

## Quality Account 2012/2013

FINAL DRAFT FOR CONSULTATION

## Part 1

### Introduction

The purpose of the quality report is to enable the Trust to be transparent and accountable for the quality of the services we provide. Quality accounts have taken on new impetus this year with new structures for commissioning coming into force across the NHS, and following the Francis report into the failure of quality governance at Mid Staffordshire FT which resulted in catastrophic consequences for patients, their families and carers, events which NHS organisations are determined not to see happen again. The annual quality account gives us an excellent opportunity to promote the importance of quality: as users of the service experience it, by setting priorities for the coming year and highlighting achievements over the past year.

2012/13 proved to be a tough year in terms of managing the demand for our acute beds, and there have also been a number of serious incidents which we have investigated thoroughly, and learned important lessons from. On a more positive note we launched a number of new services in 2012/13, including; the Croydon Triage ward, and home treatment service for older adults. See summary of achievement - page 3

This year we once again welcome the engagement and input of our partners and stakeholders in the development of our quality account. The comments and response from all stakeholders will be included in section five of the account. We are grateful for the contribution made by our Foundation Trust's Council of Governors to this report, through its quality sub group which has met throughout the year.

We know that 2013/14 will be a challenging year for all NHS services but we also know that our commitment to quality will enable us to improve the efficiency and effectiveness of our services, and continue to provide users of our services with a positive and therapeutic experience. This quality report reflects our ambition to deliver continuous quality improvement in all our services. To our best knowledge the information presented in this report is accurate. We hope you will find it informative and stimulating.

Chief Executive Officer

Date

## A summary of successes and developments in 2012/2013

- Our Croydon Adult Acute Triage in-patient service at the Bethlem Royal Hospital was opened in December 2012. This unit will provide assessment for adult patients from the borough of Croydon.
- We became one of only two Department of Health national demonstration sites for IAPT-SMI. IAPT-SMI is Improving Access to Psychological Therapies (IAPT) for people with severe mental illness (SMI). For psychosis, the aim is to demonstrate improved access to cognitive behavioural therapy and family interventions.
- We have implemented a streamlined acute medicine referral pathway for inpatients at the Maudsley site with Kings, working with the Medicine Clinical Academic Group of Kings College Hospital. This means that Maudsley in-patients with physical health problems, who need to be seen by Kings College Hospital physicians, are seen much quicker.
- Our children's ward at the Bethlem Royal Hospital, Acorn Lodge has evaluated the effectiveness of routinely admitting children in an emergency. The service is the first children's mental health in-patient unit in the country to routinely provide this vital service.
- We have established during 2012 children's and young persons IAPT (Improving Access to Psychological Therapies) services in Southwark and Lambeth. This service provides Cognitive Behavioural Therapy (CBT), and parenting to young people and their families. This initiative is now being rolled out in Croydon.
- We have successfully moved to a new model of one integrated Psychological Therapies services service in each of our four principal boroughs. Each service has a single point of access, and a framework for medical, psychological and social needs addressed in an integrated approach.
- Our Psychiatric Liaison Service based at St Thomas' Hospital was accredited with excellence for Psychiatric Liaison Accreditation Network, Royal College of Psychiatrists standards (PLAN).
- We have piloted a home treatment service for older adults in Southwark and Lambeth ensuring people are treated in least restrictive environment; close to home.
- Our older adult services have participated in two national patient safety initiatives - Harm Free Care on Hayworth Ward at the Ladywell Unit in Lewisham, and the Patient Safety thermometer in all inpatient and continuing care areas.
- We have developed a well being and Namaste initiative in our continuing care homes, which provides an innovative model of care for patients with advanced dementia.
- Our clinical audit team won the top prize of the gold clinical audit award in the annual Healthcare Quality Improvement Partnership (HQIP) national clinical audit awards 2013, for their work on the care of patients receiving rapid tranquillisation.
- We gained more national recognition at the Health Service Journal Patient Safety Awards 2012 - winners in the category of Patient Safety in Mental Health for the project, with work on the early detection of the physically deteriorating patient across all services.

**.....and what we can do better.**

- Violence and aggression remains a threat to the safety of patients and staff on our in-patient units. While we have succeeded in reducing the overall numbers of violence, other indicators show that there is clearly more to do. In 2013/14 we will be doing more to help patients feel safer.
- Our patient survey results show clearly that many patients are unable to access the support and advice they need to quickly when in a crisis or emergency. We will be taking steps to improve access to good quality advice and support.
- People with mental illness are more likely to suffer from serious diseases such as diabetes and coronary artery disease. We will be taking steps to improve the routine screening of inpatients and those prescribed anti-psychotic medication.
- For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking. Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms. Recovery planning is key to ensuring progress towards recovery. Currently the number of patients with good quality recovery plans which have been developed with the help of staff are in the minority. The Trust will in 2013/14 be focussing on supporting patients to develop their recovery plans.
- Helping to stop people smoking is a national health priority. The Trust is moving to having a totally smoke free environment for patients and staff. In order to achieve this we are improving the availability of advice and support available to patient who smoke, both in the community and when admitted to hospital.

All these have been translated into quality priorities for 2013/14. See pages 6,7,& 8.

## PART 2. Looking Forward

### Our quality priorities for 2013/2014

Over the past year we have listened to feedback from service users, their families and carers, our staff, as well as commissioners and regulators. This process of gathering feedback has included:

- Listening to complaints and compliments from patients and their families and carers
- Listening to service users and carers at Trust Wide and borough based events
- Receiving reports on our services from the Care Quality Commission – CQC, following inspections of our services
- Listening to the views of commissioners at contract quality and serious incident monitoring and management meetings
- Listening to the views of the Health Overview and Scrutiny Committees of Lambeth, Southwark, Lewisham and Croydon
- Listening to the view of the Local Involvement Networks - LINKs (Healthwatch) from each of our four main boroughs
- Reviewing audit results, research findings, service reviews and assessments and service user surveys
- Continuing discussions with a quality working group of the Members Council which has looked at quality issues over the year
- Facilitating discussions and reviews between the Board of Directors and the Council of Governors
- Discussions and presentations at Senior Leaders events within the Trust
- We have also reviewed national guidance and service quality themes and issues which are emerging nationally

In addition we have been mindful of the work that we have done so far to improve the quality of our services and our desire to build upon what has been done so far.

In consulting and agreeing on our quality priorities for next year we have taking into account a number of national frameworks and guidance, and local priorities on quality including:

- The Commissioning for Quality and Innovation framework [CQUIN]
- Quality schedules in our contracts with Clinical Commissioning Groups
- The national Mental Health Strategy – ‘No Health Without Mental Health’
- The Trust Equalities Strategy
- The Francis Report into the failing at Mid Staffordshire NHT FT
- The National Outcomes frameworks for:
  - Adult & Social Care
  - Child Health
  - Public Health

The priorities for 2013/2014 which are set out below have been arranged under the three broad headings which put together provide the national definition of quality in NHS services: patient safety, clinical effectiveness, and patient experience.

## Our Quality Priorities for 2013/14

	Quality Priority	Measure	Target	How we will achieve this?
Patient Safety	<p>1 Violence and aggression on in-patient wards continues to be our biggest obstacle to ensuring that all patients benefit from a safe and therapeutic stay in hospital. Our quality priority this year is to work to increase the number of <b>patients who feel safer</b> when in our hospitals.</p> <p>This priority continues from previous years.</p>	<p>We will measure this by asking the question in our patient surveys; "Do you feel safe?"</p>	<p>At least 90% of patients will response positively to this question. In 2012/13 overall 80% responded positively to this question.</p>	<p>By supporting all in-patient services to adopt a package of measures which are designed to reduce violence and aggression and improve communication between staff and patients. We call it our 'care delivery system'.</p>
	<p>2 All patients should have an individual crisis plan which they can refer to for <b>accessing support in a crisis</b>. Our priority for this year is to increase the number service users with crisis plans.</p> <p>This is a new priority for 2013/14</p>	<p>We will measure this by asking the question in our community patient surveys "Have you been offered a crisis plan for emergency mental health situations?"</p>	<p>60% of patients will respond positively to this question  In 12/13 the average Trust wide was 51%</p>	<p>A key component of the new Support and Recovery Care plan is the Crisis Plan. Implementation of the Recovery model and training to clinical teams will ensure the crisis plan is developed jointly with service users and that they receive a copy.</p>
	<p>3 More people with schizophrenia will develop cardio vascular disease and metabolic conditions (such as diabetes) than the general population. Our quality priority this year is to <b>improve our screening for early detection of long term physical health conditions</b> in order that interventions can be made to reduce the risk of these diseases.</p> <p>This builds on quality priorities from previous years</p>	<p>CQUIN measure - screening on admission for glucose levels, lipids, blood pressure, weight.</p> <p>Other tests for metabolic disease for patients prescribed anti-psychotic medication</p>	<p>60% of patient admitted in Q2, rising to 75% Q3 and 4.  Previous service performance has not been measured.</p>	<p>Working with SLam clinical staff and GPs to improve clinical protocols. Feeding back performance to clinical staff. Staff education on recognising and treating diabetes.</p>

**Clinical Effectiveness**

4	<p>All Trusts sites will eventually become totally smoke free, this target recognises the damage done by smoking tobacco. Our quality priority is designed to support our smoke free strategy. This year all patients who are ready to quit will be identified, supported, and <b>offered nicotine replacement therapy NRT or smoking cessation counselling.</b></p> <p>This is a new quality priority for 2013/14</p>	<p>We will measure this by, a] the number of patients whose smoking status has been assessed, b] the number offered intervention, c] the number of staff trained to level 1</p>	<p>85% of all patients will have their smoking status recorded. 60% will be offered brief smoking cessation intervention. (inpatient &gt;6 days) 60% staff to do e-learning SC package [46% in 12/13]</p>	<p>Implementation of SLAM Smoke Free Strategy. Delivery of smoking cessation level 1 training to staff working at SLAM</p>
5	<p>Included in our inpatient surveys for 2013/14 will be the question "Would you recommend this service to your family and friends". This is known nationally as the <b>family and friends test.</b> We will be using the results of the surveys to compare our services and make improvements to the experience that our patients have of our hospitals.</p> <p>This is a new quality priority for 2013/14</p>	<p>We will measure the response to this by surveys in each inpatient unit.</p>	<p>As this is a new measure we will set a target for the year end, when we have reviewed quarter 1 scores.</p>	<p>We will use surveys to ask patients this question. Achieve of the improvement target will be made by more local actions taken in response to patient feedback generally.</p>
6	<p>Our clinical teams collect a lot of data about patients when they come into the service when they leave the service. Some of this data is used to tell us whether the service was successful in treating patients. In the past few teams have had the benefit of considering this information and comparing it with other teams in order to improve the treatment outcomes for patients. Our quality priority this year is to <b>facilitate a team review of outcome data</b> with all teams annually.</p> <p>This quality priority continues from 2012/13</p>	<p>We will measure this by the number of teams who have an annual review of team clinical outcomes data [HoNOS].</p>	<p>50% of all clinical teams. In 2012/13, 65 teams had a review of their outcomes data</p>	<p>The SLAM Outcomes Team and Outcomes Lead within each CAG will facilitate feedback to teams on outcome data.</p>

**Patient Experience**

<p>7 For many patients, the path to recovery is about identifying life goals and support mechanisms necessary to achieve those goals. Good quality, recovery and support care plans can be essential to achieving those goals and achievement plans. Our quality priority this year is to <b>support patients to develop their support and recovery care plans.</b></p> <p>This is a new quality priority for 2013/14</p>	<p>CQUIN measure- number of community CPA patients in adult mental health, with a completed Support and Recovery care plan.</p>	<p>CQUIN - Target for year to be agreed from Q1 baseline</p>	<p>Pilot is currently underway for delivering brief team based training on the use of the new Support and Recovery Care Plan. Following evaluation of the pilot, the plan is to commission further training to roll out to AMH teams.</p>
<p>8 One of our quality priorities for this year is to <b>improve our standard of customer service</b> which patients, their families and carers experience. This supports the principle of a 'culture of compassion' as recommended in the Francis Report. In 2013/14, we will focus on reducing the number of complaints about staff attitude.</p> <p>This is a new quality priority for 2013/14</p>	<p>We will measure this by the number of complaints in the category of staff attitude and behaviour as a proportion of the total complaints received.</p>	<p>Percentage of complaints regarding staff attitude to be under 20% of the total complaints in all categories. [Average 30%, in previous 5 years]</p>	<p>Customer service training. 5 SLAM Commitments RCN Leadership Program Appraisal/Re-validation Privacy &amp; Dignity policy implementation Values publicity.</p>
<p>9 This year we will be holding focus groups with patients in hospital about the quality of service they receive. We will be <b>producing clear quality improvement plans as a result of these conversations.</b> These conversations will be facilitated patient focus groups on inpatient units. The aim is to gain comprehensive service user opinion of the quality of inpatient services along the following quality dimensions:</p> <ul style="list-style-type: none"> <li>- Safety</li> <li>- Dignity and respect</li> <li>- Environment</li> <li>- Treatment interventions</li> <li>- Equity and equality</li> </ul> <p>This is a new quality priority for 2013/14</p>	<p>CQUIN measure – Local Service User Focus Group Findings at Q1 and evaluation of improvement at Q3. Implementation plans produced by SLaM at Q2 and Q4.</p>	<p>CQUIN measure – Local Service User Focus Group Findings at Q1 and evaluation of improvement at Q3. Implementation plans produced by SLaM at Q2 and Q4. Payment will be for delivery against the action plan and delivery of improved patient satisfaction</p>	<p>Each borough will identify a user focus group within the voluntary sector or from within SLaM which is able to undertake this exercise. Service User Consultants to work with inpatient teams to identify the top 10 concerns/issues with the ward or their patient experience. Then the ward management/PPI lead/link worker and patient group to agree an action plan.</p>



## **PART 2. STATEMENTS OF ASSURANCE FROM THE BOARD**

### **Review of services**

During 2012/13 the South London and Maudsley NHS Foundation Trust provided a broad spectrum of mental health and addictions services. At the end of the year there were 238 clinical teams providing in-patient, out-patient, community and liaison services [which are based in our partner acute Trust hospitals; Guy's and St Thomas', King's College Hospital, Lewisham University Hospital and Croydon University Hospital]. These services are structured into seven Clinical Academic Groups. The Trust Board has reviewed all the data available to them on the quality of care in all these services.

The income generated by the NHS services reviewed in 2012/13, represents 100% of the total income generated by the provision of NHS services by SLaM for 2012/13.

Approximately 29% of the Trust's activity relates to services provided outside the four core borough contracts of Lambeth, Southwark, Lewisham and Croydon. This includes R&D funding, local authority funding, junior doctors training, and income from other commissioning PCTs, and specialist services national commissioning agencies.

### **Participation in National Quality Improvement Programmes**

National quality accreditation schemes, and national clinical audit programmes are important for a number of reasons. They provide a way of comparing our services and practice with other Trusts across the country, they provide assurances that our services are meeting the highest standards set by the professional bodies, and they also provides a framework for quality improvement for participating services.

During 2012/13, seven national clinical audits and two national confidential enquiries covered NHS services that the South London and Maudsley NHS Foundation Trust provides.

During that period SLaM participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the SLaM was eligible to participate in during 2012/13 are listed below:

- The national audit of psychological therapies for anxiety and depression
- The six national, Prescribing Observatory for Mental Health - POMH-UK audits:
  - Prescribing of anti-dementia drugs
  - Prescribing antipsychotic medication for people with dementia
  - Assessment of the side effects of anti-psychotics
  - Monitoring of patients prescribed Lithium
  - High dose/polypharmacy antipsychotic prescribing
  - Prescribing in personality disorder
- The national confidential enquiry into suicide and homicide by people with mental illness
- The national confidential inquiry into maternal and child deaths

The national clinical audits and national confidential enquiries that the SLAM participated in, for which data collection was completed during 2012/13, are tabled below alongside the number of cases submitted to each audit or enquiry.

## Participation in the Prescribing Observatory (POMH-UK) managed by the Royal College of Psychiatrist's Centre for Quality Improvement

TOPIC	Participation by trust		National participation	
	Number of teams	Number of patients	Number of teams	Number of patients
Prescribing high-dose and combination antipsychotics: acute/PICU, rehabilitation/complex needs, and forensic psychiatric services	57	434	722	9537
Prescribing for people with a personality disorder	48	91	437	2800
Screening for metabolic side effects of antipsychotic drugs	21	228	372	6078
Prescribing antipsychotic medication for people with dementia	20	434	482	12790

The Royal College of Psychiatrists National Audit on Schizophrenia fed-back Trust level results to SLAM in June 2012 and the results were discussed and action planned at the Psychosis CAG Care Pathways Executive. The action plan was updated again early 2013 to consider the findings and recommendations from the national audit report published in December 2012.

The summary feedback in the Trust level report demonstrated that SLAM performed in the middle range on most of the key standards. In common with other trusts, SLAM scores on the physical health indicators was the weakest area of performance (i.e. under 50% compliance). Physical health is therefore a huge priority for SLAM and much work is underway to ensure better physical health in our service users. A broad approach is taken to this, incorporating access to routine populations screening, lifestyle interventions, appropriate long-term condition management where indicated and access to acute medical care. A CQUIN target in 13/14 has also been negotiated with the CCGs as a further incentive to improve performance in this area.

About two thirds of people with psychosis smoke, a much higher proportion than in the general population. A smoking policy has been introduced in SLAM to address this and a conference is planned on May 9<sup>th</sup> 2013 in collaboration with local Primary care, public health and respiratory physicians to agree the best ways to reduce smoking rates in people with psychosis.

- Findings of the national psychotherapy audit have informed the redesign of psychological services across the Trust
- Results of medication prescribing audits were fed back to all prescribers, with reminders of prescribing guidelines.

The reports of 32 local Trust wide clinical audits were reviewed by our Quality Governance Committee in 2012/13 and a number of actions have been taken to improve the quality of health care provided, including:

- **Supervised Confinement (SC)** - new policy ratified in 2012 and a SC working party established; half-day SC awareness/action planning event, chaired by the Medical Director, was held in November; service user rights in SC laminated sheet sent to wards with SC rooms for display; new SC registers in place on wards with SC rooms for logging activity and observation.
- **Safeguarding Adults** - funding has been ring-fenced for new full-time Trust wide Safeguarding Adults Lead post in 2013/14.
- **Enhanced Observation** - A sub group of the practice council 'Nursing at Night' is developing an agreed set of practice standards. The Observation and Engagement policy will be updated in Spring 2013, to include more precise standards of night time observations.
- **Patient Information** – In 2012, a quarterly patient information bulletin was circulated to teams. These incorporated newly published patient information leaflets, details on how to order leaflets and information on standards of information giving. A laminated poster which highlights what information patients are entitled to receive has been distributed to wards to display.
- **Smoking Cessation** – In 2012, a smoking cessation, Level 1 e-learning training package for mental health services has been written by SLAM/IOP staff and enabled for all non-medical clinical staff. This achieved 46% uptake in 2012/13.

The Trust has participated in a number of non-audit national quality improvement programmes.

### Participation in National Quality Improvement Projects (non-audit) managed by the Royal College of Psychiatrist's Centre for Quality Improvement

CCQI PROGRAMME	Participation by trust	National participation
<b>Service accreditation programmes</b>		
ECT clinics	2 ECT clinics	93 ECT clinics
Working age adult wards	13 wards	165 wards
Psychiatric intensive care units	0 PICUs	34 PICUs
Older people mental health wards	3 wards	57 wards
Inpatient learning disability units	1 unit	36 units
Inpatient rehabilitation units	1 unit	36 units
Memory services	1 services	61 services
Psychiatric liaison teams	1 team	43 teams
<b>Service quality improvement networks</b>		
Inpatient child and adolescent units	2 units	91 units
Child and adolescent community MH teams	1 team	45 teams
Therapeutic communities	2 communities	83 communities
Low secure forensic mental health services	1 service	66 services
Medium secure forensic mental health services	2 services	64 services
Perinatal mental health inpatient units	2 units	15 units

Green = participation. Red = no participation

### Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the South London and Maudsley NHS Foundation Trust (SLaM) for the reporting period, 1 April 2012 - 31 March 2013, that were recruited during that period to participate in research approved by a research ethics committee was 4658.

This level of participation in clinical research demonstrates SLaM's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. SLaM and its closest academic partner, the Institute of Psychiatry (King's College London) (IoP), are committed to working together to promote mental wellbeing and to establish the best possible treatment and care for people with mental illness and their family members. The total value of research grants held by the IoP at 31 March 2013 was £196 million. In a pioneering global collaboration between King's College London, SLaM, King's College Hospital and Guy's & St Thomas' Hospital NHS Foundation Trusts, 'King's Health Partners' was formally accredited in March 2009 as one of the UK's first five Academic Health Sciences Centres (AHSCs). King's Health Partners has the core aim of aligning clinical services, research and training much more closely for direct patient benefits for a large and diverse population.

During the reporting year, SLaM was involved in conducting 211 clinical research studies, 78 of which were adopted onto the National Institute of Health Research (NIHR) Portfolio. SLaM is fully compliant with and is using national research systems (IRAS and CSP) to manage these studies in proportion to risk. All of our NIHR Portfolio studies have been conducted under NIHR topic specific networks, the majority of studies being under the Mental Health Research Network. Contracts for our commercially-sponsored studies have been negotiated and managed by the King's Health Partners Clinical Trials Office using the national model clinical trials agreement (mCTA).

The Joint R&D office of SLaM and the Institute of Psychiatry, KCL, is now part of NIHR Research Support Services, a national framework for local health research management that aims to standardise good practice within the NHS. As part of this, SLaM has issued its R&D Operational Capability Statement (at <http://www.kcl.ac.uk/iop/research/office/R-and-D-assets/Assets-Spreadsheets-and-PDF/R-and-D-SLaM-Operational-Capability-Statement-2012-2013.pdf>), which has been reviewed and agreed by the Trust Board of Directors. The R&D Office uses the national NIHR HR Good Practice Resource Pack. The R&D Office has issued 133 honorary contract or letters of access based on the Research Passport during the reporting period.

In the 2012 calendar year 1471 publications resulted from our involvement in ethically approved research in partnership with the Institute of Psychiatry, helping to improve patient outcomes and experience across the NHS.

## Goals agreed with commissioners – use of the CQUIN payment framework

A proportion of Trust income in 2012/13 was conditional on achieving quality improvement and innovations (CQUIN) targets agreed between SLaM and commissioning PCTs through the Commissioning for Quality and Innovation (CQUIN) framework. Further details of the agreed goals for 2012/13 and for 2013/14 are available on request from Julia Gannon, Head of Contracting.

Overall the Trust achieved 79% of goals agreed with commissioners under the CQUIN element of contracts. That equates to £5m out of a potential £6.3m of CQUIN incentive payments.

## Registration with the Care Quality Commission – CQC

South London and Maudsley NHS Foundation Trust is required to register with the Care Quality Commission. The CQC is the health care regulator responsible for making sure that all services meet the standards set by the Government. Our current registration status is 'registered, no conditions'. The CQC has not taken enforcement action against the Trust during 2012/13.

We are subject to regular unannounced inspections by the CQC. These take the form of either full inspections of the essential standards of quality and safety, or inspections of arrangements for detaining people under the Mental Health Act. We welcome these inspections as it helps us to make improvements to our services. Concerns are acted on immediately with actions plans submitted to the CQC within the required timeframe.

During 2012/13 the CQC have conducted full essential standards inspections at:

- Bethlem Royal Hospital - July 2012 (seven different wards)
- HMP Thameside, (services managed under the registered location of Lambeth Hospital) - January 2013
- Woodlands Continuing Care Home for Older People (Lambeth) on March 2013 (three wards)
- Bethlem Royal Hospital (four wards at River House) February 2013

The following table summaries findings of CQC inspectors. Ticks are where services were found to be compliant with standards, crosses where services were not compliant with standards. Where our services were not compliant, CQC inspectors found that this non-compliance had a minor impact on people who use the service.

CQC Standard	HMP Thameside Inspected March 2013	Bethlem Royal Hospital Inspected July 2012	River House Inspected Feb 2013	Woodlands Continuing Care Home Inspected March 2013
Treating people with respect and involving them in their care	✓	✓	✓	✓
Providing care, treatment and support that meets people's needs	✓	✓	✓	✓
Caring for people safely and protecting them from harm	✓	✓	x	x
Standards of staffing	✓	✓	✓	x
Quality and suitability of management	✓	✓	✓	x

## Non compliance: River House

CQC Standard	Inspectors findings	What action we have taken
Caring for people safely and protecting them from harm.	Inspectors found: printed information for patients to be lacking, the standard of décor poor, scruffy furniture, ligature point risks, and some areas not as clean as expected.	Leaflets and poster replenished, areas painted, new furniture ordered, all curtain fittings inspected for ligature risks, and found to be ligature safe. Cleaning regime reviewed and cleanliness audits increased.

## Non compliance: Woodlands

CQC Standard	Inspectors findings	Action we have taken
Caring for people safely and protecting them from harm.	On the day of inspection some areas of the ward were unclean, and some areas of the ward required maintenance – loose skirting board and bathroom furniture, loose plasterwork, and some mould in the bathroom.	The areas have been deep cleaned and new cleaning schedules instituted. Daily cleanliness inspections are being conducted. All maintenance issues with fixture fittings and fabrics have been rectified.
Standards of staffing	On the day of the inspection staff training records were found to be not up to date, and some staff had not attended refresher training. Appraisal and supervision records were not up to date.	Training records have been updated. All staff with outstanding training and refresher training have been booked on to do training, deadlines for e-training have been set. All appraisals are scheduled to be complete by the end of June 2013
Quality and suitability of management	On the day of the inspection temporary staffs were not able to access some health care records, some care plans were not up to date.	Staffs have been briefed on the 'standards for health records keeping' policy, copies have been circulated to staff. Care and recovery plans for all patients are being reviewed and rewritten. Care plans will be audited by senior nursing staff.

All areas of non-compliance are subject to quality improvement action plans which have been submitted to the CQC. These will be vigorously managed through to completion by the Trust, and the CQC will conduct follow-up inspections in 2013/14 at Woodlands and River House.

Full inspection reports for all these inspections can be found on the CQC website.

## Monitor

Monitor is the independent NHS Foundation Trust regulator. Monitor is responsible for ensuring that the Trust is well managed, and that it meets required national targets and standards. As at 2nd April 2013 our Monitor Governance risk rating was green [on a scale of red, amber and green, where green is good].

## The Health and Safety Executive (HSE)

The HSE has issued no prohibition or improvement notices to the Trust during 2012/13.

## Information governance

Information governance is about ensuring that the information we hold is accurate, complete, up-to-date, reliable, and handled securely & confidentially. The Information Governance (IG) Toolkit is an annual national self-assessment process overseen by the Department of Health. The Toolkit provides assurance in relation to the Trust's compliance with the information governance standards in six key areas covering information governance management, confidentiality and data protection, clinical information, corporate information, secondary uses and information security. The Trust submitted its final assessment for the year on 28 March 2013.

The South London and Maudsley NHS Foundation's Information Governance assessment overall score for the 2012-13 financial year was **91%**, and was graded **green**. The Trust has outlined an IG action plan to maintain and improve compliance on the Toolkit standards.

## Data quality

Good quality information is fundamental to the successful operation of the Trust. It underpins important decisions relating to how care is provided at an operation, management and strategic level. For example the GP code is essential to enable the transfer of clinical information about the patient from the Trust to the patient's GP. Information drives performance management within the Trust and is an essential requirement of both clinical and corporate governance. Standards for these data quality priorities are included in the Trust's information governance (data quality) policy.

The Trust is constantly striving to improve the quality of its data. External publications of SLaM performance are presented each month to the Chief Executive's performance management review (CEO PMR). Local analysis is provided ahead of national deadlines enabling action if needed. Data Quality reports are available on the Trust reporting systems and these provide details of patients with data quality issues. It is the responsibility of the clinical services to improve their data quality. This is further strengthened by the Performance Team sessions held monthly with each CAG in advance of the CEO - PMR. The Clinical Systems Support Team provides routine data quality improvement tasks such as NHS Batch Tracing, reducing patient duplicates, and ward reminder alerts for diagnosis at discharge. Data quality training and support is offered to all Trust staff and clinical teams.

The Trust submitted records during 2012/13 for inclusion in the Hospital Episode Statistics and Minimum dataset (HES data). These are included in the latest published data. The percentage of records in the published data which includes the patient's ethnicity, GP code, NHS number, diagnosis and postcode was as follows:

Data Item	SLaM 2009/10	SLaM 2010/11	SLaM 2011/12	SLaM 2012/13	London MH Trusts Average	NHS National Average
<b>Ethnicity</b>	93	95	99.8	<b>100</b>	98.7	98.2
<b>GP Code</b>	97	97	100	<b>100</b>	100	99.9
<b>NHS Number</b>	98	98	98.2	<b>98.5</b>	98.6	99.0
<b>Diagnosis</b>	85	96	94.8	<b>96</b>	90.3	98.5
<b>Post Code</b>	98	99	100	<b>100</b>	99.6	99.9

Table 1. Data completion rates for five core items %

## Clinical coding error rate

The South London and Maudsley NHS Foundation Trust was not subject to payment by results clinical coding audit by the Audit Commission during the 2012/2013 financial year.

## National indicators 2012/2013

The Trust is required to report against a list of published indicators which link to existing commitments and national priorities within the periodic review 2011/2012. They include:

CQC Indicators	SLaM 2009/10	SLaM 2010/11	SLaM 2011/12	SLaM 2012/13	National Average 12/13	National Target
Access to crisis resolution	97%	98%	98.4%	99.4%	98.2%	90%
CPA – 7 day follow-up	96%	93%	96.3%	96.8%	97.4%	95%
Delayed discharges/transfers	4.3%	4.2%	2.9%	3.4%	N/A	7.5%

Table 2. Performance against Mental Health Service National Indicators

### Definitions

Access to Crisis Resolution Home Treatment (Home Treatment Team)

Home treatment teams provide intensive support for people in mental health crisis, in their own home. Home Treatment is designed to prevent hospital admissions and give support to families and carers. The numerator here is the percentage of admissions to the Trust's acute wards that were assessed by the crisis resolution home treatment teams prior to admission.

### Care Programme Approach (CPA) 7 day follow-up

Follow up within seven days of discharge from hospital has been demonstrated to be an effective way of reducing the overall rate of death by suicide in the UK. Patients on the care programme approach (CPA) who are discharged from a spell of inpatient care should be seen within seven days.

### Delayed Discharges

The number of non-acute patients, age 18 and over, whose transfer of care or (discharge from hospital) was delayed. Delayed transfers of care attributable to social care are excluded.

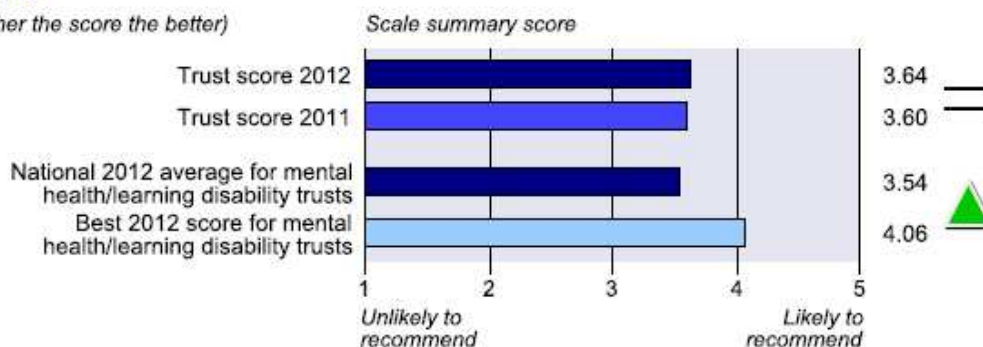
## New national indicators for the Quality Account

### Number of Staff recommending the Trust

The national staff survey results on the question of whether staff would recommend the Trust as a place to work or receive treatment is a new mandatory indicator for inclusion in the quality account. In the 2012 survey slightly more staff responded positively to this question than in the 2011 survey, and the Trust did marginally better than the average score for mental health/learning disability Trusts - below.

#### KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



### Service Users Experience of Health and Social Care Staff

The other national quality indicator for 2012/13 is the national patient survey results on the question of how users of services found the health and social care staff of the Trust. Results are below and show that overall the Trusts scores were in the mid range when compared to other similar Trusts.

**Survey of people who use community mental health services 2012**  
**South London and Maudsley NHS Foundation Trust**

	Scores for this NHS trust			Number of respondents (this trust)	2011 scores for this NHS trust	Change from 2011
	Lowest trust score achieved	Highest trust score achieved				
<b>Health and Social Care Workers</b>						
S1 Section score	8.5	8.2	9.1			
Q4 Did this person listen carefully to you?	8.7	8.2	9.3	212	8.7	
Q5 Did this person take your views into account?	8.4	7.9	9.0	185	8.4	
Q6 Did you have trust and confidence in this person?	8.1	7.6	9.0	210	8.4	
Q7 Did this person treat you with respect and dignity?	9.1	8.8	9.7	212	9.1	
Q8 Were you given enough time to discuss your condition and treatment?	8.1	7.7	8.7	209	8.2	

**Incidents and harm to Patients**

The third national quality indicator for 2012/13 is the number of reported incident where severe harm or death was reported. These are incidents reported by the Trust to the National Reporting and Learning System NRLS. Full reports can be found here <http://www.nrls.npsa.nhs.uk/>

Total number of Incidents reported by the Trust	7079
Rate of incidents per 1,000 bed days	22.1 *
Number of incidents where severe harm or death was reported	111
Percentage of severe harm or death incidents (to total number reported)	1.5% **

Notes:

Data is for 12 month period 2012/13, month 12 data was not available at time of writing and has been calculated as a average of the previous 11 months.

\*This compares with a median of 23.8 for all mental health organisations [April-Sept 2012]

\*\*This compares with a mean rate of 1.6% for all mental health organisations

There were no 'Never Events' [DH, 2010] reported by the Trust in 2012/13. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.



## Part 3 - Review of quality performance

### 3.1 Review of progress made against last years priorities

Our 2012/2013 quality priorities were selected after consultations with stake holders and staff from our services. The following summarises progress made against each priority over the year.

#### Priority One - Reducing the level of violence in our in-patient wards

Violence and aggression in our in-patient services continues to remain a significant obstacle to ensuring that all patients benefit from having a safe and therapeutic experience of in-patient care. For 2012/13 we said we would embed simple, research proven interventions into the routine practice of the ward.

**Target** We said that in 2012/13 we would reduce the incidence of serious violence incidents by 12.5%.

**Measure** We monitored incidents which were reported as well as the number of injuries reported to the Health and Safety Executive as a result of violence under the RIDDOR regulations.

**Headline** **The number of incident of violence in our services fell by 8%, compared to the pervious year, our target was 12.5%.** See Chart 1. However there has been an increase in reported incidents in our Medium Secure Units and adolescent mental health services (CAMHs) in-patient services over the year. See table 3. Measures design to reduce violence and aggression continue to be introduced across our in-patient services. RIDDORs [Injuries reported to the Health and Safety Executive as a result of violence reported to the HSE] have fluctuated over the year, and remain high in Psychosis and Behavioural and Development services. See table 4.

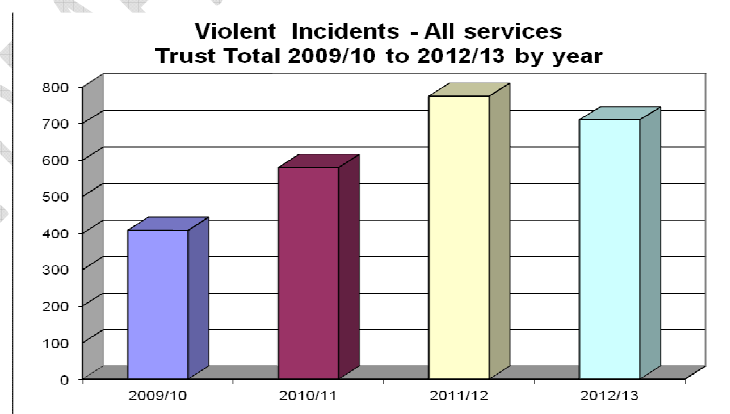


Chart 1 . All incidents of actual violence (in all services) by year – last four years, showing fall from 2011/12

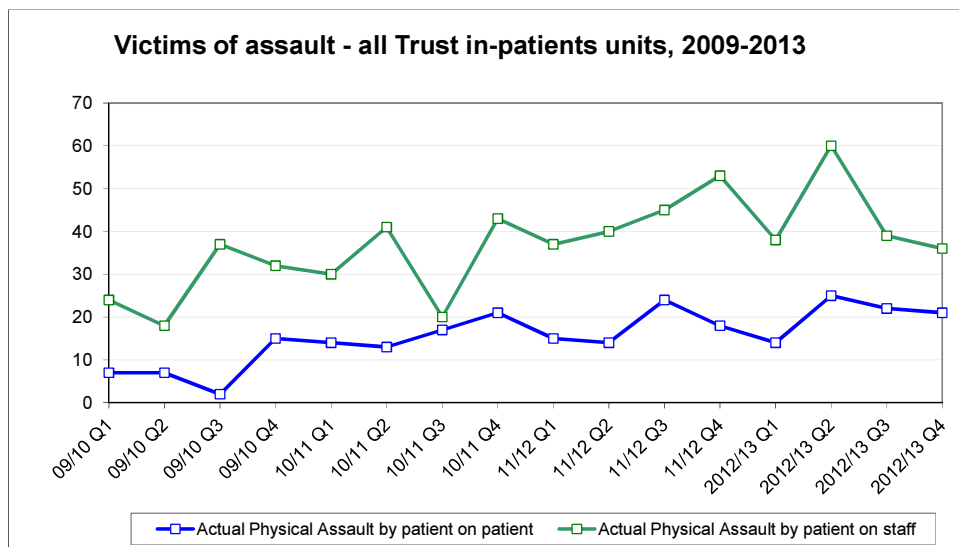


Chart 2. Showing reported incident of violence directed at staff, (green line), and patients (blue line).

Reported incident data over four years clearly shows an upward trend in the numbers of both staff and patients who are victims of assault over the past four years. Recent data however shows a marginal improvement, which is encouraging given the background context of increasing activity and admissions in acute services.

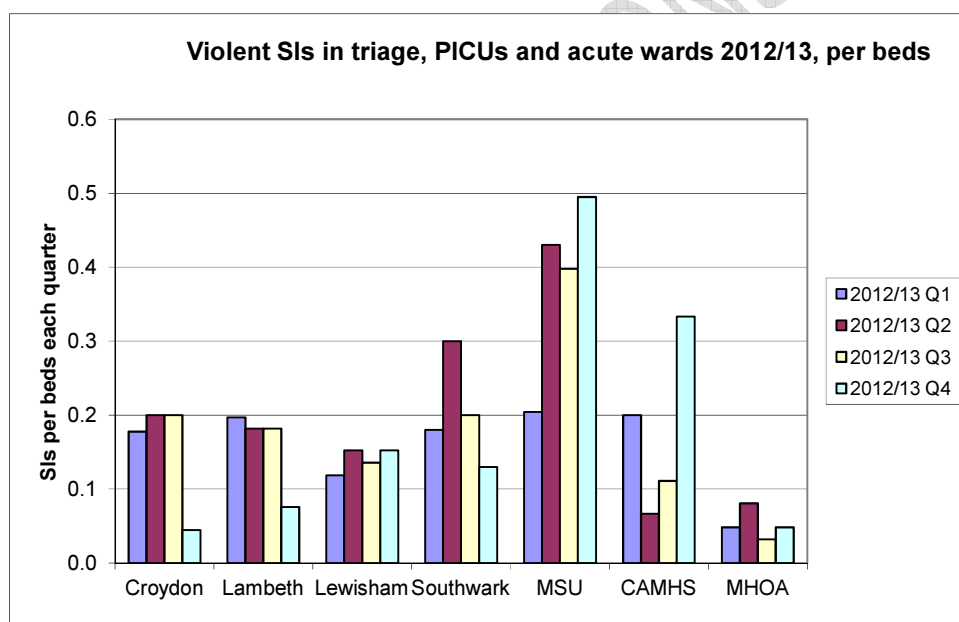


Chart 3. Rate of reported violence per bed by quarter 2012/13 – for; adult brought services (Croydon, Lambeth, Lewisham and Southwark) which include triage and acute adult wards, Medium Secure Units (MSU), adolescent (CAMHS) in-patient units and Older Adults in-patient units (MHOA).

The increases in reported incidents in medium secure units, adolescent units, and triage units are the result of many factors. While incidents reported from adolescent units have tended not to result in injury, those in medium secure units have. See table 4 overpage – RIDDORS – injuries reported to the HSE. Acute adult mental health (Psychosis) services, triage units, and forensic in-patient services remain the hot spots for violence and aggression in our services.

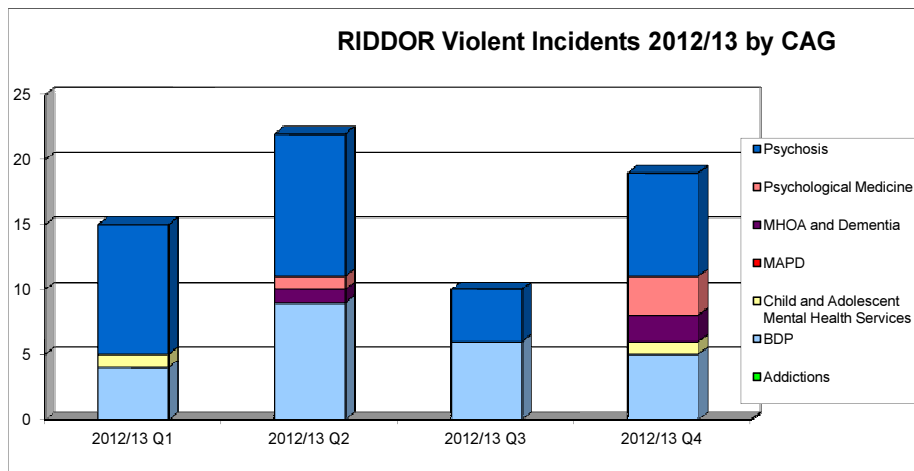


Chart 4 . Injuries reported to the HSE as a result of violence and aggression by quarter 2012/13 – for each Clinical Academic Group

Throughout the coming year we will continue to embed our violence reduction clinical toolkit, which is evidence based and designed to reduce risk; it is also collaborative, requiring participation from the patients, families and carers and the clinical team.

The toolkit includes simple research proven interventions, such as; the introduction of a violence prediction tool, introducing the 'zoning' system. Services are also beginning to work with higher risk patients to develop advanced statements of preferred and effective interventions to reduce and manage their violence and aggressive behaviour. The use of debriefing is also being promoted by the PSTS training team, to increase the opportunities that patients and staff have to learn from incidents after they happen.

We now have this toolkit completely embedded within four wards which have all shown marked improvement in levels of violence and improved patient experience and staff satisfaction. Many other ward teams are taking up elements of the toolkit, and we expect to embed it in all in-patient services within the next two years.

## Priority Two - Helping patients in our hospitals feel safer

We recognise that for patients in our hospitals, it is crucial to their wellbeing and recovery that they feel safe at all times. In addition to the work to reduce violence outlined above, we have been developing our safe and therapeutic services training [PSTS] for staff. This now includes training in the impact of staff attitude and environmental factors, such as noise and heat. Nursing staff are supervised and appraised on their practical application of PSTS skills and techniques. Clinical staff are also trained in how to respond to the problem of bullying and harassment in relation to safeguarding vulnerable patients.

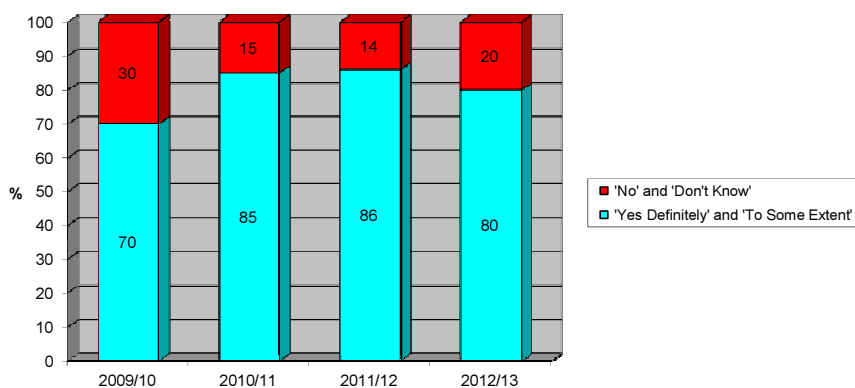
### Target

We said that in 2012/13 we would improve responses to the patient survey question 'do you/did you feel safe?' by 10%. Measure We said that we would ensure that the question 'do you/did you feel safe?' is included in all in-house patient satisfaction surveys for in-patients.

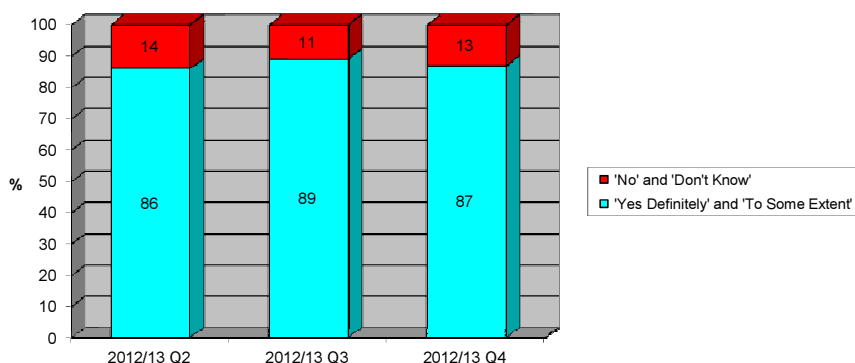
### Headline

**The percentage of patients surveyed who said they felt safe on our wards has fallen to 80% compared to last year 86%**, although the number of patients surveyed this year was considerably higher, at over 2500. This group included a higher proportion of patients who had been discharged from hospital. The number of patient who said they could approach staff to help them feel safe remains steady at 87%.

**Patient Survey Scores - 'Do you feel safe on the ward?'**



**Patient Survey Scores 2012/13  
'Can you approach the staff to help you feel safe?'**



The percentage of patients surveyed who said they feel safe on our wards has fallen to 80% compared to last year 86%. The number of patients surveyed this year was considerably higher, at over 2500, and included more patients who had been discharged from hospital. The number of patient who said they could approach staff to help them feel safe fell to 87% from 89%.

### Priority 3 - To be in the top 20% of MH trusts in the National Patient survey

Although our in-house patient surveys are becoming more comprehensive every year, we recognise the annual National Patient Survey as being the most reliable source of comparable feedback we have from our patients. The annual survey gives us a measure of how well patients think we are doing over a range of important issues, such as information on treatments, whether our staff listen to patients, and whether patients feel they can trust our staff.

**Target** To be in the top 20% of Trusts of our type [inner city, mental health], in the National Patient Survey results.

**Measure** League table of UK Inner City Mental Health Trusts

**Headlines** The methodology behind the analysis of the national patient survey results changed in 2012, so that it is more difficult to make comparisons with other Trust, however **overall our analysis is that we made the top 20% of all mental health Trusts who took part in the national survey.**

In terms of the average scores per section, SLAM was in the amber (same as other Trusts) for 7/9 sections. In one section, talking therapies – 'did you find the talking therapy you received in last 12 months helpful?' we were in the green (better than other trusts) and for one section/question – 'have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?' SLAM was in the red (worse than other Trusts).

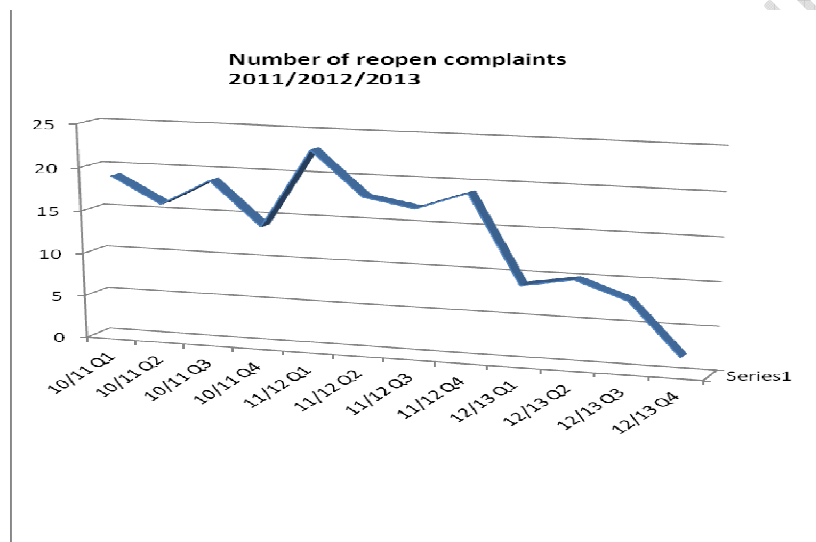
## Priority 4 - Improving the quality of responses to patient's complaints

If patients, families and carers are not satisfied with the way their complaint is dealt with by the service, they have the option of putting their complaint in writing, in which case it will be dealt through the formal Trust complaints process. A measure of the success of this process and the consequential satisfaction of complainants is whether complaints are reopened or escalated.

**Target** To reduce the number of formal complaints which are reopened by the complainant, by 10%.  
To reduce the number of complaints which are referred by the complainant to the Parliamentary Health Service Ombudsman - PHSO.

**Measure** Number of formal complaints reopened or escalated.

**Headlines** **The overall trend for reopened complaints is downwards. Raw data shows that it has fallen by considerably more than 10%, this may change as more complainant reopen their complaints in the future. The number of complaints escalated to the ombudsman is falling.**



The number of formal complaints reopened has decreased over the last three quarters, although the numbers for the last two quarters Q3 and Q4 are likely to increase as more notifications are received for complaints initially opened in those two quarters.

Chart 3. Formal Complaints Reopened

Complainants who are not satisfied with the response they receive to their complaint have the option of escalating the complaints to the Parliamentary Health Service Ombudsman. All complaints response letters from the Trust provide this information. The four year trend below shows that fewer people are escalating their complaints in this way.

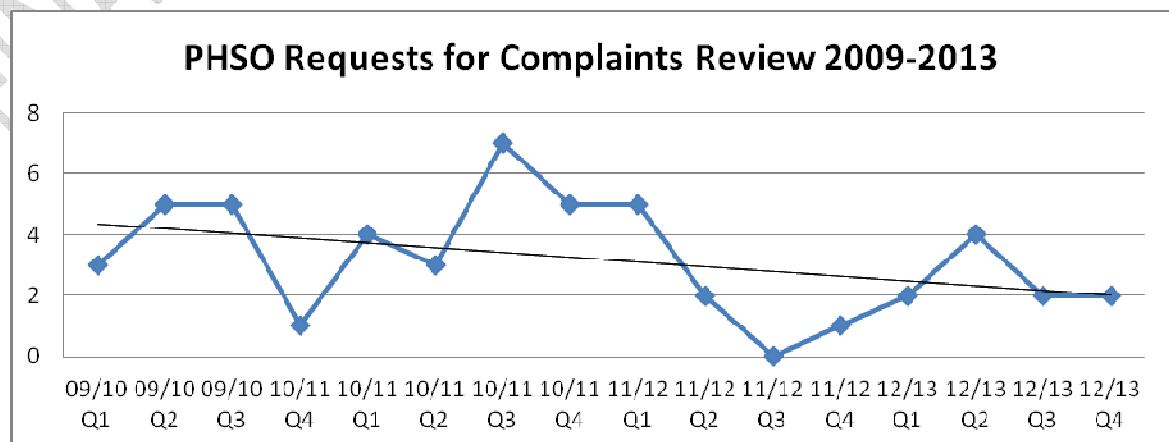


Chart 4. Complaints referred to the PHSO – last three years

## Priority Five - Measuring clinical effectiveness

All our clinical services use clinical outcome tools which measure the wellness and functioning of patients across a range of indicators, for example; coping with social situations, and symptoms of illness. While these tools vary according to the type of service they are designed for, the objective is to use them to measure progress or deterioration in a patient's overall presentation. The way to gain an overall impression of clinical outcome is to compare outcome scores taken at the beginning of an episode of care (or entry to a service), with score at a later date preferably at the end of a treatment episode. Two such scores are known as a paired score.

Target	We said that in 2012/13 we would collect a paired outcome score for 75% of all eligible patients in each service pathway.
Measure	We said that they will be measured by completed scores taken from our health records system.

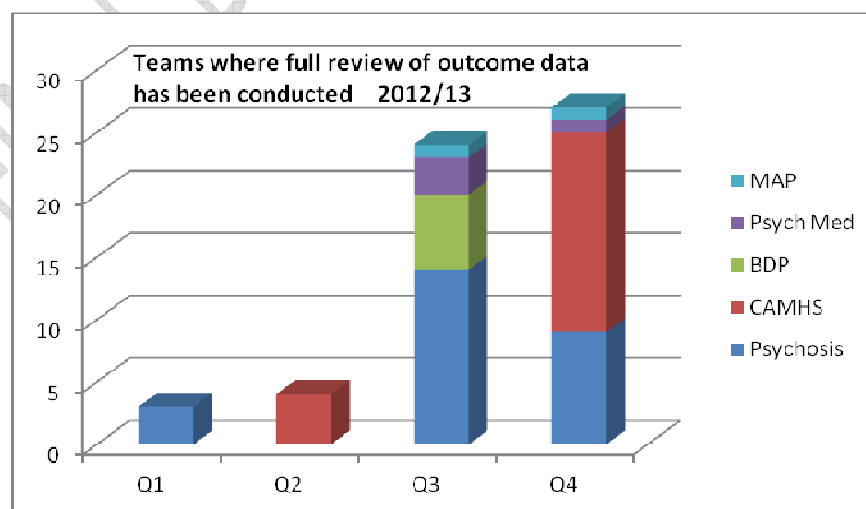
**Headline** Data unavailable at 10/05

## Priority Six - Reviewing clinical outcomes scores to improve outcomes

The collection of clinical outcome data gives our clinical teams a great opportunity to look at their data and compare it with other similar services to see if improvements in outcomes for patients can be made.

Target	We said that all clinical teams will review their outcome data at least annually
Measure	We said that we would measure this by the proportion of teams collecting outcomes data which have had a dedicated session examining their outcomes and context data, including comparison with similar teams in the Trust, each year.

**Headlines** 65 teams had the opportunity to review their outcome scores data in 2012/13. The pace of conducting these reviews has picked up as the year has progressed, and we are now confident going into 2013/14 that this year most of our teams will benefit from a review.



**Number of clinical teams who had the benefit of a full review of their clinical outcome data in 2012/13.**

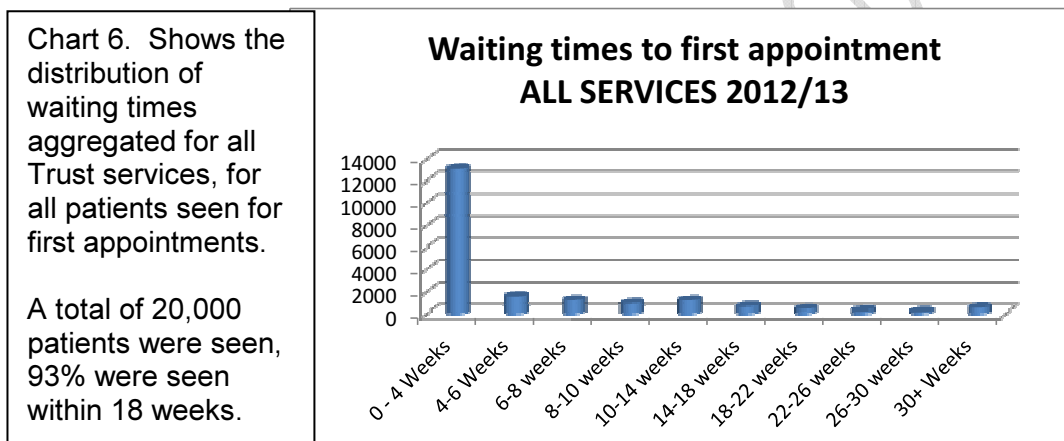
## Priority Seven - Improving waiting times

Waiting times for assessment and treatment from our services vary greatly according to the local demand, demand fluctuations and the capacity of service commissioned. We said that we would for all services specify the wait time target and put into place plans for achieving those target times.

**Target** To set waiting time targets for all pathways.  
**Measure** Date of referral received to date of first appointment

**Headlines** **The Trust has made significant progress over the year in both measuring waiting times in all services areas. Many patients have benefited from the focus on tackling waiting times in services such as psychological treatment services, and CAMHS Southwark services. Waiting lists in these two areas have fallen significantly over the year due to targeted work to increase the number of available appointments.**

**The vast majority of patients referred to the Trust are seen on the same day when presenting as an acute emergency or within days when referred by a GP.**



Services with significant and consistently long wait times are:

- Croydon IPTT Services where there are long wait times for patients with complex presentations. This provision was recently included in a Joint Strategic Needs Assessment of services for people with depression led by commissioners in Croydon.
- Croydon CAMHS services where there has been new investment toward the end of the year which has had a positive impact on waiting lists.

## Priority Eight - Improving our response to requests from GPs

As care pathways and structural changes to services bring primary and secondary care services closer together, the flow of clinical information between them will become a vital component of safe and seamless care. Our ability to provide GPs with information, support and advice quickly and succinctly will become a key measure of the quality and responsiveness of our services.

**TARGET** To establish minimum standards for responding to requests for support and advice from General Practitioners.

**MEASURE** Call back time from request receipt to call back from Care Co-ordinator or Consultant.

**Headline** **48 hours is the targets for responding to requests from GPs. GP Liaison is improving, and being largely driven in Borough services by the CQUIN targets. In quarter four (Jan- April), 98% (120/122) of calls to consultant psychiatrists or the duty desk were answered within 48 hours.**

Q1 2012/2013	Number of calls from GPs for advice	% responded to within 48 hours	Q2 2012/2013	Number of calls from GPs for advice	% responded to within 48 hours
Lambeth	84	50%	Lambeth	67	100%
Southwark	54	100%	Southwark	21	100%
Lewisham	18	100%	Lewisham	43	100%
Croydon	12	100%	Croydon	19	100%
Q3 2012/2013	Number of calls from GPs for advice	% responded to within 48 hours	Q4 2012/2013	Number of calls from GPs for advice	% responded to within 48 hours
Lambeth	12	91%	Lambeth	17	90%
Southwark	53	100%	Southwark	56	100%
Lewisham	22	100%	Lewisham	46	100%
Croydon	9	100%	Croydon	3	100%

## Other Indicators we use to measure quality

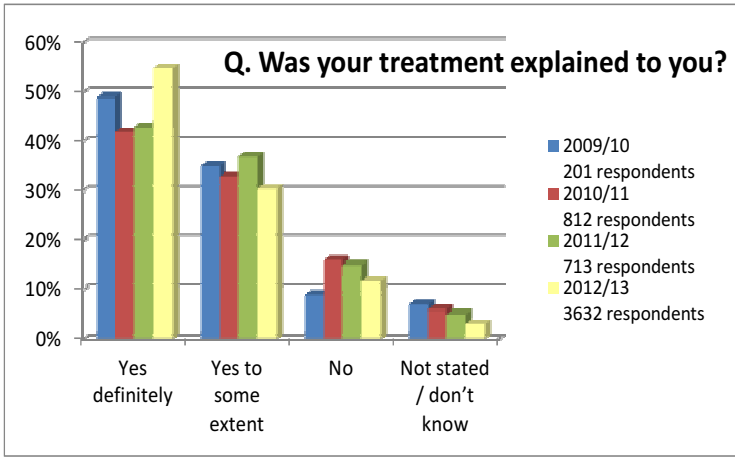
### Improving Patient Experience

The experience and satisfaction of patients their families and carers is central to our approach to quality measurement and quality improvement. Over the past four years the numbers of surveys conducted and different ways in which the views of patients are sought has improved considerably. In 2012/13 over four thousand patients were invited to complete surveys on the services they received. For the purposes of this report, as in previous years we are presenting the overall results to the following care survey questions.

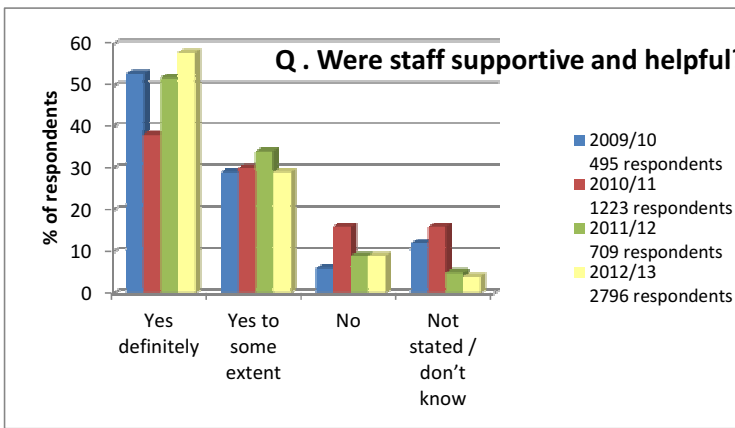
1. Was your treatment explained to you?
2. Were the staff supportive and helpful?
3. Was the environment and furnishing up to the standard you would expect?
4. Did you trust the staff?
5. Did the staff listen to you?

The following tables summarise results from our in-house surveys to these five core questions. Note that in 2012/13 many more patients were surveyed out of hospital, in day care, clinics, outpatients and community settings.

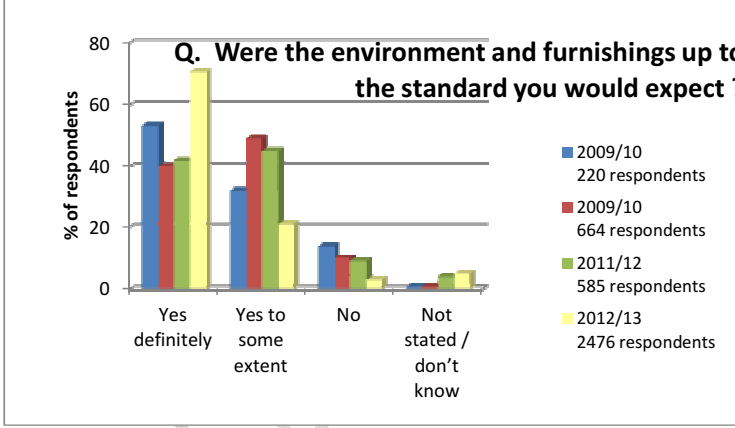




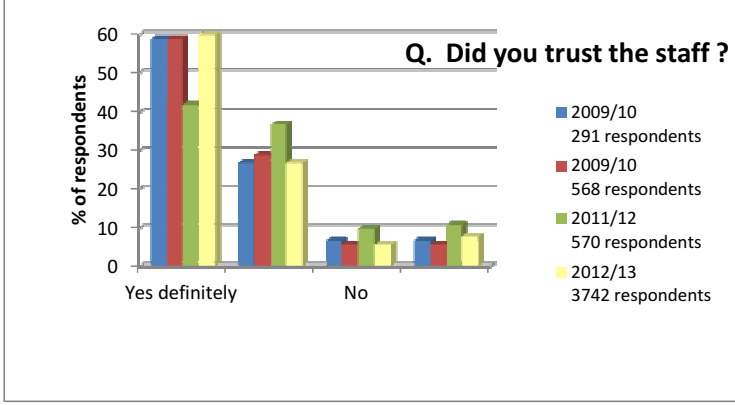
Our survey data shows that generally patients were more satisfied that their treatment was explained to them, than in the previous two years. In the 2012 national patient survey many more patients were happy that their medication had been explained to them, compared to the 2011



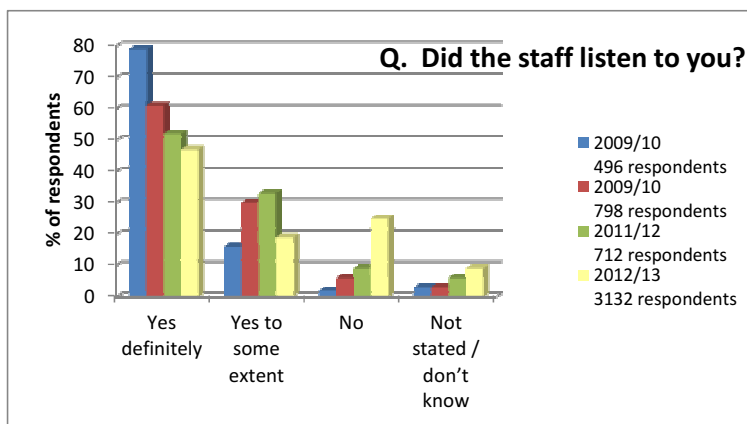
Our in-house surveys show that responses to this question showed a marginal improvement in 2012/13, with more patients saying that staff were 'definitely' supportive and helpful.



Generally patients responded very positively to this question in 2012/13, with many more 'definitely' responses.



Results from both the national patient survey and our in-house surveys show a marginal fall (compared to the year before) in the number of patients who felt that they trusted the staff who were involved in their care.



National patient survey results on this question have been consistent, however our in-house surveys this year, show that fewer patients felt that staff listened to them.

## National Patient Survey 2012 – Community Mental Health

This survey was conducted at the start of 2012. 219 questionnaires were returned by users of SLaM services. Key results were:

Where we scored better than before:

- Did you find your talking therapies helpful?
- Were the purposes of medication explained?

Where we scored worse than before:

- Were you told about the possible side effects of medication?
- Were your views taken into account when deciding what was in your care plan?

The results of the 2012 survey have been carefully considered by the Patient Experience Group. A number of plans and objectives around Patient Experience will be implemented throughout 2013/14 some of these are highlighted below:

- The development of action group to respond to the recommendations highlighted within the Francis Report
- The implementation of the 'Friends and Family Test' (FFT) across all of SLaM's inpatient wards. The FFT is only mandatory throughout the Acute hospitals but SLaM believe that the FFT will enable us to further improve patient experience. This is a quality priority for next year.
- The re-development of the qualitative feature of patient experience information through the telling of patient stories, and establishing focus groups, and service improvements with patient and staff collaboration.
- To develop both strong working relationships with our external partners including local Healthwatch organisations, Health Overview & Scrutiny Committees, Clinical Commissioning Groups and third sector agencies.

## SLaM services and people from Black and Ethnic Minority groups.

Throughout 2012/13 SLAM held quarterly meetings with the four borough LINKs groups from Croydon, Lambeth, Lewisham and Southwark to explore issues relating to the Quality Account and concerns raised about the over-representation of patients from Black and Minority Ethnic (BME) communities in mental health services. At a four-borough LINKs meeting on 19th November 2012 these issues and statistics were explored in detail. The meeting agenda included a summary of the research which shows an elevated incidence of schizophrenia in African and Caribbean populations living in England (Fearon, 2006) and a question and answer session with Dr. Shubulade Smith, author of the chapter of the Schizophrenia Commission's

report 'The Abandoned Illness' (November 2012) – Mental Health and Minority Ethnic Groups (pages 48-51). One of the key messages from Dr. Smith was that getting help early is crucial to good outcomes and the Commission's report recommendations reflect this 'early intervention services which provide treatment in non-stigmatising settings need to be extended'.

### Ethnicity distribution of inpatient and community caseloads

	Inpatient			Community			Total	
	n	% column	% row	n	% column	% row	n	% column
<b>White</b>	370	50.8	1.8%	19722	61.9	98.2%	20092	61.6
<b>BME</b>	359	49.2	2.9%	12144	38.1	97.1%	12503	38.4
<b>Not stated</b>	8		0.2%	3296		99.8%	3304	
<b>Total</b>	737	100%	2.1%	35162	100%	97.9%	35899	100

The composition of the total SLAM caseload broadly reflects the general population ethnic distribution in the local boroughs at the 2011 census. The community caseload has a slightly higher over-representation of White patients (62%) compared with the general population (55%). Conversely, the inpatient population has a slightly higher representation of patients from a BME group (49.2%) than the general population in SLAM boroughs (45%).

In terms of the total SLAM caseload, the most common diagnosis is schizophrenia – accounting for nearly one fifth (18%) of the diagnoses on the SLAM caseload. Schizophrenia, schizotypal and delusional disorders are also the only conditions for where there is a higher proportion of BME patients (62.5%) than White patients (37.5%) with this diagnosis. For all other diagnoses there was a slight under-representation of BME patients (i.e. under 45% BME patients).

### Inpatients, ethnicity and diagnosis

In terms of the diagnostic distribution among the SLAM inpatient population, schizophrenia, schizotypal and delusional disorders account for nearly half of the inpatient diagnoses (45.4%).

Of inpatients with a diagnosis of schizophrenia, there is a high representation of BME patients (71%) compared to White patients (29.0%). See table below.

	White			BME			Total	
	n	% column	% row	n	% column	% row	n	% column
F20-29 - Schizophrenia, schizotypal and delusional disorders	96	25.9	29.0	235	65.5	71.0	331	45.4
Other diagnosis	274	74.1	68.8	124	34.5	31.2	398	54.6
<b>Total</b>	370	100	50.8	359	100	49.2	729	100

### Access to Talking Therapies for BME patient with schizophrenia

	Ethnic Group	Proportion of service users received CBT	%
<b>Patients receiving CBT for Psychosis</b>	BME	268/2247	11.9%
	White	145/1240	11.7%

Proportion of service users on the care programme approach CPA with a schizophrenia spectrum diagnosis who have received CBT for Psychosis in the last year

The table above shows that the proportion of service users who have received CBT for psychosis is very similar for BME (11.9%) and White (11.7%) ethnic groups.

Our outcome data indicates that psychological interventions are equally successful with people from BME communities as white people. However, there are some audit indications that drop-out

rates are higher in BME groups and we are working to address this through improving the cultural competencies of our psychological therapies workforce.

FINAL DRAFT FOR CONSULTATION