

Barnet, Enfield and Haringey
Mental Health NHS Trust



A University Teaching Trust

Quality Account 2016 - 2017



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Chief Executive's Statement



I am delighted to present, on behalf of Barnet, Enfield & Haringey Mental Health NHS Trust, our Quality Account for 2016/17. This is an annual report about the quality of services we provide to our patients.

We have had another very challenging year where the financial pressures continue but despite this we have remained focused on quality and can be proud of what we have achieved as an organisation.

This Quality Account demonstrates our commitment and ambition to deliver excellent quality care at all times.

As Chief Executive, I am extremely proud and honoured to work with staff who - on a daily basis, deliver great care and I would like to take this opportunity to thank them.

To help us continually improve, we have partnered with Haelo, part of Salford Royal NHS Foundation Trust, who are working collaboratively with us on quality improvement methodology to help advance delivery of excellent quality care. Fifteen teams across the organisation have

participated to date and we have just committed to a second year of partnership.

We have continued to work on our CQC Quality Action Plan, which we put in place after our CQC inspection in December 2015 and we look forward to welcoming the CQC in September of this year when they will re-inspect certain Trust services.

They will expect to see the progress and improvements in quality care delivered in 2016/17 and we hope to improve our rating to "Good".

This Quality Account details many examples of where we provide excellent clinical care which I trust you will find interesting and informative.

I verify to the best of my knowledge that the information in this document is an accurate and true account of the Trust's quality of services.

Maria Kane
Chief Executive

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



Our Quality Account is our annual report about the quality of services that we are delivering. It allows us to demonstrate our commitment to continuous, evidenced-based quality improvement, and to explain our progress in the last year, 2016/17, to you and our quality plans for the forthcoming year, 2017/18.

One of our objectives for 2016/17 was to “provide excellent quality

of care and improve the experience of all our patients, including responding to the recommendations of the CQC inspection in December 2015”, and this Quality Account demonstrates how we have been determined to do this and achieved many quality improvements by listening and working with our patients, staff and partners during the last year.

We are an organisation of professional, skilled, committed

and caring staff working hard in challenging times, to deliver safe, responsive and effective care who continue to make quality the defining principle of our Trust. We are able to do this by supporting and strengthening our learning, by being open, honest and transparent about what we can and will do and finding ways to work differently and more productively and most importantly engaging with our patients, service users, families, carers and staff.

We are determined to continue to be a provider of high quality care and this is thanks to our staff taking pride in what they are doing and making sure they do the very best for each and every person they meet.

I hope that you find our Quality Account helpful and informative and thank you for taking the time to read it.

Mary Sexton
Executive Director of Nursing,
Quality & Governance

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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 stakeholders 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 for 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 2017/18

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 27.



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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.

 communications@beh-mht.nhs.uk

 020 8702 3599

 [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 Trust website: www.beh-mht.nhs.uk

Or through social media:

 www.fb.com/behmht

 [@BEHMHTNHS](https://twitter.com/BEHMHTNHS)



“ *The visit / interview was excellent. Staff were caring, sensitive, optimistic and friendly. There is nothing needed to make it better.* ”
 - HARINGEY MEMORY SERVICE, 15 FEB 2017

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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 £186 million. We serve a community of just over a million people and 155,000 people 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 clearly 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.

Our Values



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.

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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. For 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'.

“ *The staff listen to us and give us plenty of time to discuss and reflect on issues and our treatment. Thank you for the gym outside the garden.* ”
- CARDAMON, 26 JUNE 2016

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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, 57 of the 72 must do actions have been fully completed; 15 are in progress and will not be deemed complete until supporting evidence has been validated.

Three actions are not on track in line with the plan submitted to the CQC in April 2016 though have been resolved in part as of April 2017. These actions relate to service reconfiguration and investment from our Commissioners being required to address.

The must do action related to the redevelopment of the St Ann’s site remains outstanding though progress has been made in developing the outline Business case.

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

Comprehensive inspection 2017

The CQC will undertake another full inspection of BEH services in September 2017. We hope to be able to demonstrate that improvements have been made since the inspection in 2015, and that previously recognised high standards have been sustained.

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.

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Review of Quality Performance, 2016/17

Quality Strategy 2016-2019

The Quality Strategy aims 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.
- 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, 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 Future

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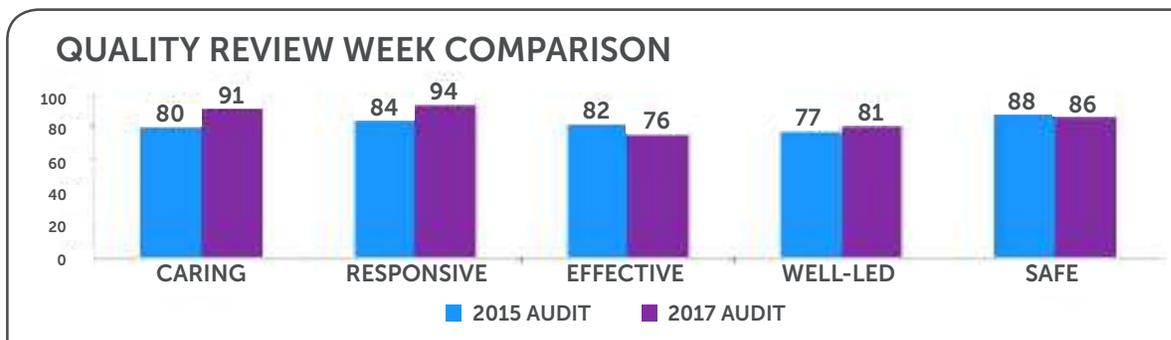
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Quality Week, 23rd to 27th January 2017

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. It should be noted that this review is a snapshot in time of Trust's standards.

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.



“ The visit / interview was excellent. Staff were caring, sensitive, optimistic and friendly. There is nothing needed to make it better. ”
- HARINGEY MEMORY SERVICE, 15 Feb 2017

“ I like having a routine and enjoy the work experience I do at the Kingswood Centre. The OT come up with good ideas for groups and activities to keep us occupied on and off the ward. My psychologist and consultant are really great. Nursing staff are good the arrange trips and try to facilitate our requests. ”
- JUNIPER WARD, 27 Apr 2016)

“ It is very friendly and welcoming. I am kept up to date with any changes, which is good. ”
- KEN PORTER, 13 Mar 2017)

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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 2016, 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.

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► Quality Bulletin

Published throughout the year, the Quality Bulletin is sent to all Trust staff via Take 2 - the Trust's e-newsletter, 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.

Heatmaps 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.

Heatmaps 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.

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

“ *I am so grateful for everything you have done for me all of these years.* ”
- BARNET INTENSIVE ENABLEMENT TEAM (IET), DEC 2016)

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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 Trust 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 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.

“ I am extremely pleased with every visit, I never have to wait long, and appointments are not rushed. ”
- TISSUE VIABILITY, 30 JUN 2016

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.

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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:

- *Minimising harm*
- *Improving patient experience*
- *Improving staff experience*
- *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.

“ *The service was excellent. Staff have a wonderful manner, they were very helpful and professional.* **”**
- ICT WEST TEAM, 23 SEP 2016

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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 that this group of patients received optimum care and addressed if they had not.

Quarterly reports on deaths 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 Launch, 22nd February 2017, St Ann's Hospital



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.

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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.

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Looking Back, 2016/17

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 2016/17
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2. To increase the use of patient reported outcome measures.

TARGET > 90% of patients feel they have benefited from our care	OUTCOME Target has not been achieved in 2016/17. The average achieved is 66% (based on 380 patients)
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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 (implemented in Q3).	OUTCOME 94% of (6340) service users had physical health assessment in 2016/17. 97.5% of patients had a NEWS tool in place. In Q4 89% were completed by agreed frequency.
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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 2016/17.
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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 82% of discharge summaries were sent within 24 hours of discharge. The target has not been achieved in 2016/17. GP survey response rate was too low to provide useful analysis.
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6. To increase the number of patients who feel safe when in our hospital by reducing the violence against patients and staff.

TARGET

> 90% of patients feel safe (national median is 92.6%).
> A reduction in physical assaults on staff in the workplace.



OUTCOME

> Target has been met in 2016/17 at 96.5%. (source: Safety Thermometer)
Physical assaults on patients has decreased but increased on staff.
> This target was not achieved in 2016/17.



7. To improve response times to District Nurse referrals.

TARGET

> 90 % of referrals responded to within 48 hours. This will include non face to face clinical appointments.



OUTCOME

> Target has been met in 2016 /17 achieving 100%.



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 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. A GP survey was conducted as agreed with commissioners but response rates were too low for useful analysis. Other ways we communicate with our GPs include educational events and our GP advice line (0208702 3997) in addition to routine clinical communication, and attendance at Local Management Committees by Clinical Directors. We also consulted

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with commissioner GP leads on service developments, such as the successful primary care linkworking service in Barnet described below, and we look forward to similar developments elsewhere.

Improved communication between our services and primary care is a major driver of the changes we are making to our adult care pathways. In Barnet we have developed a successful GP link working service which ensures that every practice has direct access to a dedicated mental health professional that can work with service users directly or ensure they are referred on promptly to the correct service.

This is being rolled out across the borough from April 2017 after a successful pilot in the South Locality in 2016/17.

In April 2017 the Barnet community mental health teams will also be reconfigured so that each practice links to a single community mental health team, rather than multiple teams as previously. Changes to the adult pathway in Enfield and Haringey which will develop community mental health services based on GP localities, have been developed and consulted on in 2016/17 for roll-out in the coming year.

We are working with our commissioners and colleagues across the North Central London (NCL) Sustainability and Transformation Plans (STPs) to develop primary care link working services in Enfield and Haringey. In 2016/17 we

ended the practice of communicating with GPs by fax, and moved entirely to email, with the aim of continued improvement in the timeliness of communication.

Enablement - A key priority

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.

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Progress with our Enablement plans for 2016/17

► To finalise integrated models of service provision underpinned by enablement principles

Our focus in 2016/17 has been in two specific areas. The first of these is in designing and agreeing funding for a new in patient intensive mental health rehabilitation unit. We have worked with our NHS partners to make this happen and we expect the new unit to open on the Chase Farm site in early 2018. The unit will treat patients locally who would have previously been treated outside of our 3 boroughs. The second is in reviewing the care and treatment we provide to adults with mental health problems in our three boroughs. A new way of working with colleagues in primary care has been implemented in Barnet. The early indications are that this is driving excellent results in improved patient and GP satisfaction and a reduction in the number of people who need to use our acute mental health facilities. The Barnet project has been delivered in collaboration with CCG, local authority and voluntary sector partners and has been nominated for a Health Service Journal award for 2017. Similar proposals have been developed in Enfield and in Haringey and we have consulted with our staff on taking these forward during 2017/18.

► To encourage new creative enablement projects

2016/17 has seen an increase in both the number and diversity

of projects. Within Haringey the new open dialogue approach has commenced with a focus towards listening to and empowering a patient’s family and support network, as well as the individual to further promote recovery and support in the community. In 2017/18 staff will be trained from all disciplines with the skills to educate and support a patient’s wider support network to further enable Mental health recovery in the community. To encourage new projects in 2017/18, BEH has worked closely with our local communities, this includes a second wave of the ‘first steps to work course’ being facilitated in 2017/18. The course has developed alongside the principles of lifelong learning-whereby service users are taught by trained peers in courses pertinent to recovery and independence in the community. The course is co-produced with Middlesex University and co-facilitated by people with lived experience.

Projects during 2016/17 have been focused towards mental health and physical health care. Projects in Enfield have included a showcase of recovery journeys to how current service users can gain aspiration and hope in their own recovery. In 2017/18 this project will expand to include service user involvement when reviewing services and basing new models of care on patient need. In 2017/18 projects will focus on projects being developed in collaboration with people who have lived experience and carers. This includes the peer review of services with partners such as health watch to ensure services are aligned with enablement principles.

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► To have enablement focus towards older adults and children's services

We are currently working on a new pathway for children's services in Barnet based on the principles of enablement. During 2017/18 the new services will be co-designed with people who use our services and our 3rd sector partners to increase the range of services available for children with a mental health need. Within older adults we are progressing with peer reviews of older adult services to understand areas which could develop with enablement principles. In 2017/18 this will include projects to further integrate physical and mental health services for older adults to enable a joint understanding of need and to support people within local communities to achieve their hopes and aspirations.

► To review and expand the role of community engagement workers

We have been working with our first set of community engagement workers who were appointed in early 2016 throughout the year to ensure that they are fully supported in the work that they do. We have learned together about the factors that have made them truly successful and with this confidence plan to expand the number of people with lived experience of mental health problems in our workforce in future years.

► To share enablement outcomes locally and nationally

Our enablement outcomes are reported to the Trust

Board. In particular, we have been looking at the number of people in employment and at how well people access our assessment services. We have continued to promote enablement nationally and it was excellent to be nominated for a Health Service Journal award in 2016. We will continue to work to promote our enablement brand in future years.

► To build new voluntary sector partners and enablement options in the community

During 2016/17, we have developed proposals with our voluntary sector partners to truly co-produce our enablement offer. We look forward to implementing many new schemes as a result in 2017/18.

Further details of some of the Enablement projects launched in 2016/17 are provided below.

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

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the creation of a Link Worker attached to both GP practices and secondary mental health services, whilst having a close interface with Third Sector partners. 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 the option for joint collaboration to improve the quality of outcomes for local people. A number of outcomes have been 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 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.

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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 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 the 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.

Namaste 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 a 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.

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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. Each course which is based on a peer support model, lasts for 6 weeks, on a rolling programme.

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.

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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.

“ I cannot thank the doctor enough. She has been absolutely wonderful. ”
- ENFIELD OP CMHT, 28 Feb 2017)

“ Brilliant service, the staff are amazing and I feel so supported. I have been able to make so much progress. ”
- RUSSELL UNIT, 19 May 2016

“ My brother has been on the ward for some time but I am happy with the care he receives. I regularly speak to the Consultant on the ward and find the OT is very good recently helping him to personalize his room. ”
- KEN PORTER WARD CARER, March 2017

“ Staff that look after me are gems. ”
- ENFIELD EIS, Feb 2017

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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. For 2017/18, we intend to improve areas as whole rather than setting one target per priority and working towards achieving that. It's important that we get the balance right and improve in all areas of these priorities which will benefit our services users more.

- **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**
 - > Implementation of second phase of Dementia Friends project
- **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.

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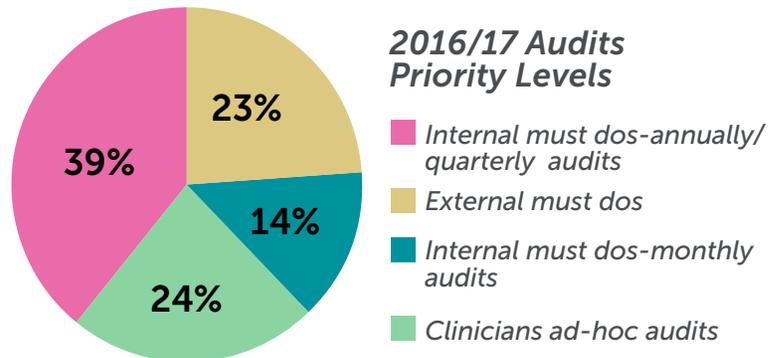
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Statement of Assurance from the Board regarding the review of services

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 Enquiries, CQUIN, CQC and Department of Health 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.

Participation in national clinical audits and national confidential enquiries

The Trust participates in the National Clinical Audit Patient Outcomes 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.

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

- Undertake audits of practices within relevant Services against standards with low compliance (all audits)
- Improve documentation of possible adverse effects of treatment (Topic 11c – Prescribing antipsychotic medication for people with dementia)
- Lithium Therapy Booklets to be given to patients/ carers on admission and where necessary on discharge also, and documented on the Trust electronic patient records system RiO. (Topic 7e – Monitoring of patients prescribed Lithium)
- Access to local acute hospital pathology departments to obtain blood test results. (Topic 7e – Monitoring of patients prescribed Lithium)

National audits the Trust was eligible to participate in in 2016/17	
National Audit / Confidential Enquiry	Submissions (% eligible cases)
National Confidential Enquiry	
Young People's Mental Health Study	7 cases (100%)
National Audits (Community Care)	
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Data collection commenced in January 2017 and will close in July 2017. Findings are to be published thereafter. Relevant Trust services will assess compliance with recommendations and take appropriate action.
Sentinel Stroke National Audit Programme (SSNAP) Clinical Audit	Two community teams participated. Patients are seen by BEH services as part of the patient pathway and will have been recorded by the Acute Trust teams. Data collection deadline is 2 nd May 2017. Findings to be published thereafter.
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)	This is the first POMH-UK audit on rapid tranquillisation. Report with findings and case submissions 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)	Report with findings and case submissions to be published in July 2017.
National CQUIN	
SMI Improving Physical Healthcare	150 cases from 40 teams (100%) Awaiting report.

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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 Enfield Community Services	94	2340
QA Mental Health Services (Barnet, Enfield & Haringey Boroughs)	93	4215
Overall QA average score and 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.

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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.

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.

110 action plans were logged on the Trust’s central database by different teams to address areas of non-compliance identified by Peer Service Reviews. Improvement was observed in the majority of the peer reviews but in particular in *Need for Consent, Good Governance & Acting on Complaints* peer reviews.

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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*
- *A summary of lessons learned from audits are reported annually to the Trust’s Quality & Safety Committee*

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
Electroconvulsive Therapy Clinics	1 clinic
Memory Clinics	3 clinics
Psychiatric Liaison Teams	2 teams

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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, 10 Trust services used PROMs as a means of measuring outcomes of care for the service user. A total of 2843 returns were received during 2016/17.

PROMS tool/Service	SWEMWBS Meridian	EQ-5D	PROMS ECS (KPI)	SWEMWBS RIO
Barnet CRHT	x			
Barnet Ass	x			
Enfield CRHT	x			
Enfield EIS	x			x
Haringey Ass	x			
Total SWEMBS Meridian returns	1230			70
ICT East Team		x		
ICT Step Down Project		x		
ICT West Team		x		
Total EQ-5D returns	919			
Stroke Rehabilitation Service			x Meridian	
Bone Health and Fracture Liaison Service			x Meridian	
Total ECS PROMS	624			

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Examples of changes and improvements to practice and service delivery following audit outcomes

► Peer Service Reviews

- Improved quality of supervision sessions to meet the need of staff member and increased number of staff who have attended supervision
- Updated Admission checklist. Roles and responsibilities clarified
- Increased awareness and use of monitoring side effect tools such as Glasgow Antipsychotic Side-effect Scale (GASS)
- Service users to be asked for their views about their care in reviews and appointments
- Educated staff on the process and importance of medicines reconciliation process.

► GP Discharge Summaries audit

- Review of discharge summary undertaken to ensure it is fit for purpose and covers all the required information.
- From October 2016 all discharge summaries were sent to GPs by e-mail. The teams continue to review their monthly quality assurance audit results which monitor the timeline of the letters and quality of communication with GPs.

► Smoking Cessation audit

- Record of smoking status and quit attempts (of those wishing to quit, initiation of treatment and referral) was increased from Quarter 1 to Quarter 4, 2016/17.

► Infection Control audits

- The infection control audits monitor compliance with the Hand Washing policy, the cleanliness of the clinical environment and compliance with the "Hygiene Code" The Hand Washing audit was rolled out to all Trust clinics and services seeing patients in 2016/17
- A programme of spot check audits were introduced to provide assurance of compliance and hygiene and cleaning standards

► Seclusion & Restraint audits

- Improvement in record keeping of seclusions and restraint incidents
- Regular monitoring was started in 2016/17 to ensure practice was improved and on-going audits by ward managers took place to ensure a sustained improvement and compliance with local/national requirements.
- The time restraint started and finished is now documented on RiO (electronic patient records)
- Debriefing to be carried out for all patients after seclusion and documented in RiO notes
- Restraint checklist and a restraint template created for uploading to RiO
- Informed nursing staff of the importance of updating care plans following a restraint to ensure restraint is reflected in the care plan
- Record to show if patient refuses to have their physical health check done.

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► **POMH-UK audit**

- To continue to review the prescribing of antipsychotic medication in people with dementia.

► **Topic 11c - Prescribing antipsychotic medication or people with dementia**

- To continue to consider likely factors that may generate, aggravate or improve such behaviours before prescribing antipsychotic medication for BPSD.
- Clinical teams to consider and document the potential risks and benefits of antipsychotic medication, prior to initiation.
- Clinical teams to discuss and document the potential risks and benefits of antipsychotic medication with the patient and/or carer(s), prior to initiation.
- Clinical teams must regularly review medication and document this in the clinical records.
- The medication review should take account of: therapeutic response and possible adverse effects.

► **Controlled Drugs (CD) audit**

- Training sessions have been made available to staff to support adherence to standards
- Errors on drugs charts must be bracketed and annotated with a witnessed footnote.
- Non-adherence to standards is followed up with incident reporting and timely action.

► **Safeguarding children audits**

- All staff are offered supervision and this assists them in keeping the child as the focus and allows for challenge. There is a 98% satisfaction score for Safeguarding Supervision i.e. staff feel supervision meets their need.
- More staff are attending Case Conferences, however more reports need to be provided. The recording of a child's disability needs to be recorded on the Conference report.

Participation in Clinical Research

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.

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 294.

Throughout the year, the Trust has been involved in 35 studies; 27 were NIHR funded, and 8 were unfunded. There were no commercial trials.

Over the past year researchers associated with the Trust have published 26 articles in indexed peer reviewed journals.

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



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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, there will be 9 CQUIN schemes within BEH for community and mental health services during 2017/18. These will be aligned to the national schemes and will cover a broad range of quality initiatives to increase the quality of care, both physical and mental health and experience for our service users. Our income for mental health services and Enfield Community Services is conditional on achieving quality improvement and innovation goals. This will be monitored and reported through the Clinical Quality and Review Group with our commissioners.

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

“Therapists were extremely focused and helped children trying to express themselves.”
- SALT, Early Years, August 2016

“I love the wellbeing clinic; the staffs are very helpful and caring to me.”
- HARINGEY WELL BEING TEAM, October 2016

“Very calm. Clear explanation given. Am happy with the service we have had.”
- HARINGEY OP CHRT, Oct 2016

“I am happy with my support from my worker. Was very helpful to begin work from home, to prepare me to work.”
- BARNET COMPLEX CARE TEAM, July 2016

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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	99.9%	99.3%
Admitted Patient Care	99.5%	94.3%

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.

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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 2016/17

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	2014/15	2015/16	2016/17
BEH Results	98.6%	99.1%	99.4%
National Results	97.2%	97.2%	97.2%

During the last three years, our compliance with following up discharged patients on CPA within 7 days has been consistently above the 95% national target. In 2016/17, 98.7 % of our patients on CPA were followed up within 7 days of discharge; the national average results were 97.2%.

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.

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

Average results	2014/15	2015/16	2016/17
BEH Results	99.0%	97.9%	99.6%
National Results	98.1%	98.2%	98.2%

In 2015/16, the percentage of patients admitted to acute wards who were reviewed by our CHRT team was 97.9%. This increased in 2016/17 with an average of 99.5% of patients being reviewed prior to admission to acute wards.

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.** Readmissions within 28 days of discharge

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

	Q1 2016/17			Q2 2016/17			Q3 2016/17			Q4 2016/17		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
BEH %	1.7	1	2.8	0.9	0.8	1.8	1	0.8	0.8	1.4	0.8	2.9
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 1.4% of all Admissions being Emergency Readmissions within 28 days of discharge and are the 2nd lowest in London for readmissions.

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.

Health and social care workers						BEH score 2016
	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	Number of Respondents	Score
Did the person or people you saw listen carefully to you?	72.9%	79.4%	83.7%	85.6%	197	82.2%
Were you given enough time to discuss your needs and treatment?	67.5%	73.0%	78.5%	81.1%	198	71.7%
Did the person or people you saw understand how your mental health needs affect other areas of your life ?	61.7%	68.1%	74.1%	78.3%	190	71.1%

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.*

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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 (FFT) 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	MAR-17
TRUST OVERALL	87%	85%	88%	87%	86%	83%	87%	88%	88%	89%	88%	89%
FFT - ECS	95%	97%	98%	98%	99%	89%	97%	91%	99%	98%	97%	98%
FFT - MH	84%	81%	84%	82%	81%	81%	83%	86%	84%	87%	86%	85%

From April 2016 to March 2017, 10,922 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 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'?

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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"

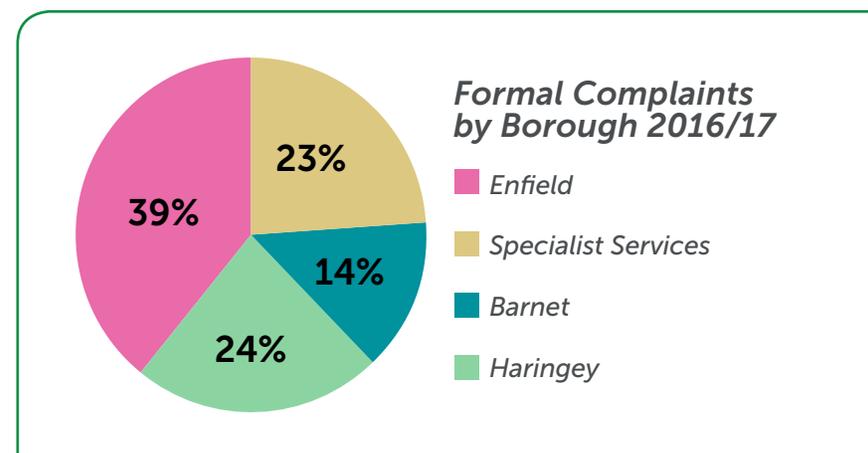
- Haringey Memory Service - February 2017 - "The visit/ interview was excellent. Caring, sensitive, optimistic, friendly... there is nothing needed to make it better".

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%.



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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.

3 Day Compliance

The Trust is required to acknowledge the receipt of a formal complaint within 3 working days.

APR-16	MAY-16	JUN-16	JUL-16	AUG-16	SEP-16	OCT-16	NOV-16	DEC-16	JAN-17	FEB-17	MAR-17
94%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	93%

The Trust target is 100%. In 2016/17, the Trust achieved 98% compliance. Compliance was not achieved for 2 complaints, one in April 2016 and one in March 2017 due to an administrative error.

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.

Examples of lessons learned and actions taken following service user complaints:

1. Complaint from a relative of an inpatient reports that patient left her room to go out with a nurse. When she returned her closed desk had been opened and items taken.

Plants were returned in a bad state after 2 weeks; one plant was not returned.

▶ Lessons Learned /Actions taken

- *Ward Manager discussed with all staff in clinical governance and team meetings*
- *Any de-cluttering that is to be done in the future on ward should be done in a very formal structured organised way.*
- *Good practice would be to invite a relative to support this process.*
- *Any items that are removed should be clearly recorded in the ward property book or on the patient's progress notes.*
- *Staff must not throw patient's property out without prior consent by the patient if they have capacity; if the patient does not have capacity to understand what is happening with their property, relatives of that patient must be informed and invited to attend the ward to support this process.*

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2. Service User received his Assessment letter and complained because there were numerous inaccuracies in this letter. There was no response from service when patient sent a letter with concerns.

Despite numerous phone calls to Doctor's secretary, there was no response and feedback from the Doctor. Service User was unhappy that staff member did not contact the Doctor who had received his message.

When service user spoke to the Doctor, he complained that he spoke in an assertive and aggressive tone and felt that he should be reasonable and not be dismissive.

▶ **Lessons Learned / Actions taken**

- *Doctor met up with complainant and reviewed assessment letter with the view to correcting some of the inaccuracies*
- *Prompt feedback of any messages/outcome to patients.*
- *Date of sending any correspondence to be recorded by sender*

3. Landlord (complainant) of the tenant (patient) tried to contact the service manager to find out whether his tenant qualifies for assisted accommodation.

The manager did not respond after making promises to call back, reportedly hung up on him and not returned his calls when the manager said they would.

This started off as an informal complaint and escalated to a formal complaint due to no contacts being received from the service manager.

▶ **Lessons Learned / Actions taken**

- *Member of the team liaised with the complainant to ascertain whether the tenant qualifies for assisted living placement to avoid eviction.*
- *Apology to complainant from service manager with regards to the lack of communication and unmet promises.*

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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 that 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

Compliments By Sub-Subject By Borough And Specialist Service 2016-17

SUBJECT	BARNET	ENFIELD	HARINGEY	SPECIALIST SERVICES	
COMPASSIONATE	3	2	0	1	6
DISSATISFACTION	0	0	1	0	1
EFFICIENT	1	11	4	0	16
FRIENDLY	2	7	2	0	11
GRATITUDE	29	157	30	8	224
HARD WORKING	0	3	2	0	5
HELPFUL	1	43	26	2	72
KINDNESS	1	4	1	0	6
LOST/STOLEN PERSONAL PROPERTY	0	1	0	0	1
SATISFIED	2	0	3	0	5
SUPPORTIVE	4	0	2	4	10
UNDERSTANDING	0	6	0	0	6
TOTAL	43	234	71	15	363

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 summarised below the top 20% of all 49 Trusts surveyed:

- *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*

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- *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.*

Accessible Information Standard (AIS)

The Trust is fully compliant with the legislative requirements of the AIS 2016 and the work to address the issues presented by service users and carers who have a disability or sensory loss are continually reviewed and improved on.

The work has included the introduction of a support package, Browse aloud, accessed by a click of a button on the website and intranet which allows a variety of options supporting improved access including spoken word to text, free audio, large print, and a download option.

Many of the service information leaflets are now available in Easy Read and all have the offer of language translation and braille.

Work has been carried out with service user representation to revise the service user and carer surveys. Wipe boards in the waiting rooms for Haringey CAMHS, TV screens with information in DCI units, kiosks in children services in Enfield and postcard surveys in a number of areas across the Trust are now in place.

A Dragon Dens project provided funding to install hearing loops and this is now available on 8 sites including key reception areas and Pharmacy at St Ann's.

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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 109% compared to patient safety incident reporting in 2015/16.

“ *Therapists were extremely focused and helped children trying to express themselves.* ”
- SALT, Early Years, August 2016

“ *I love the wellbeing clinic; the staffs are very helpful and caring to me.* ”
- HARINGEY WELL BEING TEAM, October 2016

“ *Very calm. Clear explanation given. Am happy with the service we have had.* ”
- HARINGEY OP CHRT, Oct 2016

“ *I am happy with my support from my worker. Was very helpful to begin work from home, to prepare me to work.* ”
- BARNET COMPLEX CARE TEAM, July 2016

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Patient Safety Team

Supporting Governance and Quality Improvement



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Patient Safety related training for staff

The Trust has provided four 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.

► NHS 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.

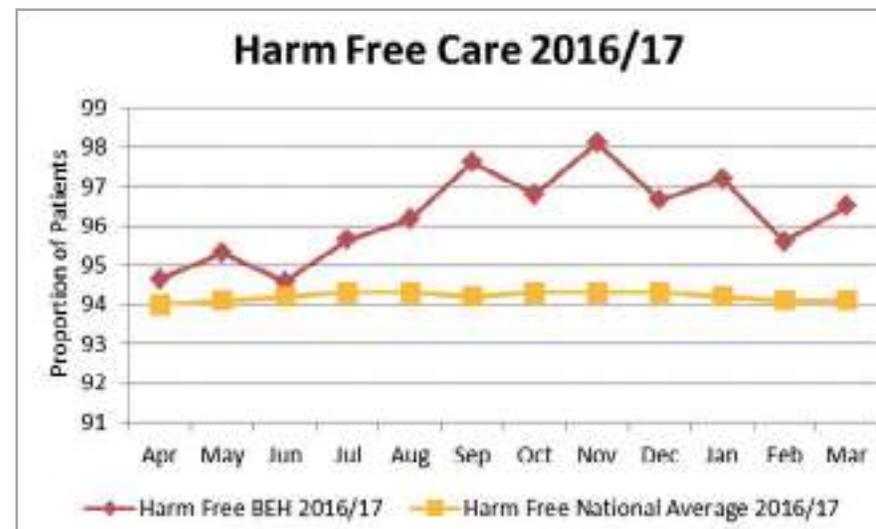
Classic Safety Thermometer

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 Safety Thermometer 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.



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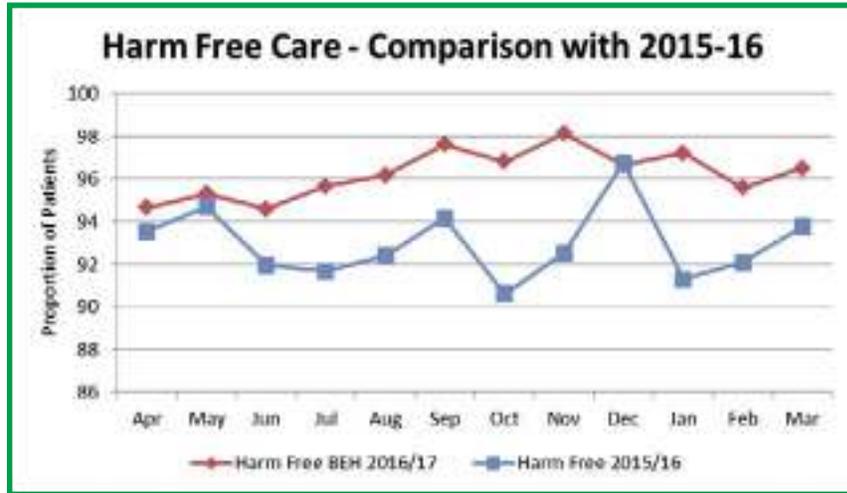
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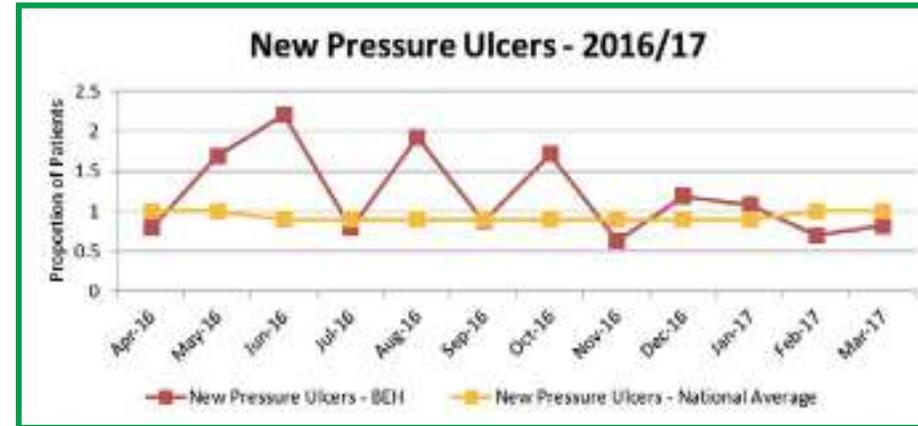
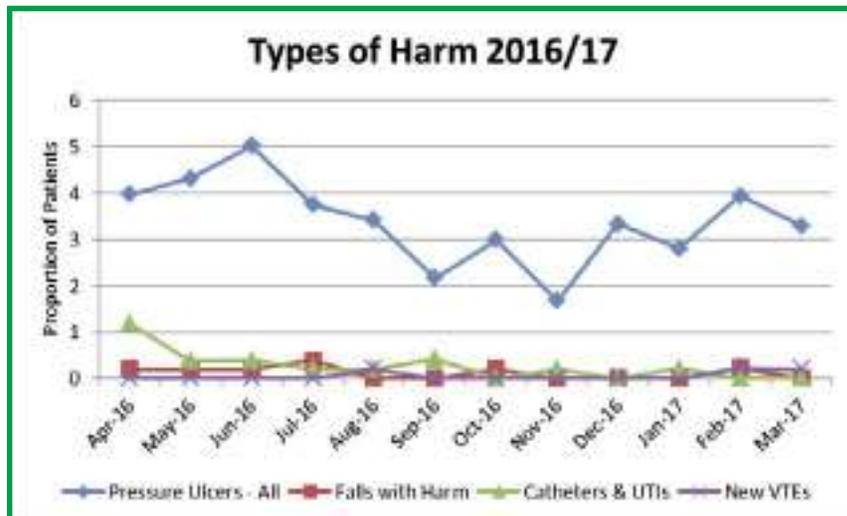
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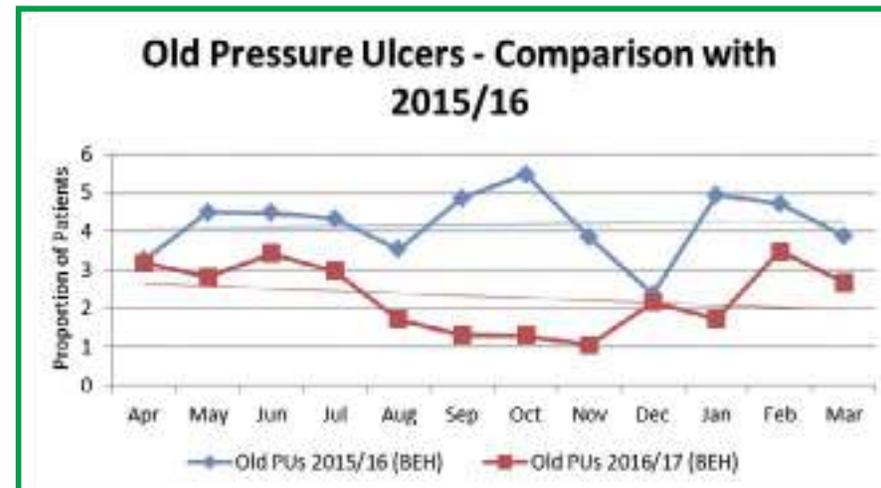


The following charts illustrate the incidences of harm for the four indicators - pressure ulcers, falls, urine infections, and venous thromboembolism and that in most cases are at or below the national averages.

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



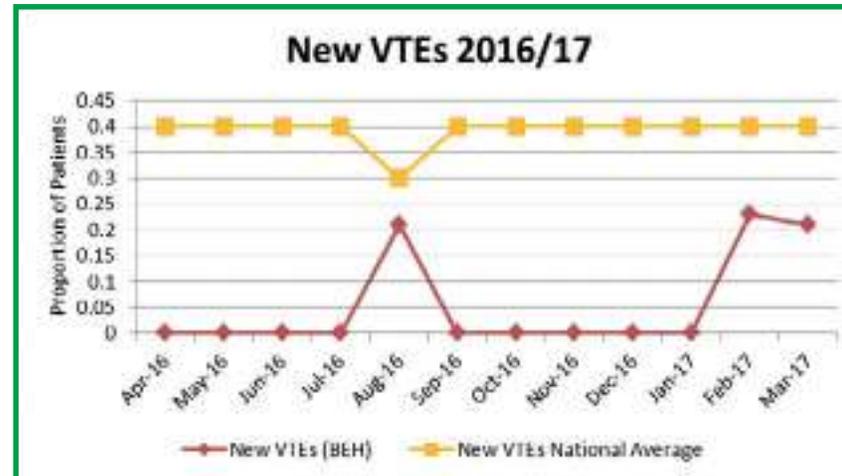
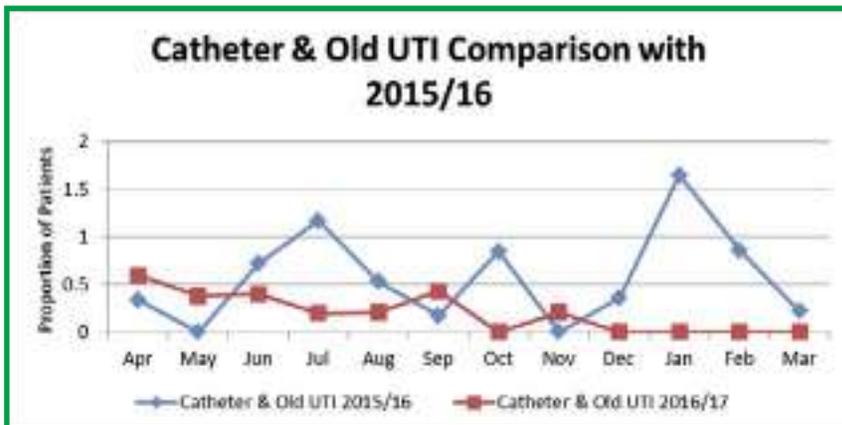
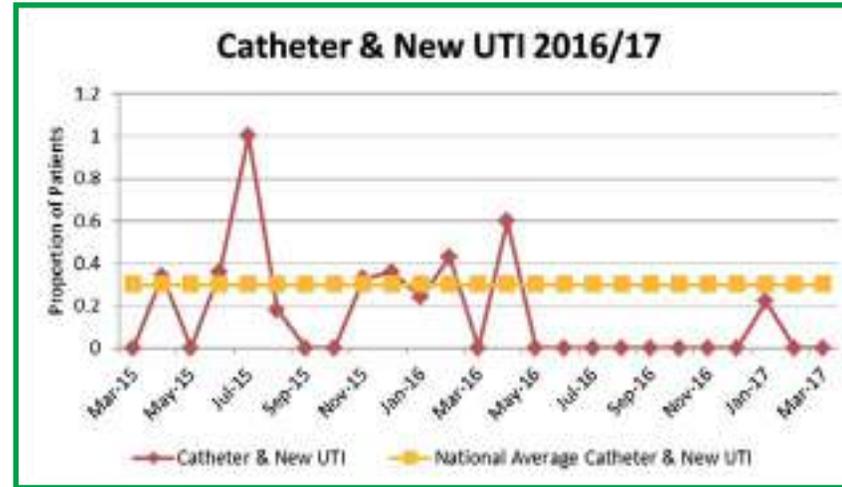
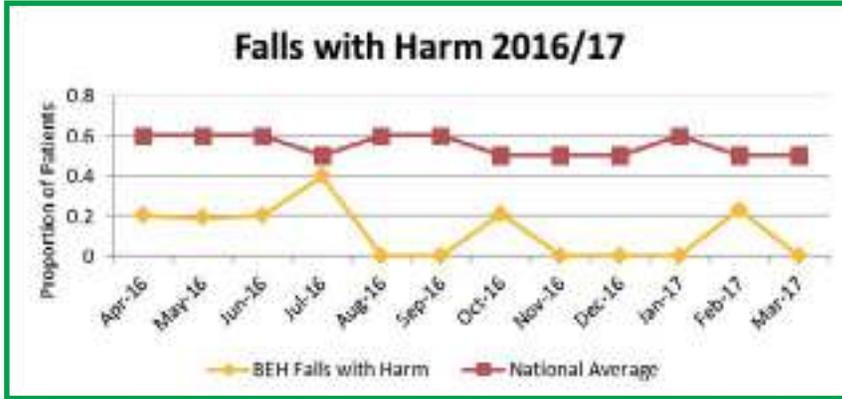
The data shows a reduction in the number of New Pressure Ulcers to levels close to the national averages through the last 5 months.



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.

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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.

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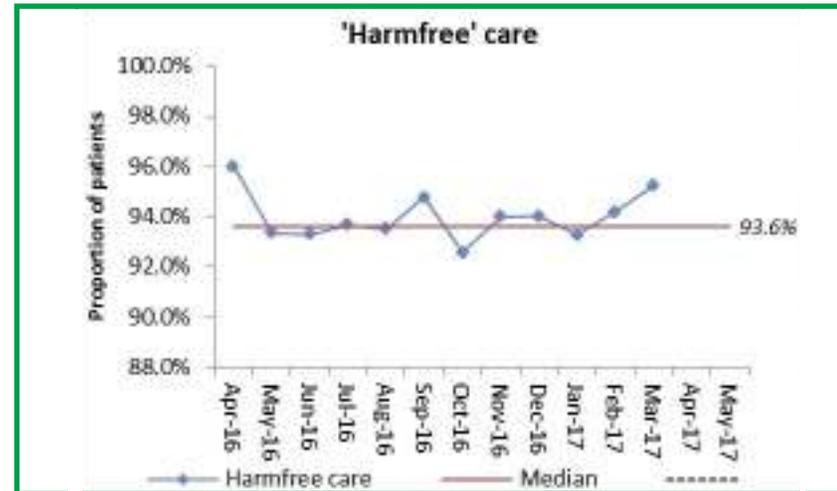
Mental Health Safety Thermometer

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 are with 2015/16 data as the teams were phased in gradually and therefore cannot be compared by month (i.e. the numbers of patients and the teams participating may not be like for like for parts of the year).

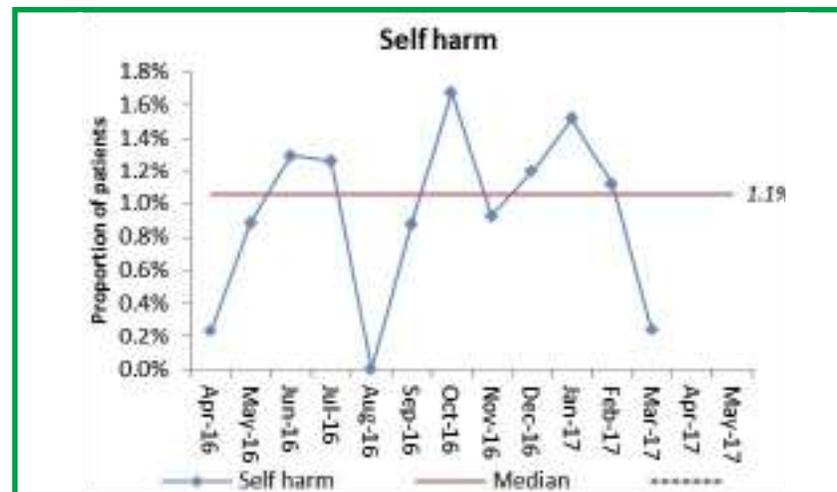
The charts below show the proportion of patients included in the data collection that experienced 'harm free care' during 2016/17 and the proportion of patients that experienced each of the 5 harms. In each case a comparison with national median for the period is provided. Figures are taken from the March 2017 Mental Health Safety Thermometer Interactive Dashboard.

The 2016/17 median harm free proportion of patients, 93.6%, is above the national median of 88.3%



The following charts illustrate the incidences of harm for the four indicators – self harm, feel safe, victim of violence and aggression, and medication omissions.

The 2016/17 median proportion of patients suffering self-harm, 1.1%, is below the national median of 3.1%.



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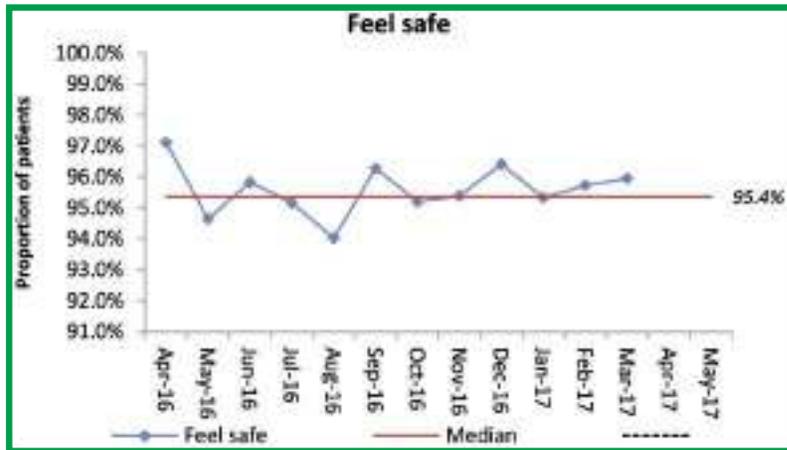
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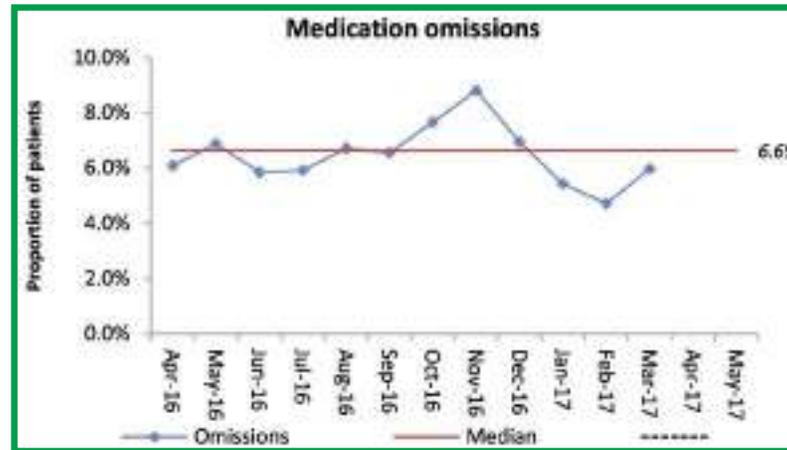
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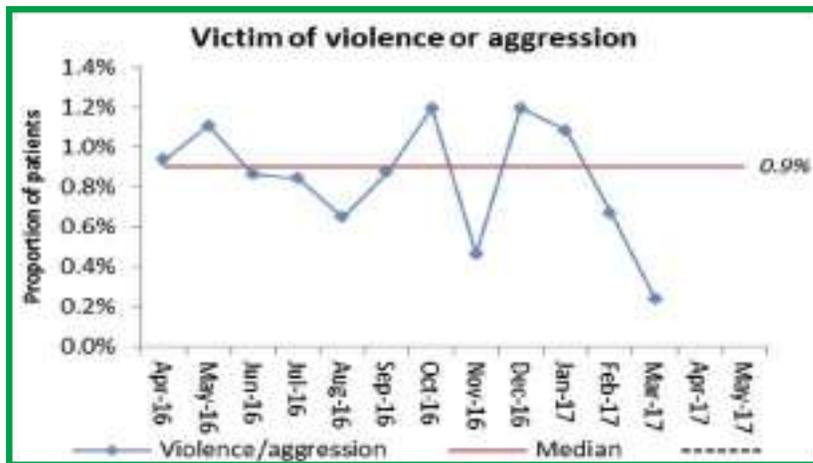
The 2016/17 median proportion of patients reporting that they feel safe on our wards, 95.4%, is above the national median of 92.5%



The 2016/17 median proportion of patients that experienced an omission of medication, 6.6%, is below the national median of 12.5%



The 2016/17 median proportion of patients that were victims of violence/aggression, 0.9%, is below the national median of 1.4%



The 2016/17 median proportion of patients that were restrained, 0.9%, is below the national median of 3.1%



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Patient Safety – Serious Incidents

- NHS England defines Serious Incidents in health care as adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.
- Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation’s ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.
- 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 each established a Serious Incident Review Group (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.

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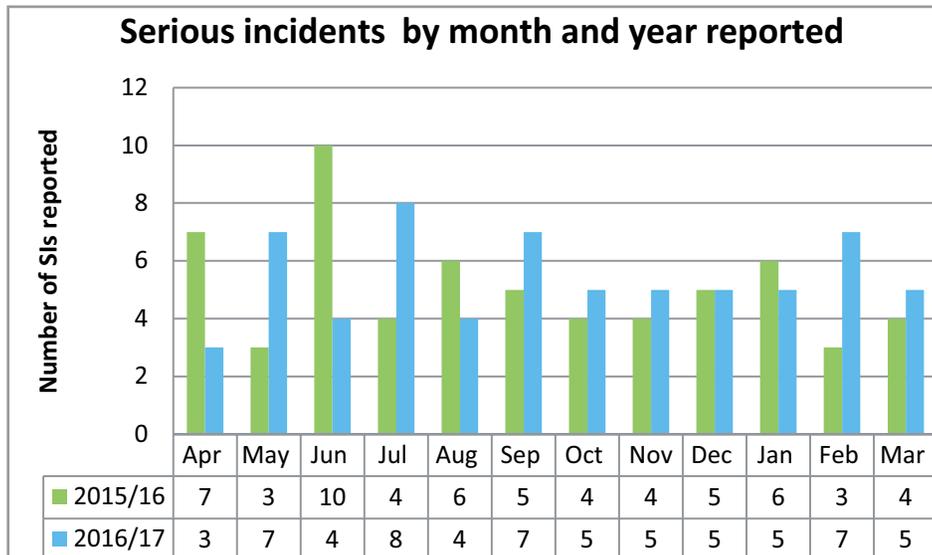
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Number of Serious Incidents (SIs)

During 2016/17, in accordance with the National Serious Incident Framework 2015 and categorisation of serious incident cases, the Trust reported 65 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.



Serious incidents reported by the Trust in 2016/17 include incidents of slips, trips and falls causing serious injury, suspected suicides, homicides by service user, Regulation breach and medication error.

Reporting SIs within two working days

NHS England’s Serious Incident Framework 2015 states that timely reporting is essential and that serious incidents must be reported to Commissioners within two working days of being identified.

When necessary, teams will undertake a preliminary investigation to establish facts in order for the Trust to review and agree if the incident meets SI reportable criteria.

100% of our SIs were reported to the Strategic Executive Information System (StEIS) within two working days of the incident being confirmed as meeting SI reportable criteria.

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. Investigations into six SIs relating to slips, trips and falls incidents found that the falls protocol and/or falls risk assessment was not adequately completed or updated. The Falls Collaborative is working with clinical teams to improve awareness of the risk of falls and management from the point of admission.

To enhance the learning and assess appropriateness of action taken, we introduced and piloted a falls specific root cause analysis tool in February 2017. This has been successful due to the level of detail now analysed and due to its success, it has been rolled out Trustwide.

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:

- *The auditing of those persons carrying out 15 minute observations*
- *Training of staff for resuscitation in the event that a patient collapses*
- *The auditing for the prescription and management of Clozapine*
- *The Trust has addressed this concern and submitted evidence of completion to the Coroner.*

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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.

When a serious incident has occurred and throughout any subsequent investigation, support to and communication with service users, their families and carers is a key priority for our Trust services. We actively encourage input into investigations by services users, their families and carers. Clinical Directors or senior management will meet with families and carers to discuss events, what the investigation has found and how we will learn from our mistakes.

Our compliance with Duty of Candour for 2016/17 was 98%, 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.

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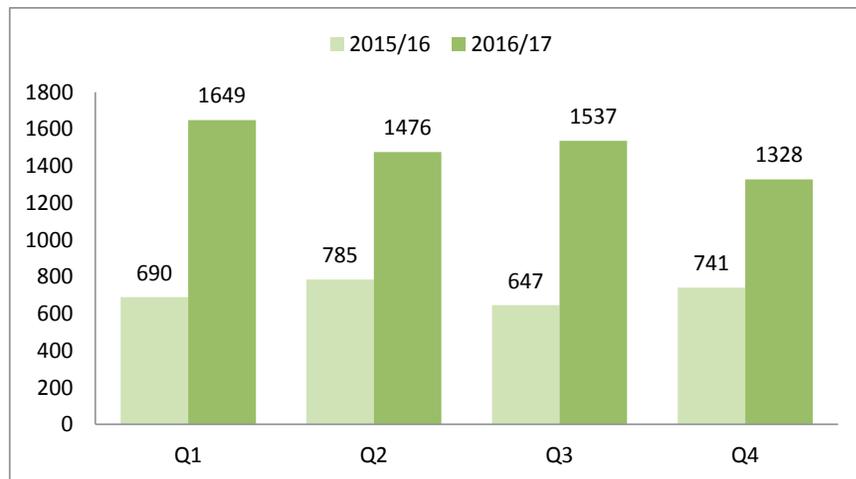
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Patient Safety Incidents

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:

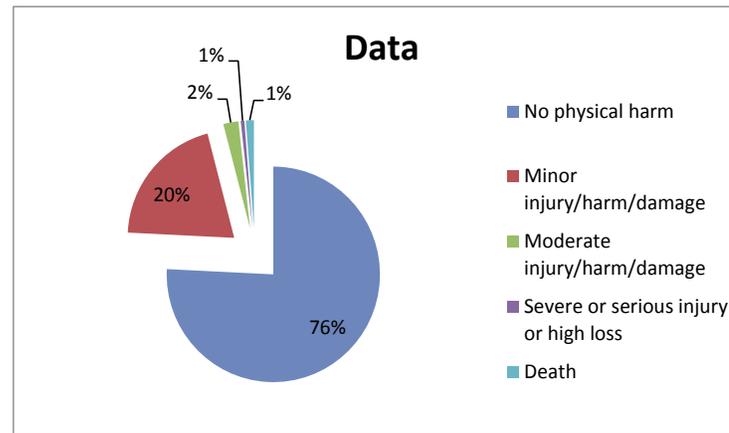
- Reporting of all types of incidents increased by 44% since the new form design in October 2015.
- Improved reporting of patient safety incidents to the National Reporting and Learning System (NRLS) – April to September 2016 reporting increased by 49% when compared to the same period for 2015. (NRLS data for Oct 16 - Mar 17 not yet available).

Patient Safety Incidents reported in 2015/16 and 2016/17, by Quarters



Patient Safety Incidents by Severity

Of the 5990 patient safety incidents reported to NRLS in 2016/17 by BEH services, 76% of those resulted in no harm.



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 2017/18

- **Central Alert System (CAS)**

CAS is a web-based system for issuing patient safety alerts, drug and device alerts, important public health messages and other safety critical guidance to the NHS and others, including independent providers of health and social care.

Work is currently underway to roll out the distribution of CAS alerts 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.

- **Security Incident Reporting System (SIRS)**

The Security Incident Reporting System 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

Safeguarding

We have remained committed to safeguarding all our service users, their families and carers. Our Safeguarding Strategy and associated three year work plan reflects our commitment and drive to ensure effective safeguarding is a shared responsibility both at a local level and with

partner agencies. We strive to continually improve systems and processes and to develop a clear strategic approach to safeguarding across all our services. Our commitment to safeguarding is reflected at Executive Board Level and the Executive Director of Nursing, Quality and Governance is Chair of our Integrated Safeguarding Committee.

Key achievements over the past 12 months:

- *A successful bid to NHS England to secure funding for an innovative domestic violence project*
- *We have improved oversight of data relating to safeguarding activity across the Trust for the past 12 months*
- *We have updated and refreshed our safeguarding patient information leaflet using an easy read format*
- *We have developed supportive safeguarding information packs for staff*
- *We have worked closely with the patient safety team and patient experience to ensure a triangulated approach to safeguarding*
- *We have raised the profile of PREVENT cross the organisation and Healthwrap3 training is included for all staff at Corporate Induction*
- *We have worked closely with the local Channel Panels to ensure information regarding concerns relating to potential radicalisation is shared effectively*
- *Our safeguarding training rates for adults and children (level 1 and 2) have remained above 85%*
- *The aims of our safeguarding working plan for year one of our 3 year plan have been achieved*

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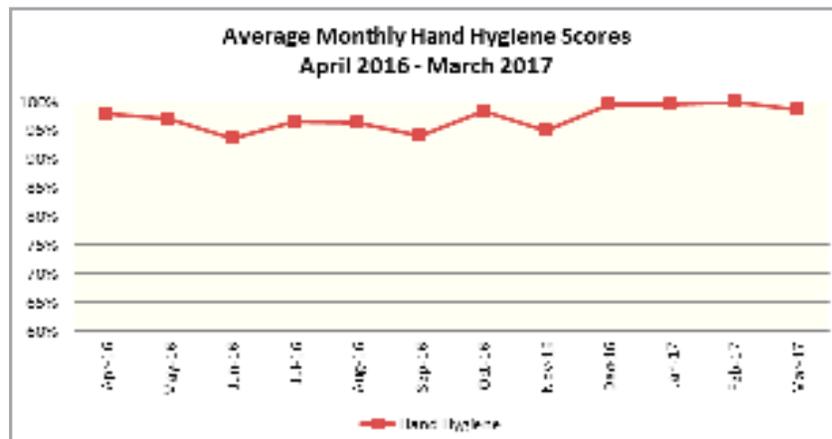
Infection Prevention and Control

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%.

Hand Hygiene Audit results 2016/17



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.

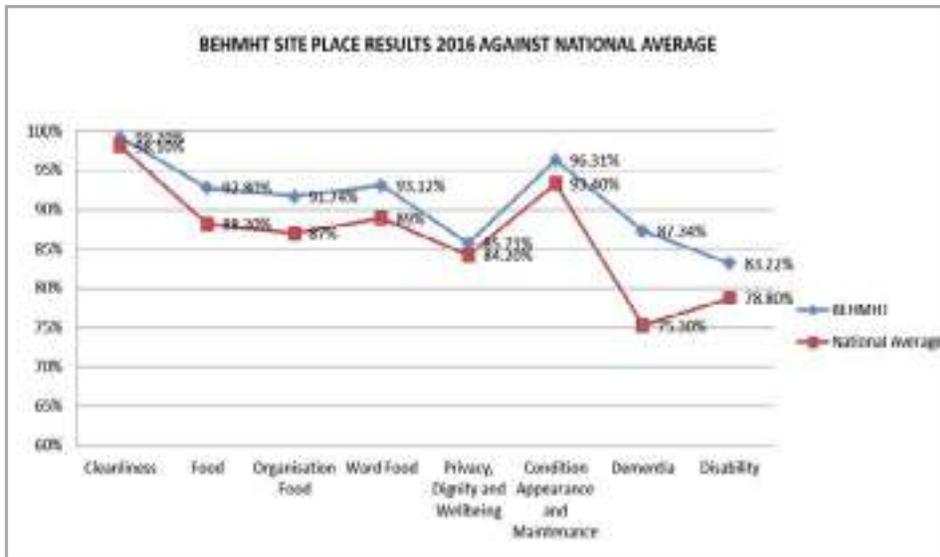
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PLACE assessment compliance 2016/17:

	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%

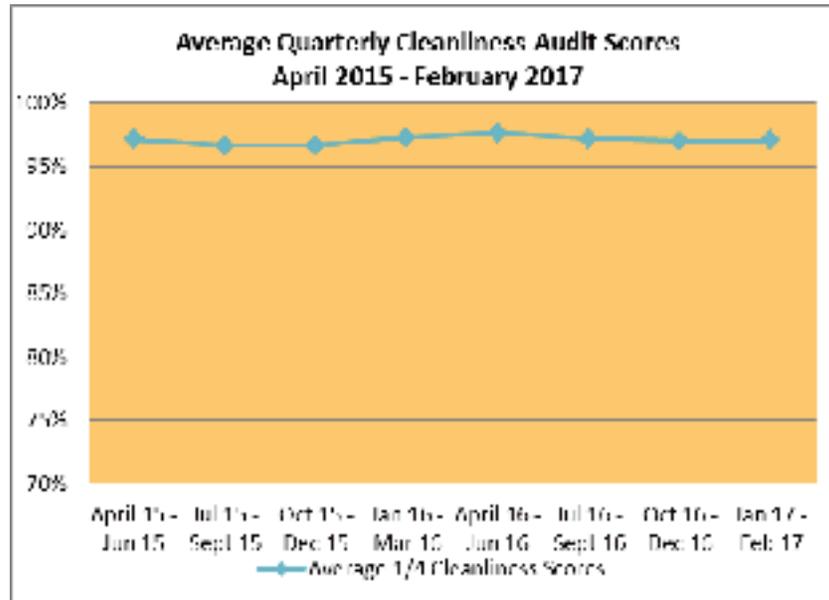
BEH Organisational PLACE results 2016 against national average 2016



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.



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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.

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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 Guardians - Anna Spiteri and Tony Ross-Gower 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 experience of staff improved in 12 areas compared to last year's survey.

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

	2016	2015	National Average
Quality of appraisals	3.36	3.28	3.10
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.79	3.77	3.77
Percentage of staff feeling unwell due to work related stress in the last 12 months	37%	36%	39%
Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	60%	56%	58%
Staff satisfaction with resourcing and support	3.38	3.34	3.33

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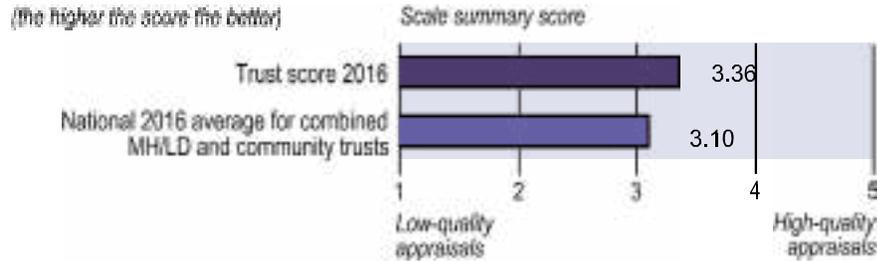
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The following are the top five ranking scores for the Trust compared to Mental Health Trusts in England:

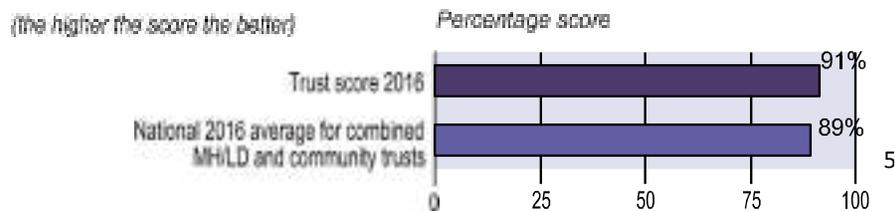
F12. Quality of appraisals



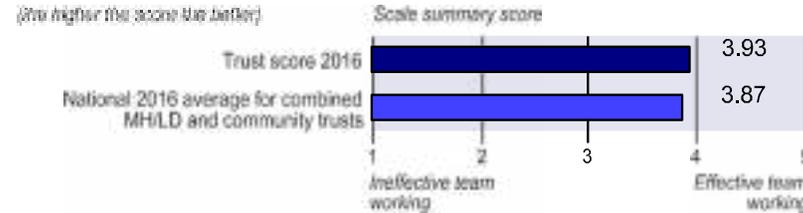
KF2. Staff satisfaction with the quality of work and care they are able to deliver



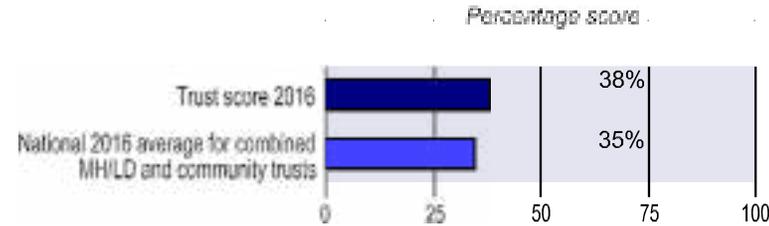
KF3. Percentage of staff agreeing that their role makes a difference to patients / service users



KF9. Effective team working



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



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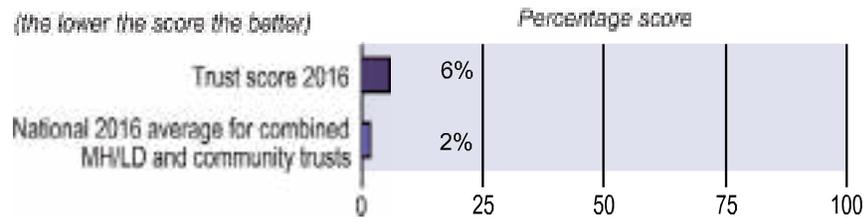
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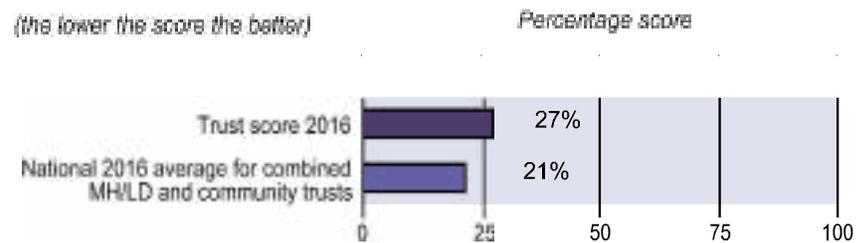
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The following are the five bottom ranking scores for the Trust compared to Mental Health Trusts in England.

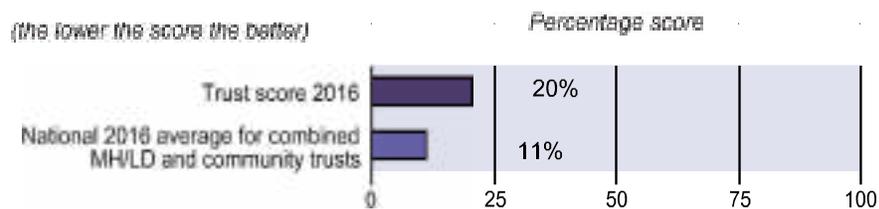
KF23. Percentage of staff experiencing physical violence from staff in last 12 months



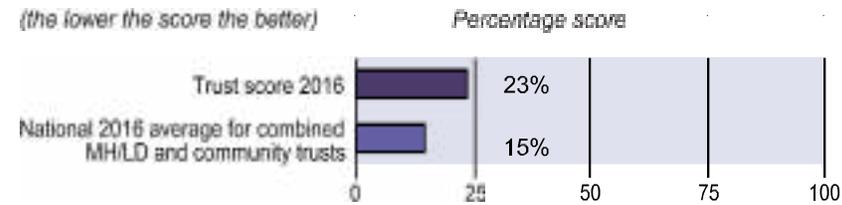
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



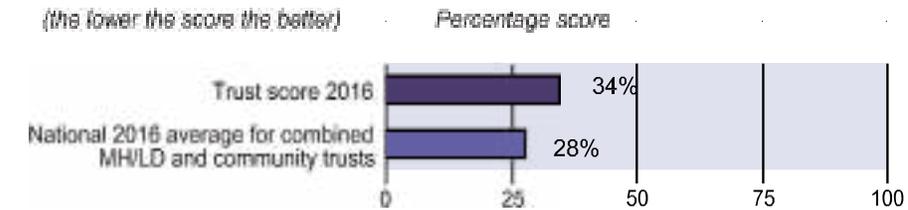
KF20. Percentage of staff experiencing discrimination at work in the last 12 months



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

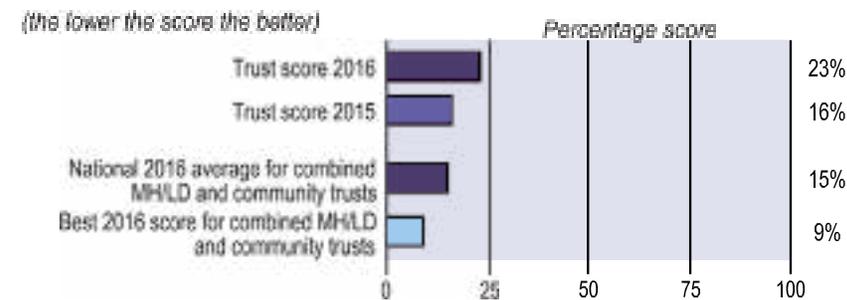


KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



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



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In relation to the increase in bullying and harassment, we are in the midst of a values programme which aims to contribute to a reduction in the incidence of bullying and harassment. We have run over 80 staff Living our Values sessions with staff, helping to bring our values to life and identifying behaviours aligned with our values. We are developing a behavioural framework and reviewing HR processes to facilitate embedding the values in everything we do.

We will pilot training for managers and staff to support dealing effectively with bullying and harassment.

We have listened to what our staff said in the staff survey and have taken steps to address areas identified as requiring improvement:

- *Appraisal paperwork refreshed*
- *Delivery of appraisal training sessions*
- *Build on success of Better Together Network by increasing membership by 10% and running three events in 2017*
- *Promote policies to support work-life balance e.g. flexible working*
- *Promote anti-bullying week*
- *Continue values and behaviours work – develop and implement behavioural framework*
- *Deliver series of anti bullying and harassment training sessions for both managers and staff*
- *Increased opportunities for apprenticeship programmes to utilise levy appropriately*

Staff mandatory training

The Trust reviewed its mandatory training so that 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 Equality and Diversity and Safeguarding Children, levels 1 & 2 courses have met or exceeded our 2016/17 compliance target of 90%. We are increasing capacity and targeting areas and courses with low compliance. We have also increased the provision of e-learning so that, where appropriate, staff have a choice of medium for their training.

We have prioritised 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.

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

- Resuscitation (high risk area). We continue to work 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 for year ending 31st March 2017 was **85%** for the ten core skills subjects.

Course Name	TNA	Trained	Compliance	Target
BLS/AED Level 2 (Adult and Paediatric)	342	234	68.42%	90%
BLS/AED Level 2 (Adult)	1243	783	62.99%	90%
Conflict resolution	2949	2368	80.30%	90%
Equality and Diversity	3013	2759	91.57%	90%
Fire Safety	3013	2520	83.64%	90%
Health and Safety	3016	2672	88.59%	90%
Immediate Life Support Level 3 (ILS)	486	261	53.70%	90%
Infection Control	3013	2690	89.28%	90%
Information Governance	3013	2868	95.19%	95%
Moving and Handling (High Risk)	239	195	81.59%	90%
Moving and Handling (Medium Risk)	143	106	74.13%	90%
Safeguarding Adults Level 1&2	3013	2660	88.28%	90%
Safeguarding Children Level 1&2	3013	2737	90.84%	90%
Safeguarding Children Level 3	1209	681	56.33%	90%
Safeguarding Children Level 4	9	7	77.78%	90%
Total	27714	23541	84.94%	90%

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Borough quality improvements and initiatives: highlights from 2016/17

BARNET

ACHIEVEMENTS

► Trustwide Berwick Programme of Learning Event Collaboration with CCG and 3rd Sector on the 'Re-imagining mental health' programme and the Primary Care Liaison Pilot

Over the past year our collaborative work on Adult Mental Health Services with the CCG, Local Authority, Primary Care and Voluntary Sector has really started to pay dividends. We've seen the development of the Voluntary Sector's wellbeing hub which our services interface with and we have rolled out a new primary care liaison service across the borough with our Link-working Team.

Early indicators from our link-working team suggest a swift response to referrals is sustainable, brief support can be provided in the right place and with the right service for the right length of time. Analysis of data collected to date informs us there has been a reduction in referrals to secondary services, GP satisfaction is high, service user satisfaction is very positive and there is greater and more meaningful use of community resources. This is a great

example of the Enablement Principles in action and the CCG with BEHMHT as a lead partner has been shortlisted for the HSJ Value in Healthcare Award 'Improving the value of primary care services'. We are delighted that the CCG has agreed to invest in this innovative project for a further year.

► Service Transformation and Innovation

A significant achievement has been the redesign of our Adult Mental Health Pathway, fully implemented by 1 April 2017.

Prioritising people, place and needs over diagnostic classification, we have realigned our teams to marry with the Borough's.

Primary care structures, building better relationships with referrers, valuing continuity of care and marrying with the link-working approach. Important changes to the original proposal were made following the feedback from staff, service users and other stakeholders during the consultation process and we are grateful for the participation of everyone affected.

Our Child and Adolescent Mental Health Services (CAMHS) have been extending their reach into schools, developing services for health and emotional wellbeing. We have also been working with particularly vulnerable groups – our 'Kids Time' initiative supports young people whose parents

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have themselves significant mental health difficulties, and our work in the Pupil Referral Unit has a potentially transformative effect on the trajectory for young people excluded from mainstream education.

► Quality Improvement (QI) and Accreditation

The QI approach has been adopted well in Barnet services. Three of our teams are participating in the Trust-wide quality improvement collaborative with Haelo. These are Avon PICU ward, the CRHTT and Barnet MH Liaison service, all with strong Consultant and Team Manager involvement. Teams have been setting out their goals and are working closely with Haelo to develop improvement plans and learn the skills and methods to robustly measure the impact of changes they make. Key aims of the projects have been reduction in violence and aggressions on the wards and staff experience of work which we anticipate will support recruitment and retention of staff. PICU has been a particular area for focus on improvement work and we plan. These dynamic new staff have really supported the QI work.

Older Adult's services have used the Royal College of Psychiatrists accreditation process to drive improvements in our Memory Service, which has been accredited this year. Finally our Borough psychology lead has been appointed as a Quality Improvement Fellow with UCLP, further strengthening our capacity to improve our services across the Borough.

Sustained improvements in activity recording - demonstrating the hard work of our services

Priorities for 2017/18

- *Managing transition to new Adult MH service structure, ensuring the safe transfer of all service users into the new teams and a responsiveness to new referrals*
- *Building on successes of primary care work – supporting patients to be managed in primary care with our support and advice*
- *Strengthening management, productivity and data quality in our CAMH Services and developing our proposal for future CAMHS model for service re-tendering*
- *Re-focusing Crisis Services on admission avoidance/prevention*
- *Developing the role of the daytime duty doctor to improve the experience for both patients and our doctors in training*

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ENFIELD

► Good Practice Initiatives

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.

A Post Traumatic Stress Disorder (PTSD) project was set up by Enfield Complex Care team to train voluntary sector providers Saheli-Iranian community services 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

Paediatric services - Health visitors, in conjunction with

Anna Freud Centre and Birkbeck 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).

IAPT (Improved Access to Psychological Therapies) - Staff wellbeing is promoted with regular lunchtime events such as knitting clubs, exercise etc.

Learning Disability services have been working on an ‘End of Life’ pathway, to review deaths by NHS England and ADASS (Association of Directors of Adult Social Services). Enfield has been identified as providing good practice, with service which is carer and family centred.

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 will model a mainstream facility. We’re liaising with local

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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.

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. It has 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.

Progress 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.

► Enfield Forums For Learning

Mental Health Services for Older People (MHSOP)

Actions taken from Serious Incident (SI) investigations:

- *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*

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input into MHSOP wards currently in process.

- Community & MH services -improvement of urgent clinical communication across services is required. Details of contact numbers and process of referral to be provided.

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

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 forging 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 the Child Development 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.

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.

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

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Programme of work:

- *Defining the problem by establishing the baseline of practice and knowledge*
- *Diabetes competency assessment*
- *Delivering education programme for staff in partnership with Middlesex University*
- *In addition we have a Diabetes Distress research project in our community services linked to Silvercloud health and IAPT.*

► Haringey Quality Improvements and Initiatives

Adult Mental Health Pathway Transformation

Over the last year we have collaborated with the CCG, London Borough of Haringey, the voluntary sector and service users and carers to improve our adult mental health services along enablement principles. We have been listening to feedback and learning from incidents. We held fortnightly work stream meetings involving multidisciplinary staff from the different teams to discuss and devise initiatives to improve our entire pathway. We have been focusing on improving access to services on the basis of need rather than by diagnosis and on working more closely with primary care colleagues. We recently presented a consultation document to staff and produced a subsequent 'Way Forward' document following feedback and are currently in the 'implementation phase' of our new service, which will involve the creation of four new Locality mental health teams aligned with the four Haringey GP collaboratives. We continue to improve

and develop our treatment pathways in line with Quality Improvement principles and in conjunction with service users and carers.

Improving discharge processes

Many of our inpatients have particularly complex needs that sometimes result in delays in their discharge from inpatient care. This has been an area of focus and we were recently successful in winning a bid to develop innovative approaches for this particularly vulnerable group of patients in conjunction with Haringey CCG.

Proposal for local inpatient rehabilitation services

The Haringey Community Rehabilitation Team developed a proposal that has resulted in the commissioning of local rehabilitation beds based at Chase Farm Hospital, which will mean that some patients who would benefit from rehabilitation following admission to our wards can be treated more locally.

New CAMHS self-referral team

Our Child and Adolescent Mental Health Services (CAMHS) set up a pilot open access self-referral team called CHOICES, which is based in a variety of non-stigmatising community settings around Haringey. They offer a one off meeting to young people with the aim of providing brief advice and signposting to community services or onward referral to generic CAMHS services if needed. The service has been widely promoted in local schools and aims to improve access to services for 'hard to reach' groups. Early results are very positive.

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Extended funding for Haringey Kidstime

This project was initially funded by the Trust's Dragon's Den fund. It is an initiative that supports parents with mental health problems and their children to come together once a week for a combination of drama, fun and supportive psychotherapy. We were delighted that our third sector partners were able to secure additional funding to enable this project to continue into its third year.

Other CAMHS initiatives

We are working together with the Tavistock Clinic on a new Child Sexual Abuse Hub. We were recently able to appoint a psychologist to work with the Haringey Child Development Centre.

Mental Health Services for Older Adults

We were delighted that the Haringey Memory Service was re-accredited by the Royal College of Psychiatrists. The Older Adults' Service has recently set up a family therapy clinic, which has proved popular and useful.

Quality Improvement (QI)

- The Haringey Training Committee is now in its second year and has worked closely with the Trust's Workforce Development Team and has been instrumental in coordinating team training needs. During the course of the year we held six 'continuous improvement' coaching workshops for team managers to help them generate priorities and ideas for quality improvement initiatives in their teams. Each team has a 'top three' areas for improvement.

- We have developed a 'Think Family Think Community' training which has been given to ward-based and community staff and is based on systemic family therapy. This helps staff to practice more holistically, to work more closely with family members and also to remember the importance of the individual's own resilience and existing network. This training has some similarities with 'Open Dialogue', an approach that was originally developed in Finland. Twelve staff and one service user have begun the intensive Open Dialogue training and it is already being used in some teams. We will be participating in the first UK multicentre trial coordinated by University College London in 2018.
- Four Haringey teams have been involved in the Trustwide Haelo QI initiative. The Haringey Crisis Resolution and Home Treatment Team (HCRHTT) has been successful in keeping its caseload to a manageable size and has received positive feedback from service users about improved quality of care. The team has also done successful QI work on reducing medication errors. Finsbury ward staff have been working on reducing episodes of violence and aggression and have introduced regular network meetings to avoid the risk of patients becoming disconnected from their community networks whilst in hospital. The East Support and Recovery Team have been working on improving their duty system to ensure that patients and carers can access urgent health QI initiatives. This work has been submitted for publication.

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- We were pleased that two members of Haringey staff: the interim community service manager and the HCRHTT consultant psychiatrist were accepted onto the University College London Partnership Improvement Fellow Programme.

Haringey Berwick Learning Events

We have started a termly programme of borough wide learning events for staff. This is to ensure that there are opportunities for interactive learning from serious incident investigations. The first event occurred on the 20th February 2017 and concerned the impact of suicide on staff. The second event is planned for 3rd July 2017 and will be about QI and the impact of violence and aggression on staff. A further event concerning issues in connection with mental capacity will be held later in the year.

Haringey Priorities for 2017/18

- Manage the transition to our new adult community services.
- Progress work on the outline business case for the new St Ann's inpatient building.
- Improve physical healthcare monitoring, both in hospital and in the community.
- Working together with the London Borough of Haringey and Haringey CCG on developing Locality Integrated Networks. This will involve joint working across multiple organisations and GP practices to provide health and social care for populations of about 80,000 people with the aim of avoiding hospital admissions.

► Specialist Services 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, Cognitive behavioural therapy 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'

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eating disordered thoughts and behaviours following treatment.

- **Phoenix ward** – The Eating Disorder Service is involved with the HAEL0 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 (North London Forensic Services) are using this evidence to drive changes in practice and culture. The Service has established sensory rooms on one male rehab ward and one male learning disability ward and funding has been arranged for a further 4 wards to have rooms adapted.

Concurrent with this implementation has been the delivery of training to staff, sensory assessment for patients and an ethics approved research project - *'Qualitative study of patient and staff experiences following the introduction of a sensory room on two forensic psychiatric wards.'*

Development of inpatient and outreach Experts by Experience leading community-production of Recovery College:

A group of patients from both outreach and inpatient services have been trained as Experts by Experience (EbEs) and are taking on paid roles both as representative within the service management meetings but also in the co-production of a recovery college and the implementation of a project relating to the NLFS CQUIN, Reducing Restrictive Practices. The Experts by Experience 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 (Standard Operating Procedure) between NLFS and the University College Hospital London for positive results.
- ✓ AA Patients who are mentally well enough to

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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. Nursing staff from 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

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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 Medium Secure Unit (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.

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Allied Health Professionals Services



Allied Health Professionals (AHPs) workforce in BEH makes up approximately 11% of BEH's total workforce.

DIRECTORATE	NUMBER OF AHP ASSISTANTS / ASSOCIATES
BARNET	8
ENFIELD	38
HARINGEY	0
SPECIALIST SERVICES	23
TOTAL	69

The AHP Workforce includes Podiatrists, Dietitians, Occupational Therapists, Physiotherapists and Speech and Language Therapists.

► Allied Health Professionals (AHP) Conference

On Wednesday 2nd November 2016, the 2nd Annual AHP Conference was held. The event provided an opportunity for AHPs to hear about our Trusts priorities and how AHPs can contribute to change from our Chief Executive, Marie Kane.

Suzanne Rastrick, Chief Allied Health Professions Officer

at NHS England, gave an update on the AHP Mandate and how using AHPs is key to transforming health, care and wellbeing.

Professor Mary Lovegrove, OBE Director Allied Health Solutions gave a presentation on the Support Workers Project carried out with the engagement of our Trust and other North Central Sector organisations.

June Davis, Director, Allied Health Solutions one of the programme directors and AHP participants from the first and second cohort of the AHP Leadership Programme funded by Health Education England North Central East London (HEENCEL) spoke about the programme and the impact it has had on them.

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

- *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*

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► Developments and initiatives in BEH’s AHP Services Health Education England North Central East London (HEENCEL) funded Allied Health Profession Projects

HEENCEL have funded BEH to run two projects:

1 Developing the unregistered AHP support roles, The SWAP Part II project.

The project objectives, which have been designed to support the delivery of the BEHMHT Enablement Programme Strategy, are to:

- Reaffirm the skills, knowledge and competence for allied health support workers to work in different roles in BEHMT as identified in SWAP.
- Design, develop and pilot an education and training programme for those working in the unregistered AHP support role.

The project is supported by Professor Mary Lovegrove and June Davis And will run until the end of March 2018.

2 Ensuring there is sufficient understanding of the mental health effects on underlying physical health conditions.

There are four aims of the project:

- To identify the AHPs developing areas of practice within the Trust who are breaking down barriers between mental and physical health.
- To understand the impact of the interventions through an outcome focussed approach.

- To understand the skill set required to deliver the areas of intervention.
- To create a narrative of the approach that can be shared across organisations.

It is currently planned that this project will run until the end of July 2017.

AHP Leadership Development Programme Band 7 and Band 8

The third cohort of this programme sponsored by HEENCEL commenced in February 2017. There are three therapists from BEH on this cohort. There is continued interest in the programme providing colleagues with development opportunities via taught sessions, 360 peer review and one to one mentoring. A key objective for attendees is the development and presentation of a service improvement initiative. In addition where an AHP is working as a standalone therapist in a specialist field it provides the opportunity to establish a further professional network.

Band 5 Occupational Therapy Peer Support Development Network

The network has held its fourth meeting of the Trust wide Band 5 network. The programme of the group's identified learning requirements has so far covered Supervision (what to expect and how to maximise the benefit), Appraisal and preparation including a Personal Development Plan, and Clinical Governance. The April Network meeting will be looking at the Health Care Professions Council process for revalidation.

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Enfield and Barnet Occupational Therapy Professional Networks

The Barnet Network has been running for a number of years and takes place on a six weekly basis. Recently an Enfield Network has been established in order to bring the occupational therapists working across the borough together to improve communication, referral processes and to share and raise professional issues and development opportunities.

► AHP Quality Improvement Projects

Mental Health Teaching Programme for acute trust therapist

Providing training on mental health topics is a fundamental aspect of liaison psychiatry work, in order to empower colleagues but also to reduce the stigma for people presenting with mental health problems in addition to physical health issues at an acute hospital.

Lindsay Truran, Occupational Therapist at Barnet Psychiatric Liaison Team has been delivering a programme of topics specifically aimed at addressing mental health topics in relation to engagement and rehabilitation to staff, to staff at the Royal Free London NHS Foundation Trust and our own mental health staff. As well as delivering the above training, the Occupational Therapies Service delivers mental health awareness training to Accident and Emergency staff, junior doctors and security staff. We are also involved in giving mental health symptom awareness training to HCAs as part of their CAPER anchors training which looks at the role of being on 1:1 observations with a person.

Psychological Therapies - Trust-wide Initiatives

► CPD (Continuing Professional Development) Programme for Psychological Therapists 2017

This is an exciting new venture aimed at Psychological Therapists within the Trust to support their CPD requirements. This programme has been shaped through an audit of responses provided in a Therapist Questionnaire administered earlier in the year. This audit captured the Psychological Therapists supervision requirements, their areas of expertise for presentations, knowledge and interests, topics and their training competencies.

► CPD Programme Overview

This session will provide a brief overview of the background and theory of cognitive analytic therapy (CAT), a time limited therapy designed for use in the NHS. Attendees will be introduced to the structure of a CAT therapy, the tools used and the essentially relational process of the work.

Substance misuse in specialist services

We will focus on the issues and challenges of working with clients with a dual diagnosis (mental health and substance misuse) in specialist services. We will provide an overview of evidence-based practice within this field.

FUTURE – Mental health and wellbeing model of psychological delivery

FUTURE is a youth led mental health project for socially excluded 16-25 year old men involved in gangs and serious

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excluded 16-25 year old men involved in gangs and serious youth violence. This session will cover how evidence based psychological models can be used in the innovative design and delivery of services to address health and social inequalities for this group.

Complex trauma and PTSD – Concepts and assessment

This will be a practical workshop which aims to increase understanding of how complex trauma and PTSD presents and what to be aware of during an assessment.

Containing or treating: 'specialist' services for people with PD in a generic treatment world

The overview will provide a background and diagnostic criteria for Bi Polar Disorder (BPD), the development of specialist services, assessment and treatment, making the best of available resources.

Positive behaviour support for inpatient and community services

Positive behaviour support is an approach for managing challenging behaviour which has traditionally been used in learning disability services. It is beginning to be recognised as a helpful approach across services and clinical groups.

Understanding and working with complex PTSD – from cognitive to psychodynamic approaches

This session will help people develop theoretical knowledge of complex PTSD and how to apply this when

working with patients.

Acceptance and commitment therapy training (2 day workshop)

Acceptance and commitment therapy (ACT) is a modern behavioural therapy that uses acceptance, mindfulness processes, and behaviour change techniques to increase people's psychological flexibility.

ACT defines six overlapping and interdependent functional processes, with skills training and exercises in each process, that have been shown in research studies to enhance psychological flexibility.

Working with problem behaviours: Stalking and harassment

This workshop will focus on developing an understanding of stalking behaviour including incidence and typologies. The session will focus on assessment, in particular risk assessment, followed by current evidence based guidance on intervention and management.

Phased trauma treatment – Keys to successful therapy

What is the 'gold standard' for treatment of complex PTSD? Thinking about the various psychological approaches that can be helpful in working with patients with complex PTSD presentations and what we can take from these in working in current NHS environments.

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Statement from our lead Commissioner, Enfield Clinical Commissioning Group on behalf of themselves and our Clinical Commissioning Groups in Barnet and Haringey



Holbrook House
Cockfosters Road
Barnet
EN4 0DR

Tel: 020 3688 2800
web: www.enfieldccg.nhs.uk

Enfield CCG statement, on behalf of the population of Enfield and associate commissioners including Barnet CCG and Haringey CCG, for the Barnet, Enfield and Haringey Mental Health Trust 2016/17 Quality Account.

NHS Enfield Clinical Commissioning Group is the lead commissioner responsible for commissioning a range of health services from Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT) on behalf of the population of Enfield, and associate commissioners including Barnet and Haringey CCGs.

NHS Enfield Clinical Commissioning Group welcomes the opportunity to provide this statement for BEHMHT's 2016/17 Quality Account. Commissioners thank the Trust for the opportunity to attend a development meeting identifying the quality priorities for 2017/18 and to comment on the 2016/17 Quality Account. We confirm that we have reviewed the information contained within the Quality Account, that it is compliant with Quality Account guidance. We welcome and commend the information provided on the interesting projects the Trust has implemented during the last twelve months and congratulate the Trust on its award winning endeavours. We would have welcomed information on the actions taken in response to incidents and complaints, and more detail on compliance with key response times. Enfield CCG would have welcomed more information on the work undertaken within adult and children's general community services.

Commissioners recognise the Trust's success in implementing a wide variety of initiatives to achieve the 2016/17 quality priorities, although not all of the priorities were achieved. We would have welcomed more detail in the report with regard to the work undertaken to achieve each priority, the measures for success, the challenges faced and how change has been embedded within service teams. However, we are pleased that Trust audit results show an improvement in the number of service users involved in developing their care plans, receiving physical health checks and feeling safe whilst under the Trust's care. We would like to have seen improvement in the use of patient reported outcome measures; patient reported benefit following intervention and, in particular, communication with GPs when a service user is discharged from the Trust's care. We will continue to seek assurance that work continues to complete actions for those areas not identified as continuing priorities for 2017/18.

Commissioners welcome the focus of the organisation during 2017/18 being improvements to the quality of care provided. We are pleased to see a continued focus on improving physical health care for those with mental health conditions but would have liked the Quality Account to outline the detail of the Trust's plans for achieving improvement, the measures for success and expected

Chair: Dr Mo Abedi
Chief Officer: Noreen Dowd (Interim)

outcome for service users. Similarly the patient experience and clinical effectiveness priorities would have benefited from supporting narrative to describe the outcome to be achieved, the work the Trust plans to undertake in order to realise success and the measures to be used. In addition, clarity regarding which priorities apply to mental health and community services for adults and children would have been beneficial.

Commissioners recognise the work the Trust has undertaken in establishing an Enablement approach and the success that has been achieved. A continued focus on person centre care being reflected in the detail of the 2017/18 priorities, would have been welcomed.

In addition to the agreed priority areas listed in the Quality Account Commissioners request that the Trust focuses on improving compliance with mandatory training requirements. We will continue to work with the Trust, via monthly Clinical Quality Review Meetings, to quality assure services across the quality domains of patient safety, clinical effectiveness and patient experience.

We note the work the Trust has undertaken to address the recommendations made within the Care Quality Commission's (CQC) comprehensive inspection report (published March 2016) and support its continued focus to gather service evidence and provide assurance that all recommendations have been implemented. Commissioners have supported the Trust with additional investment in order to address the quality concerns raised within the report. We will seek assurance that the Trust meets and embeds the recommendations made in the forthcoming CQC comprehensive inspection.

We look forward to working with Barnet, Enfield and Haringey Mental Health Trust during 2017/18.

Angela Dempsey
Governing Body Nurse
NHS Enfield Clinical Commissioning Group

Chair: Dr Mo Abedi
Chief Officer: Sarah Thompson (Interim)

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Statements from Healthwatch in Haringey, Enfield and Barnet

Healthwatch Haringey
14 Turnpike Lane
London
N8 0PT
Tel: 020 8888 0579
Email: info@healthwatchharingey.org.uk
Web: www.healthwatchharingey.org.uk



16th June 2017

Dear Shila

BEH MHT Quality Accounts 2017/18

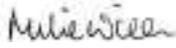
Thank you for the opportunity to comment on your draft Quality Accounts and apologies for the delay in replying.

It is encouraging to see the positive performance in relation to a number of patient experience indicators and particularly the priority given to dealing with complaints which has resulted in very good performance against the targets. There are issues which need to be addressed in relation to bullying and harassment which, if not addressed, will impact on the quality of patient experience.

We are surprised that the priorities identified for 2017/18 seem to be stated in rather general terms and do not include any targets or other measures to evaluate performance in these areas. In the absence of targets we would like to see some key result indicators included in relation to these broad areas of activity to provide to give some idea of what success looks like.

There is a significant amount of service reconfiguration in Haringey and given the scope of these changes it may have been useful to include some detail of this activity in 2017/18 with a commitment to evaluate the impact of the changes on patient experience at some point in the future.

Yours sincerely,



Mike Wilson
Director




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Registered office: 14 Turnpike Lane, London N8 0PT
VAT registration number: 260 9682 81



**Statement on Barnet Enfield and Haringey Mental Health NHS Trust
Quality Account 2016/2017**

Quality achievements made during 2016-17
We are encouraged to note the progress Barnet Enfield and Haringey NHS Trust has made in achieving targets against several priority areas for 2016/2017, exceeding a number of performance indicators.

2016/17 quality improvement priorities

- (1) Priority one: To continue with the Enablement strategy, achieving improved outcomes for service users: more than 90% service users are involved in their care plans in both in-patient and community settings**
We congratulate the Trust on exceeding the performance target of 90%, involving 95% of patients in care planning in both in-patient and community settings.
- (2) Priority Two: To increase the use of patient reported outcome measures (PROMS); more than 90% of patients feel they have benefited from our care**
We note the progress the Trust made achieving this target with 66% (based on 380 patients) of service users reporting that they have benefitted from the Trust's care. We also recognise the work the Trust is carrying out to promote PROMS reporting however, we would encourage the Trust to work with patients, service users and their carers to develop more meaningful ways of reporting outcome measures.
- (3) Priority Three: To improve the physical wellbeing of our service users with mental health issues: Evidence of physical health assessment that addresses all mental health services. Improving the use of the NEWS tool (implemented in Q3).**
We recognise the Trust's reported data within this domain. Regrettably, the Quality Account does not include sufficient data that would enable us to comment on the Trust's performance.
- (4) Priority Four: To improve integrated care for patients with co-morbidities such as diabetes, COPD and other long-term conditions: more than 95% of service users on CPA for 12 months or more have had their care plan reviewed within the last 12 months**
We congratulate the Trust on exceeding the performance target of 95%, reviewing 95% of care plans within the last 12 months. We would encourage the Trust to build on this track record to ensure all service users with co-morbidities have their care plans reviewed on a regular basis.
- (5) Priority Five: To continue to improve our communications with our primary care partners to ensure a continuity of care following changes in treatment and discharge**
We note that 82% of discharge summaries were sent to GPs within 24 hours of discharge (against the target of more than 90%). As outlined on the pages of Healthwatch Enfield's last thematic report, 'Listening to local voices on mental

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health', Enfield's service users shared challenges facing them around this quality performance indicator. People told us: *'Why do letters not reach the next professional?' 'There are concerns about discharge to primary care from secondary care and about the language that is used, i.e. that the word "discharge" may give the impression to the service user that they are being abandoned, rather than emphasising the continuity of care they should receive from GP and community services when they leave hospital.'*

We would advocate for the Trust to continue committing resources to improve performance against this domain and to continue working on establishing better links with primary care colleagues.

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

We congratulate the Trust on exceeding the performance target with 96.5% of patients reporting feeling safe as indicated by the Safety Thermometer. We note that physical assaults on staff in the workplace have increased; we propose the Trust uses existing evidence base to address the influx, positively contributing to staff satisfaction, morale and retention. According to service users we spoke to *'If staff had more time to spend with patients, and patients had more opportunity to spend their time constructively in absorbing activities, it is possible that there might be a reduction in [this type of] challenging behaviour.'*

(7) Priority Seven: To improve response times to District Nurse referrals: 90% of referrals responded to within 48 hours. This will include non-face to face clinical appointments.

We congratulate the Trust on ensuring that all responses to the District Nurse team were responded to within 48 hours.

Accessibility

We would encourage Barnet Enfield and Haringey Mental Health NHS Trust to continue work on making the Quality Account more accessible. The Account is lengthy and includes clinical terms and jargon making it less comprehensible or engaging for the general population. We recognise that a Glossary has been included however it has been placed at the end of the document with no references within the body of the text. We would welcome the Trust developing a public-facing version of the document that enables residents of Barnet, Enfield and Haringey to understand the Trust's priorities and challenge the performance against these, where appropriate. We would be happy to support this work.

Priorities for Improvement 2017-18

We are pleased to note that the Trust involved staff, service user groups, commissioners and representatives from other statutory and voluntary organisations to consider its areas of focus.

Healthwatch Enfield supports majority of Barnet Enfield and Haringey Mental Health NHS Trust's priorities for 2017/2018 however we would suggest that:

- performance indicators for each domain are clarified and communicated to all relevant stakeholders

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- consideration is given to including 2016/2017 objectives where targets have not been met and where impact on service users can be detrimental to their outcomes or recovery

We also encourage the Trust to develop its work on patient experience and patient involvement (apart from implementing second phase of Dementia Friends project) with a view to co-design solutions, pathways and mechanisms that better meet the needs of patients and carers utilising services across the Trust. Considering our experience and expertise in supporting implementation of co-production, we would be more than happy to discuss ways of working with the Trust to support this.

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**Healthwatch Barnet response to
Barnet, Enfield and Haringey Mental Health Trust Quality Account 2016-17**

This is Healthwatch Barnet's response to Barnet, Enfield and Haringey's Quality Account for 2016-17. Thank you for providing the opportunity for local Healthwatch to respond to this Account. We have taken the approach of commenting specifically on the areas about which we have received specific feedback.

We welcome the clear lay out and glossary and the explanation of the purpose of the Quality Account.

Review of quality performance

We welcome the Trust's steps to engage and provide dedicated services to communities that may have challenges in accessing or receiving services and may need tailored support, such as the Lesbian, Gay, Bisexual and Transgender community and for vulnerable young men through Project Future. We recognise that different communities have different experiences and that services should be adapted appropriately.

Looking Back

We are pleased to see that service-users involved in their care plan and physical health assessments are meeting or exceeding targets; these are areas about which service-users had concerns or gave recommendations for improvement. We are concerned that discharge summaries to GPs are improving but still not reaching the target. As reflected in the previous Care Quality Commission report, this is one area that causes difficulties for both GPs and service-users, particularly service-users in adapting to their situation after discharge.

We would request further clarification on what can be done to address this.

We welcome that District Nurses are responding within 48 hours as this is an area about which service-users had previously raised concerns. It would be interesting to evaluate service-users' experience of the quality of care.

Barnet Enablement

We understand that the Well-Being Hub has had positive feedback from clients.

Quality Priorities for 2017/18

We understand the value of improving "whole areas" rather than setting one priority. However, it would assist readers to understand more of the Trust and its approach to improving services if more details were given about NEWS, dementia care and team learning. Setting out potential actions, targets, and outcomes would help readers and the Trust know and learn what improvements are planned and could be achieved.

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Statement from the Barnet, Enfield and Haringey Scrutiny Committee, a sub group of North Central London Joint Health Overview and Scrutiny Committee




Mary Sexton
Executive Director
BEH Mental Health Trust
Trust Headquarters, Orchard House
St Ann's Hospital
St Ann's Road, London, N15 3TH

Please reply to: Andy Ellis

E-mail: Andy.ellis@enfield.gov.uk
Phone: 0208 379 4884
Textphone:
Fax:
My Ref:
Your Ref:
Date: 16th May 2017

Dear Mary,

Quality Account 2016/17 – 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 5th May 2017.

Members of the BEH Sub Group are grateful for the presentation of the Trust's Quality Account. It is evident that the priorities highlighted by the Trust are building upon those identified in previous years.

Members were pleased to note that previous comments from the Sub Group had been adopted and included within the draft document. In addition, it was noted that the Development and Action Plan produced following the CQC inspection is reflected in the draft document. In reducing agency costs from £1.2m to £700,000, a greater continuity of staff now exists.

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.

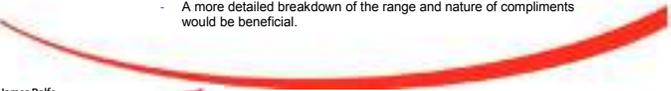
- **First Steps to Work (P.19)**
 - This section needs to clarify that each course lasts for 6 weeks, on a rolling programme, not just 1 course for 6 weeks.
- **Compliments (P.33)**
 - A more detailed breakdown of the range and nature of compliments would be beneficial.

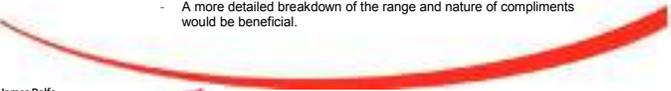
James Rolfe
Director of Finance, Resources
and Customer Services
Enfield Council
Civic Centre, Silver Street
Enfield EN3 3XY



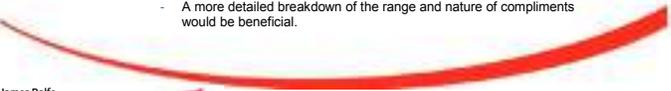
Phone: 020 8379 3000
Website: www.enfield.gov.uk

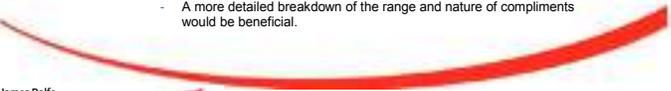






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Website: www.enfield.gov.uk





Ⓜ If you need this document in another language or format call Customer Services on 020 8379 3000, or email enfield.council@enfield.gov.uk

- **Complaints (P.33)**
 - With approximately 10% of complaints being upheld, it would be useful to include some detail on actions taken and learning identified.
- **Patient Safety Incidents (P.42)**
 - More narrative is required to support the graphic. In addition, it would be helpful to provide a definition of the term 'serious incident.'
- **Staff Survey (P.50)**
 - The narrative in this section should be more specific to reflect all aspects of control and training.

In addition to the detail within the Quality Account, the Sub Group noted, with concern, the current financial deficit of £12m. A savings plan will be instigated in an attempt to reduce the deficit to £4.6m. The savings proposals include a further reduction in agency costs, rationalisation of estates, a review of procurement processes and a review of back-office functions in conjunction with the Mental Health Trust Alliance. Comments from the Lead Commissioner, Enfield Clinical Commissioning Group, highlighted an equally challenging financial position.

The specific funding relating to the redevelopment of the St. Anne's site was discussed along with Delayed Transfers of Care (DToC). The 2 predominant reasons for DToC are access to housing and access to social care. It was agreed that the issue of DToC should be a subject for discussion at the wider JHOSC, with figures provided for each borough.

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

IMPORTANT – Enfield residents should register for an online Enfield Connected account. Enfield Connected puts many Council services in one place, speeds up your payments and saves you time – to set up your account today go to www.enfield.gov.uk/connected

Statement of Directors' Responsibilities



Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health issued guidance on the form and content of annual Quality Accounts (which incorporate the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

<p>Signed</p>  <p>Michael Fox, Chairman</p> <p>Date: 30 June 2017</p>	<p>Signed</p>  <p>Maria Kane, Chief Executive</p> <p>Date: 30 June 2017</p>
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Independent Auditor's Limited Assurance Report

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF BARNET ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of Barnet Enfield and Haringey Mental Health NHS Trust's Quality Account for the year ended 31 March 2017 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following indicators:

- The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care.
- The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment (CRHT) Team acted as a gatekeeper.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations). In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 published on the NHS Choices website in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2016 to June 2017;
- papers relating to quality reported to the Board over the period April 2016 to June 2017;
- feedback from the Commissioners dated June 2017.
- feedback from Local Healthwatch dated 31 May 2017
- the Head of Internal Audit's annual opinion over the trust's control environment dated 31/03/2017;
- the annual governance statement dated 31/05/2017
- the Care Quality Commission's report dated 24/03/2016

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Barnet Enfield and Haringey Mental Health NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Barnet Enfield and Haringey Mental Health NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the

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measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Barnet Enfield and Haringey Mental Health NHS Trust

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

*Janet Dawson
Ernst & Young
London
30 June 2017*

- The maintenance and integrity of the Barnet, Enfield & Haringey Mental Health Trust website is the responsibility of the directors; the work carried out by the auditor does not involve consideration of these matters and, accordingly, the auditor accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

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Glossary

AHP	Allied Health Professional
CAMHS	Child and Adolescent Mental Health Service
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
EbES	Experts by Experience
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
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
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
PLACE	Patient-led Assessment of the Care Environment
POMH	Prescribing Observatory for Mental Health
PROMS	Patient Reported Outcome Measures
PTSD	Post-traumatic Stress Disorder
QI	Quality improvement

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Barnet, Enfield and Haringey

Mental Health NHS Trust

A University Teaching Trust



PART 1

1. Statement from the Chief Executive

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

3. About BEH-MHT

PART 2

1. Review of Quality Performance 2016/17

2. Quality Priorities - Looking Back 2016/17

3. Quality Priorities for 2017/18

4. Patient Experience

5. Patient Safety

6. Staff Experience

7. Borough Quality Improvements and Initiatives 2016/17

PART 3

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

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