



NOTICE OF MEETING

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND HARINGEY SUB GROUP

Contact: Christian Scade

Tuesday 19 May, 2015 at 10.00am

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Councillors: **Membership to be confirmed**

AGENDA

- 1. WELCOME**
- 2. APOLOGIES FOR ABSENCE**
- 3. ELECTION OF SUB GROUP CHAIR**
- 4. DECLARATIONS OF INTEREST**

Members of the Committee are invited to identify any disclosable pecuniary or prejudicial interests relevant to items on the agenda. A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting at which a matter is considered:

- a) Must disclose the interest at the start of the meeting or when the interest becomes apparent; and
- b) May not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in their borough's Register of Members' Interests or the subject of a pending disclosure must notify their Monitoring Officer of the interest within 28 days of the disclosure.

- 5. MINUTES (PAGES 1 - 6)**

To approve the minutes of the meeting of 23 March 2015.

6. DRAFT QUALITY ACCOUNT (2014/15) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST (PAGES 7 - 60)

To consider the draft Quality Account for 2014/15 – **attached**.

Interviews with:

- Maria Kane, Chief Executive, Barnet, Enfield and Haringey Mental Health NHS Trust
- Andrew Wright, Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust
- Mary Sexton, Director of Nursing, Safety and Quality, Barnet, Enfield and Haringey Mental Health NHS Trust

7. CONTRACTING AND FUNDING ARRANGEMENTS UPDATE (PAGES 61 - 62)

To receive an update on the contracting and funding arrangements between the commissioning Clinical Commissioning Groups (CCGs) and Barnet, Enfield and Haringey Mental Health NHS Trust for 2015/16.

Interviews with:

- Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical Commissioning Group.
- Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group
- A representative from Barnet Clinical Commissioning Group will also be in attendance.

A short briefing paper prepared by Graham MacDougall, on behalf of the CCGs, is **attached**.

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- Councillors Connor, Pearce, Cazimoglu (Vice-Chair, in the Chair), Old and Cornelius
- Witnesses Maria Kane, Chief Executive, Barnet, Enfield and Haringey Mental Health NHS Trust.
- Andrew Wright, Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust.
- Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical Commissioning Group
- Keith Dean, Mental Health Programme Manager, Enfield Clinical Commissioning Group
- Apologies Councillor Bull

BEH.1 WELCOME

Councillor Cazimoglu, Vice-Chair in the Chair, welcomed representatives from Barnet, Enfield and Haringey Mental Health NHS Trust and from Enfield Clinical Commissioning Group to the meeting.

BEH.2 APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Councillor Bull.

BEH.3 DECLARATIONS OF INTEREST

Cllr Connor declared a personal interest as her sister worked as a GP in Tottenham.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

BEH.4 MINUTES

RESOLVED: That the minutes of the meeting held on 15 July 2014 be approved as a correct record.

BEH.5 BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST - UPDATE

Barnet, Enfield and Haringey Mental Health NHS Trust and CCG Commissioning Update

Maria Kane, Chief Executive, Barnet, Enfield and Haringey Mental Health Trust, provided an update on the Trust's financial position. The sub-group noted, with concern, that Barnet, Enfield and Haringey Mental Health NHS Trust was the only mental health trust in the country operating with a deficit.

The Trust was forecasting a £4.7m deficit budget for 2014/15 and Ms Kane informed the sub-group that an increased financial deficit was expected for 2015/16. The deficit

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for 2015/16 was expected to be £13.3m, subject to the outcome of continuing contract negotiations.

Ms Kane informed the sub-group that the Trust continued to focus on the quality of care provided. However, it was noted that the Trust was in the process of developing plans to address the challenges of increased activity with real terms reductions in funding. It was noted that the Trust had recently been successful in winning new business, with contracts for new services in Forensic mental health, and had strengthened its senior leadership team with a new Executive Director of Patient Services and new Executive Director of Workforce.

The sub-group was informed that the Trust had adopted an enablement focused model of care. It was explained that this was about helping patients to care for themselves as much as possible and to reduce dependences on services. It was recognised there was strong evidence nationally and internationally that, over time, this model would improve services for patients and would allow the Trust to help manage the increased demand for its services.

The sub-group was assured that the Trust had been working with key stakeholders to convert “Live, Love, Do” into tangible deliverables and outcomes against which providers could be commissioned and against which each patient could measure their recovery process. It was noted that CCGs were seeking one off funding to fund this significant change management programme.

During the discussion, reference was made to the following:

- Historical financial challenges faced by the local health economy.
- The independent report from Mental Health Strategies concerning the underlying funding of local mental health services across Barnet, Enfield and Haringey.
- The Rubicon Review, carried out by Rubicon Consulting, that concluded that there were some changes that the Trust could and should make in order to help improve its financial sustainability, such as the introduction of enablement focused services and changes to the Trust’s estate.

The sub-group was informed that if the Trust was unable to become financially sustainable, in its current form in the long term, then local commissioners would need to seek alternative arrangements for the provision of services. Ms Kane informed the sub-group that it was the Trust’s view that it would be very disruptive to patients and staff if the Trust was to be merged with another organisation and, importantly, it would not solve the fact that local mental health services were not currently financially sustainable. It was noted that the Trust would continue to work with the NHS Trust Development Authority and local CCGs to explore options for the future.

Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical Commissioning Group, reported that mental health was one of six key strategic initiatives for the CCGs of North Central London. This included the development of Value Based Commissioning for Psychosis. It was noted that a tri-borough commissioning strategy was in place, across Barnet, Enfield and Haringey, in addition to individual CCG strategies which all focused on prevention, wellbeing and recovery.

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During discussion, reference was made to a number of issues, including:

- NHS Planning Guidance that had recently included mental health waiting times as part of delivering parity of esteem with physical health. It was noted that additional funding had been made available to the Trusts nationally to reduce waiting times and to position them to deliver new targets, although BEH-MHT had not received any additional funding from the three local CCGs for this.
- The NHS Planning Guidance that stated “*mental health spend will rise in real terms in every CCG and grow at least in line with each CCG’s overall allocation growth*”.
- Mr MacDougall commented that the NHS, in its planning guidance, had given an unprecedented opportunity for providers to work collectively together in a formal arrangement to deliver care to particular populations. Mr MacDougall went on to provide information on mental health investments that had been made across Barnet, Enfield and Haringey CCGs.
- The Mental Health Crisis Care Concordat. It was noted that this was a national agreement between services and agencies involved in the care and support of people in crisis. The sub-group was informed that Barnet, Enfield and Haringey CCGs had been working with the Trust to finalise a review of the mental health crisis pathway and to develop an action plan that delivered against the principles set out in the concordat.
- The work of the Clinical Quality Review Group and Sustainability Steering Group.
- The implications of the Dalton Review and the Care Act 2014 in relation to local mental health services.
- Recent articles in the Times newspaper (12 March, 2015) concerning child mental health.
- The Better Care Fund (formerly the Integration Transformation Fund) and how money was being spent to improve the way health services and social care services worked together.
- The work of Simon Stevens, Chief Executive of NHS England, in developing a five year forward view for the NHS and the implications of this for local mental health services. It was noted that the Trust had recently written to Mr Stevens to raise concerns about funding for 2015/16.
- The mental health needs and effectiveness of service provision for people in the criminal justice system across North Central London.
- The impact of delayed discharges, targets and reporting associated with delayed discharges, the use of private sector beds, and the recent improvements that had been made across all three boroughs.
- The excellent work being carried out by Somerset Partnership NHS Foundation Trust in relation to mental health.

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St Ann's Hospital Update

Andrew Wright, Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust, provided an update on the redevelopment of St Ann's Hospital. The sub-group was informed that:

- Many of the buildings at St Ann's were out-dated and hindered the provision of high quality health services.
- The mental health wards at St Ann's were no longer fit for purpose.
- A number of buildings at St Ann's were vacant or partially occupied and the Trust was spending money on maintenance rather than patient care.
- Major changes were required to improve the health facilities on the site for the future.

Mr Wright informed the sub-group that the Trust had submitted an outline planning application to Haringey Council in 2014. The proposals included:

- The retention of all existing health services on the St Ann's site in improved, modern facilities.
- The creation of a brand new mental health inpatient building.
- Up to 470 residential dwellings (including an element of affordable housing).
- The creation of new areas of public open space.

The sub-group was informed that the outline planning application had been considered by Haringey's Planning Sub Committee on 16 March 2015 and had been approved, subject to referral to the Mayor of London.

The sub-group was asked to note that over a third of the site would be required to accommodate existing and future health facilities. Mr Wright commented that the only source of funding for the proposed new health facilities would be from the sale of the surplus land.

The next step for the Trust would be to seek formal approval (during summer 2015) from the NHS Trust Development Authority (TDA). Approval from the TDA would enable:

- A final planning application for the new mental health facilities to be made to Haringey Council by the autumn of 2015.
- Work to start on the new health facilities by spring 2016, with a two year build period for completion. The residential development was envisaged to start around the same time, with a phased build programme over four to five years.

During discussion, reference was made to the following:

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- Affordable housing provision. It was noted 14% affordable housing had been agreed and that there would be a further affordable housing contribution should the value of the surplus land be more than the Trust required for the new mental health inpatient facilities.
- The need for the Trust to engage and consult with a wide range of stakeholders, including service users, in work to design the new health facilities.
- The work of an independent Commission, chaired by Lord Crisp, that had been set up, in February 2015, to review the provision of inpatient psychiatric care for adults in England, Wales and Northern Ireland.

The Chair thanked officers from Barnet, Enfield and Haringey Mental Health NHS Trust and Enfield CCG for their attendance at the meeting.

RESOLVED:

- 1. That the update from Barnet, Enfield and Haringey Mental Health NHS Trust be noted.**
- 2. That the update on CCG Commissioning be noted.**
- 3. That the update on the redevelopment of St Ann's Hospital be noted.**
- 4. That the sub-group hold an additional meeting on 19 May 2015 to enable joint consideration of Barnet, Enfield and Haringey Mental Health NHS Trust's Quality Account for 2014/15.**
- 5. That representatives from each of the three CCGs (Barnet, Enfield and Haringey) be asked to attend the 19 May 2015 meeting to provide an update on mental health funding arrangement and contracts for 2015/16.**
- 6. That the venue for the meeting on 19 May 2015 be confirmed outside of the meeting.**

BEH.6 DURATION OF MEETING

10.00 hrs to 11:36 hrs

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DRAFT Quality Account

2014-2015

We have 2914 staff providing mental health services across 3 boroughs and community health services in Enfield. 154,921 people accessed our services this year



We have **478** inpatient beds and two 136 Suites

99%

Our inpatient units are at our identified safe levels of staffing 99% of the time

Of our service users on CPA (Care Programme Approach), **96%** of them received a review in the last 12 months

Length of stays on our mental health adult units are 21 days and 41 days on our older people's units

We offered **XXX** service users smoking cessation



96% of 5837 records audited contained two patient identified care goals



Of our 1119 staff surveyed in the National Staff Survey, **94%** of them received appraisals last year. And we've been one of the top performing mental health trusts on this for **3** years.

We received 260 complaints this year, acknowledged **87%** of them within 3 days and investigated **96%** of them in time



What are our service users telling us?

I found Maureen very helpful and reassuring

-Enfield Triage Service

Staff listen and explain my situation, appointments are always on time, everyone very polite.

-Musculoskeletal Physiotherapy

Staff on Thames are very approachable. I don't mind travelling from Enfield, would like my daughter to be treated on this ward because the environment is clean and staff are great.

-Thames Ward

On the first meeting with Geraldine I was very impressed. She was extremely helpful and reassuring.

-Bone Health and Fracture Liaison Service

Our physiotherapist, Heather was generous with her time and care and under the circumstances of deterioration, both neurologically and cognitively, was both patient and encouraging. We could not have improved our experience.

-Community Physiotherapy

I am treated with respect and dignity. I will prefer my home to this place.

-Bay Tree House

Service very good, pleasant and friendly nurse treatment given with care.

-District Nursing Team

Great front desk staff caring and committed clinical staff to person's treatment Overall, very effective treatment and support and consultant assistance!

-Reproductive and Sexual Health

Make the forms bigger so easier to read

-Haringey Memory Service

I feel that all the staff and my key worker/care coordinator have been very supportive towards me and appreciate all the help my key worker/care coordinator have done for me

-Haringey Community Support and Rehabilitation Team

Both therapists have been patient with me and my difficulties and I felt they actually listened to what i was saying.

-Enfield Complex

EIS has been great and given me so much help. I am better compared to 4 months ago.

-Haringey Early Intervention Service

I had a fantastic visit today at the clinic. The staff are always happy to help and are always very supportive. We enjoy our visits.

-Health Visiting Team

Heather has been very professional. Very helpful. It has been an absolute pleasure seeing her

-Paediatric Physiotherapy

I am happy with all the staffs support. They help me to recover and make my discharge

- Devon Ward

Staffs have been very supportive, assist me any time I need help.

-Cardamom

Nurses were very competent and understanding. I think the PACE scheme is marvellous

-Intermediate Care Team

Everyday I get a visit from the staff from CRHTT to monitor my meds. This makes me feel better and I'm so happy with the service provided. Due to the support given this has enabled me to get better - I have started going out daily, go out to do shopping.

-Barnet Crisis Resolution Home Treatment Team

You provide an excellent service we were made to feel comfortable and at ease. We were extremely happy with the service we received. thank you so much. keep up with the good work. really appreciated

- Enfield Memory Service

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Quality Account
Description of our services
Strategic Aims
The Trust's organisational structure
How to provide feedback

Part 2: Review of our quality priorities

Looking back—our quality priorities for 2014-2015
Looking forward—our quality priorities for 2015-2016

Part 3: Performance Review

Looking back - review of 2014-2015 priorities

Safety

Communication with GPs - A key priority
Improving physical health - A key priority
Safety incidents
Follow-up after discharge in our mental health services

Experience

Improving learning from incidents and patient feedback - A key priority
Patient reported experience measures
Carer experience
Do staff recommend our Trust?
Complaints and compliments
Assessments completed by the crisis resolution and home treatment team

Clinical Effectiveness

Reducing delays to discharge - A key priority
Patient identified care goals
Patient reported outcome measures
Emergency readmissions

Nationally required information

Participation in national audits
Participation in local audits
Registration with the Care Quality Commission (CQC)
Commissioning for Quality and Innovation (CQUIN)
Hospital Episode Statistics
Research
Information Governance
Data quality

Part 4: Trust achievements

Appendix 1: Statements from our stakeholders

Appendix 2: Statement of directors' responsibilities in respect of Quality Account

Appendix 3: Auditor's limited assurance report

Glossary

Useful contacts & How to provide feedback

Foreword from Maria Kane, Chief Executive



I am very pleased to introduce the Trust’s Quality Account for 2014/15. The Quality Account provides a report on the Trust’s performance in terms of quality and safety for our patients. It confirms the Trust’s commitment to providing high quality services to all our patients, delivered with care and compassion.

2014/15 was a challenging year for the Trust in many ways. The financial pressures facing our local Clinical Commissioning Groups impacted on our financial position, meaning that we ended the financial year with a deficit of £4.7m, for the first time ever in our history.

Despite the challenging financial environment the Trust is working in, we remain focused on the quality of care provided and ensuring that patient safety is prioritised at every level of the organisation. Currently, there are no outstanding issues raised by the Care Quality Commission (CQC). However, along with all other NHS care providers nationally, the Trust will be inspected by the Chief Inspector of Hospitals from the CQC, which we expect later in 2015/16.

Our major focus at present as an organisation to help us further improve the quality of care we provide, and help address the need to support increasing numbers of patients with limited resources, is adopting an Enablement focused model of care. This is all about helping people with mental health problems to care for themselves as much as possible and to reduce dependence on services. We launched a number of pilot projects in 2014/15 and will be developing these further in 2015/16. The aim is to enable service users to identify and work towards their own community, social and employment goals. We summarise this as:

- Live** – to have somewhere safe and secure to call ‘home’
- Love** – to have social contact, friends and relationships
- Do** – to access meaningful and motivating activities / job opportunities

The Trust wants to help service users build on their own strengths, develop their resilience and see themselves as residents, citizens and participants, accessing and receiving health and care services as and when required in order to maintain their own wellbeing. There is strong evidence that this is good for the quality of care for service users, good for carers and staff and also helps in providing more cost effective care.

I hope that you enjoy reading our Quality Account and learning more about the range of services we provide and how we try continually to improve them for our patients.

A handwritten signature in blue ink that reads "Maria Kane". The signature is written in a cursive style and is positioned above a horizontal line.

Maria Kane
Chief Executive

Statement from Mary Sexton, Executive Director of Nursing, Quality and Governance



I would like to start by expressing my thanks to all our service users, patients, carers, families, staff and colleagues who through their feedback and contribution have worked with us to continually improve the quality of our services and the experience of both patients and staff.

Patient care is at the heart of everything that we do and we continually aim to provide care that meets the needs of our patients and service users that is safe, effective and provided kindly offering the best experience to our patients.

We have made progress throughout the year as reflected in this Quality Account. The Quality Account describes our achievements against the priorities we set and reflects to some of the areas that will require further focus to strengthen practice and care throughout 2015/16.

I know our staff are fully committed to learning from the people who access our services and we look forward to making further improvements over 2015/16.

A handwritten signature in black ink, appearing to read 'Mary Sexton'.

Mary Sexton

Executive Director of Nursing, Quality and Governance

Part 1: Introduction to Barnet, Enfield and Haringey Mental Health Trust

1.1 What are Quality Accounts?

Our Quality Account is an important document which provide our stakeholders an opportunity to review the quality of services we provide to our local community. The Quality Account provides a means of demonstrating improvements across our services and allows us to reflect on the quality of services we are delivering.

Our Trust remains committed to continuous improvement of quality within our services. We regularly review our Quality Account priorities and performance against each of the three domains of quality, the framework to which we work:

- Patient Safety;
- Patient Experience;
- Effectiveness

In this Account, we set out to:

- Introduce the services we provide and the structure of our Trust
- Review our priorities for 2014/15 and identify our key priorities going forward
- Report on our performance during 2014/15
- Provide an update on our Trust's achievements

How we developed the Quality Account:

The Trust developed our Quality Account priorities across the domains of quality in collaboration with local stakeholders including our service users, carers, staff, Overview and Scrutiny Committees, Clinical Commissioning Groups, HealthWatch, and the local communities we serve. The importance and impact of the Quality Account will be presented and discussed at the Trust's Annual General Meeting. Our Quality Account will be made available to the public through the NHS Choices and Trust website by 30 June 2015.

Quality Account Governance

Structure:

The Executive Director of Nursing, Quality and Governance is the Executive Director with responsibility for development of the Quality Account. Executive and Clinical Directors work with our users and staff to shape improvement indicators in line with our identified Quality Account priorities. Service specific dashboards and progress reports are published quarterly for teams and departments for discussion at governance forums. The dashboards update teams on the progress made with each quality indicator to date.



1.2 What services do we provide?

Figure 1 details our current services



1.3 What were our strategic aims?

Our strategic aims for 2014/15 were :

- 1) **Excellent and innovative services for patients**
 - Providing high quality, clinically and cost effective services, delivered with care and compassion
- 2) **Developing our staff**
 - Supporting and developing our staff to be the best they can be for our patients
- 3) **Clinical and financial sustainability**
 - Ensuring the on-going clinical and financial sustainability of the trust and our services

1.4 What is the Trust's management structure?

During 2014/15 our Trust had a service line structure across all three boroughs, covering Crisis and Emergency, Dementia and Cognitive Impairment, Psychosis, Severe and Complex Non-Psychotic, Forensics and Enfield Community Services.

From 1st April 2015, our Trust has moved to borough based teams and services with a separate service line for specialised services including forensic, Tier 4 CAMHS, Drug and Alcohol and Eating Disorder Services. Borough based services will allow us to align ourselves with local authorities and commissioners and to work with primary care in a more integrated way. This change will enable us to be responsive to the local needs and differences in the communities we serve.

Part 2: Our priorities

2.1 Looking back - our quality priorities for 2014-2015

This section of the Account outlines the quality priorities we set ourselves for 2014/15 . These were determined through engagement with service users, carer, staff and our wider stakeholders such as commissioners and local interest groups. Our quality priorities reflect the three categories of quality (as defined through the Quality Accounts framework): safety, experience and clinical effectiveness.



Safety

We are committed to improving our communication with GPs so that they are aware of the level of support they need to provide to our service users based on an assessment of their current needs.

We want our service users to be empowered to take early action on indicators of poor physical health and so have improved their access to physical health checks in our mental health services. Our service users should receive appropriate follow up care and interventions for their identified physical healthcare needs.

Experience

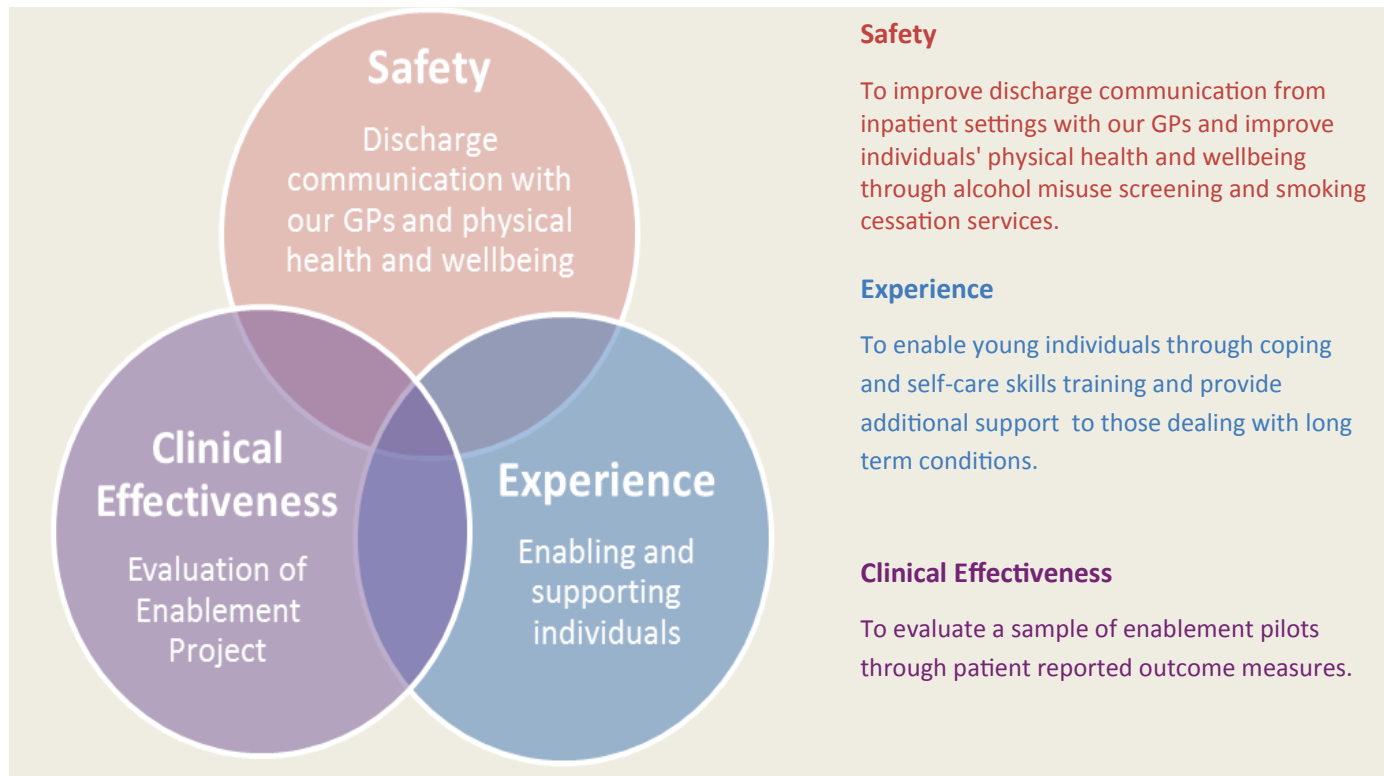
We want to promote safe care and prevent harm caused to our service users. We have been educating staff on the themes emerging from serious incidents across the Trust. We want our staff to feel comfortable with raising their concerns when they have concerns and/or feel service users are having a poor experience within our services.

Clinical Effectiveness

We recognise the need to support individuals in helping them get back to their daily routine and community after they have spent time as an inpatient in one of our wards. We are committed to improving links with our local authorities and housing support to help reduce delays in discharges related to housing needs, ensuring service users can continue to recover with the appropriate support systems.

2.2 Looking forward—our quality priorities for 2015-2016

This section of the Account outlines the quality priorities we have set for 2015/16 . The priority indicators were determined through engagement with service users, carers, staff and our wider stakeholders including our commissioners and local interest groups. These quality priorities reflect three categories: safety, experience and clinical effectiveness.



Safety

We remain committed to improving our communication with GPs and want to ensure relevant and timely information is shared with GPs on those individuals accessing our acute services as these are the individuals most acutely unwell. By March 2016, 90% of our discharge communications will contain the specific information requested by our GPs and be sent on time. We will monitor this quality indicator quarterly through our Integrated Quality and Performance dashboard and Board sub-committee.

We want to implement screening for alcohol misuse across all of our services so that we may give individuals the appropriate level of support when they access our services. We remain committed to helping individuals to quit smoking, we will continue to monitor whether smoking cessation services are appropriate to all individuals who access our services. By March 2016, our staff will have received additional training on alcohol screening tools and our services will have implemented the Fast Alcohol Screening Test (FAST). We will monitor the implementation of the FAST tool in our services through our Integrated Quality and Performance dashboard.

Experience

We want to provide young people with self-care and coping skills training to enable them to proactively manage personal issues which they may experience. We want to provide additional support to those dealing with a long term conditions through an active support group which will help individuals feel more empowered and share coping strategies. By March 2016, we will have initiated support groups focused on coping skills in teams within our Enfield Community Services. The number of service users accessing the support groups will be monitored quarterly through our Integrated Quality and Performance dashboard.

Clinical Effectiveness

We want to ensure our enablement pilots are providing the desired effect to those who access the services. We will evaluate the quality and effectiveness of these pilot projects through outcome measures as reported by those using these services.

3. Looking back—review of our 2014/15 performance

This part of the report sets out how we have performed against national and local priorities in 2014/15. The information contained in this section is based on a core set of quality indicators selected to monitor and compare our services against targets and/or benchmarks. All data includes mental health and community health services unless otherwise stated.

Safety		2012-2013	2013-2014	2014-2015	National Benchmark/ Internal Trust Targets
GP Communications	Discharge letters within 1 week of discharge from inpatient services (previous target)	79%	New Quality Indicator (see below)		95%
	Assessment, review and discharge letters sent within 24 hours based on sample of 80 records audited in Q1	n/a	65%	62%	98%
Patient Safety Incidents	Number of incidents reported monthly (pcm)	472 pcm	583 pcm	514 pcm	10% increase in reporting
	Percentage of patient safety incidents of which were severe or death	0.2% Severe or Death	1.19% Severe or Death	.01% Severe or Death	2013-2014 average 1.19%
Improved Physical Health	Patients receiving physical health checks in the community and during admission	85%	94%	97%	90%
7-day follow up after discharge from inpatient care		99.40%	99%	99%	97.44%
Experience		2012-2013	2013-2014	2014-2015	National Benchmark/ Internal Trust Targets
Learning from incidents and patient feedback	Improve Learning from incidents and patient feedback	n/a	n/a	thematic analysis & learning events	
Patient and Carer Experience	Based on 215 responses to the National Mental Health Patient Survey in 2013 (data issued in 2014)	67%	65%	65%	67%-72%
	Internal patient and carer survey (across all services from 2012/13)	87%	90%	91%	80%
Staff Survey - Staff would recommend this Trust Based on 994 responses to national staff survey in 2014		70%	69%	51%	71%
Staff training - compliance with mandatory training		n/a	85%	84%	85%
Assessment - the percentage of admissions to acute wards for which home treatment teams provided initial assessment		98.70%	98.04%	99%	95%
Effectiveness		2012-2013	2013-2014	2014-2015	National Benchmark/ Internal Trust Targets
Minimising Mental Health Delayed Transfers of Care % patients delayed		n/a	5%	5%	≤7.5%
Patient identified care goals - indicating development of patient identified goals and involvement in care planning		94%	96%	96%	90%
Emergency Readmissions -		1.70%	2.77%	2.33%	<5%

Performance Review:

Barnet, Enfield and Haringey Mental Health NHS Trust considers that the data is as described for the following reasons: the indicators selected for this report were chosen based on several factors which ensure that this information provides an accurate and well-balanced review of the quality of our services. Indicators must be based on data collected continuously and across all relevant services provided by the Trust. Information must be from a source which is quality reviewed for accuracy. The data must be based on information presented and discussed in quality and improvement forums at all levels of management to ensure that lessons and actions taken to improve services form a part of Trust governance.

Barnet, Enfield and Haringey Mental Health NHS Trust intends to take (or has taken) the actions described in the following performance review tables to improve performance against targets, and so the quality of its services, by regularly monitoring and planning improvements through clinical governance and performance improvement structures. Data is provided to teams and service lines through deep dive meetings and performance meetings wherein areas for improvement actions are agreed and monitored. Where teams show significant improvements, these lessons are shared with colleagues.

3.1 Safety

3.1.1 GP Communication

GP Communication—Key Priority

Why did we choose to focus on this?

What was our target?

What did we achieve?

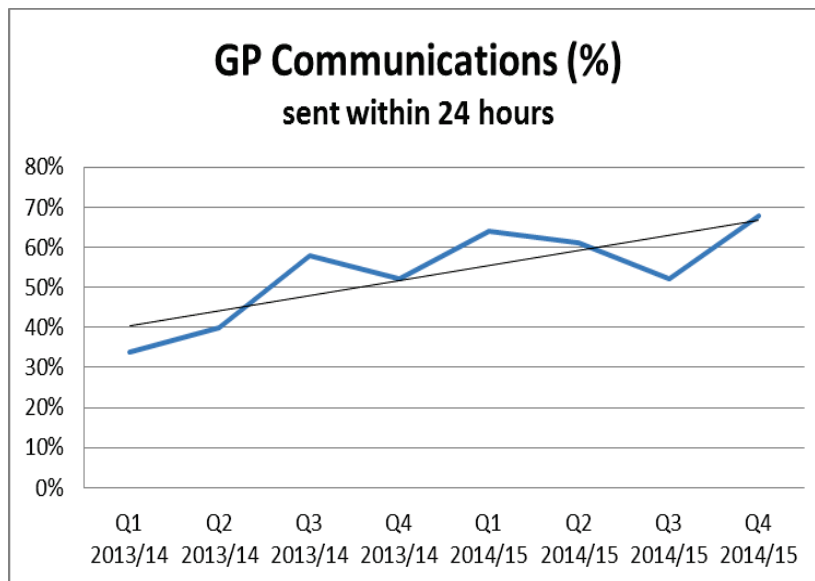
We understand how GP communication impacts upon service users positive experience and is essential in helping us deliver safe care to our service users.

Our target consisted of a series of communication standards developed in collaboration with our commissioners, as well as a programme of work to redesign access to services and information to better meet the needs of our primary care colleagues.

GP Communication sent within 24 hours:

Our target of sending assessment, review and discharge letters to GPs within 24 hours of a service user being seen in our mental health services remains a challenging target for the Trust. Many discussions have taken place with our commissioners on our progress with this goal and how best it can be achieved.

We have continued to make progress with the GP communications targets set in collaboration with our commissioners since the target started in 2013/14.



At present, the planned upgrade to RiO 2015, our new electronic patient records system, will provide us with an opportunity to communicate directly with GPs through a web interface already successfully implemented by some acute trusts.

It is envisaged this will make immediate communication with GPs feasible with clear advantages to the safety and quality of our services. We anticipate our new electronic patient record system to be fully implemented by the second quarter of 2015/16.

Content of GP Communications:

Each communication with our GPs is to contain content agreed by our commissioners including the service user's NHS number, identification of carers, diagnosis, medication, lead clinician and other information. Although we have not achieved the overall target as set with our commissioners, we can demonstrate improvements in some of the individual content indicators of this priority. Upon further analysis of the data, it is evident that significant improvement has been made in getting key information about our service users to their GPs.

GP Communication—Key Priority

What did we achieve?

Improvement in the content standards are outlined in the table to the right. Significant improvement has been noted in all areas but in particular; the area of carer identification, details of GP action required and date of when the service user will next be seen.


Compliance with content standard (%)		
Indicator	2013/14	2014/15
Carer/next of kin details	31.82	69.64
Diagnosis/problem	85.03	96.18
Management plan	87.65	96.39
Current medication included	89.8	93.56
Medication changes detailed	78	95.29
Care coordinator/lead clinician identified	89.81	96
Date of outpatient clinic	71.92	91.1
Date of next review	58.29	82.35
GP action required	78.44	94.41

Communication with GPs in our community health services:

In collaboration with our commissioning groups, we have been monitoring the standards for communicating with GPs for service users over the age of 75 accessing our community health services in Enfield. These teams are currently expected to share the plan of care with GPs and discharge communications are to be sent within 48 hours of discharge. To date, we are performing well in communicating service user's plan of care to their GPs but further focused work is required around the timeliness of these communications. It is envisaged implementation of our new electronic patient record system will help with the timeliness of our communications.

Communication with GPs for those over 75					
Standard	Target	Q1	Q2	Q3	Q4
Shared management with GPs and Acute - audit of records to show communication of plan with GP and Acute services where relevant	90%	94%	97%	96%	TBC
Discharge letters to GPs - within 48 hours	98%	60%	78%	86%	TBC

Primary Care Academy:

 The Primary Care Academy was established in March 2013 to help meet GP learning needs on mental health in primary care and to help improve relationships with secondary care. The Academy has been developed in collaboration with the three mental health commissioner GP leads. The Board of the Academy includes the Haringey GP mental health lead and service user group representatives. Unique features include:

- training delivered by local Trust consultants
- service user/carers input
- sessions hosted by GP practices
- topics, venues and timings based on feedback from GP learning needs surveys

Accreditation was obtained from the Royal College of GPs, earning GPs CPD points for each session attended for the 2014 face-to-face programme. Sessions on Dementia, Depression and Referral Pathways, Medically Unexplained Symptoms and Mental Health and Long Term Conditions were accredited and have been delivered. Funding has yet to be secured for delivery and accreditation of the 2015/16 programme.

GP Communication—Key Priority

What did we achieve?

Primary Care Academy (continued):

228 individual GPs (Barnet 79; Enfield 94; Haringey 55) from 103 different practices (Barnet 36; Enfield 37; Haringey 30) attended sessions, in some cases more than once, as well as a handful of practice nurses and healthcare assistants. Three sessions (one in Barnet and two in Enfield) were combined with GP CPD sessions organised by the CCGs. The Table below records total GP attendances and bookings by borough (including repeats). The average attendance has been 12 per session.

TOTAL BOOKINGS AND ATTENDANCES* ACROSS 25 ACADEMY SESSIONS (2013-2015)				
ATTENDANCES				
	BARNET	ENFIELD	HARINGEY	TOTAL
GPs	104	117	67	288
Practices	36	37	30	103
% All Practices	51%	71%	61%	60%
BOOKINGS				
GPs	122	55	66	243
Practices	47	21	36	104
% All Practices	66%	40%	73%	60%

*includes actual bookings or attendances from individual GPs, some of whom booked or attended multiple sessions.

Sessions are evaluated on format, content, level of challenge, structure and quality. Headlines from the evaluation data (based on 222 completed evaluations) are:

- 95% would recommend the training to a colleague
- More than 88% scored the sessions as 4/6 or more on all quality indicators
- Most indicated increased confidence on all learning objectives (range 53% to 74%)

GP Advice Line:

In response to GP requests for access to our psychiatrists and in an effort to better enhance communication, an advice line was introduced in 2013. The advice line continues to provide GPs with access to generic clinical advice through telephone conferences with psychiatrists within working hours.

Analysis of calls made to the advice line during 2014/15 shows medication advice was the information most frequently sought.

The table to the right provides a breakdown of content of the calls made to the advice line.

Advice sought regarding:	Barnet	Enfield	Haringey	Total
Patient's Deteriorating condition	4	1	0	5
Management of patient's condition	7	2	2	11
Depression	8	2	0	10
Medication Advice	45	12	4	61
Referral/Service provision	4	2	1	7
Other	26	15	11	52
Totals	94	34	18	146

GP Communication— A Key Priority

What needs to improve?

We continue to prioritise getting our GP communication right in the services with the most acutely unwell service users and so as agreed with commissioners, we will be changing how and where we monitor the timeliness of discharge communication to GPs. We will be using our new electronic patient record system to help improve the timeliness of our discharge communications as previously described.

Quarterly satisfaction surveys to GPs will be utilised in 2015/16 to determine whether the implementation of the new electronic patient records system is improving our timeliness of communication.

How will we continue to monitor and report?

We will continue to monitor our progress with GP communication through our Deep Dives, Quality and Safety Committee and Trust Board. We will report our progress to commissioners through our monthly Clinical Quality Review Group (CQRG) meetings.

3.1.2 Physical Healthcare

Physical Healthcare— A Key Priority

Why did we choose to focus on this?

We know many of our service users have both physical and mental health needs. Some of our service users remain in our services for extended periods of time and so want to make sure we are addressing their physical health needs. Our community health services provide essential physical health services to the population of Enfield.

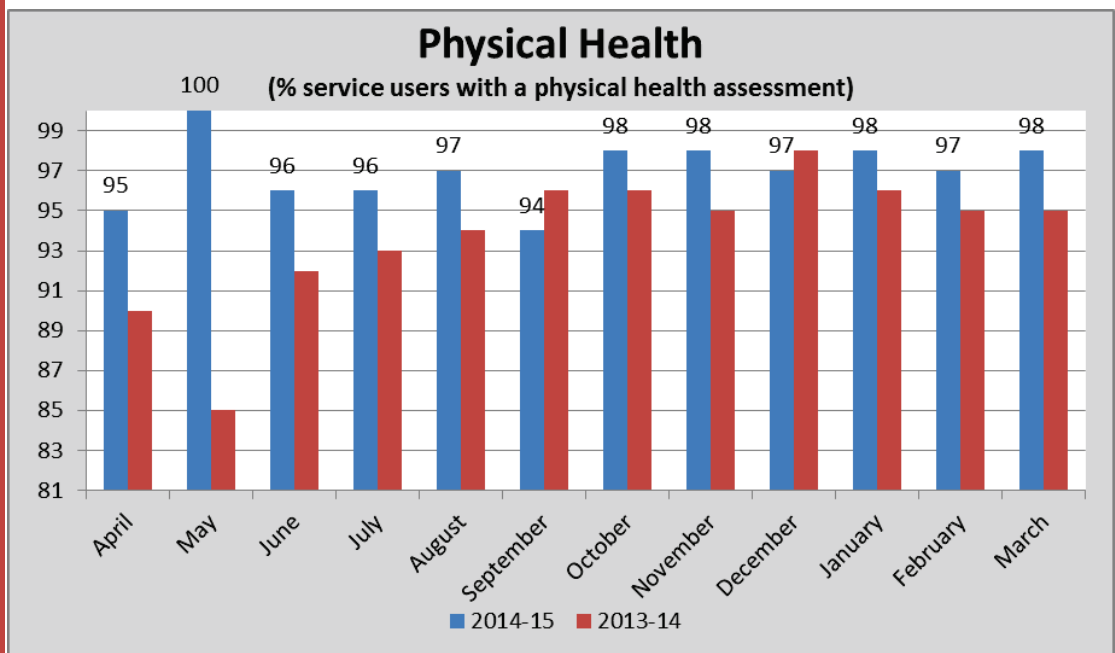
What was our target?

Our target focused on service users receiving prompt physical health checks in our inpatient services. We also monitored whether health checks had been completed for service users accessing our community services. Teams are currently assessing this standard through their monthly quality assurance audit.

What did we achieve?

Physical Health Checks:

The Trust has a robust physical healthcare policy which clearly outlines timescales by which service users’ physical health should be assessed in our inpatient and community settings. Teams monitor this standard through their monthly quality assurance audits which are discussed at clinical governance meetings. We wanted teams to monitor what proportion of their service users were receiving these timely checks. To date, the Trust is meeting this target and has improved upon last year’s results (see chart below).



Physical Healthcare— A Key Priority

What did we achieve?

Pressure Ulcer Forum:

Enfield Community Services began holding a regular Pressure Ulcer Forum in April 2014. The aims are to raise awareness of contributing factors related to tissue damage, understand best clinical practice, and prevent avoidable tissue damage.

The forum sessions have focused on improving the quality of documentation and learning from previous pressure ulcer investigations, review of the NICE (National Institute for Health and Social Care Excellence) and refreshers on the Mental Capacity Act. The forum membership has expanded and now includes representation from our Dementia and Cognitive Impairment and Forensic service lines, safeguarding and our local commissioners.

Care Homes Assessment Team (CHAT):

During 2014/15 our Care Homes Assessment Team (CHAT) increased from covering 17 care homes to 31 and became a fully commissioned service instead of a project.

The team act as a hub to integrate care for residents in care homes across Enfield. The community matrons and specialist nurses review all new residents to care homes within two weeks and all discharges from an acute trust within two weeks. They meet with families, friends and significant people in the residents lives to develop future care plans for end of life.

The team works closely with the care homes and they have weekly, fortnightly or monthly visits depending on need. Care homes without managers or short of staff, recent safeguarding or provider concerns get weekly support visits and care homes with good HealthWatch, CQC reports and no safeguarding concerns and few admissions get monthly visits.

CHAT assist care home staff with identifying needs and developing individualised care plans with the resident at the centre of any recommendations. They also provide or facilitate free training to up skill the staff in end of life care, dementia, nutrition and hydration, falls prevention and bone health, swallowing and feeding guidance, observations training, diabetes management, epilepsy and catheter care to name a few but can facilitate most training according to the care home needs from the pool of specialists within Enfield Community Services.

CHAT work in an integrated way with Enfield Community Services, North Middlesex University Hospital, GPs and care homes for the benefit of the residents. CHAT matrons are the hub for this integration and act as care coordinators for care home residents.

Supporting residents in care homes to a comfortable and dignified death in their preferred place has been a huge success of the CHAT team. In 2013/2014 they achieved 95% deaths in preferred place and during 2014/15 have achieved 99%. Falls were a major problem in one care home and CHAT devised a falls clinic with ECS physiotherapists and has seen a 50% reduction of falls from that care home and overall a reduction in falls requiring hospital attendance.

Physical Healthcare— A Key Priority

What did we achieve?

Diabetes In-reach Clinic:

A monthly Diabetes In-reach Clinic has commenced in the Forensic service and has significantly improved the health outcomes in this patient group. The service users receive a full diabetes assessment, individual care-planning, and regular follow-up. The forensic teams receive training on diabetes care, emergency signs and symptoms and treatments. This has raised staff awareness of the treatment and care involved in service users who have diabetes and the impact physical health has on their mental health. To date, three service users have HbA1C-Glycaemic Indicator improvement and two service users have had their medication reduced.

Primary Care Diabetes Course:

Our Diabetes service has been working with our colleagues in primary care to provide further education in treating service users who have been diagnosed with diabetes. Topics of these sessions have included diagnosis and classification of those with diabetes, dietetics in diabetes care including exercise and weight management, complications with diabetes and living with diabetes. To date, we have trained **(TBC)** primary care staff.

National Audit of Schizophrenia:

The National Audit of Schizophrenia (NAS) is an initiative of the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI).

Participating in the NAS enables clinicians who treat people with schizophrenia in the community to assess the quality of their prescribing of antipsychotic drugs and of their monitoring of patient's physical health. It also supports them to monitor service users' experience of treatment and its outcome plus carers' satisfaction with information and support. Local services can compare their performance with national standards and to benchmark with other services. In addition, they can identify what they do well and where there is potential to improve.

Results of the audit, show improvements have been made in offering interventions to service users for alcohol misuse, smoking cessation, substance misuse and elevated blood pressure.

Interventions offered for identified physical health risks		
Interventions (offered for)	Total sample (%)	BEH (%)
Smoking	59%	74%
BMI \geq or = 25kg/m ²	71%	83%
Abnormal glucose control	36%	36%
Elevated blood pressure	25%	50%
Alcohol misuse	74%	100%
Substance misuse	73%	89%

What needs to improve?

We want to further embed the monitoring of physical healthcare across all of our services and will continue to improve our communications with GPs so that the physical health needs of our services users are escalated when attention may be required.

We will work to implement a alcohol misuse screening tool in 2015/16 as outlined in our coming year's priorities.

How will we continue to monitor and report?

We will continue to discuss our progress with the physical health improvement goals through our Deep Dives, Quality and Safety Committee and Trust Board. We will implement a Physical Health Committee to provide strategic oversight of this key piece of work within the Trust.

Patient Safety Incidents

Why did we choose to focus on this? All NHS trusts are required to report incidents of harm, violence or errors which could have an impact on service users, visitors or staff. As part of the governance processes around Quality Accounts, we are required to report the number of patient safety incidents and the percentage of those which resulted in severe harm or death. We continue to raise staff awareness of the importance of reporting all incidents as a means of learning and openness within our Trust.

What was our target? We continue to aim to increase incident reporting by 10% on 2013/14 incident reporting rates and to maintain a high level of harm free care in line with the national average.

What did we achieve? Higher levels of reporting of incidents are an indication that a trust is embracing a culture of transparency and learning. Our services continue to provide high levels of harm free care as seen in the Safety Thermometer. Initiatives such as the 'Sign Up to Safety Campaign' and 'Medicines Safety Week' have reiterated the importance of incident reporting amongst staff.

In response to this finding, we have been taking steps to simplify the reporting incident process which will lead to an increase in the number of incidents reported.

Incident Numbers and Rates of Incident Reporting (by 1000 bed days)				
	2013/14		2014/15	
	Number	Rate	Number	Rate
Barnet Enfield and Haringey Mental Health Trust	3419	19.83%		
Lowest trust	16	not available	not available	not available
Highest trust	12,515	32.10%	not available	not available
National average	4418	n/a	not available	not available

Training all staff to use the new reporting system provides us with an opportunity to remind them of the importance of reporting all incidents as a way of sharing learning across services. We continue to report identified themes of incidents occurring in service lines to allow services to analyse any recurring trends.

Serious Incidents:

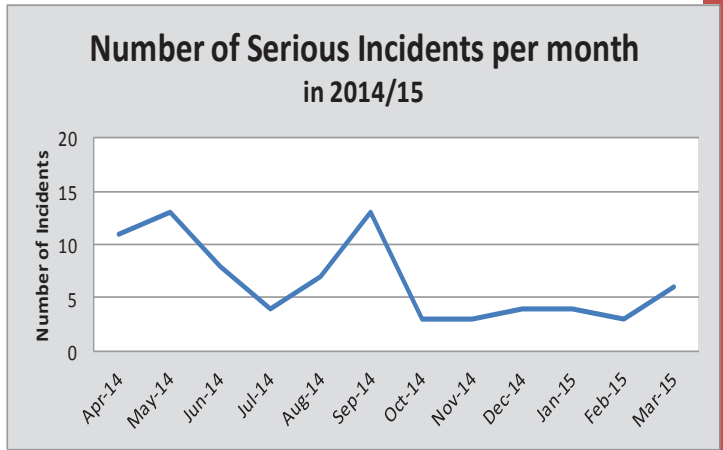
The Trust has worked to embed the principles of the Duty of Candour within the organisation and so continues to be open and honest with service users, carers and family members when incidents occur. The Duty of Candour requires healthcare providers to be open and transparent with those who use their services in relation to their care and treatment, and specifically when things go wrong. This includes apologising and acknowledging when something has gone wrong, keeping everyone informed as to the progress and sharing of the findings of investigations.

Each incident is investigated by our dedicated team of investigators trained in the principles of Root Cause Analysis. These findings are reported within a Serious Incident Review Group and learning is disseminated. Action plans are agreed with the service involved and measures put in place to help minimise the chances of a similar incident reoccurring. Our Patient Safety Team provide training to staff on the themes emerging from serious incidents reported across the Trust.

Patient Safety Incidents

What did we achieve?

Despite a rise in clinical incidents classified as serious in May and September 2014, incidents have levelled off. We have had a slightly lower cumulative number of incidents compared to 2013/14 (85 incidents in 2013/14 and 79 in 2014/15). The percentage of patient safety incidents



resulting in severe harm or death for the Trust between April 2014 and March 2015 is 1.36% (TBC with Q4 data)

Harm Free Care (via the Safety Thermometer):

Further improvements to patient safety have been developed through our participation in the Harm Free Care project and use of the NHS Safety Thermometer which collects information about harm experienced by service users accessing our Enfield Community and Dementia and Cognitive Impairment services (as these are the service users most prone to harms monitored via the Safety Thermometer). The Safety Thermometer helps us ensure we are reducing new pressure sores, venous thrombotic events, falls and catheter acquired UTIs (urinary tract infections) for service users whilst they are in our care. Data collected through our safety thermometer shows that over 95% of our service users remain harm free while in the care of our Enfield Community and Dementia and Cognitive Impairment services.

Harm free	Target	Have we met our target?	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	>95%	YES	97.20%	98.36%	97.72%	98.88%	97.13%	98.76%	98.42%	98.65%	99.02%	96.49%	97.38%	97.02%
2013/14	>95%	YES	97.07%	97.44%	98.79%	97.24%	95.41%	96.18%	97.55%	97.61%	97.65%	95.35%	95.62%	96.89%

More information about Harm Free Care can be found on the following website: www.harmfreecare.org

What needs to improve?

We want to better enable our staff to report any patient safety incidents and so will continue the work to improve the functionality and ease of the Datix incident reporting system. Guidance has been issued to all staff for reference in reporting patient safety incidents and report building.

The Serious Incident Procedure is undergoing consultation and further training will be rolled out to staff on the new procedures based on the Serious Incident

How will we continue to monitor and report?

Incident reports are monitored through Trust and local governance committees. Teams hold discussions about timeliness of response to incidents as well as a thematic analysis of the learning from incidents. Action plans are developed based on these discussions and preventative measures taken where necessary. Serious Incident Review meetings are regularly held where discussions on implementing changes are agreed. Service line management are able to monitor both the recording and reviewing of incidents which are then discussed during meetings and supervision.

3.1.4 Follow up after discharge (in our mental health services)

Follow up after Discharge

Why did we choose to focus on this?

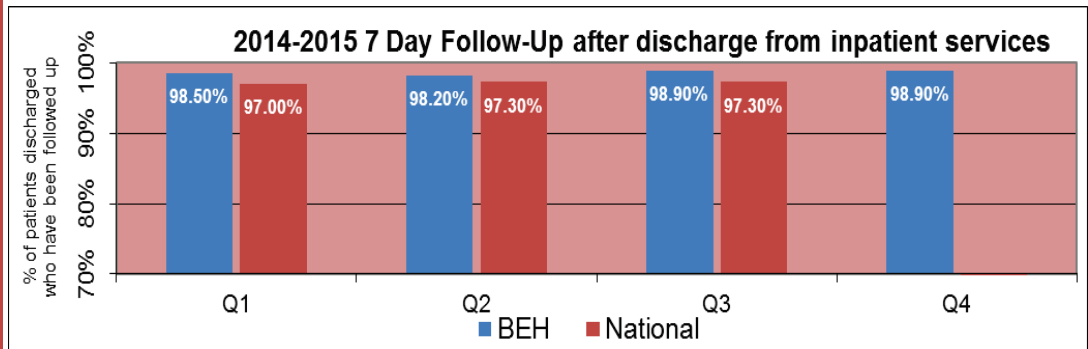
The first seven days following discharge from hospital is the point at which service users are most vulnerable and at greatest risk of relapsing. We aim to contact service users by means of face-to-face contact, if not, over the phone to establish their wellbeing and to monitor their progress. This is a required indicator in Quality Accounts for those organisations providing mental health services. It must be reported with the following text ‘Proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care’.

What was our target?

We wanted to follow up care within 7 days of discharge to 100% of service users against the national target of 95%

What did we achieve?

The Trust’s internal auditing and national reporting demonstrates we have achieved an annual average of 98.6% of service users having had a 7 day follow up completed (based on 1,824 service users discharged from inpatient services during 2014-2015).



The following table shows the data as published by the Trust to the Health and Social Care Information Centre for 2014/15 and provides benchmarking information.

Proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care	Q1 based on data submitted to HSCIC	Q2 based on data submitted to HSCIC	Q3 based on data submitted to HSCIC	Q4 based on data submitted to HSCIC
Lowest	95.30%	91.50%	91.30%	data not yet available
BEH	98.50%	98.20%	98.90%	98.90%
Highest	100.00%	100.00%	100.00%	data not yet available
England	97.00%	97.30%	97.30%	data not yet available

What needs to improve?

Where personal contact is not established to follow-up and properly record a service user’s wellbeing and needs, telephone contact with the service user or their carer should be made to ascertain the service user’s current position.

How will we continue to monitor and report?

Daily review of seven day follow-up is managed and monitored by teams through daily review of discharge activity. Performance is also monitored through weekly exception reports, monthly service line meetings and sub-committees of the Board.

3.2 Experience

3.2.1 Improving Learning

Improving Learning—Key Priority

Why did we choose to focus on this?

We want to prevent harm caused to our service users and so have been educating staff on the themes emerging from serious incidents across the Trust. We want our staff to feel comfortable with raising their concerns when they feel service users are having a poor experience within our services.

What was our target?

We wanted to conduct a series of raising concerns workshops with staff throughout the year. We also wanted to produce a thematic analysis of the incidents reported in the Trust and incorporate this into our training programme.

What did we achieve?

Raising Concerns Workshops:

We have developed a programme of Raising Concerns workshops in collaboration with Middlesex University to be delivered to staff within the Trust directly working with our service users. The workshops underline the importance of the health and wellbeing of those in our care which remains our top priority and strengthens a culture of openness and transparency within our Trust. The bespoke workshops develop staff by enabling them to use their professional judgement as so that they will be able to deal with real life scenarios provided in the training. The sessions involve both individual and group work to individual's Code of Practice. The workshops have been continually refined with recent changes introduced to reflect the updated Nursing and Midwifery Council's (NMC) Code of Practice. To date 86 staff have attended



these trainings. Staff are asked for feedback before and after each session and this feedback has been positive. We are exploring ways in which this feedback data may be used in possible research with Middlesex University.

Embedding Learning Sessions:

During 2014/15, key themes emerging from serious incidents were identified and fed back to services through deep dive meetings and governance forums. Training sessions on investigating incidents were provided by the Patient Safety Team using the Root Cause Analysis (RCA) methodology.

Improving Learning—Key Priority

What did we achieve?	<p>The Patient Safety Team also conducted a number of embedding learning/lessons arising from incidents sessions across the Trust. A specific embedding learning/lessons session was held in our Enfield Community Services related to pressure ulcers looking at themes emerging from investigations of stage 3 and 4 pressure ulcers.</p> <p>Themes discussed at the embedding learning/lessons training sessions included:</p> <ul style="list-style-type: none"> Clinical assessments of Patients and Others Communication with patient, carer or family Documentation and recording Risk Assessment/Risk Management Physical Health Checks <p>Throughout the sessions staff work to identify key areas of learning to take back to their teams from the incident reports and themes discussed.</p>
What needs to improve?	<p>We want to continue educating staff on raising concerns in their clinical practice and will continue to hold Raising Concerns workshops.</p> <p>We want our Datix reporting system to be more user-friendly and provide more meaningful analysis of incidents (including both no harm and low harm) so that teams can make any changes to practice based on themes emerging from reported incidents.</p>
How will we continue to monitor and report?	<p>Teams are provided quarterly information on the number of serious incidents and themes which have emerged during the investigation of these incidents at their service line governance meetings and dashboards. Datix reports with themes of incidents are also provided to staff on a quarterly basis.</p> <p>Updates on the Raising Concern workshops are regularly provided to the Trust Board as well as investigations meeting the Duty of Candour principles.</p>

Service User Experience

Why did we choose to focus on this?

We want our service users to receive the best care and treatment they can in our services and so value their feedback as to their experience in using our services and how we can further improve the services we offer. We recognise that good service user experience is associated with improved patient outcomes.

What was our target?

Our target was to maintain scores in line with other mental health services in London in the National Community Mental Health Survey. We also wanted to successfully implement the National Friends and Family Test throughout our services.

What did we achieve?

National Community Mental Health Survey:

We participated in the community mental health survey in 2014. The national survey received responses from 13,500 service users accessing community mental health services across England. The survey requests feedback on issues such as service users’ experience with the communication and information they have received within their team, experience of having their care reviewed, their involvement in decisions and the support and understanding they are provided in other areas of their lives.

Responses were received from 215 service users accessing community mental health services in our Trust.

Your Health and Social Care Workers <small>(questions from survey related to service users experience with their health and social care workers)</small>	BEH NHS Trust	SWL	NELFT	SLAM	CANDI	East London	Oxleas	West London	Lowest trust	Highest trust
Section score	7.5	7.9	7.87	8.1	8.2	7.6	7.8	7.6	7.3	8.4
Did the person or people you saw listen carefully to you?	8.1	8.3	8.6	8.5	8.7	7.9	8.3	8.3	7.7	8.9
Were you given enough time to discuss your needs and treatment?	7.6	8	7.7	8	8	7.8	7.7	7.4	7.2	8.4
Did the person or people you saw understand how your mental health needs affect other areas of your life?	6.7	7.5	7.3	7.8	7.9	7.2	7.3	7.1	6.5	8.1

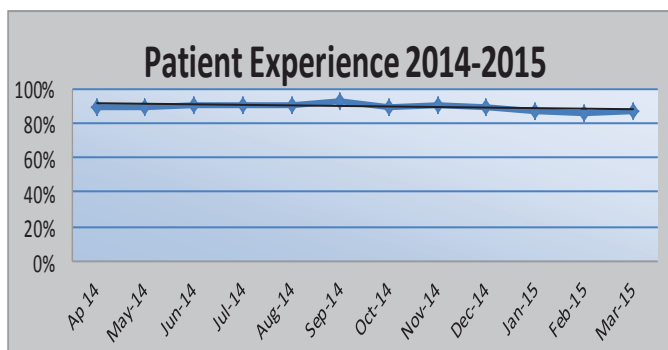
We have incorporated questions from the national survey into our own patient experience survey which is routinely collected in all services so that we can proactively respond to any emerging issues.

Service User Experience Survey:

As part of our commitment to improve services, we offer service users the opportunity to provide us with feedback on their experiences in our survey. Our internal service

user survey received 13,106 responses from service users in 2014/15. Service users provided us with feedback on a range of questions looking at information provided to

them about their care, treatment and medication, their involvement in care planning and whether they were given enough time to discuss their needs. The information collected continues to tell us that a large percentage of our services users (90%) are happy with the information we have provided, their involvement and that they are treated with dignity and respect.



Service User Experience

What did we achieve?

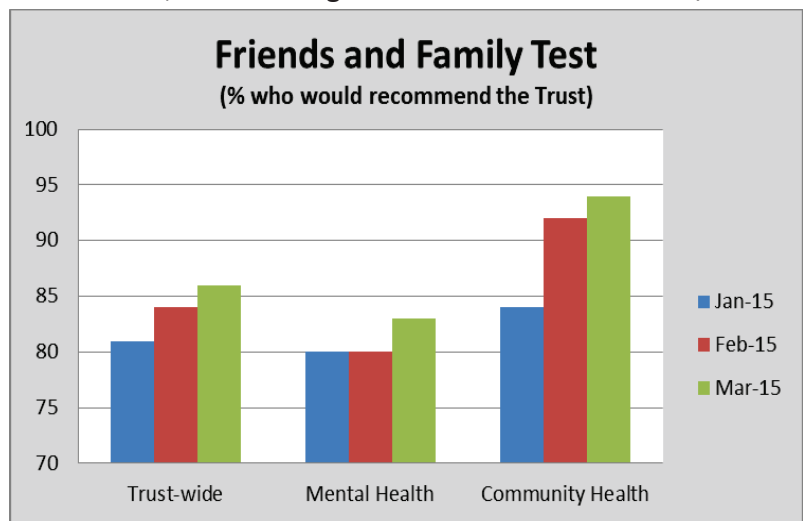
Service User Experience Survey (continued):

The responses to our service user experience survey are available in real-time enabling staff to take swift and appropriate action should any concerns be identified.

Friends and Family Test (FFT):

During 2014/15, we introduced the Friends & Family Test (FFT) in line with NHS England's guidance and began reporting this result to NHS England in January 2015. The FFT is a feedback tool which offers patients of NHS-funded services the opportunity to provide feedback about the care and treatment they have received. The FFT tool combines a simple question, asking patients how likely they would be to recommend the service they have received to their friends and family with at least one complementary follow-up question to enable patients to provide further detail about their experience. The introduction of the FFT across all NHS services is an integral part of Putting Patients First, the NHS England Business Plan for 2013/14 – 2015/16.

Our results (broken down by Trust-wide, mental health and community health services in the table to the right) show a high number of service users would recommend our Trust as a place to receive treatment and care.



'You Said, We Did':

We ask our staff to feedback improvements which have been made as a result of service users comments or complaints. One example is feedback from service users in our Forensic service who had made comments and complaints regarding the food provided to them on these units. The Forensic service line have developed a self-catering programme for service users in their low secure services and are looking at how best to extend this to other units.

What needs to improve?

We want to improve the response rate to our Friends and Family Test throughout 2015/16 so that we are getting a more representative sample from across our services.

How will we continue to monitor and report?

Our internal service user experience survey and FFT results are provided to teams in real-time so that immediate feedback is available to the teams. Monthly service user experience results are included in the dashboard provided to services as well as discussed at their quarterly deep dive meetings. Teams use their feedback to identify local improvement plans via 'You said, we did' boards informing service users and carers of the initiatives which have been developed based on their feedback.

Carer Experience

Why did we choose to focus on this?

We want our carers to feel supported in the everyday care they provide to our service users .

What was our target?

Our goal was to continue to collect feedback from carer’s regarding their experience with our services. We completed a focused ‘Triangle of Care’ project in our older people’s services and are further working to embed our Carer’s Strategy.

What did we achieve?

Carer Experience Survey:

We ask carers to regularly provide us with feedback on their experiences accessing our services for those they care for. During 2014/15, 3,553 carers provided us with feedback on our services related to the information and support which was provided to

them. Responses show a large proportion of our carers are happy with the support and information they receive from our services. 99% of carers feel that the person they care for is treated with dignity and respect by our staff. 97% feel that staff listen carefully and take their views into account. We will continue to monitor our carer feedback and provide this information to teams.

Carer's Experience 2014/15	
Are you given enough information about the services available?	94%
Are you given enough information on the resources & support available for carers?	92%
Do you know who to contact if you need support?	96%
Do staff listen carefully and take your views into account?	97%
Are your needs as a carer discussed?	93%
Do staff treat the person you care for with dignity and respect?	99%



‘Triangle of Care’ Project:

The Dementia & Cognitive Impairment (DCI) ‘Triangle of Care’ (TOC) project was a self- assessment exercise initiated during the summer of 2014 within these teams.

The project is designed to promote effective and meaningful engagement with carers and to further support carers involved with services provided. As part of the ‘Triangle of Care’, carers are to be identified, provided with information, support for their own needs and recognised as expert resources in the planning of care for patients.

The project identified raising awareness and training of staff on offering carers assessments as work to be undertaken in 2015/16.

What needs to improve?

We aim to launch a carers champion network and develop training around carers issues which require further work (as identified through the ‘Triangle of Care’ project).

How will we continue to monitor and report?

Our internal carer experience survey is provided to teams in real-time so that immediate feedback is available to the teams. Monthly carer experience results are included in the Trust-wide dashboard provided to services and discussed at their quarterly deep dive meetings. We continue to monitor clear carer standards within our monthly Quality Assurance Audits.

Do Staff Recommend our Trust?

Why did we choose to focus on this?

We employ 2914 individuals and want to continue to support and develop our staff. Staff wellbeing and views of our service have a direct impact on the quality of care we provide to our service users. In order to measure staff satisfaction in the workplace, we utilise the National Staff Survey. We feel it is imperative that staff feel positively about the services provided by our Trust.

What was our target?

We aimed to achieve scores in line with the national average within the National NHS Staff Survey. We want to continue to improve communication with staff and further embed a culture of honesty and transparency. We will implement the Staff Friends and Family Test in line with NHS England guidance.

What did we achieve?

This year the Trust has had the benefit of two additional sources of information on staff perceptions, the one-off, Culture of Care Barometer and quarterly Staff Friends and Family Test (SFFT) in addition to the National Staff Survey.

National Staff Survey:

The results of the National Staff Survey were released earlier this year with 994 members of our staff having participated in the 2014 survey. The 2014 Staff Survey results represent a general improvement compared to 2013 and in relation to staff engagement indicators, we made the second highest improvement in the country of all mental health trusts, ranked 55th in 2013 and now ranked 22nd, an improvement of 23 places. The survey also highlights areas of concern and underlines the challenges the Trust faces as it seeks to make significant changes in the configuration

	BEH Score	median score	threshold for lowest 20%	threshold for highest 20%	lowest score attained	highest score attained
Staff recommendation of the Trust as a place to work or receive treatment	3.44%	3.57%	3.39%	3.67%	3.01%	4.15%

An action plan has been created in response to the staff survey and will be given ongoing support by the Staff Engagement Task Group and their work to improve staff engagement, involvement and sense of wellbeing. The group's membership already includes the clinical directors and staff-side representatives; it will be expanded further to give it the capacity to oversee a wider range of initiatives such as staff social and wellbeing events.

Culture of Care Barometer:

The Culture of Care Barometer aims to gauge whether the culture of care in different parts of an organisation is conducive to delivering compassionate patient centred care and was highlighted in the Francis Inquiry. In May 2014, our Trust served as a pilot site for the Culture of Care Barometer working with the National Research Unit, Project Team at King's College. We were one of only three trusts in the country to participate in this work (and the only combined mental health and community health organisation). All staff within the Trust were encouraged to participate over a period of six weeks, with 26% of staff responding to the survey. The National Nursing Research Unit monitored the responses electronically. Feedback has been received from the project team and will be incorporated into the actions put in place for the staff survey.

Do Staff Recommend our Trust?

What did we achieve?

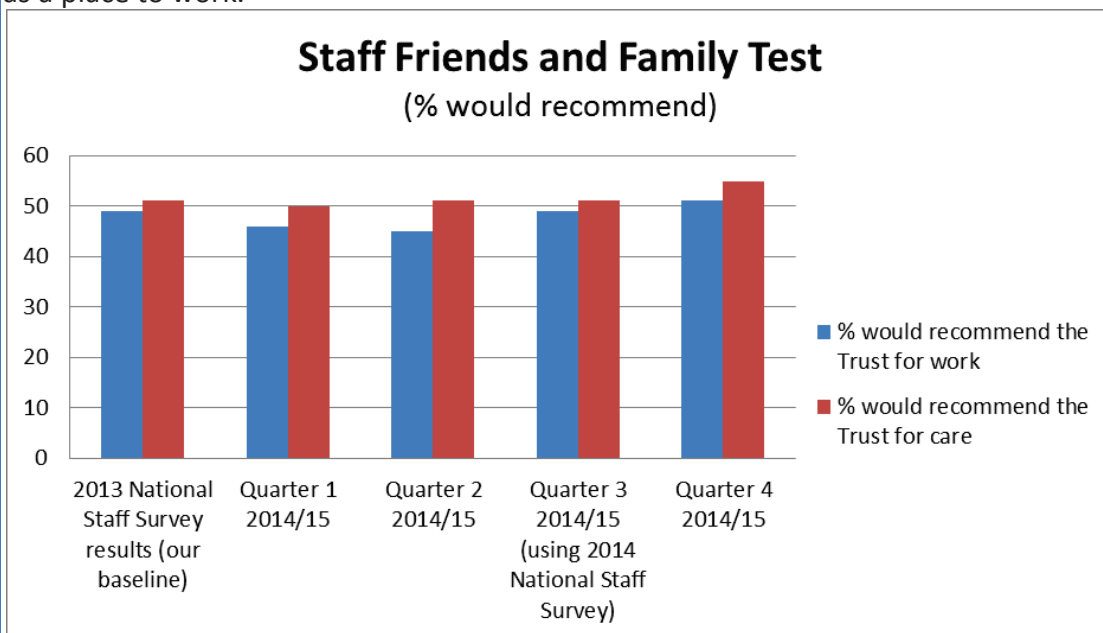
Staff Friends and Family Test:

The quarterly Staff Friends and Family Test (FFT) asks staff the following:

How likely are you to recommend this organisation to friends and family if they needed care or treatment?

How likely are you to recommend this organisation to friends and family as a place to work?

Since implementing the staff FFT, we have seen a quarter on quarter improvement in the number of our staff who would recommend the Trust as a place for care and now as a place to work.



Our response rate and ratings continue to improve and the Trust has initiated a Staff Engagement Group and Wellbeing Group to further drive improvements in working culture over the next year. The groups will be developing a new staff handbook and increase staff awards and recognition through additional local and monthly awards.

Do Staff Recommend our Trust?

What did we achieve?

Staff Training:

Staff training and development continues to be a top priority for the Trust. We have developed a training needs analysis in collaboration with staff to ensure they are getting the training most relevant to their roles. We want 85% of our staff to be trained across all courses we have identified as being required to help them with the statutory and national guidance used in their roles. In order to maintain and improve compliance rates, training registers are reviewed in each service line. We are completing a piece of work to upgrade the current training reporting system used in the Trust to ensure staff have real-time training figures for their teams.

Mandatory Training			
Trust-wide figures			
Mandatory training subject	Total number of staff who require training	Total number of staff who have undertaken training	% compliance (+3.5% to account for long term sick leave)
Information Governance	2914	2057	74%
Equality and Diversity	2914	2381	85%
Fire Safety Awareness	2914	2387	85%
Health, Safety and Welfare	2914	2379	85%
Infection Control	2914	2382	85%
Safeguarding Children (Level 1 and 2)	2914	2391	86%
Safeguarding Adults (Level 1)	2914	2381	85%

Annual Staff Awards:

Around 370 staff, long service awards winners' friends and family members attended the annual Trust's Commitment to Excellence Awards Gala Night in November 2014. There was a positive celebratory atmosphere as staff cheered the success of colleagues as each category winner was announced. Winners of the Trust Dragon's Den innovation fund were also recognised.



Health Support Worker Conference:

In June 2014, a Health Support Worker Conference was held aimed at improving the quality and safety of care delivered by unregistered support staff in line with recommendations from the Cavendish Review. Over 100 Trust staff attended the event where they had the opportunity to hear from internal and external speakers presenting on national policy initiatives, regional perspective and local developments in training, competency, supervision and role development. The conference provided a practical guide to implementing the recommendations from the Cavendish Review within the Trust.

Do Staff Recommend our Trust?

What did we achieve?

Nursing Conference:

Our Annual Nursing Conference was held in October 2014 celebrating the 6 C's (care, compassion, competence, communication, courage and commitment) of nursing. The conference showcased areas of innovation and good practice in our Enfield Community Services, Forensic services, Dementia and Cognitive Impairment and Crisis and Emergency service lines. The conference was also attended by a range of external guests including representatives from the Royal College of Nursing, Middlesex University, Dr Kate Granger who spoke passionately about her 'Hello my name is' campaign and Dr Anne Marie Cunningham, who spoke of the use of social media and the 6 C's in mental health. Over 120 of our nursing staff attended the conference.



What needs to improve?

The Trust is continuing to explore ways of delivering a more accessible and flexible training programme. We are working to improve our training reporting system so that staff have real-time compliance rates of the trainings they have attended.

Our Staff Engagement Task Group will implement our action plan created in response to the National Staff Survey focusing on staffing feeling secure about raising concerns, improving uptake of staff training, experiences of physical violence and harassment, bullying or abuse (as reported by staff in the survey) and career progression and promotion.

How will we continue to monitor and report?

Our Board sub-committee will continue to monitor the outcomes of the Staff Engagement Task Group and the implementation of the identified areas of improvement in our National Staff Survey action plan. Teams will continue to be provided with quarterly reports on their compliance with mandatory training through the borough deep dives.

Complaints and Compliments

Why did we choose to focus on this?

We recognise complaints and concerns raised about our services represent a small proportion of the total number of contacts between staff and our service users. Service users, relatives and carers provide a valuable perspective into how we provide care. By service users sharing with us their experience it allows us to work with them to learn and improve the services provided.

What was our target?

We aim to resolve issues and concerns which arise at the point at which they occur before a formal complaint is instigated. By doing this, we are responsive and aim to resolve issues at point of care. We recognise, however, that there are occasions where our formal complaints procedure may be utilised. When this occurs, we want to respond to our service users in a timely fashion to feedback the outcome and findings of our investigation.

What did we achieve?

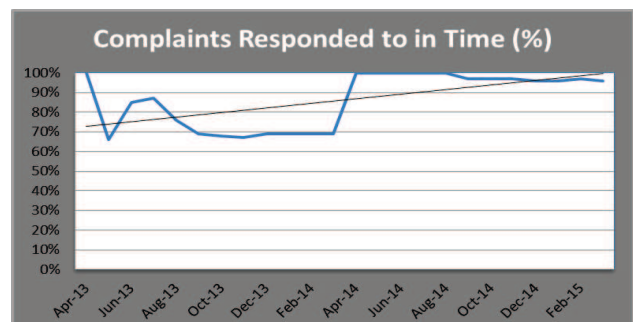
Number of Complaints:

The table below shows the number of formal complaints received by all London mental health trusts, as provided by the Health and Social Care Information Centre (HSCIC), ranked according to the population size of localities covered by each trust. We have received 260 complaints during 2014/15, a decrease from the number of complaints reported in 2013/14.

London Trusts	Total Com-plaints 2011-12	Total Com-plaints 2012-13	Total Com-plaints 2013-14	Popula-tion by London Borough based on 2011 Census	2013-14 Com-plaints rate per 1000 popu-lation
North East London NHS Foundation Trust	174	169	215	959,200	0.22
Oxleas NHS Foundation Trust	179	161	204	796,000	0.26
Barnet, Enfield and Haringey Mental Health NHS Trust	215	220	293	923,800	0.32
Central and North West London NHS Foundation Trust	306	331	538	1,202,300	0.45
Camden and Islington NHS Foundation Trust	121	151	216	426,400	0.51
South West London and St George's Mental Health NHS Trust	356	376	359	1,043,900	0.34
West London Mental Health NHS Trust	197	307	444	774,900	0.57
South London and Maudsley NHS Foundation Trust	555	551	561	1,230,700	0.46
East London NHS Foundation Trust	462	440	375	538,600	0.70
All London MH	2565	2706	3205	7,895,800	0.41

Responsiveness to Complaints:

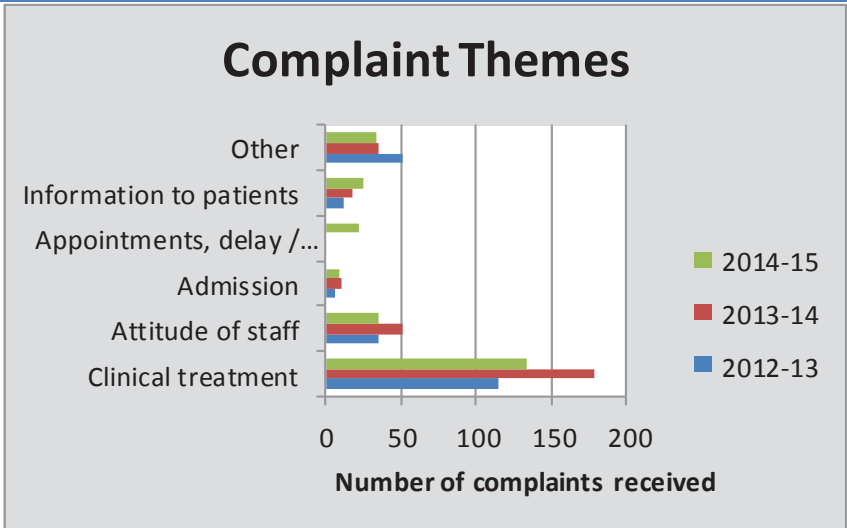
Our complaints management policy requires complaints to be acknowledged within three days of receipt and for a formal response to be provided to the complainant within 25 working days. During 2014/15, we have consistently met our target of 90% for complaints responded to in time.



Complaints and Compliments

What did we achieve?

Our Board receives two monthly updates on the themes emerging from our complaint investigations. Services are provided this information on a quarterly basis through their service line dashboards and



discussion at deep dives.

Themes emerging from our complaint investigations show that clinical treatment continues to be the primary issue raised by our service users, family and carers.

During 2014/15 BEH received 24 comments from service users and carers on NHS Choices, all of which have been responded to by our Patient Experience Team.

Compliments:

A compliment reflects unsolicited positive views of an individual (this includes a service user, carer, relative and members of the public) indicating that they feel a high level of care has been provided. We feel collecting and providing feedback to services on their compliments enables us to provide a better understanding of service user experience within the team. Throughout 2014/15, 183 compliments were received and recorded by our Patient Experience Team. This information used in conjunction with patient and carer experience surveys, the Friends and Family Test and complaints helps us to monitor the quality of services our service users are receiving.

What needs to improve?

We want to improve our recording of compliments and the complementary words we often receive about our services in the comments area of our service user experience survey. We feel it is important to provide this positive reinforcement to staff so that the quality and high standard of care provided to our service users doesn't go unnoticed.

How will we continue to monitor and report?

Patient Experience information including complaints and compliments will continue to be reported by the Head of Patient Experience and the Patient Experience Team. Information on the number of complaints and those responded to in time is a key indicator on the Trust-wide dashboard provided regularly to service lines, Trust Board and commissioners. Additionally, in-depth quarterly deep dive reports are produced for each service line detailing the complaints received and any emerging trends from these complaints. Teams continue to use this information to inform their practice and improve their services.

Assessments Completed by the Crisis Resolution and Home Treatment Teams

Why did we choose to focus on this?

Our Crisis Resolution and Home Treatment Teams (CRHTs) provide intensive care and support in service users' homes as an alternative to acute inpatient admissions. By providing an alternative to patients in crisis, gatekeeping (or CRHTs reviewing service users prior to admission) allows inpatient resources to be allocated to service users where the greatest need is indicated. This also allows us to treat service users in the least restrictive environment.

What was our target?

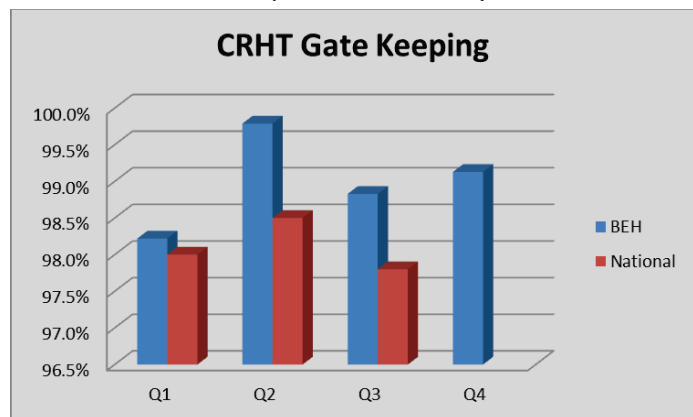
We want 95% of inpatient admissions to be reviewed by our CRHTs in line with national guidance.

What did we achieve?

In 2014/15, our CRHTs provided gatekeeping for 99% of the 1531 admissions to our inpatient wards. As national data is not yet available we are not able to benchmark ourselves against other trusts.

The following data is extracted from our electronic patient record system and crossed

checked with team managers to verify all cases have been reviewed by the CRHTs prior to an admission. The data shows we are performing above national average for the period of April 2014-March 2015.



The table below provides details of the data provided to the Health and Social Care Information Centre (HSCIC) from April 2014 to March 2015.

Proportion of admissions to acute wards that were gate kept by the CRHT teams	Q1 based on data submitted to HSCIC	Q2 based on data submitted to HSCIC	Q3 based on data submitted to HSCIC	Q4 based on data submitted to HSCIC
Lowest trust	81.80%	95.20%	73.00%	data not yet available
BEH	97.30%	98.80%	99.10%	99.13%
Highest trust	100.00%	100.00%	100.00%	data not yet available
England	98.00%	98.50%	97.80%	data not yet available

What needs to improve?

Performance leads are working with managers to develop a more consistent recording system to monitor this activity.

How will we continue to monitor and report?

Monthly performance reports track teams performance with our gatekeeping target. These performance reports are discussed in service line performance meetings and form part of our Trust-wide dashboard regularly reviewed with our Trust Board and commissioners.

3.3 Clinical Effectiveness

Reducing Delays to Discharge—A Key Priority

Why did we choose to focus on this?

We recognise the need to support individuals in getting them back to their daily routine and community after they have spent time as an inpatient in one of our wards. We are committed to improving links with local authorities and housing support to reduce delays in discharges related to housing needs so that service users can continue to recover with the appropriate support systems.

What was our target?

We aimed to reduce delays to transfers of care to below 7.5% this year.

What did we achieve?

Our Delayed Transfers of Care have remained below our 7.5% target throughout the year.

Minimising Mental Health Delayed Transfers of Care: % patients delayed												
Our target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
≤7.5%	5%	6%	5%	5%	6%	4%	5%	5%	4%	4%	7%	7%

A Trust-wide Delayed Transfers of Care Steering Group was created in our Trust in early 2014/15 to focus on resolving and reducing delays to discharge experienced by service users on our inpatient units. The group also worked with our external agencies including Local Authorities and commissioning groups with the aim to reduce blockages in service user’s discharge pathway.

In July 2015, a Discharge Intervention Team was created within the Trust. The Discharge Intervention Team holds a daily meeting to review admissions and discharges, concentrating mainly on informal admissions, Delayed Transfers of Care and the re-focus of our Recovery Houses. The team continues to successfully manage bed



capacity, whilst reducing external placements. The daily discharge intervention meetings continue to deliver capacity on our inpatient units and reduce inpatient delays.

Our Discharge Intervention Team was recognized at the Celebrating our Commitment to Excellence staff awards in December 2014 for the successful work they have undertaken in the Trust.

What needs to improve?

We want to strengthen the work initiated by the discharge intervention and bed management team by embedding their work in our borough structures. This piece of work is now led by our inpatient Assistant Directors in each borough.

How will we continue to monitor and report?

Delayed Transfers of Care (DToC) are reported monthly by our performance team via service line and borough dashboards made available to teams. This information is regularly reviewed through our Performance Improvement Committee and sub-committee of the Board. We continue to report our DToC figures through our national reporting system and regularly share our Integrated Performance and Quality Dashboard with our commissioners.

3.3.2 Patient Identified Care Goals

Patient Identified Care Goals

Why did we choose to focus on this?

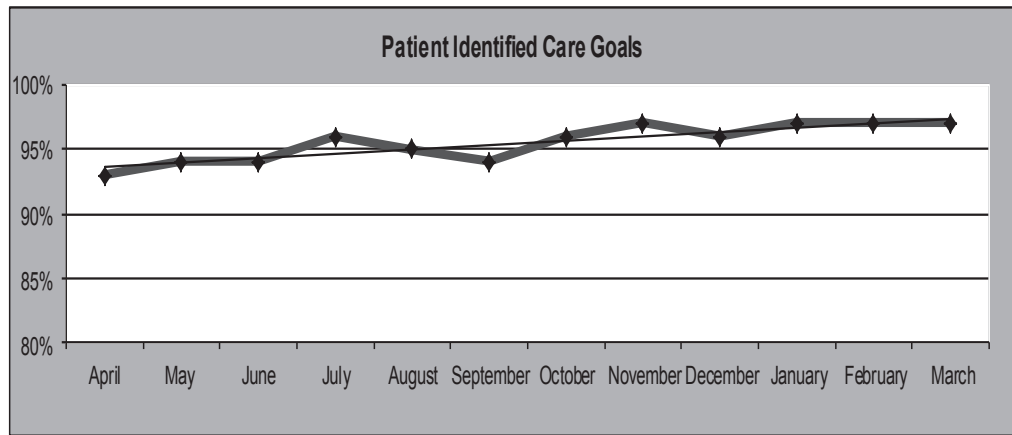
Our mental health service users expressed a desire to implement a system to capture those unique and personal experience goals which can only be measured on an individual level. Following this feedback, we developed a measure to identify if the plan of care agreed with service users contains individual and personal goals towards recovery.

What was our target?

We aim to consistently deliver recovery based care and so have set ourselves a target of 90% of all service users feeling supported to achieve their self-defined individual recovery goals.

What did we achieve?

Audits conducted throughout 2014/15 evidence that of the 5837 care plans reviewed, 96% of them contained at least two patient identified care goals in our mental health services. This exceeds our target of 90%.



What needs to improve?

We will work in the coming year to further implement the principles of enablement throughout the Trust. We will continue to monitor team's performance with the patient defined care goals.

How will we continue to monitor and report?

Teams will continue to monitor this priority through their monthly Quality Assurance Audit and quarterly feedback will be provided through the service line deep dives. Six monthly thematic reports on the audit will continue to be provided to the Board sub-committee.

3.3.3 Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs)

Why did we choose to focus on this?

We feel that Patient Reported Outcome Measures (PROMs) fit well with the aims of our enablement strategy being developed which has a central aim that services should address the service user’s own presenting difficulties in a holistic manner and provide a personalised treatment plan rather than one aimed at symptoms or problems identified by professionals. In collaboration with our commissioners, we have developed targets to implement PROMs in a number of our services.

What was our target?

We aimed to develop and implement a programme to capture outcome data which can be reported against nationally accredited benchmark data when available.

What did we achieve?

We are currently using several nationally accredited tools to measure patient health outcomes across our community health and mental health services.

EQ-5D (EuroQol—5 Dimension) in our community health services:

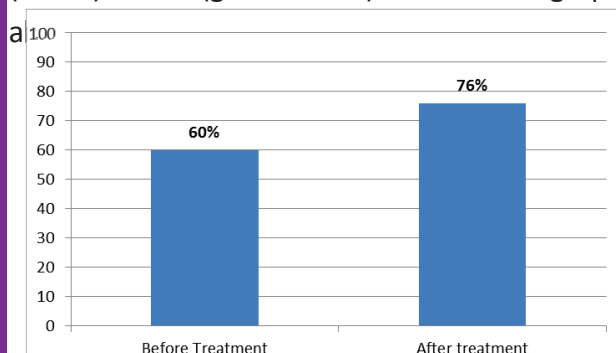
EQ-5D consists of a descriptive system with 5 dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression). Each dimension has 5 levels (no problems, slight problems, moderate problems, severe problems and extreme problems). The respondent is asked to indicate his/her health state by selecting the most appropriate statement in each of the five dimensions.

EQ-5D is routinely used in the Intermediate Care Teams (ICT) and Musculoskeletal Physiotherapy services. The EQ-5D tool was completed before and after treatment by 178 service users who attended ICT and Musculoskeletal Physiotherapy services from 1 April 2014 to March 2015.

Table XX indicates that a higher number of service users recorded ‘no problems’ for each of the dimensions after receiving their treatment when compared with before treatment. In addition to the five dimensions of the EQ-5D, service users are also asked

EQ-5D DIMENSION	No problem	
	Before treatment	After treatment
Mobility	44	73
Self-care	81	114
Usual activities	33	61
Pain/Discomfort	54	90
Anxiety/Depression	109	122

to rate their overall health related quality of life using the ‘EQ VAS’ (Visual Analogue Scale), a simple ‘thermometer’ diagram on which health state is marked from 0 (worst) to 100 (good health). The bottom graph provides the score for health, EQ VAS



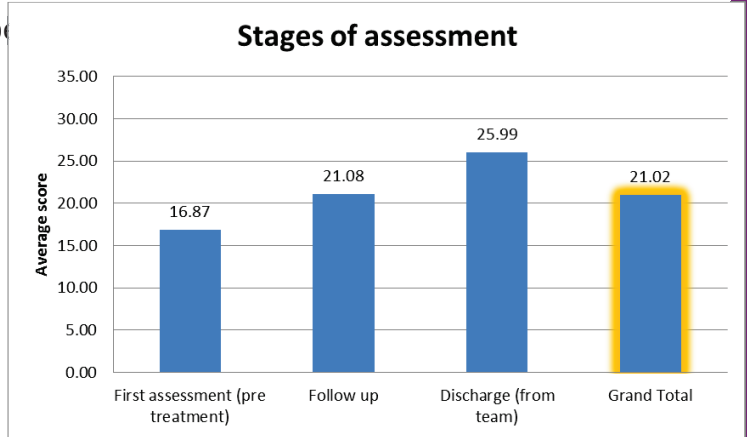
demonstrates a self-reported improvement.

Patient Reported Outcome Measures (PROMs)

What did we achieve?

Warwick– Edinburgh Mental Wellbeing Scale (SWEMWBS) in our mental health services:

SWEMWBS is a scale of 7 positively worded items, with five response categories, for assessing mental wellbeing. The tool is used in our Triage and CRHTs (Crisis Resolution Home Treatment Teams). A total of 425 returns were received for CRHT teams during April to December. Graph XX shows the average score calculated for each stage of assessment. There is an increase in average score from the first assessment to follow up and finally to discharge from teams, which indicates an



improvement in mental wellbeing of service users throughout their journey. The next table shows the average scores for all the 7 items on the SWEMWBS tool have increased after follow up appointments and discharge from the teams. Based on these results, service users have reported a better outcome after receiving treatment at the time of discharge.

	SWEMWBS 7 items							Over all Score
	I've been feeling optimistic about the future	I've been feeling useful	I've been feeling relaxed	I've been dealing with problems well	I've been thinking clearly	I've been feeling close to other people	I've been able to make up my mind about things	
First Appointment (average score)	2.44	2.52	2.30	2.30	2.33	2.37	2.44	16.87
Standard deviation - 1st app	0.98	1.21	1.02	1.09	1.13	1.12	1.16	5.30
F/U appointment (average score)	3.12	3.15	3.15	3.25	3.35	3.22	3.43	21.08
Standard deviation - F/U app	1.05	1.06	1.05	1.09	1.09	1.10	1.10	5.14
Discharge (average score)	4.07	4.02	4.07	4.02	4.15	4.32	4.10	25.99
Standard deviation - Discharge app	0.57	0.57	0.75	0.61	0.61	0.79	0.66	2.94

CORE in our Complex Care Teams:

Our Complex Care Teams in each of the three boroughs use CORE, a 34 item generic measure of psychological distress which comprises of four domains—wellbeing (four items), symptoms (12 items), functioning (12 items) and risks (six items). For each item, there is a five point scale which ranges from 0 ('not at all') to 4 ('most of the time'). This measure has high reliability and validity and is used across many different NHS services nationally. Most recently it was the measure of choice in the National Audit of Psychological Therapies run by the Royal College of Psychiatrists.

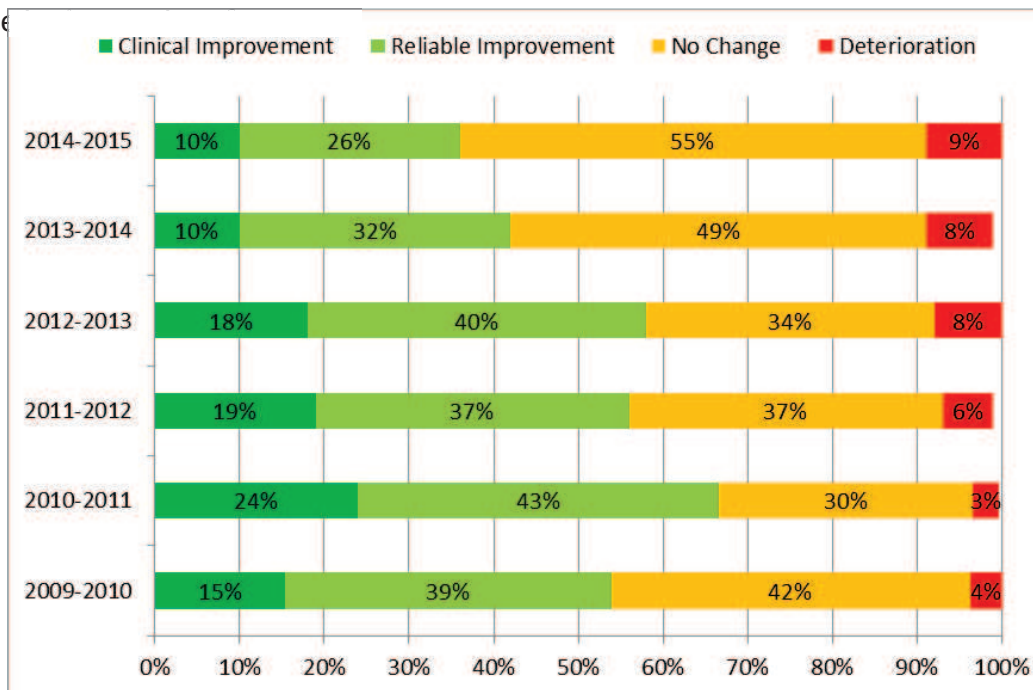
Patient Reported Outcome Measures (PROMs)

What did we achieve?

CORE in our Complex Care Teams (continued):

Outcome data is routinely collected at the start and end of treatment for all service users treated in the service who are on a 'single intervention treatment' or receiving phased treatment as part of the Complex PTSD (Post Traumatic Stress Disorder) or OCD (Obsessive Compulsive Disorder) Treatment Track. Data is not currently collected for service users on CPA (Care Programme Approach). As with our other PROMs described throughout this account, data is not recorded on our electronic patient records system and is collected on a separate database, 'Corenet'.

The following graph shows the percentage of service users who showed reliable change in clinical state during treatment within our Complex Care Teams. 'Reliable improvement' refers to those service users who have made a reliable change in their pre and post treatment scores. 'No change' refers to those service users who have not made any measured change in therapy but also includes those service user who may have made small changes at a level not sensitive enough to be deemed statistically reliable (i.e. the result could have happened by chance). The data is representative of those service users who have completed therapy between April 2014 to March 2015 and this data is benchmarked against data collected by the service



What needs to improve?

PROMs are not available on RiO (our electronic patient record system) and are collected and analysed using separate systems which limits the extent to which they can be used routinely and also limits the ease of analysis and feedback to services. We want our new patient records system to provide us with greater flexibility to capture patient reported outcomes.

How will we continue to monitor and report?

Our CRHT and Triage teams are provided with weekly performance updates to monitor compliance.

3.3.4 Emergency Readmissions

Emergency Readmissions

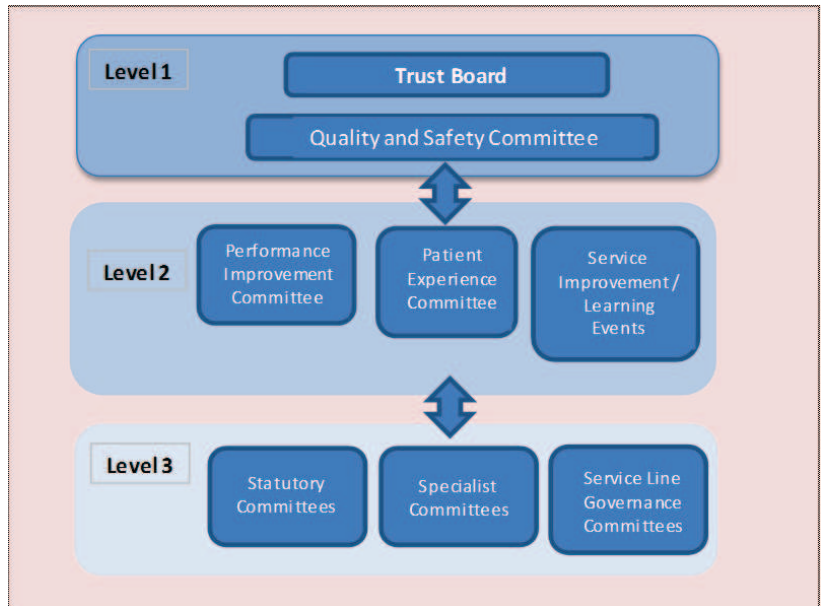
Why did we choose to focus on this?	We want to prevent avoidable admissions where possible. In line with the governance arrangements around Quality Accounts, organisations providing mental health services must report on their emergency readmissions rates in their annual Quality Account.
What was our target?	We aim to maintain a standard of less than 5% of emergency readmissions to inpatient services within 28 days of discharge.
What did we achieve?	<p>During 2014/15 there were 41 emergency readmissions (for those 16 years of age or over) out of 1757 overall BEH CCG's admissions (a rate of 2.33%).</p> <p>There was 1 emergency readmission for those 0-15 years of age out of 50 overall BEH admissions to our Tier 4 CAMHS unit (a rate of 2%)</p>
What needs to improve?	We will continue to monitor this target throughout 2015/16.
How will we continue to monitor and report?	Performance is monitored through monthly service line performance meetings and at Board Committee level.

Our Integrated Governance structures & organisational learning

Our governance structure reflects the domains of quality (safety, experience and effectiveness) outlined throughout this document. Our structures ensure proper engagement with staff of all levels in the organisation with clear ownership around the quality improvement in our services.

Our governance structure is made up of three key components:

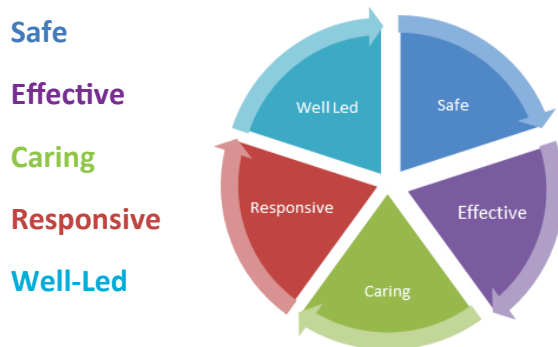
- Level 1 Committees defined as the Trust Board and its designated sub-committee (Quality and Safety Committee)
- Level 2 committees including the Performance Improvement Committee, Patient Experience Committee, Learning Events and Deep Dive meetings which have a monitoring and scrutiny function.
- Level 3 committees comprises of local service line level groups and statutory committees that are Trust-wide and are responsible for overseeing the various elements of the Trust services.



Together, these elements provide teams and services access to timely information about their services so that action can be taken to address improvements and celebrate good practice

Deep Dive Committees:

Deep Dive Committees are a Trust level assurance forum that promotes shared learning and scrutiny of team performance. Each service line has participated in a quarterly deep dive committee chaired by an Executive Director. The deep dive committees are responsible for monitoring the quality assurance systems operating across the trust including patient experience and complaints, clinical audit, incidents, training uptake, and overall regulatory compliance. In line with the Care Quality Commission’s domains, the deep dives help inform services as to whether they are:



If gaps are identified, action plans are developed and monitored through team clinical governance committees.

Service Line Clinical Governance Committees:

Service line clinical governance committees meet on a monthly basis reviewing the feedback and information discussed during the deep dive committee. The meeting is chaired by a service line clinical lead with representation from all services and teams. The committee helps to ensure all learning and actions resulting from the deep dive are monitored so that actions and improvements are discussed and implemented.

Our Quality Statements:

During 2014/15, Barnet, Enfield and Haringey Mental Health NHS Trust provided eight NHS services across six service lines. BEH has reviewed all the data available to them on the quality of care in all eight of these NHS services. The income generated by the NHS services reviewed in 2014/15 represents 100% of the total income generated from the provision of NHS services by BEH for 2014/15.

National Audits:

During 2014-15 Barnet, Enfield and Haringey Mental Health NHS Trust participated in 2 of 3 national clinical audits applicable to the services provided by the Trust (67%) and 1 of 1 National Confidential Enquiries applicable to the Trust. Our Trust did not participate in POMH-UK (Prescribing Observatory for Mental Health) Topic 14a, prescribing for substance misuse, as the audit was based on in-patients prescribed alcohol detoxification and We did not have enough data to submit to make us comparable to the other trusts.

Participation in the Prescribing Observatory for Mental Health (POMH-UK) Topic	Trust Participation		National Participation	
	Teams	Submissions	Teams	Submissions
Topic 14a: Prescribing for Substance Misuse (Alcohol Detoxification)	0	0	174	1197
Topic 12b: Prescribing for Personality Disorder	2	14	522	4014
Topic 9c: Prescribing for People with a Learning Disability	TBA	TBA	TBC	TBC
National Confidential Enquiry into Suicides and Homicides			On-going participation	
Actions: local suicide dashboard created and monitored. Revised risk management standards added to the quality assurance audit for ongoing monitoring.				

Local Audits:

Barnet, Enfield and Haringey Mental Health NHS Trust conducts monthly quality assurance audits covering care planning, assessment, physical health, involvement of service users, communication with referrers and information to service users and carers. These audits are completed on a monthly basis by every clinical team. Additionally, a programme of peer service reviews are conducted regularly across all services to inspect teams against the criteria issued by the Care Quality Commission. This programme of audit work is supplemented by real-time patient feedback and a range of local audits covering medicines management, cleanliness and estates and facilities, health and safety and clinical policies. The reports of 70 local clinical audits were reviewed by BEH in 2014– 2015.

Each audit is followed up with an action plan. Over 415 actions have been taken in response to findings from the quality assurance audits and peer service reviews. The following is an example of some of the actions Barnet, Enfield and Haringey Mental Health NHS Trust took during 2014/15:

Audit	Actions Taken
Quality Assurance Audit	Guidance and training provided on care planning standards including SMART (specific, measureable, achievable, relevant and time-bound) goal setting
Peer Service Reviews	Mental Capacity Act (MCA) and safeguarding training provided to identified clinicians, development of improved supervision structures within teams, operational procedures updated in teams
Patient and Carer Experience Survey	Changes to meals made in our forensic services to allow for more self-catering after feedback received from service users in the survey
Patient Experience National Survey	In response to the National Patient Experience Survey we have developed a Patient Experience Committee in the Trust to lead on the patient experience agenda
Staff Survey	New staff handbook being produced. Staff Engagement and Wellbeing Group established to drive improvements in working culture
Discharge, Assessment and Review Letters Audit	Review of communication templates used in teams
Frailty Discharge Communication Audit	Review of discharge communication protocol in team
Triangle of Care	Carer's champions appointed in teams in our older people services who will lead on the carer's agenda in these services
Controlled Drug Audits Medicines Management Audit	Immediate local action taken when non-compliant with standards
Resuscitation Audit	Local direct action taken when non-compliant with standards

Registration with the Care Quality Commission (CQC):

Barnet Enfield and Haringey Mental Health NHS Trust is required to register with the Care Quality Commission and its current registration status is registered.

BEH has no conditions to its registration.

BEH is subject to periodic reviews by the Care Quality Commission.

BEH has not participated in any special reviews or investigations by the CQC during the reporting period.

The Care Quality Commission has taken enforcement action against BEH during 2014-15.

Our Crisis Resolution Home Treatment Teams were inspected in mid March 2014 by the Care Quality Commission to follow up a previous inspection done in May 2013. The March 2014 inspection highlighted issues around medicines management in our CRHTs and training and supervision arrangements. In response to the issues identified for medicines management, the Trust was issued with an enforcement notice in early April 2014. A service improvement group was initiated within the service line to focus on the issues identified in the CQC report as well as staffing within the teams and caseloads.

A CQC regulatory re-inspection took place in the teams on 9 and 10 June 2014. The re-inspection focused on Regulation 13, Medicines Management, and Regulation 23, supporting workers. The CQC noted that the teams now had robust systems in place to effectively manage medicines including appropriate training, up to date prescription charts, a yellow card system to identify the level of support service users needed with their medication, appropriate and safe medicines transportation and storage. The CQC also noted staff received regular supervision, and teams had implemented regular team meetings and clinical governance meetings to discuss and share quality assurance information and lessons learnt from incidents and audits. The CQC has since rescinded the enforcement notice and have deemed the teams to be fully compliant.

CQUIN:

A proportion of Barnet, Enfield and Haringey Mental Health Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between Barnet, Enfield and Haringey Mental Health Trust and NHS North Central London

Hospital Episode Statistics:

Barnet, Enfield and Haringey Mental Health NHS Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was 99% for admitted patient care; and 99.6% for outpatient care. The percentage of records in the published data which included the patient's valid General Medical Practice Code was 100% for admitted patient care; and 100% for outpatient care.

Research:

Barnet, Enfield and Haringey Mental Health NHS Trust has an on-going belief in supporting research and actively participating in research generated by its own clinicians as well as researchers from outside the organisation. The Trust has employs two full-time National Institute for Health Research (NIHR) funded Clinical Research Officers and a Research Nurse. Two further part-time research worker positions are to be recruited in order to support the recruitment for NIHR portfolio studies.

Research (continued):

The number of patients receiving NHS services provided or sub-contracted by Barnet, Enfield & Haringey NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 249. Throughout the year, the Trust has been involved in 42 studies; 39 were funded (of which 0 were commercial trials), and 3 were unfunded.

Over the past year researchers associated with the Trust have published 34 articles in peer reviewed journals. Peer-reviewed publications have resulted from our involvement in National Institute for Health Research (NIHR) research, which demonstrates our commitment to the dissemination of research findings as well as a desire to improve patient outcomes and experience across the NHS.

Several Research and Development seminars and workshops have been held throughout the year offering the opportunity of expanding research knowledge and skills. Examples of courses run cover step-by-step guide to audit and service evaluation and also in regard to the application/approval process.

Information Toolkit:

Barnet Enfield and Haringey Mental Health NHS Trust score for 2014-15 for Information Quality and Records Management, assessed using the Information Governance Toolkit was Level 2 overall. The overall score reflects the lowest scoring requirement in the toolkit, and 14 of the 44 requirements are now rated at level 3 (meeting all criteria). This brought our overall score from 70% in 2013-14 to 77%, exceeding our target for the year.

Version 12 (2014-2015)		
Headlines:		
Assessment Ref:	ASS/130981	
Status:	Published (View History)	
Audited:	No	
Score:		
Final Score:	77% ?	Satisfactory ?
Target Score:	73% ?	Satisfactory ?

An Information Governance Audit was conducted by external auditors, Maxwell Stanley Consulting and made recommendations on coding which the Trust has taken forward to date as follows:

Action	Timescale	Progress to date
Improve the timeliness of discharge summaries and task senior clinical staff with validation of diagnostic information provided on the progress notes and documentation within RiO, so that the diagnoses that appear within the progress notes match those given on the final discharge summaries. This should be given priority within 3 months due to potential patient safety risks	3 months	Clinical coder alerts IG manager when discharge summaries are not readily available. IG manager contacts clinicians direct. An improvement has been noted, Clinical coder contacts clinicians to discuss any anomalies when required.
Task senior clinical staff to document all secondary diagnoses, relevant and mandatory comorbidities on the discharge summary. Emphasise the need to include all secondary acute conditions treated during the admission.	3-6-months	Clinical coder raises coding issues with lead clinician and IG manager.
Continue to address RiO incapability of recording ICD10 5th character codes and discuss the validation of clinical codes within the PAS software with the PAS supplier, including use of the Meta Data Validation File from the TRUD NHS website.	Ongoing	Clinical coder has access to TRUD website.
Maintain Clinical Coding Policy and Procedure document to support delivery of a consistent coding process across the Trust and to reflect all updates issued by HSCIC.	Ongoing	Policy will be reviewed in line with the Trust requirements.

Part 4: Trust Achievements

Barnet, Enfield and Haringey Mental Health Trust is proud to highlight our achievements as we believe this to be an indicator of the very hard work undertaken by staff across the whole Trust and across the whole workforce.

Barnet:

Recovery and Enablement Tracks (RET):

Community Support and Recovery Teams have re-organised their provision to focus more greatly on delivering personalised Recovery and Enablement Tracks in partnership with The Network. The tracks are now live and offering a menu of tailored support and care – targeting delivery of a shorter term and outcomes focussed pathway. The RET is resourced by senior practitioners, psychology sessions and Associate Mental Health Workers.

Partnership with Twinings:

The younger adult s services in Barnet have also worked in partnership with Twinings to deliver Individualised Placement employment support for people with Severe Mental Health needs. This venture sees the co-location of public health funded services into the MH services and is enabling service users to receive targeted employment support when they want it.

Enfield:

Enfield Family Nurse Partnership

Young mothers and staff from The Enfield Family Nurse Partnership (FNP) team celebrated the first year of a highly successful and valued service. The service delivered by the FNP team at Enfield Community Services with NHS Enfield Clinical Commissioning Group and Enfield Council, supported 55 young women mainly in the community in their own homes, although based at the site of St Michael’s hospital. Testimonials from the young parents involved has been high and has affirmed the need for such a service.



ESC Single Point of Access (SPA)

Enfield Community Services, as part of the overarching NHS Transformation agenda, moved to an integrated working model consisting of 4 Integrated Locality Teams to deliver care in a more streamlined way. The Integrated Locality Teams consists of: Intermediate Care, District Nursing and Community Matrons.

This service is a clinically led triage service which provides a single point of access for referrals into the integrated locality teams. This is designed to enhance the flow of patient referrals and ensuring that referrers have easy access via one point into the locality teams within community services.

The focus of the SPA is that of collaborative cross team working, with administration and clinical staff delivering this service. The SPA hub will be sited in St Michaels Site Enfield.

‘You’re Welcome’ Quality Standards

Department of Health, England has set out a clear set of quality criteria for youth-friendly health services in a document entitled *You’re Welcome*, and is encouraging health service providers within and outside the National Health Service (NHS) to meet those criteria. The quality criteria are helping to provide a framework for change in how resources are allocated, and are helping ensure better health outcomes

The quality criteria cover ten topic areas including accessibility, publicity, confidentiality and consent, environment, staff training, skills, attitudes and values, joined-up working, young people’s involvement in monitoring and evaluation of patient experience, health issues for young people, sexual and reproductive health services, specialist child and adolescent mental health services (CAMHS).

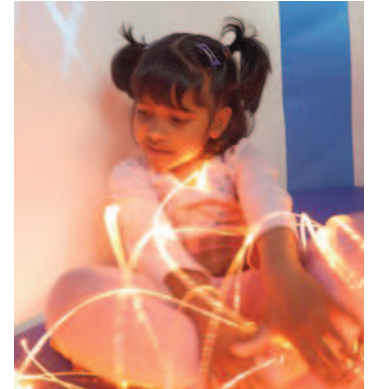
There are three levels which teams can be awarded (bronze, silver and gold). The School Nursing Service, Family Nurse Partnership and Sexual Health Services met all of the criteria to be awarded the bronze award.



New Sensory Room in Enfield

A new Sensory Room for children who find sensory regulation and processing difficult has opened in Cedar House at St Michael's Primary Care Centre in Enfield. The new room is designed to provide a purpose built area for children to experience sensory regulation in a safe way.

Speaking at the event, Mary Sexton, director of Nursing, quality and governance at Barnet, Enfield and Haringey NHS Mental Health Trust who run St Michael's in Enfield said: "We have an excellent team of health professionals at Cedar House who are trained in supporting children with sensory difficulties as a part of their overall treatment. Having a sensory room on site to support children with these difficulties is time efficient and convenient for both clinicians and parents. The room will provide a safe area for clinical sessions and relaxing time which will help children feel calmer and less stressed before and after appointments."



Cathy St John, ECS occupational therapist lead said: "Many young children can benefit from using a sensory room to develop fundamental sensory skills needed in later life. Sensory environments are particularly useful for children with sight or hearing difficulties. The sensory room has many benefits for children with special needs as it creates a stimulating and yet calming atmosphere and among other things can help to improve hand and eye co-ordination and develop language skills. It provides fun and enjoyment and can reduce tension and encourage the child to relax. The overactive child can be calmed, the inactive can become interested and aware. For a child who experiences sensory overload, the room provides a calming environment which helps a child to regulate their sensory input'.

Enfield's memory service recognised by Royal College of Psychiatrists

The Enfield memory service is celebrating being re-accredited by the Royal College of Psychiatrists for the care they provide to local people with memory problems or dementia and their families. The service applied for re-accreditation by the Royal College of Psychiatrists' Memory Services National Accreditation Programme (MSNAP), which works with services to assure and improve the quality of memory services.



Integrate Haringey

A unique new partnership project has helped to support some of the borough's most vulnerable young people to turn their lives around - and our organisation is at the heart of it.

Integrate Haringey aims to support excluded young people, and those at risk of becoming excluded, by working directly with young people to support and empower them. Unlike other mental health projects, the purpose is to take the support out of the clinic and onto the streets, directly engaging with excluded young people. The Haringey Better Care Fund developed a number of pilot projects to reduce unplanned acute hospital admissions by 3.5% for the top 2% of the population identified as at the highest risk.

Haringey Memory Service

The Haringey Memory Service embarked on the journey to re accreditation during the end of last year and have been working hard during this time to demonstrate that they meet the standards listed by the Royal College as part of the programme, which works with services to assure and improve the quality of memory services.

The programme engages staff in a thorough process of review, through which good practice and high quality care are recognized, and services are supported to identify and address areas for improvement. The MSNAP involves service users and carers and engages with people with first hand experience of using the services.

Taking part in the accreditation process has been a very positive experience for Haringey Memory Service. It has highlighted examples of good practice, for example, Toms Club and Cognitive Stimulation Therapy.



Haringey Individual Placement Support

Haringey received a funding boost for a new mental health service. The new service is to support people with mental illness find, and stay in work. The scheme, which is known as Individual Placement Support, has been shown to significantly increase the job prospects of people with mental illness, with research demonstrating that securing employment can be a crucial factor in helping people recover from mental illness, as well as improving their overall health and wellbeing. The programme, which will be delivered in partnership by the Trust, Haringey Council, Haringey CCG, and Social Finance and will start later this year and aims to support around 80 people into employment.

Dragon's Den:

We recognise that great ideas come from frontline staff that best understand the needs of their service. The Trust Dragon's Den fund, launched in 2013, is for those that have a great idea that they want realised, something that could really benefit the patients, their carers or staff. The projects which applied and were provided with funding in 2014/15 include:

1. Sounding Bowls for Music Therapy - Dementia and Cognitive Impairment services

Sounding Bowls for each clinical area (Cornwall Villa, Silver Birches, Enfield Memory Service and Bay Tree House) allow for deeper interactions with people who are very difficult to engage in a conventional manner. Sounding Bowls provide music therapists with much greater potential for achieving and sustaining interaction with service users, thereby reducing isolation. Using such an aesthetically pleasing instrument represents enhanced life quality for the service user.

2. Re-Developing Outside Space—Forensic services

The disused garden at the back of the Warwick Centre, Chase Farm Hospital was donated to North London Forensic Service (NLFS) and was overgrown. Forensic services wanted to develop this land and open it out so that service users, staff and visitors had access to a safe area for relaxation and tranquillity, spending time alone or with family and friends. The maintenance of the facility would be conducted by NLFS work Experience project.

3. Non Invasive Urinary Volume Assessment—CHAT Team

Recurrent Urinary Tract Infections and Urinary Sepsis accounted for 25 A&E attendances and 19 admissions to a hospital bed from Care Homes, between October 2013 and March 2014. The use of a hand held bladder scanner, would enable the CHAT team nurses to calculate the post void residual volume in a painless non- invasive manner. Once incomplete emptying has been established, a treatment plan can be put into place that should minimise the risk of the patient developing UTIs.

4. Kids Time Workshops for Haringey - Psychosis teams

Kidstime Workshops are monthly events for children and young people who have parents with mental illnesses. The overall purpose of Kidstime is to reduce the likelihood that children of parents with a mental illness themselves will develop emotional difficulties later in life. In exploring the possibilities of introducing Kidstime Haringey the teams developed a unique partnership ; drawing upon the skills and experience of Family Action, services from the local authority, links with Young Carers Project and Early Help, local mental health services (both Adult and CAMHS) the Haringey Troubled Families and the inclusive theatre company, Haringey Shed. We will also explore wider partnership interests, including academic links with UCLP (University College London Partners), particularly for further evaluation.

5. Community Football – Opportunities for mental health service users in our Forensic services

The forensic service were keen to continue competitive, structured sport in the community by setting up a local initiative for inpatient and community patients from across BEH MHT to engage in weekly training sessions, coaching skills development and regular matches. The forensic service provide the staffing to coordinate and facilitate/coach the sessions but were looking for funding for physical infrastructure.

6. Discover Art in Recovery Exhibition (DARE) - Psychosis

Many of our service users express themselves through engagement in art -related activities, such as painting and creative writing. There are however, limited opportunities for this work to be displayed to a wider audience. Our Dragon's Den proposal involved an annual Trust competition and community art exhibition to display and promote the art work of people who receive care and treatment from our services. The project could involve a competition, with a set theme each year or a more general exhibition of work. A community venue (Arts Depot) is available to hire. Small prizes can be offered. Artists may wish to sell their work. After the exhibition, work can be displayed, at Trust locations.

7. Gait Analysis Clinic - Enfield Community Services

Having trialled a gait clinic in the last 2 months we have identified a need for more sophisticated recording and analysis of gait than we are able to provide in current clinics and a dedicated equipped space.

The proposal was to obtain funding for equipment and IT support in order to accurately assess and video children and appropriately plan on-going gait management. This would also include upgrading an existing venue to make it more fit for purpose for our service users, involving a new floor with specific permanent markings made for gait assessment.

An additional resource for use in gait analysis is GAITrite Electronic Walkway, which gives greater analysis and details over the different parameters of gait including stride and step length, base of support and foot progression. GAITrite is portable enabling the delivery of gait analysis to other clinics and schools within the paediatric physiotherapy service, and also the opportunity to offer this to our physiotherapy colleagues in adult rehabilitation and musculoskeletal services.

8. Professional jewellery Making for Patients—Forensic

This is a great opportunity for service users at Blue Nile House to learn jewellery making. They will learn how to make their own unique jewellery designs in comfortable and welcoming surroundings.

The service users will learn all the basic skills like manufacturing, repairs, stone setting and how to market their products. This will help improve creativity, increase brain stimulation and help build social skills that lead to increased confidence.

This opportunity could help reduce risk like relapsing, depression, isolation and may help the multi-disciplinary team to build a good rapport with the patients. Moreover it will promote job opportunity for service users.

9. Cornwall Villa Dementia Friendly Garden—Dementia and Cognitive Impairment services

Cornwall Villa applied for a secure enclosed garden that is dementia friendly and is accessible for the patients on Cornwall Villa. The Dementia friendly garden will provide access to fresh air as well as planting that uses the senses of touch, smell and sight. The garden has been designed to be able to accommodate patients with mobility needs (wheelchairs and walking aids). The redesigned garden will also be more accessible to service users and their relatives as there will no longer be uneven paving, grass etc. The garden has been designed to be low maintenance and offer service users and their relatives the option of seasonal vegetable planting through the use of high level planters.

How to provide feedback

We hope that you find this report helpful and informative. We welcome your comments on this report and any suggestions on how we may improve future Quality Account reports.

Feedback received from stakeholders is invaluable to the organisation in helping to shape and direct our quality improvement programme. If you would like to make suggestions as to this or future reports please contact the Communications Department.

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UPDATE BRIEFING FROM BEH CCGS FOR BEH JHOSC – 19 MAY 2015**1. Introduction**

This short paper updates the Barnet, Enfield and Haringey JHOSC on the contracting and funding arrangements between the commissioning CCGs and BEHMHT for 2015/16. This paper has been approved by Barnet, Enfield and Haringey CCGs.

2. 2015/16 Contract with Barnet, Enfield and Haringey CCGs

Following the last BEH JHOSC, both the Trust and the commissioning CCGs continued with contract negotiations to agree a contract for 2015/16. Both parties have taken advantage of both informal and formal mediation processes to provide further support to agreeing a negotiated contract. ***This has now resulted in an agreed contract activity and financial plan for 2015/16. Other areas of the contract are due to be agreed this week.***

An activity plan, to underpin the contract, has been developed and agreed for 2015/16 which used high level data from month's 7-11(financial year so October to February) from 2014/15 as a baseline. 2.3% growth was applied across all services lines apart from adult inpatient beds where the CCGs will continue to work with the Trust to agree bed usage during 2015/16.

A financial plan (envelope) has been agreed for 2015/16 which includes additional funding for both demographic growth and activity growth.

There will be a further in-year work to agree the processes whereby activity monitoring, levels of tolerance, and pricing are developed to inform the contract from 2016/17. The work on pricing is being supported by an external partner and a brief for the work has been agreed between commissioning CCGs and the Trust.

The current timetable is that it is expected that the 2015/16 contract will be signed by all parties by Friday 8 May.

3. Trust's Ongoing Deficit

The contract between the commissioning CCGs and the Trust does not in itself bridge the overall deficit position for the Trust during 2015/16. During the contract negotiations, there have been a number of discussions with both NHS England and the Trust Development Authority as part of negotiating the contract. It is expected that once the contract has been signed, those discussions will continue in order to develop an agreed plan to manage the Trust's deficit position for 2015/16.

An external partner has been commissioned to support, over the next 3 months, work with the Trust to develop an activity and financial base case which is agreed by all parties. This will provide the basis for the scale and pace of any transformation programme which aims to provide long term clinical and financial sustainability. This work is supported by the commissioning CCGs, NHSE and the TDA.

Graham MacDougall