

# Integrated Quality and Performance Data Pack

June 2015

Extract for CAMHS CQRM

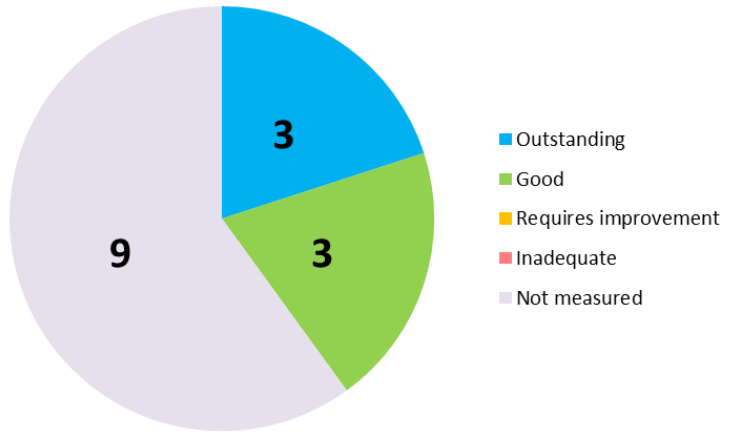
Surrey and Borders Partnership NHS Foundation Trust

# TRUST WIDE SERVICES



# Board KPI Summary

## Key Performance Indicators (May 2015)



## KPIs not achieved (May 2015)

- None

## Commentary

The Trust has set 7 KPIs to be measured each month and 8 KPIs to be measured each quarter. Our performance in May 2015 was either good or outstanding for the 6 KPIs that we are able to report on this month. The physical health check KPI is under review and will be reported on in due course.

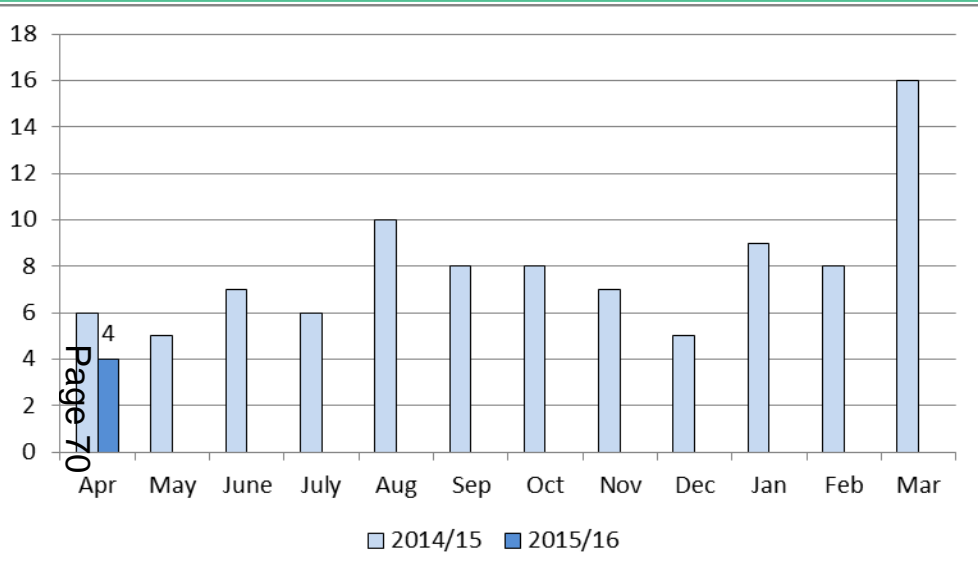
## The Context and more information

The data sources for the Board KPI report include Your Views Matter, Datix, TIM and other sources.

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# Complaints

## Complaints (April 2014 to April 2015)



## Complaints and compliments (April 2015)

Lead Directorate	Complaints received	Complaints closed	Complaints Upheld	Compliments
Working Age Adults	2	5	0	14
Older Adult MH/ Specialist Comm/ WAA NEH	2	0	0	9
CYPS/EIIP	0	2	2	9
PLD	0	0	0	2
Specialist Services and Psychological Therapies	0	2	0	5
Corporate	0	0	0	0
<b>Totals</b>	<b>4</b>	<b>9</b>	<b>2</b>	<b>39</b>

## Commentary

4 complaints were received during April 2015 (2 medical and 2 operational ) of which:

- 3 complaints were about clinical treatment.
- 1 complaint was about communication.

## The Context and more information

The graph above shows the number of complaints received in 2015/16 compared to 2014/15.  
The complaints are being/have been investigated under the NHS Complaints Regulations.

# Unexpected deaths

## Unexpected deaths April 2014 – March 2015

01.04.14 – 31.03.2015	Total SIs	Total Unexpected Death	Unexpected Death Community	Unexpected Death Inpatient	Homicide by Outpatient
WAA	43	23	18	5	0
OPS	7	4	3	1	0
SS	5	5	5	0	0
CYPS	8	3	3	0	0
LDS	3	2	2	0	0
COR	0	0	0	0	0
total	66	37	31	6	0

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## Unexpected deaths – Year to date at 31<sup>st</sup> May 2015

01.04.15 – 31.03.2016	Total SIs	Total Unexpected Death	Unexpected Death Community	Unexpected Death Inpatient	Homicide by Outpatient
WAA	6	4	4	0	0
OPS	0	0	0	0	0
SS	1	0	0	0	0
CYPS	2	0	0	0	0
LDS	1	1	1	0	0
COR	0	0	0	0	0
total	10	5	5	0	0

## Commentary

A significant overall decrease in the number of reported deaths was recorded for the year 2014/15. In 2013/2014 unexpected deaths accounted for 62% of all Serious Incidents reported. In 2014/2015 unexpected deaths accounted for 56% of all Serious Incidents reported.

It is also noted that a number of the deaths that have been investigated from this time period have identified fewer lessons learned indicating that improvements to the quality of the services provided have been made and embedded.

So far this year we have had 5 unexpected deaths and 2 of these occurred in May 2015.

## The Context and more information

We report this data externally through the Strategic Executive Information System STEIS system managed by NHS England. Data is obtained internally through SaBP Datix incident reporting system and also stored externally on the STEIS system.

# Monitor Quality Standards

Measure	Target	Apr-15	May-15
CPA - 7 day follow-up	95%	96.2%	95.8%
12 Month CPA Reviews	95%	96.2%	96.9%
Delayed Transfers	<=7.5%	1.6%	1.3%
Admissions Via HTT	95%	97.6%	100.0%
Meeting commitment to serve new psychosis cases by early intervention Teams	126 year end	17	30
Data completeness: identifiers	97%	99.9%	99.9%
Data completeness: outcomes for Adult patients on CPA	50%	86.6%	91.5%
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Monitor to Confirm	Green	Green

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## Commentary

We achieved all of the 8 Monitor targets in May 2015.

## The context and more information

Monitor figures cover all CCGs.

# CHILDREN AND YOUNG PEOPLE SERVICES

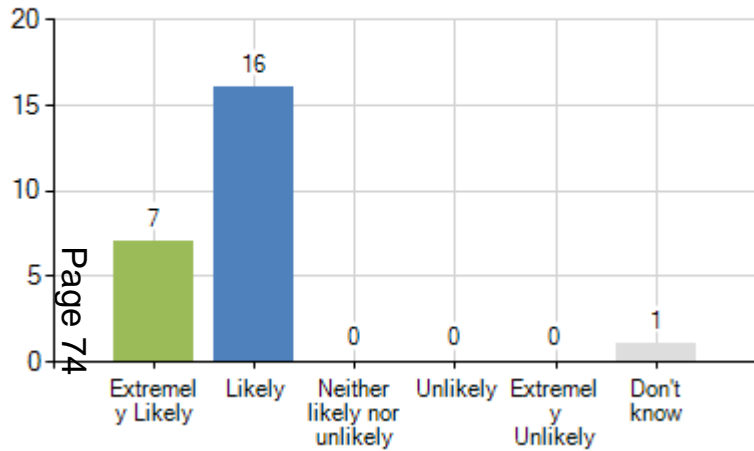
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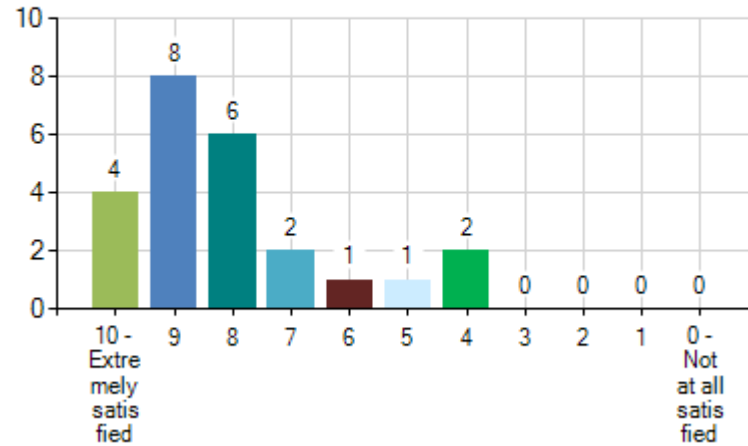
Children and Young  
People's Services

# Your Views Matter – CYPS

**1. Based on your experience - how likely are you to recommend our service to friends and family if they needed similar care or treatment? (24)**



**22. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied) How would you rate your experience of the service overall? (24)**



Team	No. of questionnaires
CAMHS North	4
CAMHS East	9
CAMHS South	5
CYPS eating disorders	1
CAMHS unknown	1
NE Hamp & Surrey Heath EIIP	2
Access CAMHS	2

## Commentary

The return rate for the CYPS survey for May 2015 was 24. An increase of 8 from 7 services. As from 1<sup>st</sup> April 2015, the survey does not include adult eating disorder services.

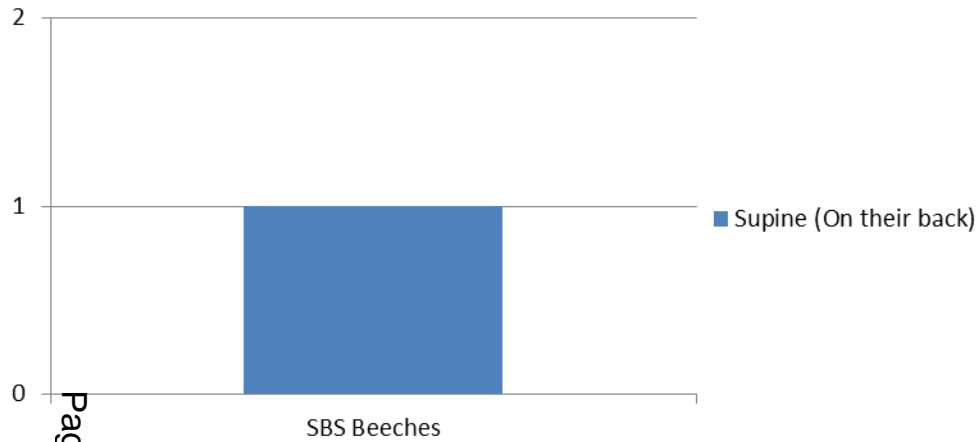
## The context and more information

The graphs above illustrate the count, not the percentage, of peoples' satisfaction with the care they received, based on 24 responses.



# Restraint

## Restraints : April 2014 – March 2015 by service type



## Restraints : May 2015 by service type

### Commentary

In the 12 months between April 2014 and March 2015, one incident was reported from Children and Young Peoples Services, this occurred in December 2014.

There have been no reported restraints for May 2015.

### The context and more information

Source: Monthly restraint data reported on Datix. Reporting of restraints was introduced on Datix on 23/10/2013.

# SURREY CAMHS

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Children and Young  
People's Services

# CARE QUALITY COMMISSION INSPECTION ACTIONS

RAG Status	Milestone and Workstream RAG	Totals	%
Purple	New action	0	0%
Light Grey	Not yet started - Not due yet	0	0%
Green	In progress - On time	0	0%
Amber	In progress - Risk to not completing on time	0	0%
Red	In progress - Overdue	0	0%
Black	Not started - Overdue	0	0%
Blue	Action Complete	11	100%
Grey	Action Aborted	0	0%
<b>Total Actions</b>		<b>11</b>	<b>100%</b>

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## Commentary

From the inspection there are two compliance requirements and 11 actions for CAMHS services. All actions are now complete.

## The context and more information

The Care Quality Commission undertook an inspection of SABP services in July 2014. 51 services were inspected which included some of our CYPS services.

# CAMHS Protected characteristics

## Protected characteristics (year to date at 31<sup>st</sup> May 2015)

	CAMHS CT East	CAMHS CT North	CAMHS CT South	CLD East	CLD North West	CLD South West	Eating Disorders CYPS	Total
Gender	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ethnicity	77.8%	73.0%	77.3%	98.6%	100.0%	100.0%	95.8%	80.3%
Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Religion & Belief	65.9%	59.0%	68.5%	76.1%	100.0%	84.5%	94.8%	68.8%
Marriage & Civil Partnership	90.2%	86.5%	95.4%	100.0%	100.0%	90.0%	100.0%	92.5%
Disability (in add to MH/LD)	44.8%	48.9%	64.5%	89.1%	100.0%	91.6%	95.8%	60.2%
Sexual Orientation	56.2%	46.0%	72.5%	41.7%	100.0%	70.0%	98.1%	62.7%
Pregnancy / Maternity	Data not available							
<b>Overall % completeness</b>	<b>77.2%</b>	<b>75.1%</b>	<b>82.3%</b>	<b>92.0%</b>	<b>100.0%</b>	<b>94.4%</b>	<b>97.6%</b>	<b>81.5%</b>

Key	
>= 80% Outstanding	Blue
>= 60% Good	Green
>= 40% Requires improvement	Amber
< 40% Inadequate	Red

## Commentary

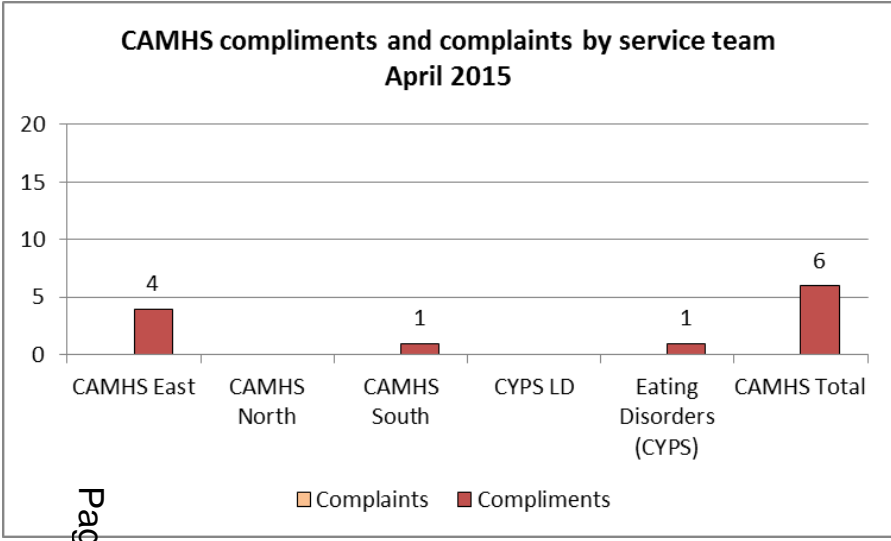
The Trust-wide Board KPI target is to achieve an overall figure of 80% for recording protected characteristics on RiO. Our CAMHS services achieved 81.5% overall during April-May 2015.

## The Context and more information

The Trust Board KPI for 2015/16 is defined as a count of people who have been seen at least once in the year where their personal characteristic (age band, disability, gender, marriage & Civil Partnership, ethnicity type, religion & belief, and sexual orientation) has been collected on RiO over the total number of people who have been seen at least once in the year. The target is to achieve an overall figure of 80%, for the seven characteristics combined. Source: Trust Information Management system (TIM).

# CAMHS Complaints

## Compliments and complaints (April 2015)



## Complaints by type (April 2015)

- No new complaints were received during April 2015

## Commentary

Our CAMHS teams received 6 compliments during April and no complaints.

Two complaints have been completed since last month's report. One of these complaints was partially upheld. The other complaint was not upheld.

## The Context and more information

The complaints are being/have been investigated under the NHS Complaints Regulations.

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# Serious Incidents

## Unexpected deaths April 2014 – March 2015

01.04.14 – 31.03.2015	Total SIs	Unexpected Death Community	Serious Incident in community	Homicide by Outpatient	Under 18yrs admission to adult ward.
Surrey CAMHS	3	1	1	0	1
total	3	1	1	0	1

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## Unexpected deaths – April-May 2015

01.04.15 – 31.03.2016	Total SIs	Unexpected Death Community	Unexpected Death Inpatient	Homicide by Outpatient	Under 18yrs admission to adult ward.
Surrey CAMHS	2	0	0	0	2
total	2	0	0	0	2

## Commentary

During the year 2014 /2015 there were three Serious Incidents (SI's) reported for Surrey CAMHS teams.

- The unexpected death reported was via method of hanging – this method of death is increasing throughout the UK.
- The Under 18 year admission was necessary due to lack of appropriate placement available at the point of admission.
- The severe overdose resulted in the hospitalisation of the young person.

In May 2015 there were no unexpected deaths reported. There were two serious incidents reported due to under 18yrs admissions to adult wards.

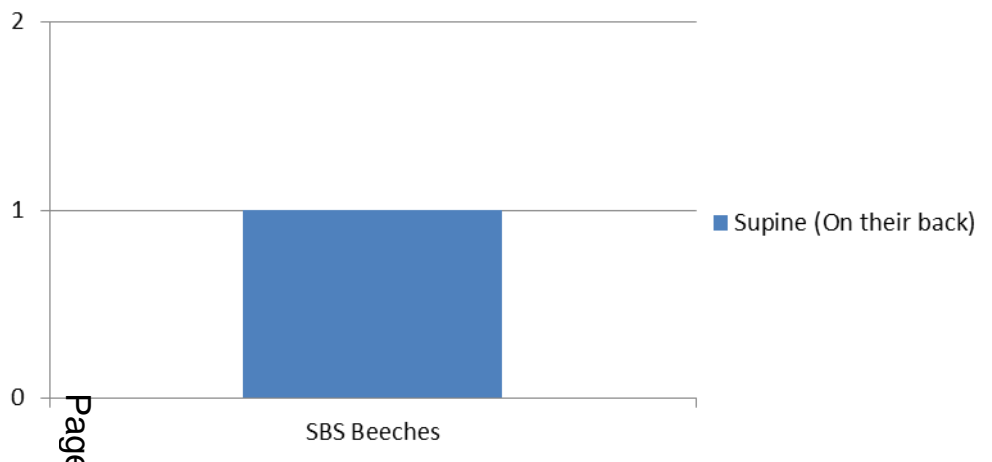
## The Context and more information

We report this data externally through the Strategic Executive Information System STEIS system managed by NHS England. Data is obtained internally through SaBP Datix incident reporting system and also stored externally on the STEIS system.

# Restraint

## Restraints : April 2014 – March 2015 by service type

## Restraints : May 2015 by service type



### Commentary

In the 12 months between April 2014 and March 2015, there was one incident reported for SBS Beeches; this occurred in December 2014.

There were no reported restraints in May 2015 for Surrey CAMHS.

### The context and more information

Source: Monthly restraint data reported on Datix. Reporting of restraints was introduced on Datix on 23/10/2013.

# CAMHS Quality Standards

May 2015

Domain	CCG Ref	Measure	Service	Target	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
D3	1a	Care Plan within 1 Week	All	90.0%	90.0%	91.5%	91.7%	Data not available	87.5%	96.4%	92.9%	90.0%	No Service Users	81.0%	76.03%	88.9%	78.5%	80.4%	92.8%
D4	4	Copy of CarePlan	All	95.0%	90.0%	96.0%	96.0%		88.5%	90.9%	95.2%	95.0%	96.0%	96.0%	100.0%	100.0%	96.0%	92.0%	92.3%
D5	2	CPA Crisis and Contingency Plan	All	95.0%	90.0%	96.0%	96.0%		92.3%	95.5%	95.2%	95.0%	96.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%
D5	Page 82	CPA Reviewed Last 12 Months: CYPS	All	95.0%	90.0%	50.0%	70.0%		60.0%	50.0%	42.9%	33.3%	62.5%	66.7%	71.4%	75.0%	62.5%	50.0%	54.5%
TBC	82	Routine referrals assessed in 13 weeks	All	95.0%	90.0%	81.5%	75.8%		77.3%	86.5%	88.6%	98.3%	No Service Users	98.4%	93.1%	94.6%	97.3%	97.7%	90.5%

## Commentary

In May 2015 we achieved the target for two of the five Quality Standards that apply to our Child and Adolescent Mental Health Service and we achieved the threshold for two other measures. We did not achieve the threshold or the target for the following measure:

- CPA Reviewed Last 12 Months

## The Context and more information

Source: Trust Information Management system (TIM).

The report includes CAMHS CT, CYPS LD and Eating Disorders CYPS services only.



# CAMHS Activity

## Referrals and Assessments (May 2015)

	Referrals appropriate	Referrals inappropriate	Total referrals	NPA accepted	NPA discharged	Average wait time	Discharges appropriate	Discharges inappropriate	Average duration of treatment
<b>CYPS CAMHS CT</b>	<b>408</b>	<b>36</b>	<b>444</b>	<b>128</b>	<b>35</b>	<b>54</b>	<b>265</b>	<b>81</b>	<b>335</b>
CAMHS CT East	165	3	168	50	9	69	107	33	451
CAMHS CT North	110	30	140	34	17	47	73	40	217
CAMHS CT South	133	3	136	44	9	45	85	8	241
<b>CYPS LD</b>	<b>22</b>	<b>1</b>	<b>23</b>	<b>16</b>	<b>3</b>	<b>67</b>	<b>17</b>	<b>3</b>	<b>516</b>
CLD East	14	1	15	9	1	69	11	1	615
CLD North West	3	-	3	3	-	37	4	-	279
CLD South West	5	-	5	4	2	78	2	2	136
<b>Eating Disorders CYPS</b>	<b>13</b>	<b>-</b>	<b>13</b>	<b>5</b>	<b>2</b>	<b>31</b>			
<b>Mindful</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>62</b>
<b>All</b>	<b>445</b>	<b>37</b>	<b>482</b>	<b>149</b>	<b>40</b>	<b>55</b>	<b>297</b>	<b>84</b>	<b>345</b>

## Caseload (at 31<sup>st</sup> May 2015)

	Caseload
<b>CYPS CAMHS CT</b>	<b>2,174</b>
CAMHS CT East	912
CAMHS CT North	523
CAMHS CT North West	1
CAMHS CT South	738
CAMHS CT South East	-
<b>CYPS LD</b>	<b>380</b>
CLD East	245
CLD North West	46
CLD South West	89
<b>Eating Disorders CYPS</b>	<b>94</b>
<b>Mindful</b>	<b>22</b>
<b>Total</b>	<b>2,670</b>

## Commentary

Our Surrey CAMHS teams received 482 referrals in May 2015 and carried out 149 New Patient Assessments where the person was offered a service as a result of the assessment.

The caseload was 2,670 at 31<sup>st</sup> May 2015.

## The Context and more information

Source: Trust Information Management system (TIM).

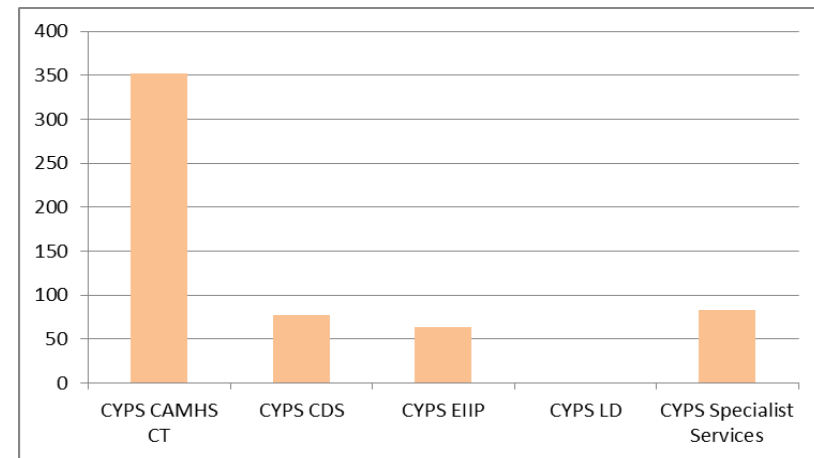
Caseload figures are a count of people who on the last day of the reporting period have an open referral to a CYPS service and have had at least one attended face to face appointment.

# Community Activity

## Community contacts (May 2015)

	NPA Appointments	Follow up Appointments	Telephone Contacts	Mismatched Appointments	DNA	Cancelled by Service User	Cancelled by Trust	Unoutcomed Appointments
<b>CYPS CAMHS CT</b>	<b>189</b>	<b>1367</b>	<b>195</b>	<b>92</b>	<b>253</b>	<b>207</b>	<b>111</b>	<b>194</b>
CAMHS CT East	66	523	82	40	111	85	44	63
CAMHS CT North	56	340	47	17	56	43	36	45
CAMHS CT South	67	504	66	35	86	79	31	86
<b>CYPS LD</b>	<b>23</b>	<b>203</b>	<b>21</b>	<b>9</b>	<b>17</b>	<b>15</b>	<b>8</b>	<b>22</b>
CLD East	15	125	16	7	13	13	5	22
CLD North West	3	18	1	0	0	1	0	0
CLD South West	5	60	4	2	4	1	3	0
Eating Disorders CYPS	7	223	33	24	20	11	0	7
Mindful	1	21	11	3	6	0	0	0
<b>All</b>	<b>220</b>	<b>1814</b>	<b>260</b>	<b>128</b>	<b>296</b>	<b>233</b>	<b>119</b>	<b>223</b>

## Number of unoutcomed appointments (1<sup>st</sup> April 2015 to 31<sup>st</sup> May 2015)



## Commentary

Our CYPS community teams made 2,422 face to face or telephone contacts with people in May 2015.

There are 611 unoutcomed appointments on RiO for the period 1<sup>st</sup> April to 31<sup>st</sup> May 2015 (0.1% of total appointments YTD). In the majority of cases, the appointments took place but they appear on the Trust Information Management system report as unoutcomed due to data quality issues including the fact that booking a room creates a duplicate appointment on RiO and so appears as unoutcomed. We are addressing this through the Data Quality forum and teams are being reminded of the correct procedure for out-coming appointments on RiO.

## The Context and more information

Source: Trust Information Management system (TIM).

Mismatched appointments are those where the appointment type does not match the outcome, e.g. face to face appointment with telephone contact outcome.

# CPA levels and Care Plan Distribution

## CPA levels (at 31<sup>st</sup> May 2015)

	People on CPA	People on Statement of Care	People on CPA as a % of total
CAMHS CT East	7	226	3%
CAMHS CT North	3	13	19%
CAMHS CT South	5	211	2%
<b>CYPS CAMHS CT</b>	<b>15</b>	<b>450</b>	<b>3%</b>

## % of people given copy of care plan (at 31<sup>st</sup> May 2015)

	People on CPA	People on Statement of Care	All people with care management recorded on RiO
CAMHS CT East	100%	35%	37%
CAMHS CT North	67%	15%	25%
CAMHS CT South	100%	39%	40%
<b>CYPS CAMHS CT</b>	<b>93%</b>	<b>36%</b>	<b>38%</b>

## Commentary

At 31<sup>st</sup> May 2015 there were 465 people using CAMHS CT services for whom care management had been completed on RiO. 3% of these were on Care Programme Approach and 97% were on Statement of Care.

93% of those on CPA had been given a copy of their care plan, compared with 36% of people who were on Statement of Care. Overall, for these two groups combined, 38% of people using CAMHS CT services had been given a copy of their care plan.

## The Context and more information

Source: Trust Information Management system (TIM).

Care plan distribution numerator: People who have CPA management completed where there is evidence on RiO that they have been given a copy of their care plan.

Care plan distribution denominator: All people for whom CPA management has been completed on RiO, excluding assessment and advisory services.

# TaMHS Approach analysis - March 2015

Quadrant:	SW	SE	NW	NE
1 Total No of Schools on database	101	108	93	88
2 No registered as engaged	69 (up 10)	77 (up 6)	67 (up 16)	69 (up 5)
3 % engaged	68%	71%	68%	78%
5 Meeting booked or taken place	41% 28 schools (up 4)	35% 27 schools (up 1)	60% 40 schools (same)	77% 53 schools (same)
6 % with training booked (or taken place) Mental Health Awareness	61% 42 schools (up 3)	47% 36 schools (same)	55% 37 schools (up 1)	68% 47 schools (same)
7 % with training booked (or taken place) Attachment	20% 14 schools (up 2)	35% 27 schools (same)	22% 15 schools (same)	13% 9 schools (1via EP service - same)
7A % schools with regular meeting in place (New analysis from Nov 2013)	26% 18 schools (up 5)	18% 14 schools (up 6)	45% 23 schools (same)	36% 25 schools (up 8)
7b Additional/different training				
NTU	1	0	0	0
7c Anxiety	1	0	0	5 (inc 1parent talk and 1talk to pupils)
Eating Disorders	0	1	0	0
DSH	1	0	0	1
Training for ELSA	0	0	0	1
7d Total	3	1	0	7
8 No.& % attended network meeting Autumn Term 2013	7 attendees 17%	16 attendees 23%	7 attendees 17%	10 attendees 16%
9 No.&% attended network meeting Spring Term 2014	16 attendees 29%	17 attendees 24%	6 attendees 12%	5 attendees 8%
10 No.& % attended network meetng Summer Term 2014	8 attendees 13%	5 attendees 7%	12 attendees 24%	6 attendees 9%
11 No.& % attended network meeting Autumn term 2014	9 attendees 15%	17 attendees 24%	18 attendees 35%	9 attendees 14%
12 No.&% attended network meeting Spring Term 2015	12 attendees 17%	17 attendees 22%	17 attendees 25%	6 attendees 9%

## The Context and more information

Source: The information shown in the table above is from a termly report produced by Babcock 4S. It includes the number of schools engaged, the number of schools trained, the number that have regular consultation meetings with PMHWs, schools receiving “bespoke” training and attendance at network meetings. The figures in brackets show changes since the previous term’s report.