



Camden and Islington
NHS Foundation Trust

Camden and Islington NHS Foundation Trust Quality Account 2018/19

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Why prepare a Quality Account

- Statutory duty about quality of services delivered
- Accountable to the community/public
- An opportunity to review our performance
- Identify areas for improvement
- Put a governance structure in place
- Provide assurance

Our Focus

Safety and Quality of the care we deliver

Key Domains

- Patient Safety
- Clinical effectiveness
- Patient experience

2018/19 – 9 priorities (3 in each domain) Pg22

Performance in 2018/19

Patient Safety

P1 – Promote safe and therapeutic ward environments (PA)

- Overall trend on the number of incidents suggests continuing reduction in incidents of violence against staff and service users
- The proportion of restraints that are prone restraints are being kept to a minimum.
- The use of seclusion continues to decline and demonstrates the trust is achieving least restrictive practice in this area

We recognised that sustainability is a key to the longer term success of this intervention. Further progress on this priority will be monitored through the Safe Wards project and Positive and Proactive Care Group as priorities in 2019/20.

Performance in 2018/19

Patient Safety Contd

P2 - Provide comprehensive risk (PA)

- A randomised audit was undertaken between December 2018 and January 2019 - evidence of timely risk assessments and risk formulation. The scores range from 80% to 100%.
- A Rapid Inpatient Audit conducted in February 2019 following a serious incident - highlighted inconsistencies in recording risk assessment on EPR and populating care plans.

The task and Finish group has achieved initial policy review, and identified documentation & training requirements and is aligning this work with an STP-wide suicide prevention initiative.

Performance in 2018/19

Patient Safety Contd

P3 - Ensure mandatory training targets are achieved (PA)

- Overall core skills compliance has reached 88.9%, higher than at any point in the last 12 months.
- CPR (71.2%), ILS (78.7%); and Information Governance (86.2%) remain below the required levels. (Required levels are 80% for ILS and CPR and 95% for Information Governance.)

Weekly reporting has been introduced; Trajectories will form part of this reporting in order to highlight pinch points and to manage supply and demand for face to face programmes.

Commissioning of courses will aim to flatten 'spikes' caused by periods of concentrated high demand

Performance in 2018/19

Clinical effectiveness

P4-Engage service users/staff in suicide prevention strategies (PA)

- Risk Assessment and Suicide Prevention Group established. The Group is responsible for the development of policy and good practice and for overseeing and monitoring implementation. The Group also works in collaboration with the Public Health Crisis Care Concordat that oversees suicide prevention across the two boroughs of Islington and Camden.
- Local strategy implementation delayed due to the complexity in having a local strategy while at the same time working in partnership with other stakeholders - However, we have embedded our focused training, briefing and de-briefing sessions and, sharing learning from investigations into suicide

Performance in 2018/19

Clinical Effectiveness contd

P5 - Better involvement of service users in developing and reviewing their care plans (A)

- Randomised documentation audit - care plans are co-produced, service users are receiving copies of their care plans, physical care needs are identified using the trust physical health screening tool and care plans are up-to-date. The scores for each of those indicators range from 78% to 95%.

The Trust's ambition going forward is that all care plans are co-produced with service users/carers, documentation is timely, clear, concise and understood by service users and it reflects both physical health and mental wellbeing.

Performance in 2018/19

Clinical Effectiveness contd

P6 – Improving physical health (A)

- Physical health screening tool is now embedded
- Training covers a range of physical health interventions
- The Physical Health and Wellbeing Policy has been comprehensively revised and is ready for re-launch in June 2019

Numbers of Physical Health Assessment undertaken April 2018 to March 2019	
Division	Number of PH Screening Tool recorded
Acute	1255
Community Mental Health	78
Recovery & Rehabilitation	989
Services for Ageing & Mental Health	266
Total	2588

Performance in 2018/19

Patient experience

P7 -Learning from deaths and serious incidents (A)

- Learning from Deaths Policy embedded – emphasis on reviewing deaths and involving carers and family
- Trust Mortality Review Group (MRG) - meets on a weekly to review all deaths; attended by the Medical Director, Nursing Director and Chief Operating Officer.
- It is now standard practice for all SI investigators to approach family/friends and carers at the outset of the investigation; to ascertain their views on care and to contribute to the investigations terms of reference

Performance in 2018/19

Patient experience contd

P8 - Improved communication with carers and families (PA)

- There are variations in recording next-of-kin details on EPR. Randomised audit suggest the range is 36% to 100%, in different teams, of patients' next-of-kin details recorded.
- As indicated in P7, there is ongoing training for SI investigators to engage families in SI Investigations.
- Feedback is requested from carers and families & the feedback received is consistently positive.
- The Trust will continue to routinely audit the recording of next-of-kin details to make sure staff are alerted to gaps in their service.

Performance in 2018/19

Patient experience contd

P9 - Involve service users in the Trust's Quality Improvement (QI) Programme (A)

- The QI Hub has provided 2 hour training sessions for service users at their forum meetings
- 4 service user forums have been visited and training delivered.
- 18 service users are registered at present.
- Feedback received is positive
- The QI Hub has incorporated co-production as a KPI. Projects can be rated as a 'big I' or 'little i' depending on the level of service user participation; 'little i' means getting service users' ideas and feedback at certain stages of a project 'big I' means service users are a fundamental part of the team

Performance in 2018/19

- Improvements in Core performance indicators, NHSI single assessment framework targets and patient experience indicators
- CQUIN – We met 3 of the targets, partially met 7 of the targets and did not meet 2 of the targets (health and wellbeing of staff & uptake of flu vaccinations for frontline staff)
- Increase level of research and audit activities

Other Achievements

- unannounced inspection of Stacey Street Nursing Home (Jan 2019). Stacey Street provides nursing care to older adults with dementia and long term mental health difficulties; rated GOOD
- Strong appetite for QI Ref: page 62
- Recovery college - The C&I Recovery College continue to offer public courses on mental health and wellbeing to build the population's self-care skills and improve their management of health conditions
- Mental health matters events - series of informal quarterly meetings for Trust members, service users and staff to discuss issues relating to mental health. Members of the public are also invited to attend.

Summary

- We have made significant improvements
- We have more to do – new priorities for 2019/20
- We are focused on reviewing our Clinical Strategy and embedding our cultural pillars
- We will continue to make sure that service users/ carers and families are central to everything we do.
- We will continue to promote diversity and inclusion
- We are a learning organisation



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Thank you.

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