For general release

REPORT TO:	**Health and Social Care Scrutiny Sub Committee 21st March 2017**
AGENDA ITEM:	**6**
SUBJECT:	**South London and Maudsley NHS FT – annual update report**
LEAD OFFICER:	**Neil Robertson, Service Director and Croydon Lead South London and Maudsley NHS Foundation Trust (SLaM)**
CABINET MEMBER:	**N/A**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**South London and Maudsley NHS Foundation Trust (SLaM)**

ORIGIN OF ITEM:	This item has been included in the Committee's work programme.
BRIEF FOR THE COMMITTEE:	To receive the annual update of the successes, challenges, constraints and financial pressures the Trust faces whilst still continuing to deliver a high quality service please focus on the following: - Some patients' stories - CQC Inspection outcome and Quality Account issues - Social Care update - Central Place of Safety - Outcome based commissioning - Workforce development - Research
CORPORATE PRIORITY/POLICY CONTEXT:	
FINANCIAL IMPACT	
FORWARD PLAN KEY DECISION REFERENCE NO: N/A	
RECOMMENDATION: The committee is requested to comment and note the contents of this report.	

1. SUMMARY

This report provides an annual update from South London and Maudsley NHS FT. Specific themes were addressed at last year's update, which included CAMHS, demand for mental health acute care and the Trust's forward plans against NHS planning guidance. This update report will focus on the issues set out above which were identified by the Chair as of particular interest to the Committee as well as a Social Care update.

2. PATIENTS STORIES

The Trust Board continues to receive a patient story at the beginning of each meeting. An improved process has been designed and from October 2016 changes to the way the Board receives feedback from CAGs about service user and carer experience were implemented.

The monthly patient story has been replaced with a more in-depth summary report which focuses on a specific service (ward or team level). The report identifies key themes from service user/carer feedback and how the service has responded to the feedback. The team is required to send a report back to the Board four months later to outline what the impact of their actions has been.

The nature of the patient story has changed as well in that it needs to be reflective of an issue raised by a service user or carer to the ward/team with a clear outcome based on the feedback.

Example One: The Introduction of Individual Patient Mobile Phones in a Forensic Secure Environment

Historically, in High and Medium Secure Forensic secure services mobile phones are a banned item. The ban on mobile phones is due to the potential risk of harm to vulnerable patients and visitors from the inappropriate use of mobile devices, e.g. access to detrimental material and or taking unauthorised photographs or video recordings which could interfere with patient safety, dignity and privacy and compromise patient confidentiality. In addition, the use of mobile phones can be intrusive and impact adversely on the environment of others. Patients have access to a pay phone on each ward with approximately 15 patients sharing.

In August 2015 the patient representative monthly meeting was established chaired by the Service Director and co-facilitated by a Senior Occupational Therapist (OT). Each of the 8 forensic wards within the forensic inpatient services elected a patient representative to attend the meeting to represent the patients from their respective ward.

The overall aim and purpose of the Patient Representative Meeting is to discuss concerns and examples of good practice raised by patients in forensic inpatient Secure Services and discuss potential resolutions and ensuring consistent approaches where possible and to provide a face to face link between patients and

CAG senior management. One of the Patient Representatives on a monthly basis attends the Forensic Offender Health Senior Management Team (SMT) and discusses issues with Senior Management so that issues are resolved or new ways of working are collaboratively negotiated and developed.

One of the issues raised by the Patient Representatives was the ban on mobile phones. Having one pay phone for approximately 15 patients was considered by the patients to be restrictive; the pay phone tariff was expensive; it did not promote the relationship and communication with families and friends and also did not promote normalisation with the use of the mobile phone in daily life.

The introduction of patient mobile phones was discussed by the Forensic Offender Health SMT in collaboration with a Patient Representative and it was agreed that the Senior OT who co-facilitates the Patient Representative meeting would produce a draft local protocol. It was agreed that the patient mobile phones would initially be introduced on the Tier 2 (rehabilitation) wards – Brook and Effra and also Waddon. It was agreed that the mobile phone would be 'dumb' and not a 'smart' phone. As such the mobile phones agreed do not have internet or photo capability. Patients are responsible for the purchase of their own phone, from a jointly approved SMT and patient list, with the exception of those in receipt of destitute funds.

Example Two - Westways Rehabilitation Inpatient Unit, Psychosis CAG

The Trust smoke-free policy was introduced in October 2014 and has been challenging for both patients and staff, especially on longer-stay units like Westways rehabilitation ward, Bethlem Royal Hospital. In January 2016, the team decided to implement the second stage of being smoke free. This included not facilitating any smoking activities and not storing tobacco and lighters for the patients. This meant that patients could not bring their tobacco and lighters to the ward. This was particularly challenging, with no smoking on site and no easy way for people to smoke on short leaves.

The journey started with staff members and building their confidence and skills in implementing the policy and working with the cultural move from smoking to fresh air breaks. The team was trained up and worked together to implement the SLaM smoke free policy and effective management of tobacco dependence for those on the ward. Over 80% of staff members were trained in smoking cessation level 1 and two in smoking cessation level 2, giving them skills in facilitating smoking cessation groups. The team recognised that this was challenging for patients and identified ways of supporting patients and each other. Smoke-free advisors were invited to team meetings and patients' community meetings to discuss possible challenges arising from the Trust initiative, what it means for individuals and how to manage.

From January 2016, a smoking cessation group was started once a week. This group was co-facilitated by the Bethlem site smoke-free advisor and a level 2 trained member of staff from our team. The group was attended regularly by about 60-80% of the patients who smoked.

It continues to be a challenge. Patient feedback in community meetings and 1:1

sessions that they feel their autonomy and choice are frustrated. Some want to continue smoking and there are attempts to get round the policy such as the smuggling in of odd cigarettes. On the other hand most want to improve their health and the team has been able to link in to this and promote all round wellbeing to break the reliance on smoking.

People are not forced to stop smoking. Team efforts are geared towards helping people manage their tobacco dependence while they are in hospital. Rather than leaving them to crave for nicotine, staff helps people to try different nicotine products to manage their withdrawal. It is a health-promotion intervention to support people to improve their physical and mental health.

People are encouraged to talk and discuss their thoughts and ideas. The team is not saying they cannot smoke at all, rather that it will not facilitate them to smoke, in the same way it we would not facilitate them to use alcohol or legal highs.

Example Three: Patient Advice and Liaison Service (PALS)
An individual rang about his brother who has severe anxiety and is unable to leave his house because of it. His brother had been referred to and accepted for treatment for his anxiety but did not feel he would be able to attend because he was unable to leave his house. The enquirer wishes to know if his brother could receive home treatment because he only lived five minutes away from the Anxiety Centre. The enquirer was also thinking about making a complaint.

PALS passed on concerns to relevant psychology team and included links to other resources on anxiety and panic attacks in addition to the Trust 24 hour support line number, general carer's information and carer's information aimed at anxiety problems. PALS included complaints details but suggested to the enquirer that it might be worthwhile waiting to see what the psychology team has proposed.

Psychology team formulated a step by step plan; a telephone assessment appointment was arranged; it was agreed to accommodate one or two sessions in the clients home alongside a gradual exposure to support leaving the home followed by regular therapy appointments. No complaint was made.

3. CARE QUALITY COMMISSION (CQC) UPDATE AND QUALITY ACCOUNTS

The table below outlines the current Trust rating as a result of the CQC compliance inspection carried out on 21 – 25 September 2015

Overall rating for services at this Provider	Good
Are Mental Health Services safe?	Requires improvement
Are Mental Health Services effective?	Good
Are Mental Health Services caring?	Good
Are Mental Health Services responsive?	Good
Are Mental Health Services well-led?	Good

Table One: CQC current Inspection ratings.

Following the full CQC Compliance inspection of the Trust in September 2015, the CQC carried out a week long compliance re-inspection of the acute pathway during the week commencing 30th January 2017. This re-inspection involved the CQC inspection Team visiting 21 Inpatient wards in the acute pathway. The re-inspection centered on checking the implementation of both the MUST and SHOULD DO compliance action plans following the Compliance CQC Inspection in September 2015. The visit also included a Mental Health Act review (MHAR) of two Inpatient Wards

Wards inspected outlined below:

Monday	Tuesday	Wednesday	Thursday
Ruskin Ward	John Dickson Ward	ES2	Lambeth Triage
Luther King Ward	Bridge House	AL3	Powell Ward
Wharton Ward	Lewisham Triage	Nelson Ward	Johnson Ward
Croydon Triage	Gresham 2	LEO	
Gresham PICU	Clare Ward MHRA	Clare	
		JBU	
		Gresham 1	
		Eden Ward	
		Powell MHAR	

Table Two: Wards inspected during CQC Inspection 30/01/17-03/02/17. Wards highlighted in red are Croydon facilities.

3.2 Verbal feedback from the CQC inspection

Following the February re-inspection, the overall the tone of the feedback was positive and supportive of the progress that the Trust has made over the last 15 months. The next step will be for the inspectors to produce a draft of their report in the next 6-8 weeks. The Trust will have an opportunity to correct matters of fact, and following publication will be required to develop a further action plan.

Of the must do's from the previous inspection, they found that the Trust had resolved most of them and made significant progress on the remainder. On this basis, the Trust will not be issued with any enforcement notices and they recognised our positive

progress, particularly in the Safety domain which had previously been assessed as inadequate.

Positive feedback from the inspectors included:

- The new Acute Care CAG was highlighted by inspectors as a better way of organising services and one that is making a real difference.

- Our work to improve care planning and risk assessment with the new electronic record tools was positively commended.

- Inspectors noted the success of our work to reduce the use of out of area beds.

- Our Home Treatment Teams were said to be working very well and inspectors praised the regular contact with wards at the teams meeting and assessing patients.

- Physical care of patients was good with good practice including support for smoking cessation.

- We are working hard at meeting nursing shortages, for example, through the development of the Band 4 Assistant Practitioner pilot aimed at allowing support workers to undertake further training and develop additional skills.

- We have done well reducing the use of restraints and minimizing ligatures.

- Service user feedback was overall very positive across all sites.

- Lambeth teams demonstrated particularly good safeguarding, some of the best that the CQC had seen, alongside strong risk management and Mental Capacity Act practice.

Areas that the CQC highlighted where we need to continue to make progress included:

- The environment on some of our wards still needs to be improved, including ensuring a rapid response to identified ligature risks.

- Safeguarding referrals at the Royal Bethlem Hospital were not always reported and recorded.

- Staffing issues including the impact of vacancies on patient experience such as reduced leave or activities on the wards.

- We have further work to do in providing live and useful information at a ward level that supports really effective local leadership.

- Inspectors said that we could improve communication to staff where we are making changes to our services as not all staff felt they were kept informed.

- Access to drinks for patients at night time needs to be more consistent across the Trust.

- The safe storage of patients' personal belongings could be improved

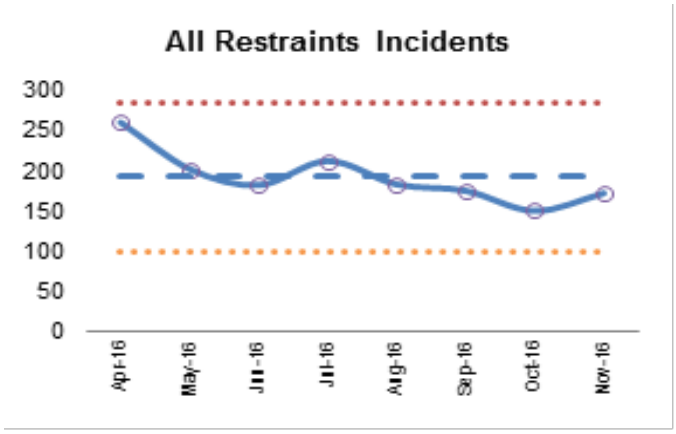
- There was scope to improve communication between wards and community mental health teams

3.3 Quality Priorities 2016/2017

The following outlines the quality priorities for 2016/17:

This year have seen some improvements in some of the quality priorities set which have aligned with existing quality improvement work and CQC action plans.

A reduction in restrictive interventions

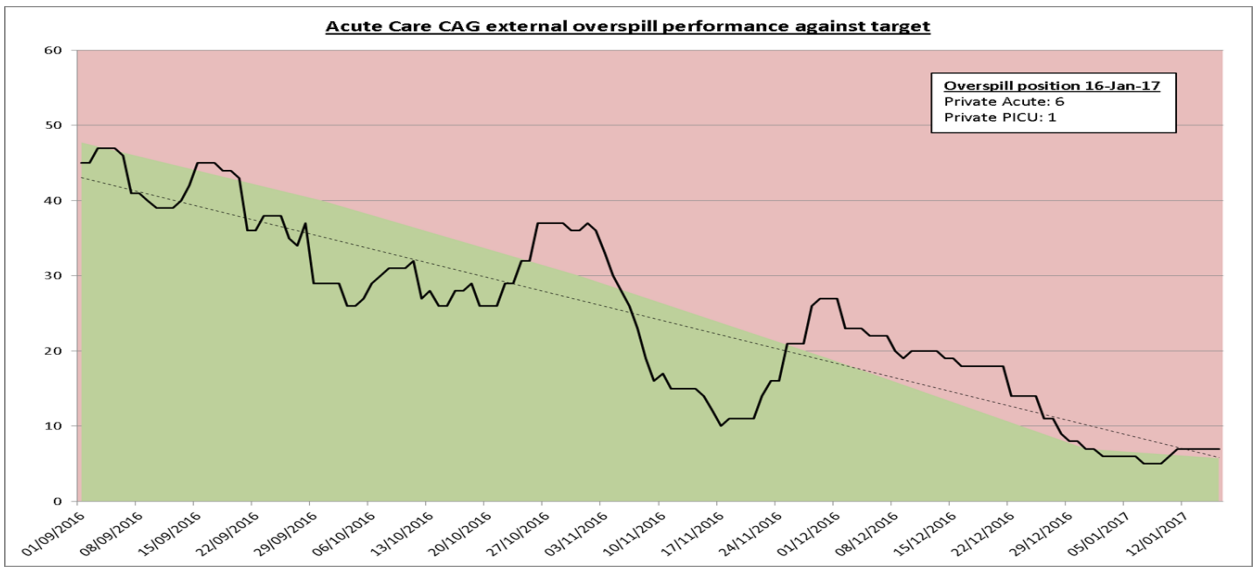


Risk assessments and Care Plans

Improvements identified by the CQC during the re-inspection regarding Risk Assessments and Care Plans. This is as a result of the new Electronic Patient Journey record Risk Assessment and Care planning Tool developed and subsequently rolled out.

Care closer to home

Reduction in the use of external overspill beds



Community Physical Healthcare Monitoring

The community physical health screen was launched in November 2016, and is now fully implemented on the Trust electronic clinical record.

Environment

The Trust benchmarks again the NHS Patient-Led Assessment of Care Environment (PLACE) framework. The Trust's average score for 2016 is 95%.

Year	Site	Cleanliness	Food and Hydration	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
2016	All Sites	99.26%	88.07%	96.24%	97.84%
2016	National Average	98.06%	88.07%	84.16%	93.37%
2016	% above National Average	1.20%	0.00%	12.08%	4.47%

3.4 Areas requiring continued improvement for 2017/2018

A SLaM Quality Priority setting event has been arranged for external and internal stakeholders for the 22/02/17, some of the suggested priorities to roll over into 2017/2018 are as follows:

- Digital Health
- Carers assessments
- Reducing restrictive Interventions
- Staffing levels

Following this event the priorities will be set for 2017/2018 and inform much of the quality improvement work going forward.

4. SOCIAL CARE UPDATE

The last 12 months have included significant challenges with the Local Authority, the Clinical Commissioning Group and the Trust all experiencing significant demand pressures. Croydon Integrated Adult Mental Health Services in Croydon is formed of a partnership between health and social care and has sought innovative and creative solutions to the challenges faced. Community teams, including their social care staff, have realigned alongside GP network creating a more joined up service for residents.

The number of people recorded as Delayed Transfers of Care in hospital saw a steep increase in 2016 with the number peaking at 30 in August 2016. A number of actions have been taken throughout the year to address this issue including weekly meetings involving the Trust, the Local Authority and the CCG to look at individual cases to remove barriers to discharge. As part of that work accommodation has been a key feature so fast-track processes are now in place for agreeing funding for care packages or residential placements and reprioritising people eligible for supported housing. Health and social care staff are working closely with the Council's SNAP team to ensure the borough's residents are able to step-down into more independent forms of accommodation as they progress in their recovery. The Head of Mental Health Social Care, the CCG Head of Mental Health Commissioning and Clinical Service Leads from SLaM join a weekly surge call coordinated by NHS England to ensure Delayed Transfers of Care are addressed.

The Director of Social Care led on the engagement work in relation to the Centralised Place of Safety and the four boroughs. A memorandum of understanding has now

been signed off by each of the Directors of Adult Social Services in Croydon, Lewisham, Southwark and Lambeth, agreeing operational procedures which each borough will follow. The Centralised Place of Safety has now opened and early feedback from the AMHP Leads in the four boroughs suggests that the new facility and associated procedures are working well so far.

4.1 Social Care Strategy

The Director of Social Care is leading on a Social Care Strategy which has three main work streams:

- **Social care performance and personalisation.** A social care performance dashboard has been developed which, for the first time, sets out the key performance indicators in the Adult Social Care Outcomes Framework which SLaM is responsible for delivering on behalf of Croydon Council within the Section 75 Partnership Agreement. The Section 75 agreement is in draft following legal advice from SLaM and Croydon Council. A final draft of the agreement and schedules is expected over the coming weeks and will then go to sign off by each organisation. The full social care performance dashboard will be fully functional by the end of March 2017, to enable operational managers in SLaM to performance manage social care outcomes in the same way as health care outcomes. The Head of Mental Health Social Care in Croydon has also delivered a 'master class' in social care to ensure all managers are clear on the statutory duties they are responsible for delivering on behalf of Croydon Council. Work is on-going in relation to the implementation of the Care Act duties. An introductory course to the Care Act and personalisation has been delivered in the Recovery College by the Director of Social Care and Croydon social workers. The carers' assessment in SLaM has been reviewed and replaced by a 'Carers' Engagement and Support Plan' to improve engagement with identified carers and increase the uptake of carers' assessments. This has been developed within SLaM and has clear links to Croydon Council's guidance and forms when a statutory assessment under the Care Act is indicated.

- **Professional Social Work.** There are 2 programmes of work which Croydon Council is collaborating with SLaM to promote and improve professional mental health social work in integrated services: 'Think Ahead' and 'Social Work for Better Mental Health'. 'Think Ahead' is a fast track scheme for graduates to become mental health social workers. It blends world-class academic learning with extensive on-the-job experience, over the course of a two year period. Croydon Council and SLaM's joint application to the Think Ahead programme has been successful and Croydon integrated mental health teams will be hosting a unit of 4 participants in September 2017. 'Social Work for Better Mental Health' is a national programme, commissioned by the Chief Social Worker for Adults in England, Lyn Romeo, to ensure that the role of mental health social work is clearly defined within integrated services and is fit for purpose. Croydon Council social workers are actively participating in the programme which will result in an improvement action plan for professional social work.

- **Safeguarding Adults and Children.** Over the last 12 months, work has continued to develop systems and processes within SLaM to enable better quality and more accurate reporting of safeguarding activity for both adults and

children. Templates have been designed in both areas for staff to record safeguarding activity which will enable more robust performance management. Data is now being collected and presented to the Trust-wide Safeguarding Adults and Children's Committees for scrutiny and challenge.

5. CENTRAL PLACE OF SAFETY

Section 136 of the Mental Health Act (1983) gives the power to the police to detain someone that they believe to require urgent care due to being mentally disordered. Use of this section requires the police to fulfill a number of conditions for its use to be lawful. A place of safety, which is usually a hospital, is a safe environment where the child or adult can be conveyed to undergo assessment and formulate plans for the next stages of treatment and/or care.

In London, 75% of section 136 detentions occur out of hours and the person's experience of this intervention is reported as mixed. To improve crisis care, in particular the interventions of a place of safety, the London Crisis Commissioning Standards were developed in 2014 to ensure effective crisis care and specifications for places of safety. One particular challenge for London has been the use of police cells as places of safety, which is contrary to the Mental Health Act. The London wide partnership approach to crisis care has seen a significant reduction in the use of police cells in as a place of safety between 2013 and 2016. Use of police cells across London and the rest of the country result in hospital based places of safety being full or not being adequately resourced at a particular point in time.

In response to the challenges, SLaM has developed centralized place of safety to provide safe and effective care. The centralized facility is based at the Maudsley and offers a newly refurbished environment that serves Corydon, Lambeth, Lewisham and Southwark. This 24 hours service provides a dedicated nursing and medical team who are committed to emergency care to people who have been detained under section 136 of the Mental Health Act. The service model is underpinned by the specification of a health based placed of safety pathway (2016).

To date, the Central Place of Safety is fully operational, with Lewisham being the last borough to move on the 7th of February 2017. The Memorandum of Understanding for the place of safety was signed off by the Croydon Director of Social Care on the 16th December 2016 following collaboration with the Trust's Director of Social care.

The service is actively taking part in the pilot being delivered via the Healthy London Partnership. Specifically SLAM's Place of Safety will be seeking to measure performance and patient outcomes as described in the newly launched specification for the London 136 pathway. This is an important step in improving care for patients who present in crisis and have urgent care needs.

6. OUTCOME BASED COMMISSIONING FOR MENTAL HEALTH OF OLDER ADULTS

SLaM is one of the six partners in the Alliance seeking to redefine the services offered to older people in Croydon. The alliance approach has significant potential benefits for mental health services as whilst the contractual value may be relatively small (<5%),

the potential impact across the population is much greater. Since October 2016 there have been a number of changes to the programme in order to improve joint working between providers, the CCG and the Local Authority. The Croydon Alliance has recognised the need to further develop its governance processes to ensure mental health plans are developed with appropriate support from SLaM and are aligned around NICE guidance and reference evidence based models of care.

A key element of the Alliance work affecting the way care is provided is the development of the multi-disciplinary Integrated Community Networks (ICNs). SLaM will continue to work with providers via ICNs in supporting older people to stay well and independent with open access to secondary care services as appropriate. SLaM MHOA is currently involved in exploratory discussions around the development of Complex Care Hubs in setting out how specialist mental health resources will be involved. SLaM is keen to explore how new integrated roles, such as Personal Independence Coordinators, can be actively involved and supported in delivering improved mental health outcomes and in further developing Alliance initiatives on improving the quality of care home provision within the borough .

We understand that the Scrutiny Committee will be receiving a report from the Alliance.

7. WORKFORCE DEVELOPMENT

The National Staff Survey provides a valuable source of feedback from staff, which enables us to focus on areas of improvement in order to improve staff experience and engagement, and therefore improve on patient experience too. The overall response rate to the 2015 national staff survey was 38%, which was a reduction on the 2014 response rate of 42%.

SLaM is working hard to better engage our staff and understand their experience. We are committed to improve our staff uptake of the survey. We are also focusing our future workforce strategy to better meet the needs of BME staff and ensuring that everybody knows how to seek support if they are feeling bullied or harassed.

The Trust scored better than average for: staff receiving an appraisal in the previous 12 months (96% vs. 89% national average); effective team working (78% vs. 76% national average); staff ability to contribute to improvements at work (76% vs. 73% national average); quality of non-mandatory training, learning or development (82% vs. 80% national average); and effective use of patient/service user feedback (76% vs. 74% national average).

The Trust has also implemented measures such as the 4 Steps to Safety programme and simulation training in order to improve safety of staff and patients within our teams.

As mentioned above, we are continuing work to support the on-going development of the Trust's BME Network and develop activities, priorities and terms of reference including formal nominations for the Chair and vice Chair roles.

Although we have not yet received the results for the 2016 survey, we recognise that we are at the beginning of the improvement journey. We believe that there are a number of reasons issues that impact on survey uptake by our staff. This includes: work pressures impacting on the priority of the survey; the need for better staff engagement by the Trust, which we are prioritising; staff seeing their feedback acted on, which again is another priority for the Trust.

Since June 2016 the Trust has started to implement a 5-year Quality Improvement (QI) Programme. This will involve the systematic roll out of training for all staff so that everyone is able to implement the service improvement methodologies. We believe this will build on our positive scores around staff ability to contribute to improvements at work and learning opportunities, but also overall staff engagement. In addition, developing a QI culture, as seen in other local Trust's, positively impacts on safety, effectiveness of care and treatment and service user experience. The Trust have delivered four training programmes and are about to deliver training that will skill up our staff to provide QI coaching. The courses have evaluated well and resulted in delivering over 60 QI projects in the first waves. Our QI team is now setting up a training programme that will provide senior staff with the skills to coach teams in delivering their service improvement projects.

Other workforce priorities in coming year include recruiting to our staffing vacancies and a reduction in our reliance on temporary staffing, in particular agency spend. Recruitment and retention is a challenge across all London Mental Health Trust's. Over the last year we have run a successful recruitment campaign for ward nurses, which have benefited the Bethlem Royal Hospital site. The Trust is now developing a strategy for community nurses, with a particular emphasis on our Croydon teams. The Trust is considering all option in relation to addressing the difficulties in recruiting to Croydon when compared to inner London Boroughs.

Other strategies in relation to recruitment include the introduction of a Band 4 Assistant Practitioner role, which uses the Higher Apprenticeship model and will provide individuals in the roles with a foundation degree which can contribute to the credits and training acquired through formal clinical training. Our intention is to support employment of our local communities and also grow our clinical workforce of the future, and hopefully mitigate gaps created by drop in training numbers following the removal of the healthcare training bursary.

Retention strategies are also being developed in order to help retain our workforce. Two of our clinical academic groups are conducting a pilot where the service and directors reach out to new employee and those staff who have been employed for one and two years. This includes offering a meeting with individuals to support workforce engagement. The approach has been received positively by the staff concerned.

The Trust is working hard to reduce the use of agency in our inpatient and community settings. The use of agency is the last resort in order to ensure that our inpatient areas meet the required national standards for Safer Staffing. Where temporary staff is required we use NHS Professionals (NHSP), which is a national pool of bank staff. Where NHSP cannot fill an inpatient shift they will put this out to nursing agencies that meet the approved training and competency standards for the NHS.

Finally, the Trust's chief operating officer is working with a number of housing associations to identify synergies that will provide affordable housing for our clinical staff. This work was launched in October 2016 following a multi-stakeholder housing summit which explored opportunities for our service user and staff.

9. RESEARCH

The Trust has a close clinical and academic partnership with the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) King's College London. The Institute is Europe's largest centre for research and post-graduate education in psychiatry, psychology, basic and clinical neuroscience.

South London and Maudsley is committed to ensuring that all research being undertaken is of high scientific quality and of a high ethical standard.

Together with the Institute, we host the National Institute of Health research (NIHR) Mental Health Biomedical Research Centre and Dementia Unit. These centres aim to speed up the process by which the latest medical research findings are used to improve patient care. The National Institute of Health Research Biomedical Research Centre at the

Below is a summary of just some of the research studies that are being undertaken in partnership with the Trust and the Institute.

Example one - The Cognitive Remediation in Bipolar (CRiB) Study

CRiB study is investigating whether a new psychological therapy, cognitive remediation (CRT), can improve thinking skills and general functioning in people with bipolar disorder. Patients aged 18-65, who have a diagnosis of bipolar disorder and are currently not experiencing any disabling symptoms of depression or mania, are eligible to take part. Half the participants will be randomly allocated to receive CRT, including training sessions with a therapist for 12 weeks, while the rest will continue any treatments they might currently receive. All participants will undergo 3 neuropsychological assessments over a 25-week period.

Example two - The Lithium versus Quetiapine in Depression (LQD) study

LQD is comparing the effectiveness of two commonly used and recommended therapies (lithium and quetiapine) when taken alongside another antidepressant. This clinical trial is currently recruiting patients who have failed to respond to at least two antidepressant medications (commonly defined as treatment resistant depression). Patients take part in the study over the course of one year. Evidence shows that both lithium and quetiapine can help people with treatment resistant depression (they are already known to be more effective than a placebo), but we do not know which is *more* effective. Knowing this could improve the care that many patients receive.

Example three – RADAR-CNS and IMPARTS Studies

RADAR-CNS programme, which is an international, pre-competitive, private public partnership funded by the European Commission and industries, in which we are assessing whether data flows from smart phones and wearable devices can be used to inform clinical decision making, in particular by identifying a set of markers which might indicate someone was about to experience a relapse from depression because of a change in their sleep speech or social activity.

An example of bridging the gap between mental and physical health is the IMPARTS programme in which we are using tablets in waiting rooms of general hospitals to identify people who are experiencing significant mental health problems, including depression or anxiety, as well as measuring their experiences of physical symptoms and disability. IMPARTS allows us to signpost people to receive care they need, as well as training staff in physical health environments to start conversations with patients about mental health issues. The programme has been implemented across King's College Hospital and Guy's and St Thomas' Hospital NHS FT and we are exploring wider roll out.

Example four - Intranasal ketamine for Treatment Resistant Depression

This study is evaluating the long-term safety and efficacy of ketamine (given as a nasal spray) in addition to an antidepressant in people with treatment resistant depression. Patients above the age of 18, who have been diagnosed with major depressive disorder and have not responded to at least 2 antidepressant treatments, may be eligible to participate. All patients enrolled in the study receive ketamine treatment for up to one year and undergo frequent health, safety and efficacy checks throughout the duration of the trial.

Example five: Randomized placebo-controlled trial on short- and long-term effectiveness, Safety and adherence during treatment with Olanzapine vs. placebo for patients with Anorexia nervosa (SAOLA)

This study will assess the safety and usefulness of olanzapine tablets for patients diagnosed with Anorexia Nervosa. Patients (both those staying overnight in hospital and those receiving treatment services during the day) who are at least 18 years old may take part in the study. All patients will receive standard treatment for Anorexia Nervosa, plus a course of either olanzapine tablets or dummy tablets. All patients enrolled in the study, which lasts for up to one year, will undergo frequent health, safety and progress checks throughout the length of the trial.

Finally, to support the recruitment of patients in all clinical trials, the Trust has implemented a strategy to identify patients from our clinical teams. The initiative has been very successful and one Croydon community mental health team received a reward from the Trust and Institute for their achievement in engaging their patients in research.

CONTACT OFFICER: Neil Robertson
Service Director (Borough lead Croydon)
South London and Maudsley NHS FT

BACKGROUND DOCUMENTS: None