From board to floor & floor to Board  
What Information is at your fingertips to improve care  

Dr Geraldine Strathdee, National Professional Adviser CQC Mental Health Team and Non-Executive Director, South London and Maudsley NHS Foundation Trust  

Join our solution focussed leadership community on @DrG_NHS
1. What information do you need to understand your patients, your staff, your local populations, to inform your family’s life and for your professional role

2. What role can your Trust Board play in providing you with information

3. Where can you access open information and data sources on key clinical standards information, including the Care Quality Commission Insight Information reports

4. Plan A-Z to get the information you need for your services
   ......taking the use of the Mental health act as an example ....
1. Core Information & data that is shaping your life and work in your ‘population area’

Do you know how to access 2 essential open information sources:

1. Your local population area where your patients & staff come from and go home to

2. Your local area agreed priorities in its published strategies:

   JSNAs (Joint Strategic Needs Assessments), Public health reports, CCG and Local Authority commissioning plans, STP, Integrated care system plans
To understand the core facts about the place you live and bring up your family and where you work and most staff live with their families: just click on Fingertips ...

Mental Health and Wellbeing JSNA Data Profile: [https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna](https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna)
Press the pdf summary button and you will have a print off summary of the key metrics on your social determinants, levels of incidence and prevalence, prevention opportunities, access to key MH services, quality, spend

2. Core Information & data that is shaping your life and work in your ‘Trust’

Do you know how to access information on

- Your Trust Board’s agreed Culture and values
- Your Trust Board papers
- Your trust board information strategy and approach
- Your trust Board’s agreed ‘Floor to Board’ & ‘Board to floor’ information plans
- Is your Trust’s Public Sector Equalities Duty reports accessible on website
- Have you accessed your Trust’s routine Performance, finance and quality reports which the trust uses to plan strategy, set priorities, shape services, focus QI, allocate resources
Changing Lives video:
what’s the core culture and values of your trust as that will drive information & care

You can access it on https://www.youtube.com/watch?v=WBRdaTTchoA&t=32s

This is a very short video of 5 stories of Maudsley service users, their lives, and how they, with their kind, compassionate, skilled, ‘can do’, optimistic and creative clinicians overcame their major challenges. It bring tears to my eyes every time I see it!

It’s the care our Board wants to support our staff to provide, so that every person’s care is what we would want for ourselves and our families .................
Trust Board papers: what information does your Trust Board use to make decisions?

All NHS Boards publish their papers on their website......have a read.

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Who we are
Trust Board
Operations directorates
Quality Centre
Clinical Academic Groups
Art and history
Coaching and consultancy
Education and Development
Equality
Freedom of Information
Get involved
Policy and publications
Work for us
Staff awards
Contact us
Quality Improvement
NHS70
Privacy and GDPR
Web privacy policy

Trust Board

We hold board meetings every month. You can find out what was discussed at each Board meeting in our Board papers in the right hand side panel. If you would like to see Board papers for periods before those listed below, please contact Charlotte Hudson on 020 3228 2341 or by email.

Download a copy of our Who's who at SLaM. (PDF) (New window).

Beatrice Butsana-Sita - Non-Executive Director
Beatrice Butsana-Sita is a Non-Executive Director.
Read more >

Kristin Dominy - Chief Operating Officer
Kristin is Chief Operating Officer of South London and Maudsley NHS Foundation Trust
Read more >

Professor Ian Everall - Non-Executive Director
Professor Ian Everall is a Non-Executive Director
Read more >

Mike Franklin - Non-Executive Director
Mike Franklin is a Non-Executive Director
Read more >

Duncan Hames - Non-Executive Director

Board Papers
February 2019
PDF Download
January 2019
PDF Download
December 2018
PDF Download

Board Meetings
All meetings run from 2.30pm to 5pm. Unless otherwise stated, they are held at the ORTUS Learning Centre at Maudsley Hospital, Denmark Hill.

2019
Tuesday 29 January
Tuesday 26 February
Tuesday 26 March
Tuesday 23 April
Tuesday 21 May
Tuesday 18 June (Boardroom)
The Public Sector Equalities Duty reports are a great starting point to baseline current equalities of early access, recovery, and more.

Open transparent information starts the ‘how do we together’ conversations for improvement among local public sector partners.
Intelligent information admissions example: the profile of ethnicity in admissions compared to local population profiles.

Chart showing the ethnicity profile of SLaM’s inpatient services users in September 2016 and September 2017 (from ePJS) in comparison with the ethnicity profiles of Lambeth, Lewisham, Southwark and Croydon (from Census 2011).
SLaM: Changing Lives strategy: joining the dots to work with partners

We are promoting Human Rights & equalities by using information about our local populations to plan coproduced services with partners, & our service users and families.

**SLAM Strategy & culture**

1. We are committed to understanding our local populations and communities, being open and transparent with publishing data on our populations & their levels of early access to services, recruiting a workforce that is representative of our local populations & to working in partnership with patients and communities.

2. We are using the information on our local populations to understand the social & health determinants of mental illness for all ages & think about prevention.

3. We have published, on our website, our Public Sector Equalities duty report shows our local population profiles, languages spoken, the level of equality of access to psychological therapies, early intervention psychosis, offer of support to get education & employment, CPA, crisis response.

**Understanding the facts about our areas on fingertips**

**Openly publishing our baseline equalities**

Meeting the public sector equality duty at SLaM

2017 Trust-wide equality information
## 4.3 Friends and Family Test

Table showing data on positive Friends and Family Test feedback from service users with different protected characteristics; the number of responses to this question and the change in positive responses over the past three years.

```
<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Number of responses 15/16</th>
<th>Positive responses 15/16</th>
<th>Number of responses 16/17</th>
<th>Positive responses 16/17</th>
<th>Change between 15/16 and 16/17</th>
<th>Number of responses 17/18 (Up to Sep 17)</th>
<th>Positive responses 17/18 (Up to Sep 17)</th>
<th>Change between 16/17 and 17/18</th>
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<td>844</td>
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<td>+5.8%</td>
<td>915</td>
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<td>+10.2%</td>
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<td>-0.4%</td>
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<td>Heterosexual / Straight</td>
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<tr>
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<td>Trust wide average</td>
<td>10352</td>
<td>83.7%</td>
<td>11285</td>
<td>84.1%</td>
<td>+0.3%</td>
<td>6883</td>
<td>85.4%</td>
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</table>
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3. Core Information & data that can help you understand Quality in your trust

1. CQC uses its Insight reports to understand your ‘Quality of services’

2. Effectiveness: NICE standards: good place to look is
   - The National Audits e.g of Psychosis / Dementia benchmark your NICE Quality against all other trusts in England
CQC Insight Reports:

CQC Board: “One of our priorities in our strategy for 2016 to 2021 is to make greater use of intelligence in the way we regulate services”.

Insight:

- incorporates data indicators that align to our key lines of enquiry for that sector
- brings together information from people who use services, knowledge from our inspections and data from our partners
- indicates where the risk to the quality of care provided is greatest
- monitors change over time for each of the measures
- points to services where the quality may be improving
- helps identify learning that can be shared
CQC Insight reports: Clinical leaders & Board members can access their own CQC Insight report into the summarized data on standards of Safe, effective, well led, caring, responsive
CQC has a statutory duty to encourage improvement

• The Health and Social Care Act 2008 makes clear that the role of CQC’s regulation is to encourage improvement:

The [Care Quality] Commission is to perform its functions for the general purpose of encouraging the improvement of health and social care services

And it is part of our core purpose that guides everything we do:
“We make sure that services provide care that is safe, effective, compassionate and high quality and we encourage services to improve”
The Insight data Dictionary gives you,
- For every Quality indicator used by CQC
- The name of quality indicator
- The definition
- The numerator and denominator
- The Data source
- The time period
- When next updated
- Benchmarks

Insight: draws together data from many sources and you will have provided a great deal of it which you did not get back until now.
### Facts, figures and ratings

<table>
<thead>
<tr>
<th>FACTS, FIGURES &amp; RATINGS</th>
<th>INTELLIGENCE</th>
<th>FEATURED DATA SOURCES</th>
<th>DEFINITIONS AND APPENDICES</th>
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<tr>
<td>COMMUNITY-BASED SERVICES</td>
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<td>RATINGS</td>
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Contextual information relating to the trust/provider, inpatient and community based services
- Links to externally published assessments of CCG commissioning of mental health services
- Activity levels at provider, inpatient and community-based services level
- Staffing capacity, turnover and sickness; financial information

- Ratings data at provider and core service level; changes over time in the ratings
- An indication of the changes in intelligence

### Intelligence analysis

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<th>FEATURED DATA SOURCES</th>
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<td>COMMUNITY-BASED SERVICES</td>
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- Intelligence overview of key messages for trust/provider, inpatient and community based services
- Indicator detail pages - for trust/provider, inpatient and community based services

### Featured data sources

<table>
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<th>FACTS, FIGURES &amp; RATINGS</th>
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- Mental Health Act
- Incidents (mortality, notifications, incidents reported to StEIS and NRLS)
- PLACE scores
- Delayed transfers of care

- Community mental health survey
- NHS staff survey and Staff Friends and Family Test
- Provider level data quality measures for MHSDS

### Definitions

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- Key of symbols and colours
- Data definitions and download

- Locations registered with CQC
Our ‘mission’ to improve the way we use the MH Act through the use of accurate data at borough level so that local leaders can see the trends, spot improvement opportunities & feel proud as their standards rise
The MH law committee members recognise that detention under the MH Act is:

1. *a process with legal, regulatory and Code of Practice standards* & Guiding principles that need to be met

**AND ALSO**

1. *the most intensive clinical intervention*, that can be undertaken on a patient in mental health, with the most far-reaching long-term impacts for patients across all of healthcare and therefore places ethical responsibilities on commissioners and providers of care

- The revised Terms of Reference of the Trust wide MH Law Cmte were approved by the Board to reflect our new commitment to aim for a sustainable plan towards achieving over 5 years 100% compliance with:
  - The legal, CQC regulatory and Code of Practice standards
  - The Clinical application of the legislation in a way that meets the highest quality of care standards, Human Rights, Equalities, population health and accessible information standards and least restrictive care
1. For each operational delivery units, clinical team, individual clinicians, CCGs and LAs we want to know

- **Number, type and trends: How many detentions of each type of**
  
  Urgent care S 135 S 136, Civil Part 2, and Part 3 of the MH act sections are undertaken trust wide and in each Operational delivery unit, ward and community team & clinician levels

- **For each individual detention, and each individual patient detained** we need to know:

  - **Local population home origin** of the patient by CCG and Local Authority and
    
    - The numbers from our local populations
    
    - The numbers from Out of area to our a) local services b) our specialist tertiary services

  - **Equalities** characteristics of:
    
    - Age, gender, BAME, protected characteristics, language, (educational level for CYP)

  - **Social determinants of illness and relapse** i.e. the MHSDS status
    
    - Housing, employment, children, carer status
2. Clinical & social Needs characteristics of those detained: we need to know:

- What % are New / known to Slam services
- Primary and cooccurring conditions including psychoses, alcohol/drug use
- Detention rates by person i.e. x1, 2-3, 4-6, 7-10, >10 in any 1, 3, 5, 10 year period
- Benchmarking against weighted comparators

3. Are we providing ‘Effective’ ‘appropriate treatment’ care delivery: is the person receiving:

NICE evidence base care standards delivered appropriate to the condition i.e.

- Information on conditions, treatments & S 132 Rights
- Physical assessment and treatment,
- Psychological therapies for the person and their family,
- Optimised medicines (to be defined) but including CQC regulatory SOAD standards
- Recovery support to get back into stable accommodation, education, training and employment
### Which type of patients occupy beds?

**Occupied Bed Days by Diagnosis Group**

**General Psychiatry Beds for ages 18-64**

<table>
<thead>
<tr>
<th>Country</th>
<th>Psychotic Disorders</th>
<th>Affective Disorders</th>
<th>Organic Mental Illness</th>
<th>Substance Misuse</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>69%</td>
<td>18%</td>
<td>1%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Scotland</td>
<td>42%</td>
<td>20%</td>
<td>7%</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>France</td>
<td>36%</td>
<td>30%</td>
<td>2%</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>29%</td>
<td>25%</td>
<td>3%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>Australia (NSW)</td>
<td>52%</td>
<td>22%</td>
<td>1%</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Sweden</td>
<td>24%</td>
<td>28%</td>
<td>3%</td>
<td>15%</td>
<td>29%</td>
</tr>
</tbody>
</table>

**A Snapshot of the Main Findings**

- Less than half of patients were screened for 5 cardiovascular risk factors: 42%
- Medication was prescribed within BNF limits for almost all patients: 90%
- Reasons for prescribing high-dose medication were NOT documented for 1 in 3 patients: 34%
- Less than a third of patients were given accessible information about their prescribed medication: 30%
4. Least restrictive care

Safe, least restrictive efficient care & flow: for those who are detained:

- Rates of Restraint, prone restraint, seclusion, Rapid Tranquillisation (Datix)
- Length of stay compared to those who are not detained
- Incidence of DTOC i.e. delayed transfers of care compared to those not detained
- Deaths in detention and causes
- SUI rates in detention
- Level and nature of complaints

Coproduced Care plans with Advance Decision...........pilot work in progress

- Coproduced care plan aimed at relapse prevention and safer crisis and risk management
- S 117 and personalised care packages
- The reasons for relapse and readmission under detention
- The presence of advance decision care plans
- Clinical and social outcomes
Appendix A: Benchmarking Slam MH act

3 data sources:
- NHS benchmarking data
- Pan London CEO commissioned data on S 136 use, Casemix, BAME, standards of assessment,
- CQC SLAM November 2018 Insight report

Almost 50% of people are conveyed to hospitals in Police vehicles and not in Ambulance services as mandated in the Code of Practice

Conveyance of Section 136 patients to POS by the Metropolitan Police during the last 4 years
Reasons for the major variation in detention rates in London: our focus groups

Social and societal factors linked to higher rates of detention and re-detention

- Transport hubs in London bring people into our city by air, trains, buses, tubes, cars
- No recourse to public funds
- Homelessness or unstable housing is a major factor in admissions up to 50-60% in some units
- Lack of access to language, education, apprenticeship, employment
- Higher rates of crime and safety issues
- Higher rates of drug and alcohol activity, including drug related crime activity
- Cultural attitudes to mental illness, stigma, and experiences of services

Variations in services and clinical practice

- Under resourced early intervention, crisis and recovery focused services
- Assessments not undertaken by a clinician who knows the person
- Care plans that are not coproduced between the person and clinician & not recovery focused
- No, or unclear Relapse prevention plan
- Quality of life low as no stable home, no work, little money, boredom, drugs and little understanding of the role of medications and treatment
Legal standards and safety:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Mar-18</th>
<th>Apr-18</th>
<th>May-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance did not attend</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>CTO/Conditional Discharge Recall Cancelled</td>
<td>0</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>MHA Assessment Cancelled/No bed available</td>
<td>12</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>MHA Assessment Completed But AMHP Unable To Make Application - no bed</td>
<td>1</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Patient absent for assessment</td>
<td>10</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Police not available/in attendance</td>
<td>8</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>No AMHP available</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Section 135 warrant not in place</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>36</strong></td>
<td><strong>41</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>
NHS Benchmarking International information: PSYCHOSIS care in England

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- Less than a third of patients were given accessible information about their prescribed medication

42%
90%
34%
30%