

**NHS Tower Hamlets Clinical Commissioning Group**  
**Clinical Quality Review Meeting (CQRM) for East London NHS Foundation Trust**  
**CAMHS Meeting**  
**Tuesday 5<sup>th</sup> November 2019, 10:00-12:00**  
**NHS THCCG, 2<sup>nd</sup> Floor Meeting Room, Alderney Building, MEH**

**Chair: Dr Judith Littlejohns, TH CCG Clinical Lead for Mental Health**  
**Minute Taker: Honey Ajayi, Performance & Quality Business Manager**

<b>No.</b>	<b>Items</b>	<b>Lead</b>	<b>Enclosure</b>	<b>Timing</b>
1.	Chair's welcome and introductions	JL	Verbal	10:00
2.	Conflicts of Interest	JL	Verbal	10:02
3.	Review of minutes and action log	All	Page 2	10:05
4.	Service Line Presentation: Tri-borough Eating Disorder Service (Particular Focus will be on Tower Hamlets)	RS/BW/HD	Page 14	10:15
5.	Audit of Communications with GPs	RS/BW/HD	Page 27	10:55
6.	TH CAMHS Quality Report – Quarter 1 & 2 19/20 <ul style="list-style-type: none"> <li>• Quality Improvement Programmes</li> <li>• Brief overview of exceptions per service line</li> <li>• Waiting times</li> <li>• DNA Rates - Trust cancelled follow up appointments</li> <li>• CYP IAPT – Outcome measurements and safeguarding arrangements</li> <li>• Compliance with NICE Guidance</li> <li>• Safety Report – including Incidents reported, serious Incidents, medication, themes and trends and dissemination of lessons learnt across the service</li> <li>• Safeguarding – Training and supervision compliance, DBS compliance, number of allegations against staff and action taken, referrals to social care, FGM reported cases, DoLS completed, LeDeR reviews, update on SCR and participation in case conferences, children safeguarding dashboard.</li> <li>• Patient Experience – Participation worker report, ESQ report, complaints/PALS/FFT (themes and trends)</li> <li>• Looked After Children</li> <li>• Legal Claims</li> <li>• Workforce planning – appraisals, vacancy rate, sickness absence, staff turnover, temporary staffing by staff group, clinical supervision, etc.</li> <li>• Mandatory Training Compliance - breakdown by individual training, trajectories and recovery plan for safeguarding and other trainings.</li> <li>• Directorate Risk Register</li> </ul>	RS/BW/ HDS	Page 34	11:15
7.	AOB	All		12:00

**Date of next meeting:** Tuesday 05 November 2019, 10:00-12:00

**Venue:** NHS THCCG, 2<sup>nd</sup> Floor Meeting Room, Alderney Building, Mile End Hospital



## Tower Hamlets Clinical Commissioning Group

### NHS Tower Hamlets Clinical Commissioning Group East London Foundation Trust CQRM CAMHS 10 September 2019 10:00 -12:00

<b>Date:</b>	10 September 2019	
<b>Time:</b>	10:00 -12:00	
<b>Venue:</b>	TH CCG, 2nd Floor Meeting Room, Alderney Building, Mile End Hospital, London E1 4DG	
<b>Chair:</b>	Dr. Judith Littlejohns (JL)	TH CCG Clinical Lead for Mental Health
<b>Attendees:</b>	Bill Williams (BW) Service Manager, TH CAMHS ELFT Carrie Kilpatrick (CK) Commissioning Lead for Mental Health, THCCG Hanspeter Dorner (HD) Psychiatrist & Associate Clinical Director, TH CAMHS ELFT Helen Jones (HJ) GP Clinical Lead Mental Health CYP-MH THCCG Julia Yu (JY) Head of Performance, ELFT Richard Simmonds (RS) Psychological Therapies Lead & Clinical Team Leader, TH CAMHS ELFT Carrie Kilpatrick (CK) TH commissioning Lead for Mental Health, THCCG Henry Iwunze (HI) Associate Director for CAMHS, ELFT Tim Huntley (TH) Senior Nurse & CAMHS Community Crisis Lead, ELFT Helen Bruce (HB) Consultant Psychiatrist / Neurodevelopmental Team Lead, ELFT Sulaimon Quadri (SQ) Performance & Quality Manager, NHS THCCG Diana Viscusi (DV) Transformation Manager, Maternity & Early Years, TH CCG	
<b>Apologies:</b>	Peter Keirle (PK) Senior Contract Manager, NEL CSU Shefa Begum (SB) HR Business Partner, ELFT Lynn Torpey (LT) Designated Nurse for Safeguarding & LAC, THCCG	

### ACTION LOG SUMMARY

Agenda item no.	Action	Lead	Due date	Outcome	Status
1.	<b>QA visit Report</b>  To investigate the chaperone policy & whether this is required within TH CAMHS.	BW/RA	Nov 2018	<b>01.05.2018</b> – RA explained not required in all community CAMHS except eating disorders, maybe CETS.  <b>11.09.2018</b>	<b>Amber</b>

				<p>RS explained that the chaperone policy is currently being looked at to be re-written by Directorate Management Team.</p> <p><b>06.11.2018</b> – This is still ongoing.</p> <p><b>05.02.2019</b> – RS noted this is going to DMT in February and once agreed will be circulated to this group.</p> <p><b>07.05.2019</b> – Chaperone Policy is being reviewed and re-written by the Trust wide Executive Team. HDS to liaise with the Executive Board and inform the group when the revised policy would be ready for circulation.</p> <p><b>10.09.2019</b></p> <p>RS to send the revised Chaperone policy to SQ within 2 weeks, for further circulation to the wider group</p> <p><b>Ongoing</b></p>	
2.	<p><b>Service Presentation – Bipolar &amp; Psychosis Team (and ultra-high risk)</b></p> <p>CAMHS to ensure going forward that carer's assessments are completed and recorded.</p>	CAHMS	Nov 2018	<p><b>11.09.2018</b> – HDS advised that this had been reviewed – different angles. CAMHS will follow the NICE standards. This area will be re-audited.</p> <p><b>06.11.2018</b> – Audit to take place in 2019. The group agreed to bring this</p>	<b>Action closed</b>

				<p>action to May 2019 CAMHS CQRM.</p> <p><b>07.05.2019</b> – Audit of NICE guidance in progress. To be added to the September Agenda.</p>	
3.	<p><b>Service Line Presentation: CYP IAPT / Parenting Training Groups</b></p> <p>Outcomes for CYP IAPT and measures in CAMHS in general to be presented in August.</p>	DM	<p>August 2019</p> <p>November 2019</p>	<p><b>07.05.2019</b></p> <p>For September 2019 CQRM</p> <p><b>10.09.2019</b></p> <p>IAPT data with detailed narratives to be included in the papers for the November meeting.</p> <p><b>Ongoing</b></p>	Amber
4.	<p><b>AOB</b></p> <p>CAMHS to provide local data on the Crisis Service and Eating Disorder going forward.</p>	<p>BW/HDS/R S</p> <p>SQ/BW</p> <p>JY</p>	May 2019	<p><b>07.05.2019</b></p> <p>Concerns within the crisis team was noted. BW/HDS to report back at the next meeting with activities within Community CAMHS during the day (tri-borough) and out of hours. Substantive agenda item for September meeting.</p> <p>SQ/BW to review standing agenda items.</p> <p><b>10.09.2019</b></p> <p>JY to agree sharing the Eating disorder data with Laura (Team Lead) and circulate to the group. Eating Disorder will be an agenda item for the November 2019 meeting. Data</p>	Amber

				across the three CCGs to be shared. <b>Ongoing</b>	
5.	<p><b>Service Line Presentation: Conduct Disorder Alliance with YOT/PRUs</b></p> <p>LT/HJ/RS and Diana Viscusi to meet to discuss how TH colleagues can support ELFT ahead of the YOT inspection.</p>	<p>LT/HJ/RS and Diana Viscusi</p> <p>CAMHS</p>	<p>September 2019</p> <p>November 2019</p>		<b>Action closed</b>
6.	<p><b>Service Line Presentation: Conduct Disorder Alliance with YOT/PRUs</b></p> <p>RS to inform LY of pre-inspection action plans</p>	RS			<b>Action closed</b>
7.	<p><b>Service Line Presentation: Conduct Disorder Alliance with YOT/PRUs</b></p> <p>LT/BW to have a further discussion regarding ELFT representation at the Safeguarding Board Exploitation Meeting (Adult Exploitation).</p>	LT/BW			<b>Action closed</b>
8.	<p><b>TH CAMHS Quality Report – Quarter 4 Workforce</b></p> <ul style="list-style-type: none"> <li>• SB agreed to add a separate line in the report to indicate tri-borough services and the impact on Tower Hamlets.</li> <li>• SB to provide report indicating pressure points and long</li> </ul>	SB	November 2019	<p><b>10.09.2019</b></p> <p>SB to provide an update at the November meeting.</p> <p><b>Ongoing</b></p>	<b>Amber</b>

	<p>term sick leave.</p> <ul style="list-style-type: none"> <li>• SB to liaise with the Finance Team for detailed information with regards to matching groups to relevant services.</li> </ul> <p>SB to provide detailed breakdown for individual training, with arrows indicating levels of performance.</p>				
9.	<p><b>TH CAMHS Quality Report – Quarter 4</b></p> <p><b><u>Workforce</u></b> SB to provide report indicating pressure points from long term sick leave.</p>	SQ/SB/BW	November 2019	10.09.2019	Amber
				Ongoing	
10.	<p><b>TH CAMHS Quality Report – Quarter 4</b></p> <p><b><u>Workforce</u></b> SB to work with CAMHS to provide a recovery plan and trajectory for Statutory and Mandatory Training.</p>	SB/BW			Action closed
11.	<p><b>TH CAMHS Quality Report – Quarter 4</b></p> <p><b><u>CYP IAPT</u></b> BW to provide more details regarding the rationale for significant drop in completing CYP IAPT measure at assessment.</p>	BW	November 2019	10.09.2019	Amber
				JY to forward data for quarter 1 at the next meeting.	
				Ongoing	
12.	<p><b>TH CAMHS Quality Report – Quarter 4</b></p> <p><b><u>CYP IAPT</u></b> JY to provide a more detailed report on the outcomes for CYP IAPT and measures in CAMHS in general at the next meeting in September.</p>	JY	November 2019	Ongoing	Amber

13.	<p><b>TH CAMHS Quality Report – Quarter 4</b></p> <p><b><u>Closure Summary</u></b></p> <p>JY to provide narrative to indicate themes arising from those clients discharged for other reasons.</p>	JY	November 2019	Ongoing	Amber
14.	<p><b>Review of minutes and actions from previous meeting</b></p> <p>HD/SQ to approve the agenda for the next 12 months, after the system intention work.</p>	HD/SQ	TBC		Amber
15.	<p><b>Review of minutes and actions from previous meeting</b></p> <p>RS to circulate the revised Chaperone policy to the group within the next 2 weeks.</p>	RS	End of September		Amber
16.	<p><b>Review of minutes and actions from previous meeting</b></p> <p>SQ, CK and DV to identify what is required in the Crisis KPIs and feedback to CAMHS.</p>	SQ/CK/DV	November 2019		Amber
17.	<p><b>Review of minutes and actions from previous meeting</b></p> <p>CAMHS Lead/CK to agree and share full sets of KPIs for all of the investments at future ELFT CAMHS meeting. Trailblazers to be included in the KPIs</p>	CAMHS Lead/CK	November 2019		Amber
18.	<p><b>Review of minutes and actions from previous meeting</b></p>	CK	November 2019		Amber

	CK to liaise with Ronke (Local Authority) regarding collaborative work in relation to holistic health needs for young offenders in preparation for the YOT inspection.				
19.	<p><b>Review of minutes and actions from previous meeting</b></p> <p>Relevant teams to engage in the workshop (mapping holistic health needs for youth offenders) in September and feedback at the next meeting.</p>	CAMHS/ CCG/ L. Authority	November 2019		Amber
20.	<p><b>Service Line Presentation: Crisis</b></p> <ul style="list-style-type: none"> <li>• <b>Activities in the Community CAMHS in the day</b></li> <li>• <b>Tri-borough activities at night</b></li> </ul> <p>HI to circulate the draft module based on the NELFT interactive module to the group.</p>	HI	November 2019		Amber
21.	<p><b>Service Line Presentation: Crisis</b></p> <ul style="list-style-type: none"> <li>• <b>Activities in the Community CAMHS in the day</b></li> <li>• <b>Tri-borough activities at night</b></li> </ul> <p>JY to attach the Tri-borough crisis data as an appendix to the CQRM quality report for future CQRM meetings.</p>	JY	November 2019		Amber
22.	<p><b>Service Line Presentation: Crisis</b></p> <ul style="list-style-type: none"> <li>• <b>Activities in the Community CAMHS in the day</b></li> <li>• <b>Tri-borough activities at night</b></li> </ul> <p>HI to arrange a meeting between Clinic Leads, CAMHS Leads and Commissioners within the</p>	HI	End of September		Amber



	next 2 weeks to capture Systems Intention, around access target (crisis), challenging behaviour and transitions.				
23.	<b>Deep Dive into the Neurodevelopment Pathway in preparation for SEND inspection</b>  HB to report back in May 2020 with an update regarding the Neurodevelopment pathway.	May 2020			Amber

Item no.	Item name	Lead
1.	<b>Welcome and Introductions</b>	JL
JL welcomed all to the meeting and apologies noted.		
2.	<b>Declarations of Interest</b>	JL
None raised.		
3.	<b>Review of minutes and actions from previous meeting.</b>	All
<p>Minutes agreed and approved as accurate; action log updated.</p> <p>Actions update:</p> <p>Action 1: It was noted that the Chaperone Policy had been updated and signed off at the Trust level; RS to circulate the revised policy to the group within two weeks, next step is to develop the CAMHS poster that explains the Chaperone policy to users.</p> <p><b>Action: RS to circulate the revised Chaperone policy to the group within the next 2 weeks.</b></p> <p>Action 10: CK reminded the group that it was agreed to have an oversight of the CAMHS Crisis service and Eating Disorder at the ELFT CQRM CAMHS meeting. JY to agree sharing the Eating disorder data with Laura (Team Lead) and circulate to the group. It was decided to include the Eating disorder report on the agenda as a standing item, for future meetings.</p> <p><b>Action: HD/SQ to approve the agenda for the next 12 months, after the system intention work.</b></p> <p>Action 11:</p> <p>It was noted that the Trailblazers should be included in the KPIs.</p> <p><b>Action: SQ, CK and DV to identify what is required in the Crisis KPIs and feedback to CAMHS.</b></p> <p><b>Action: CAMHS Lead/Commissioners to agree and share full sets of KPIs for all of the investments at future ELFT CAMHS meeting.</b></p>		

CK highlighted the need to link in with Ronke from the Local Authority to establish the right engagement ahead of the YOT inspection.

**Action: CK to liaise with Ronke (Local Authority) regarding collaborative work in relation to holistic health needs for young offenders in preparation for the YOT inspection.**

**Action: Relevant teams to engage in the workshop (mapping holistic health needs for youth offenders) in September, and feedback at the next meeting.**

4.	<b>Service Line Presentation: Crisis</b> <ul style="list-style-type: none"> <li>• <b>Activities in the Community CAMHS in the day</b></li> <li>• <b>Tri-borough activities at night</b></li> </ul>	<b>RS/BW/ HD</b>
<p>HD reported challenges around the crisis service particularly regarding recruitment. The Trust is reviewing both the crisis model and the new models of care agenda, proposing a tri-borough service that will connect the hospital based crisis service and the community based service. The new model of care being implemented is in the early stages and there have been many lessons learnt.</p> <p>A business plan is being developed and the aim is to completely reshape the CAMHS community service to achieve better integration between the hospital crisis, duty and the community based services, to increase capacity and manage the transition process. TH said that complex interface issue needs to be resolved. He also highlighted that there are lots of request for in house support with cases of emotionally unstable young people that constantly drift into crisis and the consistency of care required for these vulnerable young people are difficult to predict.</p> <p>CK expressed her concerns in relation to the complexity of these young people, suggested forward planning for the young people, and ELFT should decide what can and cannot be provided out of the standard CAMHS offer. She expressed concern that receiving treatment from different team can add to the complexity of care and suggested that provision of care should be more holistic, going forward.</p> <p>HD stated that the key KPI for the crisis service is to keep people out of the hospital and the plan is to catch the crisis within the community. He said ELFT is looking into the NELFT interact and Bedfordshire crisis models, as good practice to learn from. Plan is to develop a be-spoke model that reaches out into the community, schools as well as hospitals.</p> <p>HI mentioned seamless pathway as the ultimate and long-term plan.</p> <p>CK referred to an email HI sent to Greg in City &amp; Hackney regarding the proposed draft model based on the NELFT interact module, which was supposed to be shared around August.</p> <p><b>Action: HI to circulate the draft model based on the NELFT interact model to the group.</b></p> <p>HI added that there is an ongoing work on a project across NEL &amp; NCL STP to save money for re-investment in the crisis service. The draft model is not a costing model and that the extended crisis is a separate model. HI noted that the draft model cost is £720k, and the crisis services is over £500k, NHSE to fund 3/4 and the CCG contributing £70,000 each. Expectation would be that the CCG would pick up costing once the current funding ends.</p> <p>JL flagged up the absence of the KPIs in the report. In response to JL, JY suggested attaching the Tri-borough data as an appendix to the CQRM quality report would address this concern.</p> <p><b>Action: JY to attach the Tri-borough crisis data as an appendix to the CQRM quality report for future CQRM meetings.</b></p> <p>CK highlighted that ELFT is leading the CAMHS new model of care across NCL and NEL STP and expressed concerns regarding the five-year response to the NHS long-term plan. She stated that this is a massive piece of work that the system is working on and STP CAMHS position is vacant. It is not clear</p>		

what is happening with this work stream. She said there are many gaps given that there is no work stream set up to look at the new model of care at the commissioning level. In essence, this would make it difficult to develop the systems intention.

CK recommended a local meeting between clinical leads, CAMHS leads and commissioners to review the new model of care.

**Action:** HI to arrange a meeting between clinical leads, CAMHS leads and commissioners within the next two weeks to capture Systems Intention, around access target (crisis), challenging behaviour and transitions.

HD placed emphasis on a collaborative working relationship to achieve a more consistent service for the benefit of TH young people in crisis.

<b>5.</b>	<b>Paediatric ADHD Shared Care Guidelines (Prescribing guidelines)</b>	<b>All</b>
<p>HD informed the group that it has been agreed that new NICE guidelines that came out in November will be incorporated in the ADHD shared care guidelines.</p> <p><b>New NICE guidelines changes</b> - Much more restrictive with initiating medication, now focusing on parent intervention training and requesting schools to provide changes in the environment and support the children in a more systematic way.</p> <p>Shared care guidelines are currently being reviewed by Kathy (Clinical Director). Revised Shared care guideline will be circulated once completed.</p>		
<b>6.</b>	<b>Deep Dive into the Neurodevelopment Pathway in preparation for SEND inspection</b>	<b>BW/HD</b>
<p>HB presented the neurodevelopmental team's (NDT) report by highlighting the achievements and challenges. Neurodevelopmental team within CAMHS service only takes moderate to severe LD and autism (for children in special schools), due to the size of the team. A large number of SEND population are referred to the two other emotional behavioural teams.</p> <p><b>Achievements</b> - Effective and consistent offer and model has been established. 167 referrals were received in the group programme between July 2018 and July 2019. Groups include social skills, challenging behaviour, post diagnosis workshop and various workshops for children, including the 16+. The groups programme is going on well. Ran a successful PBS pilot over the last 6 months.</p> <p><b>Action:</b> HB to report back in May 2020 with an update regarding the Neurodevelopment pathway.</p> <p><b>Challenges:</b> A large number of cases, 17 referrals were recorded last year, which were moderate to severe cases. Currently experiencing major recruitment issues, team has only 1.4 WTE staff working on a caseload of 79. There is a recruitment crisis nationally and as such, ELFT trains their own NDT in-house.</p> <p>The team ran a QI project around assessment that ended in December last year. The project helped reduce waiting times to 13 weeks with full capacity but the tide has turned now that the team is depleted. The team currently runs at 50% capacity. Currently, the capacity is enough to conduct only two assessments a month, as opposed to 6-8 assessments when maximum capacity was available.</p> <p>CK sought clarification on whether the 79 young people in TH, with complex challenges associated with autism will end up on the risk register, due to the staffing issues.</p>		

HB responded that these young people could end up on the risk register, as they also have moderate to severe LD as well, there are 154 SEND cases within the service. She identified gaps in addressing downstream to prevent presentation at the top end.

DV highlighted that the number that go to E&B and NDT were not stated in the report. She said it is necessary that these figures are known in preparation for the SEND inspection. She further stated that pathway assessments may be gaps that we need to address for the SEND inspection given that transforming care will be a major focus for the inspection. DV informed the group that the ASD pathway has changed a great deal while the PBS pilot was launched last week with consultations with various stakeholders in progress.

HJ stressed that physical health checks need to be addressed as well.

CK stated that the Systems Intentions need to capture ASD and PBS from a transforming care perspective. She further highlighted four key areas to focus on which are: access, crisis, behaviours and transition; and tasked HI to note these as part of the meeting he is organising with the clinical leads and commissioners.

7.	<b>Bipolar &amp; Psychosis Team (and ultra-high risk) Carers Assessment Audit against NICE guidelines</b>	<b>RS/BW/HD</b>
<p>Good result for the percentage of young people assessed for first episode of psychosis within 2 weeks.</p> <p><b>Family Intervention:</b> Tested whether in line with the quality standards, all young people with bipolar and psychosis will have a family meeting. Sessions offered are audited according to the demand of the service. The Trust is considering providing Family Intervention Training across the three boroughs for the Adolescent Mental Health teams; this will offer teams the opportunity to engage in the training process, which will be documented. Working to achieve a better method of documentation.</p> <p><b>Psychological Intervention:</b> All young people get the offer of either CBT or one session therapy. Documentation is another major issue here.</p> <p><b>Support for carers:</b> Leaflets for carers in TH have just been revised, and now being distributed. Clinical Psychologist is currently setting up peer support groups for parents/carers and young people hearing voices.</p> <p><b>Healthy Lifestyle Advice:</b> HD reported that physical health monitoring is done but not adequately recorded.</p> <p>HD said that a lot of energy is now being put into addressing the concerns around documentation.</p>		
9.	<b>TH CAMHS Quality Report – Quarter1 19/20</b>	<b>RS/BW/HDS</b>
<p><b>Safeguarding and Mandatory Training</b> - Safeguarding figures was raised as an issue at the previous meeting by LT, who requested a recovery plan. This issue is now being discussed at senior management level on a monthly basis. Staff are encouraged to sign in to the offer of training, however training offer through LSCB is limited, which is quite challenging and often gets cancelled. Improvement should be expected with the next three months.</p> <p><b>Complaints:</b> SQ made enquiries regarding the two members of staff who raised a complaint in relation to unfair recruitment practices. RS replied that two internal members of staff raised a complaint regarding the recruitment process. The process was scrutinised, and a fair practice was</p>		

concluded. However, there was an issue regrading feedback to staff post interview and progression with roles. The Trust needs to manage this better.

**10.**

**AOB**

**ALL**

CAMHS is now on twitter.

Date of next meeting: Tuesday 5 November, (10-12)

## Quality Report

Service: ELFT Community Eating Disorder Service for Children and Young People (CEDS-CYP)

Directorate: CAMHS

Date: October 2019

Period: Q1-Q2 2019/20 (1 April 2019- 20 September 2019)

### 1 Table of contents

- This report focuses on some of the achievements of the Community Eating Disorder Service for Children and Young People (CEDS-CYP) and further improvements that are planned within the service. All quality reporting requirements agreed by the CCGs and ELFT are included and can be found on the pages as detailed in the table of contents below.
- The CEDS-CYP is commissioned by Newham, City and Hackney and Tower Hamlets CCGs and operates as a single service with a hub and spoke structure. The service model is consistent across the three boroughs. This report therefore covers service activity as a whole and provides borough breakdowns only where appropriate due to differences.

	CCG Consortium quality reporting requirement	Section	Page
1	Types of treatment provided.	3	4
2	Membership of an appropriate quality improvement network as is being developed nationally by the College Centre for Quality Improvement (CCQI) commissioned by the National Collaborating Centre for Mental Health (NCCMH) and maintain involvement	4	8
3	Description of awareness raising activities for CYP and their parents and its impact	5	8
4	Description of awareness raising, education, training and information sharing activities for GPs and other professionals	5	8
5	Engagement activities with GPs	5	8
6	Outline of processes whereby CYP, parents/carers, GPs and other professionals contributed to overall Eating Disorder service planning, development and delivery and feedback from those groups on their involvement	6	10
7	One clinical and quality rated PROM and CROM The CROM is CGAS and the PROM is GBO.	7	10

## 2 Summary of Q1-Q2 2019/20

- This period has seen the CEDS team move its hub to a new location at the Emanuel Miller Centre (on 11, Gill Street) in Tower Hamlets. Very importantly the new space offers us enough clinical space to see two families in parallel on assessment mornings, a larger medical room for sensitive aspects of treatment relating to weight and physical healthcare, and improved administrative space so that the whole team can sit together in a dedicated CEDS office. We welcome any visits to see our new set-up.
- The office move has not distracted from what has been a busy and productive time in terms of clinical delivery, contributions to teaching and clinical research, and a milestone in the service – our first peer review by the Quality Network for Community CAMHS (QNCC). This visit took place in April 2019, just under three years from the time the service was first established in July 2016 and we were delighted by the external validation on what the service has achieved in this short time (page 8). Our high scores in all the clinical and governance areas evaluated demonstrate a high quality of care, and reflect the hard work and commitment of the entire CEDS staff group, in collaboration with our commissioners, managers and a well-engaged young people’s participation group (page 10).
- Once again, we have not had to admit any young people to a tier 4 psychiatric unit during this 6-month reporting period. In several instances, this required intensification of treatment to 3 sessions per week. In line with our plans to make our outreach and admission-prevention pathway more robust, we have successfully recruited a band 7 Clinical Psychologist with specific responsibilities around the development and delivery of this outreach pathway, which will also include other out-of-clinic activities such as community engagement and eating disorder awareness-raising.
- We continue to build strong connections with the UCL MSc in Eating Disorders and Clinical Nutrition and the first cohort of MSc students have completed their projects with the team. These studies have given us insight into a range of areas from prescribing trends in the service, the early intervention pathway to eating disorder symptom profiles by ethnicity. This data gives the service valuable self-knowledge in key areas and will help ensure that we develop the service based on a detailed understanding of local data. We have also made a new collaboration with City University and are providing a year-long sandwich placement to a third-year undergraduate student, who will help with outcome and research data collection.
- The main pressure point in the service is currently in terms of psychiatry time and we are in the process of working with Barts’ Health NHS Trust to ensure that the service has the needed paediatric cover.

### Publications:

#### *Poster presentations:*

Cao, Z., Cini, E., Pellegrini, D., Fragkos, K.C. (2019) The association between sexual orientation and eating disorder symptoms in adolescents: A systematic review and meta-analysis. Accepted as a poster presentation at the 17th Annual Research in East London Conference.

Shui, Y., Cini, E., Fragkos, K.C. (2019) Efficacy of group interventions for children and adolescents with eating disorders in the community: Systematic review and meta-analysis. Accepted as a poster presentation at the 17th Annual Research in East London Conference.

Leontiou, S., Cini, E., Garcia Edo, M., Fragkos, K. (2019) Prescribing trends: A 2-year survey of medication used by the East London Community Eating Disorder Service for Children and Young People.

Thavanesan, R., Cini, E., Gibson, M. (2019) Initial physical health investigations in children and adolescents referred to the East London community eating disorder service: A clinical audit. **Won Poster Prize: Clinical Impact Award at the 17th Annual Research in East London Conference.**

*International oral presentations:*

Cini, E., Gibson M. (2019) Assessment of Eating Disorders in Children and Young People. 1-day masterclass hosted by ACAMH-Malta.

*Full text publications*

Barrett, E.P., Jacobs, B., Klasen, H., Herguner, S., Hebebrand, J., Agnafors, S. Banjac, V., Bezborodovs, N., Cini, E., Hamann, C., Mercedes, M., Kostadinova, M., Kramar, Y., Maravic, V.M., McGrath, J. Molteni, S., Goretti Moron, M. Mudra, S., Nikolova, G., Pantelidou Vorkas, K., Prata, A.T., Revet, A., Joseph, J.R., Serbak, R. Tomac, A., Van den Steene, H., Xylouris, G., Zielinska, A. (2019) The child and adolescent psychiatry study of training in Europe (CAP-STATE). European Child and Adolescent Psychiatry Journal. In press.

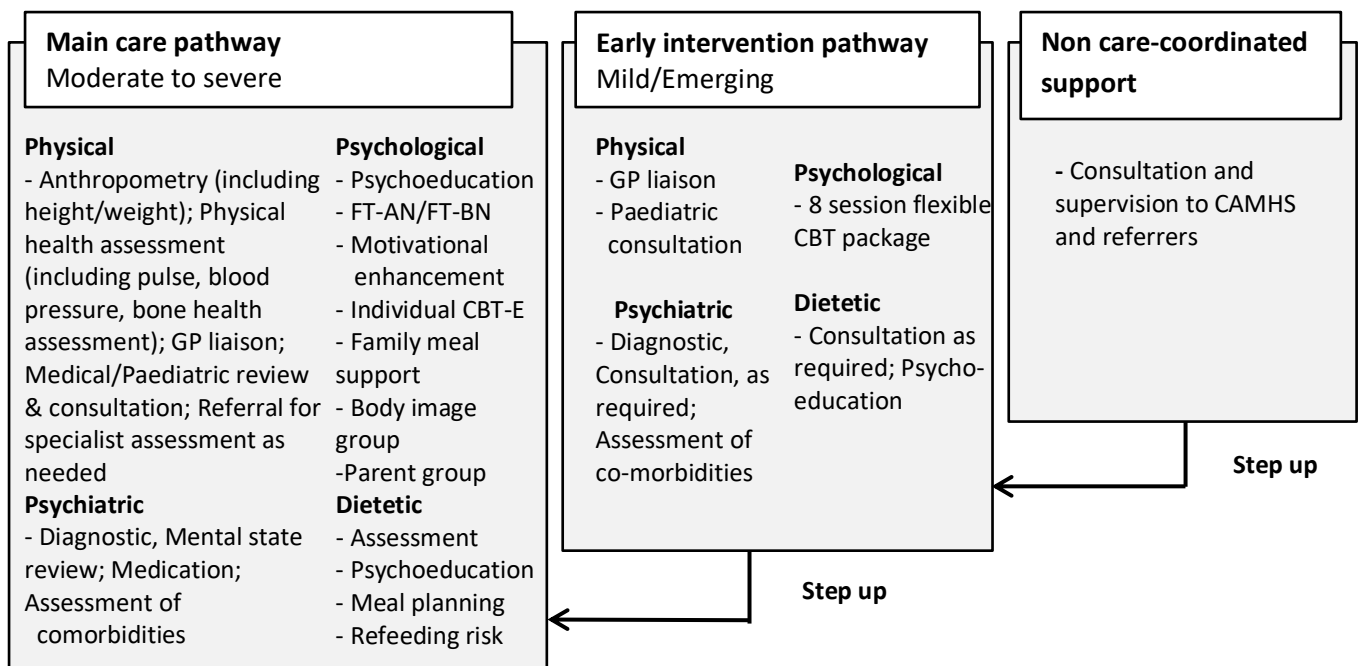
Cini, E., Peh, G., Gibson, M. (2019) Guideline for the physical health management of eating disorders in children and young people. East London NHS Foundation Trust. DOI: 10.13140/RG.2.2.27521.99367



### 3 Care pathway: Types of treatment

The CEDS tiered care pathway is shown diagrammatically below.

- Interventions offered as part of the early intervention (EI) care pathway are suitable for those with emerging or sub-threshold eating disorders and interventions offered as part of the main pathways are suitable for those with a diagnosed eating disorder.
- The early intervention pathway is a brief modular CBT-based treatment, that also allows the service to treat the sub-threshold eating disorder presentations. The EI pathway creates more capacity for treatment within the CEDS-CYP, as it is a lower intensity intervention that can be delivered by a trained band 5 assistant psychologist.
- The full care pathway is a menu of treatments covering medical, psychological, psychiatric and dietetic needs. Young people can expect to have an individualised care plan that is inclusive of all these areas.
- The frequency of treatment for those on the main care pathway can be intensified (up to x3 contacts per week) if young people are at high risk of admission. Time-limited intensive support is available includes frequent therapy appointments, medical consultation, direct meal support and dietetic input around safely reintroducing healthy eating.
- Indirect treatment to cases in CAMHS via consultation and supervision means that the CEDS-CYP can meet the needs of those where eating disorder is not the main presenting problem.
- Step-up is possible between care pathways and regular MDT case discussions provide a forum for these clinical decisions to be made.



#### 3.1 Care pathway updates

##### 3.1.1 Improved pathways for physical health investigation

- The Junior MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) expert working group continues to meet on a 6-monthly basis to establish integrated high-quality physical care in eating disorders across GP practices, paediatric/adult medical settings and the CEDS team. In the

most recent meeting in April 2019 the agenda included pathways for CEDS to be able to directly order and review investigations in Hackney, reviewing of training needs in the 3 paediatric hospitals, and ensuring that post-discharge protocols between the wards and the CEDS team are established.



### 3.1.2 Audit of physical health management of children and young people referred to CEDS

- The guideline for the physical health management of eating disorders in children and young people was finalised following the Junior MARSIPAN meeting on 05/04/2019 and subsequently approved by the ELFT governance board.
- The guidelines around initial physical health investigations, including blood tests, ECGs, DEXA scans and pelvic ultrasounds, and local protocols around processes for ensuring these are completed were audited in August 2019 by Raghavi Thavanesan, medical student, supervised by CEDS dietitian and consultant psychiatrist. The audit has produced multiple recommendations for improvements to local protocols, which will be presented at the next Junior MARSIPAN meeting on 15/11/2019.
- The audit was presented as a poster at 17th annual Health Research in East London conference on 02/10/2019 and won the Clinical Impact Award.

### 3.1.3 Practical dietetic support

- Young people who are further on in their eating disorder recovery often struggle with returning to the full range of 'normal' eating – often citing social eating situations, eating treat foods, and choosing or preparing their own food as particular challenges.
- In response to this need, CEDS is now offering 1:1 practical dietetic sessions for young people meeting criteria for this input, meaning that they can practice skills outside the clinic, in their everyday environment, and work towards their personal goal.
- Early feedback has been very positive, for example: "I was able to do things I never thought I'd do" and "my favourite and most helpful session ever!" We therefore continue to work hard to engage young people in this work, which has the potential to have a lasting impact on their functioning and recovery.

### 3.1.4 Ongoing development of the therapy groups programme

The evidence base for groups in the community treatment of eating disorder is limited. However, there is more evidence for a parent-skills group and some evidence for a body image group and therefore as a service we have focused on these.

#### *Parent skills group:*

- Following a pilot in January 2019, CEDS ran the parent skills group for eating disorder for a second time between April and June 2019.

- Unfortunately, similar to the first delivery of the programme, we noted problems with attendance, and many parents who expressed interest did not manage to attend the sessions, so overall numbers were low.
- This has led to a decision to conduct additional service evaluation on the barriers to accessibility with regards to local need. We are aware that although the parent skills programme has been used in other CEDS-CYP services with good effect. We are also aware that our local client/family demographics are distinct and could therefore be impacting on this difference in uptake.
- We decided to tackle this issue by attempting to co-adapt the current programme with local families and with a cultural advocate, in the hope that we can find a model that better fits the local need and is culturally sensitive. So far, a number of parents have agreed to phone calls during which we will conduct semi-structured interviews around barriers to accessing the parent-group and the specific skills that our local families would find beneficial.



*Young people body image group*

- Over the summer holidays we opted to trial modifying our 6-week body image group into a 2-day workshop format in order for this to be appealing to young people.
- The CEDS dietitian and assistant psychologist developed combined key areas and activities from the 6-week body image group into this new short-format as well as adding a ‘normal eating’ component and an ‘eating together’ opportunity.
- This meant that as well as benefitting from all the components of the previous body image group, the young people shared a picnic lunch by the river Thames as part of the first day, and on their second day they ate together at a local café as a chance to practice social eating.
- A total of 8 young people attended with good retention from day one to day two of the workshop. Outcome questionnaires were taken before/after the group and at 7-week follow-up, and two young people also attended a 7 week focus group to share their reflections on the group. This data is due to be evaluated to understand impact, and help inform next steps in the group delivery.

**3.1.5 Maintaining standards of therapy delivery**

- The team has a strong focus on CPD in order to remain up to date with the literature and developments in our field.
- The team termly CPD mornings are now well-established, and are an excellent opportunity for the team to share knowledge. We were delighted to be joined by 5 colleagues from CAMHS and 6 students studying for an MSc in Eating Disorders and Clinical Nutrition at UCL for a very interesting discussion session on 4 current topics:

1	<i>Applying Emotion-Focussed Therapy to Work with the Anorexic Voice within Anorexia Nervosa - A brief intervention</i>	<i>Rebecca Hibbs</i>
2	<i>DBT: Feedback and Evidence-Base in Eating Disorders</i>	<i>Rena Jobanputra</i>
3	<i>Feedback from Early Intervention Conference (Maudsley)</i>	<i>Mariona Garcia Edo</i>

4	<i>A collation of articles on an Overview of ED in children &amp; adolescents, Family Treatment in ARFID, ED in children &amp; Nursing Strategies in Eating Disorders</i>	<i>Michelle Gibson, Dario Pellegrini &amp; Caroline Piers</i>
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## 4 QNCC-ED membership

- We retain our membership of the Royal College of Psychiatrists' Quality Network for Community CAMHS, Eating Disorder section (QNCC-ED), which aims to raise standards of care in CAMHS, and use their standards to guide our service-delivery.
- The service had its first QNCC peer review on 25<sup>th</sup> April 2019, when we were visited by a reviewer from the QNCC accompanied by 3 reviewers from CEDS-CYP services around the country. All the team were involved in speaking with the visitors, as well as some of young service users, parents and our Newham commissioner.
- It was a positive day of discussions and sharing of good practice across teams. The summary scores shown below indicate that the service is performing to a very good standard against the QNCC standards, and we look forward to taking forward ideas and action points in order to achieve accreditation from the QNCC in the next review cycle.
- The full report has been shared with commissioners and stakeholders and is available on request.

Section	2018
Referral and access	96%
Assessment and care planning	97%
Care and intervention	95%
Information, consent and confidentiality	90%
Rights and safeguarding	100%
Transfer of care	91%
Multi-agency working	83%
Staffing and training	94%
Location, Environment and Facilities	88%
Commissioning	100%

## 5 Awareness-raising, education, training and information sharing

### 5.1 Teaching to hospital-based staff

- CEDS have continued to train paediatric nurses in our local hospitals. We led three training sessions at Newham University Hospital and a further three sessions at Homerton University Hospital during July and August 2019.
- Feedback forms revealed nurses' overall impression of the workshop was: very good (25 nurses), good (12 nurses) or fair (1 nurse). The workshop increased their understanding and confidence in supporting eating disorders patients on the ward very much (20 nurses), much (14 nurses) or somewhat (2 nurses).
- Participants told us:  
Positive feedback:  
*"The training gave me a very good awareness of eating disorders and how to spot the signs"*  
*"I found the whole session very useful to my practice"*  
*"I now feel confident to look after patient's admitted for medical issues around eating disorders"*

As well as suggesting some improvements:

*"Make sessions more regular"*

*"More time to be allocated as discussions can be lengthy"*

- CEDS also provided a training to paediatric dietitians working across Tower Hamlets and Newham on 15/7/19, entitled “Eating Disorders Pathways in East London”. Again, this is part of our vision to work with and upskill all professionals who are likely to have contact with young people with eating disorders, to ensure continued earlier recognition and treatment, which will lead to a decrease in the overall health burden of these conditions in the area we serve.

## 5.2 Newham Show

- CEDS joined up with Newham CAMHS to run a stall in the Health and Wellbeing tent at the ‘Newham Show’. The annual event takes place in Central Park in East Ham over two days, 13-14 July, and attracts over 25,000 local people.
- This was a fun event as well as an excellent opportunity to promote the service to a wide audience, which is a key part of our vision for improving access. We gave out handy wallet-sized cards containing service information, as well as more detailed information about eating disorder care to members of the Newham community.



## 5.3 Teaching to CAMHS colleagues

- Various members of the CEDS team have been involved in offering training to help our colleagues in generic CAMHS to maintain knowledge of eating disorders as well as to promote positive working between the CEDS team and the generic CAMHS teams across the three boroughs. These sessions occur annually, to ensure we help our colleagues in generic CAMHS to maintain their knowledge of eating disorders to help promote detection and early recognition to ensure that the young person and their families are directed to CEDS for the appropriate management. The most recent session took place in Hackney CAMHS on 18/9/19.

## 5.4 Mental health awareness week

- This year, mental health awareness week 2019 had a theme of Body Image which is highly relevant to our work in CEDS
- We teamed up with Newham CCG to produce a media release under the slogan “Seek help if your body image is causing you stress, professionals urge!” – providing key information about what to look out for and where to go for help.



## 6 Update on participation activities

The participation group continues to meet on a half-termly basis and has a lively and engaged membership. The young people have been involved with the three main projects, described below:

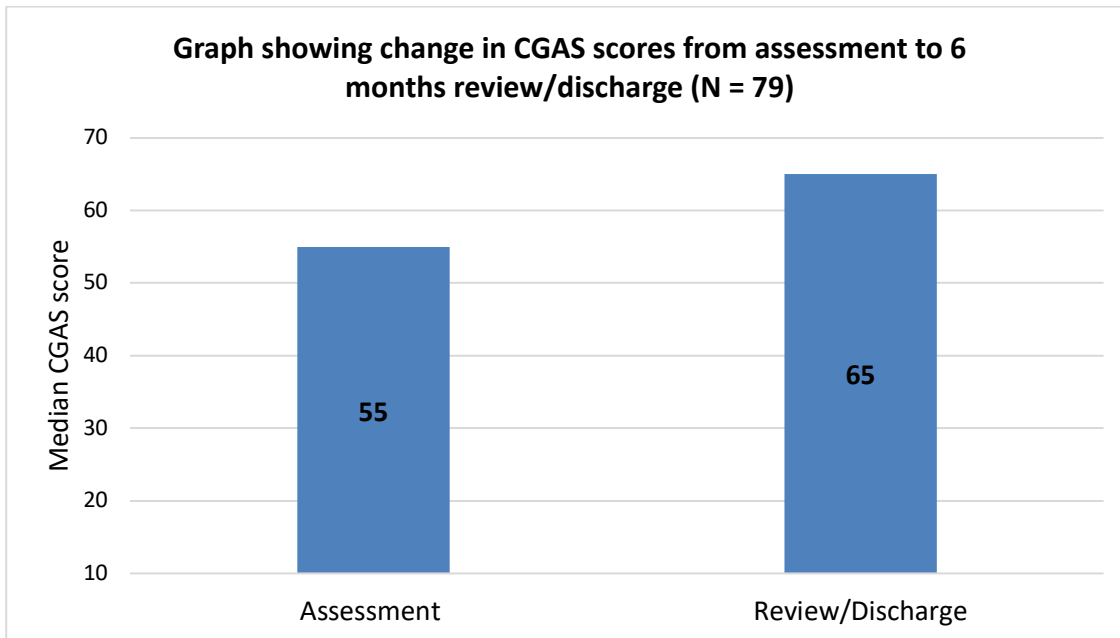
1. Development of a PSHE lesson: This is the young people's choice of what matters most to them, Following on from their video campaign with Fixers (reported previously) the young people want to work to create a PSHE lesson plan about eating disorders for secondary schools, in order to continue to spread a preventative message. To kick-start this project, we have made links with Beat, the leading UK eating disorder charity, to discuss options for the young people to have their message included in schools and to help with the dissemination of this piece of work in schools.
2. Involvement in training sessions for school nurses: We explored involving interested young people in delivering training for school nurses. The young people showed the Fixers video and were a helpful voice to answer any questions from a service user's perspective, which provided a valuable new dimension to the training, but needs to be balanced with the young people's educational commitments for planning future sessions.
3. Review of the CEDS website: We will be working with our participation group on an ongoing basis to make improvements to the CEDS website (<https://www.elft.nhs.uk/service/335/CAMHS-Community-Eating-Disorder-Service>). This time the young people made amendments to the description of the main eating disorders treated in the service, as well as sharing a link to the Fixers video that they helped to create.

## 7 Outcome data and experience of service

### 7.1 Patient and clinician reported outcome measures

#### 7.1.1 Children's Global Assessment Scale (CGAS)

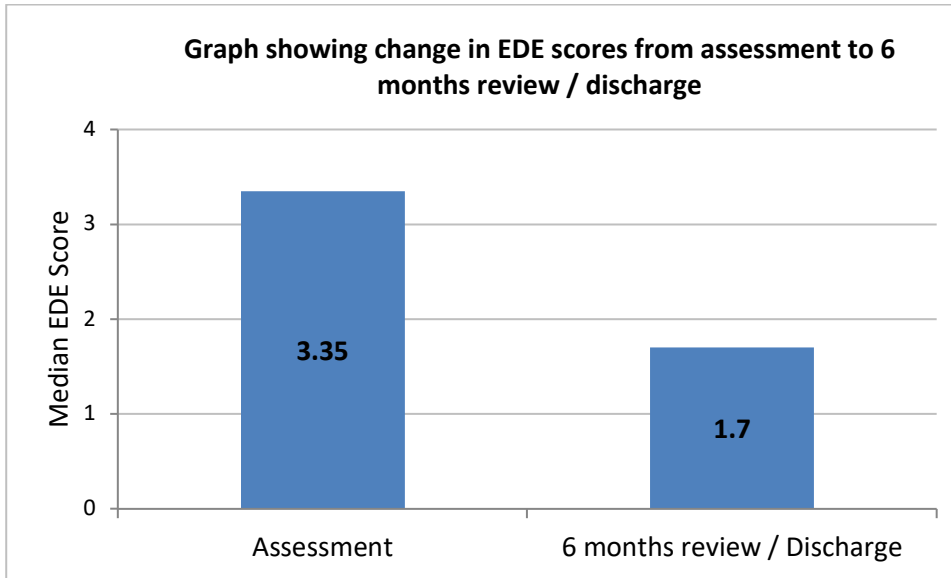
- We continuously aim to strengthen the internal processes to improve outcome measurement. As a result, we have increased our number of paired CGAS outcomes measures from N=22 to N=79 in comparison to the previous reporting period.
- The Children's Global Assessment Scale (CGAS), adapted from the Global Assessment Scale for Adults, is a clinical rating of functioning aimed at children and young people aged 6-17 years old. The child or young person is given a single score between 1 to 100, based on a clinician's assessment of a range of aspects related to a child's psychological and social functioning. The score will put them in one of ten categories that range from 'extremely impaired' (1-10) to 'doing very well' (91-100). For example, a score within the range of 40-31 would indicate major impairment in several areas and unable to function in one area, i.e. disturbed at home, at school, with peers or in the society at large.
- In the reporting period, there were 79 paired cases that had a clinician-rated CGAS at both assessment and at 6-month review or at discharge; more specifically, there were 34 paired cases with CGAS scores at assessment and review, and 45 paired outcomes with scores at assessment and discharge. The average CGAS at assessment was 53 (SD = 10.6), at review was 62.5 (SD = 10.7) and at discharge was 65.4 (SD = 13). This shows that on average, there was 9.5 points improvement in CGAS scores collected at a review, and 12.4 points improvement in CGAS scores collected at discharge.



### 7.1.2 Eating Disorder Examination Questionnaire (EDE-A/EDE-Q)

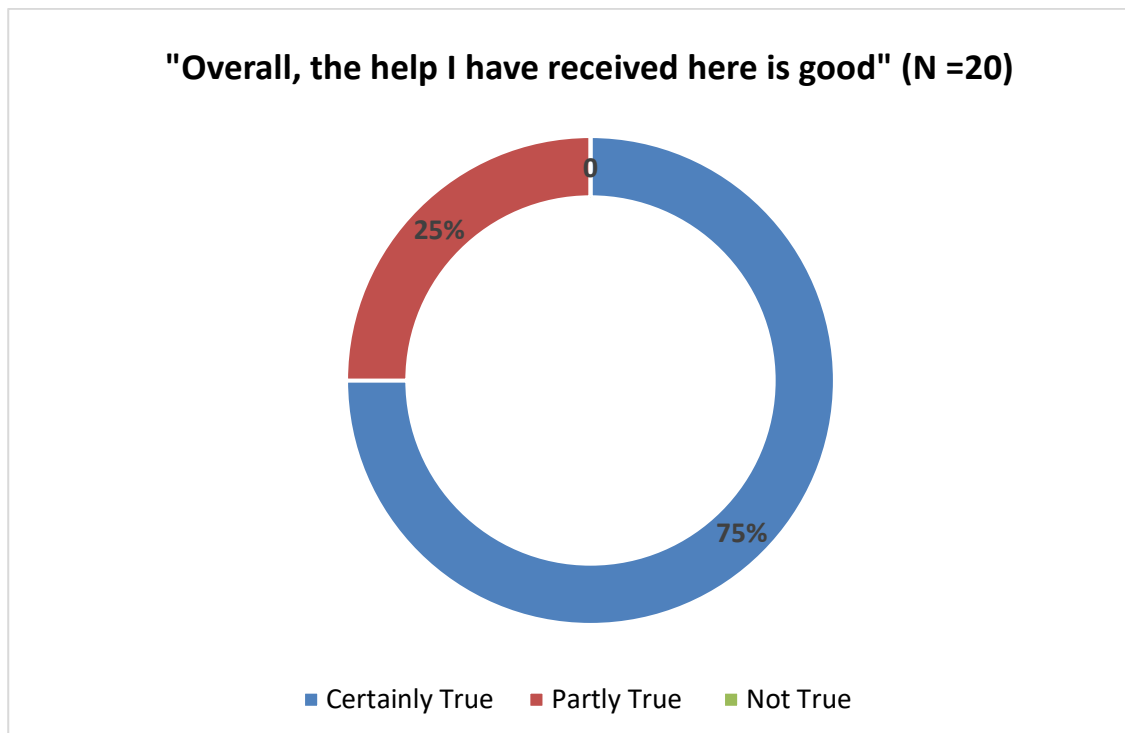
- The EDE-Q is a 28 item self-report questionnaire developed to assess the range and severity of eating disorder characteristics in those over 16 years of age. The EDE-A is a 36 item self-report questionnaire, adapted from the EDE-Q, which is used by young people aged 14-16 years old. Both the EDE-Q and EDE-A have four subscales: restraint, eating concern, weight concern and shape concern. The combined mean of these subscales creates a global score within a range of 0 to 6, with higher numbers indicating the presence of more severe difficulties.
- In the reporting period (Q1 and Q2 2019-2020), we obtained data from 45 paired EDE questionnaires. For this group of young people, we collected their baseline scores at assessment point and again at 6 months review/discharge. This is an increase from previous reporting quarters (from 33 paired questionnaires in Q3 and Q4 2018-2019) and reflects the efforts put in place to ensure we capture and collect outcome measures for our young people, both at assessment and at 6 months review or at discharge.
- When comparing EDE scores at assessment to 6 months review/discharge, 39 of the young people (86.7%) show an improvement in EDE scores (lower EDE scores at discharge compared to initial scores at assessment).
- More specifically, the median score at assessment was 3.35 (Mean = 3.18, SD = 1.68) and at 6 months review/discharge was (Mean = 2.11, SD = 1.76); this indicates an improvement in the measured eating disorder symptomology. This is detailed graphically below:





## 7.2 Service user Experience of Service Questionnaire (ESQ) feedback

- At review and discharge, young people and their families are invited to complete an 'Experience of Service Questionnaire (ESQ) to rate their satisfaction of the service and provide feedback of any positive experiences and any areas for improvement.
- In the reporting period, there were 20 young people and their parents/carers who completed the ESQ at the time of 6 months' review or at discharge. Of these respondents, **100%** showed satisfaction with the care received from our service ("Overall, the help I have received here is good").



### What was really good about your care?

Of 18 responses to this question, there were certain themes that emerged:

- The service users felt that they were **listened to** and **were taken seriously**:
  - *"She listened to the problems I had and gave multiple solutions"*

- *“I was taken seriously and people listened to what I had to say”*
  - *“They listened and treated me seriously and gave me good advice”*
  - *“I had someone to speak to who listened to me”*
  - *“My concerns were always listened to, and taken into consideration.”*
- Young people also mentioned that they **felt safe** and **comfortable** when receiving support from our service:
    - *“I felt like I could trust the people that I saw and I felt safe talking about my feelings”*
    - *“I received a lot of help and felt very comfortable”*
- The young people commented on the **positive qualities and skills of the clinicians** that treated them:
    - *“The kindest staff. I didn’t meet a single person who wasn’t considerate or understanding and I felt like I could tell them anything.”*
    - *“They helped me to understand what was going on in my mind and asked me what I needed”*
    - *“I had to overcome a lot of anxieties and open up and be vulnerable, and was pushed to do so (in a good way) which was useful. Pragmatic and careful help”*
    - *I had a lovely person to care for me who always used great methods on how to help me”*
    - *“My therapist acted like she really cared and tried to help me with everything she could”*
    - *“The staff were always friendly towards me and my family members”*

### **Was there anything you didn’t like or anything that needs improving?**

Of the 9/20 responses for this question, the only consistent theme that emerged was around physical space. Young people commented on how the **space provided** is **too busy** and **not private enough**:

- *“Finding rooms, or waiting room too busy, not enough space”*
- *“I don’t like how open and public the waiting room is”*

As we work across three different sites, one of which (Tower Hamlets) has recently moved we will need to wait for more feedback to breakdown whether there are any specific locations where we need to attend to young people and families’ experience of the environment.

# **Audit - GP letters and Rag-rating Information**

## **2<sup>nd</sup> cycle**

**April 2019**

**Tower Hamlets CAMHS, East London Foundation Trust**

Amany Awadalla – TH CAMHS

### **Abstract / Summary**

This audit is the 2<sup>nd</sup> cycle to complete the audit circle. The purpose of the first cycle was to establish the frequency of contact between CAMHS and GP's and to establish if this is in line with the trust paperwork standards. A secondary aim was to establish the proportion of the randomly selected cases which were rag-rated green, amber and red and to establish if these cases had been discussed in accordance with trust policy.

The recommendation from the first cycle was to:

- Create a letter template that the Admin team can use to send GP's following the first appointment. This template would include the date of the first appointment attended, the name of the allocated care-co-ordinator of the child/ young person, any relevant risk information, a brief care-plan and the date of the next appointment.
- Create a document which will be circulated among line managers, which will encourage them to prompt clinician's to send assessment letters within 8 weeks, during their supervision sessions.

- To set up a training day for line managers where this process will be further explained and consolidated.

The aim of the 2<sup>nd</sup> cycle is to establish whether there is an improvement in the results compared to the first cycle.

### **Aims and Objectives**

The key objectives of this audit can be divided into two distinct categories (GP letters and Rag-rating Information);

#### **GP letters**

- To establish the proportion of open cases which have had a GP letter sent within 2 weeks of the first appointment.
  - To establish the proportion of open cases of which the GP letter sent to the GP following assessment contained information pertaining to medication.
- To establish the proportion of cases have had a GP letter sent within the last 6 months.
  - To establish the proportion of these letters which contain information pertaining to medication.

#### **Rag rating information**

- To establish the proportion of open cases for which there is a rag rating noted on RIO.
- To establish the frequency of cases which have been discussed in accordance with their rag rating in accordance with trust policy.

### **Method and Sample**

The sample was randomly selected from a sample of 562 cases opened between January and September 2018. This time period was used in order to allow for cases to be open for a long enough period of time to examine the frequency of GP letters sent within the last 6 months. 30 cases were randomly selected from the larger sample using simple random sampling. The sampling strategy was generated through the use of a sampling website (<https://www.random.org/lists/>) which generated 30 random numbers (see table 1). Data was anonymised to protect patient confidentiality.

Trust policy dictates that all open cases must have a rag-rating recorded on RIO. This rag rating in turn dictates how often the case should be discussed (see table 1).

Table 1. Trust policy – Discussion of cases according to rag-rating.

Rag-Rating	To be discussed
Green	Every 6 months at either MDT or Supervision
Amber	Every 3 months at MDT
Red	Weekly at MDT

Table 2. Sampling strategy. Numbers generated to create sample (n).

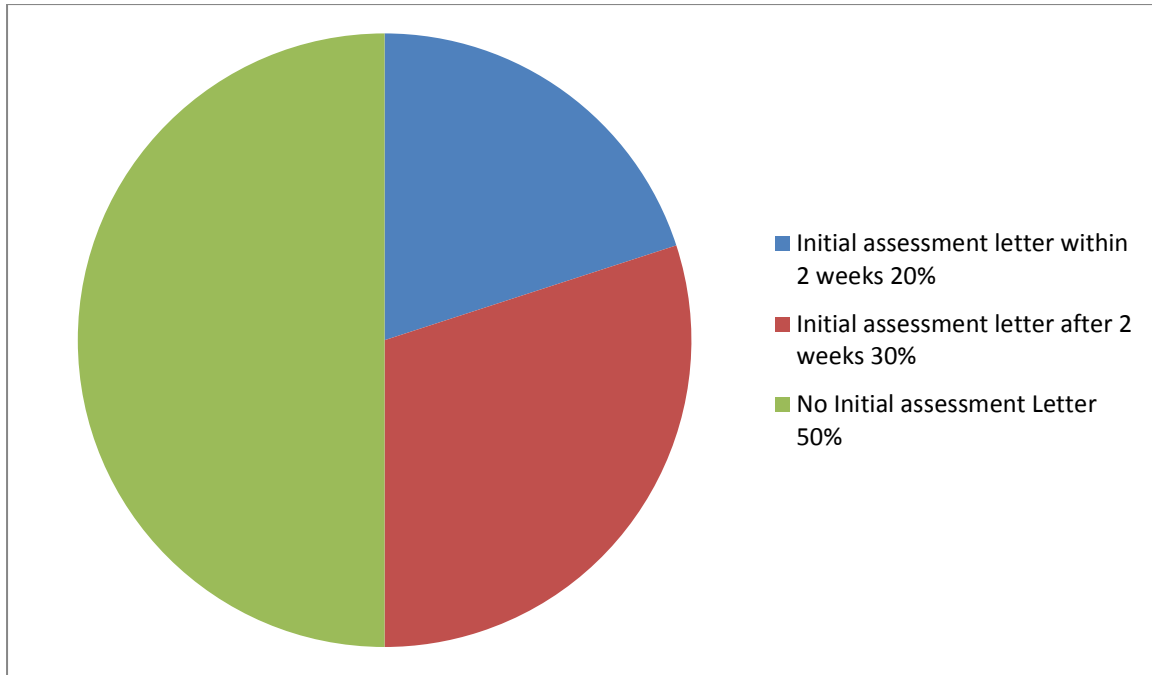
127	72	180	135	15	170
208	182	55	3	178	247
149	151	198	53	236	229
176	190	59	75	69	203
66	108	65	74	200	95

## Results

### Initial assessment letters

- 15 (50 %) of all cases in the sample had an initial assessment letter sent [ **compared to 19 cases (63.33%) in the first cycle**].
- 6 (20 %) of all cases had a letter sent within 2 weeks, [**compared to only 2 (6.66%) in the first cycle**].
- The range of time between first appointment and letter sent to the GP was between 0 days and 161 days.
- Of all initial GP letters, only 1 letter contained information relating to medication.

Figure 1: Initial Assessment Letter's sent to GP's.



#### Follow-up letters to GP

- 7 cases (23.3%) were found to have had a letter sent to the GP within the last 6 months, **[compared to 9 cases (30%) in the first cycle]**.
- Of these 7 cases, 2 (28.5%) of cases letters mentioned medication, **[compared to 6 (66.7%) in the first cycle]**.

Table 3: Summary of results – GP letters

Criteria	1 <sup>st</sup> cycle	2 <sup>nd</sup> cycle
% of all open cases which have had an assessment letter sent to the GP.	19 (63.3%)	15 (50%)
% of open cases which have had a GP letter sent within 2 weeks of the first appointment.	2 (6.7%)	6 (20%)
% of initial assessment letters which mentioned medication.	5 (16.7%)	1 (3.33%)
% of cases have had a GP letter sent within the last 6 months	9 (30%)	7 (23.3%)
% of letters in the last 6 months which contain information about medication.	6 (20%)	2 (28.5%)

#### Rag-rating information

- 10 cases (33.3%) of the sample rag-rating information recorded on RiO, [**compared to 30 cases (100%) in the first cycle**] .
- 8 (80%) of these cases had a green rag rating recorded, [**compared to 29 (96.7%) in the first cycle**].
- 2 of these cases (20 %) was rag-rated Amber.
- 20 cases (66.6%) didn't have rag-rating recorded on RiO.
- 10 (100%) of cases were discussed in accordance with their rag-rating, as laid out in trust policy.

Figure 3: Proportion of Rag-ratings according to category.

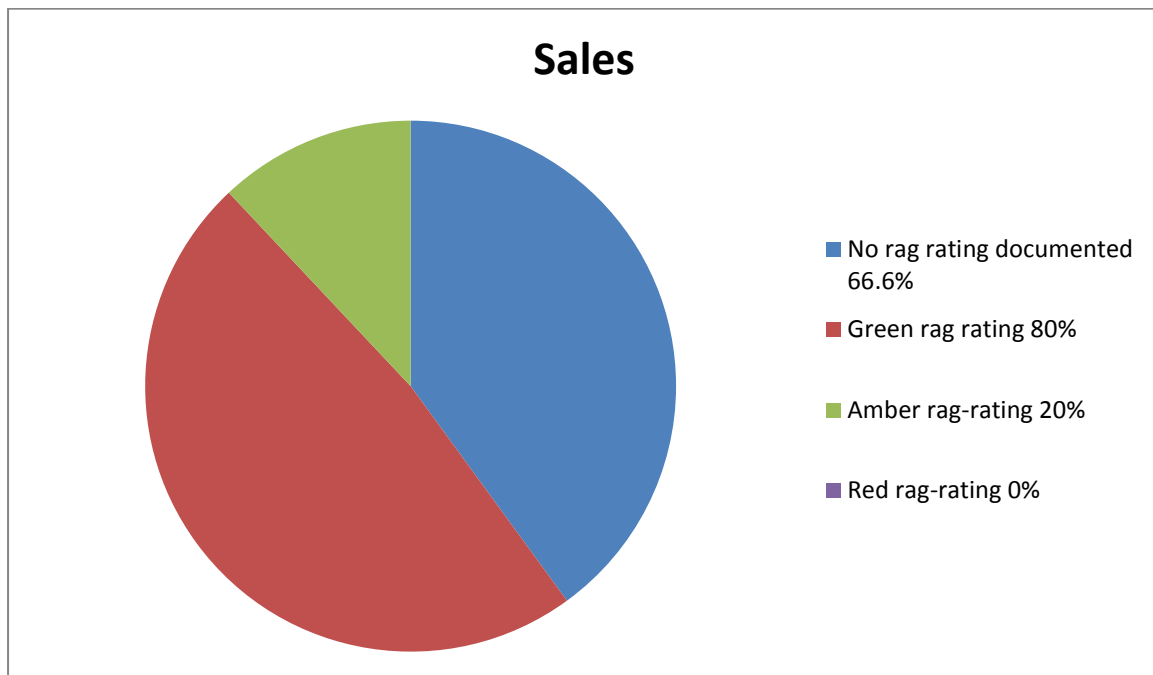


Table 4: Summary of Rag-rating information

Criteria	1 <sup>st</sup> cycle	2 <sup>nd</sup> cycle
% of cases with a rag rating noted on RIO	30 (100%)	10 (33.3%)
% of cases with Green rag-rating	29 (96.7%)	8 (80%)
% of cases with Amber rag-rating	0 (0.0%)	2 (20 %)
% of cases with red rag-rating	1 (3.3%)	0 (0%)
% of cases discussed at MDT in accordance with rag-rating.	16 (53.3%)	10 (100%)

### 1<sup>st</sup> cycle Action Plan

#### GP letters

- To create a letter template that the Admin team can use to send GP's following the first appointment. This template would include the date of the first appointment attended, the name of the allocated care-co-ordinator of the child/ young person, any relevant risk information, a brief care-plan and the date of the next appointment.
- To create a document which will be circulated among line managers, which will encourage them to prompt clinician's to send assessment letters within 8 weeks, during their supervision sessions.
- To set up a training day for line managers where this process will be further explained and consolidated.

### 2<sup>nd</sup> cycle action plan

#### GP letters

- More consistent use of letter templates with admin support
- To scrutinise paper work standards as a regular line management task, using RIO reporting services
- To provide refresher training to the whole staff group re paperwork standards
- To re-audit in 2020



RAG rating

- To use RAG rating more consistently
- RAG rating implemented at Triage stage
- Create a Triage check list
- Continue with RAG rating reviews (red and amber) in MDTs
- To re-audit in 2020

Tower Hamlets  
CAMHS  
CQRM Report  
Q2  
5<sup>th</sup> November 2019



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## TH CAMHS Quality Report for CQRM

### QI Projects

#### **Project Title**

**Tower Hamlets ADHD: Improving access to specialist assessment and reducing overall waiting time from initial referral to specialist assessment**

#### **Aim**

To reduce average waiting time from first appointment in CAMHS to ADHD feedback appointment to 20 weeks by October 2019.

#### **Project Update and Background**

Current staffing of ADHD pathway in Tower Hamlets

<i>Name</i>	<i>Job Title</i>	<i>Grade</i>	<i>Sessions/week</i>
Justin Wakefield	Consultant Child and Adolescent Psychiatrist	Consultant psychiatrist	2-3
Richard Simmonds	Clinical Nurse Specialist, Nurse Prescriber and Psychological Therapies Lead		1
Core and Specialty Psychiatry Trainees	Psychiatrists in Training	CT1-3 ST4-6	Not currently providing significant time

Due to difficulties with psychiatrists in training being less than full time trainees and a high workload for trainees on duty, the availability for ADHD work as been low. As can be seen below, the majority of ADHD new assessment and new medication initiation activity is carried out by Consultant Psychiatrists.

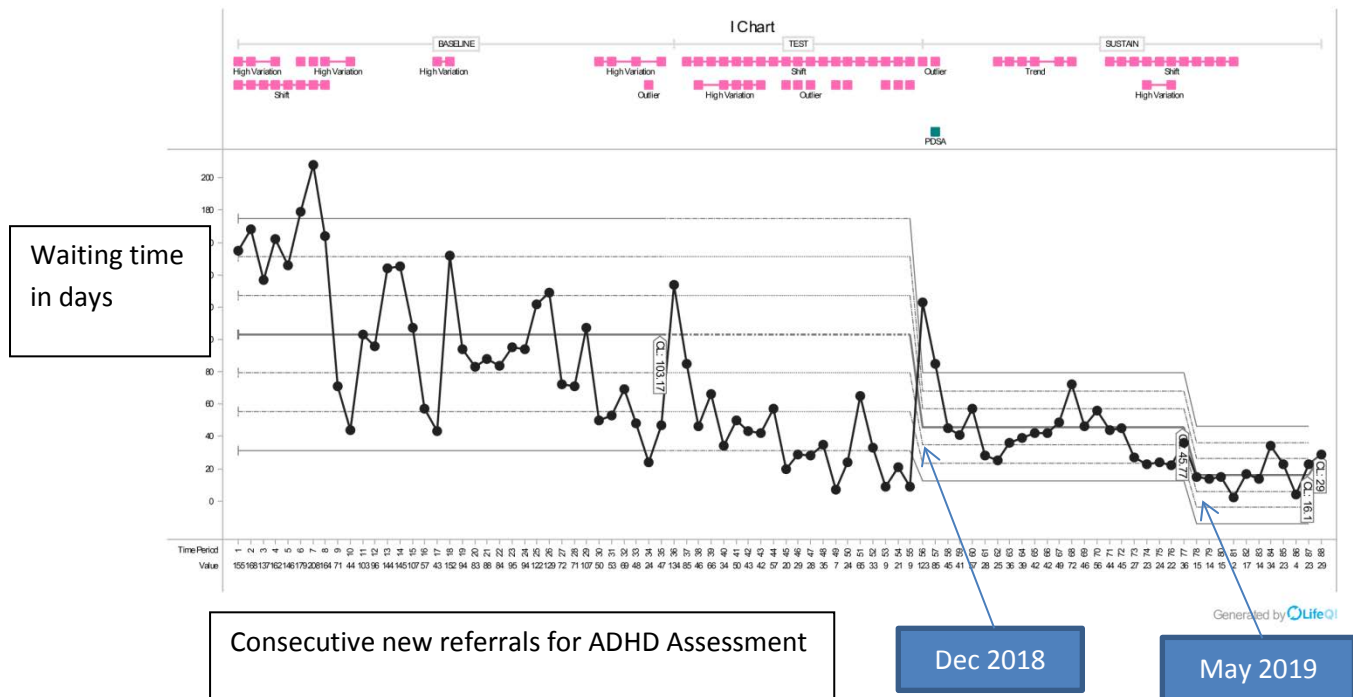
#### **Referral rates and activity (2019)**

	ADHD Referrals	Number	Justin Wakefield	Richard Simmons	Trainees
<b>2019</b>	<b>Referrals for assessment</b>	<b>12</b>	<b>10</b>	<b>1</b>	<b>1</b>
<b>Jan, Feb, March</b>	<b>Referrals for medication</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>2019</b>	<b>Referrals for assessment</b>	<b>14</b>	<b>14</b>	<b>0</b>	<b>0</b>
<b>April, May June</b>	<b>Referrals for medication</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>July, Aug,</b>	<b>Referrals for assessment</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>
	<b>Referrals for medication</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTALS</b>		<b>37</b>	<b>34</b>	<b>2</b>	<b>1</b>

## REVIEW OF IMPACT OF MAIN CHANGES

### **CHANGE 1: Dedicated Consultant time for ADHD assessments and treatment**

This continues to show sustained improvement in the waiting time from referral for specialist ADHD assessment to assessment appointment.



There has been continued and sustained reduction in the waiting time for an ADHD assessment once a specialist referral is made. Current median waiting time is 16 calendar days.

### Risks

A high proportion of work is limited to one person. Annual leave, sickness, having to respond to clinical emergencies in open cases, covering junior doctor duty vacancies can have a high impact on waiting times for ADHD. These account for the fluctuations seen currently.

The maximum capacity of consultant time for new assessments has been reached. If the rate of referrals for ADHD assessments increases (which is an aim), we will no longer be able to meet this demand.

### Mitigating risks – current plans

Current pathways for ADHD involve all young people retaining a care coordinator until they are stable enough to only require six monthly reviews.

#### Mitigating risks – possibilities for future

Increasing capacity for new assessments

- Trainee doctors are not a sufficient and reliable resource for managing this capacity
- Possibility of training further non-medical staff to an appropriate level to conduct ADHD assessments with consultant supervision

#### **CHANGE 2: Improvements to processes for gathering supplemental information**

1. Introduced briefer structured symptom assessment forms that can be emailed to schools and families
2. Triage team sending out requests for supplemental information to schools to support an ADHD assessment process

**Rationale for changes:** Deep dive assessment of waiting times found that significant delays were introduced by schools taking a long time to complete and return the information required to progress with an ADHD assessment.

#### **Results (See I chart on following page)**

Total time taken in days from first appointment to referral to ADHD assessment for consecutive referrals.

This figure represents how long it takes for young people to complete a generic assessment, and collate appropriate information to support a specialist assessment for ADHD.

All referrals are included in this data which also represents young people for whom ADHD was not a primary presenting features or for whom other therapeutic interventions have been tried first.

#### Summary

Time taken is highly variable, which reflects the heterogeneous population who ultimately are referred for an ADHD assessment.

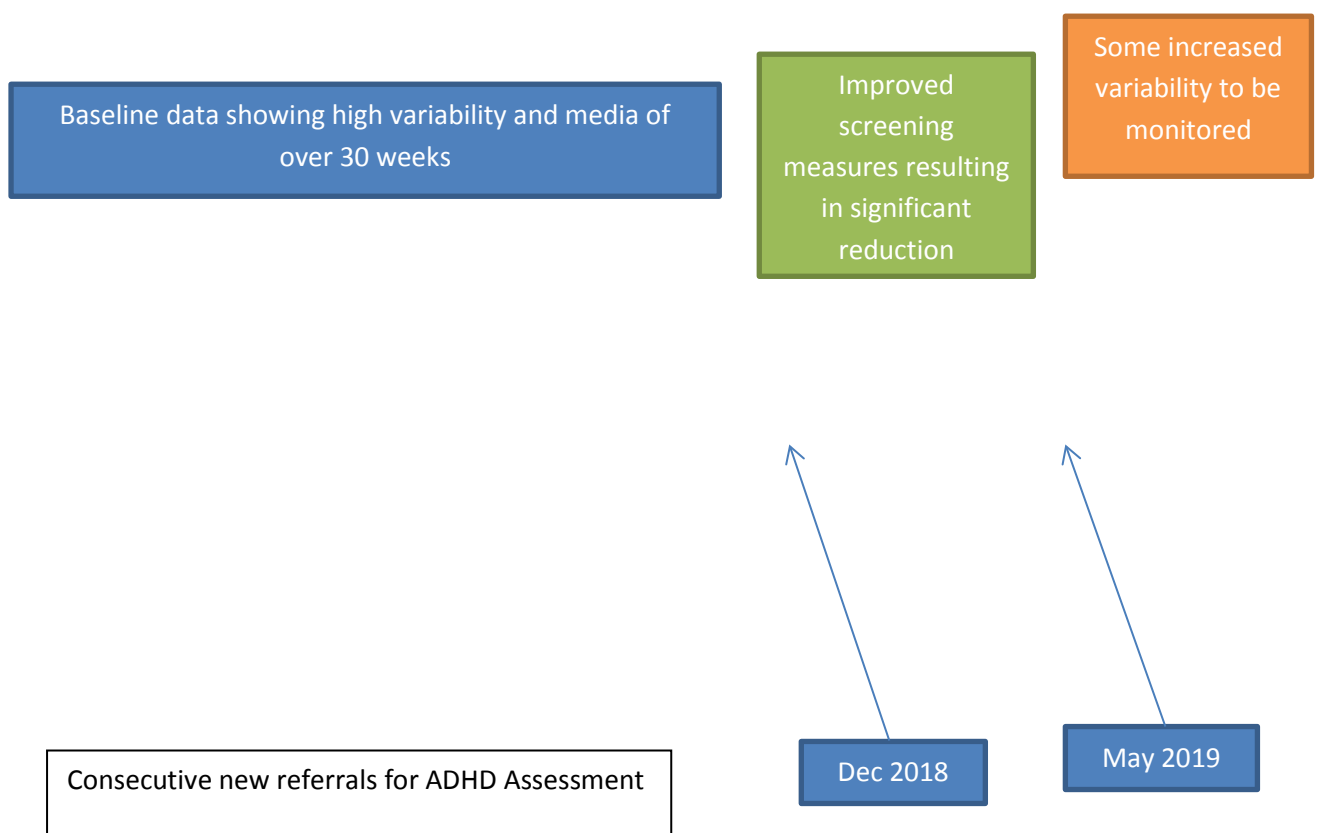
- Prior to implementing the above changes, overall time taken had a median of over 30 weeks
- Implementation resulted in a median time of approx. 21 weeks
- Since May this year, there has been increased variability in overall time taken. Analysis of these cases identifies them as very complex cases in which ADHD was not a primary presenting feature and there are significant co-morbidities.

### Plans for future

ADHD is commonly associated with significant co-morbidities and frequently co-exists with attachment related difficulties.

1. We plan further psychoeducation sessions to the team to support referral for ADHD assessment alongside other therapeutic interventions/assessments
2. Work with our front door team to flag referrals with possible ADHD and review progress towards ADHD referral at 8 weeks.

#### Time between first assessment appointment and referral for specialist ADHD assessment (days)



**QI project in planning: Improving new starters' experience in Tower Hamlets CAMHS**

## Brief Overview of Exceptions per Service Line

Statutory and Mandatory training compliance rate continues to show an upward trend to 83.6%

Primary care liaison lead identified. Dr Rebecca Adams was appointed PCL lead and will work closely with Dr Helen Jones.

4WW pilot started with Project Manager Raquel Williams in post, with Steering group and Task & Finish groups established.

CQC preparedness – monthly priority setting will be embedded as an ongoing feature of service preparedness.

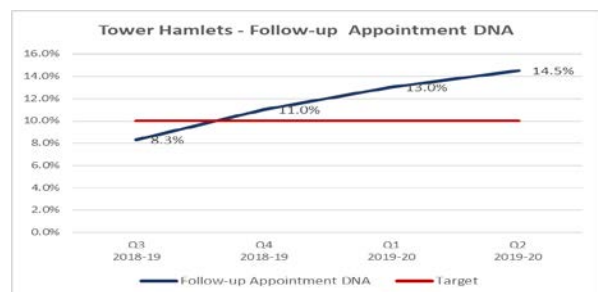
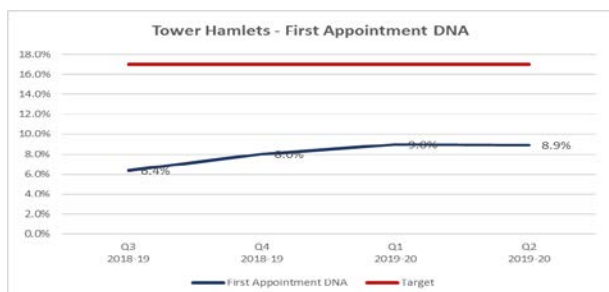
Dr Helen Bruce is leaving the service in December 2019 after many years leading on the NDT pathway in TH CAMHS.

Positive recent meeting with commissioners to outline increased investment to the service accompanied by innovation and changes to practice.

## Waiting Time & DNA Rates

### DNA rates

	Target	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
First Appointment DNA	17.0%	6.4%	8.0%	9.0%	8.9%
Follow-up Appointment DNA	10.0%	8.3%	11.0%	13.0%	14.5%



## Second appointment DNA Recovery Plan September 2019

### 1. Introduction



Form February 2019, Tower Hamlets CAMHS has not met the CCG second appointment target.

Follow-up appointments	Target	Report Frequency	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Clients offered apts who DNA'd	10%	Monthly	11.7%	12.2%	13.4%	13.3%	13.4%	14.4%	13.4%

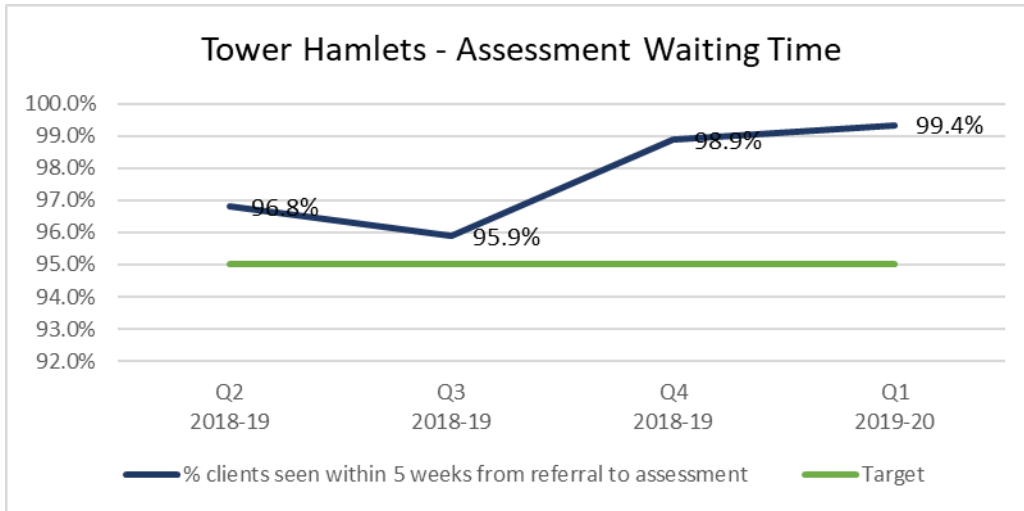
A steady increase in referral numbers with the consequent attention on the 'front door/triage' offer along with capacity pressures, may go some way to explain this.

This plan seeks to arrest the downward trajectory.

## 2. Recovery plan

Remedy	Lead	Review	RAG	Comments
Senior management team to better understand issues in order to generate SMART action plan – incorporated below	HP/RS	26/09/19		SMT oversight
Clarify activity recording options/process with performance team	HP/JY	26/09/19		SMT oversight
Increase recording of daily clinic activity	HP/RS	27/11/19		SMT oversight & Monthly Performance Meeting (local)
Seek advice from the participation group to better engage CYP&F's	BW/NM	06/11/19		
Performance team presentation to whole service meeting	RS/HP	10/10/19		
Learning from second appointment DNA audit (FY1)	HP/PMY	23/10/19		SMT oversight
Improve/increase the sending of text reminders...including increased admin support	RS/NJ	23/10/19		SMT oversight
Message about the cost of missed appointments	HP/NJ	23/10/19		SMT oversight

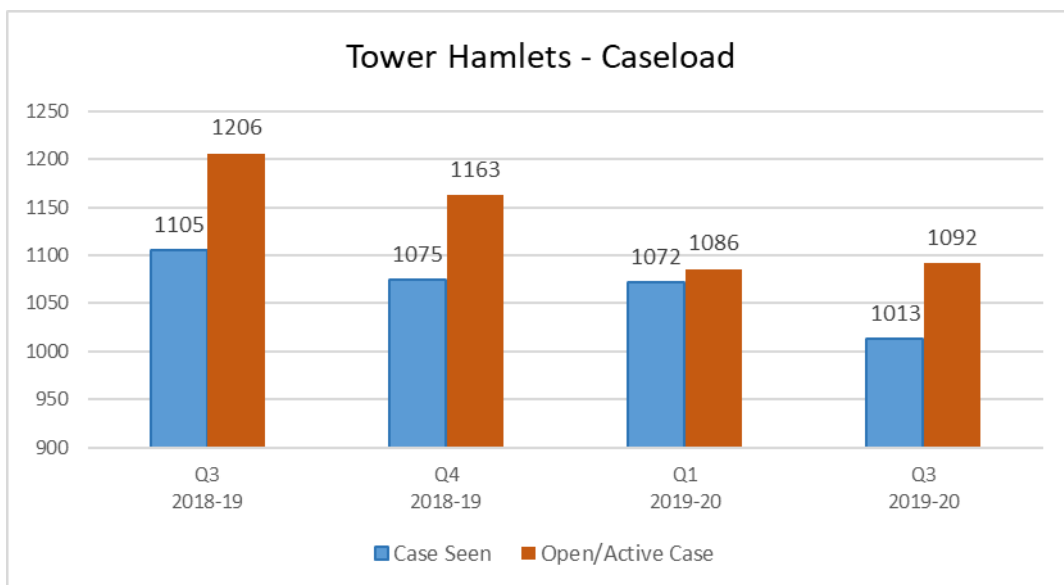
**Waiting time**



	Target	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
% clients seen within 5 weeks from referral to assessment	95.0%	96.8%	95.9%	98.9%	99.4%

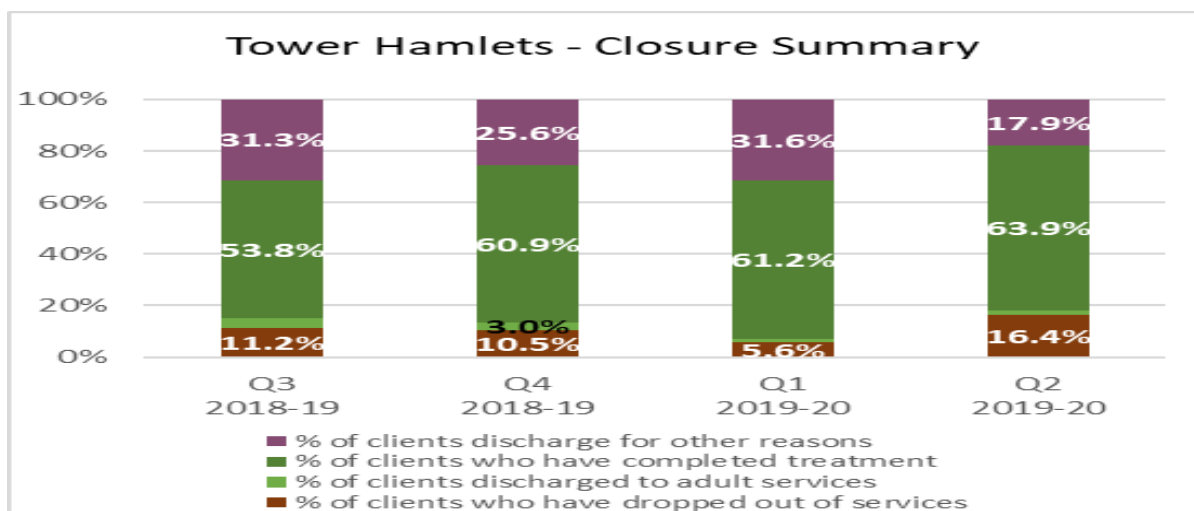
**Caseload Summary**

	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
Case Seen	1105	1075	1072	1013
Open/Active Case	1206	1163	1086	1090



## Closure Summary

	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20
Total number of cases closed	323	371	317	396
% of clients discharged to adult services	3.7%	3.0%	1.6%	1.8%
% of clients who have dropped out of services	11.2%	10.5%	5.6%	16.4%
% of clients who have completed treatment	53.8%	60.9%	61.2%	63.9%
% of clients discharge for other reasons	31.3%	25.6%	31.6%	17.9%



Group	RIO Discharge Reason	Jul	Aug	Sep	Q2 Total
Completed treatment	Achieved Outcome	69	64	46	179
Completed treatment	Discharged - Step Down (Tier 2/Community CAMHS)	2	4	2	8
Discharged to adults	Transferred to Adult Services - External provider	2		1	3
Discharged to adults	Transferred to Adult Services - Internal provider	1		3	4
Dropped out	Discharged against professional advice	1	3		4
Dropped out	PATIENT non-attendance	18	20	23	61
Others	Discharge after screening/triage/consultation	35	19	12	66
Others	Discharged back to referrer	9	17	7	33
Others	Discharged to General Practice (GP)	12	11	2	25
Others	PATIENT moved out of the area	2	4	2	8
Others	Transferred Care to Another Provider	1	2	2	5
	<b>Grand Total</b>	<b>152</b>	<b>144</b>	<b>100</b>	<b>396</b>

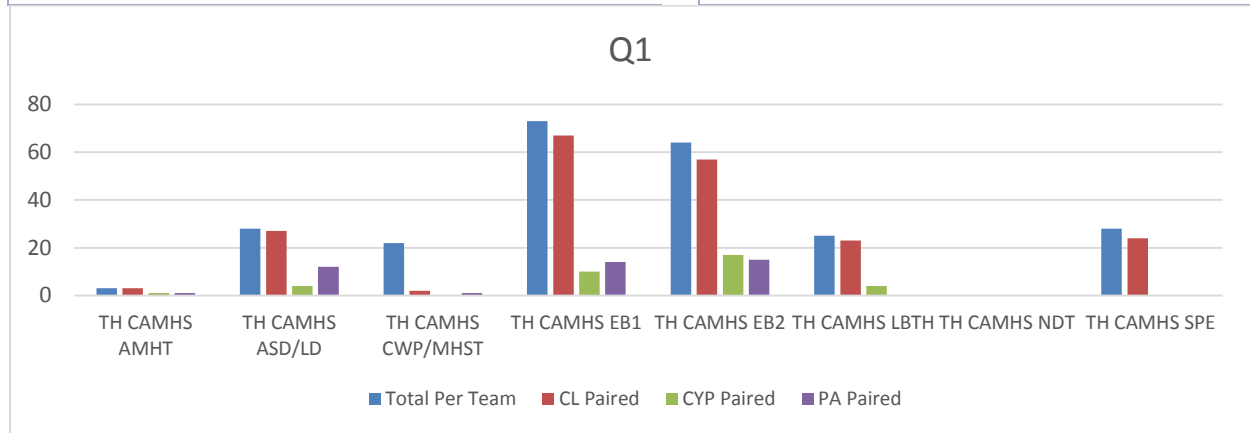
## National CAMHS Outcome Metrics

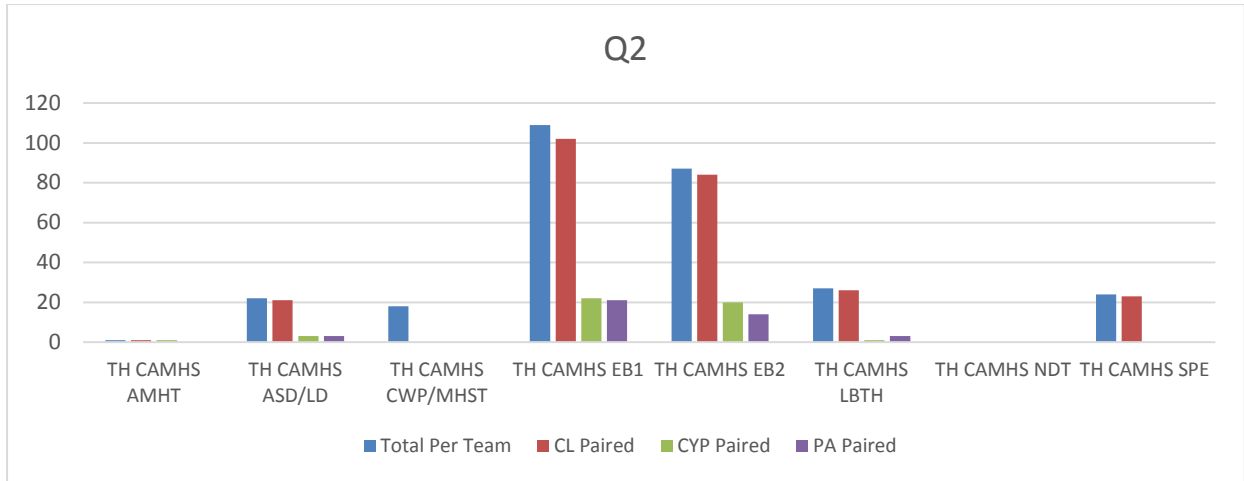
### Paired Outcome

Of all CYP discharged after treatment, with at least two contacts, how many paired Outcome following treatment.

Q1 Discharge with 2 or more face to face contact	Total Per Team	CL Paired	CYP Paired	PA Paired
TH CAMHS AMHT	3	3	1	1
TH CAMHS ASD/LD	28	27	4	12
TH CAMHS CWP/MHST	22	2	0	1
TH CAMHS EB1	73	67	10	14
TH CAMHS EB2	64	57	17	15
TH CAMHS LBTH	25	23	4	0
TH CAMHS NDT	0	0	0	0
TH CAMHS SPE	28	24	0	0
<b>Total</b>	<b>243</b>	<b>203</b>	<b>36</b>	<b>43</b>

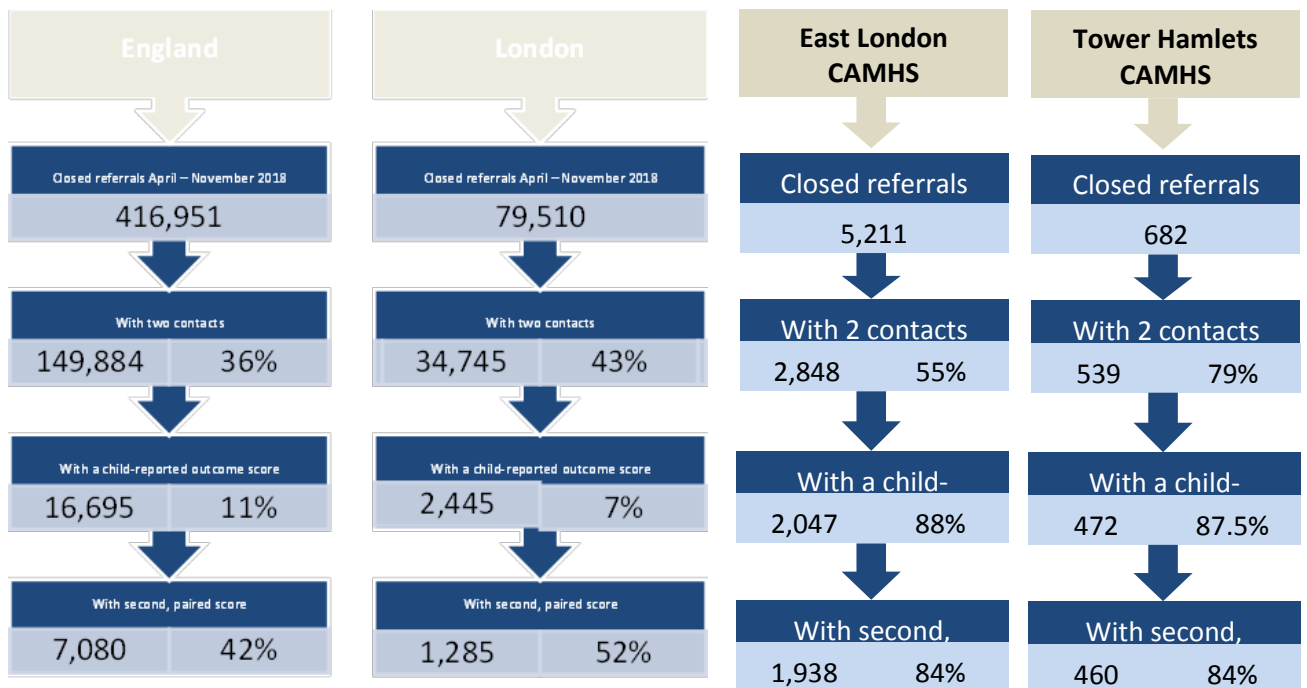
Q2 Discharge with 2 or more face to face contact	Total Per Team	CL Paired	CYP Paired	PA Paired
TH CAMHS AMHT	1	1	1	0
TH CAMHS ASD/LD	22	21	3	3
TH CAMHS CWP/MHST	18	0	0	0
TH CAMHS EB1	109	102	22	21
TH CAMHS EB2	87	84	20	14
TH CAMHS LBTH	27	26	1	3
TH CAMHS NDT	0	0	0	0
TH CAMHS SPE	24	23	0	0
<b>Total</b>	<b>288</b>	<b>257</b>	<b>47</b>	<b>41</b>





### Completeness of Paired Outcomes (Child report):

T1 (Outcome data collected at assessment) paired with T2 (latest data collected at review/closure) to measure.



## Access Rate Summary

### 1. General Quality Reporting - Treatment Waiting Times (CYP Access Rate)

The national access rate standard is the total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period

CCG Objective	2016-17	2017-18	2018-19	2019-20	2020-21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS funded community MH service.	28%	30%	32%	34%	35%

#### A) Current Contribution

Organisation	Operating plan prevalence rate	2018 – 19 Actual		2019-20	
		CCG	ELFT	CCG Target	ELFT actual at end of Q2
Tower Hamlets CCG	4551	2310 (32%)	1543 (34%)	1547	1132

#### B) Access indicators break down by month

Prevalence Rate	CCG Target (2019-20) 34%		Apr	May	Jun	Q1 Total	Jul	Aug	Sep	Q2 Total	YTD
			4551	1547	ELFT Contribution	272	265	167	704	220	101
		Monthly %	6%	6%	4%	15%	5%	2%	2%	9%	24.9%

## Compliance with NICE Guidance

We are working consistently within NICE and evidence-based practice.

PTSD NICE guidelines (December 2018) audit due to be completed by beginning of December 2019.

Paperwork standards audit (GP letters, risk assessment, RAG) due in January 2020.

## Safety Report

### Incidents

<b>Q1 Incident by sub-type</b>	<b>Number</b>
Access/admission - delay or failure to access care	1
Child at risk is a Service User	1
Child victim is a Service User	4
Failure in referral process	1
Failure of assessment process	1
Non-clinical IT system or connectivity failure - causing harm, near miss or risk	1
Other	9
Patient records / information	2
Telecommunications failure	1
Unsafe / inappropriate clinical environment	3
<b>Total</b>	<b>24</b>

### Serious Incident - 48 Hour Report

Incident Type: Care & Treatment – Delay in MHA assessment and inpatient admission

Incident Date: 18 July 2019

#### *Chronology of contact with ELFT services during the last 3 months:*

First referral to TH CAMHS with similar presentation in Dec 2018. Case was closed on the 29th March 2019 after brief intervention for seemingly trauma related difficulties leading to clinical improvement.

Re-referral by school via A&E at RLH on 1st July due to bizarre behaviour, abnormal perceptions and episodically aggressive behaviour towards peers. Assessed under the MHA and informally admitted to Brookside (inpatient). At arrival on the 3rd July family declined admission and agreed on treatment in the community.

First follow-up in TH community CAMHS on 5th July with subsequent appointments by community crisis nurse/psychiatrist on 9th, 12 and 18th July.

#### *Events leading to incident report:*

Young person deteriorating in mental state, exhibiting possible psychotic symptoms such as hearing command, auditory hallucinations telling him to hurt other people and himself. Biting and isolating himself as well as superficially self-harming in order to resist voices. Parent of young person does not present to have insight into young person's current mental state.

When seen by consultant psychiatrist on the 18th July first recommendation for Section 2 made with referral for further planning of assessment under the MHA by AMHP Bow and Poplar CMHT.

Subsequently delay in MHA due to unavailability of AMHP as well as communication errors and delayed provision of warrant (25th July). On 24/07/2019 - AMHP 3 unable to obtain warrant with correct address due to courts being too busy.

Meanwhile Sect 2 recommendation expired on the 24th July.

The young person's mental health and risks have been monitored assertively since the 18th July by our community crisis nurse/psychiatrist (23th, 24th, 26th July).

Renewed first recommendation for Sect 2 on the 26th July with assessment under the MHA on the 30th July at the YP's home. Presenting with symptoms suggestive of first episode psychosis - bizarre and unpredictable behaviour, auditory and visual hallucinations, thought disorder, labile mood.

Admission to Coborn Centre on the 30th July under Sect 2 for further assessment.

*Gaps or problems in care and / or service delivery identified by review:*

Delayed response by TH AMHP including provision of police warrant - initiation of assessment under the MHA on 18th July but only carried out on the 30th July.

Impact on service delivery: delayed admission to the Coborn Centre with increasing duration of untreated illness.

*Actions required to manage the incident:*

Review of AMHP service in TH including communication between services.

## Safeguarding

Safeguarding reports are being provided quarterly by the Trust's Safeguarding department to the CCG. Data is collated on the Trust's Children Safeguarding Dashboard.

Safeguarding Supervision compliance:

L3 Safeguarding Training compliance: 71.9%

L1/L2 Safeguarding training: 100%/93.3%

DBS compliance:

Number of allegations against staff and action taken: N/A

Referrals to social care:

FGM reported cases:

DoLS completed: N/A

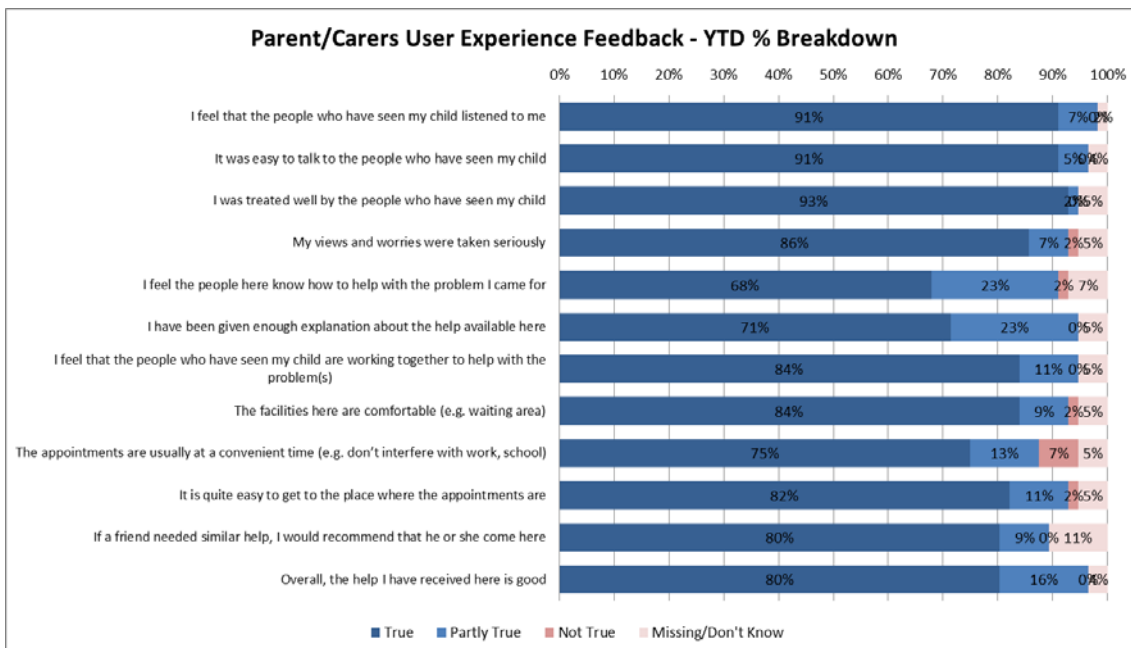
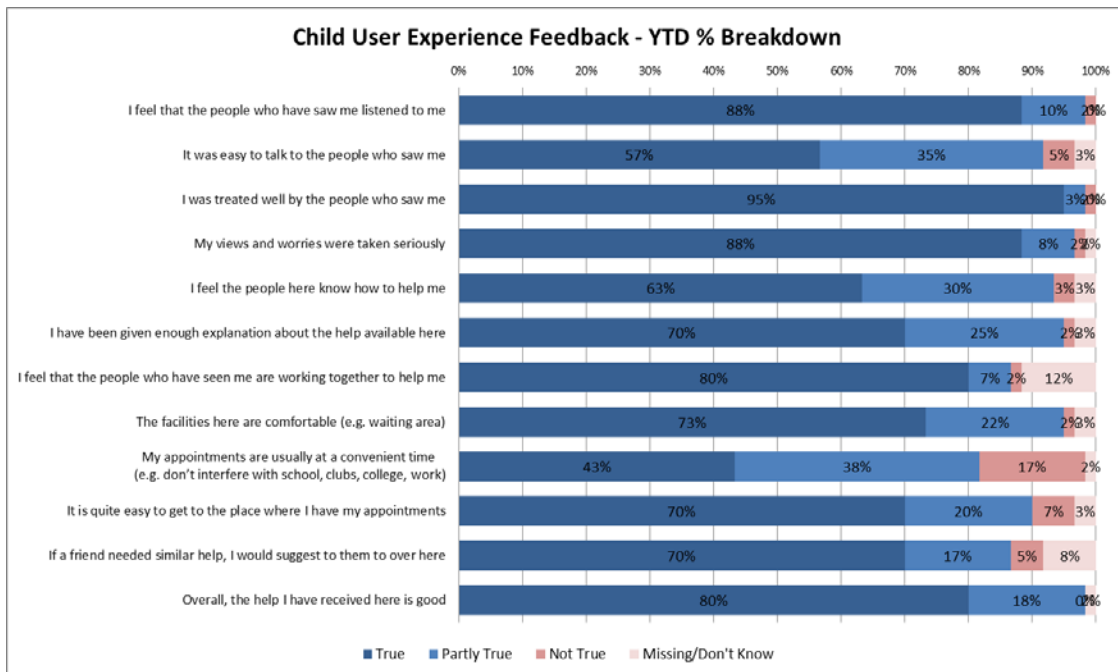
LeDeR reviews: N/A

Update on SCR:



## Patient Experience

Q2 ESQ feedback with FFT for young people and parents/carers.



## People participation report October 2019

TH CAMHS offer two People Participation groups a month, one for young people and one for parents and carers. Participation has a number of different functions, but a key aim is to ensure that we are being responsive to service user feedback.

### Parent Participation

- This month the parent group was joined by Chiara and Cheryl Rehal (Head of Children's Integrated Commissioning). Key areas of feedback from parents at the last meeting was;
  - "Who holds school's accountable?" Parents provided the example of CAMHS making recommendations to school re: supporting children with ADHD, and what happens when the school do not feel that they have the resources/capacity to implement these recommendations
  - Advertising the Local Offer. How do we as a service map all the local community groups, forums, SEND and MH support available to families in the borough and how can we support families in accessing these services? We discussed whether we could do a mapping exercise within our of our participation groups. I also plan to give this feedback during the 4 week wait planning meetings and how we might
- Parents who have had a recent experience of being referred to CAMHS agreed that the process has felt more timely and responsive. Despite this, the parents described some more negative experiences. This includes;
  - Parents told us that they felt clinicians do not always copy parents into clinical letters to GPs, including for those CYP below 16y
  - Parents reported that they have been experiencing issues in attempting to make a self-referral, as reception reportedly refused to put a call through to Duty
- We further discussed focusing on recruitment to the groups.
  - I have completed an updated leaflet for the young people's group, have put this up in reception and circulated to clinicians. We also hope for this to be up in our reception slides when we get them working!
  - I plan to do the same for the parent group this month
  - The parents would like the Parent Participation group added to the Local Offer website

### Young People's participation

- As well as updating the leaflet, we asked young people what they would like CAMHS workers to tell CYP's about the groups. This has been circulated to the team and added to the leaflet.
- We have been developing the next issue of the CAMHS newsletter which is a "Mental Health" special; to be circulated soon.

- Next month we will be joined by Alan Strachan to think about how we can include service users more in QI projects. We will also be joined by an artist who will be working with the young people to design the new CAMHS mural.

## Compliments

We have been coming to CAMHS for quite some time and we started to see improvement in my son's care and support when K joined. She is amazing with understanding my son.

---

They did not yell or pressure me. They were really soft spoken, Friendly and nice. I really appreciate the care and kindness of the people I see.

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Ms GC's approach was professional, understanding, she tried to explore. My child's difficulties with the view of finding the best strategies. There was some change for the better, but we need to work more at this. Ms G does her best, she even arranged ECG forms twice as the first form got lost at the post. I would like to thank her very much!

Very grateful to everyone involved in our families support. Ms G, receptionist, the admin and Eating disorder team.

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They understood me and helped me in many different ways for me to feel better.

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Range of advice and how to keep my child calm. Really felt the need of suggestions I was benefitted.

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To be able to talk on the phone. It has been really helpful someone talking to him in school and giving advice.

I feel she understand what my son is going through.

Parenting course was very useful. Appointments always kept and on time.

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## Complaints

### 1. Letter of complainant (mother of young person) to ELFT Management Team re management of the assessment process of her son

I am writing to you as per our telephone conversation today,

My Complaint is about a Clinician whom is based at the Emmanuel Miller Center, and I strongly wish to complain about him, and his collaboration with a Social worker based at LBTH.

In February 2019, a Social worker became involved with my son and was conducting home visits every two weeks at my home, During which it had been agreed that rather than my son, speaking with the in house schools counsellor named Hannah, from A Space counselling, the Social Worker would herself directly arrange to escort my son to attend with her, and start sessions with Dr A Clinician based at the Emmanuel Miller Center.

I was not ever given the opportunity to meet with Dr A Clinician, as the Social Worker – A.B. had insisted that is was better that way' nor did I ever attend the centre with my son, as the Social Worker had insisted that she would be happy to walk with my son to the centre, of which I had some ambivalence to, but again the Social Worker insisted it was in the best interests of my son that the arrangement was between herself and my son, ? I would like to make a formal Complaint against Dr A Clinician, I did not give permission for my son to be seen alone with the clinician.

On one particular session when my son was due to attend an appointment, the Social Worker, had not made it clear to my son whether the appointment with Dr A, would be held at the school Bishop Challoner at 02:00pm, or whether my son would attend the Emmanuel Miller Center, so I called Dr A.

On the day of the appointment this was the first time I had ever spoken with him, I informed him that my son was running late due to not wanting to attend as my son kept insisting he had lost the appointment card given to him previously and did not still know where this appointment would take place,

I did not expect in turn, however, that on my son arriving for his appointment, and speaking briefly to Dr A, that Dr A then alleges I had been laying on the floor twisting and turning and screaming, that my son was going to call me an ambulance' ? Why was information was not double checked ? I would not ever owning a Springer Spaniel dog, be able to do what had been described to Dr A,

The fact is Dr A Clinician, did not double check the information, nor did he offer to clarify the information directly or indirectly is of a great concern, Instead he fed back inaccurate

information about me, who he has never met before to A. B's in the Children Services at the local authority,

This inaccurate information, created to cause alarm was then used by the Children Services to gather momentum in starting pre proceedings against me. By way of the removal of my son from my care.

The matter is now subjective to the Family Court, and should I need to, I will be instructing my legal team to call upon Dr A, in order for him to be more transparent in the events that unfolded that day.

It is clear that he fed back inaccurate information to allow the Children Services the ammunition to act against me. This has caused a great deal of alarm clearly Dr A, did not do his job properly, and was only acting like a spy for A.B. passing information back to her, no actual support was offered to my son, and according to my son Dr A acted in a unprofessional manner when he was left alone with my son in the room ?

I am asking for a full investigation, into his actions, and why in hindsight, did he feel the need to contribute to such miscreant.

I look forward to hearing from you, please can I request that you formally investigate the motive behind Dr A, ? and why when my son was later questioned about what he may or may not have said, my son has No recollection of such a conversation taking place with Dr A Clinician ?

You will be familiar with our case, and with my son, as we were allocated previous clinicians, these were H.M. Social Worker, P.A. and N.M.

Thank you for your time,

Miss L.

Response: The complaint was discussed with the clinician involved. We offered 2 appointments and made several written and phone attempts to invite Miss L to a meeting in order to address her concerns. However, we have not received any response and therefore decided to close the complaint. PALS were informed of our decision.

## 2. Complaint about decline of ASD assessment

Dear Sir/Madam

I am writing to give you feedback from my experience of using CAMHS as a service.

My daughter was referred to CAMHS by her GP as we strongly suspected she is on the spectrum, and she was really struggling.

Initially I didn't think it was an appropriate referral as she doesn't have a comorbidity with a mental illness.

However, as NOBODY seems to know who assesses ASD in Tower Hamlets, off I went to the triage appointment. On my own, without my daughter.

During the triage appointment, I was asked not one single question! about my daughter's autistic traits or developmental milestones.

I was however asked about her behaviour, 'what a typical day for L is', what she likes and doesn't like and other things I'm sure, that I don't remember. But really not on the topic of difficulties to do with being autistic.

I was told that as working parents we don't have much time for our children as they need, and behaving badly or being defiant is a way of getting attention. I was asked if I had considered Attachment Issues or ODD.(what??!!) When I asked what made her think that would be the issue, the worker replied she had had training on it and she could offer some strategies and interventions. I was told to praise my daughter's achievements, even after I explained how I praised her and we use a rainbow chart as a guide to her behaviour (which my daughter loves as it's such a clear reference as to how she's doing socially).

The triage worker offered a parenting course, and an intervention where me and my daughter would be watched from a 2 way mirror and I'd be given prompts into an ear piece, and I would be surprised how many opportunities for praise are missed.

I declined this offer as it would be irrelevant to us but also I believe that would have caused harm to my daughter.

A 5 year old autistic girl does not deserve to be prodded and poked and be made to feel weird by professionals who do not understand the issues of children on the spectrum.

For your information, my daughter was diagnosed with ASD at the Lorna Wing Centre for Autism in July 2019. She has many social communication, sensory and executive function difficulties.

Please do not treat parents of autistic children in such condescending and judgmental manner. Do not misguide them and offer 'help' that would further delay their prompt assessment and diagnosis.

Our journey is extremely hard and lonely. Especially for parents of autistic little girls like L who can keep good eye contact and have a good conversation with you as a professional. Who can do well academically at school and has horrible meltdowns at home because she has been masking her autism and trying to fit in all day.

Please educate your staff. Once you know what you are looking for, it really is quite obvious.

Please use screening questionnaires (that require no knowledge whatsoever on autism) as a tool to triage and gather evidence.

Please do not jump to conclusions and judgements or suggest to parents that there might be attachment difficulties/ODD without evidence or even meeting the child. This is shocking to me.

I hope this feedback is used to improve the experience of the next autistic little girl's parents that come through your doors,

Yours Sincerely,

A, YP's mother

Response: email response to mother by general manager with offer for face2face meeting – declined by mother. Review of diagnostic procedure prior to referral for specialist ASD assessment as part of NDT pathway review.

## Legal Claims

None.

## Workforce Planning

### Staff Turnover

Organisation	Average Headcount	Starters FTE	Leavers FTE	LTR FTE %
363 SS CAMHS DCOS	1.42	1.00	1.00	67.42%
363 SS CWP Pilot	3.83	3.00	0.00	0.00%
363 SS Paediatric Liaison & Self Harm	9.75	1.00	2.20	26.07%
363 SS TH CAMHS CCG Initiatives	9.25	1.00	3.50	43.12%
363 SS TH CAMHS CYP IAPT 2017	0.42	0.50	2.00	685.71%
363 SS TH CAMHS PBS Pilot	0.50	1.00	0.00	0.00%
363 SS TH CAMHS Transformation	6.50	1.00	1.00	16.81%
363 SS TH Community CAMHS	43.17	13.80	7.70	20.98%

**Statutory and Mandatory training at end of Q2**

<b>Statutory &amp; Mandatory Training</b>	<b>Baseline</b>	<b>Outstanding</b>	<b>Compliance</b>
Adult Basic Life Support - 1 Year	1	0	100.0%
Conflict Resolution - 3 Years	10	0	100.0%
Data Security Awareness - Level 1	77	8	89.6%
Equality, Diversity and Human Rights - 3 Years	77	4	94.8%
Fire Safety - 1 Year	76	9	88.2%
Food Hygiene & Safety - 3 Years	7	2	71.4%
Health, Safety and Welfare - 3 Years	77	4	94.8%
Infection Control - Level 1 - 3 Years	58	4	93.1%
Infection Control - Level 2 - 1 Year	18	2	88.9%
Mental Capacity Act - 3 Years	8	2	75.0%
Mental Health Act - 3 Years	1	1	0.0%
Moving and Handling - Level 1 - 3 Years	76	4	94.7%
Paediatric Basic Life Support - 1 Year*	63	44	30.2%
PMVA - Breakaway Techniques - 3 Years*	65	18	72.3%
Prevent WRAP - 3 Years	64	9	85.9%
Safe Administration of Medicines - 1 Year	6	4	33.3%
Safeguarding Adults - Level 2 - 3 Years	75	5	93.3%
Safeguarding Children - Level 1 - 3 Years	10	0	100.0%
Safeguarding Children - Level 3 - 3 Years	64	18	71.9%
Safer Prescribing - 3 Years	9	0	100.0%
<b>Grand Total</b>	<b>842</b>	<b>138</b>	<b>83.6%</b>

**Sickness Absence**

	Jun-19	Jul-19	Aug-19	Rolling Year (September 2018 - August 2019)
	% Abs Rate (FTE)	% Abs Rate (FTE)	% Abs Rate (FTE)	
CAMHS Tower Hamlets	2.82%	3.37%	4.49%	2.74%

**Directorate Risk Register**

<b>Risk:</b>	<b>Action required:</b>	<b>By whom:</b>	<b>Review Date:</b>	<b>Progress on actions:</b>
<b>Environment</b>				
Medium term viability of EMC and GS staff areas	<ul style="list-style-type: none"> <li>Upgrade EMC – work begins 20/05</li> </ul>	BW	Completed  12/19	



	<ul style="list-style-type: none"> <li>• Identify additional space for incoming new recruits at Greatorex Street</li> <li>• Scope additional trust wide space options</li> </ul>	BW	Scoping exercise unable to identify additional suitable accommodation	
<b>Workforce</b>				
5 year workforce plan (LTP)	<ul style="list-style-type: none"> <li>• Manage year on year clinical uplift</li> <li>• Calibrate discipline mix and banding</li> <li>• Ensure service capacity to deliver risk averse clinical practice</li> <li>• Engage partners in planning process</li> <li>• Boost primary care engagement</li> <li>• Further roll-out and embed Schools Wellbeing Service (SWS)</li> <li>• Deliver 4WWT Pilot</li> <li>• Deliver PBS Pilot</li> </ul>	BW/RS/HP	03/24	
<b>Demand &amp; capacity</b>				
Insufficient staff resource to meet demands going forward – including access rate target	<ul style="list-style-type: none"> <li>• Engage NHSE IST on whole service review</li> <li>• Continue roll-out of THRIVE conceptual framework</li> <li>• Report to commissioners variations backed by accurate data</li> <li>• Continue to innovate around</li> </ul>	BW/RS/HP	12/19	

	front/back door initiatives			
<b>Patient care</b>				
Compliance with standards	<ul style="list-style-type: none"> <li>Analyse audit results</li> <li>Connect with QI</li> <li>Establish priorities</li> <li>Connect with service user feedback</li> <li>Further integrate service user participation into everyday business</li> <li>Align Parents Group with Senior Management Team</li> </ul>	PMy/HB/RS  BW/NM	Ongoing	
<b>External</b>				
Relationship with commissioners/partners	<ul style="list-style-type: none"> <li>Support the delivery of the CAMHS Review (CCG &amp; LBTH)</li> <li>Timely production of reports</li> <li>Continuation of CAMHS development group</li> <li>Develop CQRM &amp; MHEHWB preparedness strategy</li> <li>Full engagement with Born Well Growing Well service integration</li> <li>Develop trust and integrity</li> </ul>	CCG/LBTH  BW/HP/RS	12/19	

Appendices:

1. CEDS Quality report Oct 2019
2. GP letter and RAG rating audit 2019
3. Young people participation leaflet

## 12-18? Attending CAMHS? GET INVOLVED with the **CAMHS PARTICIPATION GROUP**

We asked our group members  
**WHY THEY ATTEND...**

**"Meet and CONNECT with other young people who come to CAMHS"**

**"Give your feedback and MAKE CHANGES to how CAMHS is run"**

**"HELP other young people who have been through what you have"**

**"It's a productive way to spend your time. You get lots of OPPORTUNITIES like making films and speaking at City Hall."**

**"You get £10 and pizza for attending!"**

**JOIN US on the FIRST WEDNESDAY of each month, from 5:00pm – 6:30pm @ the Greatorex Street CAMHS Clinic**

**OR for more details, ask your CAMHS Worker**