users who are on antipsychotic medication or service users where an antipsychotic medication is being considered. This flow chart will prompt the care coordinator to consider other ways of managing challenging behaviours such as behavioural interventions and additional carer support,
- Develop a safeguarding clinical dashboard to ensure the successful implementation of all safeguarding best practice,
- Work with well-being champions across services to help service users access smoking cessation services and advice,
- Ensure relevant yet comprehensive physical health diagnostic information is recorded for mental health service users,
- Implement evidence based process improvements to nursing handovers on inpatient wards.

The Trust has worked diligently in 2010/11 to further develop its programme of clinical audit and augment clinician participation in this audit work. All professions and disciplines contribute to clinical audit across all services through the balanced scorecard programme and the healthy programme of local audit in both boroughs. Structures are in place locally in both boroughs to encourage audit projects, monitor their progress and analyse and share their results. The findings and information accrued by these local groups is then shared with the Trust Quality Committee. The trust-wide remit for centrally co-ordinating audit lies with the Clinical Governance and Performance Team.

Since 2006, the Trust has organised biannual Audit Forums where clinicians can present the findings of their audits to their peers. In 2010/11 a prize-fund element was introduced to the two audit forums whereby the author of the best audit presentation, as agreed by a judging panel, was awarded a grant of £300 towards their personal professional development.

2.2.1.3 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Camden and Islington NHS Foundation Trust that were recruited in 2009/10 to participate in clinical research approved by a research ethics committee was 786 (992 less than in 2009/10).

The Trust participated in 88 research projects in 2010/11. This is an increase on the 77 active studies in which the Trust participated in 2009/10.

Participation in clinical research demonstrates Camden and Islington NHS Foundation Trust's commitment to improving the quality of care we offer and to making our

contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. Additionally, since 2009, 118 publications have resulted from our involvement in NIHR research , which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

2.2.1.4 **The CQUIN framework**

A proportion of Camden and Islington NHS Foundation Trust's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between Camden and Islington NHS Foundation Trust and any person or body it entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The six quality areas included in the CQUIN framework for **2010/11** were:

1. Improving the physical health care of patients with mental health problems,
2. Establishing baseline information on prescribing of antipsychotics for people with dementia,
3. Improving the collection and reporting of currency data which will inform future service improvements,
4. Improving patient reported measures of care,
5. Dual diagnosis and substance misuse,
6. Facilitating smoking cessation.

CQUINs 1-3 are all regionally agreed across NHS London while CQUINs 4-6 were agreed on a local basis between provider and commissioner agencies. Further details of the 2010/11 agreed goals and new goals agreed for 2011/12 are available on request from the Trust Performance Manager, Ian Diley (ian.diley@candi.nhs.uk) or at www.candi.nhs.uk

The monetary total for the amount of income in 2010/11 conditional upon achieving quality improvement and innovation goals was £1,281,485 of which 100% was accrued.

For **2011/12**, CQUINs have been agreed with commissioners covering the following areas:

- Improving the physical health care of patients with mental health problems,
- Improving patient reported measures of care in inpatient and community services,
- Ensuring fidelity to the recovery model of care,
- Improving patient reported measures of care in dementia services,
- Improving rates of planned treatment exit from substance misuse services.

2.2.2 Statements from the Care Quality Commission (CQC)

- Camden and Islington NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditionally registered.

- The Care Quality Commission has not taken enforcement action against Camden and Islington NHS Foundation Trust during 2010/11.

- Camden and Islington NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

- The Care Quality Commission has externally assessed one of the Trust's registered locations in 2010/11; Queen Mary's House. The CQC provided an extremely positive assessment report and made no recommendations for improvement.

The Trust has worked throughout 2010/11 to implement a robust self assurance framework for compliance with CQC essential quality outcomes across all its locations and services. It was very pleasing to receive such a positive report for its first location assessment and the Trust can look forward with confidence to further positive assessments of its other locations in 2011/12. The overall findings of the report noted:

> "*All the people who we talked to were positive about their treatment and care at this location both as users of the day hospital and the wards. We received many positive comments from relatives, one of whom described this service as "a gem". Patients and relatives were very satisfied with staff attitudes and care and patients reported that they felt safe and [were] treated with dignity and respect…*"[1]

The most pleasing aspect of the report was the inclusion of positive complementary quotes from the service users and carers.

> "*They don't just treat us as a group, they take time to get to know us as individuals and find out about our individual needs*"[2].

[1] CQC Review of compliance: Queen Mary's House, March 2011
[2] Ibid.

2.2.3 **Data quality**

Camden and Islington NHS Foundation Trust will be taking the following actions to improve data quality:

Action	Rationale	Deadline
A set of data quality indicators has been agreed for quarterly monitoring with the lead commissioner	These key data quality indicators are linked to CQUIN targets and key national indicators	Quarterly monitoring
The Trust Data Quality Strategy will be revised	This will take account of key quality priorities and improved monitoring facilities for 2011/12	July 2011
Further development of data quality dashboards	These will be developed to include the new indicator targets and monitoring of use of dashboards will continue.	June 2011
The Trust will address as an information governance priority issues regarding clinical coding audit and pseudonymisation	These are the areas assessed as weaknesses within the Trust's Information Governance Toolkit return in 2010/11	September 2011

Camden and Islington NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data[3].

The percentage of records in the published data which included the patient's valid NHS number was:

- 100% for admitted patient care;

The percentage of records which included the patient's valid General Medical Practice code was:

- 100% for admitted patient care;

In 2010/11, the Trust established the Data Quality Group which meets on a monthly basis to monitor data quality issues and develop systems for ensuring optimal performance. This group reports to the overall Trust Performance Group and the Quality Committee.

To enable effective monitoring of performance against data quality standards and targets, 2010/11 saw the successful introduction of intranet-based data quality

[3] Correct as at Month 10. Official year-end figures are available at the end of May.

dashboards providing current performance and trend information. These dashboards are one element in a suite of performance dashboards that will greatly assist service lines in ensuring that the high standards of care expected of Trust services are met.

Examples of particular areas of Trust services where data quality improvement programmes have been successfully implemented include the mental health services at HMP Pentonville where data collection processes have been improved to meet the new facilities provided by new national administration software in prisons (with enhanced monthly performance reporting now possible) and substance misuse services where enhanced data assurance processes have been introduced.

2.2.4 **Information Governance Toolkit attainment levels**

Camden and Islington NHS Foundation Trust's Information Governance Assessment Report score overall score for 2010/11 was 70% and was graded not satisfactory[4]. However, the Trust has achieved a score that compares favourably with many other trusts whose annual scores have also reduced with amendments to the assessment toolkit in 2010/11. These attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation. The Trust has put an action plan in place to ensure a achievement at a higher level at the next self assessment. The specific actions are outlined in the table in 2.2.3.

2.2.5 **Clinical coding error rate**

Camden and Islington NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

[4] This score relates to four specific areas of the toolkit for which the Trust scored a 0 when the expected standard score was 2.

3.1 Review of quality performance

The Quality Accounts process requires that trusts identify three key quality performance indicators for each of three quality domains; safety, effectiveness and patient experience. The Trust's performance on each of these indicators during the financial year (and in previous years where available) is set out below, along with a description of the construction of the indicator.

3.1.1 Safety

The Trust has selected the following three indicators to represent the safety domain:

i. The proportion of Trust inpatient service users (Services for Ageing and Mental Health) who received assessment through the Malnutrition Universal Screening Tool (MUST) within 72 hours of admission;

ii. The proportion of service users receiving physical health assessments in line with Trust policy for inpatient, community and residential and rehabilitation based services;

iii. The proportion of Serious Untoward Incident recommendations completed to timescale.

i. Compliance with standards of MUST policy

The 'Malnutrition Universal Screening Tool' ('MUST') is a validated, evidence based tool designed to identify individuals who are malnourished or at risk of malnutrition (under-nutrition and obesity). The use of MUST is included in NICE guidelines to tackle the issue of malnutrition and its use is particularly important for services such as those providing services to older people. The Trust has an agreed Balanced Scorecard and Service Quality Improvement Plan measure for monitoring implementation of Trust policy in its application of the MUST in inpatient sites.

Numerator
All service users admitted to inpatient services at the time of the (quarterly) audit receiving a MUST assessment within 72 hours of admission[5].

Denominator
All service users admitted to inpatient services at the time of the (quarterly) audit.

Reporting
This is audited and reported internally through the balanced scorecard process with results provided to commissioners as part of the Service Quality Improvement Plan.

Performance figures:

	Q1	Q2	Q3	Q4
2008/09	89%	89%	77%	95%
2009/10	80%	76%	96%	94%
2010/11	73%	78%	92%	78%

2009/10 Target = 80%

Note: Previous year's audits had looked solely at whether a MUST tool had been completed during the admission. This was changed to include the issue of timeliness in 2009/10. When the 72 hour aspect is disregarded, quarterly scores in 2010/11 range from 85% to 90%.

ii. Compliance with physical health assessment policy
The association between severe mental illness and physical health problems is well established with the life expectancy of people with severe mental illness being nine years less than that of the general population (Disability Rights Commission 2006). Therefore people with a mental illness are at a greater risk of premature mortality than the general population. The physical health care needs of people with a mental illness are as important as the individual's mental health care and must be part of a holistic package of care. The Trust has agreed policies and protocols for ensuring our service users receive effective physical

[5] This figure includes all service users receiving a MUST assessment within 72 hours and those for whom a transfer to/from general acute care necessitated a clinically acceptable deferment of assessment.

health assessment and the implementation of these policies is measured through the balanced scorecard process. Measures for monitoring liaison between primary and secondary care in relation to physical health care are also included in the CQUIN indicator set.

Numerator A
Number of current service users in Residential & Rehabilitation services at the time of the (quarterly) audit with evidence of physical assessment being offered in the preceding 12 months.

Numerator B
Number of service users currently admitted to inpatient services at the time of the (quarterly) audit receiving a physical assessment (or refusal noted) within 24 hours of admission.

Numerator C
Number of service users from audit sample having received a physical health assessment in line with current Trust Policy.

Denominator A
Number of service users in Residential & Rehabilitation services at the time of the (quarterly) audit.

Denominator B
Number of service users admitted to inpatient services at the time of the (quarterly) audit.

Denominator C
Sample of service users allocated to community mental health teams within the quarter[6].

Reporting
This is reported internally through the quarterly balanced scorecard process.

Action plan
Further work needs to be undertaken to ensure full compliance in community based teams with the physical health assessment policy. There have been significant improvements in areas relating to CQUIN physical health targets since the agreement of these targets on a London-wide basis in Q3. Physical health care for mental health service users remains on the CQUIN list for 2011/12 so this will be maintained as a significant priority area.

See table below for performance figures.

[6] This sample equates to up to 12 service users per Community Mental Health Team (CMHT) for all CMHTs.

Performance figures:

		Q1	Q2	Q3	Q4
2008/9	Inpatient services	88%	93%	80%	82%
	Residential & Rehabilitation services	78%	73%	74%	93%
2009/10	Inpatient services	67%	73%	72%	84%
	Residential & Rehabilitation services	86%	91%	94%	95%
2010/11	Inpatient services	93%	90%	96%	87%
	Residential & Rehabilitation services	N/A[7]	N/A	77%	83%
	Community Mental Health Teams[8]	50%	73%	64%	66%

Targets for 2010/11: 85%

iii. Completion of Serious Untoward Incident investigations

In response to the occurrence of any Serious Untoward Incident (SUI), the Trust completes an internal investigation to ascertain the learning that can be accrued to inform any steps that can be taken to reduce the risk of similar incidents re-occurring. The Trust follows the NHS policy for this process. It is important that these investigations are conducted to the agreed timescales. The inclusion of this measure was requested by our Trust governors.

Numerator

The number of SUI investigations completed to agreed timescale for incidents occurring in the year.

Denominator

The number of SUI investigations for incidents occurring in the year

[7] A different measure was audited in Q1 and Q2: *If the service user has identified physical health needs, do they have a current support plan addressing these needs?*

[8] Note, this was only monitored in CMHT balanced scorecards from 2010/11

Performance:

In September 2010, the Trust implemented the new National Patient Safety Agency (NPSA) policy for investigation and response to Serious Untoward Incidents (SUIs). The Trust has conducted five SUI investigations of the most serious type (level 2) during the this period and all were completed to the timescales agreed with its commissioners.

3.1.2 Effectiveness

The Trust has selected the following three indicators to represent the effectiveness domain:

iv. The proportion of service users receiving a weekly review of their inpatient care plan;

v. The proportion of service users receiving early discharge from inpatient care to Crisis Resolution Team home treatment;

vi. Recovery rate in Improving Access to Psychological Therapies (IAPT).

i. Frequency of review of care plans in inpatient services

It is important for services to react swiftly to changes in our service users' mental and physical state and to their personal circumstances and we must be quick to review and amend care plans to reflect these changes. The Trust Care Programme Approach (CPA) Policy outlines the standards expected of our care teams in this area. A measure to monitor this is included in the balanced scorecard process for inpatient services.

Numerator

All service users currently admitted to inpatient services at the time of audit with evidence that their care plan has been reviewed in the seven days preceding the audit.

Denominator

All service users currently admitted to inpatient services at the time of audit.

Action plan
Trust-wide performance has been consistently slightly under target in 2010/11 and the prioritisation of this area (as part of the balanced scorecard programme) will continue in 2011/12.

Performance figures:

	Q1	Q2	Q3	Q4
2008/09	76%	87%	77%	82%
2009/10	67%	61%	76%	76%
2010/11	80%	75%	80%	85%

Target for 2010/11: 85%

ii. Early discharge to Crisis Resolution Team home treatment
A crisis resolution team (sometimes called a crisis resolution home treatment team or CRT) provides intensive support for people in mental health crises in their own home: they stay involved until the problem is resolved. It is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. The Trust has a target that 25% of CRT caseloads are service users who have received early discharge from inpatient services. This indicator measures fidelity to the model of providing care in community based services wherever this is possible.

Numerator
Number of service users allocated to CRT caseloads directly from inpatient care in the quarter.

Denominator
Number of service users allocated to CRT caseloads in the quarter.

Performance figures:

	Q1	Q2	Q3	Q4
2008/09	18%	22%	13%	29%

2009/10	31%	29%	40%	45%
2010/11	46%	46%	48%	47%

Target 2010/11: 25%

iii. The number of people who have recovered in IAPT services
The Improving Access to Psychological Therapies (IAPT) programme is based upon the commitments the Government made in their General Election manifesto 2005. The programme was launched in May 2007. It aims to investigate ways to improve the availability of psychological therapies, especially relating to people with depression or anxiety disorders. It also aims to promote a more person-centred approach to therapy. This measure aims to assess the rate of successful treatment outcomes for the services.

Numerator
Number of service users completing treatment with IAPT services in the quarter who had recovered (who no longer met the criteria for depression or anxiety) at final treatment session.

Denominator
Number of service users completing treatment with IAPT services in the quarter who at assessment had scores indicative of clinical caseness.

Performance figures:

2010/11	Numbers	Percentage
Camden	631 / 1706	37%
Islington	675 / 1740	39%

3.1.3 Patient experience

The Trust has selected the following three indicators to represent the patient experience domain:

i. the number of carers receiving advice or services following a carer's assessment;

ii. the proportion of service users in inpatient services (and particularly Psychiatric Intensive Care Units or PICU) being offered at least 4 activities per week;

iii. Patient Environment Action Team (PEAT) assessment scores.

i. Advice and services to carers

The needs of carers to Trust service users are of paramount importance. Ensuring the well-being of carers is a significant factor in also ensuring the well-being of the people for whom they care.

Numerator

The number of carers receiving a 'carer's break' or other specific carers service, or advice or information, during the year following a carer's assessment or review.

Denominator

The number of adults receiving a community- based service during the year.

(Performance is provided in the table below)

Performance figures:

	Target	Performance
Camden 2008/9 (Adults)	90 carers	93 carers
Camden 2008/9 (Older People)	16%*	17.4%*
Islington 2008/9 (Adults)	161 carers	109 carers
Islington 2008/9 (Older people)	15%*	16.8%*
Camden 2009/10	394 carers	458 carers
Islington 2009/10	23%**	19%**
Camden 2010/11	320	462 carers
Islington 2010/11	32%	23%

Targets: Please note that targets for this measure are set for each borough by separate commissioners and have been set as absolute numbers or as percentages for different services at different times.

While Islington's target was not met for 2010/11, this was the only Local Authority set target not met and performance showed a considerable improvement over 2009/10.

* % of clients receiving a community based service
** The target was raised mid-year (Nov) from 15% to 23%

ii. Provision of activities in inpatient teams (with particular reference to PICU)

The provision and encouragement of occupational therapy and leisure activities are a vital component of recovery within mental health inpatient services. This provision has been monitored by the Trust through its balanced scorecard process for several years and quarterly audits check to see whether individual service users have been offered or taken up at least four activities per week. The Trust Governors particularly requested that the Quality Accounts review provision of activities in the Trust's PICU ward, Coral.

Numerator
The number of service users currently admitted to inpatient services at the time of audit with evidence that they had been offered or taken up at least four occupational therapy or other leisure activities in the seven days preceding the audit.

Denominator
The number of service users currently admitted to inpatient services at the time of audit.

Performance figures:

	Q1	Q2	Q3	Q4
Trust 2008/09	35%	72%	59%	52%
PICU 2008/09	N/A	90%	100%	91%
Trust 2009/10	80%	60%	67%	86%
PICU 2009/10	56%	90%	82%	100%
Trust 2010/11	88%	79%	85%	79%
PICU 2010/11	100%	100%	100%	100%

Target for 2010/11: 75%

iii. Patient Environment Action Team (PEAT) assessment scores
PEAT is an annual assessment of NHS inpatient services in England[9]. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of service user care including environment, food, privacy and dignity. The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England. There are 9 Trust sites included in the assessment. Inclusion of scores against this measure were requested by the Trust Governors.

[9] And of residential and rehabilitation services with more than 10 beds

Performance figures:

Percentage of Trust sites rated as "Good" or "Excellent"	Environment	Food	Privacy and dignity
2008	100%	86%	100%
2009	78%	100%	100%
2010	100%	100%	100%

The assessment uses are 5 point scale: unacceptable, poor, acceptable, good and excellent. In the past five assessments, the Trust has not had any sites rated as unacceptable or poor. Trust performance is appreciably above the national average.

3.1.4 Review of monitoring processes

- Balanced scorecard process

The Trust completed its ninth year of balanced scorecard service improvement work. The balanced scorecards for services are developed on an annual basis with performance indicators being amended to follow Trust and service need and targets being stretched. Balanced scorecards are produced for the vast majority of clinical teams with aggregated scorecards for service types and boroughs providing an overall summary of Trust performance. The measures chosen for inclusion reflect both national and local priority and are categorised into four domains; service user outcomes, service user processes, resources and lifelong learning. Many of the quality indicators included in these Quality Accounts are monitored quarterly through the balanced scorecard process. Similarly, many of the agreed CQUIN targets for the year have their data collated and monitored through this process. The completed scorecards for each quarter are discussed at trust-wide and local forums and action plans are produced at a team-level to address any concerns raised in each report.

The balanced scorecard process is a key part of the Trust's commitment to encouraging and monitoring multi-disciplinary participation in audit and reflective practice.

- Quarterly performance reports
  The Trust Board receives a quarterly performance monitoring report covering all national indicators and assessment processes, agreed quality indicator sets for commissioning bodies and locally derived quality measures. This information is shared publicly with performance reports being published on the Trust website and information from the performance report is shared at Trust Governor Board meetings.

- Electronic performance dashboards
  In 2010/11, the Trust has produced a set of on-line quality and performance management dashboards available to staff to allow them to monitor performance in a more dynamic way than ever before. Information is updated daily to allow more responsive management of service line activity, performance against national targets and data quality. As these dashboards develop, the facility will increase for reviewing performance against further locally derived indicators such as those included in the balanced scorecards.

- Quality reports to commissioners
  In addition to the activity reports provided to commissioners, 2010/11 saw the introduction of quarterly quality meetings and quality reports to the Trust's lead commissioners. Performance against CQUIN targets and other quality indicators is monitored along with reviews of learning from incidents and complaints. The different commissioning bodies have significant input into deciding priorities for quality improvement and in setting quality indicator targets.

3.1.5 **Key quality initiatives in 2010/11**

The Trust has further developed its Acute Care Forum structure in each borough in 2010/11 with a well received and extremely well attended launch event being held in February 2011. These multi-disciplinary forums will define the therapeutic philosophy for acute care and guide and promote excellence in acute care services and monitor and report on the many strands of quality improvement work scheduled to begin or continue in 2011/12. The forums aim to integrate acute care into a whole-systems approach and anticipate and implement national quality guidance.

The Trust has worked hard in 2010/11 to implement the best practice guidelines provided through the national *Triangle of Care* initiative. Audits of performance against *Triangle of Care* standards have been carried out within inpatient services with many positive findings. Any areas of weakness that have been identified are being addressed at ward level and through the Acute Care Forums.

2010/11 has seen further development work on implementing *Productive Wards*; part of the NHS Institute for Innovation and Improvement's *Releasing Time to Care* programme. National guidance has been provided to help clinical staff make changed to the physical clinical environment and working processes to improve the quality of service user care. The programme is designed to create calmer wards, increase safety and morale and give back to nursing staff more time to spend on patient care. Implementation of the programme has continued throughout the year on Trust inpatient sites with the evaluation process ongoing with measures developed to assess the effectiveness of steps implemented. The programme is to be extended to community services in 2011/12.

The Trust is currently working towards AIMS accreditation with the Royal College of Psychiatry for a number of its acute and rehabilitation inpatient wards and expects to complete this process in 2011/12. In addition, a project team within the Trust has been tasked with developing national AIMS accreditation standards for Crisis Resolution Teams with the ultimate aim being to develop standards across the whole acute care pathway.

3.1.6 Patient Reported Experience Measures (PREMs)

In 2010, the CQC annual service user survey covered people who use community mental health services. A highlight summary of results is provided below[10]:

Positives (top 20% of Trusts nationally)

- Were the purposes of medication explained to you?
- Were you told about the possible side effects of medications?
- Do you know who your care co-ordinator (or lead professional) is?
- Can you contact your care co-ordinator (or lead professional) if there is a problem?
- Does your care plan cover what you should do if you have a crisis?
- In the last 12 months have you had a care review meeting to discuss your care plan?

[10] Please note, a full summary of the Trust's results can be found at the CQC website; http://www.cqc.org.uk/publications.cfm?fde_id=16103

- Before the review meeting, were you given a chance to talk to your care co-ordinator about what would happen?

- Did anyone in mental health services ask you about any physical health needs you might have?

- Did mental health services give you enough support getting help for any physical health needs?

- Did mental health services give you enough support with your care responsibilities?

- Have you received enough help from anyone in mental health services with finding or keeping work?

- Overall, how would you rate the care you have received from mental health services in the last 12 months?

Negatives (bottom 20% of trusts nationally)

- Did [your allocated health and social care worker] take your views into account?

- In the last 12 months, did the provision of talking therapies meet your requirements?

- Were you given the chance to express your views at the [care review] meeting?

In 2010/11, the Trust further developed its facility to monitor PREMs. In addition to the annual CQC survey of community based service users, the Trust implemented its Patient Experience Tracking (PET) system across inpatient and substance misuse services. The PET system is delivered through hand-held touch-screen devices that ask a brief set of questions for both service users and or carers with free-text areas allowing comment on anything the respondent wishes to share. Service users now have more opportunity than ever before to tell the Trust how it can improve their experience of care and treatment. In 2011/12, implementation of the PET system is also being rolled out to community based mental health services.

In addition, specific teams have continued to carry out service user satisfaction surveys independent of the PET system in areas such as crisis services and memory services.

The Trust has also implemented the new national model for advice and complaints services in 2010/11, ensuring that all service users and carers have access to a professional and responsive service. Complaints analysis reports are shared with commissioners and stakeholders and these will be further developed in 2011/12 with improved trend analysis.

Response to complaints - timeliness

Complaints category – required response times[11]	Q1	Q2	Q3	Q4
48 hours	N/A	N/A	N/A	N/A
10 days	100%	100%	100%	100%
25 days	92%	76%	83%	52%
Total	94%	86%	87%	69%

3.1.7 Performance against key national indicators

Care Quality Commission (CQC)

As of 2010/11, the CQC's primary tools for monitoring healthcare providers are the biennial individual location assessments and the monthly updates to the Quality Risk Profiles. As noted above (2.2.2), the CQC assessed one of the Trust's locations (Queen Mary's House) in 2010/11 and provided an extremely positive review. It found there were no recommendations for improvement required at all.

The Trust's monthly Quality Risk Profile updates have similarly been extremely positive since their introduction in September 2010. This document is updated using over 600 individual quality indicators and as is categorised into five key

[11] Please note the timescale standards have been set locally (in line with Department of Health guidance) as there are no national timescale reporting requirements.

areas with a performance rating assigned to each: green being performing better than expected, amber being performing as expected and red being performing worse than expected. As of March 2011, the Trust is performing better than expected in two areas and as expected in three.

Monitor

Mental health Foundation Trusts are assessed on a quarterly basis by Monitor through seven distinct performance indicators[12]. Trust performance against these is provided below:

	Target	Q1	Q2	Q3	Q4
CPA – having formal review in the last 12 months	95%	95.5%	96.1%	96.0%	>95%
CPA – follow up within 7 days of inpatient discharge	95%	96.6%	97.1%	95.7%	95.2%
Admissions to inpatient care having access to Crisis Resolution Home Treatment Teams	90%	91.0%	90.5%	92.5%	92.6%
Minimising delayed transfers of care	<7.5%	1.0%	1.4%	4.3%	3.3%
Meeting commitment to serve new psychosis cases by Early Intervention Teams	95%	100%	100%	100%	100%
Mental Health Minimum Data Set: data completeness - identifiers	99%	98.7%	99.3%	99.2%	99.2%*
Mental Health Minimum Data Set: data completeness – outcomes	50%	N/A	N/A	61.7%	64.3%*
Certification against compliance with requirements regarding access to healthcare for people with learning disability	N/A	Met	Met	Met	Met

* MHMDS figures as at February submission. Next submission due May 2011.

[12] For Q1 and Q2 there were only six. A seventh (MHMDS outcomes) was introduced from Q3.

3.2 Stakeholder involvement in Quality Accounts

3.2.1 **Trust staff**

Trust staff were invited to contribute suggestions for areas of inclusion within the priorities for 2011/12 and the review of 2010/11. Input was received from all clinical disciplines in the Trust and from supporting staff in ICT, clinical governance and Human Resources.

3.2.2 **Local Involvement Networks (LINKs)**

An invitation to contribute to the planning process of the Quality Accounts was taken up by Camden LINKs who provided several suggestions for areas of priority and review. Several of these are included in these Quality Accounts.

3.2.3 **Trust Governors**

The Trust Governors have similarly provided input to the Quality Accounts development and again, their suggestions have been included in these Quality Accounts. The Governor body is made up of representatives from staff, service users and the public.

3.3 Stakeholder statements

3.3.1 **Statement from Camden LINKs**
Draft to be sent for comment

3.3.2 **Statement from Islington LINKs**
Draft to be sent for comment

3.3.3 **Statement from lead commissioner**
Draft to be sent for comment

3.3.4 **Statement from Overview and Scrutiny Committee**
Draft to be sent for comment