Public Document Pack

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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE - MENTAL HEALTH SUB-GROUP

Friday, 5th May, 2017 at 1.30 pm in the Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

Councillors: Pippa Connor (Chair) – Haringey, Charles Wright – Haringey, Abdul Abdullahi – Enfield, Anne Marie Pearce – Enfield, Alison Cornelius – Barnet and Graham Old - Barnet

AGENDA

1. WELCOME & APOLOGIES

2. DECLARATIONS OF INTEREST

Members of the Sub-Group are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to items on the agenda.

3. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST - DRAFT QUALITY ACCOUNT 2016/17 (Pages 1 - 62)

To receive a presentation from the Mental Health Trust in relation to the draft Quality Account for 2016/17

The Sub-Group response to the draft document from last year is attached for reference.

4. MINUTES OF THE LAST SUB GROUP MEETING (Pages 63 - 86)

To confirm the minutes from the last meeting of the Sub-Group held on 13th May 2016. These minutes were 'noted' by the full JHOSC at the meeting on 10th June 2016.

5. DATES OF FUTURE MEETINGS

To consider future dates as required.

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Quality Account 2016-2017

Part 1:

1. Statement from the Chief Executive
2. Statement from Executive Director of Nursing, Quality and Governance.

Part 2:

1. Quality Priorities – Looking Back 2016/17
2. Quality Priorities for 2017/18

Part 3:

1. Statements from Commissioners, Overview and Scrutiny Committee, Healthwatch, Auditor

Glossary

Part 1

Chief Executive's Statement – to be added

Statement from Mary Sexton, Executive Director of Nursing, Quality and Governance. – to be added

What is a Quality Account and why it is important

Our Quality Account is an annual report that provides an opportunity to reflect and report on the quality of the services that are being delivered to our local communities and our stakeholders. It is a process in which our open and transparent engagement with patients, stakeholders and staff allows us to review the quality and demonstrate improvements in the services we provide. This in turn affords us the opportunity to identify areas and agree our priorities for improvement with our stakeholder in the delivery of our services.

Our Quality Account 2016/17 is designed to:

- Reflect and report on the quality of our services delivered to our local communities and our stakeholders
- Demonstrate our commitment to continuous evidence-based quality improvement across all services
- Demonstrate the progress we made in 2016/17 against the priorities identified
- Set out to our services users, local communities and other stakeholders where improvements are needed and are planned
- Receive support from our stakeholder groups on what we're trying to achieve
- Be held to account by our service users and other stakeholders for delivering quality improvements.
- Outline our key priorities for 2017/18.

Development of our Quality Priorities for 2017-2018

The Trust seeks to identify quality indicators that can be monitored and reported in a meaningful and beneficial way to our service users and staff. To produce the quality priorities for 2017/18 we engaged with local stakeholders including service user groups, staff, Clinical Commissioning Groups, Healthwatch, and Overview and Scrutiny Committee members and drew on progress against our quality priorities for 2016/17, identifying areas that required continued focus. Details can be found on page 20.

How to provide feedback

We hope that you find this report helpful and informative. We consider the feedback we receive from stakeholders as invaluable to our organisation in helping to shape and direct our quality improvement programme. We welcome your comments on this report and any suggestions on how we may improve future Quality Account reports should be sent to the Communications Department.

Email: communications@beh-mht.nhs.uk
Tel: 020 8702 3599

Address: Communications Department
Barnet, Enfield & Haringey Mental Health NHS Trust
Trust Headquarters, Orchard House
St Ann's Hospital
London N15 3TH

Additionally, you can keep up with the latest Trust news on our website Trust website: www.beh-mht.nhs.uk

Or through social media:

Follow us on Twitter @BEHMHTNHS
Like us on Facebook: www.fb.com/behmht

About BEH-MHT

Barnet Enfield & Haringey Mental Health NHS Trust (BEH) employs 3069 staff providing inpatient and community care for children, young people and adults across Barnet, Enfield and Haringey, Community Health Services in Enfield and Specialist Services. Our annual income in 2016-17 was £189 million. We serve a community of just over a million people and 155,000 accessed our services during this financial year.

The Trust has 514 inpatient beds located on five main sites, St Ann's Hospital in Haringey, Chase Farm Hospital and St Michael's in Enfield, Edgware Community Hospital and Barnet Hospital. Psychiatric liaison services are provided at Barnet Hospital and North Middlesex University Hospital.

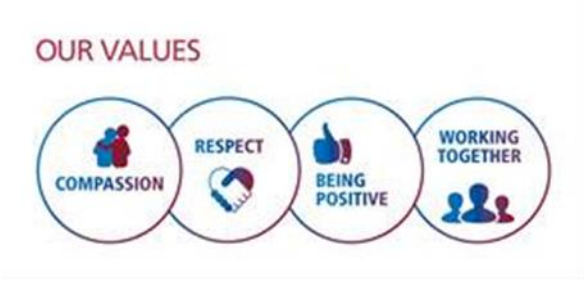
The services provided by us are organised into three borough based directorates and one specialist directorate, each led by a Clinical Director and supported by service managers.

OUR VISION

To be the lead provider, coordinator and commissioner of integrated care services to improve the health and wellbeing of the people of north London and beyond.

In May 2016, the Trust's Organisational Development and Learning Directorate undertook a survey with staff to refresh our Trust values. The purpose was to ensure that our Trust values were well defined and incorporated into everything that we do for both service users and staff.

Over 500 staff took part and the survey resulted in the following values being agreed: Compassion, Respect, Being Positive and Working Together.



We then embarked on a series of "living our values" sessions, open to all staff, to help bring the values to life. We chose to invest in this programme to support staff, build confidence and help embed our values. The sessions looked at our Trust values and helped staff to reflect and shape what they meant for them, our Trust and the people who use our services, and to identify positive behaviours aligned to each of the values. We anticipate that this would lead to higher levels of staff engagement, motivation and productivity, better retention rates and lower absenteeism as well as ongoing improvement of the quality of care we provide.

To date over 1,200 staff have attended with overwhelmingly positive feedback. Based on views gathered at the sessions, we are now developing a values-based behavioural framework which will illustrate the positive behaviours that we aim to display in our work and which will help embed the values within the Trust.

Systems in place to ensure quality at the highest level

We aspire to provide care of the highest quality, in collaboration with those who use our services. BEH is an organisation that embraces continuous improvement and learning.

The Board of Directors proactively focuses not only on national targets and financial balance, but they continue to place significant emphasis on the achievement of quality in all our services.

Our quality governance systems support the arrangements in place to provide the Board of Directors with assurances on the quality of BEH's services and to safeguard patient safety. We produce a comprehensive quality (including safety, experience and effectiveness) and performance dashboard monthly; we undertake compliance checks that mirror the Care Quality Commission's (CQC) essential standards; we have an active national and local clinical audit programme; we monitor patient experience and complaints and have a robust risk management and escalation framework in place.

Our quality governance system, quality performance and assurance on these arrangements in place are overseen by the sub-committees of the Trust Board.

CQC Quality Improvement Action Plan

The Care Quality Commission, (CQC) undertook a Comprehensive Inspection of our services during 30th November to 4th December 2015. The CQC looked at 11 of our core services and gave them each a rating.

The CQC inspected and rated each service based on their five domains which together constitute a quality service. In each service we received a 'good' in the caring domain, with the CQC inspectors hearing a lot of positive feedback from patients about our staff being "kind, skilled and well trained", and also noting in their report how "most of the staff inspectors met were very caring, professional and worked tirelessly to support the patients using the services provided by the Trust."

Of the 11 services inspected, 5 were rated as 'good', with 1 'outstanding'. The remaining five were placed in the 'requires improvement' category and due to the way the system works the Trust was therefore given an overall rating of 'requires improvement'.

CQC breakdown of rating outcome for the Trust:

Are Mental Health Services safe?	Requires improvement
Are Mental Health Services effective?	Requires improvement
Are Mental Health Services caring?	Good
Are Mental Health Services responsive?	Requires improvement
Are Mental Health Services well-led?	Requires improvement

The CQC Hospital Inspection Report was published on 24th March 2016.

Within the inspection report the CQC issued 31 compliance actions, 'must dos' and 95 'should dos'. The action plan that the Trust created in response to the report, the Trust Quality Improvement Plan has 72 actions against the 'must dos' and 208 actions against the 'should dos'.

Our Trust Quality Improvement Plan has been designed with the objective of delivering improvements to the quality of care and services provided by the Trust. It is grouped into four main themes; staffing, patient centred care, leadership and management and premises and equipment. During 2016/17, the Trust has worked hard to ensure the Improvement Plan is implemented.

Progress against the Improvement Action plan is monitored by our Board, the CQC and our commissioners.

To date, 42 of the 72 must do actions have been fully completed; 27 are in progress and will not be deemed complete until supporting evidence or narrative is provided. 3 actions are not on track, the reasons for this relate to service reconfiguration and investment from our Commissioners.

We will be working with the CQC, our service users, our Commissioners and our staff on continuing to improve our services.

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 that it is registered without conditions.

Part 2:

Review of Quality Performance, 2016/17

Quality Strategy 2016-2019

The Quality Strategy aims to:

- To ensure that the Trust's approach and commitment to quality and quality governance is clearly defined so that all Trust staff are clear on their role and the drive to continually improve the quality of care.

- To ensure quality governance and risk management continue to be integrated into the Trust's culture and everyday practice.

In 2016/17, in addition to implementing a Clinical Audit and Quality Assurance programme that drives and underpins the 3 year Quality Strategy priorities (see page xx for details), the Trust undertook quality reviews and introduced and implemented a number of quality performance and quality improvement initiatives.

Examples include:

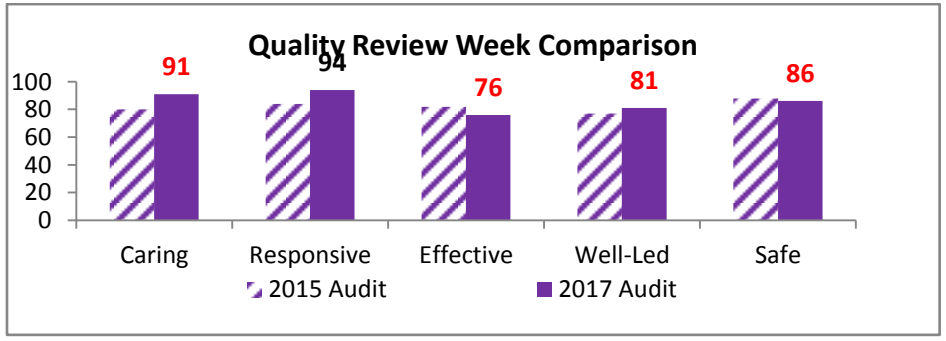
- Quality Week, 23rd to 27th January 2017
- Forums for Learning
- Heatmaps introduced for Community Teams
- Implementation of Safecare
- Trust Values Workshops
- Launch of programme to provide even better care for lesbian, gay, bisexual and transgender service users
- My Care Academy
- Improvement Collaborative aimed at reducing harm, improving staff and patient experience and containing costs
- Review of management of death incidents
- Dementia Friends Initiative
- NHSI Falls Collaborative
- Better Together Network – Listening Lunches
- Project Futures

Quality Week, 23rd to 27th January 2017

The Quality Review Week audit was developed as a means of assessing teams' compliance with the Care Quality Commission's inspection domains (Safe, Effective, Caring, Responsive, and Well-Led).

A quality review audit was carried out for one week, from 23rd to 27th January 2017 across 68 of our Trust services. 100 staff from all boroughs and corporate teams, working in teams of 2 to 3 people undertook quality reviews in 68 services outside of their usual Borough structure. This provided an "independent" assessment to help inform the Trust of areas of good practice and any areas that may need to be addressed. The same peer review was carried out in October 2015.

The Trust's overall score increased in this year's audit from 82% to 86%, but still remained under the Trust benchmark of 92%. The chart below illustrates the percentage average score for each CQC domain for the review carried out in 2015 & 2017.



Forums for Learning

The Berwick report 'A Promise to Learn' (August 2013) recommends that the NHS as a whole should 'continually reduce patient harm by embracing wholeheartedly an ethic of learning'.

The Trust's organisational learning goals support the overall Trust strategic vision and goals. They reflect national developments underpinning the importance of organisational learning and the approach to be taken to further support and embed learning within the Trust, building on progress to date. The aim is that the Trust is one in which all staff will understand and embrace their role in learning, to deliver and improve quality and safety for our patients, service users and their families as part of their working practice.

The opportunities for learning and cascading information within the Trust are vast and varied, from trust wide learning events, to news bulletins for specific professional groups, to educational handover meetings. Examples of the forums and mechanisms for learning include:

- **Trustwide Berwick Programme of Learning Event**

The Trust Wide Berwick Programme was established in 2015, with the aim of disseminating the key elements of the Berwick Report, namely sharing and learning from events.

Berwick events have taken place four times a year since then, with 7 events following a half day format led by the Medical Director, and one full day patient safety conference in January 2016.

The themes of the events have been: suicide, physical health (twice), absence without leave, risk assessment, positive learning, and hospital discharge. Each was attended by between 30 and 70 staff from all staff groups. Over 200 staff and stakeholders attended the patient safety conference.

The next Trust patient safety conference will be held in June 2017. Additionally, the Trust Boroughs and services such as Pharmacy have held their own Berwick Learning events throughout the year.

- **Annual Nurses Conference - "Mental Health, Proud to be different"**

The Annual Nurses Conference in May 2106, in collaboration with Middlesex University and Camden and Islington NHS Foundation Trust, provided an opportunity for nurses to come together, share learning from projects and schemes that have been implemented, network and work with their wider NHS colleagues to share solutions which can make day to day life easier and help support each other to practise safer patient care.

- **Quality Bulletin**

Published throughout the year, the Quality Bulletin is sent to all Trust staff via Take 2 and showcases good practice both within the Trust and other organisations and provides information to support the improvement of practices across services. Key learning points from serious incident investigations are included in the Bulletin.

- **Service Development - Mental Health Liaison Service**

The Patient And Carers Community Team (PACCT) is a forum set up by the Mental Health Liaison Service that enables patients and carers to give feedback on the mental health liaison service and learn about mental health resources. The forum identifies unmet needs and contributes to service development.

Through its forums for learning, the Trust continues to build on the improvements made in the safety and quality of care that our patients have received over the last few years

Heat maps for Community Teams

Following the successful implementation of inpatient Heat map dashboards, BEH introduced Heat Maps for our community teams. Produced monthly, they give teams easy access to a broad range of interrelated data on a single page allowing them to identify themes and issues across the different quality strands so that teams can consider and learn from each other and find shared solutions.

Heat maps provide teams with a month by month breakdown of their progress across a wide variety of indicators including patient surveys and complaints, quality assurance audit, incidents, staffing levels, safety thermometers, infection control, and claims. Where appropriate, the data is rated red (target not met), amber (target partially met) or green (target fully met) to show compliance with Trust or national standards/targets.

Heat Maps are distributed to team managers and senior management and reported at several governance meetings within the Trust.

Implementation of Safecare

SafeCare is a software package that captures and reports on safe staffing to support every stage of healthcare workforce planning and delivery of care; from agreeing establishments to planning rosters, making just-in-time changes on the ground, through to Board assurance.

Following a successful pilot run in early 2016 using four early adopter wards, SafeCare went live across the Trust on 10th October 2016.

The main aim of SafeCare is to reduce the burden of monitoring staffing levels, provide real time visibility of staffing levels across wards and departments and provide reports to evidence if things are not working. It provides central teams with information to make changes to staffing levels quickly to help you through busy periods. It is now fully implemented in all inpatient wards within the Trust, allowing for a snapshot of staffing and patient acuity levels three times a day. Further work is underway to further understand and ensure 'acuity' and the impact on the workforce is fully understood.

Launch of programme to provide even better care for lesbian, gay, bisexual and transgender (LGBT) service users

The Trust joined forces with Middlesex University, who already include LGBT health needs in their mental health nurse training programme, to mark LGBT history month in February.
There is extensive research which shows that LGBT individuals have different health requirements from those who identify as being straight.

The Trust is committed to ensuring health equality for LGBT + service users and other communities.

Delegates at the launch event produced a list of actions for the Trust to consider implementing alongside the existing commitment to support a LGBT+ equality group and to establish an allies programme. Allies programmes are an established method for straight staff to volunteer to signpost LGBT+ service users or staff to advice and information specific to their needs. Delegates learned about the importance of clinical staff understanding the importance of addressing health inequalities for LGBT+ and other communities

My Care Academy

In partnership with Camden & Islington NHS Foundation Trust, BEH and Middlesex University, the collaborative My Care Academy's vision is to improve health and social care for our local communities in North Central London by providing learning and collaboration tools to enable mental health and social care staff and partners in care to connect and create an innovative knowledge building community.

Quality Improvement Collaborative

Quality Improvement (QI) continues to be implemented across our Trust. This year BEH is working in partnership with Haelo, Salford's Innovation and Improvement Science Centre (http://www.haelo.org.uk/) to deliver an improvement collaborative aimed at reducing harm, improving staff and patient experience and containing costs.

The collaborative commenced in November 2016. Fifteen teams from across BEH have been recruited and are working to identify, and then work on, a series of quality improvements.

The teams, who are spread across the Trust (for example, Avon Ward in Barnet, Enfield District Nurses, Haringey community rehab and the Beacon unit in Specialist Services) are making changes, which will benefit outcomes to patients, across four themes:

1. Minimising harm;
2. Improving patient experience;
3. Improving staff experience;
4. Supporting our workforce.

A founding principle of QI is that small positive changes are more sustainable than just one large one. An example of this is how a series of small conversations between our district nurse (DN) and a relative led to the relative taking control of one aspect of the patient's care, saved 14 visits a week to that patient, and freed up the DN to visit other patients who needed their support.

The simplicity of doing things small means we can all get involved and influence the positive change.

Review of the management of death incidents (Mortality)

During 2016/17, BEH undertook a review of its approach to managing and investigating incidents of people who access our services.

We reviewed our processes to ensure the reporting, scrutiny and investigations of all death incidents was appropriate and provided assurance to our Board and Commissioners that all death incidents were managed promptly and appropriately, and that the rationale for management decisions regarding the investigation of these incidents is documented.

As part of this review, our Datix incident reporting system was changed to aid the reporting of deaths of our palliative care and terminally ill services users by incorporating key further information questions into Datix enabling the reporter and reviewer to highlight any potential care and service problems at the time of incident reporting/reviewing. An audit of 'expected deaths' was undertaken in March to provide further assurance this group of patients received optimum care and addressed if they had not.

Quarterly reports on reported deaths reported and investigations undertaken are provided to the Board. In November 2016, an Internal Audit of the Trust's management of unexpected deaths found there was reasonable

assurance that ‘the controls in place are suitably designed and consistently applied’. The Trust will continue to review its processes in line with new national guidance and requirements. Further work will occur in the forthcoming year once national guidance is published.

Dementia Friends

BEH has registered with the Alzheimer’s Society’s Dementia Friends programme - the biggest ever initiative to change people’s perceptions of dementia. It aims to transform the way the nation thinks, talks and acts about the condition.

Dementia Friends was launched to tackle the stigma and lack of understanding that means many people with the condition experience loneliness and social exclusion. A Dementia Friend is a person who learns a little bit about what it's like to live with dementia and turns that understanding into action.

BEH launched its Dementia Friends campaign in February. To date, 10% of our staff have become a Dementia Friend. We want to help make our communities a better place for people with dementia by encouraging them to live their lives how they want for as long as they're able to.

Dementia Friends Launch, 22nd February 2017, St Ann’s Hospital

Project Future

Project Future is a Tottenham based project working alongside vulnerable young men aged between 16 to 25 years with experiences of youth offending and extreme social exclusion. Developed from MAC-UK’s intensive mental health support Integrate model, Project Future is founded on the principle of co-production between the young people and the practitioners. This service helps young people, who are disengaged and excluded get back into education and employment, and to engage with mental health services. Their work helps to improve young people’s psychological, emotional and physical well-being, and to reduce offending. In November 2016 Project future won a HSJ (Health Service Journal) award for Improving Environmental and Social Sustainability.

Suchitra Bhandari, Head of Psychology and Psychological Therapies, won the award for Leading for Systems Transformation at the NHS Leadership Recognition Awards 2017. Suchitra has been our Trust lead for Project Future.

NHS Improvement (NHSI) Falls Collaborative

BEH was pleased to be selected as one of the 20 Trusts and the only Mental Health & Community Trust to join the NHSI Falls Collaborative. NHSI and NHS Providers are working together to reduce injurious inpatient falls and to increase the reporting of patient falls.

Falls cause distress and harm to patients. Evidence from the Royal College of Physicians suggests that patient falls could be reduced by up to 25 to 30% through assessment and intervention.

NHSI Collaborative is leading a 90 day programme, involving 20 Healthcare Trusts in England, with the aim of improving the prevention and management of falls in inpatient settings.

The project is being led by Christine Kapopo, Nurse Consultant for Enfield Mental Health Services for Older People. Two older people's mental health wards with a high incidence of falls have been selected to participate in the 90 days pilot phase. The aim is to reduce the number of falls causing severe injuries on these wards by 50%. We will report on this next year.

Better Together Network – Listening Lunches

The Better Together Network is the Trust's race equality staff network, open to all staff working to improve race equality in service delivery and employment.

The Network has facilitated two *Listening Lunches* which are informal gatherings of staff from across the Trust to promote dialogue between staff from a range of backgrounds on the diversity of career paths to senior positions. The lunches foster deeper understanding between staff and inspire change.

Looking Back 2016/17 Q4 data to be added

In this section we will report our progress against our 2016/17 quality priorities.

Our quality priorities were set against each of the three domains of quality:

- Patient Safety
- Patient Experience
- Effectiveness

In partnership with key stakeholders, we identified seven quality improvement priorities for 2016/17. Progress against each of these priorities is outlined below:

1) To continue with the Enablement strategy, achieving improved outcomes for service users.

Target
> 90% service users are involved in their care plans in both in-patient and community settings

Outcome
At 95%, the target was consistently achieved in Q1 – 3 2016/17.

2) To increase the use of patient reported outcome measures (PROMS)

Target
> 90% of patients feel they have benefited from our care.

Outcome
Target has not been achieved in Q1-3 2016/17. The average achieved is 65% (based on 301 returns)

3) To improve the physical wellbeing of our service users with mental health issues.

Target
> Evidence of physical health assessment that addresses all mental health services.
> Improving the use of the NEWS tool.

Outcome
95% of (1675) service users had physical health assessment.
99% of patients had a NEWS tool. 64% not completed by agreed frequency.

4) To improve integrated care for patients with co-morbidities such as diabetes, COPD and other long term conditions.

Target
> 95% of service users on CPA for 12 months or more have had their care plan reviewed within the last 12 months.

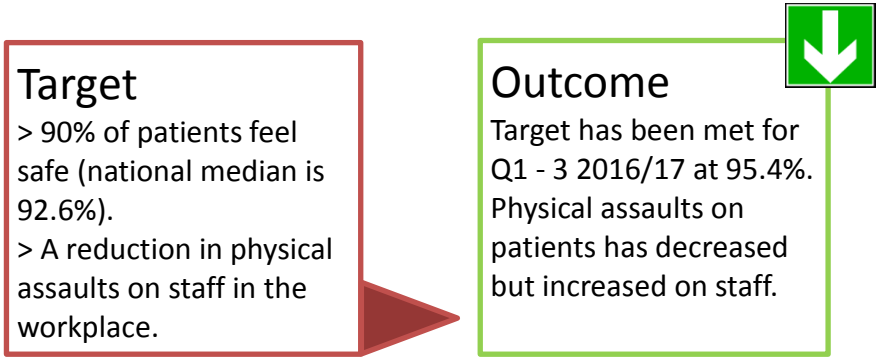
Outcome
Target consistently achieved with an average of 96% of patients reviewed in Q1-3 2016/17.

5) To continue to improve our communications with our primary care partners to ensure a continuity of care following changes in treatment and discharge.

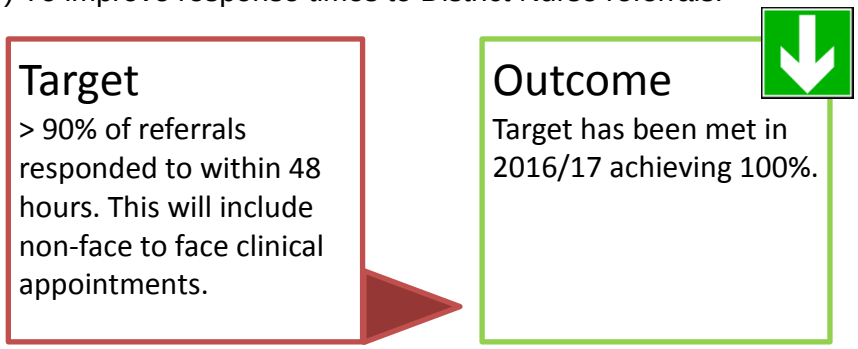
Target
> 90% of discharge summaries sent to GPs within 24 hours of discharge
> 80% of GPs satisfied with communication from BEH MH services.

Outcome
84% of discharge summaries were sent within 24 hours of discharge. The target has not been achieved in 2016/17.
No GP satisfaction surveys were received during Q1 – 3, 2016/17.

6) To increase the number of patients who feel safe when in our hospital by reducing the violence against patients and staff.



7) To improve response times to District Nurse referrals.



The Trust achieved the target for five of the seven quality priorities for 2016/17.

The two quality priority targets not achieved in 2016/17 were:

- To increase the use of patient reported outcome measures (PROMS).
- To continue to improve our communications with our primary care partners to ensure a continuity of care following changes in treatment and discharge.

PROMS: Although the target for the year was not achieved, results of PROMs data analysis for Quarters 1 to 3, 2016/17 show improvement in different criteria following intervention/treatment received.

We have added a tool for PROMs to the electronic patient records system which our staff use routinely, to aid the recording of PROMS responses. We will look at other systems available to increase the use of PROMS and Teams will continue with measurements of clinical value in their particular services and pathways.

Patients' experiences of care (PREMs) will be linked to patients' reported outcome in 2017/18 to gain a better understanding of patients' views about their care (their experiences) and the outcomes of their care.

A system for monitoring and reporting of patient outcome information through governance meetings will be established in 2017/18.

GP Engagement/communication

In 2016/17, our aim was to ensure at least 80% of GPs were satisfied with communication from our services. During the last year, we did not receive any satisfaction surveys or feedback via other means from GPs on Trust engagement and communication about our service users. Therefore, we were unable to measure the level of GP satisfaction with communications and engagement from Trust services.

Narrative to be added on increasing and improving GP engagement and communication in 2017/18.

Enablement - A key priority in 2016/17 

Our Enablement programme is growing and remains central to all we do within the Trust. The overarching aim of the Programme is to enable people to identify and work towards their own wellbeing, community, social and employment goals.

The Trust has agreed that Enablement, Quality Improvement and Financial Turnaround i.e. reducing the Trust's budget deficit while improving outcomes and patient access, will be delivered through a single 'Improvement and Delivery Board' chaired by our Chief Executive, Maria Kane.

We continue to develop and implement a *Live, Love, Do* approach to our work. Some big developments are currently underway in the Trust including the redesign of the adult mental health pathway in each borough to reduce our dependency on in-patient beds, developing plans for a new in-patient rehabilitation unit on the Chase Farm site and more of our forensic wards working towards self-catering.

Enablement, Quality Improvement and Financial Turnaround are all critical to better quality, more sustainable healthcare. By focusing on these three areas we will continue to deliver even better services to patients.

Below are some examples of the Enablement projects launched in 2016/17:

Barnet Enablement projects 2016-17

The Adult Care Pathway Review in Barnet

The review and re-design of adult community mental health and well-being services was the central enablement project during 2016-17. The re-design process has been collaboratively co-produced with the participation of service users, statutory sector partners, and Third Sector organisations. The key objectives of the review and redesign were to provide closer alignment between Primary Care and Secondary mental health services, and broader well-being and support services in Barnet. This was achieved through the creation of a Link Worker attached to both GP practices, secondary mental health services, but having a close interface with Third Sector. The redesign has improved access for local people through the creation of Locality Teams, and the creation of a Third Sector Well-Being Hub.

Barnet Learning and Sharing Event

A co-produced event in partnership with the Library Service in Barnet was held in June 2016. The objectives were to hold conversations with partner organisations, to facilitate sharing and learning about mental health and emotional well-being in Barnet, and exploring option for joint collaboration to improve the quality of outcomes for local people. A number of outcomes developed following the event.

BEH joined Barnet and Southgate College Mental Health Group and facilitated activities that promote access to learning by service users, including college enrolment sessions within Trust settings.

There were further collaborations with the Library Service including promoting the Reading Well Books on Prescription scheme, and continuing mental health and well-being partnership work between libraries and the Trust. BEH facilitated a partnership between the Library service and Barnet and Southgate College to develop a community

learning course in a Barnet Library, to support people with emotional well-being needs

Dragon's Den projects (to add pictures)

To support and embed innovation in the Trust, staff are encouraged to put forward innovative ideas and bid for investment from the £100,000 Innovation Fund to bring their ideas to life.

During 2016/17, Barnet worked on the delivery of five Dragon's Den projects, all with an enablement theme and approach. The Discover Art in Recovery Exhibition (DARE), an event co-produced with local artists including service users, was successfully staged at the Arts Depot in Barnet. The other Dragon's Den projects include one aiming to improve physical and emotional well-being of people admitted to Ken Porter Ward with the introduction of a Smoothie maker, exercise equipment, and the decoration of its Peace Garden.

Further projects focused on improving outcomes for children and young people (Barnet Kidstime), promoting self-care and early intervention through reading well-being materials as part of the recovery process (Reading Well Books on Prescription). A project was delivered to improve the experience of people admitted to Avon ward through a music production scheme.

Enfield Enablement Projects 2016/17

Early Intervention Service Recovery Showcase

The Enfield Early Intervention in Psychosis Service put together the first 'Recovery Showcase', which took place on the 28th January 2017 in Enfield Town.

The event comes after successfully winning a small amount of money from the Trust's Dragons Den scheme and aimed to provide the opportunity for Early Intervention in Psychosis (EIP) service users and their families to come together to share their stories of recovery and celebrate the progress they have made.

The Recovery Showcase offered an informative and interesting journey through service users' lives and personal stories – focusing on what helped them get well and their continued achievements. The event offered the chance to ask questions and feedback on the Enfield EIP service to help the service to continue to improve and develop their award winning service further.

Feedback from service users and carers has been positive, they found day was both informative and enjoyable. The team hope this will encourage the development of a 'buddy' system for new service users and a peer led carers support network.

Namaste Care

Cornwall Villas and Silver Birches in Enfield Older Adult Services are proud to announce they are delivering Namaste Care to the client's on their wards.

Nameste Care is a successful Dragon's Den bid. BEH are the first Mental Health Trust in North London to implement Nameste Care. "Namaste" is a Hindu greeting meaning "to honour the spirit within", reflecting the person-centred care at the heart of the scheme. Namaste Care seeks to engage people via their senses, especially through the power of "loving touch", to improve quality of life.

It is a structured programme of sensory activities for people who have advanced dementia giving them pleasure and helping them to connect with others rather than just meeting physical needs. Research showed a decrease in residents' withdrawal, delirium indicators, and trend for

decreased agitation, it has helped families feel that in spite of the many losses experienced because of the disease process, their loved ones felt comforted and cared for. Staff benefited from improved job satisfaction.

Secondary School – What it's all about?

Led by Enfield Community Service's Mainstream Autism Team, Speech & Language Services, this project aims to support students with autism through two critical transitions: when they move from primary to secondary school and when they move from secondary school to college or work (starting in Year 10). An online interactive video created by students with autism for students with autism is full of top tips for coping with mainstream secondary school.

It is anticipated that by addressing concerns and providing solutions, students will experience reduced anxiety and are therefore, less likely to engage in challenging behaviours. There is a considerable link between autism and mental health difficulties in teenagers. By reducing anxiety and (indirectly) supporting successful school experiences, it is likely that students will experience fewer mental health difficulties.

Voice of the child

The Voice of the Child is a project by Enfield Community Services School-age Speech and Language Service. All children and young people need help to understand information and make decisions and have their choices, preferences and views heard in education and health settings. For children with speech, language or communication needs the challenges and barriers are even greater. Voice of the child aims to create a simple tool-kit of printable symbols and produce a short "how to" video to enable teachers and health professionals to understand what is being discussed, to solicit a child or young person's views, to support them to make choices and to enable them to know what they are agreeing to.

It is anticipated that there will be increased efficacy of health interventions and wellbeing for children and their families.

Haringey Enablement Projects 2016/17

First Steps To work

The course was developed alongside the principles of Lifelong Learning - whereby mental health service users are taught by trained peers in courses pertinent to the Recovery Model, i.e. a concept of recovery that is about staying in control of one's life despite experiencing mental health problems. The course was co-produced by service users working at HAIL, Middlesex University and The Clarendon Recovery College. The course ran for 6 weeks and was based on a peer support model.

Open Dialogue

Open Dialogue (OD) aims to transform the model of health care provided to patients with major mental health problems. It involves working with the whole family or network, rather than just the individual, and equipping staff of all disciplines with the key skills to do this, thus effecting change at a deeper level than standard care.

This project is aligned with the Trust's innovative Enablement approach, and is intended to transform the model of health care provided to patients with major mental health problems in keeping with the Trust philosophy of "live, love do".

Training on Open Dialogue began in January 2017.

Mind the Gap

Mind the Gap is about communications. It is proposed that 6 coaching sessions are used to secure protected time to thoroughly investigate and understand the problems around communication gaps between staff and service users as well as where things are working better and/or well and identify opportunities and options to improve. A strengths-focused approach will be used during these coaching sessions. Evidence suggests that using a strengths-focused approach will lead to faster and better results, a wider perspective and more clarity about choices, increased self-belief, confidence and greater engagement.

Creativity for Recovery, Enablement and Wellbeing (CREW)

CREW – Creativity for Recovery, Enablement and Wellbeing is a project for our service users across their whole life span. It seeks to sustain service users' recovery from mental health difficulties, to enable them to believe that they can start to get their lives back on track and be part of their community, whilst reinforcing a positive sense of wellbeing. This project is a partnership that crosses the age groups of the Trust's service lines – child, youth, adult and elderly - as well as involving Outsider Gallery, the Nordoff Robbins Foundation and University of East London.

Enablement Plans for 2017/18:

- To finalise integrated models of service provision underpinned by enablement principles
- To encourage new creative enablement projects
- To have enablement focus towards older adults and children's services
- To review and expand the role of community engagement workers
- To share enablement outcomes locally and nationally
- To build new voluntary sector partners and enablement options in the community.

Looking Forward: Quality Priorities for 2017/18

This section of our Quality Account will describe our priorities for improvement for the year 2017/18. BEH is committed to delivering quality care and we have worked in partnership with staff, people who use our services, carers, members, commissioners, GPs and others to identify areas for improvement.

In February 2017 an event was held with participation from staff, service user groups, commissioners and representatives from other statutory and voluntary organisations to consider areas of focus for our quality priorities in 2017/18. Our priorities for quality in 2017/18 were developed following discussions with service users, the Executive Directors, Trust staff, our Commissioners and external partners.

We have decided to maintain the overarching objectives of improving quality by continuing to improve patient safety, clinical effectiveness and patient experience which are aligned to the CQC's five quality domains of safety, effectiveness, caring, responsive and well led clinical services, and support the aims of our Quality Strategy.

Our Quality Priorities for 2017/18

Our Quality Priorities for 2017/18 build on our quality priorities for 2016/17.

- Safety - Improving the physical health of our service users
  - Use of NEWS tool to be improved.
  - Better ways of monitoring use of NEWS too, through monthly Quality Assurance audit
  - NEWS training rolled out across Trust
  - CQUIN - Improving physical healthcare to reduce premature mortality in people with serious mental Illness: treatment for patients with psychoses

- Patient Experience - Dementia Care; improving end of life care

- Effectiveness - improving systems for sharing learning within and between teams across the Trust

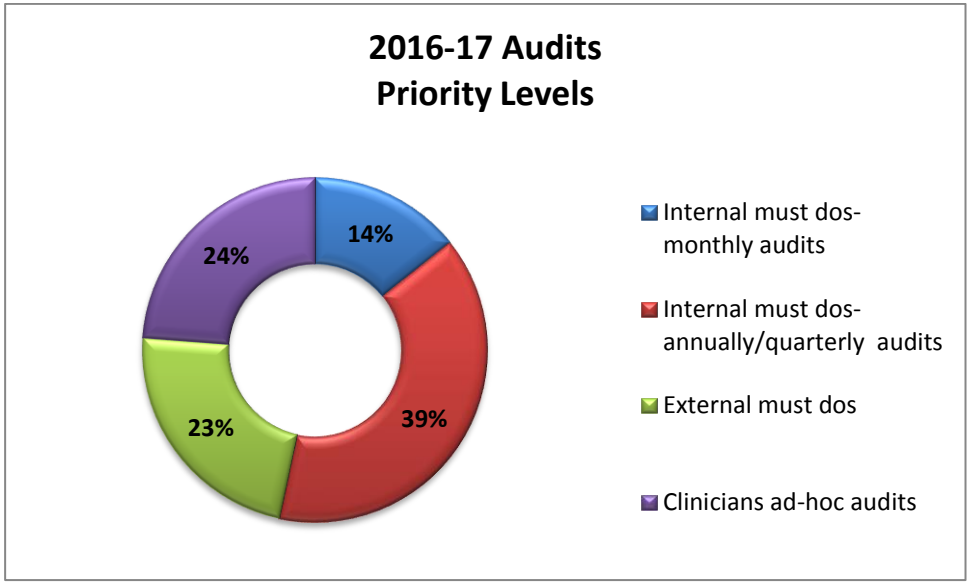
We will continue to monitor our engagement and communication with Primary Care and seek ways to aid and encourage feedback from GPs.

Statement of Assurance from the Board regarding the review of services

During 2016/17, Barnet, Enfield and Haringey Mental Health Trust (BEH) provided services across mental health and community NHS services. Our Trust Board has reviewed all the data available to them on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of NHS services by BEH for 2016/17.

Participation in clinical audit in 2016/17

Our Clinical Audit programme for 2016-17 comprised of 108 Trust wide priority audits and 79 registered local audits. The graph below shows the priority level for these audits.



"External must dos" are the national, NCEPOD / Confidential Inquiries, CQUIN, CQC and Department of Heath statutory requirements (e.g. Infection Control) audits. "Internal must dos" are audits related to clinical risk, audit of policies and local and national standards. "Clinicians ad-hoc audits" are local topics important to the boroughs and "educational audits" are audits carried out by Junior Doctors or other trainees.

Our Clinical Audit Programme for 2016/17 can be found in Appendix 1 of this report.

Participation in national clinical audits and national confidential enquiries

The Trust participates in the National Clinical Audit Patient Outcome Programme (NCAPOP) audit process and additional national and locally defined clinical audits identified as being important to our population of service users, to help improve the quality of care and service provided to our service users.

The Trust participated in seven national audits in 2016/17 and two Confidential Inquiries. This is 100% of the national audits and Inquiries that the Trust was eligible to participate in.

The national clinical audits and national confidential enquiries that BEH was eligible to participate in during 2016/17 are listed in the table below.

Data collection for two of the listed audits will end in 2017/18. Details of submissions will be reported in next year's Quality Account.

We reviewed reports of seven national audits in 2016/17 and BEH intends to take the following actions to improve the quality of

healthcare provided: Table to be added detailing actions against each audit.

National audits the Trust was eligible to participate in in 2016/17

Further updates and learning to be added

National Audit / Confidential Enquiry	Submissions (% eligible cases)
National Confidential Enquiry	
Chronic Neurodisability Study	1 team (100%)
Young People's Mental Health Study	7 cases (100%)
National Audits (Community Care)	
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	TBC- Data collection started January 2017 until mid-July 2017
Sentinel Stroke National Audit Programme (SSNAP) Clinical Audit	TBC- Results will be available by the end of May 2017
POMH-UK	
Prescribing antipsychotic medication for people with dementia (POMH-UK Topic 11c)	177 patients from 10 teams Lessons learnt are listed in table below
Rapid tranquillisation (POMH-UK – Topic 16a)	TBC (No report yet-To be published in June 2017)
Monitoring of patients prescribed lithium (POMH-UK Topic 7e)	57 cases from 23 teams Lessons learnt are listed in table below
Prescribing high dose and combined antipsychotics (POMH-UK Topic 1g & 3g)	TBC- (No report yet-To be published in July 2017
National CQUIN	
SMI Improving Physical Healthcare	150 cases from 40 teams (100%) Report not published yet

Quality Assurance Programme

- Our Quality Assurance (QA) programme is designed to assist with improving quality at a local level.
- The Clinical Audit and Quality Assurance Programme is a collection of all the Trust's individual Audit programmes; Pharmacy Department Audit Programme, National audits and Confidential Enquiries Programme, Infection Control Audit Programme, CQUIN Programme and Clinical Staff Audits. The programme incorporates a significant amount of areas including: Quality Assurance Audits, Service Peer Reviews, national and local surveys and audits, monitoring of outcome measurements,
- patient safety, safeguarding and service user and carer experience.
- Together, these assessments combine to give a total of over 100 audits, surveys and quality projects undertaken a year.
- The Quality Assurance Programme results are discussed in detail at local governance meetings.

Trust compliance with Quality Assurance Audits 2016-17

Quality Assurance Audit (QA)	2016-17	
	Score %	Number of returns
QA Specialist Services	98	2133
QA ESC Services	94	2340
QA Mental Health Services (Barnet, Enfield & Haringey Boroughs)	93	4215
Total QA returns	**95**	**8688**

Peer Service Review Programme

The Trust has an established peer service review process to assess teams' compliance with the Care Quality Commission's Regulatory Framework, and local standards as defined by Trust Policies.

Borough management teams have access to real time results through the online Meridian Optimum system for sharing and action planning. Outcomes are monitored at Borough Deep Dive meetings.

The peer review audit tool consists of four elements:

- **General Inspection** – An assessment of the team environment which requires teams to have such items as information on medicines or treatment; patient satisfaction results displayed; the names of staff who can order controlled drugs, etc.
- **Patient Records Inspection** – An audit of patient records of the patients seen by the team. Reviewers are required to inspect three patient records as a snapshot of the team's compliance with Trust policy and procedure (i.e. patients having a copy of their care plan; patients being involved in their care planning; patients consent to medication documented, etc.)
- **Service User Interview** – The reviewers speak with three service users to obtain their feedback on the services provided (i.e. whether individuals have been involved in assessing and planning their care; agreed to treatment; have access to fresh air and exercise; are given an opportunity to feedback on their care plan).
- **Staff Interview** – This element requires reviewers to speak to three staff members and assess their knowledge in relation to key trust policy and procedures, (i.e. what is the process for checking controlled drugs; the procedure for monitoring service users taking high dose antipsychotics).

Trust compliance with Peer Service Review audits 2016/17

Service Review topic	Score (%)	Returns	Participating teams
CQC Reg.11 Need for Consent	93	423	54
CQC Reg.12 Safe Care & Treatment	93	570	83
CQC Reg.16 & Acting on Complaints & Reg. 17 Good Governance	96	250	74
CQC Reg. 10 Dignity and Respect	94	431	75
CQC Reg. 14 Meeting Nutritional and Hydration Needs	95	253	32
CQC Reg. 13 Safeguarding	97	430	79
CQC Reg. 9 Person Centred Care	95	770	79
Outcome 9 (Reg13) Management of medicine	95	295	55
CQC Reg. 18 Staffing	91	496	73
CQC Reg. 15 Premises and Equipment	92	396	84
Seclusion Peer Review	85	54	15
Restraint Peer Review	74	60	16

The Trust target compliance for each peer service review is 92% and was achieved in 9 of the Peer Service Reviews in 2016/17.

To ensure lessons are learnt from undertaking audits and to share good practice, we have the following arrangements:

- Align clinical audit activity to the Trust's quality and safety priorities. The Clinical Audit Programme links to the Trust's Quality Strategy and Quality Aims
- All clinical audit activity is centrally registered, coordinated, monitored and reported on systematically and effectively so as to maximise the potential for improvement and learning.
- Managers are involved in the clinical audit project ensuring commitment at local level.
- Improved Action planning to address variation with re-audit where indicated so that organisational learning takes place.
- Audit activity and in particular recommendations and learning from audits, are widely disseminated and implemented. Lessons learned from clinical audit activity in one Borough are shared with the other Boroughs wherever relevant to ensure that common themes are identified and steps are taken to improve services where necessary.
- A monthly award is awarded for the best local clinical audit project and publicised Trustwide to share good practice.

Participation in Accreditation Schemes

The CQC recognise the value that participation in accreditation and quality improvement networks has for assuring the quality of care we provide. Participation demonstrates that staff members are actively engaged in quality improvement and take pride in the quality of care they deliver.

The following BEH wards and services have successfully participated in accreditation schemes, part of The Royal College of Psychiatrists' national quality improvement programme.

Service Accreditation Programmes and Quality Improvement Networks 01 April 2016 – 31 March 2017	
Eating Disorder Inpatient Wards	1 wards
Forensic Mental Health Units	1 service
Inpatient Child and Adolescent Wards	1 ward
Crisis Resolution and Home Treatment Teams	2 teams
Electroconvulsive Therapy Clinics	1 clinic
Memory Clinics	3 clinics
Psychiatric Liaison Teams	2 teams

Patient Reported Outcome Measures (PROMS)

The Trust currently uses nationally accredited tools to measure patient health outcomes in a range of community health and mental health services.

Reporting Patient Reported Outcomes Measures (PROMs) and showing improvements year on year is one of the priorities of the Clinical Strategy for 2016-19 and fits well with the aims of the enablement strategy, to 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. For each outcome measure the Trust expects improvement in service user's and patient's functionality following intervention.

In 2016/17, xxx services used PROMs as a means of measuring outcomes of care for the service user. A total of 248 returns were received for Assessment Services and CRHT xxx teams during 2016/17.

Participation in Clinical Research

The Each year the Research Councils invest around £3billion in research. The National Institute of Health Research (NIHR) distributes £280m a year of research funding via 15 Clinical Research Networks (CRNs). The CRN provides the infrastructure to facilitate high-quality research and to allow patients and health professionals in England to participate in clinical research studies within the NHS. Our local one is the North Thames CRN (NT CRN).

Research support services (including research governance) are also provided through local structures, the one for north, east and central London being called 'NoCLOR' (www.noclor.nhs.uk), which supports the Trust's Research and Development Committee (R&D Committee) and provides training and support for research staff.

The target for the recruitment of participants in research for our Trust in 2016/17 was set at 304 participants, a decrease of 1.1% on the recruitment figure of 343 achieved in 2015/16. This was due to achieving the targets of long term studies in previous years and a reduction of the influx of new studies. The number of patients receiving NHS services provided or sub-contracted by BEH in 2016/17 that were recruited to participate in research approved by a research ethics committee was 261.

Throughout the year, the Trust has been involved in 32 studies; 24 were NIHR funded, and 8 were unfunded. There were no commercial trials.

Over the past year researchers associated with the Trust have published 34 articles in peer reviewed journals.

The Trust's research partners are NIHR through local CRN, NoCLOR, University College London, and Middlesex University.

Commissioning for Quality and Innovation (CQUINS)

Goals agreed with commissioners for 2017/18

The CQUIN (Commissioning for Quality and Innovation) payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions. It continues to be an important lever, supplementing Quality Accounts, to ensure that local quality improvement priorities are discussed and agreed at Board level within and between organisations.

Following negotiation with commissioners, BEH launched a broad range of quality initiatives under the CQUIN scheme during 2016/17 to increase the quality of care and experience for people who use our services. Our income for mental health services and Enfield Community Services was not conditional on achieving quality improvement and innovation goals.

This has been monitored and reported through the Joint performance and Quality meeting with our commissioners.

Our income for Specialist Services is paid proportionately based on performance against their agreed CQUIN schemes.

We implemented five national CQUIN schemes across the organisation and twelve local schemes following discussions with the Clinical Commissioning Groups based on local priorities. Additionally, five CQUINS schemes specific to Specialist Services were implemented.

Details of the agreed goals for 2016/17 are available electronically at http://www.beh-mht.nhs.uk/Clinical-Quality/cquin.htm

Data Quality

The ability of the Trust to have timely and effective monitoring reports using complete data, is recognised as a fundamental requirement in order for the Trust to deliver safe, high quality care. The Trust Board strongly believes that all decisions, whether clinical, managerial or financial, need to be based on information which is accurate, timely, complete and consistent. A high level of data quality also allows the Trust to undertake meaningful planning and enables services to be alerted of deviation from expected trends.

Monthly dashboards allow the Trust to display validated data against key performance indicators, track compliance and allow data quality issues to be clearly identified

Borough specific reports mirroring the layout of the report to Trust Board have improved consistency of reporting.

The Trust submitted records to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics. We make monthly and annual submissions for Outpatient Care and Admitted Patient Care. We do not provide an Accident & Emergency service and therefore do not submit data relating to accident and emergency.

The percentage of patient records with NHS Number and General Medical Practice code included is shown below.

	NHS Number (%)	GP Code (%)
Outpatient care	99.38	95.35
Admitted patient care	99.84	98.67

BEH was not subject to the Payment by Results clinical coding audit by the Audit Commission, during 2016/17.

Information Governance Toolkit compliance 2016/17

Barnet Enfield and Haringey Mental Health NHS Trust's 2016/17 compliance for Information Quality, Information Security and Records Management was assessed using the Information Governance Toolkit.

The Information Governance Toolkit is a self-assessment strategic framework consisting of a range of linked initiatives (standards) that all NHS organisations are required to complete and submit to NHS Digital on an annual basis. The toolkit evaluates the adequacy of risk management and control within the Trust and assesses progress against these initiatives.

The Trust met level 2 criteria, an improvement on our overall 'score' from 78% to 81%. It was graded green/satisfactory.

The Trust commissioned an independent internal audit which confirmed that the Trust's procedures for managing Information Governance Toolkit improvement plans, including monitoring, reporting, and compliance was found to be sound.

The Trust reported one information governance incident that met the 'serious incident 'criteria which involved unauthorised disclosure and sending confidential data via recommended encrypted email. After consideration of all the facts provided the Information Commissioners Office were satisfied that the Trust had taken appropriate measures to protect the data and manage the incident.

National Mandated Indicators of Quality 2016/17

We are required to report against a core set of national quality indicators to provide an overview of performance in 2015/16.

1. The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care.

Average results	2015/16	2014/15
BEH results	99.10%	98.6%
National results	97.2%	97.2%

In 2014-15, our compliance with following up discharged patients on CPA within 7 days was 98.85%. We improved further in 2015/16 and again, were above the 95% national target.

BEH considers that this data is as it is described for the following reasons: we have established, robust reporting systems in place though our electronic patient record system, RiO and adopt a systematic approach to data quality improvement.

BEH has taken the following actions to improve this percentage, and so the quality of its services by ensuring clinicians are aware of their responsibilities to complete these reviews. This is managed and monitored by teams through daily review of discharge activities.

2 Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment (CRHT) Team acted as a gatekeeper.

Average results	2015/16	2014/15
BEH results	97.90%	99.0%
National results	98.2%	98.1%

In 2014-15, the percentage of patients admitted to acute wards who were reviewed by our CHRT team was 99.10%.

BEH considers that this data is as it is described for the following reasons: we have established, robust reporting systems in place though our electronic patient record system, RiO and adopt a systematic approach to data quality improvement.

BEH has taken the following actions to improve this percentage, and so the quality of its services by developing a robust system to closely monitor this activity and alert teams to any deterioration in performance.

3 Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment (CRHT) Team acted as a gatekeeper.

Average results	2015/16	2014/15
BEH results	97.90%	99.0%
National results	98.2%	98.1%

In 2014-15, the percentage of patients admitted to acute wards who were reviewed by our CHRT team was 99.10%.

BEH considers that this data is as it is described for the following reasons: we have established reporting systems in place though our electronic patient record system, RiO and adopt a systematic approach to data quality improvement.

BEH has taken the following actions to improve this percentage, and so the quality of its services by developing a system to closely monitor this activity and alert teams to any deterioration in performance.

4 Readmissions within 28 days of discharge

This indicator shows the percentage of all admissions that are Emergency Readmissions within 28 days of discharge.

	Q1 2015/16			Q2 2015/16			Q3 2015/16			Q4 2015/16		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
BEH %	2.0	1.0	1.0	0.0	2.0	0.0	2.0	1.0	1.0	2.0	0.0	3.0
TARGET %	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0

The target established by Monitor is that **less than 5%** of all admissions should be emergency readmissions. We have consistently met this target with an average of 1.3% of all Admissions being Emergency Readmissions within 28 days.

BEH considers that this data is as it is described for the following reasons: we have established, robust reporting systems in place though our electronic patient record system, RiO and adopt a systematic approach to data quality improvement.

BEH has taken the following actions to improve this percentage, and so the quality of its services by ensuring our clinicians are aware of their responsibilities to complete these reviews. This is managed and monitored by teams through daily review of discharge activities.

4 Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

Barnet, Enfield and Haringey Mental Health NHS Trust		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Health and social care workers							
S1	Section score	7.3	6.8	8.2			
Q4	Did the person or people you saw listen carefully to you?	7.8	7.6	8.7	195	8.1	
Q5	Were you given enough time to discuss your needs and treatment?	7.6	6.8	8.0	191	7.6	
Q6	Did the person or people you saw understand how your mental health needs affect other areas of your life?	6.7	6.0	7.8	187	6.7	

BEH considers that this data is as described for the following reasons: The National Mental Health Survey is nationally commissioned survey, compulsory for all Trusts. We have incorporated questions from the national survey into our Trust Service User and Carer Survey to enable us to respond to emerging issues as they arise and within the local context.

BEH intends to take the following actions to improve the score, and so the quality of its services, by:

- Delivering related actions within the Trust's Enablement Strategy and Engagement and Involvement Strategy, supported by close working between the Patient Experience, Enablement and Borough-based services and teams.

- Continuing to report back to the Trust Board and Performance meetings from Service User and Carer Experience surveys and ensure Service User and Carer Experience information is fed back at service and team level for action to improve.

PATIENT EXPERIENCE

The Trust provides a number of ways in which service users, carers and others can provide feedback on the care and treatment received. The information collected and collated is used to inform quality improvements and support changes in practice.

The Friends and Family Test

The Family and Friends Test (FTT) is a tool used nationally in all NHS organisations to measure patient experience. The test asks individuals if they would recommend the service and provides an opportunity to state why. The data is collected via paper forms or online surveys and reported quarterly at both a team and service level through the Trust governance structure.

The Trust has an overall benchmark satisfaction rate of 80% which it has consistently achieved. For all mental health services it is set at 80% and for Enfield Community Services, it is 90%. The table below illustrates the current position.

Area	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Trust Overall	87%	85%	88%	87%	86%	83%	87%	88%	88%	89%	88%
FFT - ECS	95%	97%	98%	98%	99%	89%	97%	91%	99%	98%	97%
FFT - MH	84%	81%	84%	82%	81%	81%	83%	86%	84%	87%	86%

From April 2016 to February 2017, 9964 FFT questionnaires were completed and the overall satisfaction rate for the whole Trust is 87%. There are a number of initiatives in each of the Boroughs to improve uptake including:

- Review of the FFT question used for children and young people accessing universal and specialist children services in Enfield.
- The use of postcards providing the opportunity for real time feedback.
- The use of 'You Said We Did Boards' to demonstrate the link between feedback received and action taken.
- The introduction of a service user award given quarterly to a team within a particular Borough service line.

Service User and Carer Surveys.

Following on from a review of the Trust service user and carer survey in 2016, a new survey was launched in January 2017.

All individuals accessing the services delivered by the Trust are given the opportunity to complete a survey which has three distinct sections relating to information, involvement and dignity and respect.

The table below indicates that the best performing area from the survey results is from the question, 'Do staff treat the person you care for with dignity and respect'?; the worst performing area in the survey is involvement and in particular the question 'Do staff encourage you to participate with your

community by informing you about local groups, events and other organisations'?

Best / Worst Performing Areas of the Questionnaire				
	Best	%	Worst	%
Question	Do staff treat the person you care for with dignity and respect?	96	Do staff encourage you to participate with your community by informing you about local groups, events and other organisations?	83
Section	Dignity and Respect	93	Involvement	86
Competency	Carers	89	Performance Map	88

The additional comments section of the Patient and Carer survey provides excellent feedback of services. Below is a small selection of the thousands of positive comments provided over the last 12 months:

- Paediatric Physiotherapy - April 2016 - "Nothing - Really excellent service - Seen on time, treatment explained very well and lots of opportunity for us to ask questions".

- ICT West Team - August 2016 – "Nothing I can think of. ICT were very efficient, extremely helpful, very approachable and although obviously a very busy team, took time to answer my queries".

- Fairlands Ward – September 2016. "I was treated with dignity and respect throughout my stay on Fairlands Ward. Good staff, they are caring".

- Musculoskeletal Physiotherapy - November 2016 – "This is only my second time here, but I still felt confident that he was doing his best."

- Tissue Viability – December 2016. "I have no complaints about my visits, they have been a pleasant experience in the circumstances. Staff are always very friendly and efficient"

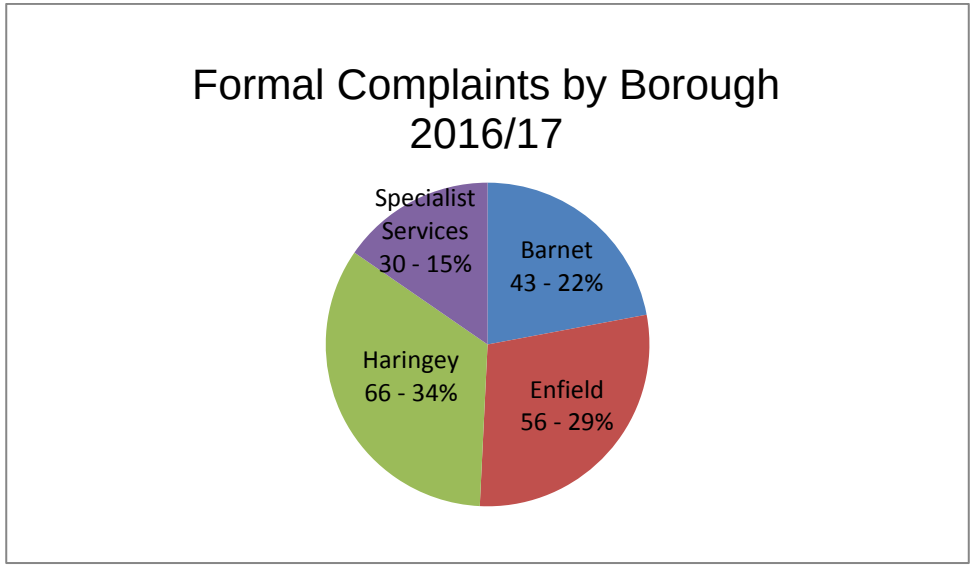
- Haringey Memory Service - February 2017 – "The visit/interview was excellent. Caring, sensitive, optimistic, friendly... there is nothing needed to make it better".

Complaints

Comments and complaints about the services received are taken very seriously by the Trust. Wherever possible service users, carers and/ or their representatives are encouraged and supported to seek a local resolution. Equally, where this is not possible a formal complaints process is followed and structured according to national guidelines.

From 1st April 2016 to 31st March 2017 the Trust received 195 formal complaints. This is fewer than received in 2015/16 (206) and 2014/15 (259).

The table below provides the breakdown of the total number of formal complaints by Borough with Haringey services receiving the most at 34%.



Of the total number of formal complaints received only 10% were fully upheld, 40% partially upheld and 50% were not upheld.

The Trust achieved a 25 day response rate to formal complaints of 87% which is a 17% improvement from 2015/6. Work is on-going with all service areas to continue with this improvement and to ensure that action plans are evidenced and linked to changes in practice.

The top three themes identified from formal complaints were:

- Clinical care
- Communication/information
- Attitude.

Initiatives such as 'Mind the Gap' in Haringey and a Complaints Panel in Enfield are taking place to try to address these issues. The findings will be shared across the Trust.

Complaints by Subject and Borough

	Barnet	Enfield	Haringey	Specialist Services	Corporate Services	Total
Accommodation	0	0	0	4	0	**4**
Admissions	0	0	3	0	0	**3**
Attitude	7	4	1	6	0	**18**
Clinical Care	19	23	30	9	0	**81**
Commissioning	1	0	0	0	0	**1**
Communication/information	4	7	19	4	0	**34**
Discharge arrangements	1	3	3	0	0	**7**
Medical Records	1	1	3	1	1	**7**
Medication	2	3	0	0	0	**5**
Patients' property issues	1	1	0	3	0	**5**
Physical Assault	0	1	1	1	0	**3**
Transfer arrangements	0	1	0	0	0	**1**
Waiting times / delays	1	5	2	0	0	**8**
Total	**37**	**49**	**62**	**28**	**1**	**177**

Compliments

Compliments are an important form of feedback and are recorded on Datix the Trust's risk management recording system and presented quarterly to the service lines. All staff are actively encouraged to report all compliments received to the patient experience team for recording. The table below illustrates the most common subject for compliments is clinical care.

Compliments by Type and Subject

	Attitude	Clinical Care	Communication / information	Patients' property issues	Total
Compliment	78	235	23	1	337
Total	78	235	23	1	337

Community Mental Health Survey

The Trust participated in the national Community Mental Health Survey. The survey provides information on patient experience of community mental health services.

209 responses were received which is a 25% response rate. The Trust was rated within the intermediate 60% of all Trusts and in some areas the top 20% of all 49 Trusts surveyed, summarised below:

- Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?
- Were you involved as much as you wanted to be in decisions about which medicines you receive?
- Did you know who was in charge of organising your care while this change was taking place?

Service users rating our Trust via the survey, placed it within the lowest 20% for user experience at 66.5%. This is an

improvement on the previous two years and whilst further work is required there has been 22 improvements against the 32 questions scored from the previous year.

The Patient Experience Team will continue to support improvements and in particular ensure:

- Close working between the patient experience, enablement and borough teams
- Delivery of our Trust's Service User and Carer Engagement and Involvement Strategy, Quality Strategy and Enablement Strategy
- Continued reporting back to board and performance meetings from service user experience surveys and ensure information is fed back at team level.

Patient Safety

Our aim is to keep our patients safe and protect them from harm. The Trust has clearly defined processes and procedures to help prevent harm occurring to our patients and has a number of initiatives in place to promote and monitor patient safety including:

- Sign up to Safety 'National Kitchen Table Week 27th – 2nd April 2017. BEH participated in this national event to promote open and honest conversations amongst its staff about what patient safety means to them, the types of good practice in their areas and suggestions on how to improve patient safety and well-being.

  Staff identified training needs, ward environment issues and enablement initiatives amongst others to improve patient safety and well-being.

- Learning forums, described in Part 2
- Incident reporting. During 2016/17, the Patient Safety Team worked with clinical teams to ensure potential patient safety incidents were identified and to improve incident reporting, the identification of themes and trends and learning from incidents.

Patient safety incident reporting in 2016/17 increased by 87% compared to patient safety incident reporting in 2015/16.

Patient Safety related training for staff

The Trust has provided three two-day Root Cause Analysis training courses for staff across all professional groups. The training has been crucial in developing investigative skills for staff which has led to improvements in the quality of incident investigations. Through undertaking investigations, staff have become more aware of any gaps in their own or team's delivery of care and services.

The Patient Safety Team has facilitated team based training sessions on incident reporting, risk registers and Duty of Candour. This arrangement has allowed Trust staff to attend sessions for information, advice and support in specific areas identified by themselves.

Safety Thermometer (Harm free care)

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

The audit is a snapshot audit of care on one day in a month. It allows teams to measure harm and the proportion of patients that are 'harm free' during their working day.

The Trust has implemented both the Classic and Mental Health Safety Thermometers.

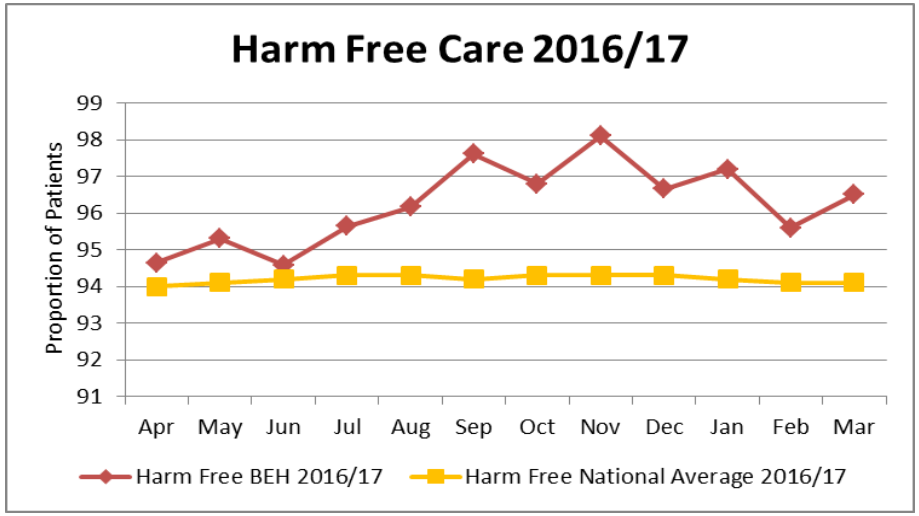
Classic Safety Thermometer

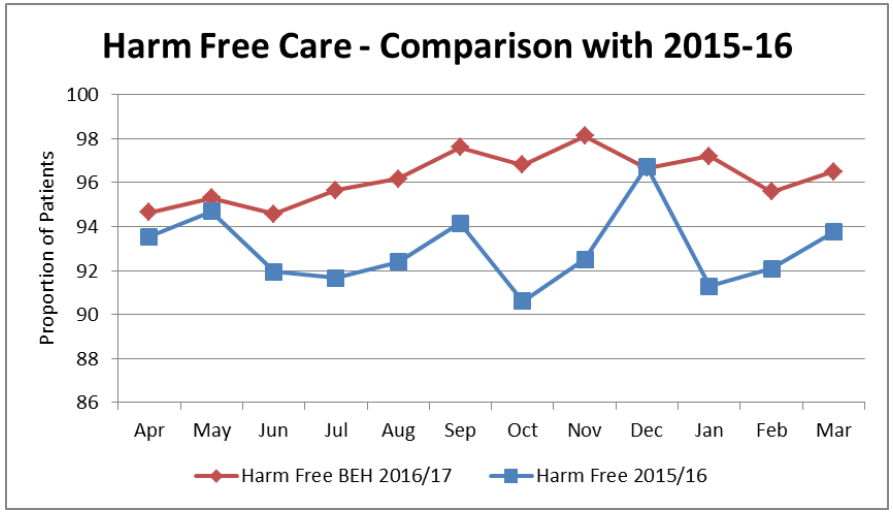
The Classic safety thermometer is a monthly census which allows the Trust to measure the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections, and venous thromboembolism. It is carried out on a specified day each month by the teams that work with patients that are considered to be high risk for these kinds of harms.

It should be noted that the national averages referred to in the following charts include data relating to all care settings (i.e. Acute, Community, Mental Health, Nursing Home, etc.). All national figures are taken from 'NHS Safety Thermometer: Patient Harms and Harm Free Care - March 2016 – March 2017'. Where national figures are not provided, comparisons with BEH results from 2015/16 are shown.

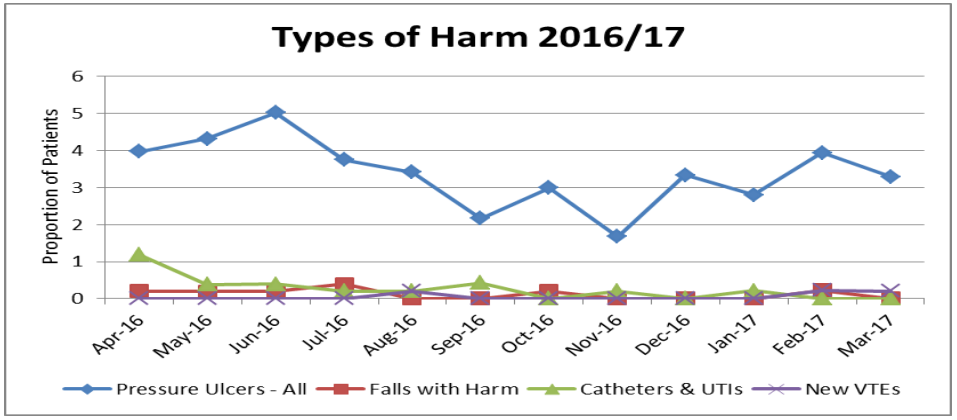
BEH implemented the tool in July 2012. BEH has since reviewed the list of participating teams to ensure the tool is only being used in appropriate areas and that we audit the data provided by teams against patient records and incident reports in order to ensure its accuracy.

The proportion of BEH patients that experienced 'Harm Free Care' in 2016/17 is significantly higher than the previous year, 2015/16, and remains above the national average.



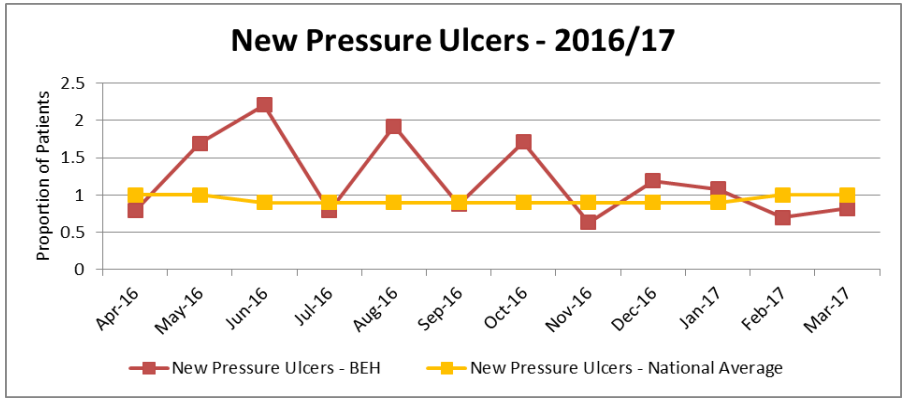


Within BEH, pressure ulcers remain the most prevalent of the harms measured by the tool

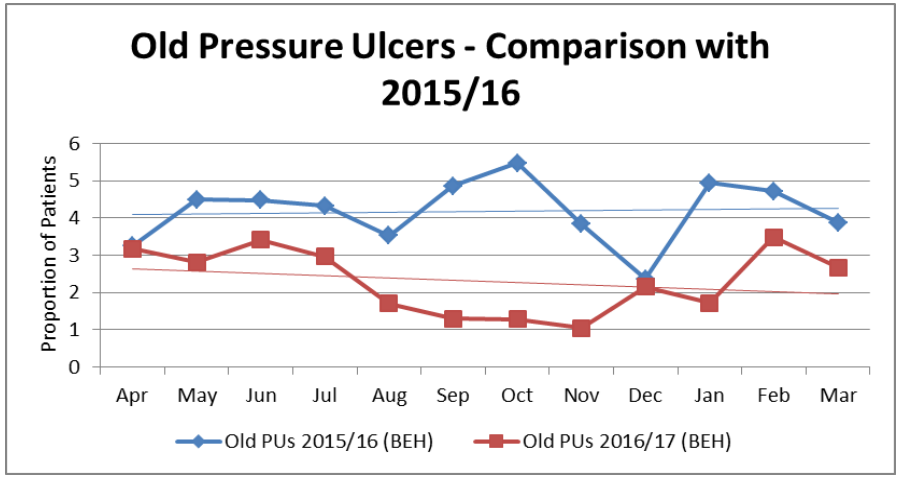


The following charts illustrate the incidences of harm for the four indicators - pressure ulcers, falls, urine infections, and venous thromboembolism and that in most cases are at or below the national averages.

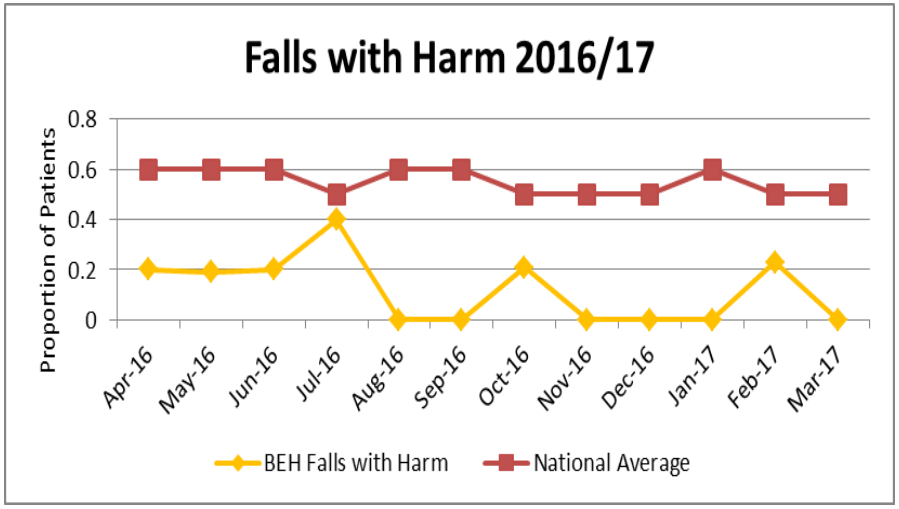
The data shows a reduction in the number of New Pressure Ulcers to levels close to the national averages through the last 5 months of the year.

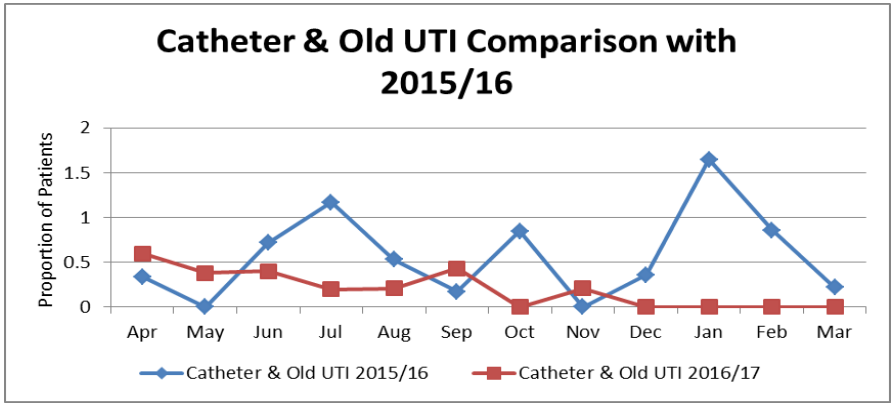


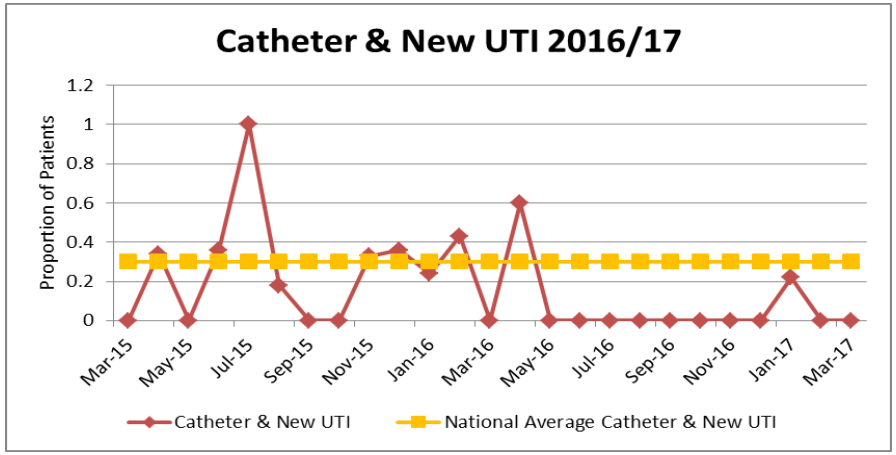
The majority of pressure ulcers reported on via the safety thermometer are 'old'. The data indicates that the number of these has reduced in 2016/17 compared to the previous year

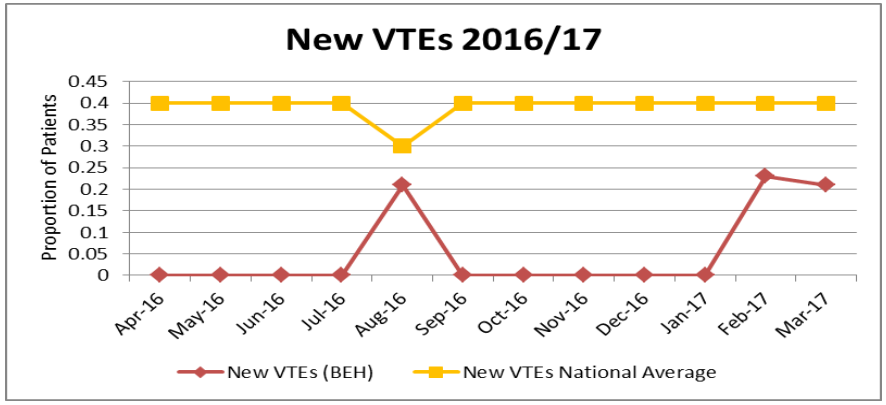


The number of falls with harm remains below the national average









The assurance processes implemented by the Patient Safety Team in 2016 have greatly reduced the number of harms reported. Data is audited against RiO electronic patient records and Datix incident records prior to submission and queries are raised with teams where the data sources don't correspond.

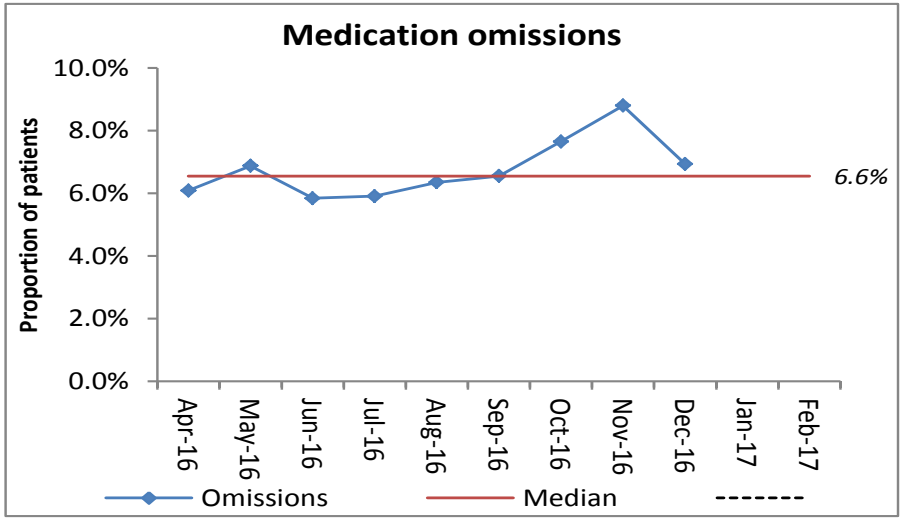
We will continue to audit the harms recorded and address data quality issues through training and guidance.

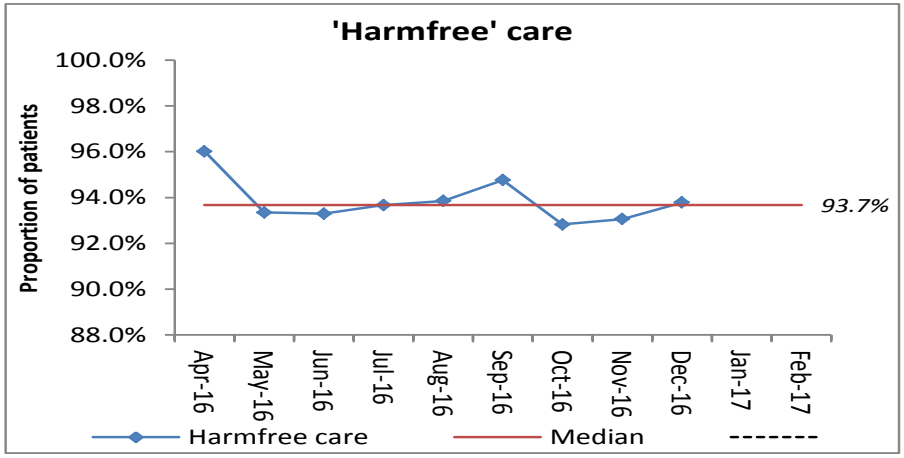
Mental Health Safety Thermometer

The Mental Health Safety Thermometer allows Trusts to measure the commonly occurring harms in people that engage with mental health services. Like the Classic Safety Thermometer it is a point of care survey that is carried out on one specified day each month. The tool looks at whether the patients experience self-harm, are victims of violence/aggression, are restrained, if they feel safe, and whether or not they have had a medication omission.

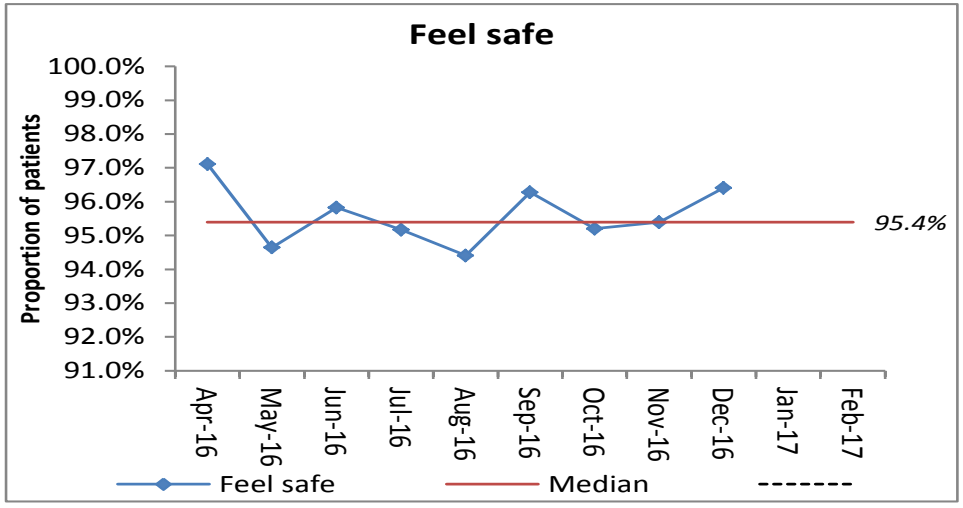
BEH piloted the tool in June 2015 and have since extended its use to include all inpatient mental health teams across the Trust. Comparisons to 2015/16 data as the teams were phased in gradually and therefore cannot be compared month (i.e. the numbers of patients and the teams participating may not be like for like for parts of the year).

The chart below shows the proportion of patients included in the data collection that experience 'harm free care' during 2016/17.

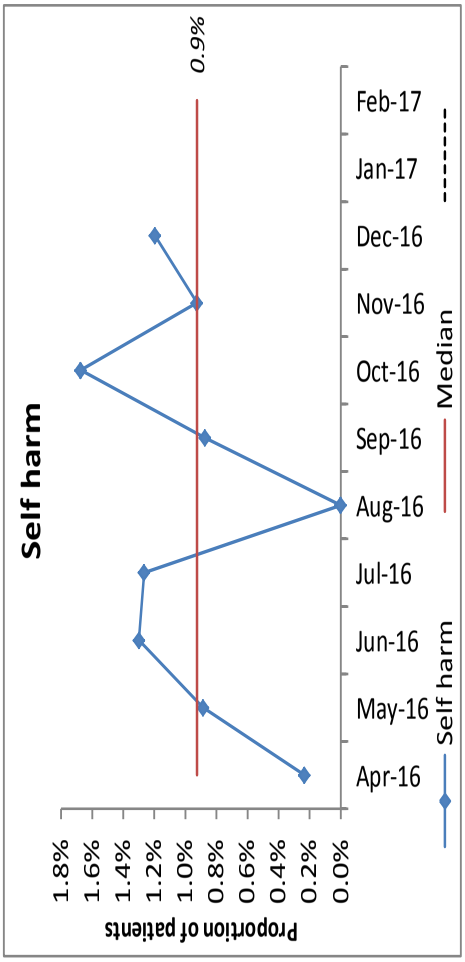




The following charts illustrate the incidences of harm for the four



indicators – self harm, feel safe, victim of violence and aggression, and medication omissions.


Self harm
0.9%
Feb-17
Jan-17
Dec-16
Nov-16
Oct-16
Sep-16
Aug-16
Jul-16
Jun-16
May-16
Apr-16
Median
Self harm
1.8%
1.6%
1.4%
1.2%
1.0%
0.8%
0.6%
0.4%
0.2%
0.0%
Proportion of patients

Patient Safety – Serious Incidents

- The management of Serious Incidents includes not only the identification, reporting and investigation of each incident but also the implementation of any recommendations following investigation, assurance that implementation has led to improvements in care and dissemination of learning to prevent recurrence.

- The Trust Boroughs and Specialist Services have established Serious Incident Review Groups (SIRG) that has an overview of all serious incident investigations, trends, themes and identified learning in their Borough.

- The Trust Board receives regular Serious Incident reports which includes details of numbers of incidents, inclusive of deaths, comparisons of previous quarters and trends so that Trust Board can be assured that learning has been identified and is embedded in the organisation.

- The Trust works closely with the Her Majesty's Coroner for the Northern District of Greater London with regards to any deaths reported.

- All investigation reports use a Root Cause Analysis (RCA) methodology of investigation and are reviewed and approved by the Clinical Director for the Borough, and then signed off by the Medical Director.

- The Trust takes seriously its responsibilities to be open and honest with its patients and service users and has carried out training and implemented robust processes to ensure that the Trust complies with the Duty of Candour legislation.

- The issues and learning from each investigation is discussed at Borough Governance meetings. Key learning points are included in the monthly Quality Bulletin sent to all staff.

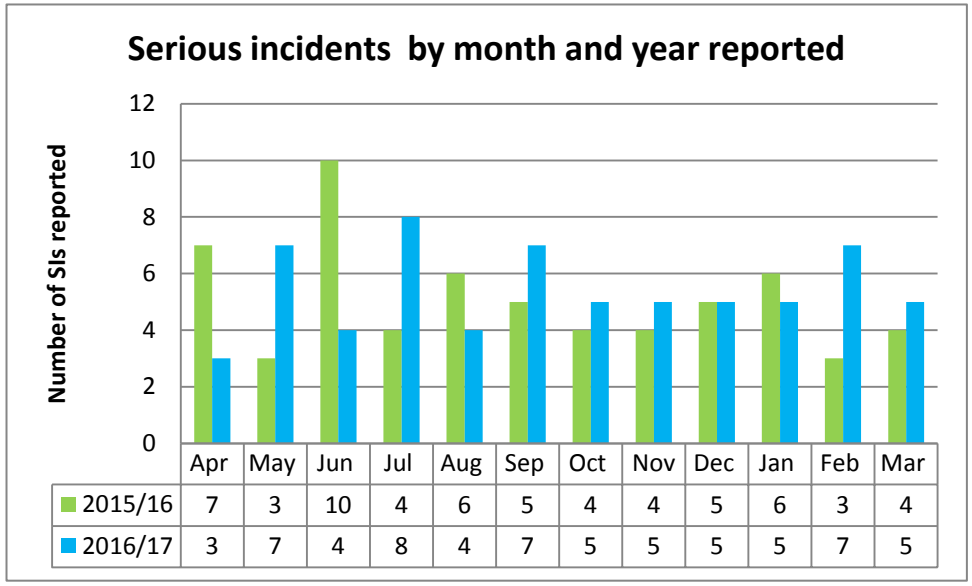
- A Berwick Learning Events programme led by the Medical Director is in place. The events cover a range of topics inclusive of learning from serious incidents.

- Sharing lessons learnt: The Trust is focused on providing the appropriate resources that will facilitate learning from incident themes and investigations.

Number of Serious Incidents (SIs)

During 2016/17, in accordance with the national Serious Incident Framework 2015 and categorisation of serious incident cases, the Trust reported 63 Serious Incidents. Five serious incidents were de-escalated upon the completion of the investigation when it was found that the serious incident was not caused by the care provided or service delivered by the Trust.

The chart below shows the SIs reported monthly and the comparison of SIs reported the previous year. 61 SIs were reported in 2015/16 compared to 65 in 2016/17.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	7	3	10	4	6	5	4	4	5	6	3	4
2016/17	3	7	4	8	4	7	5	5	5	5	7	5

Reporting SIs within two working days

NHS England Serious Incident Framework 2015 states that timely reporting is essential and serious incidents must be recorded on STEIS within two working days of being identified. 100% of SIs were reported to Strategic Executive Information System (STEIS) within two working days.

Learning from serious incidents

One of the priorities for the Trust in 2016/17 was to strengthen the process for learning from incident investigations, sharing across the Boroughs and demonstrating changes to practice as a result of incident investigation outcomes.

To aid learning, the Trust intranet now holds all incident investigation reports from 2015/16, for cross borough learning and identifying of common emerging themes and trends across the Boroughs and Trust as a whole.

The learning from each investigation is discussed at Borough Governance meetings where recommendations and actions are noted. Key learning points are also included in the monthly Quality Bulletin e-mailed to all staff, and are on the Trust website.

Additionally, every six months, a review of completed SI investigations has been undertaken to identify themes and emerging trends. The review found that risk assessments, care plans and/or RiO (the patient records system) were not adequately updated in a timely manner. Risk assessments and care plans are audited via the monthly Trust Quality Assurance audits. The Patient Safety Team will continue to review completed SI investigations to identify any themes and trends.

Never Events

'Never Events' are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been implemented by the Trust.

In February 2017, the Trust declared a Never Event involving the misadministration of insulin. Following the incident, the Trust undertook an immediate review to ensure the correct syringes for administering insulin were available on all wards and cascaded 'The Six Steps to Insulin Safety' E-learning module to all health care teams to increase awareness and learning.

The Never Event incident is being investigated by a Board Level Panel Inquiry which is an Executive led investigation reportable to the Trust

Board upon completion.

Regulation 28: Report to Prevent Future Deaths

In September 2016, the North London Coroner's Court issued the Trust a Regulation 28 report. Although the inquest into the patient's death found that the patient died of natural causes, based on the evidence, the Coroner felt there was a risk of further deaths occurring unless appropriate action was taken:

1. The auditing of those persons carrying out 15 minute observations
2. Training of staff for resuscitation in the event that a patient collapses:
3. The auditing for the prescription and management of Clozapine

The Trust has addressed this concern and submitted evidence of completion to the Coroner.

Duty of Candour

The Duty of Candour is a legal duty on us to inform and apologise to people who use our services if there have been mistakes in their care that have led to significant harm.

The Trust takes seriously its responsibilities to be open and honest with its patients and service users and has implemented a Trust wide training programme and implemented robust processes to ensure that the Trust complies with the Duty of Candour legislation.

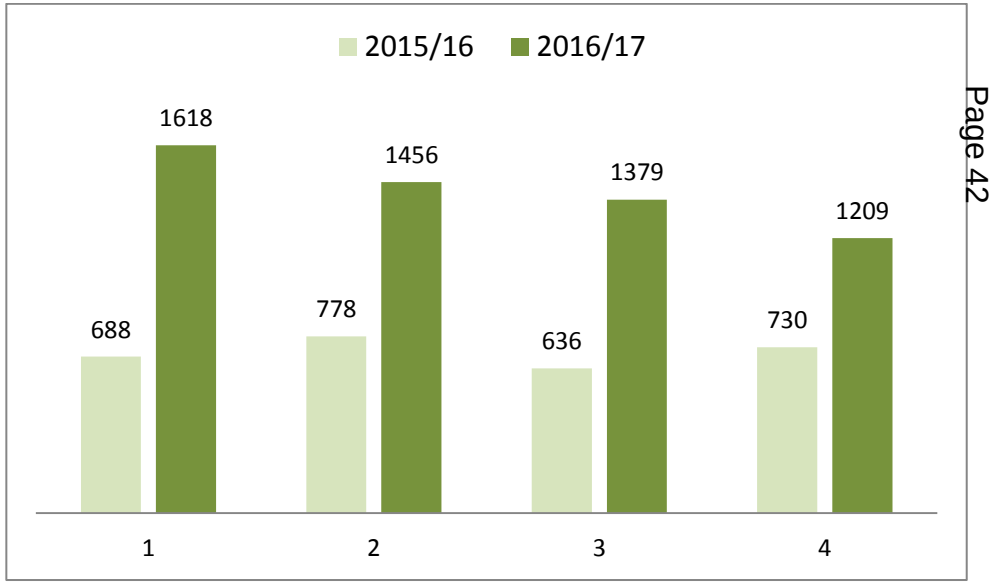
Our compliance with Duty of Candour for 2016/17 was 97%, that is, the Trust informed the relevant person in person as soon as reasonably practicable after becoming aware that a safety incident had occurred, and provided support to them in relation to the incident within 10 days on the incident being identified.

Patient Safety Incidents

Following a full review of the Datix reporting processes, a new simplified form was introduced in October 2015, together with an intensive training programme over the last year aimed at all staff. These improvements have resulted in:

- Reporting of all types of incidents increased by 38% since the new form design in October 2015.
- Improved reporting of patient safety incidents to the National Reporting and Learning System (NRLS) – 2016/17 reporting increased by 87% when compared to 2015/16.

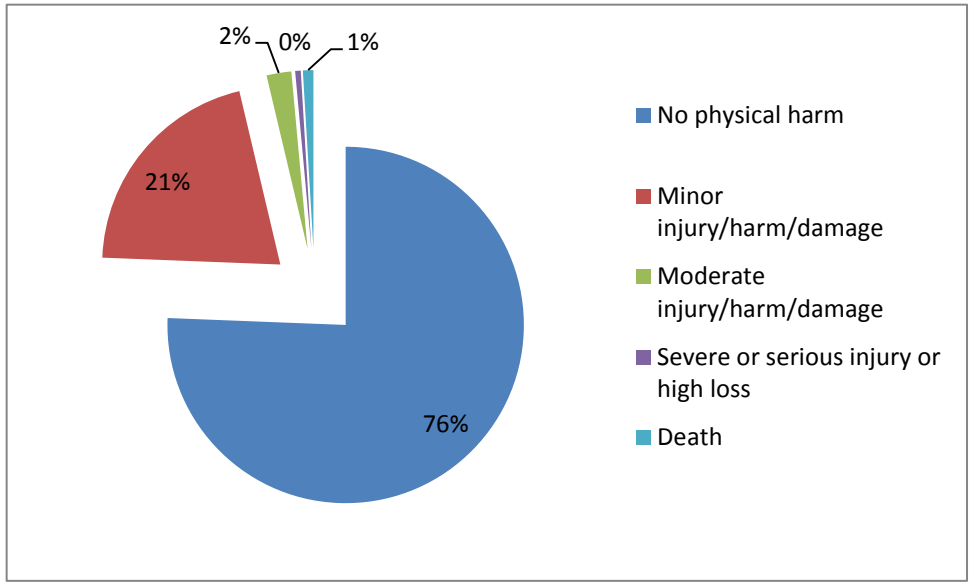
Patient Safety Incidents reported in 2015/16 and 2016/17:



Patient Safety Incidents by Severity

Of the 5662 patient safety incidents reported to NRLS in 2016/17 by BEH services, 95% of those resulted in no harm.

To be updated



Datix Improvements 2016/17

- Dashboards - All service Managers now have a bespoke Dashboard within Datix which displays a set of graphs and reports, providing managers with an overview of records and trends for their teams. This includes real time information on all incidents, risks and complaints.

- Incidents - Improved reporting form and processes have made incident reporting easier, enabling staff to record lessons learnt before an incident is closed.

- Risk - Improved reporting form and simplified system for producing risk registers. Training has been delivered to Managers to enable improved and meaningful reporting.

Planned improvements for 2016/17

- Safety Alert Broadcasting System (SABS)
  Work is currently underway to roll out the distribution of SABS through Datix from April 2017. This final phase will bring all aspects of risk management together under one risk management system and will enable correlation to be made between the different aspects of risk management.

- Serious Incident Reporting System (SIRS)
  Security Incident Reporting System (SIRS) is an electronic tool which allows NHS health bodies to report security incidents occurring on their premises to NHS Protect, enabling the creation of a national picture of such incidents across the NHS. The Trust has signed up to this system and intends to share all incidents of violence, abuse and Security, to be reported via the Datix system

.

Infection Prevention and Control

The Trust is committed to minimising healthcare associated infections in its managed services and providing a safe clean environment for people who use our services. Assurance is provided by regularly auditing clinical areas for compliance against infection control best practice guidelines. The infection control audit looks at hand hygiene practice and infection prevention and control measures in place in the clinical environment using an audit tool based on national guidance.

We are pleased to say, in 2016/17 there were no occurrences of Clostridium Difficile or MRSA Bacteraemias.

Infection Prevention and Control Training

Infection Prevention and Control training is part of the Trust mandatory training programme for all staff.

In 2016/17, 86% of staff completed the training. For 2017/18, we have set a new target of compliance of 90%.

Patient-led Assessment of the Care Environment (PLACE)

Patient-led Assessment of the Care Environment (PLACE) inspections are voluntary self-assessments of a range of non-clinical services which contribute to the environment in which healthcare is delivered.

The PLACE assessment provided a snapshot of how we have performed against a range of non-clinical activities which impact on our patients' experience of care.

The Trust was assessed on six main categories

- cleanliness
- food
- privacy, dignity and wellbeing
- condition appearance and maintenance of building facilities
- dementia
- disability

The 2016 PLACE assessment commenced in February 2016 and was completed in June 2016. Data was submitted to the Health and Social Care Information Centre for analysis.

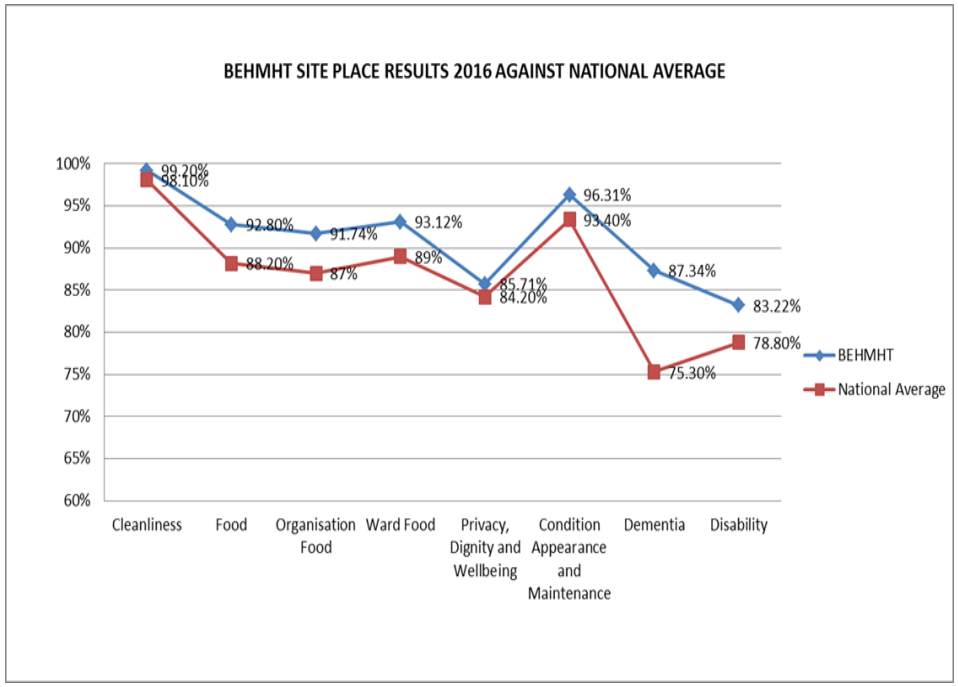
The results were published in August 2016. Our overall scores in each category assessed in 2016/17 were above the national average scores in all the five PLACE domains assessed. Following the PLACE assessments, an action plan to address all areas of non-compliance and shortfalls was devised and actioned by the relevant departments, units and wards.

PLACE assessment compliance 2016/17:

	Cleanliness	Food	Organisation Food	Ward Food
BEHMHT	99.20%	92.80%	91.74%	93.12%
National Average	98.10%	88.20%	87%	89%

	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
BEHMHT	85.71%	96.31%	87.34%	83.22%
National Average	84.20%	93.40%	75.30%	78.80%

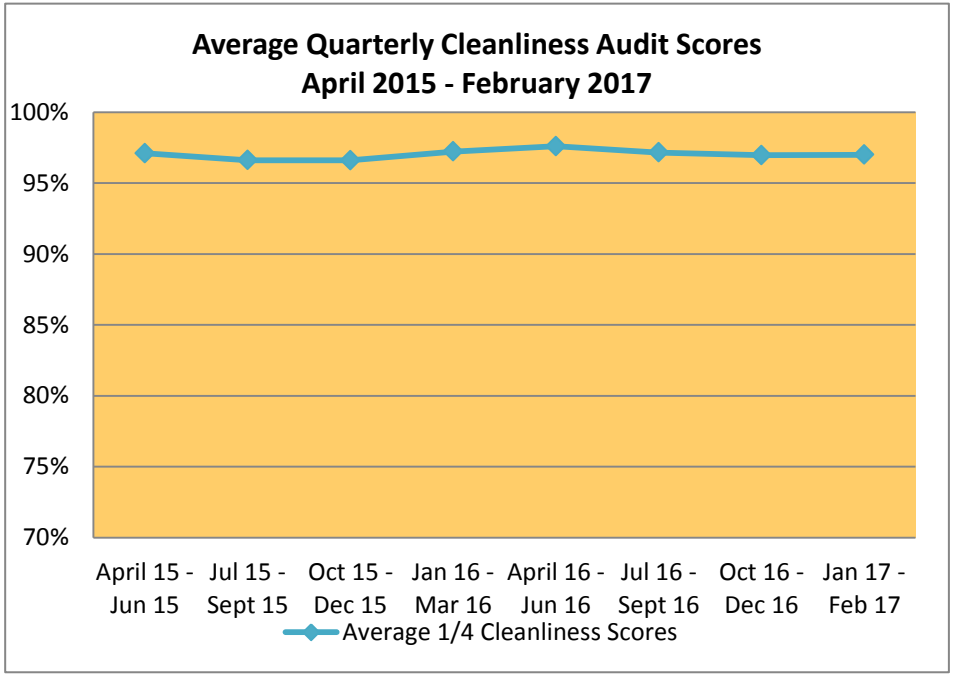
BEH Organisational PLACE results 2016 against national average 2016



Environmental cleaning

Environmental cleaning audits of all inpatient areas were undertaken as part of our programme of infection control audits. The audit tool is based on the 49 elements of the National Specifications for Cleanliness in the NHS (2007).

The Trust scored consistently above the 95% compliance rate.



STAFF EXPERIENCE

Staff survey 2016/17

We participate in the annual NHS staff survey which provides valuable insight into staff morale and staff impressions of working at the Trust. We aimed to address the core issues highlighted in the staff survey results and the latest results have shown improvements in most areas, including staff engagement and wellbeing. We are pleased to say that there was a marked increase in the response rate this year – from 38% to 53%.

Achievements over the past year have included:

- Continuing engagement activities such as CEO forums, executive director visits, communications initiatives such as take 2 and the CEO blog – all building on the "Listening into Action" work undertaken previously
- Active promotion of the Raising Concerns at Work policy and training for staff and managers
- Production of flowchart based guidance on the appropriate use of whistleblowing and other ways to raise concerns (posters, pocket cards)
- Refinement of the Trust's learning zone on the intranet as a portal to e-learning and wider development opportunities
- Promotion of the employee assistance programme
- Support for, and development of the staff wellbeing forum and equalities forum

Staff survey 2016/17 results

The final results of our Staff Survey 2016 were published in March 2017, and there are a lot of improvements we are proud of and some areas where we need to work harder.

More of our staff said that they value BEH as a place to work and as a place where they would be happy to send friends or relatives for care, which is excellent news.

We built on our great results from 2015 and have improved in a number of areas.

Some of the things staff highlighted as being very good at BEH are:
•Effective team working
•Communication between management and staff
•Staff agreeing they make a difference to patients
•Satisfaction with quality of work and care delivery
•Quality of appraisals

The Trust is extremely proud of its diverse workforce. Some of the work we have been doing over the last year include providing greater career opportunities, funding employee innovation through Dragons' Den, refreshing our values, providing a programme of events to help bring those values to life, and creating a group of dignity advisers.

But, as in any large Trust, there is still work to be done, and for us there are a number of areas for concern.

The survey highlights the increase in levels of abuse suffered by staff. The percentage of staff who have experienced harassment or abuse, or even physical violence from patients, has risen compared to 2015. The number of staff who have said that they have been abused or bullied by colleagues has increased.

We encourage all our staff to demonstrate positive behaviours and minimise behaviour which does not fit with our values. One of our values is

respect, for patients and for each other. We encourage staff to use the Trust's various channels of support - Dignity at Work Advisers, Employee Assistance Programme, Freedom to Speak Up Guardian and staff side representatives.

Over the next year, the Trust is committed to working hard to reverse this trend, improving the working environment for everyone and continuing to make BEH a great place to work.

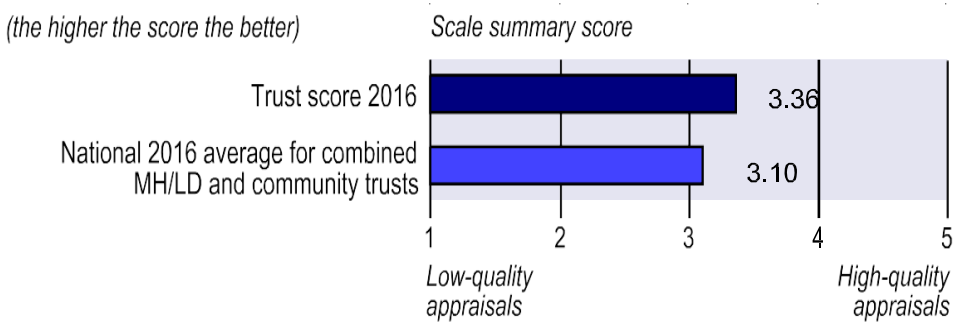
Number of staff recommending the Trust as a place to work or receive treatment.

In the 2016 staff survey, we performed better than the year before on this question. However, our score was just below the national average.

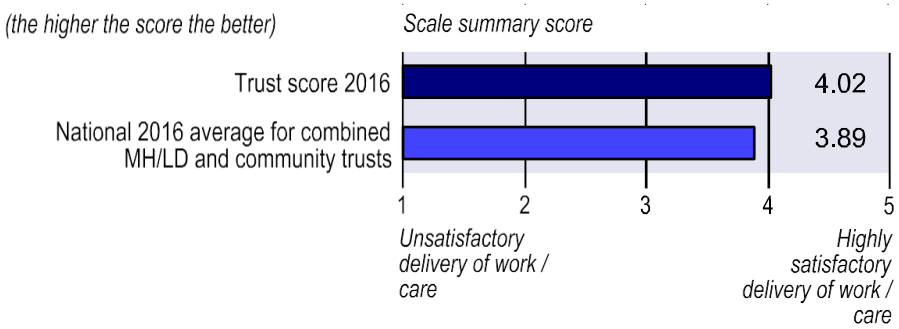
BEH core 2016	BEH Score 2015	Best score for MH / Community Trusts	National Average
3.65	3.69	3.93	3.71

The following are the top five ranking scores for the Trust compared to Mental Health Trusts in England:

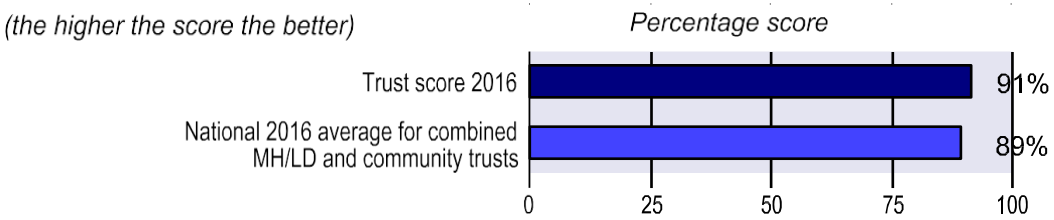
KF12. Quality of appraisals



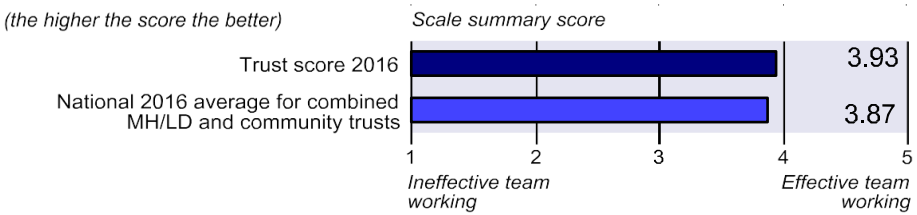
KF2. Staff satisfaction with the quality of work and care they are able to deliver



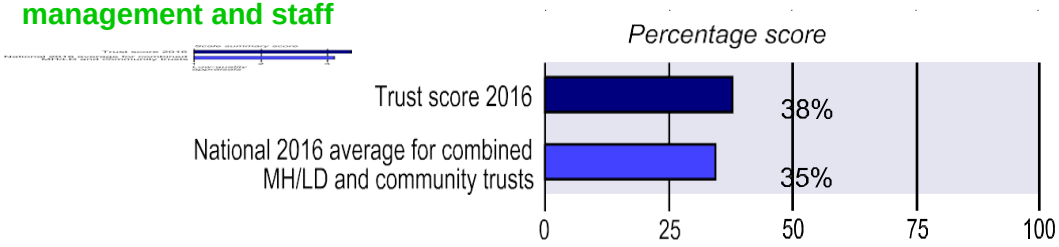
KF3. Percentage of staff agreeing that their role makes a difference to patients / service users



KF9. Effective team working



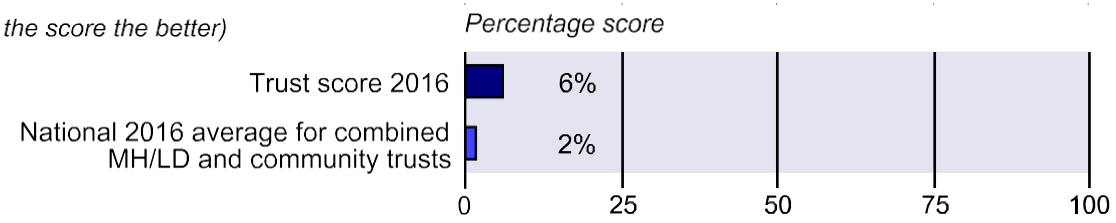
KF6. Percentage of staff reporting good communication between senior management and staff



The following are the five bottom ranking scores for the Trust compared to Mental Health Trusts in England.

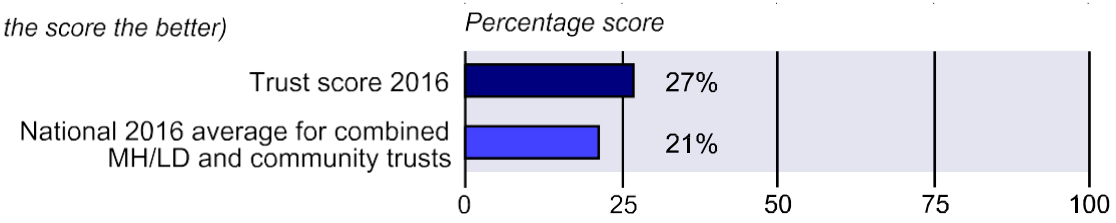
KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



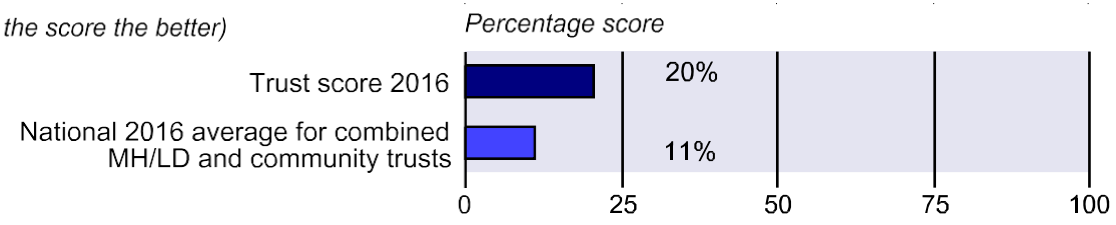
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



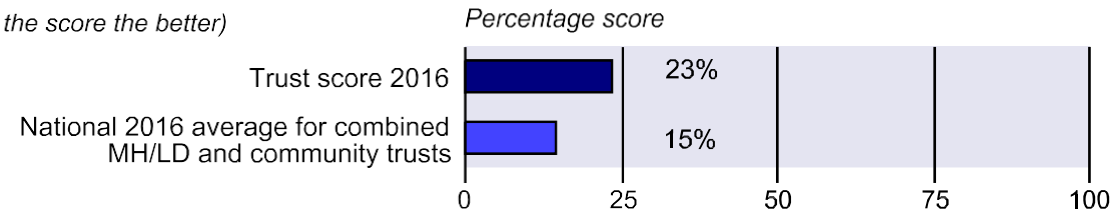
KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



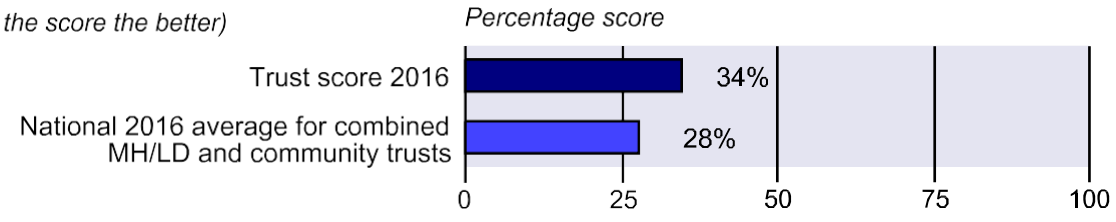
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



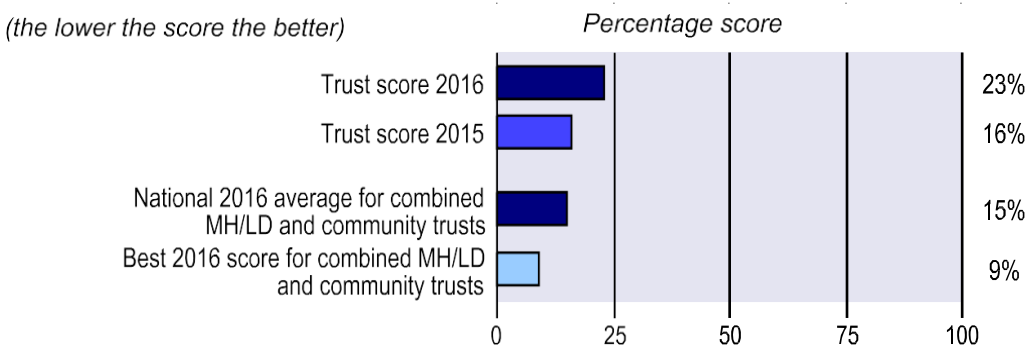
The experience of staff improved in 12 areas compared to last year's survey, scoring above the national average.

The following are the areas where the experience of staff has improved the most compared to last year's survey

	2015	2014	National Average
Staff confidence and security in reporting unsafe clinical practice	3.70	3.54	3.63
Percentage of staff experiencing physical violence from staff in last 12 months	4%	6%	2%
Staff motivation at work	4.01	3.89	3.92
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	23%	27%	29.1%
Staff recommendation of Trust as a place to work/receive treatment	3.65	3.45	3.72

The following is the area where the experience of staff has deteriorated the most compared to last year's survey.

Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months



Actions we have taken to address areas identified by our staff survey that require improvement:

Theme	Action
Bullying and harassment/violence	• Training Dignity at Work Advisors • Refining Trust values and identifying positive behaviours
Health and wellbeing	• Launched staff wellbeing group • Secured new EAP provider
Equal opportunities for career progression	• Regular publicity around development opportunities • Publicising secondment opportunities • Supporting BME leadership development
Discrimination	• Setting up disability forum • Installing hearing induction loops • Providing reasonable adjustments around IT

Staff mandatory training

The Trust reviewed its mandatory training so it reflects legislative requirements. A revised matrix was approved in the summer of 2016.

We introduced a number of quizzes such as equality and diversity, information governance, conflict resolution and fire safety which has proved a popular method of learning and staff have access to available course dates on the intranet pages for booking purposes.
During the year we increased the number of training sessions

available, providing flexibility for staff. The table shows that none of the courses have yet to achieve our 2016/17 compliance target of 90% whilst others, notably life support areas is a high risk area. We are increasing capacity and targeting areas with low compliance for those courses. We have also increased the provision of e-learning so that, where appropriate, staff have a choice of medium for their training.

We are prioritising courses e.g. life support and moving and handling where non-compliance poses a high or medium risk to the safety and well-being of our patients and staff, and targeting staff who are non-compliant to ensure they attend the necessary courses.

Actions being taken to address areas of training where the Trust target has not been met:

- Resuscitation (high risk area). We are working with our internal resuscitation officer and external training provider to address the shortfall in compliance
- A mandatory training group was established where subject matter experts (SMEs) and Learning and Development come together to discuss innovative ways to ensure there is sufficient course provision
- regular reminders are sent out to those who are non-compliant with their mandatory training
- All staff can access WIRED on the home page of the intranet to check their individual training compliance
- There is a one stop process for finding out which course dates are available updated on the intranet twice a week
- The Learning and Development team continue to provide outreach support to ward managers and teams respectively.

The **mandatory training compliance** as at 6-Mar-17 is **81.35%** for the ten core subjects (need YED)

MANDATORY TRAINING – 10 CORE SKILLS COURSES				
Course Name	**TNA**	**Trained**	**Compliance**	**Target**
BLS/AED Level 2 (Adult and Paed)	342	227	66.37%	90%
BLS/AED Level 2 (Adult)	1240	778	62.74%	90%
Conflict resolution	2949	2232	75.69%	90%
Equality and Diversity	3012	2695	89.48%	90%
Fire Safety	3012	2371	78.72%	90%
Health and Safety	3012	2604	86.45%	90%
Immediate Life Support Level 3 (ILS)	487	224	46.00%	90%
Infection Control	3012	2631	87.35%	90%
Information Governance	3012	2492	82.74%	95%
Moving and Handing (High Risk)	237	195	82.28%	90%
Moving and Handing (Medium Risk)	143	104	72.73%	90%
Safeguarding Adults Level 1&2	3012	2602	86.39%	90%
Safeguarding Children Level 1&2	3012	2693	89.41%	90%
Safeguarding Children Level 3	1222	690	56.46%	90%
Safeguarding Children Level 4	9	7	77.78%	90%
Total	27713	22545	81.35%	90%

Borough quality improvements and initiatives: highlights from 2016/17

Barnet: awaiting information

Haringey: awaiting information

Enfield

1. Good Practice initiatives

i) **Long Term Conditions and Mental Health Project Group**: Last year we had a number of joint initiatives to improve our client services, including mental health input to our Care Homes Assessment Team (CHAT), dementia training for community staff, and increasing access to IAPT for clients with Long Term Conditions

ii) **A Post Traumatic Stress Disorder (PTSD) project** was set up by Enfield Complex Care team to train voluntary sector providers (Iranian community services, Saheli and Nehanda – Black women's services) to support service users with PTSD. This patient group are frequently re- referred back soon after discharge from secondary services and it was felt that the voluntary sector may be able to provide on-going support with training in this specialist area.

The PTSD workshop for local community services which took place in July 2016, focused on the following –

- Training / education about PTSD and basic management of PTSD symptoms .
- Creating relationships/links to local community services to support our work
- Offering training to staff and volunteers of local community services to increase their skills in supporting clients that access our service

iii) **Paediatric services** - Health visitors, in conjunction with Anna Freud Centre and Birbeck University are developing services for baby clinics. The aim is to improve interaction between mother, baby and healthcare professionals- due to be completed in spring 2017.

Integrated Workshops are held which focus on improving effective communication between teams in **Universal Children's services** in order to prevent repetitive assessments (in response to concerns raised by carers, family members)

iv) **IAPT** - Staff wellbeing is promoted with regular lunchtime events such as knitting clubs, exercise etc.

v) **LD services?** have been working on 'End of Life' pathway, to review deaths by NHS England and ADASS. Enfield has been identified as providing good practice, with service which is carer and family centred.

vi)**The Children's Physiotherapy service** has a dedicated exercise facility with specialist gym equipment for children and young people accessing paediatric physiotherapy services. Designed to teach the principles of self-help and independence, it focuses on the benefits that regular, physical activity brings to their health and wellbeing.

Participants will be encouraged to set their own goals and engage in a specifically tailored programme to help them reach their physical potential. The long term hope is that it'll model a mainstream facility. We're liaising with local leisure centres to support children to access activities in the community and support their ongoing physical needs once their physiotherapy treatment is complete. Working closely with leisure centre staff means we can help them to have a greater understanding of the needs of young people with complex needs and support requirements in the context of a community Leisure Facility

vii) **Lift Off Language** (Enfield Children Services designed programme)

- This is an opportunity for schools to develop their capacity to screen, plan deliver and evaluate an intervention to develop Speech Language and Communication skills
- Proven record of progress in children's speech, language and communication skills and their confidence to use skills in the classroom.
- The planning of small group work based on the screening profiles of the children identified.
- Intensive modelling of delivery of group work by a highly skilled and experienced Early years and ELKLAN trained practitioner.
- Support to identify the impact of intervention and to adapt plans to target the individual needs of the children within the group to ensure stepped progress.
- Tailor made training to school staff to enable them to be independent in the assess-plan-do intervention cycle within the group work.
- Support identifying activities and tasks to develop a range of skills with the emphasis on active learning
- On-going support post programme and a network of practitioners who have been trained using this programme who meet to share resources.

26 schools and their lead SENco (Special Educational Needs Coordinator) have received the service, with 375 children participating

What Progress has been achieved
Between 69% - 77% of children are at the expected levels or have exceeded levels compared to the below average baseline on Teacher Led assessments following 3 cycles of intervention.

2. **Enfield Forums for Learning**

i) Mental Health Services for Older People (MHSOP)

Actions taken from SIs:

- The development of the Enfield MHSOP Falls steering group which occurs monthly. This includes discussions around fall prevention and management training, audits outcomes and SI discussion.
- Learning events and teaching session have been rolled out across AOP & MHSOP clinical groups. A number of staff have attended this.
- The falls protocol has been revised to include a checklist to assist patient assessment following each inpatient fall within 24 hours of the incident.
- Current teaching sessions taking place into better understanding of National Early Warning Scoring (NEWS) system and the recording on NEWS charts.
- There is also the commissioned session of geriatrician input into MHSOP wards currently in process.
- Community & MH services -improvement of urgent clinical communication across services is required. Action – Details of contact numbers and process of referral to be provided.

ii) Adults Mental Health Services

- Adults MH SI Learning Event – This forum is held twice a year with the aim of exploring learning from SIs in Enfield, and sharing these with different clinical groups, including learning disability services, community, adult mental health and IAPT. This forum comprises a mixture of case presentations, discussions and brain-storming. The first presentation held in July 2016 involved a case of domestic violence which led to further training in Safeguarding assessment

and reporting procedures for the teams involved and included in Junior doctors training programme

iii) Enfield Learning Forum (ELF)

- This learning forum runs twice a year with the aim of sharing expertise from different clinical services, including learning disability, community services, adult mental health and IAPT; and forge links in order to serve the holistic health care needs of residents in Enfield. This forum comprises a mixture of case presentations, discussion of services and brain-storming. This forum is currently open to all clinicians in Enfield. The most recent Enfield Learning Forum took place on 17th of Oct 2016, with presentations from Child Dev Team and IAPT on the topic of Long term conditions and Mental Health. The next scheduled event on 'Clinical and Psychological Management of Diabetes' will be held on the 20th of March 2017.

iv) Addressing other Key themes from SIs and Complaints

- Violence and aggression on AMH inpatient wards – A ward improvement programme has been implemented with a focus on 1:1 Key nurse input and the implementation of a Supporting Positive Behaviour Project. This project aims to support a multidisciplinary team approach towards formulating and managing a range of challenging behaviours on the ward. This is led by a Clinical Psychologist and Enfield Enablement Project Manager and Service Manager for Acute Services. There is now additional psychology resource to support this project.

3. **Enfield Borough Priorities for 2017/18**

- Focus on improving physical health monitoring in our adult mental health services.
- Projects to be identified to improve the service to our patients with diabetes, in both Mental Health and Community Health Services.
- Developing Integrated Locality Teams in partnership with the Local Authority to bring together Care Closer to Home, prevent acute hospital admissions and support discharge.
- Level of incident reporting to be improved in children's services.
- Productivity – to continue to maintain high level of contacts whilst ensuring quality of input.
- Co-production project to be progressed to build on delivery of an enablement approach at team level.
- Learning from SIs and complaints - SI Assurance Group - Pilot of a new 'task and finish group' will be set up to focuses on audit of previous SI reports completed with the view to ascertaining if changes have been put into place following recommendations/actions from the SI report.
- Expansion of working partnership between community Health Services for Long Term Conditions and Enfield IAPT.

Specialist Services

1) Eating Disorder Service

• Medical outpatient – In November, Dr Steven Cooper, Specialty Doctor in the Eating Disorders Service, won the Trust's Clinical Audit Competition with his audit on 'Outpatient Attendance in the Eating Disorder Service: Does increased flexibility in clinic timing improve patient engagement?' The audit found a greater degree of attendance of evening follow up medical appointments compared to those offered during traditional 9:00-5:00 clinic hours. Based on the conclusions of this audit, the service will be running a trial evening clinic in order to attempt to increase attendance at new patient assessments.

• Psychology outpatient – In February, the psychology department conducted an audit of the preceding 12 months to determine the effectiveness of the three main treatment modalities that are provided by the outpatient psychology service. These treatments are individual therapy for those with anorexia and complex bulimia and is based on a CBT-E for Eating Disorders approach, CBT group therapy for patients with bulimia and CBT group therapy for patients with binge eating disorder. Outcome measures on the Eating Disorder Examination Questionnaire, which is the most frequently used outcome measure in eating disorders services, showed that individual therapy, group therapy for bulimia and the group therapy for binge eating disorder all led to a significant improvement in patients' eating disordered thoughts and behaviours following treatment.

• Phoenix ward – The Eating Disorder Service is involved with the HAELO collaborative QI programme and is focusing on improving staff experience for nursing staff on the ward. Mealtimes on a ward with severely anorexic patients are often the most stressful times of the day, for both patients and staff. We have been looking at ways of making mealtimes less stressful and have conducted various tests of change involving all aspects of the mealtime experience, from the food preparation to the skill mix of staff present during the meals. The data collected has started to show an improvement in the staff experience during mealtimes and we are working on ensuring that this improvement is maintained, as well as now looking at ways we can work together with patients to help improve their mealtime experience.

BEH and Care UK to provide healthcare services in prisons

From April 2016 BEHMHT in partnership with Care UK took over the provision of healthcare services at HMP Wormwood Scrubs. This is the fourth London prison BEHMHT now provides services to and is the second largest remand prison in London. BEHMHT will offer a full range of mental health services including inpatients, therapies, medical and nursing.

From April 2016 BEHMHT in partnership with Care UK took over the healthcare services in three prisons in Buckinghamshire, HMYOI Aylesbury, HMP Grendon and HMP Springhill. BEHMHT were already providing a range of therapy services into HMYOI Aylesbury and have now extended this to include medical and nursing.
In November 2016 BEHMHT was awarded the contract to provide Enfield drug and alcohol services. BEHMHT will work with third sector partners to deliver both clinical and psychosocial services across the borough. The new service begins in April 2017.

BEHMHT's successful partnership with the British Transport and Metropolitan Police continues and in 2016 saw further developments to the joint suicide prevention and mental health team (SPMH). SPMH team have begun to use the wealth of data about incidents and proactively go out on patrol with BTP officers in order to try and prevent incidents from ever occurring or escalating. The liaison and diversion service is also going to extend to cover the Thames River and will be working with the Marine Police Unit.

Sensory room, training and research project:
With a range of international evidence to support the importance of sensory interventions in reducing the need for restraint and seclusion, NLFS are using this evidence to drive changes in practice and culture. The Service has established sensory rooms on one male rehab wards and one male learning disability wards and funding has been arranged for a further 4 wards to have rooms adapted and equipment has been ordered. Concurrent with this implementation has been the delivery of training to staff, sensory assessment for patients and an ethics approved research project (see below):
Ethics committee approval for research - Qualitative study of patient and staff experiences following the introduction of a sensory room on two forensic psychiatric wards

Development of inpatient and outreach EbEs leading community-production of Recovery College:
A group of patients from both outreach and inpatient services have been trained as Experts by Experience and are taking on paid roles both as representative within the service management meetings but also in the co-production of recovery college and the implementation of project relating to the NLFS CQUIN, Reducing Restrictive Practices. These are planning, designing and delivering training as well as leading the post implementation evaluation.

Learning the lessons - Thematic review of SIs, complaints and safeguarding
NLFS has undertaken a thematic review of SIs, complaints and safeguarding and this has been presented at the academic forum to the service as well as to NHSE. This is a central part of a quality assurance process where analysis of the themes allows the service to learn, respond and embed changes in practice.

Self-catering accommodation
All patients on Blue Nile House, a male low secure unit, self-cater. The patients receive a weekly budget of £20 to shop and cook for themselves for the whole week. There is no provision of foods from external suppliers. There is a strong enablement focus on self-sufficiency and independence. The initiative is being rolled out in stages on the Trust's Derwent and Severn Wards.

Variety of presentations and learning opportunities through academic forum
NLFS has a weekly academic forum that is open to all staff. It is a learning forum that combines case presentations with academic sessions from clinicians who are often international specialists in their field. It is interactive and not only shares the partnership working with the police and other agencies but also developing learning and current thinking.

Links to national physical health screening programmes.
NLFS now offer the full range of the NHS screening program:

- ✓ Breast screening. Links with mobile unit. Patients, when well enough attend with staff support.
- ✓ Bowel Cancer screening. Patients who are mentally well enough to understand, consent and comply with testing are offered screening. The screening is typical process i.e. faecal test by post. There is a SOP between NLFS and the University College Hospital London for positive results.
- ✓ AAA Patients who are mentally well enough to understand, consent and comply with testing are offered screening. The screening is typical process. There is a SOP between NLFS and the Royal Free Hospital. The Royal Free Hospital send a team and scanner to NLFS and positive results are managed by The Royal Free Hospital.
- ✓ Retinal screening for Diabetic patients. There is a SOP between North Middlesex Hospital and NLFS. North Middlesex Hospital send a screening van to screen within the secure perimeter.
- ✓ Diabetic foot care. NLFS subcontract to a locum podiatrist.
- ✓ Cervical cancer screening. NLFS subcontract to a locum female GP

Clozapine clinic and support group
In partnership with Sysmex, NLFS offer an in-house Clozapine clinic. A Clozapine support group has also been established. The group is open to all patients who are either taking or considering Clozapine as part of their recovery. The group is facilitated by a person who has been a patient but is now fully discharged and living independently in the community. It gives patients the opportunity to come together and discuss with each other and a doctor, nurse, pharmacist and a health promotion facilitator. The group meet every 3 months.

Care zoning pilot and roll out
Following evaluation of care zoning, a pragmatic approach to understanding clinical needs as it relates to clinical risk on the admission ward, 3 wards – women's medium secure, male medium secure and medium secure learning disability are now rolling out care zoning onto their wards. Ward community meetings have been used to engage patients in the initiative and the ward managers group have agreed to take this work forward.

Nursing breakfast club
This is a monthly group that meets to discuss any clinical learning aspects of our service. All 11 forensic wards are invited for a small breakfast and this is facilitated by a Service Manager and other nurses from the 11 wards. In the past, students, nursing assistants, Graduate Mental Health Workers, staff nurses and Deputy Ward Managers have led and presented discussion points which have developed into a valuable clinical debate about various different elements of forensic nursing. There is a full schedule up until the Summer and this has been developed since 2012 when it first started. There is an archive booklet of past presentations and offers nursing staff the opportunities and skills to present and teach other staff.

In house supervision training
In house supervision training is facilitated by a Service Manager, Drama Therapist and Lead Occupational Therapist. This practical training session draws on the wealth of experience our staff already have in their working lives. This mixes all different Forensic nursing wards, Eating Disorders, Child & Adolescent Services, Prison Nursing & Independent Sector liaison (Avesbury House) and puts practical role plays and supervision education together to provide a unique group learning experience that has reached on 120 nurses & OT's.

Ward round and CPA feedback

Experts by Experience (EbEs) and User reps (through the user forum) have identified a wish to have written feedback from ward rounds and CPAs. With the Speech and Language Therapist, the EbEs have selected a form that is accessible and practicable. This has already been introduced in the low secure admission ward and male LD medium secure ward. It will be rolled out across the service from February 2017. The User Forum reps will collect feedback from the Forum on a monthly basis to monitor progress.

Patient mobile phones on Low Secure wards as well as medium secure pre-discharge trial currently being reviewed and rolled out to MSU rehab wards
Patients on Low secure wards are allowed to keep a mobile phone in their bedrooms. They are standard phones without cameras. This is to allow for more privacy. A trial of this is currently underway on a Medium Secure pre-discharge ward.

Allied Health Professionals Services

Allied Health Professionals (AHP) Conference

On 2 November the 2nd Annual AHP Conference was held. The event provided an opportunity for AHPs to hear about our Trust's priorities and how AHPs can contribute to change.

Presentations at the event were received from AHPs on the services they provide and projects they are involved in:

(detail to be added)

- Establishing a 'Pets As Therapy Group'
  - The Impact On A Service User's Experience In The Magnolia Unit.
- Occupational Therapy in Liaison Psychiatry
- Supporting teenagers with autism: Do transitions have to be terrifying?
- Developing a Peer Support Programme
- Musculoskeletal Physiotherapy

Glossary – will update once report is complete

CAMHS Child and Adolescent Mental Health Service
CIPs Cost Improvement and Income Generation Plan
CCG Clinical Commissioning Group
CHS Community Health Services
CPA Care Programme Approach
CQC Care Quality Commission
CRHTT Crisis Resolution Home Treatment Team
CQUIN Commission for Quality and Innovation. This is shorthand for quality improvements agreed during the annual contracting negotiations between BEH and its health commissioners.
Dashboard An electronic system that presents relevant information collectively on a number of key areas for performance the Trust.
DoH Department of Health
DTOC Delayed Transfer of Care
ECS Enfield Community Services
HSCIC Health and Social Care Information Centre
HOSC Health Overview and Scrutiny Committee
IAPT Improved Access to Psychological Therapies
KPI Key Performance Indicators
NEWS National Early Warning System
MHS Mental Health Services
MRSA Type of bacterial infection that is resistant to a number of widely used antibiotics
NCE National Confidential Enquiry
NICE National Institute for Health and Clinical Excellence
NPSA National Patient Safety Agency
NRLS National Reporting and Learning System
NRES National Research Ethics Service
NSF National Service Framework
OLM Oracle Learning Management – the Trust's on-line training programme
POMH Prescribing Observatory for Mental Health
PROMS Patient Reported Outcome Measures

Members Room

Mary Sexton
Executive Director of Nursing, Quality & Governance
Barnet, Enfield and Haringey Mental Health Trust
Trust Headquarters, Orchard House
St Ann's Hospital
St Ann's Road, London, N15 3TH

27 May 2016

Dear Mary,

Quality Account 2015/16 – NCL JHOSC BEH Sub Group Response

This letter is a joint submission to the Trust made by the London Boroughs of Barnet, Enfield and Haringey following consideration of the draft Quality Account at a meeting between the three Boroughs held on 13 May 2016.

Members of the BEH Sub Group are grateful for the presentation of the Trust's Quality Account. The positive work and information provided within the Account was commended by Members.

Members noted concerns raised within the Quality Accounts were often underpinned by the issues of poor ward environment, high inpatient bed occupancy and staffing levels. Members were pleased to hear of the positive plans to address staff retention. It was noted that the poor ward environment was being picked up as part of the STP Estates strategy. Members also agreed suitable funding was very important, not only in funding inpatient stays but in developing more robust care within the community setting. Moving forwards, Members were interested to learn of the plans to tackle these issues and will be scrutinising the follow up CQC report in the coming year to see if improvements have been achieved.

A number of the comments were generated by the actual results provided in the Account and where questions were raised, you either gave a suitable answer or committed to provide further information (the draft minutes are enclosed).

To assist with the completion of the final document, I have provided a summary of Members comments relating to the structure and content of the Account itself.

- **Discharge Communication was a concern (Para 3.1.4)**
  - The Quality Account should include details of the work that was taking place to improve discharge communication from inpatient settings with GPs.

- **Smoking cessation targets (Para 3.1.6)**
  - The Quality Account should provide clarity in terms of what was being measured and why.

- **The graphs shown on pages 47 to 49.**
  - All graphs were thought to be rather small. The graphs should be enlarged with text included to make clear what was being reported.

- **Page 48**
  - The graph on page 48 showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated.
  - It was agreed that these details should be included in the final version of the Quality Account.

- **Page 49**
  - The graph at the top of the page showed % of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document with data, from each of the three boroughs, clearly displayed.
  - It was agreed that these issues should be kept under review by the BEH Sub Group during 2016/17.

- **Staff Survey on pages 68 to 70**
  - It was noted feedback from staff was generally positive. However, there are challenges for the Trust to look at, including % experiencing harassment, bullying or abuse.

In addition to the Quality Account the BEH Sub Group considered various issues, including: the NCL Transformation and Sustainability Plan; the Trust's CQC Action Plan; concerns about the delays in approval of the plans for the redevelopment of St Ann's Hospital in Haringey; and an update on the contracting and funding arrangements between the CCGs and BEH MHT for 2016/17. It was agreed that these issues should be kept under review by the BEH Sub Group during 2016/17.

On behalf of BEH Sub Group Members, I hope the above comments are beneficial and assist with the completion of the final Quality Account.

Yours sincerely,

Councillor Pippa Connor
Chair, NCL JHOSC BEH Sub Group

Members Room
River Park House
225 High Road
Wood Green
London N22 8HQ

T 020 8489 2933
E scrutiny@haringey.gov.uk

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13.5.2016

MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND HARINGEY SUB GROUP- HELD ON FRIDAY 13 MAY 2016

MEMBERS: Councillors Abdul Abdullahi and Anne-Marie Pearce (LB Enfield) Pippa Connor and Charles Wright (LB Haringey) Alison Cornelius, Graham Old (LB Barnet) Councillor Alison Kelly (Chair of JHOSC)

OFFICERS: Andy Ellis, Elaine Huckell (LB Enfield), Christian Scade (LB Haringey).

Also Attending:
Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust (BEH MHT)
Andrew Wright Director of Strategic Development (BEH MHT),
Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT), Stephen Porter, Director Social Care (BEH MHT)
Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG),
Jill Shattock, Director of Commissioning,
Shelley Shenker, Assistant Director Mental Health Commissioning (Haringey CCG)
Dane Satterthwaite, Associate Director of Governance North Middlesex Hospital (NMUH) and approximately 6 Members of the Public

1. **WELCOME**

Attendees were welcomed to the meeting.

Attendees were reminded of the policy for filming or recording the meeting as follows:

Please note, this meeting may be filmed or recorded by the host Council for live or subsequent broadcast or by anyone attending the meeting using any communication method.

Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that you will not be filmed or recorded by others attending the meeting.

Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

2. **APOLOGIES FOR ABSENCE**

No apologies for absence were received.

3. **ELECTION OF SUB GROUP CHAIR**

Councillor Pippa Connor was elected as Chair, for the duration of the meeting only.

4. **DECLARATIONS OF INTEREST**

Cllr Connor declared a personal interest – her sister works at a GP practice in Tottenham.

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

5. **MINUTES OF MEETING OF 19 MAY 2015**

The minutes of 19 May 2015 were **AGREED**.
(Actions previously agreed in the minutes are to be provided as a written update by those people named against each Action. These are shown at the end of the 13 May 2016 minutes)

6. **BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST - UPDATE**

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- Mental health care is to be developed for more care to take place in primary care settings, and transforming mental health acute and recovery pathway through greater enablement and self- care. Also to invest in improved care within acute hospitals.
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The following comments were then taken:

It was asked if it was realistic to look at transforming care to the community

when looking at cuts that are being made to local services and also for GP surgeries to be expected to take on more of the primary care functions.
Maria Kane answered that it was known that at present GP surgeries would not be in a position to take on extra functions, an effective structure would need to be developed and there would need to be a shift in the workforce before the reduction of hospital beds could take place.

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Councillor Connor spoke of some concerns she had in the CQC report, including the 'Ward lay out unsafe, Downshill ward emergency equipment was not easily reached and that there were some blind spots at Chase Farm and St Ann's buildings. There were shown to have high levels of aggression and patients had absconded from wards. In CAMHS there is a high staff turnover and vacancy rate and patients did not always know their nurses name.
Mary Sexton responded that the Action around patient and staff safety due to the poor quality of the ward layout would be taken forward to JHOSC on the 10th June.

Issues have been addressed i.e blind spots have been remedied. With reference to absconding - this often occurs when a person has been given leave and have chosen not to return. All cases are reviewed to determine what can be learnt especially if involves the Secure Unit, we have reviewed our practices accordingly.

NOTED
It was noted that that there are a number of issues arising from the CQC report inspection to be examined including staffing, environment, risk assessment and health records. Also communication with Service users, Carers, Community Care Teams and GP's. There are a large number of actions to be delivered resulting from the inspection and an update on this would be summarised and brought back to a future meeting of JHOSC.

7. CONTRACTING AND FUNDING ARRANGEMENTS – MENTAL HEALTH UPDATE

Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG) had circulated an update briefing on the contracting and funding arrangements between the commissioning CCGs and Barnet Enfield Haringey Mental Health Trust.

The following was highlighted

- That the CCG had agreed a £2.6m growth funding for this year.

- Enfield CCG had worked with the BEHMHT over the past few months to try to agree a mental health contract for 2016/17.
- The NHS Improvement Team and NHS England together with the CCG are considering a 5 year recovery plan to be completed shortly. This is to be seen as a five year financial plan and a sustainable process. On-going discussions were taking place.
- As part of this process there will be a reorganisation of mental health units on the Chase Farm site. The Secole centre will be redesigned to support a wider range of service users but would give opportunities for reduced costs.

The following comments/ questions were then taken:

It had been stated in the update briefing that as part of the 2016/17 contract with BEH CCGs, the Activity plan for 2016/17 showed no growth for the period. It was asked if this was realistic and does it apply to all three boroughs as it had been thought more people were accessing mental health services? It was answered that the data being recorded does not show any increases, this is being monitored on a monthly basis.

Alternative ways to help provide mental health support includes the voluntary funded 'Crisis Cafes' which are open places where people can seek help and support.

It was thought the funding arrangements had provided a 'lever for change' to progress improvements in the service.

David Sloman would attend the10 June meeting of JHOSC when it should be possible to discuss the areas where gaps could be bridged for the Sustainability and Transformation Plan (STP). It was anticipated that Mr Sloman's background and experience would enable him to generate the support needed to move forward on the STP.

That the recovery plan process should hopefully enable finances to become more 'in balance' we need to ensure a fairer share of funding – at present funding is provided of £96 per head in Barnet whilst it is approximately £200 per head for Camden. Reference was made to a discussion in Parliament about the funding allocation process which had been of interest because it is considered that BEH trust is underfunded. It was thought the 5 year allocation process should help to address this - 'To get CCG's in line with what their budgets should be' It was commented that this was needed as soon as possible, as it was considered work was urgently needed at St Ann's hospital.

It was stated that there appeared to be a big disparity on health funding between inner city boroughs compared with outer boroughs, this is historical and should be amended to take into account changes in the demographics of the country.

When asked whether it was known if the appointment of the new London Mayor would have an impact on health issues for the London area. It was answered that the Mayor's Office tends to focus on public health and wellbeing issues such

as prevention and the improvement of green spaces/ cycling. He is also committed to mental health issues.

There would be further discussion at the parent JHOSC meeting in June but the sub group - with support from Cllr Kelly – would like to invite the new Mayor or suitable political adviser to a future NCL JHOSC meeting. This would be to look at London/ NCL wide health and wellbeing issues – open space, walking clubs, allotments etc in order to:

- Gain an understanding of the new Mayor's health/ wellbeing priorities
- How such priorities will be implemented/ over what time
- To ask what success will look like in 1, 5, 10 years time
- To ask how scrutiny – especially the parent JHOSC can help drive change.

It was commented that Perinatal services were essential as a means of helping to keep families together.
The meeting was reminded that inequalities exist for people with mental health issues as their life expectancy tended to be 15 to 20 years less than for others.

8. DRAFT QUALITY ACCOUNT (2015/16) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT) introduced the Draft Quality Account 2015/16 for Barnet Enfield and Haringey NHS Trust. Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness.
Mary stated that this was a work in progress, when the final document is finalised a shorter version will be made available in plain English for the public.

The following comments/ questions were received:

Q: Para 3.1.4 – Discharge Communication shows progress of 84 to 89% to Q4 – how might this be improved?
A: We would continue to do what we are doing gradual improvement has been shown over the year, each team knows what they are expected to do for the future.

Para 3.1.6 – Smoking cessation target of 25% to 30% refers to patients wishing to quit who have various illnesses/ conditions – It was thought this was not very clear and that this indicator and measure should be more plain, perhaps by showing the numbers of people involved. It was unclear as to what was being measured in relation to other illnesses.

Q:Smoking cessation – how is this defined?
A: We identify if someone is a smoker and signpost them to services, we have to take findings from them at face value.

Q:Para 3.21.1 number of serious incidents – 57 incidents reported how often did the Serious Incident Review Group meet?
A: They meet every month. There were significantly less incidents than previous year.

Para3.6 -The Peer Service Review programme was discussed, it has been running for 4 years and has changed and evolved, it is not a 'cosy' process. It is considered to be a useful means for people to learn from each other, benchmarking is done and people are able to learn together.

Q: Para 3.8 - Have any problems been encountered during the 'learning from Clinical Audits?
A: There is an on-going challenge in terms of releasing people as there is a time/resources issue. There is a large programme of audits and it is important that we are able to 'close the loop'

Para 3.10- Clinical Research -it was mentioned that research at BEH NHS Trust was quite small. There was a concern both with Audit and Research – Could lessons learnt be implemented at a local level and do not remain just theory? Concern lay around how outcome from any audit or Research would be implemented into clinical practice on the ground in order to improve patient care.

Graphs shown at pages 47 to 49 were thought to be rather small and should be enlarged.

Page 49 - graph showed '% of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this percentage referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document.

Page 48- graph showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated – details to be included **ACTION** : Mary Sexton to come back with figures for this

3.16 – GP Advice line – This line is managed every day, there were fewer calls now being made – this helps GP's to support their patients. It is considered to be a useful and not very expensive facility.

3.18.1 Friends and Family test – This is an important feedback tool however we are looking at ways to improve the response rates.

P69 – Staff survey results – % experiencing harassment. Although generally positive feedback from staff there are challenges for the Trust to look at what we can do to support people and challenge behaviours.

P55 – largest number of complaints is for Clinical Care – it was stated that there

were no specific areas being 'flagged up'.

3.19.2 Root Cause Analysis training courses for staff is mentioned and mandatory training shown on P71 – the target for training is 85% and would aim to improve the amount of training undertaken including for that on 'Resuscitation' however there is an issue of resources, release of staff to do this.
The Moving and Handling Medium Risk training is shown at 55.88% however it is a higher rate for those working in the older peoples ward – the Trust had made a steady increase on this training before this year and the report should mention this.

Comments made at the meeting and any further observations would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group.

Concerns noted as part of the CQC and Quality Account to be picked up following the next CQC inspection. **ACTION**: Maria Kane to report back with the outcomes following the next CQC inspection taking place within the year.

9. DRAFT QUALITY ACCOUNT (2015/16) FOR NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

Dane Satterthwaite, Associate Director of Governance introduced the Draft Quality Account 2015/16 for North Middlesex University Hospital.

The following was highlighted:

- In line with all acute trusts, in 2015/16, North Middlesex University Hospital faced rising demand for NHS services. It had not been possible to sustain a good performance in A&E waiting times from July 2015.
- Staffing levels were a priority for the Trust.
- The Trust has been open and honest with health partners about the difficulties that this year had posed.
- The Safer, Faster, Better transformational programme is the response to the deterioration in performance against the national A & E 4 hour target. The programme is aimed to improve patient flow across the organisation. This includes looking at discharges – which are occurring too late in the day, the Trust was aiming to bring this closer to a target of midday.

The following comments were received:

It may be better for patients to go to the Urgent Care Centre (UCC) rather than A & E as waiting times are shorter. This is being looked at closely – since January there is a weekly 'dashboard' - UCC performance of 94%. Will be extending urgent care centre availability from 8am to midnight.

'Discharge of patients' - A project is being undertaken with partners - an integrated discharge team is looking to implement actions to make the process more efficient.

Extensive recruitment is taking place. The Clinical Director post has now been

appointed. Of the thirteen senior establishment positions four remain to be filled There is a national problem to fill vacancies, especially across London. The Trust works with other local providers such as the Royal Free hospital to look at spare capacity to ensure there is adequate cover. The Trust is also looking to appoint other specialist posts for the hospital e.g paediatricians.

G.Ps need to redirect people to primary care facilities and away from A&E whenever possible. One of the challenges for the service is to ensure there is adequate cover when it is not known how many people may attend A&E. – The prime purpose of the 'dashboard' is to show that services are safe e.g for a cardiac patient to be seen within 15 minutes.

Gradual strategic improvements are anticipated to ensure A& E targets are met. The aim is to improve the situation so that there are no longer huge swings in performance. It was thought it may be helpful to improve the winter situation/ seasonal dip by re-running a programme of working with the community, the aim of which is to stop people presenting themselves at A &E. It was pointed out that the higher demand is throughout the year and not just during winter months.

Although it is often reported that people presenting themselves at A&E are not registered with a GP, this is not actually the case. Many are already registered with a GP.

It was commented that we need to improve communications to encourage people to submit any complaints they may have to enable us to learn from this and improve our service.

It was asked that JHOSC receive a report from the NMUH trust on how issues are progressing, report to cover communication matters.

Councillor Connor spoke of a number of areas of concern which would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group. –

The Safer, Stronger, Better initiative was of interest to Members, with one of the expected outcomes being improved performance in A&E. Haringey CCG gave a commitment to provide the Sub JHOSC with an interim progress report on A&E performance. The provision of this report will allow Members to fully scrutinise progress in this area and will inform a decision on when we will ask to meet with Senior Hospital Management again. **ACTION: Jill Shattock Haringey CCG**

- The Quality Account should provide more detail on the Friends and Families Test, especially the figures highlighted in red. Members noted the improvement in customer complaint response times.
- It would be helpful if performance targets were benchmarked against other London Trusts
- Within 'Delivery of 2015/16 Quality Priorities' there should be a clear explanation as to why 6 of the 9 priorities have not been achieved or only partially achieved. Members were concerned as to an apparent over-sight with regard to the self-imposed priorities and targets.

- The 'Cancer 62 Day Standard' figures require improvement and the Quality Account should provide detail on how this can be achieved.
- An explanation of the term 'Shwartz Rounds' would be beneficial.

Key areas to be taken forward –

- Sepsis
- Safer Faster Better A&E Report to CCG. Timeframe to monitor improvement
- Patient Experience (A&E)

Date of Next Meeting – to be arranged

The meeting ended at 1.35pm

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13.5.2016

Update on Actions from Meeting of North Central London Sector JHOSC BEH Sub Group – 19 May 2015

Item 6 - Draft Quality Account 2014/15) for BEH MHT	Officer	Action taken
Comparative data with other London Boroughs to be added	Mary Sexton	
Levels of communication with GP's - to check numbers behind the percentages	Mary Sexton	
Are the 6 questions listed in the Account for the Carer Experience Survey the total number of questions that were asked	Mary Sexton	
Is it a statutory requirement to provide population statistics by London Borough? and if this is the case information to be added on the numbers of residents in Barnet Enfield & Haringey who access the Trust's services	Mary Sexton	
P44 – Benchmark figures from other Trusts	Mary Sexton	
P53 – How many young people have been placed in employment support in partnership with Twinings	Mary Sexton	
Item 7. Contracting and Funding Arrangements Update		
What is the % of CCG budgets that is currently spent on adult mental health?	Graham MacDougall	
The Group requested that the proportions of investment by CCGs in the Trust by each Borough be provided	Graham MacDougall, Maria O'Dwyer, Jill Shattock	
Will the Carnall Farrar Report be a public document?	Graham MacDougall	

1. JHOSC AGENDA PACK 13 5 16

MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13.5.2016

HARINGEY SUB GROUP- HELD ON FRIDAY 13 MAY 2016

MEMBERS: Councillors Abdul Abdullahi and Anne-Marie Pearce (LB Enfield) Pippa Connor and Charles Wright (LB Haringey) Alison Cornelius, Graham Old (LB Barnet) Councillor Alison Kelly (Chair of JHOSC)

OFFICERS: Andy Ellis, Elaine Huckell (LB Enfield), Christian Scade (LB Haringey).

Also Attending:
Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust (BEH MHT)
Andrew Wright Director of Strategic Development (BEH MHT),
Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT), Stephen Porter, Director Social Care (BEH MHT)
Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG),
Jill Shattock, Director of Commissioning,
Shelley Shenker, Assistant Director Mental Health Commissioning (Haringey CCG)
Dane Satterthwaite, Associate Director of Governance North Middlesex Hospital (NMUH) and approximately 6 Members of the Public

1. **WELCOME**
Attendees were welcomed to the meeting.

Attendees were reminded of the policy for filming or recording the meeting as follows:

Please note, this meeting may be filmed or recorded by the host Council for live or subsequent broadcast or by anyone attending the meeting using any communication method.

Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that you will not be filmed or recorded by others attending the meeting.

Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

2. **APOLOGIES FOR ABSENCE**
No apologies for absence were received.

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13.5.2016

3. **ELECTION OF SUB GROUP CHAIR**

Councillor Pippa Connor was elected as Chair, for the duration of the meeting only.

4. **DECLARATIONS OF INTEREST**

Cllr Connor declared a personal interest – her sister works at a GP practice in Tottenham.

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

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It was asked - If a patient is being discharged, how soon should their GP practice be informed? An answer was given that they should be aware of this within 24 hours. Also if there is a medication change this should be known/ recorded as soon as possible.

Councillor Connor spoke of some concerns she had in the CQC report, including the 'Ward lay out unsafe, Downshill ward emergency equipment was not easily reached and that there were some blind spots at Chase Farm and St Ann's buildings. There were shown to have high levels of aggression and patients had absconded from wards. In CAMHS there is a high staff turnover and vacancy rate and patients did not always know their nurses name.
Mary Sexton responded that the Action around patient and staff safety due to the poor quality of the ward layout would be taken forward to JHOSC on the 10th June.

Issues have been addressed i.e blind spots have been remedied. With reference to absconding - this often occurs when a person has been given leave and have chosen not to return. All cases are reviewed to determine what can be learnt especially if involves the Secure Unit, we have reviewed our practices accordingly.

NOTED
It was noted that that there are a number of issues arising from the CQC report inspection to be examined including staffing, environment, risk assessment and health records. Also communication with Service users, Carers, Community Care Teams and GP's. There are a large number of actions to be delivered resulting from the inspection and an update on this would be summarised and brought back to a future meeting of JHOSC.

7. CONTRACTING AND FUNDING ARRANGEMENTS – MENTAL HEALTH UPDATE

Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG) had circulated an update briefing on the contracting and funding arrangements between the commissioning CCGs and Barnet Enfield Haringey Mental Health Trust.

The following was highlighted

- That the CCG had agreed a £2.6m growth funding for this year.
- Enfield CCG had worked with the BEHMHT over the past few months to try to agree a mental health contract for 2016/17.
- The NHS Improvement Team and NHS England together with the CCG

are considering a 5 year recovery plan to be completed shortly. This is to be seen as a five year financial plan and a sustainable process. On-going discussions were taking place.

- As part of this process there will be a reorganisation of mental health units on the Chase Farm site. The Secole centre will be redesigned to support a wider range of service users but would give opportunities for reduced costs.

The following comments/ questions were then taken:

It had been stated in the update briefing that as part of the 2016/17 contract with BEH CCGs, the Activity plan for 2016/17 showed no growth for the period. It was asked if this was realistic and does it apply to all three boroughs as it had been thought more people were accessing mental health services? It was answered that the data being recorded does not show any increases, this is being monitored on a monthly basis.

Alternative ways to help provide mental health support includes the voluntary funded 'Crisis Cafes' which are open places where people can seek help and support.

It was thought the funding arrangements had provided a 'lever for change' to progress improvements in the service.

David Sloman would attend the10 June meeting of JHOSC when it should be possible to discuss the areas where gaps could be bridged for the Sustainability and Transformation Plan (STP). It was anticipated that Mr Sloman's background and experience would enable him to generate the support needed to move forward on the STP.

That the recovery plan process should hopefully enable finances to become more 'in balance' we need to ensure a fairer share of funding – at present funding is provided of £96 per head in Barnet whilst it is approximately £200 per head for Camden. Reference was made to a discussion in Parliament about the funding allocation process which had been of interest because it is considered that BEH trust is underfunded. It was thought the 5 year allocation process should help to address this - 'To get CCG's in line with what their budgets should be' It was commented that this was needed as soon as possible, as it was considered work was urgently needed at St Ann's hospital.

It was stated that there appeared to be a big disparity on health funding between inner city boroughs compared with outer boroughs, this is historical and should be amended to take into account changes in the demographics of the country.

When asked whether it was known if the appointment of the new London Mayor would have an impact on health issues for the London area. It was answered that the Mayor's Office tends to focus on public health and wellbeing issues such as prevention and the improvement of green spaces/ cycling. He is also committed to mental health issues.

There would be further discussion at the parent JHOSC meeting in June but the sub group - with support from Cllr Kelly – would like to invite the new Mayor or suitable political adviser to a future NCL JHOSC meeting. This would be to look at London/ NCL wide health and wellbeing issues – open space, walking clubs, allotments etc in order to:

- Gain an understanding of the new Mayor's health/ wellbeing priorities
- How such priorities will be implemented/ over what time
- To ask what success will look like in 1, 5, 10 years time
- To ask how scrutiny – especially the parent JHOSC can help drive change.

It was commented that Perinatal services were essential as a means of helping to keep families together.
The meeting was reminded that inequalities exist for people with mental health issues as their life expectancy tended to be 15 to 20 years less than for others.

8. DRAFT QUALITY ACCOUNT (2015/16) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT) introduced the Draft Quality Account 2015/16 for Barnet Enfield and Haringey NHS Trust. Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness.
Mary stated that this was a work in progress, when the final document is finalised a shorter version will be made available in plain English for the public.

The following comments/ questions were received:

Q: Para 3.1.4 – Discharge Communication shows progress of 84 to 89% to Q4 – how might this be improved?
A: We would continue to do what we are doing gradual improvement has been shown over the year, each team knows what they are expected to do for the future.

Para 3.1.6 – Smoking cessation target of 25% to 30% refers to patients wishing to quit who have various illnesses/ conditions – It was thought this was not very clear and that this indicator and measure should be more plain, perhaps by showing the numbers of people involved. It was unclear as to what was being measured in relation to other illnesses.

Q:Smoking cessation – how is this defined?
A: We identify if someone is a smoker and signpost them to services, we have to take findings from them at face value.

Q:Para 3.21.1 number of serious incidents – 57 incidents reported how often did the Serious Incident Review Group meet?
A: They meet every month. There were significantly less incidents than previous

year.

Para3.6 -The Peer Service Review programme was discussed, it has been running for 4 years and has changed and evolved, it is not a 'cosy' process. It is considered to be a useful means for people to learn from each other, benchmarking is done and people are able to learn together.

Q: Para 3.8 - Have any problems been encountered during the 'learning from Clinical Audits?
A: There is an on-going challenge in terms of releasing people as there is a time/resources issue. There is a large programme of audits and it is important that we are able to 'close the loop'

Para 3.10- Clinical Research -it was mentioned that research at BEH NHS Trust was quite small. There was a concern both with Audit and Research – Could lessons learnt be implemented at a local level and do not remain just theory? Concern lay around how outcome from any audit or Research would be implemented into clinical practice on the ground in order to improve patient care.

Graphs shown at pages 47 to 49 were thought to be rather small and should be enlarged.

Page 49 - graph showed '% of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this percentage referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document.

Page 48- graph showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated – details to be included **ACTION** : Mary Sexton to come back with figures for this

3.16 – GP Advice line – This line is managed every day, there were fewer calls now being made – this helps GP's to support their patients. It is considered to be a useful and not very expensive facility.

3.18.1 Friends and Family test – This is an important feedback tool however we are looking at ways to improve the response rates.

P69 – Staff survey results – % experiencing harassment. Although generally positive feedback from staff there are challenges for the Trust to look at what we can do to support people and challenge behaviours.

P55 – largest number of complaints is for Clinical Care – it was stated that there were no specific areas being 'flagged up'.

3.19.2 Root Cause Analysis training courses for staff is mentioned and

mandatory training shown on P71 – the target for training is 85% and would aim to improve the amount of training undertaken including for that on 'Resuscitation' however there is an issue of resources, release of staff to do this.
The Moving and Handling Medium Risk training is shown at 55.88% however it is a higher rate for those working in the older peoples ward – the Trust had made a steady increase on this training before this year and the report should mention this.

Comments made at the meeting and any further observations would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group.

Concerns noted as part of the CQC and Quality Account to be picked up following the next CQC inspection. **ACTION**: Maria Kane to report back with the outcomes following the next CQC inspection taking place within the year.

9. DRAFT QUALITY ACCOUNT (2015/16) FOR NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

Dane Satterthwaite, Associate Director of Governance introduced the Draft Quality Account 2015/16 for North Middlesex University Hospital.

The following was highlighted:

- In line with all acute trusts, in 2015/16, North Middlesex University Hospital faced rising demand for NHS services. It had not been possible to sustain a good performance in A&E waiting times from July 2015.
- Staffing levels were a priority for the Trust.
- The Trust has been open and honest with health partners about the difficulties that this year had posed.
- The Safer, Faster, Better transformational programme is the response to the deterioration in performance against the national A & E 4 hour target. The programme is aimed to improve patient flow across the organisation. This includes looking at discharges – which are occurring too late in the day, the Trust was aiming to bring this closer to a target of midday.

The following comments were received:

It may be better for patients to go to the Urgent Care Centre (UCC) rather than A & E as waiting times are shorter. This is being looked at closely – since January there is a weekly 'dashboard' - UCC performance of 94%. Will be extending urgent care centre availability from 8am to midnight.

'Discharge of patients' - A project is being undertaken with partners - an integrated discharge team is looking to implement actions to make the process more efficient.

Extensive recruitment is taking place. The Clinical Director post has now been appointed. Of the thirteen senior establishment positions four remain to be filled There is a national problem to fill vacancies, especially across London. The Trust works with other local providers such as the Royal Free hospital to look at

spare capacity to ensure there is adequate cover. The Trust is also looking to appoint other specialist posts for the hospital e.g paediatricians.

G.Ps need to redirect people to primary care facilities and away from A&E whenever possible. One of the challenges for the service is to ensure there is adequate cover when it is not known how many people may attend A&E. – The prime purpose of the 'dashboard' is to show that services are safe e.g for a cardiac patient to be seen within 15 minutes.

Gradual strategic improvements are anticipated to ensure A& E targets are met. The aim is to improve the situation so that there are no longer huge swings in performance. It was thought it may be helpful to improve the winter situation/ seasonal dip by re-running a programme of working with the community, the aim of which is to stop people presenting themselves at A &E. It was pointed out that the higher demand is throughout the year and not just during winter months.

Although it is often reported that people presenting themselves at A&E are not registered with a GP, this is not actually the case. Many are already registered with a GP.

It was commented that we need to improve communications to encourage people to submit any complaints they may have to enable us to learn from this and improve our service.

It was asked that JHOSC receive a report from the NMUH trust on how issues are progressing, report to cover communication matters.

Councillor Connor spoke of a number of areas of concern which would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group. –

The Safer, Stronger, Better initiative was of interest to Members, with one of the expected outcomes being improved performance in A&E. Haringey CCG gave a commitment to provide the Sub JHOSC with an interim progress report on A&E performance. The provision of this report will allow Members to fully scrutinise progress in this area and will inform a decision on when we will ask to meet with Senior Hospital Management again. **ACTION: Jill Shattock Haringey CCG**

- The Quality Account should provide more detail on the Friends and Families Test, especially the figures highlighted in red. Members noted the improvement in customer complaint response times.
- It would be helpful if performance targets were benchmarked against other London Trusts
- Within 'Delivery of 2015/16 Quality Priorities' there should be a clear explanation as to why 6 of the 9 priorities have not been achieved or only partially achieved. Members were concerned as to an apparent over-sight with regard to the self-imposed priorities and targets.
- The 'Cancer 62 Day Standard' figures require improvement and the Quality Account should provide detail on how this can be achieved.
- An explanation of the term 'Shwartz Rounds' would be beneficial.

Key areas to be taken forward –

- Sepsis
- Safer Faster Better A&E Report to CCG. Timeframe to monitor improvement
- Patient Experience (A&E)

Date of Next Meeting – to be arranged

The meeting ended at 1.35pm

Update on Actions from Meeting of North Central London Sector JHOSC BEH Sub Group – 19 May 2015

Item 6 - Draft Quality Account 2014/15) for BEH MHT	Officer	Action taken
Comparative data with other London Boroughs to be added	Mary Sexton	
Levels of communication with GP's - to check numbers behind the percentages	Mary Sexton	
Are the 6 questions listed in the Account for the Carer Experience Survey the total number of questions that were asked	Mary Sexton	
Is it a statutory requirement to provide population statistics by London Borough? and if this is the case information to be added on the numbers of residents in Barnet Enfield & Haringey who access the Trust's services	Mary Sexton	
P44 – Benchmark figures from other Trusts	Mary Sexton	
P53 – How many young people have been placed in employment support in partnership with Twinings	Mary Sexton	
Item 7. Contracting and Funding Arrangements Update		
What is the % of CCG budgets that is currently spent on adult mental health?	Graham MacDougall	
The Group requested that the proportions of investment by CCGs in the Trust by each Borough be provided	Graham MacDougall, Maria O'Dwyer, Jill Shattock	
Will the Carnall Farrar Report be a public document?	Graham MacDougall	

The meeting ended at Time Not Specified.