

Title:	<b>Quality Account 2012-13 - DRAFT</b>
Report to:	Overview and Scrutiny Committees
Date:	May 2013
Security Classification:	
Purpose: To review quality data, consider suggested priorities for 2013-14, and suggest further content prior to publication.	
Sponsor:	Mary Sexton
Author:	Clara Wessinger
Report History	annual
Budgetary, Financial/Resource Implications:	Quality priorities may require resource consideration
Equality & Diversity Implications:	None
Trust Objectives & Risk Implications – link to Board Assurance Framework and/or Corporate Risk Register:	The content of this report will be discussed by stakeholders and provide a public account of the quality of the services provided by the trust.
Action required:	To provide comments and consider priorities for 2013-14

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## STATEMENT FROM THE CHIEF EXECUTIVE

Despite the financially challenging year, 2012 - 2013 has been a successful year in several ways for Barnet Enfield and Haringey Mental Health NHS Trust. Enfield Community Services have now been integrated into the Trust allowing the Trust to provide a broader range of integrated services to improve the health and wellbeing of our local population and enabling people to lead as active and fulfilling lives as possible.

The Trust had three strategic objectives for 2012 - 2013 and we have made significant progress towards these. The first is to continue to develop excellent services, staff and facilities to improve patients' experiences and deliver the most clinically and cost-effective services possible. We have made progress towards this objective by expanding our community teams and Recovery Houses are operating effectively in each borough. The Trust has invested in our infrastructure with the installation of new technologies in both our computer and telephony systems. Communication with staff has improved with the introduction of a brief newsletter emailed out each week updating staff on current projects and achievements and encouraging staff participation in many projects. This has contributed to a 61% response rate for staff completing the Staff Survey Questionnaire, which is a huge improvement on last year's figure of 45% and indicates that Trust staff are amongst the most highly motivated and receive more support from their managers than staff in other mental health trusts in England. Our low readmission rates, home treatment team assessments of patients in crisis and follow-up with patients discharged from hospital shows that we are performing better than average to provide our patients with safe care in their home environment.

Our second objective is to provide better integrated and more holistic services through integrating physical and mental health services, working in close partnership with patients, carers and other partner organisations. We have selected three quality priorities for 2012 – 2013 to promote improvements in this area. The Trust acknowledges that this objective has only been partially met. By focusing on patient identified care goals and therapeutic engagement, and through feedback from surveys, we are confident that we are working in closer collaboration with our service users empowering them to make decisions regarding their care. However, we recognise that work is required to strengthen our relationship with carers. This has been an ongoing area of focus for us but, with the cooperation of our partner agencies, we are now in the process of embedding effective systems to involve, help and most importantly support carers in their invaluable role in the recovery of our service users. Our third quality priority focused on communication and collaboration with our GP colleagues. We will continue to focus on making improvements in this area next year.

Finally, our third objective is to develop new opportunities. The Trust has received recognition of the quality of our memory services as services in Enfield and Haringey have successfully been accredited as part of the Memory Services National Accreditation Programme (MSNAP) which is managed by the Royal College of Psychiatrist's Centre for Quality. Building on the staff survey and the Trust's commitment to listening and supporting staff, we have been accepted as one of ten organisations who are taking part in wave three of a national initiative known as Listening into Action (LiA). This programme marks a fundamental shift in the way we lead and work, putting staff – the people who know the most – at the centre of change. More importantly, it empowers individuals and teams to get on and make change happen, giving "permission" to take action with the full support of the Trust.

The Trust are reflecting carefully on the findings of the Francis report into Mid -Staffordshire Hospital and the appalling standards of care for patients there and must ensure how, in an increasingly busy NHS, we continue to provide a consistent, caring and compassionate service within the resources available to us. Our commissioners and stakeholders will continue to expect improvements in the clinical and cost -effectiveness of our service. I am confident that Barnet, Enfield & Haringey Mental Health Services will achieve these targets without compromising on quality of care. I am proud to be able to say that I work with a staff group that always puts patients at the centre of everything we do and is motivated, committed and innovative.

Maria Kane  
Chief Executive

DRAFT

# SUMMARY OF PRIORITIES

## Follow-up on our 2012-2013 priorities

The Trust, following a stakeholder meeting in May 2012 agreed the following three priorities to improve the quality of care across our Trust.

Priorities for 2012 – 2013	
<u><a href="#">Safety - Improve communication with GPs</a></u> (pg 11)	Partially Met
<u><a href="#">Experience - Improve and monitor therapeutic engagement</a></u> (pg 15)	Met
<u><a href="#">Effectiveness - Improve focus on patient identified care goals</a></u> (pg 19)	Met

Priorities for 2012-13 were developed with input from staff, service users, carers, partnership organisations and members of the public in our Stakeholders Workshop in 2012.

At this workshop it was agreed that the Trust should continue to focus on further developing the previous year's priorities: improving therapeutic engagement between staff and service users and their carers; improve our partnerships with primary care; ensuring all service users have an identified care goal.

➤ **Safety**

To improve communication with GPs we aimed to provide information regarding discharge and care plan reviews, update GPs on service users with serious mental illness, and work with patients and GPs to improve the physical health of our service users. Whilst we have met some of these targets, there is more work to be done to further develop and effective process of shared care. A substantial amount of ground work has been undertaken throughout the year with the cooperation of and in collaboration with our partner GPs to implement new schemes to be able to deliver quality and safe care to our patients. These schemes are now being imbedded and we are expecting to be able to report further improvements in the coming year.

➤ **Experience**

We are happy to report that we have been able to improve our therapeutic engagement with service users and help service users to formulate patient identifiable goals over all of our services.

➤ **Effectiveness**

To help further measure service user's recovery, all service users are encouraged to identify individual recovery goals and that these are recorded and reviewed regularly.

*Where are we going?*  
**Our priorities for 2013-2014**

<b>Priorities for 2013 – 2014</b>
<b>Safety</b> Improve communication with GPs
<b>Experience</b> Carers Strategy / Triangle of care
<b>Effectiveness</b> PROMS

➤ **Safety**

We will continue to monitor our communication with our GP colleagues to ascertain if the new schemes which are now being implemented and imbedded improve the care delivered to our patients from both the Trust's perspective and those of our GPs. Communication protocols, new discharge and referral templates are being introduced; a new telephony system is now in place in the Trust which will enable provision of a tailored access point enabling GPs to receive accurate direction to services.

➤ **Experience**

Following feedback from our Carers within the Mental Health Trust we have launched a carer's strategy which will enhance staff understanding the needs of carers, provide carers with crisis resolution strategies and monitor our carer involvement against nationally recognised benchmarks as provided through the triangle of care programme.

➤ **Effectiveness**

The Trust has met its own target in Patient Identified Care Goals for the past two years and therefore has elected to prioritise development of its Patient Reported Outcomes Measures. Patients will be given the opportunity to rate their own perception of their level of wellbeing and recovery, providing clinicians with feedback to ascertain the effectiveness of clinical treatment.

## Where are we now?

### Summary of 2012 - 2013 performance

The following information is a mix of Trust, National and Mandatory reporting on a core set of quality indicators selected to help monitor and compare the quality of our services year on year and against national benchmarks.

Safety		2010 - 2011	2011 - 2012	2012 - 2013	National
<a href="#">GP Communications</a> (pg 11)	Discharge letters within 1 week of discharge from inpatient services – based on audit sample of <b>484</b>	55%	75%	79%	n/a
	Discharge letters within 2 weeks of discharge from community services – based on audit sample of <b>369</b>			96%	
	Dementia medication reviews– based on audit sample of <b>109</b>			97%	
	Care Plan review update sent to GP – based on audit sample of <b>491</b>			54%	
	Confirmation to GP of community services assessment – based on audit sample of <b>640</b>			90%	
	Long term conditions physical health checks followed up in collaboration with GP– based on audit sample of <b>329</b>			91%	
<a href="#">Patient Safety Incidents</a> - (pg 13)	Number of incidents reported monthly - based on a total of <b>5665</b>	369 pcm	408 pcm	472 pcm	
	Percentage patient safety incidents of which were severe or death - based on a total of <b>2288</b> incidents in 2012-13.			0.2% Severe or Death	0.8% Severe or Death
<a href="#">7-day follow up</a> after discharge from inpatient care - based on <b>1500</b> service users discharged from inpatient services in 2012-13. (pg 13)		99.98%	99.81%	99.40%	97.44%
Experience		2010 - 2011	2011 - 2012	2012 - 2013	National
<a href="#">Therapeutic engagement</a> - based on service peer reviews which include assessment of service environment, patient records, and staff and patient interviews. (pg 15)		59%	72%	96%	n/a
<a href="#">Patient and Carer Experience</a> - (pg 15)	Based on <b>287</b> responses to national mental health survey		66%	67%	64%
	Based on <b>12,021</b> responses to internal patient and carer survey in 2012-13.	MH: <b>81%</b>	MH: <b>77%</b>	All Services <b>87%</b>	n/a
		ECS: <b>90.5%</b>	ECS: <b>90.5%</b>		
<a href="#">Staff Survey</a> - Staff would recommend this Trust - Based on <b>774</b> responses to national staff survey in 2012-13. (pg 17)		66%	65%	70%	71%
<a href="#">Home Treatment Team Assessment</a> – the percentage of admissions to acute wards for which home treatment teams provided initial assessment in 2012-13 out of 1404 inpatient admissions. (pg 18)		n/a	n/a	92.72%	98%

Effectiveness		2010 - 2011	2011 - 2012	2012 - 2013	National
<u>Patient identified care goals</u> – based on an audit of 5837 patient records indicating development of patient identified goals and involvement in care planning. (pg 19)		n/a	93%	94%	n/a
<u>Patient Reported Outcomes</u> (pg 19)	Psychological Therapies services patient reported outcomes	62%	55%	65%	52%
	Enfield community services patient reported outcomes			72%	N/A
<u>Emergency Readmissions</u> – Based on 25 emergency readmissions out of 1499 admissions in 2012-13. (pg 21)		n/a	4%	1.7%	10%



## You Said, We Did...

### Tom's Club

The care of dementia patients has always been a top priority for the Trust so we established a support group for people with dementia and their carer called 'Tom's Club', an information and therapeutic support group for carers and people with dementia. The club provides an invaluable service for carers as they focus on providing information and support about local services and cognitive stimulation based activities for the people with dementia. There are also healthcare professionals on hand to offer advice and support to those who need it.

The club was set up by the Admiral Nurse Service (specialist dementia nurses) with the support of Mrs Jean Harmer, the widow of ex Tottenham footballer, Tom Harmer after whom the club is named.

Kayleigh Orr, Project Worker for Tom's club, said: "We are delighted that the original Tom's club has proved such a success and that we have been able to expand the clubs across the Borough of Haringey. The original Tom's Club in Tottenham runs in collaboration with Age UK Haringey who work alongside us to provide volunteer support. This Tom's Club has been expanding on a monthly basis and we now have 30 members who attend on a regular basis. Our second Club, which runs in Crouch End, is more focused on carers who have yet to access many of the service in the Borough. This Club has developed in partnership with the local authority and 16 members who currently attend. Our members tell us that the clubs give them the opportunity to meet people in a similar situation, share concerns with others, find health and support from health professionals. We can also give them information about new services, activities and research programmes that they can become involved with. In fact, our member's responses have been so positive that they are asking for Tom's Club to run more regularly!"

Not only has Tom's Club been recognised as a valuable service by carers but has also been cited as a good practice case study by the NHS Institute of Innovation and Improvement. Also, Tom's Club was recently invited to showcase its' work at the 7th UK Dementia Congress in Brighton on the theme of 'Celebrating Good Practice in Changing Times.'

### Forensic Employment and Education Service

Forensic patients in the community are getting invaluable support to get back into everyday life through education, training and employment. The Trust has employed Teresa Clark, a full time Employment, Training and Education Advisor (ETEA) through Certitude, an organisation that specialises in providing personal support and social care to people with mental health needs and learning disabilities. The service has been commissioned for one year, with the aim of getting at least 20 service users into voluntary placements and 8 into paid employment.

Every service user referred to the service is met with to ascertain their interests and objectives, therefore any opportunities offered to them are personally tailored. Some service users have already been placed in volunteer roles and training. Delroy currently works at the Science Museum once a week as a volunteer ambassador. On his first morning starting his role Delroy said: "I'm a bit nervous, but very pleased I'm getting the opportunity to work somewhere like the Science Museum."

As well as helping service users into voluntary placements, Teresa also helps people with other interests. One client expressed an interest in fishing so he now attends a fishing club where he can socialise and meet new people, a very important part of recovery. In addition to the placements, Certitude will also be taking on two service users from those they've worked with and train them to become Education, Training and Employments Advisors, as well as providing an NVQ level 3 in advice and guidance.

Getting Forensic patients, who have both criminal records and a mental illness into placements and employment can be challenging. Organisations are encouraged to give people a chance and we support both the organisation and the client by working closely with them providing on-going support whilst the service user is on placement to make the most of the opportunity for both.

When service users are ready to look for paid employment, they will get help with CV writing, interview skills and interview clothing. In essence, the aim of the service is to build confidence, professional skills and social skills, helping Forensic patients make a successful transition into life within the community.

## **Young Parent's Project 10th Year Anniversary**

The Mayor of Enfield, Kate Anolue and MP David Burrowes joined young parents, staff and supporters to celebrate the achievements of the Young Parent's Project on their 10th Anniversary. The project, part of Barnet Enfield and Haringey Mental Health NHS Trust, enables young parents aged 12-18 to prepare for parenthood through practical and emotional support so they have the knowledge and skills to care for their new infant.

The project offers outreach and group support. Young parents can access emotional and practical support on a range of subjects including ante natal care, breast feeding, nutrition, child development and sexual health. One of the most valued services is the Wednesday lunch club, a 'one stop' shop for help and advice. Young parents attending the lunch club meet other young parents and get help on a range of issues, including advice on education, finances and housing, without the stigma sometimes experienced in other settings.

The Mayor of Enfield, Kate Anolue, who was presented with a bouquet of flowers by the daughter of one of the young parents, said: "My background is in midwifery, so this wonderful project is very close to my heart. Being a young parent is not easy, so the support the project provides is so important. They are helping ensure young parents can move forward with their lives and reach their full potential."

David Burrowes MP, spoke to some of the young parents and staff at the event. He said: "I'm really pleased to be able to hear first-hand what this project means to young parents in Enfield. The work it continues to do in getting young parents back into education and reduce teenage pregnancies is vital. I'd like to congratulate the service on their achievements over the last 10 years, and support them in continuing their good work."

## PERFORMANCE REVIEW

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

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

### PATIENT SAFETY

#### GP Communication

Why did we choose to focus on this?	At our Stakeholders meeting on 8th May 2012 it was agreed that the Trust's should continue to focus on improving shared care between mental health and primary care clinicians to support improved outcomes for both physical and mental health conditions for our service users.																														
What was our target?	Our target consisted of a series of communication standards developed in collaboration with our commissioners (targets for each standard are listed below), as well as a programme of work to redesign access to services and information to better meet the needs of our Primary Care colleagues.																														
What did we achieve?	We have agreed with our commissioners that the following points in patients care require specific standards of communication/follow-up with our GP colleagues.																														
	<table border="1"> <thead> <tr> <th>Standard</th><th>Target</th><th>Compliance</th><th>Audit sample</th></tr> </thead> <tbody> <tr> <td>Community dementia discharge letter</td><td>90%</td><td>96%</td><td>369</td></tr> <tr> <td>Dementia medication reviews</td><td>90%</td><td>97%</td><td>109</td></tr> <tr> <td>Inpatient discharge letter</td><td>95%</td><td>79%</td><td>484</td></tr> <tr> <td>Care Plan review update</td><td>95%</td><td>54%</td><td>491</td></tr> <tr> <td>Confirmation of community services assessment</td><td>90%</td><td>90%</td><td>640</td></tr> <tr> <td>Long term conditions physical health checks</td><td>75%</td><td>91%</td><td>329</td></tr> </tbody> </table>			Standard	Target	Compliance	Audit sample	Community dementia discharge letter	90%	96%	369	Dementia medication reviews	90%	97%	109	Inpatient discharge letter	95%	79%	484	Care Plan review update	95%	54%	491	Confirmation of community services assessment	90%	90%	640	Long term conditions physical health checks	75%	91%	329
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	We are able to demonstrate that we are meeting targets with some aspects of communication with GPs, particularly in Dementia care and monitoring of physical health conditions. We acknowledge that we are not yet meeting our targets with regards to inpatient discharge and CPA review letters. We have audited discharge letters to GPs over the last three years and have seen a trend toward improvement. The chart below tracks the timeliness and compliance with agreed content of discharge letters from 2010 to date.																														



Funding for Primary Care Academies has been agreed with our Commissioners and one workshop in each Borough was conducted in March 2013. An annual programme has been prepared, with monthly sessions to be held in each borough throughout the year. Each session will cover a mental health topic chosen based on feedback from our GPs.

A link worker pilot has been initiated in each borough. This scheme appoints a mental health clinician to provide sessions within the GP practice and advice and expertise to GP colleagues. Initial evaluation of the Link Worker scheme as submitted by GPs indicates both green shoots of growth evidencing increasing levels of satisfaction but that also further work is required. Based on the feedback received, recommendations and actions plans are being generated to continue the Trust's on-going efforts to improve satisfaction with, and experience of its services by Primary Care and Service Users.

What needs to improve?

1. Primary Care Satisfaction will be added as a standing agenda item on the Operational Management Group, Senior Management Group (SMG) and Trust Board Part 2.
2. Defined quality objectives regarding length of time from referral to assessment to be set, implemented and monitored.
3. Standardised inpatient Discharge letters, assessment and care review letters to be implemented (with effective monitoring arrangements).
4. Every staff member to have their contact details, including mobile telephone number, printed at the end of all email correspondence. – Regular audit to be undertaken and reported at SMG.
5. Service Manager contact details to be included at the foot of teams members email correspondence, allowing GP's to escalate an issue immediately so enabling swift resolution.
6. Internal audit of team's responsiveness to telephone communication, answering, helpfulness, professionalism and follow up.
7. Provision of a 9am to 9pm telephone 'Hot line', enabling GP's to receive accurate direction to services out of hours. Access phone numbers and consultant advice line to be checked by Executive team, and communicated to Clinical Commissioning Groups (CCGs).
8. All GP's to be issued with the Medical Directors PA contact details.
9. Regular newsletter to CCGs about progress, and regular briefings for meetings with three CCG Chairs and Accountable Officers.

How will we continue to monitor and report?

We will continue to monitor and report our progress to our commissioners through our Quality Clinical meetings. Reviewing our GP survey to assess the success of changes made following implementation of actions taken.

## Patient Safety Incidents

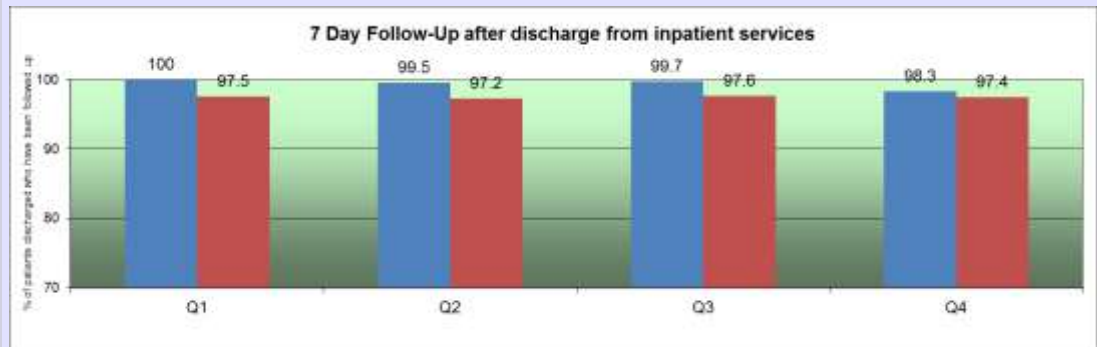
Why did we choose to focus on this?	<p>All NHS trusts are required to report incidents of harm, violence, or errors which could have a potentially negative impact on service users, visitors or staff. We are now required to report the number of patient safety incidents and the percentage of those which resulted in severe harm or death. The Trust has historically been in the lowest reporting percentile compared to other trusts. We have implemented many strategies to raise staff awareness of the importance of reporting all incidents as a means of learning and openness.</p> <p>Further improvements to patient safety have been developed through participation in the Harm Free Care project and use of NHS Safety Thermometer, which collects information about harm from incidents based on individual service user experience. More information about Harm Free Care can be found on the following website: <a href="http://www.harmfreecare.org">www.harmfreecare.org</a></p>
What was our target?	<p>To achieve an improvement on 2011-12 rates of incident reporting.</p> <p>To participate and analyse data collected from the patient Safety Thermometer to help drive improvements in patient safety across the Trust.</p>
What did we achieve?	<p>We have reported a total of 5665 incidents in 2012-2013 against 4902 incidents in 2011-12. This shows an improvement on last year's total of 4902 incidents reported.</p> <p>The percentage of patient safety incidents resulting in severe harm or death for the Trust is 0.2% for 2012-13 which is below the national average of 0.8%.</p> <p>NHS Safety Thermometer has been submitted monthly since July 2012 by community and dementia services. Barnet Enfield and Haringey have reported 91% harm free, which is in keeping with the national average of 91% harm free.</p>
What needs to improve?	<p>A programme of on-going training is in place to raise awareness that the Trust can learn from and make improvements through reporting and learning from incidents. Action plans generated by discussion of these incidents at risk and governance meetings will be monitored.</p>
How will we continue to monitor and report?	<p>Incident reports are monitored through Trust and local governance committees. Action plans are requested where preventative actions to avoid repetition are identified. Serious Incidents Review meetings are regularly held where discussions on implementing change are agreed. Service Managers are able to monitor both the recording and reviewing of incidents which are then discussed during meetings and supervision.</p>

## Follow-up after discharge

Why did we choose to focus on this?	<p>The first seven days following discharge from hospital is the point at which service users are most vulnerable and at greatest risk of relapsing. The Trust aims to contact service users by means of face to face contact, if not, over the phone to establish their wellbeing and to monitor their progress.</p>
What was our target?	<p>To provide follow up care within 7 days of discharge to 100% of service users against the national target of 95%.</p>

What did we achieve?

Both internal auditing and national reporting indicate that the Trust is achieving 99.4% against a national compliance rate of 97.44%. National target for this indicator is set at 95% compliance. This figure is based on performance data of 1500 service users discharged from inpatient services in 2012-13.



What needs to improve?

Teams will improve recording of quality of contact in greater detail. If personal contact is not established to follow up and properly record client's wellbeing and needs through means of telephone or through carer to ascertain the client's current position.

How will we continue to monitor and report?

Maintain high levels of compliance. Daily review of 7 day follow-up is managed and monitored by teams through daily review of discharge activity. Performance is also monitored through weekly exception reports, monthly service line meetings and at Board Committee level.

## PATIENT EXPERIENCE

### Therapeutic Engagement

Why did we choose to focus on this?	At our Quality Account stakeholders workshop in May 2012 it was agreed that the Trust's should continue to focus on improving our therapeutic engagement with service users. The therapeutic relationship reflects the core values of the trust being kindness, compassion, honesty integrity, openness and creating a safe friendly environment.
What was our target?	To help our staff develop skills in supervision to reflect on their practice and extend training in Talkwell, a tool to help staff build better relationships with service users. To use quality initiatives such as productive community to prepare staff to have better conversations with service users who are prescribed medicines.
What did we achieve?	<p>Therapeutic engagement has been monitored through the use of internal inspections based on the Care Quality Commissions outcome four schedule which assesses the quality of interaction between nurses and patients. These inspections include interviews with staff, service users, and review of records and environment of the ward or clinical area. Every team in the trust is inspected on a rolling basis throughout the year. Average compliance with this standard is 96% in 2012-13 based on a total of 278 inspections.</p> <p>Many initiatives were implemented throughout the year and in particular staff development and training programmes to strengthen staff understanding of meaningful engagement with service users. The Productive Community project was rolled out to Psychosis service line teams. Dementia care mapping was implemented as was a new programme of therapeutic activities tailored to meet the differing needs of our service users.</p>
What needs to improve?	We will maintain high quality of engagement through continued monitoring and continuing to support staff in development of skills and awareness.
How we will continue to monitor and report?	We will continue to monitor through practice standard lead inspections undertaken with input from peer colleagues. We will continue to monitor the quality of the therapeutic relationships, and we will continue to use quality initiatives to drive this forward.

### Patient and Carer Experience

Why did we choose to focus on this?	To improve the quality of services that the Trust delivers, it is important to understand what service users think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences. BEH participates in the annual postal National Community Mental Health Service User Survey, as well as conduction our own real-time internal surveys.
What was our target?	To maintain scores at the average national for mental health services in London. Internal survey target has been set to 80% satisfaction.



What did we achieve?

287 patients in the Trust completed the National Community Mental Health Service User survey in 2012, equating to a 34% response rate compared to a National rate of 32%. The overall Trust score is in line with the national and London-wide average scores.

2012 Mental Health Survey Results London and Urban MH trusts	BEH	CANDI	CNWL	East London	NELFT	Oxleas	SLAM	SWLSG	West London	Average
Overall	6.7	6.6	6.3	6.5	6.3	6.6	6.1	6.5	6.2	6.4
How would you rate the care you have received from NHS Mental Health Services in the last 12 months?	6.8	6.9	7.2	7	6.6	7.1	6.9	6.7	6.8	6.9
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	6.5	6.3	5.5	6.1	5.9	6.1	5.3	6.3	5.5	5.9
Patient's experience of contact with a health or social care worker during the reporting period.	8.3	8.3	8.8	8.4	8.4	8.4	8.5	8.3	8.5	8.3

Internal survey of 10,801 patients across all service lines indicates a rise in patient satisfaction within our services.



1,220 returns were received by carers who indicate a rise in both the numbers of responses from carers in previous years, and in level of satisfaction. Much work has been accomplished throughout the year in surveying the needs of carers and a new strategy is being evolved following identification of the needs of carers.



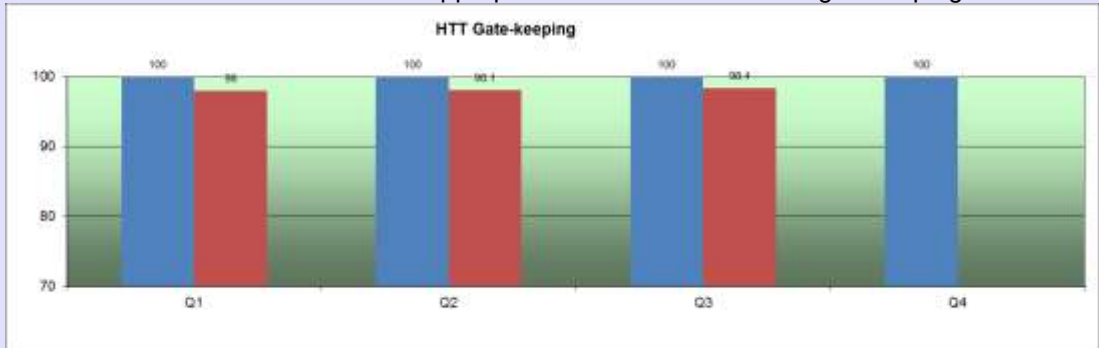


What needs to improve?	Teams in Dementia wards have begun to post “you said – we did” boards to inform patients and carers of the initiatives which have been developed based on feedback from surveys. This initiative has been shared with all services and will be supported and monitored in future service peer reviews.
How we will continue to monitor and report?	Patient experience is an important area in which the Trust receives monthly feedback on its performance and this data is fed to clinical governance groups.

## Staff Survey: Would staff recommend this trust?


Why did we choose to focus on this?	<p>Barnet Enfield and Haringey Mental Health NHS Trust employs 2500 WTE staff (just over 2,800 individuals) and one of its values is to support its staff to be the best they can be. Training and continual support by appraisals and supervision allow staff to feel heard and valued in their workplace.</p> <p>The people we employ to provide care are our most precious resource. Their wellbeing and views of our service will have a direct impact on the quality of care we provide. To help us measure staff satisfaction in the workplace, we will use the national staff survey. This will have an impact on the experience of our service users; therefore it is important that staff feel positive about the service provided by the Trust.</p>
What was our target?	<p>To achieve scores within the national average. To improve Trust wide communication with staff on all matters, including performance, achievements, promotions etc.</p> <p>To achieve scores within the nation average.</p>
What did we achieve?	<p>774 members of staff completed the 2012 National NHS Staff Survey and 70% reported that they would recommend the Trust as a provider of care to their family or friends. This compares to a national average of 71%.</p> <p>There were five major areas where staff experience has improved and these were in the areas of percentage of staff appraisals, support from immediate managers, effective team working, and well-structured appraisals in the last 12 months and also the percentage of staff able to contribute towards improvements at work. Staff experience deteriorated in two areas: percentage of staff reporting errors, near misses or incidents witnessed in the last month and staff receiving health and safety training.</p> <p>The circulation of “Take 2” a two minute update delivered by email to each member of staff every week helps to keep staff up to date with Trust news and events has been hugely successful and has led to an increased readership of Trust Matters which gives more details on issues highlighted in Take 2.</p>
What needs to improve?	Building on the staff survey and the Trust’s commitment to listening and supporting staff it has now joined up to a yearlong initiative ‘Listening into Action’. This programme makes a fundamental shift in the way we lead and work, putting staff, the people who know the most, at the centre of change, empowering them as individuals and within a team to get on and make change happen.
How will we continue to monitor and report?	We will continue to conduct regular staff surveys. Staff have been encouraged through the Listening into Action initiative to use the ‘Pulse Check’ questionnaire tool to allow the organisation to better understand how they are feeling working for the Trust. This will give the Trust more insight to drive actions and changes.

## Home Treatment Team Assessment

Why did we choose to focus on this?	The function of the Home Treatment Team (HTT) is to provide intensive care and support in patients' homes as an alternative to acute inpatient admission. By providing an alternative to patients in crisis, gatekeeping allows the trust to focus inpatient resources only where the greatest need is indicated, and allow patients to be treated within the least restrictive environment.															
What was our target?	100% of inpatient admissions to be reviewed by the HTT.															
What did we achieve?	<p>The following data is extracted from the patient record system and cross checked with team managers to ensure all cases have been reviewed by the home treatment team prior to admission. This data shows that all appropriate cases have received gatekeeping.</p>  <table><caption>HTT Gate-keeping Performance Data</caption><thead><tr><th>Quarter</th><th>Target (%)</th><th>Actual (%)</th></tr></thead><tbody><tr><td>Q1</td><td>100</td><td>98</td></tr><tr><td>Q2</td><td>100</td><td>99</td></tr><tr><td>Q3</td><td>100</td><td>99</td></tr><tr><td>Q4</td><td>100</td><td>100</td></tr></tbody></table>	Quarter	Target (%)	Actual (%)	Q1	100	98	Q2	100	99	Q3	100	99	Q4	100	100
Quarter	Target (%)	Actual (%)														
Q1	100	98														
Q2	100	99														
Q3	100	99														
Q4	100	100														
What needs to improve?	Performance leads are working with managers to develop a more consistent recording system to monitor this activity.															
How will we continue to monitor and report?	Performance reports will review this data monthly in operational management review meetings.															

## Clinical Effectiveness

### Patient Identified Care Goals

Why did we choose to focus on this?	At our Quality Account Stakeholder workshop in May 2012 we were asked to further assess if service users are meeting their goals and aspirations. It was agreed that service users would be supported to develop individual recovery goals, and they would be supported to achieve these.																										
What was our target?	To continue to develop and consistently deliver recovery based care with a target of 90% of all patients being supported to achieve individual recovery goals.																										
What did we achieve?	<p>An audit based on 5837 patient records over the financial year indicated that 94% of patients had patient identified goals together with personal involvement in care planning.</p>  <table border="1"> <caption>Patient Care Goals Data</caption> <thead> <tr> <th>Month</th> <th>Care Goals (%)</th> </tr> </thead> <tbody> <tr><td>Apr-12</td><td>94</td></tr> <tr><td>May-12</td><td>94</td></tr> <tr><td>Jun-12</td><td>95</td></tr> <tr><td>Jul-12</td><td>94</td></tr> <tr><td>Aug-12</td><td>96</td></tr> <tr><td>Sep-12</td><td>92</td></tr> <tr><td>Oct-12</td><td>94</td></tr> <tr><td>Nov-12</td><td>94</td></tr> <tr><td>Dec-12</td><td>93</td></tr> <tr><td>Jan-13</td><td>94</td></tr> <tr><td>Feb-13</td><td>95</td></tr> <tr><td>Mar-13</td><td>94</td></tr> </tbody> </table>	Month	Care Goals (%)	Apr-12	94	May-12	94	Jun-12	95	Jul-12	94	Aug-12	96	Sep-12	92	Oct-12	94	Nov-12	94	Dec-12	93	Jan-13	94	Feb-13	95	Mar-13	94
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What needs to improve?	We will continue to monitor this aspect of care and continue to involve and encourage patients to take ownership and empower them to take responsibility and participate in their recovery.																										
How will we continue to monitor and report?	Although the Trust is not continuing to have this area as a priority for the coming year, as we have met our targets, monitoring will be maintained through the ward and community quality assurance process to ensure that this remains an important issue and scores remain high.																										

### Patient Reported Outcomes

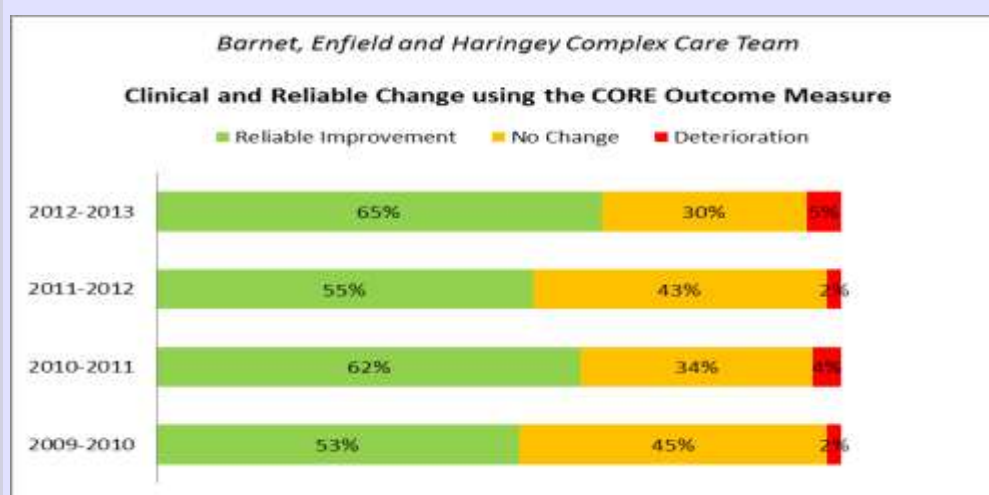
Why did we choose to focus on this?	Patient Reported Outcomes are a valuable way for Trusts to understand the effectiveness of the treatment and care provided as reported by the service users themselves. We are currently using CORE which is considered to be the best measure in understanding local services and one where the Trust can benchmark our services against other Trusts. We have also developed our Meridian system and provided access to many other services within our organisation allowing staff and team's real time information to measure their effectiveness.
What was our target?	The Trust's objectives were to develop more tools and make these available to more services.
What did we achieve?	<p>The following graph shows the percentage of clients who made clinical and reliable change during treatment within the Barnet, Enfield and Haringey Complex Care Teams, which is a service operating within the Severe and Complex Non-Psychotic Service Line of Barnet, Enfield and Haringey Mental Health Trust.</p> <p>Outcome data is routinely collected at the start and end of treatment for all patients treated in</p>

this service who are on a Single Intervention Treatment or receiving phased treatment as part of the Complex PTSD Service or OCD Treatment Track. Data is not currently collected for those patients on CPA.

The data below is representative of those patients who have completed therapy between April 2012 and April 2013 and this data is benchmarked against data collected by the service in the previous three years.

Outcomes are collected using the CORE 34 measure. This measure has high reliability and validity and is used across many different NHS services nationally. Recently it was the measure of choice in the National Audit of Psychological Therapies run by the Royal College of Psychiatrists.

'Reliable improvement' refers to those clients who have made a reliable change in their pre and post scores. 'No change' refers to those clients who have not made any measured change in therapy but also includes those clients who may have made small changes which is not sensitive enough to be deemed statistically reliable (i.e. the result could have happened by chance).

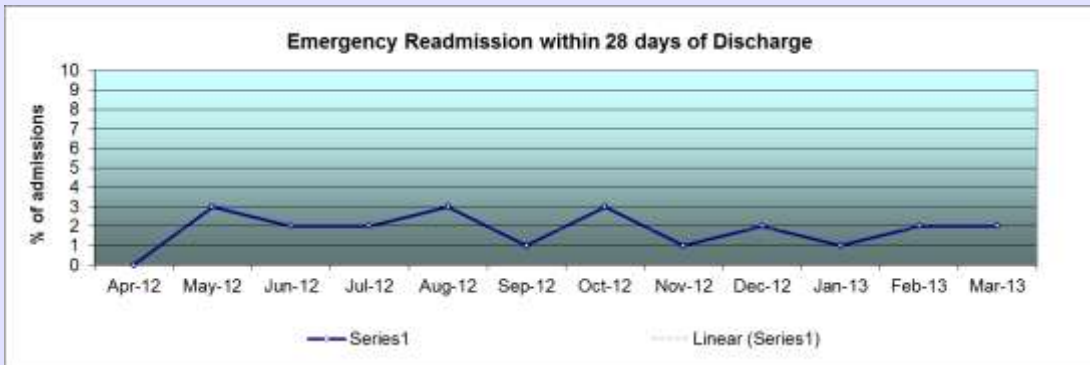


Enfield Community Services Patient Reported outcome measures were monitored using an outcome survey at end of treatment in the following services: Lymphoedema, Nutrition and Dietetics, Stroke Rehabilitation Service, Community Physio, and Adult Therapies (SALT). 517 surveys were conducted. As this outcome measure is designed for the services specifically, it is not possible to benchmark. These figures will provide the service with internal benchmarking upon which to measure improvement in following years.

Question	% of patients who reported positive outcomes
Do you feel that some/all of your symptoms have improved since we saw you?	66.51
Have you experienced an increased range of movement since we first saw you?	63.19
To what extent have you been able to resume your normal daily activities?	65.24
Do you feel more independent with footwear and clothing since we first saw you?	89.1
Do you feel your confidence in your ability to manage/cope with your condition/symptoms has increased since we first saw you?	69.52
Do you feel you have a greater understanding of your condition/symptoms than you did when we first saw you?	77.17
Do you feel less anxious about your condition than you did when we first saw you?	90

What needs to improve?	The Trust is in the process of implementing the use of standardised patient reported outcome measure tools as required in preparation for payment by results. The PROM tools selected for use in BEH are The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for mental health and EQ-5D for community services. EQ-5D is a standardised measure of health status developed by the EuroQol Group to provide a simple, generic measure of health.
How will we continue to monitor and report?	Tue trust will develop systems to input and analyse data to provide clinicians with data relating to change in patient self-reported status using the agreed tools.

## Emergency Readmissions

Why did we choose to focus on this?	This standard is measured to address potentially avoidable readmissions into hospital. The Trust may be helped to prevent potentially avoidable readmissions by seeing comparative figures and learning lessons from incidents of readmission.
What was our target?	Based on figures for quarter 2 2011-12 provided by the Audit Commission, the national average for readmission rates is 10%. Our aim was to reduce the rate of emergency readmissions to inpatient services and to maintain rates at or below the national average.
What did we achieve?	<p>The figure below illustrates the rate of emergency readmissions within 28 days of discharge. During 2012-2013 there were 25 emergency readmissions out of 1499 planned admissions and whilst the figures vary, the rates remain under the national average of 10%.</p> 
What needs to improve?	The psychosis and crisis and emergency service lines have commissioned an in-depth analysis into the reasons for emergency readmission and this will be discussed across service lines.
How will we monitor and report?	Performance is monitored through monthly service line performance meetings and at Board Committee level.

## QUALITY STATEMENTS

During 2012 - 2013 Barnet Enfield and Haringey Mental Health NHS Trust provided eight NHS services in seven service lines. BEH has reviewed all the data available to them on the quality of care in all eight of these NHS services. The income generated by the NHS services reviewed in 2012- 2013 represents 100% of the total income generated from the provision of NHS services by BEH for 2012-13.

### National Audits

During 2012 - 2013 Barnet Enfield and Haringey Mental Health NHS Trust participated in 5 of 6 national clinical audits applicable to the services provided by the Trust.

TOPIC	Participation by BEH		National participation	
	# of patients	# of teams	# of patients	# of teams
Prescribing high-dose and combination antipsychotics: acute/PICU, rehabilitation/complex needs, and forensic psychiatric services	21	316	722	9537
Prescribing for people with a personality disorder	2	31	437	2600
Screening for metabolic side effects of antipsychotic drugs	18	240	372	6078
Prescribing antipsychotic medication for people with dementia	10	160	482	12790
Prescribing for ADHD in children, adolescents and adults	0	0		
National Audit of Psychological Therapies	Data not yet available from Royal College of Psychiatrists			

### Local Audits

The reports of 38 local clinical audits were reviewed by BEH in 2012– 2013. For full reports of local audits visit our trust website.

Barnet Enfield and Haringey Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided (examples):

- Clinical staff to receive level one smoking cessation training to promote physical health in mental health patients – completed December 2012
- Discharge checklist to be updated to include sending and uploading of discharge letter onto patient record – completed January 2013
- All teams to agree return targets for monthly audits and patient surveys and monitor against these targets in service line meetings – completed March 2013
- Carers Strategy to be reviewed in collaboration with partner agencies and service line leads implemented across the trust – on-going – due for completion in May 2013
- You Said We Did posters to be presented in clinical areas with feedback from patient surveys – completed in DCI wards – to be monitored in 2013

- PTMVA monitoring form to be added to incident reporting system to ensure adequate information regarding restraints is recorded following incidents of violence – to be completed in 2013
- Memo regarding capacity assessments to be circulated to staff and records updated to reflect guidance – completed December 2012
- All teams to use care review checklist to ensure care plans reflect standards – completed and monitored 2012
- Psychosis teams to write to GPs for updates on physical health checks and update patient record accordingly – completed December 2012
- Side effects monitoring tool to be completed and uploaded onto RIO – completed and monitored 2012

## CQC

Barnet Enfield and Haringey Mental Health NHS Trust is required to register with the Care Quality Commission and its current registration status is currently registered. BEH has no conditions to its registration.

The Care Quality Commission has not taken enforcement action against BEH during 2012-13.

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

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

## Research

Participation in clinical research demonstrates BEH-MHT's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

BEH-MHT was involved in conducting 40 research studies in the last financial year, out of 40 studies 24 studies were funded and 16 were unfunded, which is a 22.5% increase compared to the previous financial year, when the Trust ran 31 research studies (20 unfunded and 11 funded). It is also important to note that the number of funded studies has doubled in the last financial year (increase from 11 funded studies to 24), generating more income to the Trust and providing more opportunities for patients to access novel treatments and high quality research.

The number of patients receiving NHS services provided by BEH-MHT in 2012/2013 financial year that were recruited during that period to participate in research approved by a research ethics committee was 231.

The Trust is a research site for qualitative, case-control and cohort studies and randomised control trials. We currently host DeNDRoN and the MHRN North London Hub adopted projects and have established connections with pharmaceutical companies via both research networks and directly through the Trust's research staff.

Our research activities are facilitated through most of our services, covering almost all service



lines with the Trust participating in a range of studies using different methodologies including, large-scale evaluative clinical trials to determine the effectiveness of new treatments whether developed within or outside of the Trust.

The Trust actively participates and supports research generated by its own clinicians as well as researchers from outside the organisation. Most qualitative studies are carried out by Trust staff who canvass service users', carers' and other NHS professionals' perception of service provision with the aim of improving services. Clinicians employed by the Trust have published 11 publications in peer reviewed journals over the past year, please see attached document with the publication list.

Below is a list of research projects the trust is currently involved in, with website links for further details:

IMPACT: [www.impacttrial.org.uk](http://www.impacttrial.org.uk)

SHIFT: <http://ctr.leeds.ac.uk/shift>

OASIS: [www.dsru.org/oasis](http://www.dsru.org/oasis) <<http://www.dsru.org/oasis>

MOSAIC: <http://www.iop.kcl.ac.uk/sites/neuroscience/?id=254>

PARADES: [www.nottingham.ac.uk/chs/research/projects/parades/index.aspx](http://www.nottingham.ac.uk/chs/research/projects/parades/index.aspx)

STEPS-B: <http://www.ucl.ac.uk/steps-b/>

SAFEWARDS study: <http://public.ukcrn.org.uk/search/StudyDetail.aspx?StudyID=11269>

## CQUIN

A proportion of Barnet Enfield and Haringey Mental Health NHS Trust income in 2012 - 2013 was conditional on achieving quality improvement and innovation goals agreed between BEH and NHS North Central London through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2012- 2013 and for the following 12 month period are available in the following document on our website: [link to added when available](#)

## Hospital Episode Statistics

Barnet Enfield and Haringey Mental Health NHS Trust submitted records during 2012 - 2013 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was: 99% for admitted patient care; and 99.7% for outpatient care. The percentage of records in the published data which included the patient's valid General Medical Practice Code was 100% for admitted patient care; and 100% for outpatient care.

## Information Toolkit

Barnet Enfield and Haringey Mental Health NHS Trust score for 2012 - 2013 for Information Quality and Records Management, assessed using the Information Governance Toolkit was Level 2.

## Payment by Results

Barnet Enfield and Haringey Mental Health NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period as part of the Information Governance Toolkit annual submission and the error rate reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) was: Primary Diagnosis 6.38%.