

## **MINUTES OF THE BARNET, ENFIELD & HARINGEY NCL JHOSC SUB GROUP THURSDAY, 25 JUNE 2020**

Councillors: Pippa Connor (Chair) (Haringey), Lucia das Neves (Haringey), Alison Cornelius (Barnet) and Linda Freedman (Barnet)

### **BEH.1 APPOINTMENT OF SUB-GROUP CHAIR**

#### **AGREED:**

That Councillor Pippa Connor (Haringey) be appointed as Chair for the meeting.

### **BEH.2 APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Clare de Silva (Enfield).

### **BEH.3 DECLARATIONS OF INTEREST**

Councillor Connor reported that she was a member of the Royal College of Nursing and that her sister worked as a GP.

### **BEH.4 QUALITY ACCOUNTS - GUIDANCE**

#### **AGREED:**

That the guidance for overview and scrutiny committees from the Department of Health on the consideration of Quality Accounts be noted.

### **BEH.5 BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST - DRAFT QUALITY ACCOUNT**

The draft Quality Account for Barnet, Enfield and Haringey Mental Health Trust was presented by the following:

- Amanda Pithouse – Executive Director of Nursing;
- Dr Mehdi Veisi – Executive Medical Director;
- Shila Mumin – Head of Effectiveness; and
- Caroline Sweeney – Deputy Director of Quality Governance.

It was noted that the trust had a new board of directors. In addition, the trust's executive team had been reviewed. The new Trust Strategy had been developed with service users, carers, staff, partners and other stakeholders. As part of its development, focus groups and executive roadshows had been undertaken. Four key themes had been identified within the new strategy:

- Excellence;
- Empowerment;
- Innovation; and
- Partnerships.

The trust had been inspected by the Care Quality Commission (CQC) in September 2019 and rated as "good". However, some areas were identified as needing improvement, including safety. The trust had 7 "must do" and 58 "should do" actions arising from the inspection. Ahead of the inspection, the trust had developed 10 "Brilliant Basics". These were both strategic and clinical.

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Six specific and quantifiable quality priorities had been set for 2019/20. These included improved access to beds. This had been increasingly challenging but a new 15 bed ward had been opened which had assisted the Trust in addressing the issue.

The Sub-Group considered the Quality Account as follows:

- (i) It commented that the patient experience had only been highlighted in the latter parts of the Quality Account. It also felt that the earlier passages of the report could be made more accessible as they currently appeared “corporate” in nature. It was noted that a lot of feedback on services had been received and that this had come from a range of sources. It was felt that this should be disaggregated so that it was possible to determine the level of response from service users. Ms Pithouse acknowledged that there was a need to make the Quality Account more accessible and present data in a more meaningful way. In particular, looking at data over a longer period could provide a clearer picture of trends;
- (ii) Ms Pithouse stated that the trust aspired to improve all of its services and had been disappointed by the rating of inadequate by the CQC for community based mental health services for adults. This required timely access to services and many mental health trusts found this challenging. Work was in progress to address this including developing more effective working relationships with partners, such as the Police;
- (iii) There was some variation in the quality of work by crisis teams across the trust. The good practice in some areas needed to be spread across the trust and action was being taken to reduce variation;
- (iv) It was noted that there were particular challenges in improving environments for patients. Some in-patient accommodation was still not fit for purpose although new accommodation would shortly be opened in Haringey;
- (v) Provision for Child and Adolescent Mental Health Services (CAMHS) was also being addressed, with work starting on new premises at Chase Farm shortly;
- (vi) Dr Veisi commented that a large amount of the content of Quality Accounts was prescribed but the trust would nevertheless try to make the document more accessible. One option might be to provide an easy read version for lay people. In respect of beds, the trust had increased the number of these by 34 in the last six months. The trust was currently addressing the findings of the CQC report. As part of this, it had commissioned an independent review of the Crisis Care pathway and this had made 10 recommendations. Some work had been delayed by the pandemic but this had now been resumed. The Sub-Group requested further information on the 10 recommendations that had been made in respect of the Crisis Care pathway;
- (vii) In answer to a question, Ms Pithouse stated that all of the money that had been obtained from the redevelopment of the St. Ann’s site had now been re-invested and was not sufficient to finance sufficient additional beds to meet demand. The trust wished to address this and was putting a plan in place. A case was being made to NHS England for funding. Dr Veisi commented that the trust had invested

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in improvements to make accommodation safe. Some was beyond repair but would nevertheless not be allowed to become derelict;

- (viii) Dr. Veisi reported that the trust was working to address demand for community based services. Action that had been undertaken recently included the establishment of a place of safety at the Dennis Scott Unit in Edgware, staff being located in Accident and Emergency units and establishment of a 24 hour crisis line. In addition, the trust had been appointed to run the crisis line for north central London. It was likely that there would be increased demand for services as a consequence of the Covid-19 pandemic, including referrals for Post-Traumatic Stress Disorder (PTSD), depression and anxiety. Direct engagement with service users had been reduced as a result of the Covid-19 pandemic but the shortfall was being made up digitally;
- (ix) The Sub-Group noted that the trust was part of a network of mental health service providers where learning could be shared and was continually looking to collaborate with others. In addition, it also looked at practice in other countries;
- (x) The trust was an integral part of Child and Adolescent Mental Health Services (CAMHS), together with local authorities. Access to services was increasingly through digital means. This was not by default but by choice;
- (xi) Sub-Group Members highlighted that the staff survey had indicated that bullying and aggression was an issue. Ms Pithouse stated that it was the focus of specific attention. Engagement would be taking place with staff and external assistance would be procured through the use of a “cultural thermometer”;
- (xii) In respect of recruitment and retention, Ms Pithouse reported that this was particularly challenging in respect of nursing staff. Nursing was often not perceived as an attractive career option. However, the pandemic may have changed this view. Work to address recruitment and retention was taking place across London and the NHS as a whole. One particular challenge that the trust faced was that its staff did not receive inner London weighting;
- (xiii) In response to a question regarding whether staffing issues impacted on the safety of in-patients, Ms Pithouse stated that the majority of deaths of patients took place in the community. In addition, some patients were very frail. Any death was a cause for concern and the data was analysed. However, current figures did not indicate anything that was unusual and were within normal levels of variation. Dr Veisi reported that mortality reviews took place every two weeks and all cases were looked at. It was likely that there would be an increase following the pandemic and this would be a national pattern;
- (xiv) In respect of EU nationals, the status of all of those who worked for the trust had been addressed. The cost of visas required for employees of the trust was likely to be large though and this would be a challenge for the whole of the NHS;
- (xv) In respect of incidents of patient restraint, Ms Pithouse reported that this was looked at on a weekly basis. There were particular hot spots where incidents were more common and these were being addressed. Challenging behaviour nevertheless remained an issue and could impact on recruitment and retention. It

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- was particularly difficult to recruit to posts in the Intensive Care Unit (ITU) as the work was often very stressful;
- (xvi) The Sub-Group noted that collaboration on learning and staff development was taking place with Camden and Islington Mental Health Trust and opportunities had been put in place for nurses to work across the two trusts;
  - (xvii) In respect of patient experience feedback and the lack of QI compliance in collaboration, it was noted that that work to address this was now being stepped up. Engagement with patients had not stopped though and it was now actually simpler due to enhanced use of IT. It was agreed that the wording of this section would be simplified;
  - (xviii) It was noted that there were currently 25 peer support workers in the and the intention was to increase this by 15 and to make peer support available in all in-patient wards. Preventing violence and aggression was a specific priority within this programme;
  - (xix) Sub-Group Members highlighted the low response to the Community Mental Health Survey. Dr Veisi commented that this was a national survey. Permission needed to be obtained for information from patients to be shared and the trust was looking at ways in which participation could be made easier;
  - (xx) In respect of the interface with Haringey Council, Ms Pithouse stated that the reason why this was referred to as a challenge was unclear. It was possible that this referred to delayed transfers of care. Sub-Group Members commented that there was no section on what had gone well and what was challenging in respect of Barnet;
  - (xxi) In respect of why there were more complaints from Haringey service users, Ms Pithouse felt that environmental issues could be a factor which the opening of new accommodation would hopefully address. Staff attitude was the single biggest reason for complaints. It was an area that was currently being reviewed by the Trust and a report was due to be submitted to the Board in July. Complaints reports could be shared with the Sub-Group;
  - (xxii) The Sub-Group suggested that more regular reports on progress by the Trust might help to increase awareness amongst Members of its work and achievements. It was agreed that officers would liaise to see how this could be progressed; and
  - (xxiii) It was noted that the trust also delivered community health services in Enfield and that physical health would be a particular priority in next years Quality Account.

The Sub-Group thanked officers from the Trust for their kind assistance.

**AGREED:**

1. The further information be shared with the Sub-Group by the Trust on the ten recommendations that had been made in respect of the improvement of the Crisis Care pathway; and

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2. That proposals be developed for more frequent communication between the Trust on current developments and progress with Members of the Sub-Group.

**BEH.6 NORTH MIDDLESEX UNIVERSITY HOSPITAL - DRAFT QUALITY ACCOUNT**

The Sub-Group noted that the Trust had advised that further work was being undertaken on their Quality Account and it would now not be ready until the autumn.

**Cllr Pippa Connor  
Chair**