



**Camden and Islington**  
NHS Foundation Trust

## **Annual Members Meeting Q&A**

Thank you to everyone who sent in questions for our Annual Members' Meeting. Apologies to those whose questions were not answered during the live event, but we have compiled a list with the answers below.

### **Q1 Why don't service users get to elect people?**

Our Governors are elected by our members. We have a service user constituency and Governors in that constituency are elected by our Service User and Carer members. We strongly encourage everyone to become a member of the Trust and take part in these elections, and we actively welcome service user involvement. We particularly welcome members from diverse backgrounds to strengthen representation of our local communities. You can see more information about election of our Governors here: [Council of Governors | Camden and Islington NHS Foundation Trust \(candi.nhs.uk\)](#)

And you can find information about how to become a Member of the Trust here: [Membership Leaflet - July 2019.pdf \(candi.nhs.uk\)](#)

### **Q2 I cannot find the papers on the site**

The Board papers are published on our website. You can find them all here: [Board papers and minutes | Camden and Islington NHS Foundation Trust \(candi.nhs.uk\)](#)

### **Q3 We need Accountability and Transparency of those involved in administering of services, how are you going to work towards this?**

C&I already has a rigorous system in place that ensures we are accountable and transparent, clinically, financially and in all other ways that we operate.

We are required to monitor the standard of our services in many ways and these are reported to the Board and to Government.

We are regularly inspected by the Care Quality Commission (CQC), who is our regulator, and we report to the North London Clinical Commissioning Group (CCG) on the services we provide.

For financial accountability we are audited by an external, independent auditor.

You can see more details of all the ways that we are accountable and transparent in our Annual Report, which is published on the website here: [Read our Annual Report 2019/20 | Camden and Islington NHS Foundation Trust \(candi.nhs.uk\)](#)

#### **Q4 Complaints, feedback - when will a simplified service give service users access to this?**

We are always sorry to hear that anyone is not happy with our services and we encourage people to discuss their concerns with their clinical team, as many issues can be resolved with a conversation.

If anyone would like to make a complaint, you can see details of how to do so are on our website here: [Complaints | Camden and Islington NHS Foundation Trust \(candi.nhs.uk\)](https://www.candi.nhs.uk/complaints) The email address to send a complaint is: [feedback@candi.nhs.uk](mailto:feedback@candi.nhs.uk)

If you are not happy with the response, then you can escalate your complaint to the [Patient Advice and Liaison Service \(PALS\)](#) but this service does request that you contact us before you take your complaint to them.

#### **Q5 When can we see clinicians face to face again? and**

#### **Q6 When my appointments switched to virtual ones in the first lockdown they were so much different and so poor in comparison to face-to-face, I wanted to stop having them. Please do not go digital.**

We have continued to see some service users face-to-face during the lockdown, depending on clinical need. However, for the safety of all service users and staff, we needed to limit face-to-face contact as much as possible. We want return to offering face-to-face consultations more widely as soon as we can, but that will depend on the progress of the virus and the effectiveness of a vaccination programme. Unfortunately, we cannot say when that will be at this stage as we do not know how the pandemic will develop.

While we appreciate that some service users do not like online consultations, others have said that they prefer them. Therefore, it is likely that we will continue to offer video consultations as an option to those who want them, depending on their circumstances and whether their clinical team thinks that is appropriate for their care.

#### **Q7 How long are the waiting lists for each service? e.g how long from referral to treatment for psychodynamic therapy?**

Waiting times for the Trust vary depending on the service provided by each team. The national waiting time targets for the Trust relates to three Psychological Therapies Service targets and one Early Intervention Service target. During the month of September 2020, the Trust achieved all four targets.

For all other services, the average waiting times range between 3 weeks and 160 days. However, most of our patients are seen by either Primary Care Mental Health teams, Crisis or Inpatient services prior to being allocated to a waiting list, with appropriate risk assessment and triage. Primary Care Mental Health services operate to a service line agreement of providing an appointment within 21 days of referral.

**Q8 It is a shame that the information that impacts service users most like the wait lists and the closure to assessments is not in this event.**

We are happy to share any information on waiting times and assessments for any of our services. The situation on waiting times changes quickly, please see the previous answer, or get in touch with the service that you would like this information for, and they will be able to provide the most up-to-date information directly.

The Annual Members' Meeting is held to present our Annual Report and look at the reporting year 2019/20, which we cover in full. We run a huge number of services and it would not be practical in terms of time, to go through the waiting list and current status on assessments for each of them, but we are happy to answer specific questions as we are doing in this document or please contact [communications@candi.nhs.uk](mailto:communications@candi.nhs.uk) if you have any further questions.

**Q What about service users who been trying to contact regarding medication to one of the services and are being ignored through phone and email without responding to either one of them. All this was an emergency.**

We are sorry to hear that you have had difficulty contacting the Trust. It is difficult to give a detailed response to this specific case without knowing details about what service you were trying to contact and what phone number or email address you were using.

In an emergency, you can contact our Crisis Single Point of Access service on Freephone 0800 917 3333. This service operates 24 hours a day, 7 days a week, so there should always be someone there to help anyone in desperate need.

Please do discuss the situation with your usual contact at the Trust and ask what you should do if a similar situation ever arises again, so that you know the best course of action.

**Q9 Why don't you take notice of people's communication preferences? Care co-ordinators who have been asked to always email, not phone, still insist on phoning. We get letters in the post when we want emails etc. Why is this not noted? It is not a big ask.**

We do try to comply with requests and contact people according to their preference. However, sometimes a member of our staff may need to ring either because they have concerns or because they need an immediate answer to a query. Sometimes it can be reassuring for a clinician to speak to a service user to check in with them to ensure they are ok, a phone call may, in some circumstances, be more appropriate for this than an email.

During the pandemic many of our staff have been working from home and they may not always have had access to their work emails, so some may have contacted people by phone more frequently.

Please speak to your clinical team about this and ensure that they are aware of your preference and ask that it is clearly marked on your notes so that you can be contacted in your preferred way as much as possible.

**You keep mentioning kids and young people, what about those older generations? And those who now have Mental Health issues due to lock-down?**

Here at C&I we do not offer mental health services to children so this is not a focus for us but we do have a Services for Ageing and Mental Health that helps older generations with a wide range of conditions and needs.

Our iCope service has developed a programme specifically to help those who are struggling to cope and manage day to day because they have been impacted by Covid-19 through their work or home life

People can refer themselves to this service [using a link on the iCope website.](#)

**Q10 Collaborative working across all partners, including experts by experience. When does the Trust think this is likely to be fully operational? Where are they in the planning of this? Are they working to a model?**

The Trust has many partners and works collaboratively with them across many services. We are always looking for ways to work in conjunction with other organisations and groups to ensure we offer the best joined-up care.

We have established agreements and working relationships with local authorities, voluntary, community and voluntary organisations, and many other partners across London. During the 2019/20 reporting year we also entered a strategic alliance with Barnet, Enfield and Haringey NHS Trust and we collaborate on many areas of care.

Our estate development programme will see the opening of integrated community mental health centres where C&I teams will work alongside staff from other health and social care, and voluntary organisations. Collaboration and partnership working is a key element of our Clinical Strategy.

New technology is also enabling us to work even more closely with other health providers to share patient data and ensure that we offer joined-up care. You can read more about that in the answer below.

**Q11 When will the Trust invest in an IT system, that joins all the multi disciplinary teams involved in mental health services?**

This is something we have been working on for some time and have already put some measures in place. A few examples are included below and we continue to work in this area.

We recently joined the Health Information Exchange, which enables health information about service users to be shared by health professionals.

We are also planning to introduce S12, an online app which makes Mental Health Act assessment set-up and claim form processes quicker, simpler and more secure.

Staff on the internal network can read about these, and other advances in our healthcare systems here: [Latest IT news and updates | Candi Intranet](#) and details of the HIE can be seen here: [Health Information Exchange | North London Partners in Health and Care](#)

Overall, the Trust digital team are working to an ambitious three year digital transformation strategy, 2020 – 2023.

**Q12 Could senior management encourage ICT staff to respond to requests which have been outstanding for months. They behave like a separate entity and not part of C&I**

During the past few months, the ICT team has been extremely busy dealing with a massive demand for support and equipment to enable staff to work safely across all our sites and remotely from home. At the same time, the Trust introduced Windows 10 and Office 365 as well as a raft of other new digital technologies and systems, in a long-standing programme across the Trust to enable safer, collaborative care.

We are sorry that sometimes it has taken longer to respond to requests and queries than we would like. We have had to prioritise and sometimes that has meant there have been delays to non-urgent queries.

However, ICT has made huge changes and massive improvements across the Trust and the digital team is an integral and much-valued part of C&I.

The team are looking at initiatives to improve their service desk process and response time, and this will involve a software system called Service Now. One of the features of Service Now is the ability for those logging a request to 'track' the progress of their IT issue through to resolution. Service Now also helps the ICT team with prioritising logged issues.

**Q13 The iPads on the wards don't work or are not charged so much of the time.**

We appreciate that the iPads are popular with service users and are much-used. This does mean that they need to be charged frequently but ward staff try to keep them in good working order and ensure that they are charged up and available for service users as much as possible.

The IT team have also provided each ward with two iPads specifically for Mental Health Tribunal use, together with a guide which shows how to use these. If iPads do not work, please let staff know so that they can log a request with the ICT service desk team: [ictservice.desk@candi.nhs.uk](mailto:ictservice.desk@candi.nhs.uk)

**Q14 If there are only going to be 2 centres max this is not enough to replace the services on the St Pancras site by the sounds of it.**

We are planning to have four Integrated community mental health centres in total. Our presentation at the Annual Members' Meeting concentrated on the work done in the 2019/20 reporting year, when we made great progress with our plans for Lowther Road. In the longer term, we are also looking to open integrated community mental health centres at St Pancras and Greenland Rd with a possible fourth site identified in North West Camden. This is part of our on-going redevelopment plan

You can see more details about our plans here: [Plans to redevelop our facilities | Camden and Islington NHS Foundation Trust \(candi.nhs.uk\)](https://www.camdenandislingtonnhs.uk/plans-to-redevelop-our-facilities)

**Q15 When will the Bloomsbury building be lost to the Moorfields development?**

On our current programme of works, we would lose the use of the Bloomsbury buildings in 2022. However, we will not be losing any services as part of the redevelopment programme.

All our services will remain and will be relocated into more suitable purpose-built buildings with better facilities for staff and service users.

**Q15 Can we see the valuation of the buildings?**

You can see the list of the buildings we have and the total valuation of the buildings in the accounts but we wouldn't release details of the valuation of each building in case we get into commercial negotiations about the sale of buildings.

[The full accounts can be seen in the Annual Report and Accounts on our website here.](#) The information on the valuation of land and buildings is shown at Note 17.1 on p.187 of the annual report. As of 31 March 2020, our land was valued at £28,308,000 and buildings at £87,745,000.

**Q16 Re the sell-off of our site... "apart from St Pancras of course". this is what we feared. The land should not be sold off for housing. It should be kept for healthcare.**

Under the plans, 46% of the site will be used for healthcare, that includes Moorfields and our new building. It is also worth noting that the remaining area will be let on a long lease – we are not selling the freehold of the site so it could still be available for healthcare in future should it be required.

**Q17 You mentioned initiatives to support BAME staff, what type of support is there for those working in community settings?**

Our programme to support BAME staff is across all areas of the Trust, including community settings. We have recently launched a BAME Leadership Development Programme for band 6 or band 7 staff who would like to progress their careers within the Trust.

A mentoring programme has been put in place to give BAME colleagues the opportunity to progress their careers with the help of more senior members of staff. We hope that this will give them the skills and confidence to apply for promotion to leadership roles.

We have also decided that a trained BME Equality Champion representative must be on the interview panels for all interviews for positions at Band 6 and above.

**Q18 Where is that pool table? One of the wards wanted one and was told they could not have one on safety grounds so where is that one?**



The pool table pictured is on Coral Ward. Each ward is carefully assessed for what activities and equipment is suitable and safe. It is not clear from your question which ward was not able to have a pool table so it is not possible to give specific reasons as to why it wasn't suitable in that case. We do provide a wide range of safe and suitable activities for patients on every ward and we are always open to ideas and suggestions for new ones

so please do approach ward staff and share your thoughts. Our ward activity workers are very innovative and creative and would love to hear from you.