At our best this is what service users and carers say about our service.
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1. Clinical Director's Statement

Welcome to this year’s Child and Adolescent Mental Health Services (CAMHS) Quality Account.

We know that mental health problems can negatively impact on every aspect of a child or young person’s life – their family relationships, friendships and education. There is clear evidence that children who are emotionally or mentally healthy achieve more at school, are able to participate more fully with their peers and in school and community life. Research has shown that mental health in childhood has important implications for health and social outcomes in adult life. (DH and DCSF 2007). We also know that factors such as discrimination, racism, stress, low self-esteem, socioeconomic disadvantage and the experience of seeking refuge or asylum may all exacerbate mental health problems (Malek 2005).

This is why we need to make sure that our services provide the best quality services we can and we use the resources we have to deliver the most effective treatment based on the evidence we have.

This year in our Quality Account we are focussing on the delivery of our business unit vision and service priorities in line with delivering quality through our CQUINS.

As you go through this document we will tell you what we have done in last twelve months to improve quality, the feedback we have had from our commissioning partnership and service users about our service. This feedback has been used to focus our quality priorities for the coming year.
2. Business Unit Goals

Our Business Unit vision is to work in collaboration with children, young people and their families, and our key partner agencies to improve and promote the mental health and wellbeing of children and young people in our care by providing excellent quality, culturally appropriate, locally accessible, evidence-based care.

Our Strategic Goals to achieve this vision include:

- Promoting a 'Think Family' approach across all our mental health services to ensure the needs of children and young people are considered at all times
- Promote a health and wellbeing agenda by building on the development of effective working relationships with partner agencies to improve the early identification and treatment of mental health need for children and young people
- A well defined evidence based service model with consistency in quality standards across the service
- A well trained and highly skilled workforce which feels engaged and rewarded for its role in the delivery of services to children and young people
- Effective service user and carer engagement which influences what we do and how we do it
- A Business Unit that is able to remain competitive and a provider of choice for services to children and young people
3. **Priorities for Quality Improvement**

In line with the Trusts Quality Strategy, “quality is defined as care that is personal, safe, effective and efficient”. Our priorities for quality improvement are embedded in our Annual Business Plan 2011/12 and this document details how we will support delivery of our annual objectives through quality improvement.

1. **Personal Care**

   We will develop a set of service standards based on what our users and carers tell us matter to them when they receive services from us.

2. **Safe Services**

   We will make sure our staff are supported to attend training and have the opportunity to engage in meaningful reflection through the PDP process.

3. **Effective Services**

   We will work in partnership with our users and carers to agree the goals they want to achieve during their contact with us.

4. **Efficient Services**

   We will work in partnership with our users and carers to reduce the number of cancellations and non attendances for appointments.

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1 LPT Quality Strategy 2011-15
4. Brief Overview of the Business Unit

Our service is one part of the provision of Universal CAMHS which encompasses all the services provided by the local Authority, education health and Voluntary sector. Our specialist service provides mental health service to children and adolescents up to 18 years of age with complex and severe mental health problems which cannot be provided in the tier 1 and 2.

Our Structure

Our structure is illustrated in the diagram below and based on good clinical and operational leadership of all our teams.

Within our service, there are 7 main functional teams. These are:-

- County North
- County South
- City Team
- Young People’s Team
- Tanglewood
- Learning Disabilities Team
- Oakham House
Some of our teams encompass Primary Mental Health workers who provide a critical role in bridging the gap and reaching out into the Tier one and two of the universal CAMHS services across Leicester, Leicestershire and Rutland.

We also have a number of virtual specialist teams, e.g. Family Therapy, Eating Disorder team and the PIER team (CAMHS element).

There is a very small Paediatric Psychology team providing input into the Leicester Royal Infirmary for neuro-psychology and chronic medical conditions. There are plans to strengthen the model of service delivery in partnership with commissioners.

Each team has produced an Evaluation Framework report for the commissioners over the last four years, which outlines elements such as Effectiveness and User satisfaction. In the section below we highlight what commissioners (across health and the local authority) have said about each of the services.

**Our Services and their evaluation in 2010**

**4.1 Outpatient teams**

There are currently three generic and two specialist out-patient teams. The North and South County Teams and the City Team are generic and cover identified geographical sectors. The two County Teams are based at the Valentine Centre in Leicester, while the City Team is located at Westcotes House, nearer the city centre. The Learning Disabilities Team provides a county-wide and city-wide service to children and adolescents with moderate to severe learning disabilities. The Young People's Team has been developed to provide an overarching structure of mental health input to looked after and adopted children, young offenders and homeless families. There is a virtual Eating Disorders Team created from within existing resources offering outpatient and inpatient assessment and treatment to children and young people suffering from significant eating disorders.

In addition, ADHD clinics have been established across our localities to which outpatient clinicians can refer children diagnosed with ADHD and successfully established on treatment. There are close links with the local Psychosis, Early Intervention and Recovery Team, which accepts referrals of young people aged 14 and older in the early stages of a psychotic illness. We have also worked with the Young Persons Worker from the Community Drugs Team in order to ensure effective pathways are established.

Leicestershire Partnership Trust CAMHS has developed a community-team based philosophy. These are multidisciplinary teams comprising psychiatrists, psychologists, community mental health nurses, occupational therapists, with trainees of all disciplines attached when on placement. In addition, there is a small psychotherapy service based in separate teams, but developing a
model to offer consultation service-wide; there is a Cognitive Behavioural Therapist post, and although this post is again based in one team, it provides a service-wide resource; Systemic Family Therapy has been well-established in parts of CAMHS for many years, but a Family Therapy Clinic is well established to provide service-wide access to this therapeutic approach.

Since 1999, Leicester has been at the forefront of the development of Primary Mental Health Work in CAMHS and there are now Primary Mental Health Workers (PMHW) attached to each of the generic teams, providing continuity with and consultation to, our primary care referrers. The PMHWs also operate the ‘CAMHS Advisory Service’ for referrers, providing telephone access and advice.

Leicester CAMHS is also a popular placement for trainees from all professions, including Medical, Nursing, Occupational Therapy, Clinical Psychology and Child Psychotherapy, and more recently social workers which makes for an active and vibrant training environment.

Although the main outpatient bases are at Westcotes House and the Valentine Centre, in line with Trusts development of a locality based approach to service delivery there are clinics throughout the county in a number of population centres such as Hinckley, Coalville, Melton Mowbray, Oakham and Market Harborough. The teams covering the Loughborough and Melton areas are based in accommodation provided within Loughborough General Hospital, and St. Mary’s Hospital respectively.

The commissioners across Health and Local Authority said:

<table>
<thead>
<tr>
<th>Team</th>
<th>Summary feedback 2010</th>
<th>Notes and Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Good description of work of the team</td>
<td>• work is undertaken to analyse DNA rates (this ties in with improving access to CAMHS)</td>
</tr>
<tr>
<td>South</td>
<td>Team details, resources and activity were comprehensive</td>
<td>• continue to work on improving the quality of referrals</td>
</tr>
<tr>
<td></td>
<td>Need further work on outcome data</td>
<td>• look at why the maximum length of contact and number of sessions has increased</td>
</tr>
<tr>
<td>City</td>
<td>Good and provides a thorough description of the service provided by the team, the challenges faced, how these are overcome and the achievements made as a result. The service has acted on the recommendations made in last year’s report and this is to be commended.</td>
<td>• that the service explores links with ‘Two Halves, One Whole’ in respect of the high number of dual heritage children seen by the service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• the pathway between tiers and services is clarified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• the service examines why so many referrals are not accepted and take action</td>
</tr>
<tr>
<td>PMHW</td>
<td>A good description of the service, outlines the way this</td>
<td>• there is a good range of activities described and an</td>
</tr>
</tbody>
</table>
team works and the
pressures they are under. impressive list of events and
achievements
- the evaluation of training is
comprehensive
- more data about the
effectiveness of interventions
with individual children would be
helpful
- to make links with Parent Know
How

We have used the feedback from our commissioning partners to inform our business plan and quality development priorities in this report.

4.2 Children and Young people with Learning Disability

The Learning Disabilities Team provides for the mental health needs of children with moderate or severe learning disabilities, up to the school leaving-age for individuals with a Statement of Special Educational Needs, currently 19 years. The team comprises a Learning Disability Consultant, a Clinical Psychologist and specialist trained, community nurses. The Team also succeeded in securing permanent funding for the Home Intervention Project in which trained nurses initiate and supervise short pieces of focused behavioural work within a client's home, training carers as the 'therapist'. This has been consistently positively evaluated. The Learning disability service has a national reputation and has received visitors form different services looking at the model of care delivered.

The commissioners across Health and Local Authority said:

<table>
<thead>
<tr>
<th>Team</th>
<th>Summary feedback 2010</th>
<th>Notes and Recommendations</th>
</tr>
</thead>
</table>
| LD Team    | The report demonstrates forward thinking and the use of initiative to progress and enhance the service and the panel are pleased to note a reflective and outward looking service. | • that from the information provided there seem to be measures in place and although several outcomes are described generally, data to illustrate these would have been useful.  
• good examples of changes made following patient feedback  
• to detail the extensive and effective joint working and outreach work that the panel members know you provide |

We have used the feedback from our commissioning partners to inform our business plan and quality development priorities in this report.
4.3 Young People’s team

The Young People’s Team has been developed to provide an overarching structure of mental health input to looked after and adopted children, young offenders and homeless families. The team comprises Community Psychiatry Nursing, Clinical Psychology, Primary Mental Health Work, Family Therapy and Psychiatry staff. The remit and staffing of the team has expanded incrementally since its inception in 1999, and it is anticipated that further developments may occur as the ‘Change for Children’ agenda progresses. This is a very specialist provision which is not available in majority of services.

The commissioners across Health and Local Authority said:

<table>
<thead>
<tr>
<th>Team</th>
<th>Summary feedback 2010</th>
<th>Notes and Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>YPT</td>
<td>report provided a much more useful and accurate overview of the YPT.</td>
<td>• A range of tools are used to collect outcome data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The report on outcomes in LAC and adopted children, which is awaited</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The training evaluation summary is useful and informative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The results of user satisfaction questionnaires are interesting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The examples of how user views have led to changes which is viewed positively</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The good links with services for BME children and young people</td>
</tr>
</tbody>
</table>

We have used the feedback from our commissioning partners to inform our business plan and quality development priorities in this report

4.4 Tanglewood Day Resource

Tanglewood is a purpose-built day resource for children up to 12, and their families. It functions as a tertiary referral unit for the outpatient teams and offers detailed assessment of children, independent of and within their family contexts; group work around specific issues such as social skills difficulties, ADHD, Communication problems; and multiple family interventions for attachment difficulties or behavioural management problems(where there are mental health difficulties). In recent years the work of the unit has focused increasingly on addressing Attachment disorders and their behavioural sequelae, with a number of staff members having undertaken Theraplay Training.

The commissioners across Health and Local Authority said:
<table>
<thead>
<tr>
<th>Team</th>
<th>Summary feedback 2010</th>
<th>Notes and Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanglewood</td>
<td>the value of this service, especially for children and families experiencing attachment difficulties. The action plan could have been more developed by linking more with issues raised in the report</td>
<td>• the tools used to measure impact and user satisfaction. However it would have been useful to have the outcome data to illustrate effectiveness of the service. The report would have been enhanced if outcome measure were presented. The action plan would have been improved with actions to address the gender and ethnicity imbalance within the team, workforce and succession planning.</td>
</tr>
</tbody>
</table>

We have used the feedback from our commissioning partners to inform our business plan and quality development priorities in this report

4.5 Oakham House Adolescent Inpatient Unit

Oakham House currently has 8 contracted beds for young people under the age of 18. The unit accepts both planned and acute admissions. The Unit offers 24 hour, 7-day / week care for young people with more serious or acute mental health problems necessitating full-time admission. This is a tier 4 provision where the patients who cannot be managed in the community settings are cared for. The unit operates on the philosophy of keeping the young people in the hospital for minimum time required, so that they can continue to receive their care in the community closer to their homes.

The commissioners across Health and Local Authority said:

<table>
<thead>
<tr>
<th>Team</th>
<th>Summary feedback 2010</th>
<th>Notes and Recommendations</th>
</tr>
</thead>
</table>
| Oakham House   | Thank you for this brief report. Although not specifically requested the panel would have liked more detail about the work undertaken with young people whilst at Oakham House in relation to effectiveness, impact and a summary of information revealed through using the tools and questionnaires. | • there is no mention of the outputs of the parent and carers group mentioned last year.  
• the collection of ethnicity of all patients  
• developing the report to include the outcomes of compliments and complaints received, showing how they have influenced service design  
• adding more detail into the next report |

We have used the feedback from our commissioning partners to inform our business plan and quality development priorities in this report
4.6 Relationship with Paediatric Services

There are no inpatient psychiatric beds for children under the age of 12 in Leicester, but where necessary, arrangements can be made with the Paediatricians at the Leicester Royal Infirmary, part of the University Hospitals Leicester (UHL) Trust. There is no formal Paediatric Liaison Service between CAMHS and Paediatrics, although the need for this has frequently been raised and individual clinicians in CAMHS have forged informal working relationships with Paediatricians around special interests.

4.7 Transforming Community Services

Transforming Community Services provides a significant opportunity for us to align our services and pathways across tier one, two and three. We are keen to explore some key pathways and build on the work that is already in progress.

5. Involvement in Trustwide Quality Initiatives

CAMHS is represented at key levels of the Trust’s governance processes and contributes to the monitoring and implementation of local and national standards. Areas we are involved in include:

- CPA Practice group and Trust CPA Standards committee,
- Essence of Care,
- Releasing Time to Care,
- Infection Control Committee,
- Patient Environment Action Group,
- ICD 10 Clinical Coding Group and
- Professional Forums and networks.

We are also active in all audits to monitor standards and report on a regular basis to the Director of Quality and Innovation and the PCT. We are taking the lead in the “In Your Shoes Project “seeking feedback from service users at various stages of involvement.

We are also fully engaged in the work towards realising the Trusts 2012 Vision to provide services focussed on localities. The Integrated Locality Model focuses on integrating LPT services with the wider health and social care services in each locality; improving links with Local Authorities, Day Services, voluntary and independent sectors and developing a locality based working and infrastructure with our partners.

The strategic direction for locality working fits with the direction of travel in relation to the CAMHS Business Unit in terms of:

- Allowing staff to work flexibly
- Mobile working
• Allow staff to work anywhere at any time
• Sharing space, facilities with other organisations they need to interact with
• Work collaboratively across boundaries
• Holding and sharing information centrally
• Sharing best practice
• Resulting a better customer experience
• Services being delivered promptly, accurately, conveniently

5.1 Commissioning for Quality and Innovation Schemes (CQUINs)

CAMHS CQUINS 2010/11

CAMHS services in 2010/11 concentrated on delivering against Implementing all components of the 7 helpful habits of effective CAMHS

Since the initial audit of CAMHS service against the 7Helpful Habits and the development of an outline action plan we have met with commissioners to progress implementation through threshold agreement

We have delivered against a detailed action plan which identifies actions in all 7 areas

We are embedding evidence into the action plan as we make progress and are also using a RAG rating (RED/AMBER/GREEN) for monitoring progress in our SLAM group.

Improvements have been made in several areas and overall scores for Quarter 3 demonstrate an improvement in scores from 72.4% in Quarter 2 to 77.6% in Quarter 3.

<table>
<thead>
<tr>
<th>Habit Area</th>
<th>Quarter 1/2 score</th>
<th>Quarter 3/4 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handle Demand</td>
<td>107</td>
<td>114</td>
</tr>
<tr>
<td>Extend Capacity</td>
<td>76</td>
<td>81</td>
</tr>
<tr>
<td>Let go of Families</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>Process Mapping and Redesign</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>Flow Management</td>
<td>67</td>
<td>69</td>
</tr>
<tr>
<td>Care Bundles</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Looking after Staff</td>
<td>50</td>
<td>46</td>
</tr>
<tr>
<td>Totals</td>
<td>362</td>
<td>388</td>
</tr>
</tbody>
</table>

CAMHS CQUIN 2011/12

We have agreed the following CQUINS for the coming year. These CQUINS form the basis of our quality improvement programme.
To incorporate the 7 Helpful Habits of effective CAMHS into service delivery.

This section builds on the CQUIN for 2010/11 with particular emphasis on:

**Habit 1: Handling Demand** – This will be done through supporting engagement with the service through increased user involvement in service design as well as developing, implementing and auditing a DNA and patient cancellation policy.

**Habit 2: Extend capacity** and **Habit 3: Letting Go of Families** – Implement goal setting with management plans across the service. This will involve developing meaningful and helpful standards for patients. This CQUIN will involve implementing goal setting and measuring that goals set have been achieved.

6. **Our Current CAMHS Position and Status regarding Quality**

Quality is at the core of service delivery in CAMHS. Each clinician strives to give the excellent care to each and every patient that they look after. The Clinical Governance structures in CAMHS are quite robust with regular monthly meetings and discussion of clinical issues. There is a local Service Line Assurance and Monitoring (SLAM) group which has representation form all Heads of Profession and clinical teams where all the issues related to quality and governance are discussed and monitored. The local SLAM provide assurance to the Senior Clinical Group (SCG) of the trust where the clinical quality indicators are monitored. The SCG then provides the assurance to the trust board.

The Darzi elements of Patient Safety, Clinical Effectiveness and Patient Experience are regular standing items on the agenda of our SLAM. A fully functioning Audit group is a subgroup of the SLAM which helps and facilitates the various clinical audits that occur within the Service. A training subgroup has been setup to look at streamlining the provision of training to primary care staff, partner agencies. It will also look at the training requirements of the staff within the service as well.

Our performance in relation to CQC compliance for the year is detailed below and we remain fully compliant.

**CAMHS Regulatory**

**February 2011** (data as at 31st January unless otherwise stated)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Quarterly Targets</th>
<th>2010-11 End Forecast Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Quality Commission (CQC) – Mental Health Trusts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Our performance in relation to CQC compliance for the year is detailed below and we remain fully compliant.
collect routine individual outcome measures for children and young people in contact with child and adolescent mental health services and to make use of the information to inform service development (1 to 4).

3. Does the trust have shared protocols in place with commissioners to ensure that children and young people in contact with mental health services are cared for in environments which are appropriate for their age and level of maturity (ensuring compliance with the Age Appropriate Environment Amendment within the Mental Health Act 2007) and offer adequate child protection (1 to 4).

4. Does the trust have protocols in place (and an audit process for monitoring compliance with the protocol) for the transition of young people from child and adolescent mental health services to adult mental health services (1 to 4).

5. Has the trust established partnerships and protocols for information sharing, support and early intervention across the range of multi-agency services to ensure that children and young people in contact with mental health services receive care based on joint working and evidence based practice (1 to 4).

6. Does the trust have protocols in place to ensure the range of services provided reflect the specific needs related to the circumstances of the child, particularly where associated with a learning disability (1 to 4).

PCT Contract Requirements

CAMHS - Full range of early intervention services for children

CAMHS - Full range of early intervention services for children

An enhanced offer is made to young people who do not meet the specialist CAMHS threshold (Tier 3) in consultation with the Young Peoples Team offering:

- Enhanced services for looked after children & young offenders
- Priority work with BME communities
- Using the Common Assessment Framework and engaged with Multi Agency Forums

Enabling service users to identify their needs & support individual development

Supporting accessed mental health care access & attendance

Increased work with children & families who do not meet the specialist CAMHS (Tier 3) threshold

CAMHS - Regulatory Requirements Notes:

(1) The CAMHS CQC indicators & the PCT CAMHS section is scored as:

1 = Protocols/mechanisms are not in place
2 = Protocols/mechanisms are in place but have not yet been implemented
3 = Protocols/mechanisms are in place but are only partially implemented
4 = Protocols/mechanisms are in place and are fully implemented

(2) Enhanced Services means seeing young people at Tier 2/3, with dedicated staff, with reduced waiting times (through the Young Peoples Team)

(3) Priority work means outreach work, attendance at community events and the collection of ethnicity data

(4) Using the Common Assessment Framework and engaged with Multi Agency Forums is defined as:

Primary Mental Health Workers are expected to attend community meetings (usually quarterly) to:

a) Discuss and answer general questions/queries regarding Mental Health issues
b) Discuss specific children with Mental Health issues

(5) Direct work with children & families who do not meet the specialist CAMHS (Tier 3) threshold is defined as:

Primary Mental Health Workers will take direct Tier 2 referrals from professionals. PMHW will offer advice to professionals through the Professional Advice Line.

6.1 Safe Services: (Patient Safety)

This year we have worked hard to improve the culture of incident reporting and risk assessment particularly within our inpatient unit. As a result we have seen a rise in incident reporting. An increase in reporting by staff has also helped us to understand what issues the inpatient services are facing and we are now drawing up plans to address the themes we have identified from reports. Our incident profile is as follows:
6.2 Effective and Efficient Services: (Clinical Outcomes and Effectiveness)

We have been monitoring our re-referral rates and DNA (Did not attend) rates in order to keep track of effectiveness.

![CAMHS Re-Referral Rates Apr10 to Mar11](chart1)

CAMHS Re-Referral Rates Apr10 to Mar11

<table>
<thead>
<tr>
<th>Month Received</th>
<th>Re-Referrals Received</th>
<th>Re-Referrals Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-10</td>
<td>150</td>
<td>100</td>
</tr>
<tr>
<td>May-10</td>
<td>200</td>
<td>150</td>
</tr>
<tr>
<td>Jun-10</td>
<td>250</td>
<td>200</td>
</tr>
<tr>
<td>Jul-10</td>
<td>300</td>
<td>250</td>
</tr>
<tr>
<td>Aug-10</td>
<td>350</td>
<td>300</td>
</tr>
<tr>
<td>Sep-10</td>
<td>400</td>
<td>350</td>
</tr>
<tr>
<td>Oct-10</td>
<td>450</td>
<td>400</td>
</tr>
<tr>
<td>Nov-10</td>
<td>500</td>
<td>450</td>
</tr>
<tr>
<td>Dec-10</td>
<td>550</td>
<td>500</td>
</tr>
<tr>
<td>Jan-11</td>
<td>600</td>
<td>550</td>
</tr>
<tr>
<td>Feb-11</td>
<td>650</td>
<td>600</td>
</tr>
<tr>
<td>Mar-11</td>
<td>700</td>
<td>650</td>
</tr>
</tbody>
</table>

![CAMHS Attendance/DNA Rate Apr10 to Mar11](chart2)

CAMHS Attendance/DNA Rate Apr10 to Mar11

<table>
<thead>
<tr>
<th>Month Recorded</th>
<th>Attended</th>
<th>Patient Cancellations</th>
<th>DNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-10</td>
<td>2000</td>
<td>500</td>
<td>50</td>
</tr>
<tr>
<td>May-10</td>
<td>2500</td>
<td>1000</td>
<td>100</td>
</tr>
<tr>
<td>Jun-10</td>
<td>3000</td>
<td>1500</td>
<td>150</td>
</tr>
<tr>
<td>Jul-10</td>
<td>3500</td>
<td>2000</td>
<td>200</td>
</tr>
<tr>
<td>Aug-10</td>
<td>4000</td>
<td>2500</td>
<td>250</td>
</tr>
<tr>
<td>Sep-10</td>
<td>4500</td>
<td>3000</td>
<td>300</td>
</tr>
<tr>
<td>Oct-10</td>
<td>5000</td>
<td>3500</td>
<td>350</td>
</tr>
<tr>
<td>Nov-10</td>
<td>5500</td>
<td>4000</td>
<td>400</td>
</tr>
<tr>
<td>Dec-10</td>
<td>6000</td>
<td>4500</td>
<td>450</td>
</tr>
<tr>
<td>Jan-11</td>
<td>6500</td>
<td>5000</td>
<td>500</td>
</tr>
<tr>
<td>Feb-11</td>
<td>7000</td>
<td>5500</td>
<td>550</td>
</tr>
<tr>
<td>Mar-11</td>
<td>7500</td>
<td>6000</td>
<td>600</td>
</tr>
</tbody>
</table>

We intend to undertake a significant piece of work this coming year to reduce our DNA rate by 3% (see CQUIN target for 2011/12)

This coming year we are keen to develop our outcomes evidence base by undertaking two key pieces of work.
• Goal setting with service users to evaluate the effectiveness of agreed outcomes (see CQUIN 2011/12)
• Use of service user and carer HONOSCA self rating. We will use this information to triangulate ratings by clinician/ patient and carer.

6.3 Personal Care: (Patient Experience)

We follow the Trust complaints procedure and this year are working on refining our internal processes to make sure that the lessons we learn as a result of investigations are followed through into actions to change our processes. The four themes from complaints this year have provided us with valuable information for us to review how we work:

Communication
• Not providing reports promised during appointments
• Not ‘listening’ to concerns
• Writing comments in letters that families take objection to

Staff attitude
• Complaining about way they were spoken to by staff
• Feeling patronised – verbally or in writing
• Having their concerns minimised by service

Waiting times
• For outpatient service
• For specialist provisions

Clinical decisions
• Not accepted at triage
• Not accepted after triage for assessment or treatment
• Discharged before ready
• Level of supervision / security

Compliments have focussed on the commitment and professionalism of staff and how helpful the service has been. It is also interesting to note how personalised patients thought their treatment process had been.
6.3.1 Feedback from Service users – Experiences of Service Questionnaires

Service user feedback continues to be essential to the continuing quality and development of our service. We have historically been active in the delivery of the CAMHS participation agenda.

Over the past two years we have collected over 250 service user questionnaires from all our reception areas to ensure our provision is how service is provided in a way that young people and families want it to be.

This feedback continues to support real changes in the fabric of our waiting areas, provision of better resources in the waiting spaces, including drinks and TV being made available. We have improved our communications with families i.e. informing people if a clinician was running late in a clinic.

In November 2010 we were fortunate to be supported with the ‘Changing your experience for the better work’, in consultation with the trust appointed consultants ‘April strategy’. This process has taken us through a series of face to face consultation exercises with service users and families, titled ‘In your shoes’, this has also collected written feedback from both users of our service and staff.

We are now embarking on the process of developing a set of standards/promises which we as a service will make to service users prior to their contact with our service.

We plan to review the structures available within the trust to support CAMHS in delivering these promises, and it is our hope to ensure that the opportunity to engage with young people and families in sharing people’s stories of their contact with CAMHS will become a regular event and allow us to continue to be responsive to services users experience.

Our historic paper collection of service user feedback is being developed into an electronic collection system which will allow information to be relayed to us at dedicated terminals in CAMHS reception areas from later this year. This will ensure sustainability and accuracy of feedback. This feedback will then be made available to the CAMHS SLAM group, and to team leaders via the CAMHS management group.

7. Our Staff

Over this year our management structure has been developed and consolidated and involves having a designated Team Leader for each of the main functional teams. This has helped us in co-ordinating and managing a range of services for each defined area. Professional advice/leadership is still available through heads of professions, but the focus is now more fully aligned with local demand/need.
As part of this the Primary Mental Health workers have been integrated into
the locality services and the Young People’s team to improve the interface
with partner agencies.

The management structure is supported by Human Resources input and there
are arrangements in place to address staff performance issues.

Work has started on the systematic process of workforce planning and
development using support available through the national workforce
development pilot. We are undertaking training needs analysis of our staff in
two areas to start using the national tool.

As a Business Unit we had a good return rate to the Trust annual staff survey
and this identified a number of strengths and areas for development:

Positive results included:

- agreeing the role makes a difference to patients
- working in a well structured team
- using flexible working options
- availability of hand washing materials

Action is in progress to address areas of concern

- Violence and Bullying and Harassment-
- Staff satisfaction although staff turnover rates are low compared to
  other areas
- Staff development- i.e. staff feeling there are good opportunities at
  work, receiving job-relevant training, well-structured appraisals,
  support communication from immediate managers.

Following a discussion with staff side representatives an invitation has been
sent to all staff within the Business Unit to share their views. Three
confidential drop-in sessions have been arranged facilitated by a manager
external to CAMHS, HR and a Staff Side Representative respectively where
staff can attend to give a view about their experience of working in the
CAMHS Business Unit. Responses will be confidential but the general
information gained will help us to determine our action plan and way forward.

We have also been working hard to address our low rates of mandatory
training and numbers of staff with personal development plans. We have
made this a priority for action in this quality account as we recognise the value
of both these in staff feeling supported to undertake their roles.
The level of sickness absence within the Business Unit is generally below the Trust target of 5% and is currently running around an average of 4.25%. However it is higher than the national target of 3%.

An exercise in addressing absence management on a Trust wide basis started in January 2009 has been carried through and CAMHS managers are encouraged to undertake regular review meetings with HR advice. Referrals to the Occupational Health Service are undertaken in accordance with the Trust wide agreement and occupational advice and support is sought as appropriate.

It is also hoped that the current work being undertaken to understand the experience of staff highlighted through the staff survey will also help to address absence levels.
8. Working with our Partners

We have developed many informal working relationships with partner agencies over time, this has in part been facilitated by the patient group who due to their developmental and social needs require services to work together and communicate at a high level.

Examples of the more formal arrangements include the following:

- Child Behaviour Intervention initiative (CBII) in partnership with Leicester City council, providing support to children up to the age of 11 years with behavioural problems.
- Family STEPs in partnership with Leicestershire County council, CBII Rutland and Youth Action & support panel, providing support to families and children to encourage emotional well being and positive behaviour.
- We are running a training programme for school nurses to develop skills in working with young people who self-harm in the city and county. There is a pilot scheme in the Loughborough walk in centre to increase nurses assessment skills in cases of self harm.
- We have a post of mental health practitioner based in the hospital school, and we also have an ADHD nurse specialist based in Community Paediatrics, both these posts are managed and supervised by CAMHS.
- We have links with Open door and have provided training on Eating disorders.
- We have provided consultation to Balraksha project and taken an active role in community action days to promote and raise awareness of our service within the Asian community.
- We are involved in the City Early Intervention Psychological support project in conjunction with the Local Authority Educational Psychology department.
- We have supported the development of protective behaviours work in Charnwood in partnership with voluntary sector providers.

9. Clinical Audit Activity/ Research and Innovation within our Business Unit

Our Business Unit is closely affiliated with the Greenwood Institute of Child Health University of Leicester and benefits from the Institutes focus on:

- Developing and delivering child mental health education for undergraduates and postgraduates to ensure it keeps pace with changing practice and knowledge.
- Contributing to undergraduate and postgraduate education in other relevant areas.
• Ensuring staff are given appropriate support to help them to deliver high quality education.
• Ensuring students are encouraged to be inquisitive and take responsibility for their own learning.
• Collaboration with other departments and agencies to raise standards in teaching.
• Integration of education with child mental health practice and research.

We have worked in partnership with the University of Leicester in delivering teaching for:
• Undergraduate clinical child psychiatry to medical students
• Postgraduate Certificate/Diploma/MSc in Child and Adolescent Mental Health (see page 11).
• Inter-agency training in child and adolescent mental health (see page 14).
• Contribution to the Leicestershire Child and Adolescent Psychiatry (ST4/5) postgraduate training programme.

We are also involved in a number of research projects in the Greenwood Institute and been involved in the publication of research articles, chapters and books.

The multi-agency CAMHS training strategy is delivered through the Greenwood delivered for all staff working across local authorities education, health social care and health and the third sector and in partnership with these agencies.

The Audit Group is a multi-disciplinary group from across CAMHS. We also receive support from the Audit Coordinator for the Trust, who attends the meetings regularly. The aim of the group is to raise the profile of audit within the service, to support staff to use audit as an integral part of delivering care. We also monitor on-going audit studies within the service. More recently there is an increasing emphasis on ensuring that audit studies are relevant to the clinical priorities of the service and not just a training exercise. Clinicians and trainees are invited to present their audit ideas to the group, so they can receive feedback and suggestions. The Audit Group in turn feeds in to the SLAM Clinical Governance. Audits we have undertaken include:

• Audit of the CAMHS Eating Disorders Service
• Use of antidepressant medication in children and adolescents
• Audit of the Environment of Clinic Rooms
• Audit of Out-patient Cases not seen for 6 months or more
• Audit of Correspondence to Referrers and GP