

Quality Account 2019-20



Supporting
healthy lives

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Foreword

from the Chief Executive

Welcome to our Quality Account for 2019-20. This has been a momentous year for the Trust – we achieved 'Good' in our Care Quality Commission (CQC) inspection, we faced the enormous challenge of the coronavirus pandemic, and we made significant progress on our stunning new inpatient unit, Blossom Court at St Ann's Hospital in Haringey.

This Quality Account highlights our commitment to continually raising the quality of all our services and to do so by truly putting our service users at the heart of our improvement journey. Our CQC 'Good' rating was the result of hard work and sustained improvements across the Trust and it provides a strong foundation on which to build.

We intend to continue to improve and to make sure all our services are not just good, but 'Outstanding'. An important building block will be developing our IT systems to provide more efficient and faster data collection and analysis to track our performance and inform service improvements. Using technology creatively will also help us make connections across the organisation and to engage with our service users in new ways.

This year we launched our strategic alliance with Camden and Islington NHS Foundation Trust with the aim of improving services across both trusts,

learning from each other, and strengthening the voice of mental health. For example, we launched a joint mentoring scheme for staff, especially those from black and minority ethnic backgrounds, and ensured there is an Equality Champion on all interview panels for senior posts.

Highlights of next year will be our work to develop a just culture in the Trust, where we hold people to account but do not blame them, and learn from mistakes. We will be launching an Inclusion Programme designed to enable everyone in the Trust to feel they can contribute, be heard, and thrive.

I hope you find this Quality Account an interesting overview of our achievements and plans to continue to improve.



Jinjer Kandola
Chief Executive

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Introduction from the Chief Nurse

I am pleased to present our Quality Account which details the Trust's continued journey of improvement.

We have had a very busy year and staff have worked extremely hard to deliver quality services. We have strengthened our governance structures and refreshed our Brilliant Basics workstreams to reflect improvements and to continue to focus on getting the basics right all the time. We have achieved some significant improvements against our Brilliant Basics aims, including improving the safety of our environments, reducing the use of restrictive practices, and improving care planning to ensure that the voice of the service user leads on care and treatment plans. We have increased our inpatient capacity to ensure that our service users receive timely care close to home.

We have made significant advances in our Quality Improvement (QI) programme and now have over 500 staff trained in QI and 50 projects being undertaken across the Trust.

We are pleased to have further developed our engagement and enablement programme and have recruited 25 experts by experience to support co-production work Trust-wide. We are committed to having experts by experience represented in all our governance structures by 2021.

Moving into the next year, we will be working with all services to focus on patient safety through Quality Improvement and ensuring continuity of care. We have a number of exciting projects under way including improving the physical health of our service users and ensuring learning is shared across the organisation to reduce incidents.

I hope you find our Quality Account informative and I look forward to reporting on further developments next year.



Amanda Pithouse
Chief Nurse

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What is a Quality Account

Our Quality Account is an annual report that allows us to report on the quality of the services we deliver to our local communities and stakeholders. Through engagement with patients, stakeholders and staff we demonstrate good practice and improvements in the services we provide. This in turn provides us with the opportunity to identify areas we need to focus on and to agree our priorities for improvement with our stakeholders in the delivery of our services.

Our Quality Account 2019-20 is designed to:

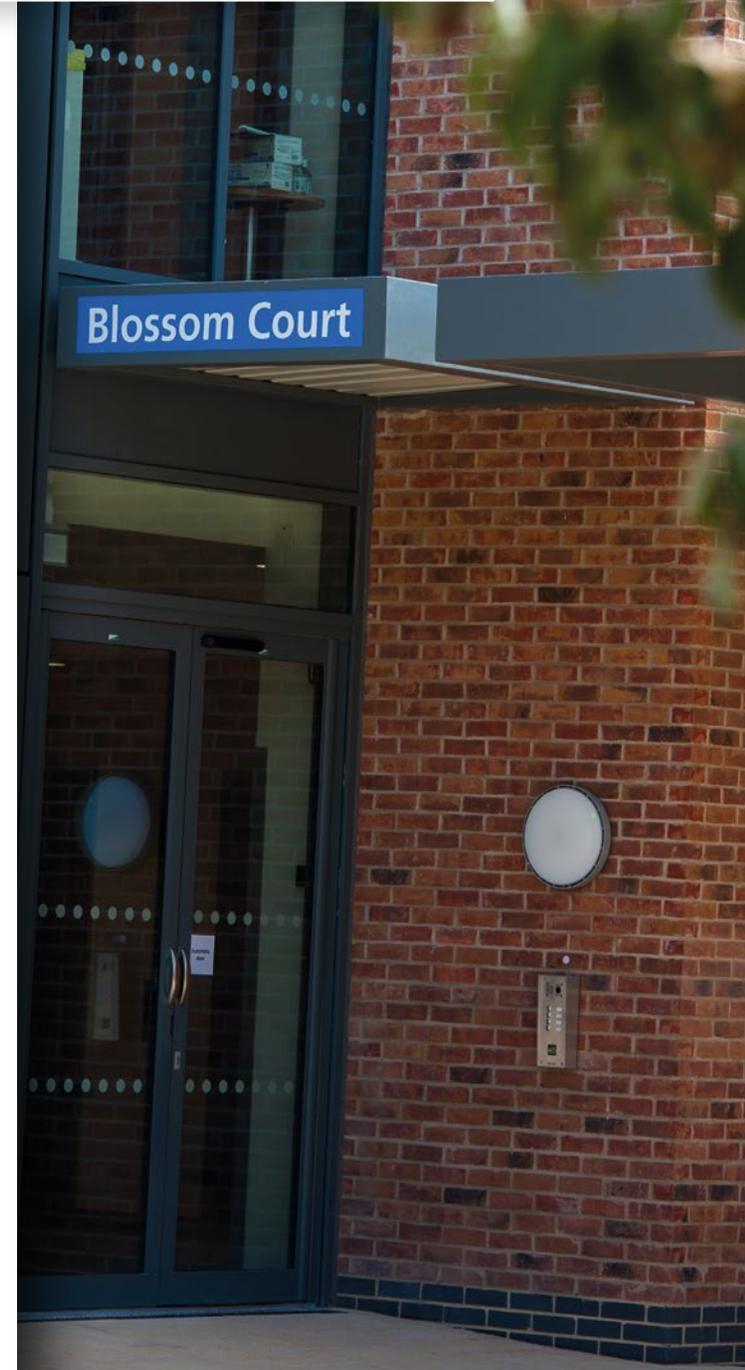
- Reflect and report on the quality of our services delivered to our local communities and our stakeholders
- Demonstrate our commitment to continuous evidence-based quality improvement across all services
- Demonstrate the progress we made in 2019-20 against the priorities identified
- Set out for our services users, local communities and other stakeholders where improvements are needed and are planned
- Receive support from our stakeholder groups on what we are trying to achieve
- Be held to account by our service users and other stakeholders for delivering quality improvements
- Outline our key quality priorities for 2020-21.

Stakeholders

Our Quality Account is an annual report that allows us to report on the quality of the services we deliver to our local communities and stakeholders. Through engagement with patients, stakeholders and staff we demonstrate good practice and improvements in the services we provide. This in turn provides us with the opportunity to identify areas we need to focus on and to agree our priorities for improvement with our stakeholders in the delivery of our services.

This Quality Account has been reviewed by the:

- Trust Executive Leadership Team
- Trust Quality and Safety Committee
- Trust Board
- Healthwatch bodies for Barnet and Enfield
- NCL Clinical Commissioning Group for Barnet, Enfield and Haringey
- North Central London Joint Health Overview and Scrutiny Committee



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About Barnet, Enfield and Haringey Mental Health Trust

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Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) is an integrated mental health and community health services provider. We are the lead provider of a wide range of mental health services across the London boroughs of Barnet, Enfield and Haringey, as well as specialist mental health services to a larger population across North London, Hertfordshire, Essex and surrounding counties. Following the transfer of Enfield community services to the Trust in 2011, we provide a full range of child and adult community health services in Enfield.

We deliver our care in the community and in inpatient settings, and serve a population of well over a million people. Our goal is to improve how safe, effective, caring, responsive and well-led our organisation is.

Our Services

In 2019-20, our 3,300 plus staff helped care for more than 147,500 people; approximately 2,800 patients on our wards and over 146,400 service users in the community. We provided mental health services for young people, adults and older people, in addition to our full range of child and adult community health services in Enfield.

Our North London Forensic Service treats and cares for people in the criminal justice systems who have mental health conditions. We provide one of the largest eating disorders services in England, as well as drug and alcohol services, and mental health liaison services at North Middlesex University Hospital

NHS Trust and Barnet Hospital. Additionally, we provide mental health care to seven prisons, all sub contracted through Care UK.

The North London Forensic Consortium was successful in its application to transition from a New Care Model pilot to a Provider Collaborative. We will remain the lead contract holder and will sub-contract services to the NHS and independent sector providers of adult secure services in North London via a newly established commissioning team. This new arrangement will provide opportunities to improve the quality of care to a disadvantaged population with complex needs by bringing their care closer to home, sharing best practice and lessons learnt across the consortium and enabling an efficient use of consortium resources.

The Trust has 562 inpatient beds which are located on our five main sites:

- St Ann's Hospital in Haringey
- Chase Farm Hospital in Enfield
- St Michael's Primary Care Centre in Enfield
- Edgware Community Hospital (Dennis Scott Unit)
- Barnet General Hospital (Springwell Centre)

In December 2019, the Trust opened a new ward, Shannon Ward, a 15-bed mixed acute adult mental health ward at the Dennis Scott Unit in Edgware Community Hospital, on the old Avon Ward psychiatric intensive care unit (PICU) site. The Trust PICU relocated to the Chase Farm Hospital site in Enfield in April 2019.

Cape Town Ward, a rehabilitation ward for older adults, transferred from the Royal Free London NHS Foundation Trust in April 2019 and is located on the Chase Farm Hospital site. The service is based in the Highlands Building and joins a number of other rehabilitation services within Enfield Adult Community Health Services, including Magnolia Ward, Intermediate Care Team, Community Physiotherapy and Community Stroke Rehabilitation Services.



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Our Strategy, Vision, Values and Objectives

Our Vision

To support healthy lives and healthy communities through the provision of excellent integrated mental and community healthcare.

Our Values

We developed our Trust values in 2016, following trust-wide engagement and input from over 500 staff. We have consciously kept these values since then as they underpin everything we do as an organisation; the decisions we make and the actions we take to improve the health and wellbeing of our population.



In April 2019, we launched our current five-year Trust Fit for the Future Strategy, which was developed in collaboration with service users, carers, staff, partners and other stakeholders. We conducted many focus groups and Executive Roadshows and received more than a thousand pieces of feedback, indicating that people were really engaged in getting the focus for our strategy right. The outcome was a very clear message that we need to make sure that service users, staff and our community are at the heart of everything we do. They are integral to the decisions we make, and to our vision to support healthy lives by providing high quality integrated mental and community healthcare.



We have been working actively towards achieving the strategic aims outlined above.

1. The 10 Brilliant Basics work streams are embedded into practice and feed into relevant governance systems, ensuring that we strive for and achieve excellence for service users at every level.
2. We are empowering our staff – the Quality Improvement approach is firmly embedded; forums and networks that support equality, diversity and inclusion regularly take place; and staff members are becoming increasingly more digitally enabled.
3. Innovation has been taking place across services in 2019-20, particularly within Child and Adolescent Mental Health Services (CAMHS) and physical health care. A focus on creating a culture of innovation will ensure our services are both high quality and sustainable into the future.
4. We have been developing new partnerships with other mental health trusts, other local NHS providers, primary care, local authorities and the voluntary sector to deliver integrated care that improves the health of our population. This has led to opportunities for us to develop and sustain our services and provide better care for our service users as the healthcare landscape changes.

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The Trust's objectives for 2019-20 were:

- Delivering our core services effectively (Brilliant Basics)
- Developing the organisation's culture and people
- Strengthening governance systems and processes
- Strengthening leadership
- Service transformation

Systems in place to ensure quality at all levels

We are an organisation that embraces continuous improvement. The Trust Board proactively focuses not only on national targets and our financial balance, but also on the achievement of quality in all our services.

As a result of the findings and recommendations of our 2019-20 Deloitte Governance Review, our services have changed from four boroughs to five divisions:

- Barnet Mental Health Services
- Enfield Mental Health Services
- Enfield Community Health Services
- Haringey Mental Health Services
- Specialist Mental Health Services

Our quality governance reporting systems have improved in 2019-20 across all levels of the organisation to ensure 'floor to board' assurance too. Quarterly 'deep dive' meetings have been replaced with monthly divisional governance meetings, providing real-time data for key performance indicators. The divisional data is fed into an overarching Safe, Effective and Experience Group chaired by executive directors to ensure divisions are operating safely and to the highest quality while delivering value for money. Key data and statistics on quality performance are continuously monitored by our Executive Leadership Team via the Quality and Safety Committee on a quarterly basis.

Clinical care and effective quality governance is constantly improving and we must take the opportunities to improve as and when those opportunities arise.

While individuals and clinical teams in BEH are responsible for delivering quality care, it is the organisation which is accountable for the successful delivery of quality improvements. To do this, we need to draw on the experiences of our patients and staff as the paramount indicator for best practice. It is through fully understanding and learning from these experiences that we, as an organisation, can achieve excellence.

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 also ensure patient safety. We produce a comprehensive Trust and divisional quality dashboard (including safety, experience and effectiveness); we undertake compliance checks that mirror the Care Quality Commission's essential standards; we have an active national and local clinical audit programme; we monitor themes and trends in patient experience and complaints; we monitor the standards of our inpatient wards through our the "Perfect Ward" app audit programme and through unannounced

ward visits; and we have a robust risk management and escalation framework in place.

We have a new Ulysses Risk Management System to provide a complete picture of risk and governance within the Trust to generate:

Reporting – information across the modules can be brought together in the dashboard, divisional and Board reports. Reports can be designed and scheduled to fit the purpose required and as and when they are needed to support BEH to have continuous, real-time quality data.

Corporate Themes – thematic reporting across the modules, enabling us to ask questions such as 'How many incidents, legal cases or complaints have there been in relation to falls, pressure sores or medication errors?'

External Values – external values can be input to be used for comparative reporting. Examples include the number of incidents in comparison to admissions or bed days; the number of incidents against emergency call-outs.

Alerts – regular and timely reviews are essential to ensure that learning and resulting actions take place. These processes are supported via the alerting system that helps teams and services keep track of incidents, risks, complaints, claims and quality alerts to ensure action is taken

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Statement of Assurance from the Board regarding the review of services 2019-20

During 2019-20, 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 2019-20 represents 100% of the total income generated from the provision of NHS services by BEH for 2019-20 work in place.

BEH and C&I strategic alliance

In April 2019, BEH signed a significant agreement pledging to work together with Camden and Islington NHS Foundation Trust (C&I) to improve services further and strengthen the voice of mental health care across north central London. It is a very positive step in delivering a joint vision for healthcare in our diverse communities and it has been exciting so far to explore the possibilities this alliance opens up for both our organisations.

This new partnership has benefited patients and staff and has enabled both organisations to develop more efficient integrated care pathways together, and provide better outcomes for patients. The greater joint working ethos has created opportunities to improve recruitment and retention by sharing talent between

both organisations while offering joint staff rotation, opportunities for staff development and career progression.

Registration with the Care Quality Commission

As a Trust, we are required to register with the Care Quality Commission and our current registration status is that we are registered with no conditions attached to our registration.

CQC Inspection in September 2019 and Quality Improvement Action Plan

The Care Quality Commission (CQC) undertook a well-led, comprehensive inspection of our Trust between 18 June and 30 July 2019.

The Trust was rated as “Good” by the Care Quality Commission (CQC). This reflects the significant work our staff have put into improving our services during the last two years and since the last CQC inspection in 2017 when our rating was “Requires Improvement”. In its latest inspection, the CQC rated the Trust “Good” for being effective, caring, responsive and well-led. We were rated “Requires Improvement” on safety.



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	Safe	Effective	Caring	Responsive	Well led	Overall
Community health services for children, young people and families	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Inadequate	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Specialist eating disorders service	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Community health inpatient services	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Community-based mental health services for older people	Good	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good

We were reported to have an ambitious Board, with a wide range of skills and experience. Our Board was highly spoken of in the report for its tremendous energy and commitment and it was noted its new membership had provided an opportunity to review how business was managed.

We were assessed to have improved our services since our previous inspection, especially in our community services. Teams that were previously of concern, such as the Haringey West locality team and the Enfield Crisis Resolution and Home Treatment team were acknowledged to have been providing safe and effective care. Our work towards improving our community health inpatient service and our specialist eating disorder service did not go unnoticed and received special mention. We were noted in the inspection to acknowledge where further improvements were needed, and applauded for approaching issues and concerns with thoughtfulness and seeking external advice where needed. The CQC was confident that the improvements would bring real benefits to patients and staff.

The CQC were assured the Trust leadership team were aware of the main challenges facing us and had started to make plans to address these. The Trust was credited for the significant challenges it faced in ensuring all adults of working age with an acute mental illness who would benefit from admission could access a local bed promptly and for proactively trying to improve this situation.

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The CQC commented that we were working hard to improve the quality of our inpatient buildings. This included our redevelopment building work at St Ann’s Hospital, which would replace our long-standing historical site to provide more appropriate and modern provision. The refurbishment of other wards across the Trust had not gone unnoticed either.

Staff were acknowledged by the CQC to be consistently assessing the physical and mental health of the majority of patients on admission and developing plans to support patients to manage risks. It was cited that teams worked together with patients to develop care plans which reflected the assessed needs. Although some teams needed to improve, many staff developed personalised, holistic and recovery-oriented plans with people. Staff supported many patients safely in the community.

We were also commended for commencing work to ensure we provide good services in the future. We developed a new strategy, ‘Fit for the Future’, collaboratively with patients, carers, staff and external stakeholders that reflected local and national health and care priorities. We were actively involved with other local health providers in the regional sustainability and transformation plans, and actively participated in the development of New Models of Care. BEH was commended for leading the North London Forensic Service, which developed a new care model across north London for secure services. The BEH and C&I strategic alliance was also assessed as a positive and promising venture.

The ongoing work at BEH on developing the staff culture was commended for recognising there was more to do. The CQC appreciated our openness

and transparency and noted how staff reflected the values of the organisation. A programme of executive roadshows had enabled members of the executive team to meet over 500 staff. Multiple other forums provided opportunities to listen to staff. However, the staff survey showed that improvements are needed; high numbers of staff continued to report experiencing bullying and harassment and violence and aggression. This said, the overall culture of the Trust was very patient-centred, and this was underpinned by the promotion of our values. The CQC inspectors commented that the staff they met cared deeply about delivering the best care possible for their patients.

The CQC report also highlighted the significant progress in addressing our financial challenges. For 2018-19, the Trust met the control total it had agreed with NHS Improvement.

BEH was recognised for strengthening our leadership structures and governance arrangements. The Trust’s move from four to five divisions to enable the community services in Enfield to have more focused attention was acknowledged. We were applauded for the review of governance structures and accountability frameworks across the Trust to provide improved clarity and consistency.

We were acknowledged to be using quality improvement (QI) methods in our work, which we recognise as integral to changing the culture of the Trust and empowering staff and patients to identify and make improvements. We were commended for creating a QI strategy, for recruiting a small team to support QI methods and for having plans in place to train more staff and embed the QI approach into our divisions.

The CQC rated the Trust as requiring improvement on safety. It highlighted challenges with recruitment and retention of permanent staff, some delays with completing Mental Health Act assessments, and the need to ensure that all staff complete mandatory training. However, the CQC noted that the Trust is aware of these issues and is working hard to address them.

The Trust had seven ‘Must Do’ Actions and 58 ‘Should Do’ recommendations. A CQC Quality Improvement Action Plan has been devised in collaboration with the Trust executives, corporate and divisional management to address the areas identified as requiring improvement. The plan will be monitored by the Quality and Safety Committee, a sub-committee of the Board, to ensure recommendations are actioned and fully embedded across the Trust.

The report was published on 25 September 2019 and is available at https://www.cqc.org.uk/sites/default/files/Barnet_Enfield_and_Haringey_Mental_Health_NHS_Trust_Evidence_appendix_published_25_September_2019.pdf

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Brilliant Basics

Through discussion with staff, we developed 10 Brilliant Basics for BEH in 2018-19 which helped us achieve our CQC “Good” rating. The concept of Brilliant Basics is designed to ensure we get the basics right consistently, for the good of all our patients and staff and to maximise the potential for excellence. Under the ‘Brilliant Basics’ umbrella, each work stream is being coordinated by a collaborative team led by a senior manager.

Brilliant Basics isn’t just for clinical staff. It’s for all staff in all areas of BEH as everyone plays an important part in ensuring we deliver the best care for our patients and families. There is always room for improvement and Brilliant Basics focuses our minds on asking the right questions, and finding smarter ways to work so we can deliver consistently outstanding care. Following our latest CQC feedback, we reviewed our priorities and introduced two new Brilliant Basics, Shared Learning and Recruitment and Retention.

Our 10 Brilliant Basics work streams have been built upon in 2019-20.

We believe that building strong foundations is the key to achieving excellence so we report below on the progress we’ve made in 2019-20.

1. Safe and Therapeutic Environments

- A Strategic Outline Programme is in place to deliver the same quality of environment as the new-build inpatient facilities at our St Ann’s site to all inpatient service users and staff.
- Standardised colours, furniture and fittings, selected in collaboration with service users, will now be used in any refurbishment or development in the Trust environment.

- Seclusion room conditions and standards for all seclusion rooms and furnishings will be used throughout the Trust.
- Ligature reduction management plans have been agreed, including a three-year ligature plan prioritising high risk areas and the commencement of work to replace bedroom doors with new low ligature doors, with door top alarms to four high risk wards this financial year and to five more wards in the next financial year. The Trust is also removing curtain cords from curtains – this will be completed on all wards by the end of the financial year.
- Plans to eliminate use of shared bedrooms throughout the Trust by the end of March 2021.
- Trust cleaning scores and National PLACE assessments on environmental standards currently scoring above 98% on cleanliness and above 97% on ‘condition, appearance and maintenance’, with the exception of St Ann’s, which is in the process of redevelopment.

2. Reducing Restrictive Practices

We want to reduce the use of restraint, seclusion and rapid tranquilisation primarily but also wider practices, for example preventing a patient from accessing outdoor space. The Trust is aware of the negative impact that restraint and restrictive intervention can have, both on those who experience it and those who have to carry it out. A Trust strategy to reduce restrictive practices is in the final stages of completion. The strategy has identified key elements to improve awareness, guidance and intervention to aid in the reduction in use of restrictive practices, which include:

- service user engagement
- leadership
- environment
- training
- data
- identifying hotspots in relation to restrictive practices

A sub-group has been formed to develop and implement the Reducing Restrictive Interventions Strategy.

Other creative interventions include:

- body worn cameras being trialled on Finsbury and Haringey
- assessment wards, beginning in March 2020
- prohibited items list
- the implementation of an observation and engagement policy to standardise enhanced observations on wards Trust-wide.

The final three months of 2019-20 saw a consistently lower rate of physical violence and aggression incidents between patients.

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3. Shared Learning (NEW in 2019)

One of the aims of the Trust's Shared Learning Collaborative is for lessons learnt from inspections, QI collaborative projects, patient safety incidents, national enquiries, patient experience, and published best practice to be accessible by all staff and used to improve practice by the end of March 2021.

Change ideas have been proposed and work is commencing to implement a variety of means by which to share learning, which include:

- interactive intranet pages owned by staff
- podcasts
- Intranet clinical messages of the week
- themed conferences – as part of the Berwick* learning events. Berwick programme of Trust wide learning events, which takes a thematic approach to learning from incidents.
- seminars
- workshops
- Possible collaboration with other trusts to develop anonymised learning stories from Serious Incidents

Potential themes identified for the Berwick learning events in 2020-21 are:

- suicide and self-harm
- co-production
- physical health
- learning from Serious Incidents or trauma informed care

4. Mandatory training

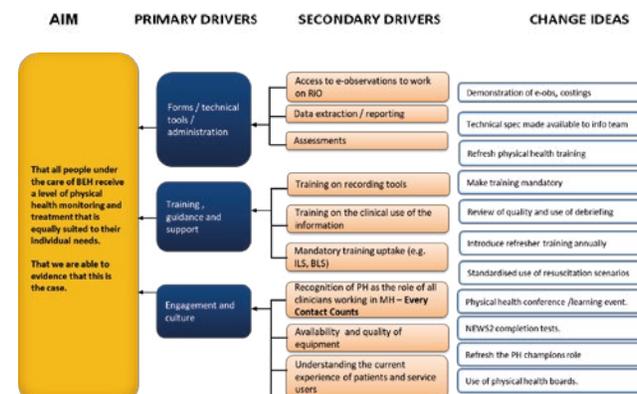
BEH has a target of 90% compliance with mandatory training, and work has been ongoing in reaching that goal. The Trust now sits at 86% and the work hasn't stopped. BEH has signed up to the new NHS pay deal from April 2020-21 with a condition that future increments require 100% compliance with mandatory training. We are expecting this to increase compliance significantly. Further more detailed information on Mandatory training is provided on page 76.

Supervisor Self Service in the Electronic Staff Record (ESR) will ensure managers have the tools and information they need to really manage their staff's training. Managers will get notifications if their staff book, cancel, attend or do not attend training sessions. Managers will also get notifications when their staff members are due to become non-compliant with their training, both three months and one month before.

5. Physical Health Monitoring

The aim and driver diagram below reflects BEH's broad scope and ambition in terms of improving physical health monitoring.

- The collaborative team aims to ensure that physical healthcare is provided consistently across all services provided by the Trust.
- The introduction of e-observations (e-obs) to facilitate recording of National Early Warning System NEWS2 physical health observations is being tested. This is expected to improve recording of physical health scores by integrating the recording with RiO (our case management system) and making it accessible on mobile devices.
- Audits via the Perfect Ward inpatient audit system continue to indicate that physical health assessments are being completed and recorded, with full compliance for assessments of blood pressure, blood sugar and lipids.



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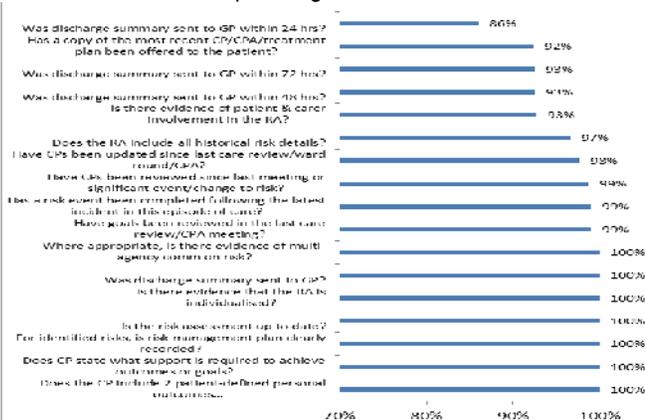
6. Risk Assessments and Care planning

Our aim is for all patients to have a co-produced risk assessment that is linked to care plans and follows them throughout their patient journey.

We have distributed a survey electronically for all staff to baseline how confident they currently are in producing care plans and risk assessments. Additionally:

- A steering group, dedicated to piloting Dialog+, an app-based tool to assess patient’s satisfaction following treatment, has been established.
- A new e-learning resource has been made available to staff.
- Extra face-to-face training is planned, but will require investment and lead-in time.
- Perfect Ward continues to be the main tool used to audit care planning.

Areas audited on care planning within Perfect Ward



7. 132 rights / capacity to consent

Our aim is to ensure that our service users are supported to understand and exercise their rights under the Mental Health Act, and that decisions around admission and treatment are made following proper assessments of service users’ capacity and consent. Progress on this aim includes:

- Live ward-level compliance reports on capacity assessments are now available for clinicians to access on RiO.
- Run charts on 132 rights and capacity assessments are now provided for every divisional management board meeting.

In relation to capacity assessments, audit data has been used to establish a baseline of compliance against six criteria:

- The decision for which capacity is being assessed (details of treatment);
- Salient points the person needs to understand (beyond just writing for example “nature, purpose and likely effects”);
- Steps taken to support decision-making;
- How the diagnostic test was conducted (details of mental disorder);
- How the functional test was conducted (some details as to why assessor came to conclusions stated);
- The person’s views.

8. Floor to Board data

Our aim is to improve the quality and consistency of data across all business-critical information systems to 95% by September 2020.

As well as improving data quality, we will progressively be working towards a longer term ambition to achieve real-time reporting of measures, with multiple data sources brought together and accessible via an intuitive business intelligence platform such as Tableau or Power B.

- Making RiO data compatible with Ulysses (for incident and risk data), E-financials, Electronic Staff Records (ESR) and Iaptus (the IAPT case management system) through comparison of key data fields.
- Team names and patient identifiers are being standardised where possible.
- Improving the skills to manage and interpret data by assessing the number of staff, and their positions, who are able to facilitate data extraction, charting and presentation across each Division.

9. Recruitment and Retention

We aim to reduce the whole time equivalent (WTE) ward-based vacancies by 50% by June 2020.

Working with the National Retention Programme, we are pursuing change ideas specifically relating to career planning and development, health and wellbeing, rewards and benefits and a specific focus on experienced staff. The online retention hub continues to offer a good source of change ideas and resources.

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10. Timely Access to Care

The Trust aims to reduce out of area placements (OAPs) to zero by the end of March 2021. We will achieve this via our well-attended steering meeting – a collaboration of divisional representation specifically identified to improve access to inpatient beds.

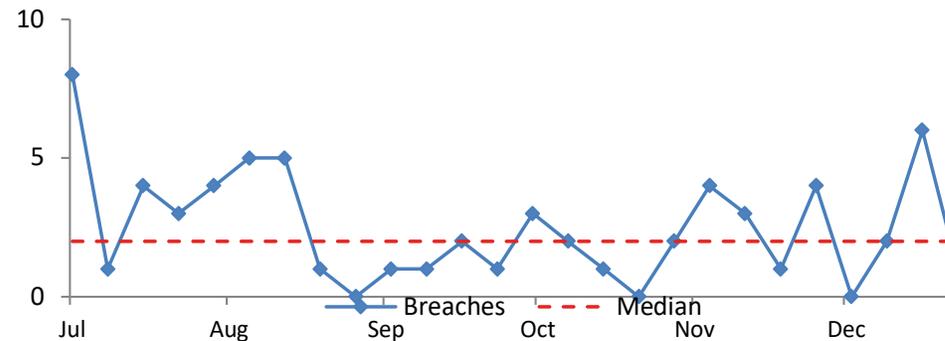
Progress in 2019-20:

- There are now named divisional leads for all the Brilliant Basics workstreams.
- Focussing the functionality and use of the gatekeeping procedures and the Discharge and Intervention Team (DIT) to contribute to maintaining accessibility.
- Ward discharge arrangements taking place the day prior to discharges.
- Floating Crisis Resolution Home Treatment Team (CRHTT) support now in place to support the CRHTT with gatekeeping reviews, review informal bed requests, and all out of area bed requests.
- Working closely with the police to ensure Mental Health Act assessments take place.
- Large Trust-wide transformational project ongoing with the Enablement Team and divisional Recovery Houses focussing on issues that arise for recovery house users (e.g. being of no fixed abode) as this will impact the change model that will be used to deliver the project's outcomes.
- The Liaison and Diversion service targets are now in line with the London Mental Health Compact which sets out cross-agency working to ensure high quality care for people in mental health crisis,

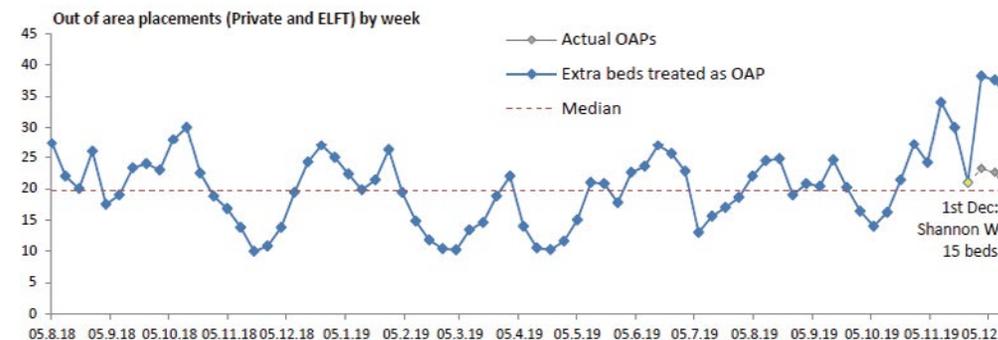
and data on the 'one hour to be seen' and 'to be discharged within four hours of being seen' should be available, additionally the new database should allow for this data to be easily accessed.

OAPs by month and year		April	May	June	July	August	September	October	November	December	January	February	March	Total
Number of Out of Area Placements (OAPs) in out of areas beds	2017-18	22	52	51	34	31	43	45	33	40	31	31	52	465
	2018-19	59	76	65	68	68	63	68	45	59	60	58	56	745
	2019-20	55	57	73	62	53	55	63	86	79	75	77	47	782

Number of times the 12-hour access standard for admissions from acute hospitals was breached, by week, since July 2019



Out of Area Placements



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Review of Quality Performance 2019-20

During 2019-20, we introduced a number of quality performance and quality improvement initiatives aimed at, and resulting in, improvements for Trust staff, service users and carers.

World Health Organisation World Patient Safety Day, 17 September 2019

The Trust participated in the first ever World Patient Safety Day which had the theme of 'Speak up for Patient Safety'.

The Trust's Patient Safety Team welcomed staff and patients to their stands in Enfield, Edgware and at St Ann's Hospital to hear their views on four key questions:

How is patient safety promoted in their areas?

How has patient safety been embedded in their day-to-day work?

How do patients influence patient safety?

How are staff and service users empowered to speak up for safety?

Suggestions received on the day include:

- Need to orientate patients on the fire safety evacuation procedure
- Interact with patients and involve them in decision making
- Attaching patient's photo to medication charts
- Safety huddles for all
- Audit and governance meetings
- Learning from others

Three staff members expressed an interest in becoming a Medical Devices Champion on their ward. Additionally, a service user with a qualification in health and social care expressed an interest in working for the Trust.

Some feedback from the event is included below. It was interesting to hear what patient safety means to different people.

"Being a team manager means I have to ensure that the plans we have in place for the patients on my case load are sufficient to ensure the mitigation of all assessed risks, particularly for the vulnerable."

"Protecting patients, NOT the politicians" – Service user

"When thinking about the safety of patients while in the CRHTT administrative team, I think about ensuring that information I receive is always documented and passed onto the relevant clinician. I need to know of the hazards, risks and protective factors a patient has in place when I am talking a call."

"Patient safety is something we as clinicians should be doing a lot more of. As an AMHP (Approved Mental Health Practitioner) I can see that clinicians make decisions after clearly not examining the progress notes carefully – I don't know if it is because they do not have enough time or what. Care plans are old, risk summaries are duplicated and progress notes often lack detail for us and ultimately this affects our team's ability to proceed in the patients' best interests when they are in need of help."

"Patient safety is about how we look after the patients' risks and minimise them" – Healthcare assistant, Thames Ward

"Patient details office is responsible for ensuring that the detail and its confidentiality are maintained. It is also about ensuring that everything surrounding the patient is adequately looked after so that those clinicians pivotal to the patients care can remain informed and involved. This is the most important thing for keeping the patient safe."

"As a social worker in a locality team, I want to make sure the patients' needs are met and they are not concerned about something, as they do not need any more distress. They need to feel safe and supported."

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It is about ensuring the psychological, social and environmental needs of the service user are met."

"It is so important for the safety of the patient that teams work collaboratively to ensure the best outcomes for the client."

"As a cleaner, I must ensure that patients are kept safe from harm through eliminating infection through effective hygiene maintenance, clearing harmful objects from patient environments and making sure rooms where hazards might be found are not accessible to patients."

"CRHTT is about eliminating a patient's crisis whatever that might consist of and not placing them at risk when they come into contact with anyone."



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Keeping Us Safe symposium

In November 2019, the Trust held a joint symposium with Camden and Islington NHS Foundation Trust; the day was called 'Keeping Us Safe' and was a true collaboration of staff and service users from both Trusts. Staff from both Trusts shared good practice, presenting on a number of items from staff support structures to quality improvement initiatives in wards and service user led peer support. The symposium made a commitment to develop a 'Keeping Us Safe' charter from themes identified in the group work.

Skill Mix Review

In line with the latest guidance from NHS England Mental Health Staffing Framework and NICE guidance, in 2019-20 BEH reviewed the skill mix and staffing required to continually deliver services safely and effectively.

Ward teams and frontline clinicians were consulted and provided input on the patient care tasks which were needed most often and on which staff roles are qualified to perform them. This enabled hospital leaders to begin better matching patient needs with staffing resources.

The main outcomes of the skill mix exercise were:

- An acquired sense of the skills and competencies of nursing staff that were deployed
- An identified potential for utilising the skills within nursing teams in inpatient areas more effectively

- An analysis of each role's workload to increase overall job satisfaction
- A framework for future decision-making on the development of the nursing workforce.

Blue Light Bulletin

The Blue Light Bulletin – a regular all staff bulletin at BEH – was introduced as a means of alerting staff to potential patient safety risks identified either within the Trust or from other NHS Trusts.

The bulletin provides frontline staff with an immediate notification on the key headline messages from the lessons learned from near misses, incidents and investigations. With each bulletin focusing on one theme, it maximises the impact of the learning shared. The effective dissemination of Trust-wide learning has ensured staff members are continually kept abreast of the latest findings in quality care as well as enabling staff to consider and incorporate any relevant learning within the review of Trust policies and procedures within their respective departments.



Berwick Learning Event – Working Together to Prevent Suicide, October 2019

The Trust held a very well-attended and successful Berwick Learning Event 'Working Together to Prevent Suicide' in October 2019. Staff attendees had the opportunity to consider different approaches to preventing suicide, with a focus on patient experience, learning from incidents and providing compassion-based clinical care in suicide prevention. The event featured a host of both internal and external speakers, including Joy Hibbins, Founder and CEO of Suicide Crisis, a registered charity which runs a Suicide Support Crisis Centre, and author of 'Suicide Prevention Techniques: How a Suicide Crisis Service Saves Lives'. Staff also had opportunities to share ideas and think together to develop the Trust's role in suicide prevention in collaboration with colleagues from partner organisations.



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Perfect Ward

The Perfect Ward audit app was launched in October 2019 for all inpatient teams within BEH. The Perfect Ward electronic application enables nursing teams to collate and review nursing quality audit data in a more time efficient and effective fashion.

By replacing previous paper systems with the mobile friendly technology, ward staff have been able to complete their scheduled audits with minimal impact to their existing workloads as well as being able to see results immediately, enabling staff to act on recorded data and feedback to nursing teams within a shorter time frame leading to faster improvements in patient care and safety.

The Perfect Ward audits are focused on specific areas and are now completed on a monthly basis. Due to the introduction of Perfect Ward, a decrease in the number of returns for the Quality Assurance Audits in 2019-20 will be visible in comparison to 2018-19.

Maternity and Paternity BEH Staff Coffee Morning

In February 2020, BEH launched its first coffee morning for staff members who are new parents or parents-to-be. Hosted by our Women's Network and within the comforts of a welcoming environment, staff members shared their experiences of becoming new parents and provided support and advice to their fellow colleagues who were either planning to go on maternity, paternity or adoptive leave, were currently on leave or had recently returned from maternity or paternity leave.

As well as parents, a number of gorgeous new babies were in attendance as well as specialist advisory input from midwifery and Workforce teams. Attendees discussed alternative ways in which BEH could further support new mums, dads and adoptive parents during pregnancy, leave and when they return to work.

Experience of Care Week 2019

During Experience of Care Week 2019, the Patient Experience Team organised drop-in sessions Trust-wide to engage with service users, carers and staff, and had a fantastic response. The team held these events across the week to ask for feedback and a total of 123 responses were collected.

The feedback captured, enabled service users and carers to share their experience of services they had been involved with, including things they thought were good about our services and areas they thought could be improved. The staff feedback form varied slightly and provided an opportunity for staff members to share the details of the care they had been involved with that they felt particularly proud of.

"We would like more opportunities to feed back as patients. We would like to discuss areas of concerns, improvement and excellence directly with the ward staff and managers."



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The Women's Network

The Women's Network was launched on International Women's Day on 8 March 2019, with the aim of supporting women in the Trust to address issues impacting on their daily working lives. So far, the key issues identified have been related to career development, flexible working, carer and parenting responsibilities and the menopause.

An International Menopause Day event was held in October 2019 following feedback from women in the Trust about the need for more education and more discussion on the impact of the menopause on their working lives. The event was hugely successful. The Network has also started to host maternity and paternity coffee mornings, attended by a representative from the Workforce team. Network meetings are held regularly, rotated around the boroughs, and each meeting has a speaker from within the Trust who talks about their career to date which then leads to a discussion. For the coming year, the Network will be planning more themed events, and continuing to work towards closing the gender pay gap in the Trust.



LGBTQ+ (Lesbian, gay, bisexual, transgender and queer) Network

In August 2019, BEH launched our new LGBTQ+ Network, which aims to promote a culture in which all employees and services users are included and respected, irrespective of their sexual orientation or gender identity. The launch event was well attended by staff and featured a presentation from Stonewall who gave a talk about LGBTQ+ health issues in healthcare for staff and service users.

Stonewall presented shocking statistics which show that some LGBTQ people have experienced some form of unequal treatment from healthcare staff because they are LGBTQ and some have witnessed discriminatory or negative remarks against LGBTQ people by healthcare staff.

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In February 2020, we celebrated LGBTQ+ History Month and launched rainbow lanyards and pin badges which are available for staff and allies.

Our new LGBTQ+ Network will actively work and collaborate with other equality networks at BEH (Women's Network, Inclusion and Diversity Forum, Inclusion and Diversity Committee, Better Together Network and Disabilities Equality Forums), staff, service users and local LGBTQ+ groups to raise awareness of equality issues and to create a fairer, more inclusive culture for LGBTQ+ staff and services users.

Settled Status forums for staff

BEH acknowledged the invaluable contribution a diverse staff workforce provides and is committed to supporting staff that need to apply for Settled Status following the UK's exit from the EU. As a result, we scheduled a series of forums hosted by a member of the Workforce team for staff who may be in need of advice or assistance on the scheme or the application process for settled status.

BEH and Camden & Islington NHS Foundation Trust (C&I) mentoring programme

This year staff members in senior roles from BEH and our partner C&I were encouraged to consider being a mentor with an emphasis placed on individuals to mentor colleagues from a Black, Asian and Minority Ethnic (BAME) background. Although training was not a pre-requisite, BEH and C&I offered a half-day induction for all potential mentors.

The aim of the mentoring programme was to encourage aspiring staff members and offer guidance with CV writing, job applications and interview preparation. Mentees were able to share their professional goals and work interests with their assigned mentor while mentors shared their professional networks and their experience working in management and policy trends.

BEH selected to join the Flow Coaching Academy

Following a rigorous selection process, we joined the Flow Coaching Academy, a national programme which aims to empower frontline staff to improve patient flow through the health care system. We are the first mental health trust in London to be selected to join the academy.

The Flow Coaching Academy, which is funded by the Health Foundation, runs a highly respected action learning course to train clinicians and managers in team coaching skills and in improvement science – finding out how to improve and make changes in the most effective way.

BEH will be selecting three specific treatment pathways to focus on and two members of staff per pathway will be trained as coaches. The coaches will put their skills into practice by leading meetings which bring together staff from each step of the patient journey to assess, diagnose and test changes to improve patient flow. Coaching pairs are composed of a clinical coach, who works within the pathway, and a flow coach, external to the pathway.

BEH joins Health Information Exchange

This year we joined the Health Information Exchange (HIE) joint health and care record for north central London. This single record draws health and care data from the live systems used by many of the health and care providers in our area. The Health Information Exchange gives clinicians at BEH access to the health and care records of residents of Barnet, Camden, Enfield, Haringey and Islington. As more providers of healthcare join the scheme, the records will become richer with clinical information.

The benefits of the joined-up health and care records will be huge, enabling health and social care professionals to provide better care through:

- **A complete, up-to-date record of an individual's health and social care information which will help those caring for residents to make better-informed decisions;**
- **Less time will need to be spent finding out relevant information from different health and social care organisations and IT systems, and recording duplicate information;**
- **Information will be available to help plan and improve care for our patients, meaning health and care professionals can work as a team to identify opportunities for improvement;**

The introduction of the Health Information Exchange is being coordinated by North London Partners in health and care – the Strategic Transformation Partnership (STP) for North Central London.

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What is Enablement?

The Enablement Programme is our approach to delivering mental health services. It empowers people who use our services, increase people's control of their mental health and aids their recovery journey. Enablement is an umbrella term for a number of evidence-based approaches, which include recovery-focused, person-centred and strengths-based approaches.

What is the Enablement Partnership?

The Enablement Partnership is a unique collaboration between BEH and peer-led charity Inclusion Barnet, which works to design, deliver and evaluate a wealth of projects across BEH under the Enablement ethos. The Enablement Partnership has completed its second year with successful activities focused on four core areas: peer support, co-production, enabling practices and lived experience of mental health challenges.

The Enablement Partnership operates on four key principles throughout its work:

- Always aiming to do with people rather than to or for people
- Focusing on what people can do rather than what they cannot do
- Supporting people to develop skills to help themselves stay well
- Working with the whole person and not just their diagnosis

Peer Support

Our peer support workers have personal lived experience of mental health challenges and are trained to use this experience to support others in their recovery.

The number of peer support workers employed in the Trust continues to grow, and we have an ambitious aim of recruiting 15 additional people in this role in 2020-21. We currently have 25 permanent peer positions. We are:

- Piloting a respiratory peer support worker in our community service to share the principles of peer support in mental health to physical health
- Further preparations for Peers Workshops based on staff input
- Increasing the amount of peer-to-peer supervision offered
- Amending peer recruitment systems to enable more effective recruitment for managers and better tracking of the roles for workforce
- Writing a Peer strategy showcasing the importance of peer roles in the evolving workforce skill set

Enabling Practice in Services

- We have piloted a scheme Dialog+ on Finsbury Ward and Somerset Villa. Dialog+ is a tool that was co-produced with people using services in East London NHS Foundation Trust

- Findings demonstrated DIALOG+ improves co-production of care plans and improves communication between the clinician and the person using the service
- DIALOG+ is creating a cultural shift in how we conduct the Care Programme Approach process to aid meaningful recovery based on the person's goals
- We co-produced the 'My Wellbeing Plans' with Peer Support Workers and clinical staff. These are a self-management and recovery tool using principles that support the recovery approach

Co-production

- We created a bespoke co-production toolkit for staff based on theory, evidence and experience that provides staff with the knowledge, guidance and practical support they need to start co-producing
- We have designed and delivered training in effective co-production for staff with the aim of including a wider training programme in 2020.
- This year we held creative co-production forums to show showcase best practice in the Trust and provide insights into the barriers to co-production and service user improvement people have experienced
- We co-produced an awareness campaign video for adult Attention Deficit Hyperactivity Disorder (ADHD) with the Adult ADHD team and people who use the service

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- BEH has also trained young people’s parents in Quality Improvement methodology to enable them to co-produce with clinicians in workstreams that are implementing Barnet Child and Adolescent Mental Health Services (CAMHS) new stepped model of care.

Lived Experience

- We have achieved significant progress on the ongoing Trust-wide project to ensure staff with lived experience of mental health challenges are viewed and treated as an asset in the workforce
- Quality Improvement (QI) methodology was used to provide a robust method of tracking improvement in the culture
- QI Collaborative meetings were hosted to draw ideas and experience from a wide variety of staff
- Collaboratively agreed on the QI project aim, drivers, project measurements and 27 change ideas.
- A Lived Experience Strategy was created and approved at the Enablement Board and by the Trust’s Executive Leadership Team.
- We planned to launch the first round of change ideas: a lived experience feature in the Trust Matters magazine for staff to share their stories, and a champions scheme.
- The Enablement lead is managing the review and redesign of the Recovery Houses within the three boroughs of Barnet, Enfield and Haringey. This will ensure that service users and carers, crisis

and community staff (including peer workers) and colleagues from social care, housing and commissioners have input into the creation of a co-produced recovery and strengths-based model of service to be offered in 2021, offering hope and opportunity for the best possible recovery journey for people within adult mental health services.

Promotion

- Refreshed enablement content for the Trust website and intranet
- Produced eight case studies of people using BEH services and peer support workers
- Co-produced an animated video about the Peer Support Worker role with peers to increase understanding of the role
- Delivered an annual Trust-wide event to celebrate the year’s enablement successes.
- Updated directories for local voluntary and community services in Haringey, Enfield and Barnet
- Published 21 articles in the weekly staff BEH Bulletin to keep staff informed about the partnership’s activities and news
- Presented updates on enablement activities in borough senior manager forums and regularly met borough Assistant Directors to problem solve, exchange updates and discuss plans
- Utilised Twitter to promote the partnership’s activities.

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Quality Account 2019-2020

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Quality Improvement (QI)

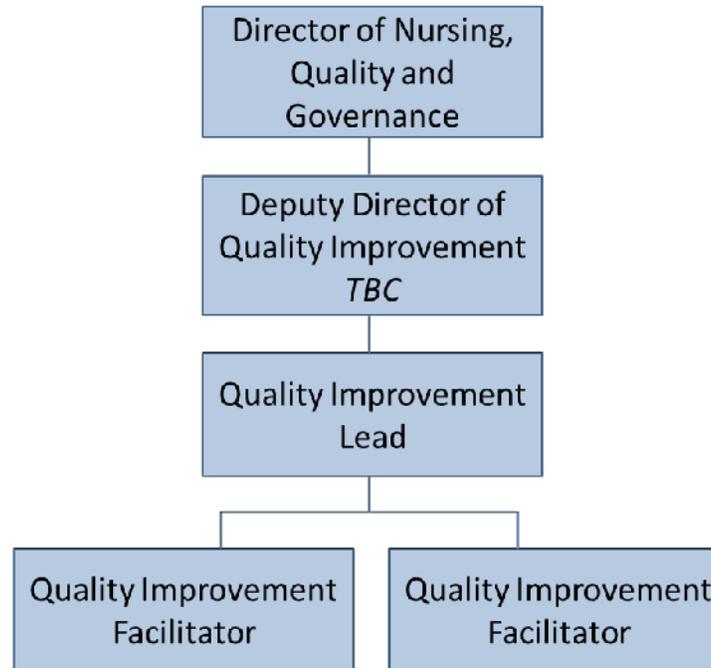
Our programme to embed QI as the Trust's de facto approach to improvement is now led by the Chief Nurse. The past year has seen progress against each of the themes in the Quality Improvement strategy. A comprehensive training pathway, centred on the NHSE/I model of Quality, Service Improvement and Redesign (QSIR), is being established, alongside more proactive communications in support of improvement collaborative projects. Trust-wide improvements are developing prominently through the ten Brilliant Basics collaboratives. We have secured the opportunity to develop as a Flow Coaching Academy, offering a fresh approach to improving pathways. Close alignment with the Trust's Enablement programme ensures that service users remain integral to the QI approach.

In 2019-20 the Trust revitalised our quality improvement journey, ensuring that QI is actively embedded through technology, training, support and the practical spread of QI throughout all parts of the Trust.

We have purchased licenses for all QI collaboratives to be managed and shared through the Life QI online platform. Life QI has already been used successfully by the Trust to engage with national QI initiatives so we chose it as the foundation on which to build the next level of QI collaboration.

Two Quality Improvement Facilitators started in January, providing coaching, bespoke training and practical support to teams as they develop their QI collaborative. Additionally, it was recognised that the Trust required dedicated leadership in this area so we created a new Deputy Director of Quality Improvement post.

The management structure of our dedicated QI resource is as below:



In addition to this central resource, we have an established QI faculty, comprising psychological therapists, medics, nurses, corporate services, Allied Health Professionals (AHPs) and managers from across the Trust.

We are rolling out a comprehensive training pathway, centred on the NHSE/I QSIR model for improvement. This is a peer-training approach that allows people in

any part of the organisation to progress through four stages to become an NHSE/I certified QI trainer. The first cohort of trainers includes consultants, nurses, AHPs and senior managers with each of our divisions represented, promoting access and credibility across the Trust. This enables a sustainable training programme with no need to purchase external support or materials.

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Planned Coverage	Level and Outcomes	Planned Number
1%	Advanced Practitioner <i>'QSIR College' certified to teach QSIR methodology in addition to leading and supporting QI collaboratives to deal with complex issues. Likely to include other specialisms such as Flow Coaching and IHI Improvement Coaching.</i>	33
15%	Champion <i>QSIR Practitioner able to lead QI collaboratives with minimal support from the AP group.</i>	494
50%	Foundational <i>One-day training, delivered by QSIR Advanced Practitioners. Engaged staff delivering for their own team and capable of guiding others.</i>	1646
100%	Basics <i>E-enabled learning and BiteSize training Relates to all staff in order to develop a basic understanding of their role in improving local services.</i>	3291

BEH, like the NHS as a whole, has spent recent years grappling with the issue of bed shortages and the complex interdependencies limiting flow through our acute pathways. This is acknowledged as a priority for sustainable systemic change.

The BMJ Award winning Flow Coaching Academy (FCA) Programme, funded by The Health Foundation, aims to develop the capability to train improvement coaches

across the UK. It has been developed to address the challenges to improvement due to pathways crossing physical boundaries, between hospital and community, and organisational boundaries of health and social care.

Following a selection process of discussions and interviews with the FCA Faculty, we have been selected as a 2020 FCA site.

The Trust's Quality Improvement Priority areas for 2019-20, called Brilliant Basics, are aligned with the actions required from the CQC Well Led Inspection published on 25 September 2019:

- Access to care
- Shared Learning
- Safe environments
- Floor to Board data
- Risk assessments and care planning
- Reducing restrictive practices
- Recruitment and Retention
- Section 132 rights/capacity to consent
- Mandatory training
- Physical Health Monitoring

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Quality Priorities 2019-20

Looking Back

In early 2019, the Trust undertook a review to identify areas requiring continued improvements and what our quality priority areas for the year ahead should be. Six quality priorities were agreed. During 2019-20, a number of initiatives were introduced to achieve those priorities. These are detailed below.

1. Timely access to beds

We will:

- Reduce the number of service users being admitted to inpatient beds outside of the Trust due to there being no bed available;
- Reduce bed occupancy rates so that beds are always available;
- Reduce the number of service users who are admitted to our beds outside of their home locality.

We have experienced long term difficulties with bed capacity and have faced ongoing challenges in managing high levels of demand for acute mental health inpatient beds. This has led to an increase in our use of out-of-area-beds, averaging between 20 and 30 at any one time over the last three years.

In 2019, the Trust commissioned a review of our urgent care pathway. The review had two objectives:

- Establish investment required for inpatient provision across the three boroughs supported by a demand and capacity model.
- Develop a service model focusing on timely community-led clinical interventions and alternative pathways to reduce the future investment required for inpatient beds.

The urgent care pathway review comparison with other London mental health trusts highlighted the following:

- Number of acute beds within BEH relative to its population is below-average compared to other London mental health trusts (16.2 vs 18.9 beds per 100,000 weighted population).
- BEH's acute admissions appear to be slightly less than the London average, while Mental Health Act admissions are above the London average suggesting higher patient acuity.
- Bed days lost to Delayed Transfers of Care (DIOC) are well above average compared to other London trusts (513.5 vs 322.7 total bed days lost per 100,000 population).

The urgent care pathway review concluded that BEH needed an additional 90 beds to meet growth in demand, which could be reduced to 52 by 2024-25 if accompanied by transformation of community services.

National benchmarking data – October 2019 report for BEH

The NHS Benchmarking network data demonstrates that:

- The Trust has a lower number of beds per 100,000 population than the national average
- 34 additional beds would be required to be in line with the national average
- Bed occupancy has been continually over 100%
- Length of stay is in line with the national average
- Mental Health Act admissions are high.

New additional beds at BEH

- We opened a new 15 bed acute mental health ward at the Dennis Scott Unit in Edgware.

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- We started a one year partnership with a local independent provider for 14 acute mental health beds. This is an interim measure while we await the outcome of funding bids to enable us to develop a new ward.
- We have a short term contract with an independent provider located 32 miles from BEH for five additional acute mental health beds.
- We are also transforming our community teams to ensure more early intervention work is taking place to reduce the need for admissions to acute mental health beds.

Our partnership working with a local independent provider is in line with the national mental health '4 principles of continuity' to ensure that there is a clinical pathway and joint partnership agreement. The admission of patients to this unit is not viewed as out-of-area placements..

New centralised Access and Flow team structure

The Access and Flow team has been restructured, with a new clinical director now in post. The team is now reporting centrally to reflect its Trust-wide function. Ongoing work is taking place to improve demand and capacity monitoring and interface with clinical teams across all divisions. This includes reviewing discharge intervention teams and developing a consistent model for this across the Trust.

Community transformation

We have held a number of stakeholder events to explore and develop our community mental health provision. The aims are to ensure a more preventative approach to avoid admission and more support provision across community settings.

- **Monitor the feedback we receive from inpatients about their experience of being cared for on our wards**

Inpatient surveys (monthly patient satisfaction) and Family and Friends Tests (FFT) are collected each month on all inpatient wards. The Trust understands that patient experience data is most informative in guiding service improvements when used alongside safety and outcomes data and so are fed in to the divisional clinical governance meetings and the Safe, Effectiveness and Experience Group (SEEG) to ensure it is presented alongside these other assurance measures. The divisional Heads of Nursing and Modern Matrons are tasked with ensuring that data is collected and managed.

The Trust is utilising both positive and negative patient experience data to improve inpatient services through "you said, we did" posters on all inpatient wards. This is designed to empower ward staff members to act on feedback to improve service quality, not just to receive and pass it on.

The Trust's inpatient staff members have found that the most meaningful feedback is given by patients to staff they trust and thus the focus on building rapport with patients so that they feel comfortable enough to provide informal feedback remains a top priority. A valuable

approach within the Trust is to acquire more in-depth feedback once the patient has reached a degree of recovery that allows them to reflect on their inpatient experience.

- **Ensure risk assessments are utilised appropriately to inform bed management decisions**

We have reviewed our Bed Management Policy to include all necessary mitigation processes in the management of beds, including when patients abscond, become AWOL (absent without leave) or take leave in agreement with our services.

Risk assessments and subsequent plans are detailed in the process of gatekeeping patients, transfers of cares and discharge.

2. Risk assessments and care plans

We will:

- **Revise the Trust's risk documentation on RiO and implement Trust-wide**

The Electronic Clinical Records on RiO have been improved and the new risk documentation applied in November 2019. There were concerns regarding the effectiveness of the grading system of low, medium and high that was previously in place for clinicians on the risk assessment interface. This predictive model, based on the clinician's subjective views as to the level of risk posed by the patient offered little certainty as to the likelihood of when, where or how risks might occur. There was also little evidence to suggest these

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predictive grades actively supported clinical decision-making to any great extent.

Led by our Medical Director, the interface has been upgraded to better suit the management of risk by clinicians to ensure it includes suitable documentation to support decision-making. Risk is documented through using prompts to explore with the patient what they think are the risks to their recovery, the triggers to those risks and how BEH might best help to mitigate those risks through the patient's care plan. The RiO document also prompts clinicians to seek the historic information from those involved in the patient's care, such as relatives, carers and other clinicians.

- **Improve the quality and timeliness of risk documentation**

Risk assessment documentation is updated each time a risk event occurs to reflect an increase in the immediacy of risk. The risk assessment form has been amended so that it is more direct via one page of information which highlights the historical risks, the type of risk and the risk formulation.

- **Ensure risk assessments are appropriately used to inform all decisions regarding the patient**

Clinicians are required to identify triggers to risks, the immediacy, the protective factors that patients have in place and influencing factors (e.g. drug and alcohol misuse, physical issues) and should include both static i.e. known, long term risk and dynamic risks that may be changes in a patient's personal circumstances or events such as bereavement or divorce. A difficulty found with the older version of the form was the guidance on including historical risks (including the most serious and most recent previous acts).

There is now a separate prompt in addition to include concerns that have been raised by relatives, carers and acquaintances.

- **Ensure risk documentation is audited appropriately through the monthly Quality Assurance audit. Monthly audit to include a standard set of four risk assessment questions monthly**

As part of the 2019-20 audit programme, the Risk and Capacity Assessment Audit was completed on a quarterly basis, utilising four risk assessment questions to ensure that static and dynamic risks are captured and formulated in conjunction with historical risks, patient safety incidents and family and carer involvement.

- **Revise training on the Care Programme Approach and clinical risk assessment, to include training on the new risk documentation**

The risk assessment and summary document has been incorporated into the mandatory training module. The e-learning interface has also been updated to include the new risk summary template.

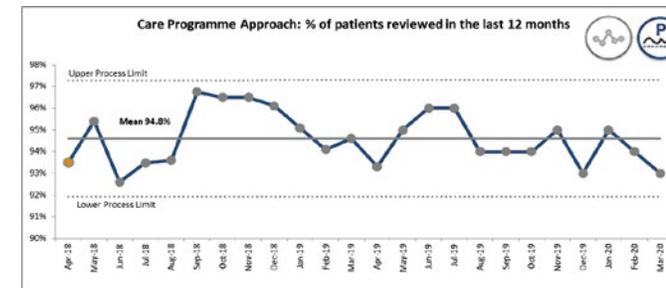
- **Improve the quality of patient care plans by increasing collaboration and shared decision-making with the patient, carer and appropriate clinical team**

- **Ensure care plans demonstrate: Risk assessment, Person-centred holistic assessment, Service user voice, Regular Review**

At BEH we monitor the use of the Care Programme Approach (CPA) tool as part of our annual audit programme. The four components listed in the target are

evaluated in the Quality Assurance Audit for community teams and the Perfect Ward Audit for inpatient teams and become non-compliant if a specification has not been met. A breakdown of the performance of these two priorities is provided in our Clinical Audit Section.

The graph below displays CPA reviews conducted Trust-wide in the last 12 months. The percentage of CPA reviews taking place within a 12 month period sits at 94.8%, just under the 95% target.



3. Reducing restrictive practices

We will:

- **Reduce prone restraints by 30%**

Inpatient teams have continued to improve patient safety through reducing the number of prone restraints. This firstly meant improving the data collection on prone restraint incidents, to better understand where and when they occur, which patients are most commonly affected, and the level of harm and how this could be prevented. Utilising this data, BEH staff members are becoming aware of the correlation between a reductions in prone restraints and the reduction in sedative use, the level of harm and how this could be prevented, and the potential for abuse.

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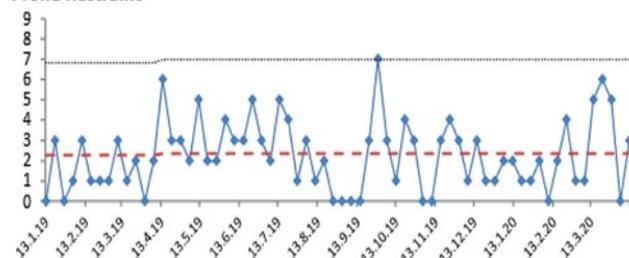
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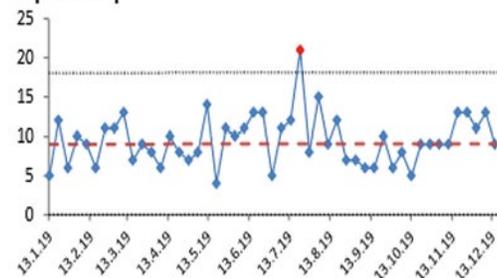
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A 40% reduction in the number of prone restraints from 223 in 2018-19 to 133 in 2019-20 has been a tremendous achievement however we are continuing to focus on this to achieve an even greater reduction.

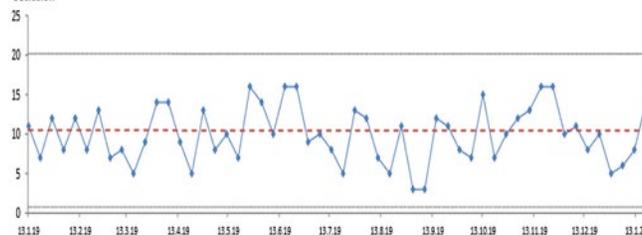
Prone Restraint



Rapid Tranq



Seclusion



The Positive and Safe Group, chaired by the Deputy Director of Nursing monitors and tracks quality improvement projects across the divisions. The benefits of these projects include:

- Staff having more ownership of the refined data through the Ulysses Incident and Risk Management System
- The data is being utilised to inform our Physical Intervention Training
- We are seeing the introduction of changes through the promotion of therapeutic forms of de-escalation and a shift from prone restraint to the safer seated restraint position
- There is work commencing to introduce patient involvement in the process of prone restraint reduction through de-briefing sessions with both patient and staff to understand triggers and alternative management techniques
- **Introduce staff training and education on administering rapid tranquilisation**

Following on from the advancements in data and perceived benefits in the reduction of prone restraints, the Learning and Development Department worked with the Pharmacy Department to provide a Rapid Tranquilisation e-learning module. The module covers the safe and appropriate use of rapid tranquillisation in mental health settings, including the planning, precautions, assessment, escalation and decision to use rapid tranquillisation; medication, monitoring and managing adverse effects. The Rapid Tranquilisation e-Learning is written in accordance with NICE NG10 Guidelines.

Improve the environment of seclusion and restraint areas which will contribute to the reduction of prone restraints

There is a Brilliant Basic work stream dedicated to enhancing the environment of BEH inpatient wards and this will include the systematic refurbishment of divisional seclusion rooms to meet the standards set by the work stream.

4. Learning and improving from patient and carer feedback

We will lead a Trust-wide QI collaborative, with a primary aim of achieving 90% responsiveness to complainants by March 2020 (compliance is currently 60%). The Patient Experience Team will work with managers, services and complainants to introduce a series of change measures over a six month period (July – December), which will be monitored by the Trust’s Patient Experience Committee. We expect that implementing a series of change ideas, focussed on the systems, administrative and human aspects of the investigation, will streamline the complaints processes and in turn improve responsiveness.

Work with the Parliamentary and Health Services Ombudsman (PHSO) to improve the quality of complaints responses. BEH is the only Trust to have been selected by the Ombudsman to participate in this process

Members of the Patient Experience Team were interviewed during 2019 by the PHSO for the complaints report that they are producing.

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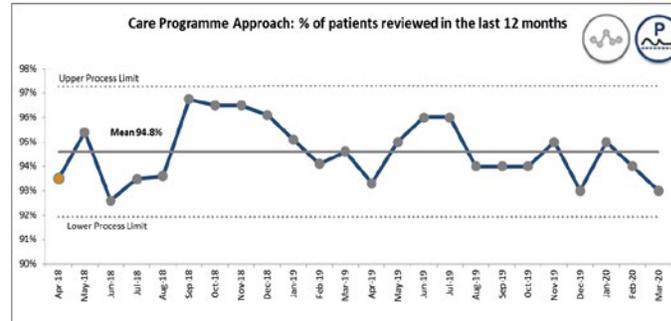
5. Reducing hospital acquired pressure ulcers within adult community health (Enfield Adult Community teams)

We are very proud of the dedicated work of our staff to reduce the number of hospital acquired grade 3 and 4 pressure ulcers. The teams took an in-depth look at each hospital-acquired pressure ulcer case and gathered information about the circumstances that may have led to the skin breakdown. Some of the issues uncovered included misidentification, inconsistent skin assessments, inconsistent re-assessments of all diagnosed skin conditions, and inconsistent intervention documentation.

In response to the findings, we took action in a variety of areas including:

- Education via staff-development sessions on pressure ulcer assessments, staging of the pressure ulcer (i.e. categorisation), and the accurate completion of the pressure ulcer prevention protocol;
- Floor-to-board data was reviewed on a weekly basis;
- Setting thresholds for acquired pressure ulcers in areas which will trigger further investigations when breached;
- BEH newsletter disseminating learning to maintain the focus on the treatment of hospital-acquired pressure ulcers;
- 'Walk-rounds' by senior clinicians helped quality-check care, assessments and subsequent documentation of interventions.

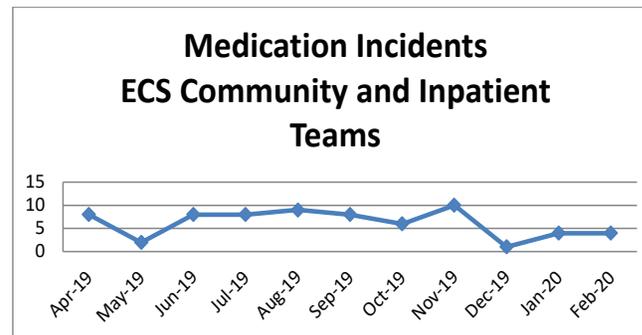
As a result of these efforts, the number of hospital acquired pressure ulcers was reduced, achieving a 45% reduction from the cumulative figure in 2018-19 (36) to 2019-20 (20).



6. Reducing medication incidents (Enfield Community Health)

In addition to the local arrangements for reporting and monitoring progress against our Quality Priorities 2019-20, we reported on our performance at Board meetings and relevant sub committees throughout 2019-20.

A total of 69 medication incidents were recorded by Enfield Community and Inpatient Services – a 10% increase in the number of incidents in 2018-19 (58). The 2019-20 figure includes data from the newly acquired Cape Town Ward. Training continues to be available to all staff.



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Clinical Audit and Quality Assurance Programme

Clinical audit is a way to find out if the health care we provide to our service users is in line with best practice standards; it lets us know which services are doing well and where improvements can be made.

The Trust has an extensive clinical audit programme aimed at improving the quality of services, care and treatment, patient safety and patient experience.

The Trust's Clinical Audit and Quality Assurance Programme 2019-20 encompassed relevant National Clinical Audit and Patient Outcomes Programme (NCAPOP) audits including the Confidential Enquiries Programme as well as essential audit programmes from services across the Trust such as Pharmacy, Safeguarding, Patient Experience (service user and carer audits), Infection Control, Information Governance, Health and Safety, and Workforce. The programme also included a programme of monthly quality assurance audits and Peer Service Reviews which are based on CQC regulations for all teams across the Trust.

The Clinical Audit and Quality Assurance Programme 2019-20 was approved by the Trust's Quality and Safety Committee, a sub-committee of the Board, in March 2019. The programme is divided into the following three sections: national audits, priority audits and local service/team audits.

Audit Type	Definition
National Audit	An audit project managed by the Healthcare Quality Improvement Partnership (HQIP) and part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) or another national body. BEH participates in all national audits where our services meet the eligibility criteria.
Priority Audits	Priority audits are mandatory audits carried out by all eligible services across the whole organisation. These audits are devised and co-ordinated by an identified senior lead and are commonly initiated in response to published best practice guidance or issues identified through BEH quality governance reporting processes.
Local Service/ Team Audit	A team or specific service/topic audit designed to assess how well a service is meeting a best practice standard. Local audits are usually carried out by individual, targeted services.

Together, these assessments combine to give a total of over 90 audits, surveys and quality projects undertaken in 2019-20.

In October 2019, the Trust implemented the Perfect Ward audit app on all of its wards. Perfect Ward consists of 10 audits that cover a range of

areas including rapid tranquilisation, restraint, infection control, medication practices and Quality, Effectiveness & Safety Trigger Tool (QuESTT) and are available on hand-held devices, making it easier for staff to undertake audits as part of their day-to-day work. The audits provided real time results to identify areas of concern immediately for implementing improvements.

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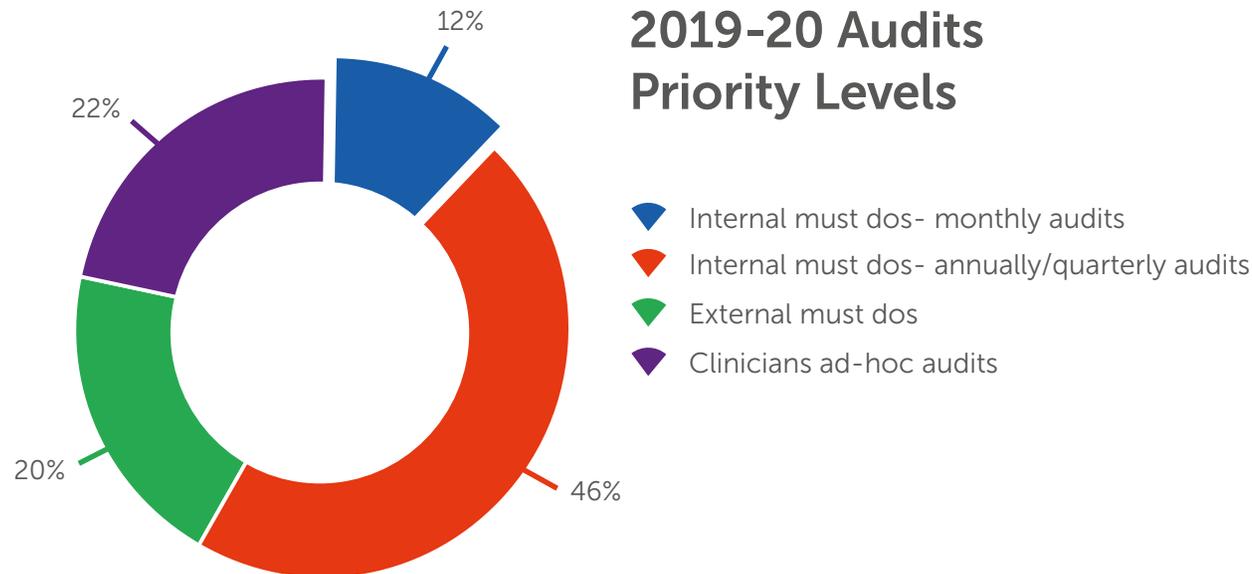
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Participation in clinical audit in 2019-20

During this year, the Trust participated in 90 Trust-wide audits and 27 registered local audits.

The chart 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 divisions which include educational audits often carried out by junior doctors or other trainees.

All of the completed audits have demonstrated the level of compliance with the audit standards and have highlighted areas for improvement for each service or Trust-wide. These have been shared with the relevant services and are monitored over time to ensure that learning and recommendations have been embedded and quality of services has improved.

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Participation in national clinical audits and national confidential enquiries

During 2019-20, BEH participated in 11 national clinical audits and two national confidential enquiries that covered relevant health services that the Trust provides.

During that period, BEH participated in 100% of national clinical audits and national confidential enquiries we were eligible to participate in.

The national clinical audits and national confidential enquiries we participated in, and for which data collection was completed during 2019-20, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit of that audit or enquiry.

BEH participation in national audit and national confidential enquiries during 2019-20:

National Audit	Number of Submissions to audit	% of eligible case submitted
POMH-UK Audits		
Prescribing for depression in adult mental health Topic 19a	22	100%
Monitoring of patients prescribed Lithium Topic 7f	125	100%
National Audits		
Falls and Fragility Fracture Audit programme (FFFAP): National Audit Inpatient Falls(NAIF)	0 cases identified	-
National Audit for Care at the End of Life	0 cases identified	-
National Clinical Audit of Psychosis (NCAP) – Early Intervention Service	226	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	35	59%
Sentinel Stroke National Audit Programme (SSNAP)	73	29%
National Confidential Enquires		
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	5/9	56%

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The reports of two national clinical audits were reviewed by the Trust in 2019-20 and we intend to take the following actions to improve the quality of healthcare provided:

Monitoring of patients prescribed Lithium - POMH-UK - Topic7f

Teams are required to utilise the lithium handbook to ensure long term checks are conducted. Before initiating lithium, documentation of the following is to be improved:

- baseline renal function (specifically eGFR)
- thyroid function
- baseline calcium level
- weight or BMI measurements
- evidence that patients are advised on the symptoms of lithium side effects, signs and symptoms of toxicity and risk factors

Prescribing for depression in Adult Mental Health Services POMH-UK - Topic19a

- Improving the practice around accepting referrals into the service
- Developing improved care plans that identify triggers that could lead to a worsening of conditions
- Improve documentation of the symptoms and severity and frequency of depressive episodes, response adherence to medication. Documenting assessment of side effects

- Documenting the assessment of co-morbid mental depression and the role of co-morbid physical illness in precipitating or maintaining depression

The report on Prescribing for depression in Adult Mental Health Services POMH-UK - Topic19a was published in February 2020. The improvements have been highlighted as listed above and will be reported in the divisional governance meetings to be addressed, implemented and monitored. The audits will be reviewed at the bi-monthly Clinical Audit and Effectives Group to monitor the progress of the actions implemented.

Quality Assurance Audit

The Trust's primary clinical audit system for driving through improvements in practice is the monthly Quality Assurance (QA) audit undertaken by clinical teams. The QA audits are self-assessed and undertaken by each clinical team in the Trust. A bespoke audit tool has been produced for each team or service to assess the quality of the service user records against 12 clinical competency areas. The audit tool is based on both national and internal Trust standards and identifies specific priority areas for specialities within the teams. In 2019-20, a specialised QA audit for the substance misuse services was introduced.

The 12 clinical competency areas include: Assessment, Care co-ordination, Care plan, Carers, Communication with GPs or partner agencies, Information, Involvement, Health Records, Outcomes, Physical health, Risk and Smoking.

To ensure the accuracy of the self-reported figures provided by each team, monthly spot check audits were undertaken by the corporate Clinical Audit Team. Variances were reported to team and service managers

and training was provided where needed. Real-time information on all Quality Assurance audit results was available to all teams through our online audit system for prompt action.

From April 2019 to March 2020, 7,459 patient records were assessed and reported on as part of the QA audits. The Trust's substance misuse services achieved 88% overall in the Substance Misuse audit which is just below the Trust benchmark of 90%. All other teams that participated in the Quality Assurance audits achieved above the 90% benchmark.

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.

During 2019-20, ten CQC regulations were peer service reviewed including the three additional areas for peer service review, Seclusion, Restraint and Forced Care. The Trust target compliance for each peer service review is 92%; this was achieved in the 10 CQC regulation peer service reviews – all teams have improved or maintained their compliance since 2018/19.

For forced care, restraint and seclusion peer reviews are now audited monthly in the Perfect Ward audit application and have shown improvement.

Due to the implementation of Perfect Ward in October 2019 for the inpatient teams, there was a decrease in the number of total returns for the Peer Service Reviews in 2019-20. The Peer Service Reviews have been incorporated into the Perfect Ward audits.

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The peer review audit tool consists of four elements:

<p>General inspection</p>	<p>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.</p>
<p>Patient records inspection</p>	<p>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.)</p>
<p>Service user interviews</p>	<p>The reviewers speak with three service users to obtain their feedback on the services provided (i.e. whether service users 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).</p>
<p>Staff interviews</p>	<p>This element requires reviewers to speak to three staff members and assess their knowledge of key trust policy and procedures.</p>

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Peer Service Reviews 2019-20: Trust Compliance

Peer Service Reviews 2018-19 & 2019-20: Trust Compliance						
	2018-19			2019-20		
Care Quality Commission (CQC) Regulatory Outcome - Peer Service Review Topics	Score (%)	Returns	Participating Teams	Score (%)	Returns	Participating Teams
CQC Reg 11: Need for Consent	96	798	104	97	587	75
CQC Reg 12: Safe Care and Treatment	97	646	102	98	627	99
CQC Reg 16 & 17: Acting on Complaints and Good Governance	97	366	100	99	283	76
CQC Reg 10: Dignity and Respect	95	596	103	97	375	73
CQC Reg: Meeting Nutritional and Hydration Needs	95	422	47	99	98	11
CQC Reg 13: Safeguarding	98	619	103	99	487	78
CQC Reg 9: Person Centred Care	96	784	96	96	152	20
Outcome 9 Reg 13: Management of medicine	97	378	65	98	355	59
CQC Reg 18: Staffing	93	704	101	96	774	104
CQC Reg 15: Premises and Equipment	93	537	101	97	571	106
Seclusion Peer Review	94	13	5	91	44	13
Restraint Peer Review	86	19	9	91	25	11
Forced Care Peer Review	100	1	1	32	5	3

More than 85 action plans were logged on the Trust's central database by different teams to address areas of non-compliance identified by Peer Service Reviews and Quality Assurance audits.

Perfect Ward Audits

The Perfect Ward audits replaced the Quality Assurance and Peer Service Review audits that the inpatient teams were completing previously.

The Perfect Ward audits cover environmental safety,

infection control, medications practice, patients, physical health, (Quality, Effectiveness and Safety Trigger Tool), rapid tranquilisation, restraint, risk and care planning, seclusion (post event) and questions for staff.

There are four types of question used by Perfect Ward:

1. Observations of the environment and practice
2. Questions to the ward manager
3. Questions to staff members, students and patients/carers
4. Observation of documentation

Perfect Ward also allows the user to capture images and free text comments to draw attention to issues and support improvement and training that may be required.

Perfect Ward provides real-time results when completing an audit. This allows key findings to be shared with the area manager and appropriate staff so they can begin to be addressed.

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Perfect Ward 2019-20: Trust Compliance

As the use of Perfect Ward has progressed from its launch, the audits and audit questions are continuously being tailored. This continuous improvement is ongoing as teams provide feedback and the clinical audit team review and analyse the results. The Clinical Audit team has supported the need for additional detailed training as more members in teams are completing the Perfect Ward audits.

The Perfect Ward audits compliance score varies overall. There are two areas, rapid tranquilisation and seclusion, that are significantly below the Trust benchmark. This is due to an initial training issue with the Perfect Ward audits and teams incorrectly completing the audits when they are not applicable; communications and training were completed to address this.

It is expected that we will see improved results in 2020-21 when teams will have embedded the use of Perfect Ward into everyday practice.

Perfect Ward 2019-20: Trust Compliance	
Audit	Score (%)
Environmental Safety	97
Infection Control	96
Medication Practices	96
Physical Health	95
QuESTT	80
Rapid Tranquillisation	51
Restraint	87
Risk and Care Planning	94
Seclusion (Post Event)	68
Staff	96

Local Audit Programme 2019-20

In 2019-20, 12 local audits were completed.

Examples of changes and improvements to practice and service delivery following local audit outcomes are listed below:

Audit of Care Home record keeping from 2019-20:

- The findings from the record keeping audit found that overall there was good practice in record keeping, with one area highlighted for improvement
- The Dietetics service has produced and adapted a pro-forma assessment sheet, which is now in use in the service. These have been introduced to reduce the likelihood of relevant information being omitted in record keeping
- The new assessment sheet includes a selection of desired goals and interventions which can be chosen in negotiation with the patient, the outcome of this negotiated goal setting will be audited in the future

Epilepsy Management and SUDEP (Sudden Unexpected Death from Epilepsy) risk factor prevalence in Adults with Intellectual Disability (ID) in a Community Psychiatry Service:

- Through this audit, 75% of our patients (or their families and carers) with epilepsy and ID are now aware of seizure safety and SUDEP risk factors
- A new Epilepsy Care Pathway is being developed within the service, working with ID nurses.

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

Peer Service Reviews

- Specialist services: Sage Ward introduced planning meetings to ensure all patient activities are organised when facilitated. The Ward Manager informed those in charge to ensure that service users are clearly informed when the ward is unable to facilitate planned activities and also make new arrangements for service users to participate in planned activities.

Seclusion and Restraint audits

- A restraint template has been produced to request all the relevant information. This has been launched to staff to complete and upload to RIO.

Trust-wide Safe and Secure Handling of Medicine

- A member of nursing staff is allocated the task of auditing the medication charts on a daily basis and reporting to the nurse in charge. Medication charts are reviewed in every ward round

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

- 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 clinical audit projects ensuring commitment at local level

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- Improved timeliness of reporting to enable areas requiring improvement to be addressed and to ensure 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 a division are shared with other divisions wherever relevant to ensure that common themes are identified and steps are taken to improve services where necessary
- Continued improved communications and awareness of the Clinical Audit team to support teams with training and audits
- The bi-monthly Trust Clinical Audit and Effectiveness Group maintains oversight of priority audits and implementation of recommendations
- Perfect Ward participation and QuESTT results are reported monthly to the Trust's Safe, Effective and Experience Group
- A summary of lessons learned from audits are reported annually to the Trust's Quality and Safety Committee, a sub-committee of the Board
- Further strengthening of lessons learnt from audits and sharing of good practice arrangements. The Corporate Clinical Audit Team will continue to support Trust teams and services to improve reporting of outcomes of clinical audit and to ensure that audit activity and in particular recommendations and learning from audits are widely disseminated
- Monitoring of the Quality, Effectiveness and Safety Trigger Tool (QUESTT) that monitors key performance indicators to provide an early warning if essential characteristics of a well performing team, working within an environment that will support quality and safety, are absent or at risk
- Continued development of the Perfect Ward smart auditing application. Rolling the application out to more teams in the Trust. The Clinical Audit team will provide monthly divisional reports on the results of the audits and deliver training
- Integration of statistical charts in reporting to ensure learning from audits is undertaken and to better visualise the improvements required

Priorities and Further Developments for 2020-21

- Ongoing monitoring of action planning to ensure this process is happening across the teams for areas below the Trust benchmark
- Building further on the collaboration of Clinical Audit and Quality Improvement (QI) and the use of QI methods to act on the findings from the audits and make and embed the required improvements.

Patient Reported Outcome Measures (PROMs)

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

The Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) is an outcome measure used to assess mental wellbeing within our Triage and CRHT (Crisis Resolution Home Treatment) teams. The tool contains seven positively worded quotes and each statement has five response categories (ranging from none of the

time to all of the time), for which the patient rates their functioning.

Additionally, PROMs is linked to RiO, the electronic patient records system which our staff use routinely, to aid the recording of PROMS responses. The PROMs reporting process is routinely overviewed to ensure adequate information is available to clinicians, service users and commissioners where it is relevant. In addition to this, work is in progress to develop a system to monitor and report patient outcome information through boroughs' governance meetings.

Reporting PROMs

PROMs are used to evaluate, monitor and 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 the service user's functionality following intervention.

In 2019-20, eight Trust services used PROMs as a means of measuring outcomes of care for the service user. A total of 723 returns were received during 2019-20.

In 2020-21, structures for reporting outcomes at a local and Trust level will be established. This will ensure there is appropriate shared learning from patients' views of their clinical experience and expected outcomes which will in turn lead to improved services and ultimately, improved outcomes for our patients.

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Participation in Clinical Research

Each year the Research Councils invest around £3bn 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, which is called 'NoCLOR' (www.noclor.nhs.uk), supports the Trust's Research and Development Committee (R&D Committee) and provides training and support for our research staff.

The recruitment target for portfolio adopted research studies within our Trust, for 2019-20 was **326**. This is slightly higher than our 2017-18 target of 314. The number of patients receiving relevant health services provided or sub-contracted by BEH in 2019-20 that were recruited during that period to participate in research approved by a research ethics committee is **237**, across 21 different portfolio adopted studies.

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 (CQUIN) Goals agreed with commissioners for 2019-20

The CQUIN 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, 10 CQUIN schemes in BEH community and mental health services were agreed for 2019-20. These were aligned to the national schemes and covered 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 was conditional on achieving quality improvement and innovation goals agreed with our commissioners through the CQUIN payment framework.

Our income for Specialist Services is paid

proportionately based on performance against their agreed CQUIN schemes.

Trust performance against 2019-20 agreed CQUINS is shown below.

Ref	Short CQUIN Title	Q1	Q2	Q3	Q4*
CCG2 Mental Health	Uptake of flu vaccinations (clinical frontlines)	Nil submission	Nil submission	Nil submission	100%
CCG2 ECS	Uptake of flu vaccinations (clinical frontlines)	Nil submission	Nil submission	Nil submission	100%
CCG3a to CCG3c MH	Alcohol and tobacco screening and advice	70% ¹	60% ¹	100%	100%
CCG3a to CCG3c ECS	Alcohol and tobacco screening and advice	100%	100%	100%	100%
CCG4 MH	72hr follow up post discharge	Nil submission	Nil submission	61% ²	100%
CCG5a MH	Mental Health Data Quality: MHSUS Data Quality Maturity Index	Nil submission	82% ³	100%	100%
CCG5b MH	Mental Health Data Quality: SNOMED system for the direct management of care	Nil submission	Nil submission	Nil ⁴	100%
CCG6 MH	Use of Anxiety Disorder Specific Measures in IAPT	Nil submission	52% ⁵	97% ⁶	100%
CCG7 ECS	Three high impact actions to prevent Hospital Falls	Nil submission	Nil ⁷	100%	100%
CCG-L1 ECS	Community Integrated Rapid Response Service (Adult)	Nil submission	100%	100%	100%

CQUIN	Comment reference	
ALL	Q4*	Due to the pandemic the National CQUIN Team asked all CCGs to award 100% of CQUIN monies available to NHS Trusts
CCG3a to CCG3c	1	Q1 and Q2 audits saw MH division teams fall just short of the minimum 80% patients receiving subsequent advice. The remaining quarters saw 100% achievement for MH. ECS managed to achieve 100% across audits in every quarter.
CCG4	2	MHSUS data showed the Trust followed up 69% of discharged patients which resulted in 61% of payment awarded
CCG5a	3	Q2: average DQMI score for Q2 was 94.1%. The Trust will receive 82% of award available
CCG5b	4	Trust has yet to have implemented SNOMED
CCG6	5	The target for Q2 was 65% but the combined services achieved 48% resulting in 52% payment Q3 showed the IAPT service achieving 63.5% resulting in 97% award
CCG7	6	Q2: Magnolia and Cape Town Wards were complaint with two of the three numerators (medication and mobility assessment) but were not compliant with recording standing and lying blood pressures. The nurse manager for both wards has confirmed that both BP readings have been taken and recorded since Q2

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Participation in Accreditation Schemes

The Trust's continual participation in accreditation schemes serves to enhance and improve the quality of care and services provided to our service users. Engagement in accreditation schemes and quality improvement networks encourages staff engagement and morale as well as advancing the quality of care provided.

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

Service Accreditation Programme 1 April 2019 to 31 March 2020		
Programmes	Participating services within the Trust	Accreditation Status
ECTAS: Electroconvulsive Therapy Services	Chase Farm ECT Clinic	Accredited
MSNAP: Memory Services National Accreditation Programme	Barnet Memory Assessment Service	Accredited
	Enfield Memory Service	Accredited
	Haringey Memory Service	Accredited
PLAN: Psychiatric Liaison Accreditation Network	Mental Health Liaison Service (Barnet Hospital)	Accredited
QED: Quality Network for Eating Disorders	Phoenix Wing	Accredited

Data Quality

Our ability of the Trust to produce timely and effective monitoring reports using complete data is recognised as a fundamental requirement in order for us 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 deviations 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 the Board have improved the consistency of reporting.

The Trust submitted records during 2019-20 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data. 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 records which included the patient's valid NHS Number and General Medical Practice code is shown below.

	NHS Number (%)	National results (%)	GP Code (%)	National results (%)
Completion of valid patient care data set	99.9%	98.3%	99.0%	99.9%

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National Mandated Indicators of Quality 2019-20

We are required to report against a core set of national quality indicators to provide an overview of performance in 2019-20.

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

During the last four years, our compliance with following up discharged patients on CPA within seven days has been consistently above the 95% national target. In 2019-20, 98.0% of our patients on CPA were followed up within seven days of discharge; the national average result was 86.1%.

Average Results	2015-16	2016-17	2017-18	2018-19	2019-20
EH	99.1%	99.4%	99.5%	99.0%	98.0%
National	97.2%	97.2%	97.2%	89.4%	86.1%

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

We have taken the following actions to improve this percentage and so the quality of our services

by ensuring that clinicians are aware of their responsibilities to complete these reviews. This is managed and monitored by teams through daily review of discharge activities.

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

In 2019-20 an average of 97% of patients were reviewed prior to admission to acute wards. We consider that this data is as it is described for the following reasons: we have established, robust reporting systems through our electronic patient record system, RiO and adopt a systematic approach to data quality improvement.

Average Results	2015-16	2016-17	2017-18	2018-19	2019-20
BEH	97.9%	99.6%	98.9%	97.3%	97.0%
National	98.2%	98.2%	98.2%	100.0%	100.0%

We have taken the following actions to improve this percentage and so the quality of our services by developing a robust system to closely monitor this activity and alert teams to a 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 19/20			Q2 19/20			Q3 19/20			Q4 19/20		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Emergency Re-admissions	2.7%	3.6%	3.5%	1.8%	2.9%	6.3%	2.3%	3.2%	7.4%	0.8%	5.4%	2.0%
Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%

The national target is that less than 5% of all admissions should be emergency readmissions. We have consistently met this target with an average of 4% of all admissions being emergency readmissions within 28 days of discharge.

We have taken the following action to improve this percentage and so the quality of our services: we have ensured our clinicians are aware of their responsibilities to complete these reviews and this is managed and monitored by teams through daily review of discharge activities.

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Patient Experience

The Friends and Family Test

The Friends and Family Test (FTT) is a benchmarking tool used nationally across NHS organisations to measure patient experience.

The test asks individuals if they would recommend the service to their friends or family, and provides an opportunity for additional comment. The data is collected via paper forms, online surveys and service kiosks and reported quarterly through the Trust governance structure.

FFT score	Would recommend	Would not recommend	Total responses
Trust overall	91.25%	2.31%	8,585
Mental Health Services	89.57%	2.78%	6,691
Enfield Community Services	97.20%	0.63%	1,894



A total of 8,585 FFT responses were received Trust-wide in 2019-20, with 91.25% recommending the service received – a 1.2% increase from the previous year.

We have undertaken a number of initiatives to encourage a high response rate, including:

- The Patient Experience Team raises awareness in the Trust's induction for new staff about how to capture patient feedback;
- Monthly Governance reports include areas for improvement within the divisions;
- Increased visibility of the Patient Experience Team across service user and carer forums

Service User and Carer Surveys

The Trust's Service User and Carer survey provides an opportunity for those using our services to give feedback under three key domains; Involvement, Information and Dignity and Respect. During 2019-20 a total of 8,017 Patient and Carer Surveys were completed, with a consistently high satisfaction rate of 91.02%.

The table below indicates the best and worst performing areas from the survey results:

Module Best/Worst

Question	Questionnaire	Best		Worst	
		Do staff clearly explain the purpose and side effects of medication in a way you understand.	100%	Are you given information about the resources available for carers.	84.58%
Section	Patient & Carer Survey	Dignity and Respect	94.30%	Involvement	88.86%

The Patient Experience Team works closely with services across the Trust to ensure that service user and carer feedback is incorporated into service design, as part of our "You Said, We Did" culture. Just a few examples of changes brought about from service user and carer feedback are:

- Through the Trust's Patient Experience Committee it was fed back that we need to improve information and awareness around community organisations. Led by the Enablement team, this action has now been completed and directories are now available for each Division under the Enablement tab on the intranet.
- A brand new Involvement and Engagement Strategy for the next three years was developed by service users for service users.
- There has been 1,000 hours of paid work by our Experts by Experience within the Directorates. This includes service users being involved in interview panels, policy review groups, redevelopment plans, committees and many more projects within the Trust.

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Below is just a small sample of the positive feedback received from patients and carers across the Trust via the Satisfaction Survey:

- “Health visitor and other colleagues were very helpful we are totally satisfied” **Health Visiting team, Bowes, April 2019.**
- “Very good service right from the start. Staff members have been so kind and caring” **Haringey Older People’s Community Mental Health Team, May 2019.**
- “No complaint, one hundred percent satisfied with the service” **Hawthorns Recovery Unit, June 2019.**
- “The doctor really listened to my and gave me great advice” **Barnet South Locality Team, 17 February 2020.**

Complaints

Concerns and complaints about the service received by patients and their families are taken very seriously, and the Trust seeks to address issues promptly and provide assurance of improvements made. Where possible, individuals are encouraged to seek local resolution by discussing concerns directly with the service; however, where this is not possible, the Trust implements a formal investigation process in line with national guidelines.

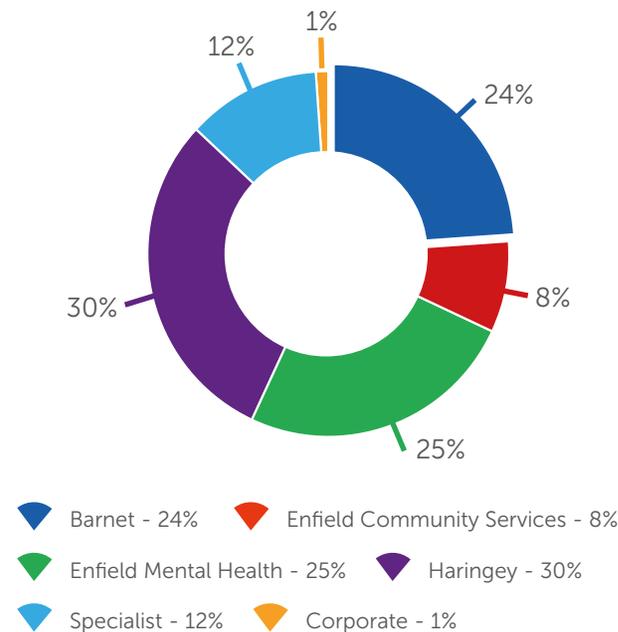
The table upper right illustrates the breakdown of compliments, concerns and complaints during 2019-20.

Between 1 April 2019 and 31 March 2020 the Trust received 116 formal complaints, a rise since 2018-19 (77) but still a significant decrease from 2017-18 (163),

Feedback Type	Total
Compliments	557
Issues and concerns	178
Informal complaints	238
Formal complaints	116
Members’ enquiries (on behalf of constituents)	33
PHSO enquiries	3

2016-17 (194) and 2015-16 (211). This is considered to be partly due to the revised Trust Complaints Policy, which introduced clearer processes for local complaint resolution and a new reporting system to allow for greater responsiveness by frontline services.

The chart below indicates the breakdown of formal complaints per Division.



Of the total 95 formal complaints closed 3% were upheld, 60% partially upheld, 25% not upheld, and 11% withdrawn or forwarded to the appropriate agency.

As in 2019-20, the most common categories of complaint are Patient Care and Clinical Care. Examples of actions taken by the Trust to address lessons learnt from complaints are:

- Staff in Enfield Older Adults Inpatient services have developed care plans for family member involvement, including visiting arrangements and plans for frequency of agreed contact, to ensure that expectations are clear and jointly agreed.
- Haringey Crisis Resolution Home Treatment Team (CRHTT) has reviewed their procedure for cancellations, to ensure that service users and families are advised of any required changes in a timely manner and there is an identified lead for this.
- The Patient Experience Team has reviewed the Trust Complaints Policy to ensure that services are clear on expectations and timeframes associated with service level complaints, and are developing a training programme for Team Leaders to ensure that they are clear on their responsibility for responding to complaints.
- Changes will be made to appointment letters within the Podiatry service to acknowledge that clients may need assistance with attending appointments.
- Barnet CAMHS service will ensure consent is sought from the client when inviting professionals outside of the organisation to attend meetings. They will also ensure clients are copied into letters

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sent to their GPs. A review is under way into their current system of handing over a client's care from one manager to another.

- Staff members in the older people's inpatient services have created individualised care plans around family members' involvement. This includes visiting arrangements and plans for regular weekly updates on relatives' care, to ensure that expectations are clear and agreed.
- The Immunisation Team has changed the layout of its consent form so it clearly distinguishes between the "yes" and "no" field.
- The CAMHS services have introduced a written plan for the first 12 weeks to their service users and their families. This will include topics such as clear communication to patients on the pathway and expected waiting times.
- Enfield Early Intervention Service will ensure when discharge or transfer of a service user is being planned that the service user and their carer or family are aware of the differences between primary, secondary and tertiary services, where appropriate.

Compliance

The Trust is required to acknowledge all formal complaints within three working days; we achieved a compliance rate of 78% during 2019-20. Complaints were acknowledged outside of this timeframe due to vacancies within the department.

The Trust achieved a compliance rate of 51% against agreed final response dates, and this will continue to be an area for improvement during 2020-21. Plans to address this include:

- Partnership working between the Patient Experience Team and investigators throughout the complaints process
- Introduction of a Patient Experience for Managers training programme
- Introduction of a risk grade matrix for complex or lengthy investigations
- Quality Improvement programme will be launched with Patient Experience managers and representatives from all divisions.

Community Mental Health Survey

The Trust took part in the national Community Mental Health Survey 2019, which captures the patient experience of community mental health services. 226 responses were received, reflecting a 26% response rate which is a 1% decrease from the previous year. The majority of the Trust's scores are in the intermediate range of Trusts surveyed by Quality Health, with two questions achieving scores in the top 20% range of Trusts and nine questions falling in the bottom 20% range.

What did we do well?

- 72% of people were given enough time to discuss their needs and treatment
- 96% of people knew how to contact the right

person if they had a concern about their care

- 80% of people reported that their NHS therapies were explained to them in a way they could understand

What do we need to do better?

- 56.3% of respondents reported that they had agreed with someone from NHS mental health services what care they will receive
- 37.0% of individuals reported that in the last 12 months the NHS mental health services gave advice on finding support for financial benefit when asked
- 28.0% of people had been given information by NHS mental health services about getting support from people who have experienced the same mental health needs as them.

The Trust has developed an action plan to address the areas requiring improvement, which is monitored by the Patient Experience Committee. Some of these actions include:

- A continued focus on promoting shared decision-making and self-management
- Reviewing arrangements to make sure service users are aware who to contact during an out of hours crisis. Consider new ways to make this information accessible and understandable

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Patient Safety

Our aim is to keep our patients safe and protect them from harm. We have clearly defined processes and procedures to help prevent harm occurring to our patients.

The Trust has provided 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.

The Patient Safety Team has continued to support staff in using the Ulysses system for reporting incidents and reviewing risk registers. The team continues to provide team-based training for information, advice and support in specific areas identified.

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 should not occur if appropriate measures are in place)
- Incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services
- 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 identifying and implementing the learning and implementing any recommendations following investigation.

The Trust divisions each have a Serious Incident Review Group (SIRG) that has oversight of all serious incident investigations, trends, themes and identified learning in their division. This feeds into the overarching Trust-wide Serious Incident Assurance group chaired by the Medical Director.

The Safe, Effectiveness and Experience Group (SEEG) and the Quality and Safety Committee, a sub-committee of the Trust Board, receive regular reports on Serious Incidents, triangulated with complaints and highlighting themes and trends where possible.

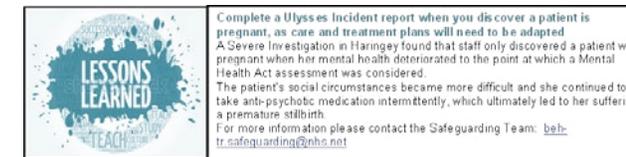
All investigation reports use a Root Cause Analysis (RCA) methodology of investigation and are reviewed and approved by the Clinical Director for the Divisions, and then signed off by the Medical Director.

The Patient Safety Team continues to work closely with Trust services, incident investigators and

commissioners to reduce the number of overdue serious incident investigations.

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

The issues and learning from each investigation is discussed at divisional governance meetings and shared between teams for awareness. Key learning points are included in the BEH Bulletin which is emailed to all staff. Blue Light Bulletins are utilised for the immediate dissemination of lessons to be learnt to influence improvements to practice.



The Trust is also focused on providing the appropriate resources that will facilitate learning from incident themes and investigations through World Patient Safety Day, Patient Safety Conferences, and the Berwick Learning Events.

Monthly meetings of the Safeguarding, Patient Experience and Patient Safety teams are held to discuss safeguarding concerns, complaints and incidents. Using triangulated information, 'hotspots' across the Trust are identified; additionally, any areas with a spike in complaints are explored further to establish if there are any notable trends in incident

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reports or safeguarding concerns. Furthermore, divisional patient experience data and safeguarding adult and children referrals are presented to the monthly SEEG meetings.

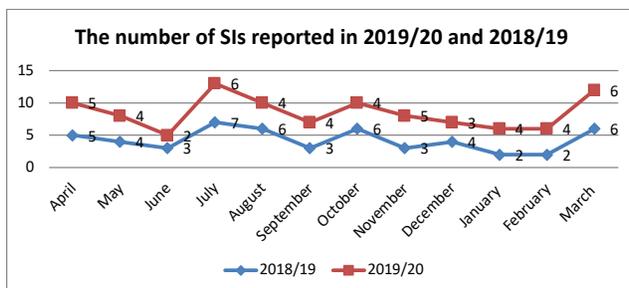
The Trust takes our responsibilities to be open and honest with our patients and service users very seriously and we have carried out training and implemented robust processes to ensure that we comply with the Duty of Candour legislation.

Number of Serious Incidents (SIs)

During 2019-20, in accordance with the National Serious Incident Framework 2015 and categorisation of serious incident cases, the Trust reported 51 Serious Incidents. This is the same figure as 2018-19 when 51 SIs were also reported.

However, of the 51 cases reported to NELCSU (North East London Commissioning Support Unit), three SIs were de-escalated and 48 were fully investigated. The serious incidents reported by the Trust in 2019-20 include incidents of unexpected deaths, suspected suicides, medication errors and patient slips, trips and falls.

The chart below shows the SIs reported monthly in 2019-20 with a comparison to SIs reported in 2018-19.



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. In 2019-20, 100% (51/51) 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.

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 a Trust.

BEH reported two Never Events in 2019-20. They were:

- administration of medication by the wrong route, and
- failure to install functional collapsible shower or curtain rails.

As a result, the Trust commissioned Board Level Panel Inquiry (BLPIs) investigations.

Board Level Panel Inquiries

Certain serious incidents, such as homicides and other complex serious incidents are investigated by a panel that will include Trust Board members and are referred to as Board Level Panel Investigations (BLPIs).

In 2019-20 BEH commissioned four BLPIs. These included one homicide in Barnet (reported in 2018-19), one attempted homicide incident in Tottenham and two Never Events.

Regulation 28: Report to Prevent Future Deaths

During 2019-20 the Trust did not receive any Regulation 28: Report to Prevent Future Deaths.

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 our responsibilities to be open and honest with our patients and service users very seriously and has implemented a Trust-wide training programme and implemented robust processes to ensure that we comply 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 service

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users, their families and carers. Clinical Directors or senior managers 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, part 1 for 2019-20 was 100%. 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 of the incident being identified.

Our Duty of Candour part 2 compliance for 2019-20 is at 74%. At the time of writing 23 SI reports have been submitted to the Commissioning Support Unit for review. In 6 of these cases, Trust services did not contact the patient or next of kin within ten working days of the Trust approving the investigation into the serious incident. In all cases, however, Duty of Candour was completed but not within 10 working days of the report being approved.

Duty of Candour part 2 continues to be monitored to ensure that we liaise with our patients or next of kin in a timely manner once the approved investigation report has been completed.

Learning from Serious Incidents

One of our Trust Brilliant Basics in 2019-20 was to strengthen the process for learning from incident investigations, sharing across the divisions and demonstrating changes to practice as a result of incident investigation outcomes.

To aid learning, key learning points continue to be shared in the new 'Lessons Learned' section of the BEH Bulletin which is emailed to all staff, and are on the Trust intranet. We have also introduced Blue Light Bulletins.

The Trust also holds Berwick Learning Events, which all staff are invited to attend. The most recent event, 'Working Together to Prevent Suicide', provided the opportunity for staff to consider different approaches to preventing suicide, with a focus on patient experience, learning from incidents and providing compassion-based clinical care in suicide prevention. There was an opportunity to share ideas and think together to develop the Trust's role in suicide prevention in collaboration with colleagues from partner organisations.

The Trust continues to utilise After Action Reviews (AARs) to learn and improve patient care and practice. The Patient Safety Team in conjunction with the service leads, scrutinise potential incidents which meet the criteria for AARs. Examples of incidents where AARs have been used include unexpected deaths, medication errors and patients who go AWOL (Absent Without Leave).

Some of the immediate learning includes:

- Drugs and Alcohol Services to introduce more physical health checks such as routine blood tests and breathalysing patients before issuing methadone scripts
- Staff members returning from a long period of leave (a week or more) should be given time to become acquainted with all the patients before they undertake a medication round
- The importance of family involvement when asking questions around the patient's physical health condition

The learning from each investigation is discussed at divisional governance meetings where recommendations and actions are noted.

Cross-borough learning is shared at the Trust-wide SI Assurance Meeting, which is chaired by the Medical Director and is held on a bi-monthly basis.



Supporting a Just and Learning Culture

In response to NHS Resolution, which produced a Being Fair policy in July 2019 outlining the need for all NHS trusts to build a just and learning culture across their organisation, BEH is developing its own Just and Learning Culture Charter. Supporting a just and learning culture for staff and patients following incidents in the NHS is imperative. There are associated financial and legal costs, but more importantly there are emotional, physical and psychological costs to patients, their families and to the staff involved. Focusing on improving patient safety and experience, and involving users of care services as well as staff in safety investigations are key.

A task and finish group was formed in February 2020 and is developing a Just and Learning Culture Charter for the Trust, its staff members and its patients in 2020. The group will address three key identified challenges:

1. **Fear** – there is a substantial fear of the consequences, fear of being blamed, fear for future employment and fear of what colleagues, families and friends will think which prevents people from sharing and learning.

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2. Equity and fairness – There is significant variation between NHS trusts as to the likelihood of staff being disciplined or suspended. Research has shown that different individuals can also experience inequity, discrimination and suffer disproportionate disciplinary action, especially among Black, Asian and Minority Ethnic (BAME) staff groups.

3. Stress and bullying – When things do not go as planned people experience stress, burnout, and subsequent loss of productivity. This is compounded by a culture of incivility, bullying and harassment.

Quality Improvement in Patient Safety

A QI project to improve the timescales for completion of Serious Incident investigations and the quality of reports was commenced by the Patient Safety Team.

Identified areas for improvement include the process and timeliness of the allocation of investigators which is one of the main reasons for delayed investigation reports, late or non-submission of draft reports to the Patient Safety Team for review and comments ahead of Divisional Serious Incident Review Groups (SIRGs), and delayed sign-off of amended reports from SIRG chairs. A number of changes have already been implemented.

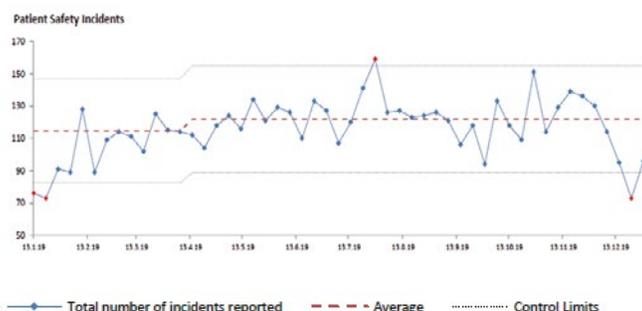
It is expected that through refining our SI process, we will improve the quality of our investigations and thus the learning and ensure a timely completion of SI investigations.

Patient Safety Incidents

During 2019-20, the Patient Safety Team continued to work 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.

During the year, a total of 6,321 patient safety incidents were reported. This is a slight decrease of 3% in comparison to patient safety incidents reported in the previous year (6,550 patient safety incidents).

Staff have received training and ongoing support to ensure incident reporting is improved and learnt from.



The number of patient safety incidents reported to the National Reporting and Learning System (NRLS) for the period April to September 2019 increased by 10% compared to the previous six month period but decreased by 18.5% compared to the same period in 2018.

The number of incidents per 1,000 bed days for the period April to September 2019 was 34.2 (again, an increase from the previous period but a drop compared to the same period in 2018); the Trust is ranked the seventh highest out of eight London mental health trusts for the current period. The Trust transitioned to a new risk management software provider during January 2019 so the current figures should be seen as a recovery from the decrease shown in the previous period.

Note: NRLS data for October 2019 to March 2020 is not yet available.



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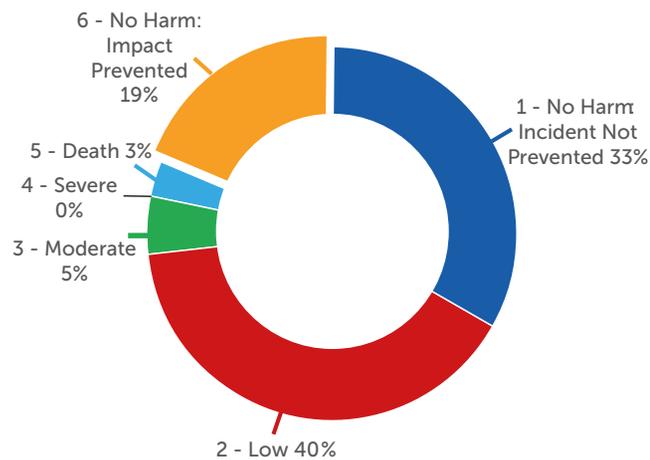
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Patient Safety Incidents by Severity

Of the 6,321 patient safety incidents reported to NRLS in 2019-20 by BEH services, 52% of those resulted in no harm.

Patient Safety incidents by impact level



Learning from Deaths

The National Learning from Deaths Agenda required the Trust to review our approach to investigating deaths of people under the care of our services and to report these to the Board from April 2017. The Trust has always investigated deaths which meet Serious Incident criteria, but since April 2017 the Medical Director has led an initially weekly and now fortnightly Clinical Mortality Review Group (CMRG) which looks at all deaths of people under our care, or discharged within six months of death, including deaths which are regarded as 'expected' or deaths which are from natural causes. This is to see whether lessons can be learned, and to ensure that the Duty of Candour (which requires us to engage transparently with carers and relatives of anyone who dies) is properly carried out.

The Mortality Reviews provide an important opportunity to review the Duty of Candour in its widest sense and ensure that we offer support to families which goes well beyond the initial communication and includes opportunities to be involved in investigations and to meet and discuss their findings, and any other issue of concern to bereaved families.

The CMRG continues to review all deaths and in addition, we continue to hold CMRGs in Enfield to review deaths under the care of Enfield Community Health Services (ECHS), in a location which makes it possible for local managers and staff to attend and maximise the opportunities for learning.

During 2019-20, 515 deaths of our service users were reported, of which 321 deaths were 'expected', most of whom were patients of our Enfield Health District Nursing services, who provide care for people in their last days and weeks. A breakdown by quarters is provided below:

2019-20	Q1	Q2	Q3	Q4
Number of deaths reported	115	108	123	169

Of the 194 'unexpected' deaths, 62 were of natural causes and 99, though of unknown cause, were judged not to require investigation, pending a coroner's decision. Thirty deaths were likely to be caused by suicide and all of these were investigated either by BEH or Care UK who manage governance for our prison services using root cause analysis (RCA). The Trust provides some limited learning disability services. No deaths of patients with learning disabilities were reported during the specified period.

For all 515 deaths reported during 2019-20, a case record review or investigation was carried out. It was found that none was deemed to have been avoidable. However, we did identify a range of care and service delivery problems while investigating unexpected deaths, which were addressed by action plans in each case. The action plans were reviewed by our commissioners, and led to learning and reflection for staff and services across the Trust.

As an organisation we are keen to learn from all deaths of people under our care, and from all of our serious incidents. Clinical Directors and other clinical staff attend the mortality review group to learn from the discussions

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and take learning back to their teams. In addition, we learn from our case record reviews in a range of ways including direct feedback to staff and teams, discussions at local Serious Incident Review Groups, staff bulletins, and a range of learning events, including the Berwick programme of Trust-wide learning events, which takes a thematic approach to learning from incidents.

The following learning was identified from a review of deaths during the period:

- Communicating with families following a death is critically important. An easy-to-understand protocol for staff to follow in the event of a death would be useful in all areas
- Trust services should offer bereavement support, and expect co-operation and collaboration from all the providers involved
- Families and carers should be told when notified of a death that they can comment on the care of the person who has died and raise any concerns
- All letters and written communications should be in plain English, free of jargon. Any technical terms should be explained.

We work with supporting charities in the divisions to ensure that we direct bereaved families to the appropriate supporting foundations.

The Trust provides all affected with the Help-is-at-Hand suicide support guidance produced by Public Health England (www.gov.uk/phe) and the National Suicide Prevention Alliance (www.nspa.org.uk) in response to the call in the National Suicide Prevention Strategy (2012) for more support for those bereaved by suicide.

The Trust also provides contact from service leads and offers of meetings with services after investigations through which further support can be accessed.

Safeguarding

During the year, our Safeguarding Team has continued to strengthen and improve the arrangements in place in the Trust to safeguard our most vulnerable patients and are continuing to develop and embed a culture that puts safeguarding at the centre of care delivery. The team has had some changes of personnel over 2019-20 and as of March 2020 was fully established with a substantive team.

Our quarterly Integrated Safeguarding Committee (ISC) is chaired by the Chief Nurse. This committee leads and supports all safeguarding activity in line with our Safeguarding Strategy and underpinning work plan and ensures that the Trust executes its statutory duties in relation to safeguarding children and adults at risk. The Trust Board takes safeguarding extremely seriously and receives an Annual Safeguarding Report as well as update reports to the Safe, Effective and Experience Group and the Quality and Safety Committee, a sub-committee of the Board.

We recognise that effective safeguarding requires a multi-agency response. Our team continues to work proactively and collaboratively with our partner agencies across all three boroughs and with staff in our five divisions.

The Safeguarding Team works very closely with Patient Experience and Patient Safety teams to triangulate and prioritise resources when issues arise. In response to this the three teams have set up a monthly triangulation meeting. This meeting addresses any gaps and themes

that are emerging and also provides assurance that all safeguarding and patient safety incidents are being addressed.

Key achievements over the past 12 months:

In order to ensure we remain responsive and committed to ensuring best practice in relation to issues we have developed a Safeguarding Children booklet in line with the previously published Safeguarding Adults booklet. This booklet supports staff who encounter safeguarding children issues.

In addition, we have developed a Sexual Safety leaflet which contains our new sexual safety standards for staff, service users and their carers. This leaflet was created from the work of the sexual safety task and finish group which was set up in response to the CQC report 'Sexual Safety on Mental Health Wards' (September 2018). Following the publication of this report, we have been reviewing our understanding and responses to sexual safety incidents on our inpatient wards. As part of this review, we carried out an inpatient staff survey which will help us identify areas where improvements can be made. This work will continue into 2019-20 and our action plan is ongoing.

The Safeguarding team has devised and produced an exciting integrated level 3 safeguarding training module. The module is a face-to-face full day training session that integrates both adults and children's safeguarding and delivers the competencies for level 3 training to all delegates as set out in the intercollegiate documents. The training follows the life of a three-generational family in a blended learning approach where the delegate must decide what the risks are for each family member and the family as a whole and how all the risks should be addressed.

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The safeguarding pages on our intranet continue to be updated to reflect the changing safeguarding landscape. We have added a dedicated page to support the dissemination of learning from all safeguarding reviews in a '7 minute briefing' format. We recognise that it is complex to disseminate learning across such a large organisation; however, this format has proved popular with staff, enabling them to access the learning from reviews in 'real time'.

The Safeguarding Team is currently undertaking a Quality Improvement initiative to roll out safeguarding supervision to the Trust. Designated Safeguarding Champions will be trained by the Safeguarding Team to undertake safeguarding supervision sessions in their clinical area or team. This supervision will be in various formats, either group, peer one-to-one or ad hoc. This supervision will be monitored by the Safeguarding Team and data will be presented to the ISC on a quarterly basis.

The role of the Safeguarding Champions continues to be strengthened ensuring that safeguarding really is everyone's business. The champions' network has been expanded to include our prisons teams. The Safeguarding Champions now have a dedicated area on the safeguarding intranet pages, giving them a space to obtain the help and support that they need to carry out this essential role across the Trust.

Infection Prevention and Control

The Trust is committed to preventing and controlling the risks associated with healthcare infections and to provide a safe clean environment for everybody who uses our services. Assurance is provided by carrying out regular audits to evaluate compliance with best practice guidelines. The infection control audits assess hand hygiene practice, infection prevention and control measures in clinical areas, using audit tools based on national guidelines and standards.

In 2019-20, there were no occurrences of MRSA, MSSA or E.Coli bacteraemia. Two outbreaks were reported during the year, one of Norovirus and the other of head lice infestation. For both inpatient cases, a comprehensive infection control plan was put in place with good effect.

Infection Control Audits

Hand Hygiene Audits 2019-20 were carried out according to the hand washing policy. Audits are carried out monthly in inpatient areas and quarterly in outpatient services. The average hand hygiene compliance was above the Trust target of 90% in 2019-20.

Hygiene Assurance Audit

Our inpatient wards were assessed against national standards in the following areas: bathrooms and showers, bedrooms, clinical rooms, domestic rooms, kitchens, laundry rooms, sluice room, store room,

toilets and common areas. The audits were carried out by wards with spot checks carried out by the Infection Control Team (ICT).

The Trust moved to the Perfect Ward app in October 2019, the system enables the Trust to respond to areas of non-compliance as they are identified. Hygiene assurance audits scored above the Trust target of 90% for the entire year.

Environmental Cleanliness Audit

The Cleaning Audit assesses the cleanliness of the clinical environment using the national standards for cleanliness tool. All 49 elements of the National Specifications for Cleanliness in the NHS (2007) are checked. The Trust scored consistently above the 95% Trust target compliance rate

Flu Vaccine Uptake and Compliance

The Flu Campaign commenced in September 2019 and closed in February 2020. The Trust used the peer vaccinator methodology and ran flu clinics across the organisation.

The Trust ran table-top sessions in each division as well as various competitions and incentives in order to increase the Trust vaccine uptake compliance.

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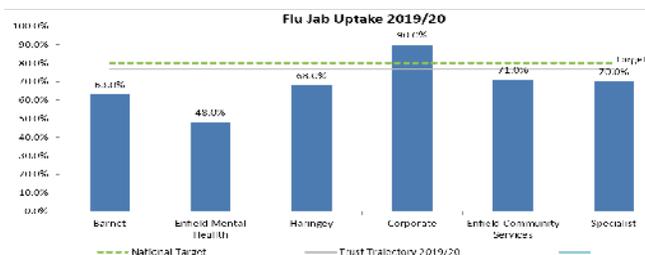
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These exercises were well received by staff and the Trust flu uptake closed at 65% for 2019-20, compared to 58.4% in 2018-19.



The Trust has commenced planning meetings for the flu campaign and has agreed the flu plan. The campaign will be led by the IPC team and will be supported by two leads for each division; the campaign will be underpinned by peer vaccinators, the number of peer vaccinators will be increased significantly to deliver a minimum of two clinics per division, per week. Additional peer vaccinators will be trained in the areas with the largest staff numbers (Specialist Services and Enfield Mental Health Services). The flu plan is supported by a comprehensive communications plan, with a focus on education and myth busters, this year the Trust will focus on staff stories and experience.

Patient-led Assessment of the Care Environment (PLACE)

Five assessments were carried out in collaboration between Trust staff and local people known as Patient Assessors recruited from Healthwatch, Barnet Voice, Haringey User Network, and Enfield Mental Health Users. The Trust ran training sessions for the assessors to carry out the PLACE assessments.

The six domains assessed are:

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

The 2019-20 PLACE assessments took place in September 2019. Data was submitted to NHS Digital for analysis in November 2019 and the results were published in January 2020. Our overall organisational scores in each domain were above the national level for 2019-20.

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.

Percentage Trust compliance scores in each domain against the national average:

RRP	Cleanliness (CLN)	Ward Food	Privacy, Dignity & Wellbeing (PDW)	Condition & Appearance (CAM)	Dementia (DEM)	Disability (DIS)
BEHMHT	98.99%	96.22%	93.17%	98.43%	93.92%	89.91%
National Average	98.5%	94.0%	92.4%	95.7%	90.6%	87.5%

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Staff Experience

We participate in the annual NHS staff survey which provides valuable insight into staff morale and their personal experience of working at the Trust.

What we did in response to last year's results (You said, We did):

- established staff-led networks: Women's Network, LGBTQ+ Network and Better Together Network
- offered mentoring to staff who wish to develop and progress, with a particular focus on supporting Black, Asian and Minority Ethnic (BAME) staff
- ensured that Equality Champions were part of recruitment panels for bands 6 and above
- enhanced our programme of staff engagement events
- Refreshed the Team Briefing and Feedback process

The Trust is above the average for being able to make improvements happen in the individual's area of work.

The Trust scores highly on respondents knowing what their work responsibilities are and being trusted to do their job.

Approximately 90% of respondents had an appraisal in the last 12 months; this is in line with the NHS average, 32.7% said that the appraisal helped them to do their job better, and 40% stated it provided them with clear objectives for their work. This has seen a steady decline over the last four years. However, 77.9% said that learning, training and development was identified for them as part of the appraisal process which is above the 69.1% average for comparator Trusts.

The 2019 staff survey was undertaken in November 2019 and the final results were published in February 2020. The survey comprises 90 questions structured around five categories:

- Your job
- Your managers
- Your health, wellbeing and safety at work
- Your personal development
- Your organisation

The results are presented under the 11 themes and benchmarked against other Combined Mental Health/ Learning Disability and Community Trusts.

The Trust had 1,162 surveys returned giving a 36.5% response rate, down from 44.4% in 2018. In response to low return rates, this year we have adopted a new approach to enhancing staff engagement and the staff survey. We are working with each division to nominate an engagement champion so that the survey and feedback is owned locally. We will also be adding completion rates onto the KPIs for the divisional performance reports and working to foster a team culture

The Trust is below the average score for seven of the themes (the themes in *italics* are equal to the worst score across the comparator organisations):

- Equality, diversity and inclusion*
- Safe environment - Bullying and Harassment*
- Safe environment - Violence*

- Morale*
- Immediate Managers*
- Safety Culture*
- Staff Engagement*

The Trust is above the average score for three of the themes:

- Quality of Appraisals
- Quality of Care
- Team Working

For the Health and Wellbeing theme the Trust is equal to the average.

Examples of positive results from our staff survey:

- Quality of care, quality of appraisals and team working were all positive themes within the results.
- The majority of our staff felt that we use service user feedback to help make better decisions within services and departments

Areas we need to improve on:

- 20% of our staff said that they experience violence from service users, family members, relatives or members of the public. As a result we have agreed five high impact areas to address at a corporate level including addressing violence, working to introduce a just culture and refreshing the behaviours associated with our values.

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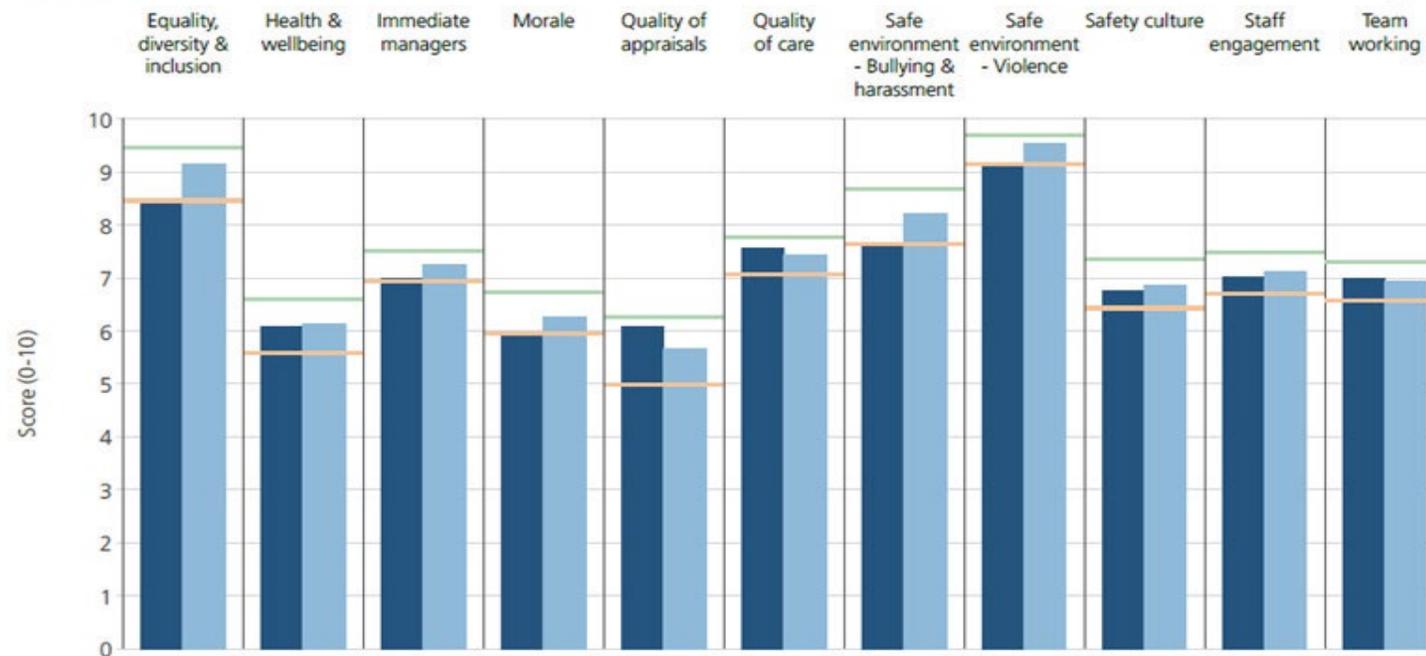
Organisation details

Completed questionnaires **1,162**

2019 response rate **36%**

Survey
Coordination
Centre

2019 NHS Staff Survey Results > Theme results > Overview



Theme	Best	Your org	Average	Worst
Equality, diversity & inclusion	9.4	8.5	9.1	8.5
Health & wellbeing	6.6	6.1	6.1	5.6
Immediate managers	7.5	7.0	7.2	6.9
Morale	6.7	6.0	6.3	6.0
Quality of appraisals	6.3	6.1	5.7	5.0
Quality of care	7.8	7.6	7.4	7.1
Safe environment - Bullying & harassment	8.7	7.6	8.2	7.6
Safe environment - Violence	9.7	9.1	9.5	9.1
Safety culture	7.4	6.7	6.8	6.4
Staff engagement	7.5	7.0	7.1	6.7
Team working	7.3	7.0	6.9	6.6

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Freedom to Speak Up (FTSU)

The current Freedom to Speak Up (FTSU) Guardian arrangement has been in place since April 2017.

The Guardians have been working together in a pan-London Action Learning Set (ALS) for Guardians for the past year in partnership with East London Foundation Trust (ELFT). The ALS supervision group conducted action research about the role and what the barriers and facilitators are for the effectiveness of the role and the evidence has been published by NHS Providers. The Trust Board, in coordination with the our FTSU Guardians, also seek the latest advice from the Non-Government Organisations (NGO) and NHS Improvement to co-produce FTSU Advice for Boards document to ensure BEH operates within the latest guidelines.

From January 2019 to December 2019, 39 concerns were recorded by the FTSU Guardians. Quarterly statistics were submitted to and published by the National Guardians Office. The individual concerns raised varied in nature from bullying and harassment to being heard. Concerns around organisational issues such as engagement to more significant concerns around patient safety and quality were also raised. There is national evidence that the number of concerns is directly proportional to the visibility in the Guardian role at all levels.

Following the publication of a Freedom to Speak Up Index by the National Guardians Office in October 2019, the index was used to provide a gap analysis for the FTSU arrangement at BEH so that the Trust can develop and build on plans to provide assurance to colleagues and the Board that our approach to FTSU is robust and a core part of our culture as we work to progress to an "Outstanding" CQC rating. The evidence is that the amount of resource for FTSU is directly proportionate to the number of cases raised.

The Freedom to Speak Up Index is the first time that the speaking up culture has been measured in trusts and foundation trusts. It is derived from four questions in the NHS annual staff survey about staff perception of feeling encouraged, knowledgeable and secure to speak up.

The survey questions that have been used to make up the FTSU index are:

1. Question 17a the % of staff who responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly
2. Question 17b the % of staff who responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents
3. Question 18a the % of staff who responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it
4. Question 18b the % of staff who responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice

There are no accurate benchmarks to compare the FTSU Guardian resource with other mental health trusts in London. BEH is considered a small organisation with fewer than 5,000 staff. However, we have a complex organisation with five new divisions spread across three London boroughs. The Executive Leadership Team has therefore agreed to increase the resource for FTSU at BEH to ensure that the FTSU arrangement at BEH is robust and a core part of the culture.

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Learning and Development

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In 2019-20, we continued to provide a variety of learning and development opportunities for staff, including leadership development and a new manager induction programme, learning disability awareness courses, physical healthcare and motivational interviewing. Apprenticeships are becoming increasingly embedded in our workforce. Around 50 apprentices are on a programme at any one time. We

have offered trainee nurse associate opportunities in partnership with other North Central London care providers, senior leaders' postgraduate apprenticeships and business improvement technician training, which is aligned to quality improvement techniques, all via fully-funded apprenticeships. Our work with 'My Care Academy', a partnership with Camden and Islington NHS Foundation Trust and Middlesex University,

has delivered an increased focus on digital learning platforms and delivered online accessible learning resources such as Care Planning and Clinical Risk Assessment for our staff. This is all in addition to a full range of mandatory training designed to keep our staff and service users safe.

Mandatory Training

Our compliance with mandatory training at the end of March 2019 was slightly below our target of 90%, at 85% for the core topics.

As part of our Brilliant Basics Quality Improvement project we have worked with colleagues across the divisions to achieve mandatory training targets and support colleagues to complete their training. We achieved 89% during the summer of 2019 and are aiming to maintain this with a range of new approaches and interventions such as training whole teams in their work environment, increasing e-learning support clinics and adapting courses for services and individuals with additional learning needs

The figures below demonstrate that topics which offer e-learning options such as equality and diversity and level 2 safeguarding can achieve high compliance. The focus of our QI project has now shifted to face-to-face courses which primarily cover increasing resuscitation training compliance.

Course Name	TNA	Trained	Compliance	Target
Conflict resolution	3336	2844	85.25%	90%
Equality and Diversity	3345	3053	91.27%	90%
Fire Safety	3345	2954	88.31%	90%
Health and Safety	3345	2825	84.45%	90%
Infection Control	3345	3005	89.84%	90%
Information Governance	3345	2756	82.39%	95%
Moving and Handling - High Risk	384	272	70.83%	90%
Moving and Handling - Medium Risk	116	84	72.41%	90%
BLS/AED Level 2 (Adult and Paed)	205	140	68.29%	90%
BLS/AED Level 2 (Adult)	1912	1384	72.38%	90%
Immediate Life Support Level 3	601	386	64.23%	90%
Safeguarding Adults Level 1&2	3345	3009	89.96%	90%
Safeguarding Children Level 1&2	3345	3017	90.19%	90%
Safeguarding Children Level 3	1124	814	72.42%	90%
Safeguarding Children Level 4	6	6	100.00%	90%
Total	31099	26549	85.37%	90%

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Looking Forward: Quality Priorities for 2020-21

This section of our Quality Account describes our priorities for improvement for the year 2020-21.

In February 2020, the Trust held a stakeholder engagement event which provided attendees with an opportunity to engage with senior leaders from the Trust and share their views on the areas that we need to focus on and improve in 2020-21.

Many of the suggestions were areas that had already been identified by the Trust as requiring focus; work is already being undertaken to improve and strengthen these areas.

A number of suggestions put forward were minor changes or culture changes that stakeholders felt would improve the overall experience of service users and staff.

Quality Priorities 2020-21

While we explore quality priorities for the coming year, it is important that we look back at what we have achieved and implemented in previous years and the areas we would want to continue developing and improving in the year ahead.

Four quality priorities have been identified for 2020-21. These take into consideration suggestions from stakeholders and the strategic objectives of the Trust. The priorities are whole programmes of work. They

are aligned to the Brilliant Basics and thus will be embedded into the work being undertaken by the existing working groups to reduce variation in services and improve the quality of care and service delivery across all teams and our staff health and wellbeing:

1. Co-production – staff and service users working together
2. Timely access to care
3. Continuity of care (reducing variation)
4. Continuous improvement – creating and embedding a just culture Trust-wide.

Additionally, the Trust will continue to focus on areas identified by outcomes and experiences from last year as requiring continued efforts to improve quality.

1. Co-production

The four priorities are:

100 Experts by Experience

As the Trust is working towards involving service users/carers in all that we do within BEH the Patient Experience Team will be recruiting to our Involvement Register. This will ensure that we have a wide range of experiences, skills and knowledge within the Experts

by Experience that are actively involved in working with services and departments on involvement activities.

Training for Experts by Experience

As there is a wide variety of involvement activities within the Trust from interview panels to committee members, we will need to ensure that we are providing adequate training and support to our Experts by Experience. Quarterly forums will be set up for all to attend and training will be provided by BEH staff. Requests from our Experts by Experience for specific training will also be provided and discussed during these quarterly forums.

Experts by Experience to sit on 50% of all committees

Job descriptions will be developed for Experts by Experience to sit on Trust wide committees as members; this will help to strengthen the governance and will ensure that service users' voices are heard.

Experts by Experience to sit on all interview panels band 8 and above

By having Experts by Experience sit on interview panels it ensures that people with lived experience within our services have a voice in ensuring that candidates' values and skills align with our own Trust values. They will be able to ask a range of questions

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to assess values, behaviours and motives in order for them to have an equal say in appointing new staff members to the Trust.

2. Timely access to care

The top three priorities are to:

- Embed consistent systems and processes across the mental health care pathway teams/divisions. To do this we have developed new internal professional standards (IPS) for the acute mental health care pathway (all BEH acute mental health community and hospital based teams). The aim of IPS is to ensure timely care at each stage of the pathway.

- To ensure adequate capacity for local acute mental health beds for those who need hospital admission.

- To ensure good data capture by developing our RiO reporting process to ensure that activity is recorded and capable of reporting on all the London MH Compact metrics and national requirements.

The priority quality metrics we will measure against these are:

- 12 hour breaches – target zero
- Health- Based Place of Safety breaches – target 24 hours
- CRHTT response times for emergency and urgent referrals – respectively within 4 and 24 hours
- Out-of-Area placements – zero by 31st March 2021; local trajectory has been set at zero by November 2020

- Allocation of a bed within 4 hours of a Decision to Admit (DTA).

3. Continuity of care (reducing variation)

i) Reducing variation in physical health monitoring

Until now, the Trust has been using paper charts to monitor patients' vital signs as well as a number of other physical health forms. This was then duplicated when it had to be documented on RiO patient notes.

As part of Brilliant Basics, a joint project between the Brilliant Basics Physical Health work stream and the Information Management & Technology (IM&T) department has seen the successful implementation of the RiO Physical Health 'eObs' (electronic patient observations) module. The new eObs module allows staff to document and record physical and visual observations using mobile devices such as tablets, and save the information directly into patient notes on RiO in real time.

The first phase of forms will include NEWS2 (National Early Warning System – which helps to identify deteriorating patients and trigger medical reviewed and interventions), Non-Contact Observations (which is linked to post rapid tranquilisation observations), Neurological Observations, Intentional Rounding, Fluid Charts and Stool Charts.

Our quality priority of reducing variation in physical health monitoring will aim to ensure that eObs is rolled out and available to 75% of all inpatient units by February 2021. Each roll out stage will see an audit completed at

six weeks after implementation using the QI approach. This will be used to measure timely input and usage, the quality of clinical data input and patient escalation times and address any challenges, changes and improvements required.

This piece of work will support BEH's vision for integrated health care, placing equal importance on mental and physical health using digital technologies to address poor mortality rate in mental health patients and improve patient outcomes; working towards reducing variation in care and treatment across the trust.

Overall, the implementation of eObs will support BEH to:

- improve of patient safety
- support quality and clinical governance
- enhance operational productivity
- provide cost savings and relieve clinical time so that it can be used more effectively in other areas
- mobilise the workforce and significantly reduce the use of paper
- support nursing staff in delivering patient-centred care, allowing nursing staff to remain with patients whilst entering electronic observations at the bed side
- provide up-to-date patient information at the point of care
- keep track of patients with notifications and an overview of the ward

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- increase communication across clinical teams
- ensure observations are clear and easy to understand, removing the need to decipher handwritten information
- enable clinical teams to respond to concerns swiftly
- support clinicians to act appropriately when patients need immediate attention
- ensure all observation data entered are always up-to-date with the clinical record stored in RiO.

ii) Reducing variation in reducing restrictive practices

The three priorities are:

1. To reduce prone restraint by 40% in inpatients services
2. To achieve 60% staff compliance with Trauma Informed Care
3. To undertake the improvement, refurbishment and standardisation of seclusion environment and sensory rooms

How these will be achieved:

1) To reduce prone restraint by 40% in inpatients services:

- There will be an emphasis on restraint-free interventions where possible. Prevention and Management of Violence and Aggression (PMVA) training to maintain focus on verbal de-escalation of challenging situation.

- The use of positive behaviour support (PBS) and Safewards as evidence based practices is to be embedded within all services. Staff are to be trained in its implementation.
- To continue staff training on alternate sites for rapid tranquilisation.
- To set up a task and finish group to improve the Ulysses reporting of prone restraint across the organisation.
- To embed the reduction of prone restraint in various QI projects in each division.

These will be measured through:

- Daily review of Ulysses at local level
- Weekly reviews at the trust safety Huddle.
- Perfect ward audit to monitor the use of restraint.
- Review of prone restraint at the Positive and Safe group.
- to benchmark the use of prone restraint with other organisations.

2) To achieve 60% staff compliance with Trauma Informed Care (TiC)

- A review of the set-up and delivery of TiC training across the trust.
- Delivery of a 'train the trainer' model of TiC training.

- Services to review compliance and implementation of this training/evidence based practice through structured supervision, local governance meeting and other appropriate platforms

These will be measured through:

- Compliance review and monitoring through the Electronic Staff Record (ESR).

3) To undertake the improvement, refurbishment and standardisation of seclusion environment and sensory rooms

- To work with different services in the improvement work to refurbish seclusion rooms to the standard set in the new build (Blossom Court).
- To review the effectiveness of the equipment and materials used in the new seclusion rooms and share with the rest of the organisation.
- To set up a fit-for-purpose sensory room in each of the wards at Blossom Court and to evaluate its effectiveness.
- To offer appropriate training to staff in the use of the sensory rooms.

These will be measured through:

- The evaluation of the effectiveness of the sensory rooms through comparative analysis of restrictive interventions.
- The evaluation of the duration of seclusion following the improvement work.

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4. Continuous Improvement

Quality improvement (QI) is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement. (Care Quality Commission)

Reasons why a QI approach has delivered results across NHS Trusts include:

- Valuing people by giving them the tools to improve, not instructing or doing it for them
- Showing through a standardised approach that change is the responsibility of all of us
- Building motivation, ownership and sustainability because answers come from the team
- Driving innovation because ideas are generated in a positive environment
- Developing empowered and accountable people, less dependent upon others
- Supporting services & outcomes (improved mortality, reduced violence & aggression)
- Strengthening capacity/capabilities by learning new ways to consider our challenges
- Offering a coherent, easy to follow approach, applicable across all roles and grades

We recognise, and evidence shows, that for improvement to be sustainable, we need to embed a single, preferred improvement methodology into the

way we work; from everyday, informal decisions through to major transformational programmes. The Trust has supported the implementation of the IHI Model for Improvement (MFI) as its preferred improvement methodology and has embarked on building capability utilising the Quality, Service and Redesign (QSIR) programme from the NHS Act Academy.

A comprehensive data platform that enables teams to upload/access quantitative data and qualitative data that tracks improvement ideas is fundamental to the successful delivery of QI. BEH has the LifeQI digital platform which is designed as the main workspace for QI teams to “plug in” their performance data. Users can submit new projects, review QI projects across the Trust (and beyond). The functionality includes creating and editing driver diagrams, the ability to plan and track PDSA cycles, to measure programme data and can automatically generate run/control charts. It has the functionality for Divisions to view the QI projects within their areas.

QI measures for September to end of March 2021:

- 200 staff trained in QI - 1 day training (this number will be reduced if there is a further peak in Covid-19 across the winter)
- A minimum of four projects per Division on LifeQI with the associated Aim, Driver Diagram, measures and at least 1 test of change documented.

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Highlights from our divisions – quality improvements, initiatives and achievements

BARNET MENTAL HEALTH SERVICES

The Barnet Mental Health Services division made very good progress in 2019-20 – demonstrating particular excellence in engagement and innovation.

The division reached all its efficiency targets through growth and positive service development. The leadership approach adopted in Barnet has emphasised active engagement with teams, stakeholders and partners. This has helped build an atmosphere of trust that has created new opportunities through partnership working. We also delivered sessions for colleagues on diversity and bullying and harassment.

Barnet CAMHS

Our CAMHS service in Barnet has made very significant progress. We are working very closely with commissioning colleagues and leaders from across

the CAMHS provider scene as key representatives on the Barnet Transformation Board. Our nationally benchmarked data demonstrates that we are a very productive service which supports a very high number of young people and their families to navigate local mental health resources.

In March 2019 we successfully implemented a redesigned service based on a co-produced model of care. Trust CAMHS team members were central to the redesign process and there has been a real sense of optimism around the changes. The model is built on 'Thrive' principles and offers a stepped care approach to people that is both personalised for the service user and has set components.

The model aims to provide rapid and accessible early help alongside highly specialist high quality, evidence-based assessments and treatments with shorter waiting times. We have also made excellent progress in managing transitions between CAMHS and adult services.

The year also saw the launch of CAMHS Assertive Outreach provision. This is designed to support young people in times of crisis with the aim of preventing admission, providing care closer to home and in community settings and reducing inpatient stays. While this is a very limited resource at the moment, we hope that evidence of success will lead to further investment in it.

This year saw the introduction and expansion of a new crisis team for 11-18 year olds in need of an urgent response from CAMHS. Accessible by GPs, CAMHS teams and colleagues in education and children's services, this team has achieved excellent results meeting all key KPIs and seeing young people within the new timescales of four hours, 24 hours and five days.

North Central London introduced out-of-hours CAMHS support at all the major hospital sites, enabling specialist CAMHS assessments in the emergency departments to better support young people in crisis.

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This year also saw a reduction in waiting times for specialist neurodevelopmental assessments for autism and the introduction of a specialist neurodevelopmental pathway.

The national CQUIN on transitions to adult services encouraged us to develop new collaborative pathways with our colleagues in adult services and support better transition planning for young people, including joint assessments prior to transition in partnership with adult ADHD services.

Qualitative feedback included:

"It's a continuing service. Happy with the way the transition was organised. The fact that somebody had taken over"

"Yes, it was helpful. They explained that their service was going to end because I was turning 18 and the adult team saw me very quickly"

"I didn't have to worry about the gap between adult services and CAHMS. The transition was smooth"

"Everyone worked together, there wasn't much waiting"

"Transition was perfect"

"It was a good experience having a pre-discharge meeting from CAHMS which my Care Coordinator from adult services attended which helped calm my anxiety"

"Overall the experience was good, she [service user] appreciated that she didn't have to repeat herself to her new team because her previous doctor had explained everything. She found this really helpful"

Barnet Improving Access to Psychological Therapies (IAPT)

Let's Talk Barnet has consistently over-performed on its monthly access target as well as exceeding the recovery rate target of 50% every month since April 2018. This is a partnership with some of the IAPT activity delivered by the Multi-Lingual Wellbeing Service.

Following the adult pathway redesign in 2018-19 we now have much closer links with secondary care services and the borough's Crisis Resolution and Home Treatment Team. We sought additional resources to reduce waits so we could meet the increased targets for 2018-19. We also developed our offer for people with long term conditions.

We are talking with the commissioning teams about developing a more integrated service in primary care for people with diabetes, and are working hard to expand the range of groups and workshops we offer to people with a diagnosed long term condition.

Let's Talk Barnet has expanded the number of service users by 50% over the past year, while continuing to meet and exceed KPI targets and reducing waits for first appointments. These achievements have been all the more remarkable given some very significant recruitment and estates challenges, at the same time as increased demand and scrutiny of the service. Let's Talk Enfield has faced more challenges financially but has also either met or come very close to its agreed monthly access targets. The recovery rate target of 50% has been met consistently in Barnet and the majority of months in Enfield, and in Q3 (both services combined) the full IAPT CQUIN reward was achieved.

We are talking with the commissioning teams in both boroughs about developing a more integrated service in primary care for people with diabetes, cancer and chronic pain, and are working hard to expand the range of groups and workshops we offer to people with a diagnosed long term condition. Both services have offered a wide ranging training programme to clinicians over the past 12 months including several places for Eye Movement Desensitisation and Reprocessing (EMDR) therapy, as well as now having fully-established wellbeing programmes.

Quotes from Barnet IAPT user survey

- "I simply cannot thank the therapist and service enough for these sessions. It has allowed me to open up when I've been unable to speak to anyone else. I realise attending these sessions is the beginning of my journey to getting help, thank you"
- "When I first came I was sceptical about the service, but after a few sessions, I knew the service was there to help me, and I think I achieved what I came for"
- "It was the type of help I was looking for I felt safe and comfortable, and it helped me at a desperate time of need. Thank you"
- "Grief doesn't go away it just changes shape. I have changed the shape of mine"
- "The service I received was above and beyond what I expected. I am much happier and confident moving forward and feel well equipped to do so"

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Barnet Acute Mental Health Services

The context in Barnet remains challenging for our acute services with increasing demand for home treatment and inpatient care. We successfully established another acute inpatient ward, Shannon Ward, at the Dennis Scott Unit in Edgware Community Hospital. This project provided many opportunities to involve service users and staff in decisions about the ward such as its name, choices on furniture, colour scheme and decoration. It was also an opportunity to have people visit the ward before it opened to view the environment and showcase the work the project team undertook in delivering a high quality environment including each bedroom having en-suite facilities for the people we care for.

We successfully applied to be part of a two year national safety collaborative on sexual safety on mental health wards. The collaborative is hosted by the Royal College of Psychiatrists and is using a QI approach for this work.

We are continuing to implement the Trust's Enablement Strategy and will be exploring opportunities to increase peer support worker roles across some of our services in the coming year. We have continued to develop and embed Quality Improvement methodology in our area – focussing on schemes that improve staff working lives and patient safety.

Our Mental Health Liaison Services support the Accident and Emergency staff at Barnet Hospital and North Middlesex University Hospital, working with mental health patients. The service has developed two outstanding schemes. The first targeted the provision of rapid assessment and expert guidance for people experiencing signs of dementia on the medical wards.

The second involves experts by experience working as peer support workers as part of our liaison team to support service users and their families in the department. This eases the assessment process and provides truly empathetic support. It also helps to de-stigmatise mental health.

Our acute services were very fortunate to receive a donation from the Hampstead Garden Suburb Free Church to spend on exercise equipment for our inpatient services. The equipment is in use at the Dennis Scott Unit. We were very pleased to welcome the Mayor of London Borough of Barnet to an official opening ceremony of this facility along with staff, patients and our CEO Jinjer Kandola.

In 2020-21, we will develop further adult acute inpatient capacity in Barnet to improve the availability of local beds for people needing this level of support. We have started the challenging process of preparing for Royal College of Psychiatrists accreditation for our Home Treatment Team. Our determination to meet these standards shows our commitment to people receiving the quality of care and treatment they have the right to receive from our services when their need is greatest. We will continue to recruit people to work in our services who reflect our Trust's values, and we have welcomed many new colleagues to '#TeamBEH' in 2019-20.

Barnet Older People Services

The service achieved accreditation by the Memory Services National Accreditation Programme (MSNAP), which is managed by the Royal College of Psychiatrists' Centre for Quality.

Barnet Mental Health Service for Older People: Springwell Centre

Teams within the service continue to work to provide people across Barnet with the high level of service they have come to expect from us. After receiving an "Outstanding" rating for our service delivery, the teams continue to strive to improve and are implementing any 'should dos' identified in the Trust CQC Action Plan which are applicable to services for older people.

Barnet Memory Service

Over the past year, the Barnet Memory Service (BMS) was able to fully recover from the surge in referrals from the year before; we have been able to maintain our high standard with reference to our accreditation service, MSNAP. BMS has in general met its KPI targets and in a recent survey of 32 memory clinics across England, came second for waiting times and diagnostic rate under six weeks. BMS has also started a carers' group over the past year alongside our post diagnostic sessions for people that have been diagnosed with dementia, and this has been a big success. BMS continues to deliver a very high standard of Cognitive Stimulation Therapy (CST) groups, Strategies for Relatives (START) – carers' support – and we are currently working closely with Barnet CCG promoting the Barnet Action Alliance in making Barnet a dementia friendly environment.

Barnet Older Peoples Community Mental Health team

This year staff in our community based mental health services for older people have worked hard to maintain the high standards of care judged by CQC to be "Outstanding".

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In particular the CQC noted that being well supported by senior staff, teams provide a truly holistic approach to assessing, planning and delivering care and treatment to patients while being responsive to individual patients' needs and managing risk. Across our teams staff aim to be flexible in providing patients and carers with opportunities to reflect their individual preferences in care planning. Patients and carers reported that staff went the extra mile and exceeded their expectations. GPs particularly praise the responsive way in which the service responds in a collaborative manner with other health partners.

Barnet Day Hospital

Since 2008, the Barnet Day Hospital has successfully supported service users who either experience mixed diagnosis or functional illness.

During October 2019, we recognised that more people experiencing functional illness would benefit from our Day Hospital support to avoid and step down from inpatient admissions and we are delighted to see that we are now providing care to a larger number of people.

In response to this changing need, we have reconfigured our Day Hospital programme as part of a pilot project for three months.

By establishing closer working links with inpatient services, the Home Treatment out-of-Hours Team, transport and, as appropriate, independent sector support, the Day Hospital will aim to provide a four day programme.

Our revised programme focuses on treating those people who have a functional illness diagnosis and whose treatment pathway will benefit from a new flexibility and availability of the Day Hospital expertise.

We continue to offer increased levels of support

to people to avoid hospital admissions while also expediting discharges from hospital by offering an enhanced step down facility towards full discharge.

Barnet Younger Adult Services

Our Younger Adults Services continued to embed the excellent Link Working service in the adult pathways and it secured ongoing financial support from Barnet CCG. The service acts as a responsive expert point of entry to our services in Barnet and helps people navigate mental health services across the borough.

We worked successfully with CAMHS to monitor and plan transitions for young people as they approach their 18th birthday. There has been excellent joined-up planning in this area with the CAMHS and adult leads showing great leadership. Further work now needs to be done in this area across other provider boundaries in 2020-21.

The Early Intervention Service secured funding for a gardening project at our outpatient clinic – the Redhill Clinic in Edgware. Our Personality Disorder team has provided structured clinical management training sessions for colleagues from across adult services and beyond. This is an evidence-based support approach that enables practitioners to use a set methodology when working with people with complex needs associated with significant psychological distress. The training was very well-received and will be rolled out further to enhance our workforce's capabilities.

Psychology HUB and Personality Disorder Service

Waiting lists for psychological assessment and treatment continue to be a concern. The Psychology HUB is fully engaged with the Trust-wide waiting list project group but is also building and developing local

initiatives aimed at improving access to psychological therapy at the secondary care level for Barnet residents.

The Psychology HUB continues to manage and oversee the Mindfulness Project which provides site-based mindfulness meditation for staff. The groups are based on a standard and simple approach to facilitating sessions and in the course of this year non-psychologists have become more involved with providing sessions, with support from qualified psychology staff.

Psychology staff members have led the newly-launched Service Users and Carers Group with the second meeting held in March 2020 in a local community facility (Terapia Centre).

Psychology has led in coordinating a day long introduction to Trauma Informed Care. Over four days 120 Barnet staff across all areas from all employment groups attended the training, with many more expressing a strong interest. Feedback was resoundingly positive, in particular about the way in which it helped people to make sense of interactions they had experienced with service users and other staff. It is anticipated that an adapted version of this training will be offered locally in the coming year.

The Barnet Personality Disorder Service has faced challenges this year losing three core staff within a six month period. A restructure was agreed with the aim to recruit, train and retain staff to this specialist provision. This is now in progress and the team is now able to build a more robust future proof service. The team have not been able to roll out more Structured Clinical Management training but have continued to provide monthly supervision for staff from the locality community teams who are already providing this training.

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Enfield Mental Health Services

Enfield Adults Mental Health Services for Older People

Dementia is a commonly under-diagnosed condition and because of this, a national target was brought in to ensure that a higher number of people are diagnosed so that important support and treatment can be provided. Enfield has performed the best in London in 2019-20, diagnosing a higher percentage of expected prevalence than other London boroughs.

Enfield Memory Services

During the year we brought in a new and innovative assessment, diagnostic and treatment model in the Enfield Memory Service which has been very well-received. Service performance is among the best in London and we are seeing all patients within the national six week access target.

Oaks Ward

We have introduced a weekly staff and patient improvement group which has resulted in significant improvements on the ward. Improvement ideas from staff and patients are captured in the group and posted on an 'improvement wall' displayed on the ward; each week the group plan and review progress on the ideas they have worked on in co-production together. Patients have also been part of interview panels which empowers them to help us employ a workforce to cater to their needs.

Looking ahead – focus areas

- Continue to provide a key psychological service for the 12% of people in the Enfield borough who are

aged over 65, addressing their emotional needs in the community and in inpatient settings.

- Continue to partner with University College London the FACTOID (Treatment Resistant Anxiety Disorder) study helping to develop Acceptance and Commitment Therapy for older adults with generalised anxiety.
- The psychology team will lead Quality Improvement projects in the reduction of violence and aggression on our inpatient wards.

Child and Adolescent Mental Health Services (CAMHS)

Young People's Participation events:

The National Citizenship Service

Young people participating in this scheme raised funds which were used to buy items to enhance the young people's garden and consulting areas at Enfield CAMHS.

CAMHS Young People's Event:

We held an event to share 'Stories of Identity and Recovery'. The event was held in the garden of the new CAMHS accommodation and was co-produced with members of the young people participation group. Art work was also created by the young people, and this will be displayed around the building.

We also had a lively discussion on LGBTQ+ issues faced by the young people at school and in society as a whole, some very powerful spoken word performances were delivered by some of the young people who

described their experiences with mental ill health and recovery, and music and rap written and performed by the young people covering diverse experiences such as bullying, gangs and also the importance of hope.

The Mental Health Support Team in Schools

The Mental Health Support Team in Schools trailblazer project commenced in Enfield in October 2019. The service has started to train eight Educational Mental Health Practitioners and is working with early-adopter schools, partner agencies and with children, young people, parents and families to establish initial training placements, formulate operational protocols and to collaboratively audit schools' needs with a view to becoming fully operational from September 2020.

We will deliver the following four core functions which will be reported on in 2020-21:

- Evidence-based interventions for mild to moderate mental health and emotional wellbeing concerns
- Support to the senior mental health lead in each school to develop their whole-school approach to mental health and wellbeing
- Timely advice and signposting to schools
- It is envisaged this will have a positive impact on both access rates and waiting times for children and young people's services.

Highlights

- We successfully bid for three children's wellbeing practitioner trainees to commence in January 2020

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for one year; this will in turn offer support to partner organisations such as School Education Mental Health Hubs and Enfield Borough Early Years.

- We successfully relocated staff accommodation for CAMHS services to Bay Tree House in June 2019; this was completed with minimal disruption to clinical services and we were able to continue to provide services during this busy period
- We were a successful site for a training programme of Children’s Wellbeing Practitioners. We are offering placements again for training from January 2020.
- Crisis Pathway: we have a one-year pilot of crisis nurse liaison roles to focus on Enfield acute hospital admissions for self-harm, and to liaise with key stakeholders at the acute hospital and the Out of Hours Team. This pathway has improved coordination of the rota and links with the hospital teams. A postholder delivered “We Can Talk” training to paediatric ward staff.
- In July, the North Central London Out-Of-Hours team became operational in the priority areas of North Middlesex Hospital and Barnet General Hospital. The service continued to work closely with them to ensure effective and timely crisis support for Enfield Children and Young People.
- In April 2019, we welcomed staff from Enfield Parent Infant Psychotherapy Service (EPIP) and Systemic Family Therapists to BEH CAMHS following their transfer from London Borough of Enfield. The work of EPIP was recognised in Parent Infant Partnership UK’s report, “Rare Jewels” which was launched at a meeting of the All Party Parliamentary Group on Psychology.

Looking Ahead – focus areas

- We will be sustaining service user engagement and consider the development of Peer Support Workers in CAMHS.
- Strengthening the implementation of ICAN (CAMHS outcome measures) across services
- Sustaining the ITHRIVE conceptual framework and working towards a shared priority across North Central London in developing a Long Term Plan to deliver mental health services for children, young people and their families.
- We will concentrate on further work on Quality Improvement methodology to support transformational and remodelling CAMHS across the borough to ensure we deliver the key priorities and timely access to services.
- We will be reviewing ways to further reduce waiting times for first appointments in CAMHS by continuing to meet the target time of 13 weeks.
- Reviewing the T1 & T2 outcome measures of improvement for service users following CAMHS treatment with a view to improving efficacy of care.

Enfield IAPT

Despite significant financial challenges, the Let’s Talk Enfield IAPT service has either met or come very close to its agreed access targets every month since April 2019 with the exception of December, when access was low due to a planned transition between IAPT Electronic Patient Records (EPR) systems. The recovery

rate target of 50% has also been met for the majority of months in Enfield, as have the KPIs relating to waiting times for first treatment.

The IAPT Long Term Conditions service is now fully integrated within the borough pain management pathway, and links with diabetes and cancer services are actively being developed. The service has offered a wide ranging training programme to clinicians over the past 12 months including several eye movement desensitisation and reprocessing (EMDR) therapy places thus increasing the choice of therapies available to clients presenting with trauma symptoms.

Patient experience data from the first six months of the financial year showed that over 99% of clients who attended at least six treatment appointments felt listened to and felt that their concerns were treated seriously most or all of the time, 94% felt that the service helped them to better understand and address their difficulties, over 96% felt involved in making choices about their treatment and care, and over 99% reported having confidence in their therapist and their skills and techniques.

- Looking ahead, in line with the NHS Long Term Plan, Enfield IAPT’s main focus will be working alongside other services in the Trust and with NCL colleagues to create and be part of an integrated primary care service co-located within the community it serves. We will also be looking at increasing digital therapy choices for clients and further reducing treatment waiting lists.

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Enfield Community Health Services

Children and Young Persons (CYP) Community Services

Highlights

Transition of Universal Children's administration hub

We have transitioned the Universal Children's administration hub move to Bay Tree House which has seen benefits across the whole service by standardising processes to support clinicians. This has, in turn, increased patient-facing contact and improved school-aged immunisation uptake which continues to increase in Enfield. For childhood flu, boys and girls Human papillomavirus (HPV), Meningitis ACWY, school leavers' booster and Measles Mumps Rubella (MMR) catch-up immunisations are offered.

School Nursing received an excellent training session on assessing school aged young people and the use of analytical skills to conclude and plan effectively.

Paediatric Occupational Therapy (OT)

We presented two papers on local innovations and two posters on the leisure pathways at the UK OT national conference in September 2019. The OT care pathways integrate with the local authority portfolio and offer a full range of leisure activities (athletics, swimming, football with Enfield Football Club, and cycling) for children with developmental motor disorders and

long term conditions. Such activities have been shown to have a considerable impact on physical fitness, participation, confidence, independence, and also social wellbeing.

Speech and Language Education

We are working jointly with the OUR Voice Parent network and the local National Autistic Society where we have developed Talking Mats as essential evidence-informed tools to consult with and support decision making with children and young people who find language processing and verbal communication a struggle. The Youth Offending Unit and Enfield maintained schools, including parents, have received accredited training and access to action learning sets from our accredited trainer to sustain competencies in embedding the Talking Mats into routine practice.

The Physiotherapy service

We have developed locally-led joint clinics as part of an outreach orthopaedic service with the Royal London Hospital to improve case management, integrate Multidisciplinary Team input, and reduce travel for families with children with complex needs who may be unable to travel.

Nursing play and bereavement team

We have facilitated three family workshops, six sibling creative workshops, bereavement siblings and parent

groups including the annual memory day at the Chicken Shed Theatre. These have been extremely successful with 100% positive feedback from children, young people and parents on the valuable support they experienced at particularly painful times.

Parent-based intervention programmes

A range of parent-based intervention programmes specifically designed for children with social communication disorders to improve parental confidence in self-management have been delivered in 6- and 13-week cycles. The aims are to generalise multi-faceted interventions in the home environment as part of daily routines. Outcomes show all children are progressing in developmental gains and there is a reduction in behaviours that challenge. Parental feedback is consistently positive and parent-led networks and social media support groups have been established to offer alternative support.

Optimising parent involvement with early intervention physical therapy for their infants at risk of cerebral palsy.

A multi-site PhD study in physiotherapy, supervised by University College London, commenced in September 2019 with a cohort of children and families. The study aims to understand the challenges faced by parents at the early stages of potential diagnosis and how best to support home-based physical preventative interventions at the infant developmental stage.

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Police Custody Suite Training

Our Social Emotional Mental Health Speech and Language Clinical Lead worked with colleagues in 12 London boroughs to develop and launch a training package for police custody suite staff and youth offenders' institutions. More than 1,000 Metropolitan Police staff have been trained in 2019. The resources form part of the Royal College of Speech and Language Justice workstream and the feedback we have received has been overwhelmingly positive.

Looking ahead – focus areas

The Children's Safeguarding team intends to utilise connections with partners to provide extra safeguarding training for staff. We are transforming the Specialist Children Service into an integrated care group delivery function. By working within an integrated system, professionals will be working together so care is delivered more coherently across the range of needs and levels of intervention. The approach will integrate physical and mental health needs so clinical care is not impeded by service or clinical boundaries.

- We are continuing to embed the Voice of the Children and Young People when identifying goals and preparing for adulthood outcomes. Having a clear method to identify needs and strengths provides a vision that everyone can agree on and allows personal targets to be set. Child-led outcome indicators will enable professionals to consider how well we are meeting targets.
- Our Voice of the Child champion is developing a project with parents and schools. Case studies with a focus on: 'Gaining the voice of the child for children who are not using formal communication

systems' will be used to design child-focussed strategies which include the child in decision-making and to facilitate their control over their environments.

- The Health Visiting and School Nursing service continues to deliver commissioner requirements with new birth visits by 14 days continuing at 99% compliance, throughout the proposed transfer to a new provider. This transfer has been delayed and will now take place in 2020-21, not in April 2020 as planned.

District Nursing Teams

Our Enfield District Nursing Teams implemented the use of total mobile technology. They appointed Total Mobile champions to help with the logging of issues, and daily reporting to help nurses record clinical updates in real time.

The service effectively promoted preferred place of dying for palliative patients. This is to ensure that they followed the **five priorities of care**. This successful implementation ensures that they recognise that someone is dying; communicate sensitively with them and their family; involving patients in decisions; supporting patients and their family; and creating an individual an individual plan of care that includes adequate nutrition and hydration.

District Nursing has introduced a palliative care matrix. This enables them to monitor the percentage of expected patients' deaths whose care has been consistent with Gold standards Framework, Preferred Priorities of Care and Liverpool Care Pathway.

District Nursing Single Point of Access processes have been improved throughout the year, this is enabling a

faster and more effective triage of patients.

The service have reviewed and optimised staff skill mix in the teams, this is proving to maximise capacity. This is reviewed on a fortnightly basis.

Tissue Viability

The Tissue Viability Teams have implemented a training programme for pressure ulcer prevention and management on leg ulcer and wound care. The service led on the BEH pressure ulcer collaborative Quality Improvement initiative from NHS England. The Tissue Viability team are continuing to support older adults mental health wards to manage complex wounds.

Community Matrons

All community matrons have updated key skills and core competencies to assist them to provide nursing care for patients in the community.

Lymphoedema

Lymphoedema teams have implemented a teaching programme for lymphoedema patients under the North London Hospice care.

Care Home Assessment Team (CHAT)

CHAT are supporting all older people in Care Homes in the borough of Enfield. CHAT agreed to expand to all Care Homes in Enfield registered for older people not just during COVID 19 but permanently. This led to a further 10 Care Homes coming under CHAT.

CHAT coordinated train the trainer swabbing sessions in Care Homes and Sheltered Accommodation

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services. CHAT have been highly commended at the Trust awards evening for living our values, shortlisted for RCNi team of the year and they have been shortlisted in the Mental Health category for The BMJ Awards 2020 for their work with residents with dementia (sadly postponed due to COVID).

Rapid Response Team (RRT), Discharge to Assess (D2A) and Single Point of Access (SPA).

RRT has completed its transformation from the Intermediate Care Team. RRT has seen an average of 200 patients per month which is 50 over the set KPI. Enfield has seen a decrease >60 non-elective admissions to hospital.

Discharge to Assess was formed as part of the COVID19 national response, the team are helping to discharge >80 patients per month from acute hospitals.

NMUH SPA is a joint venture between BEH and London Boroughs of Enfield and Haringey to discharge all Enfield patients through a single point. This is in response to the COVID19 pandemic.

Inpatient wards

Magnolia Unit is now functioning as a core and neuro rehab centre and medical models such as medical examinations and tests have been strengthened on Magnolia Unit.

Due to merging of teams staff morale has improved for AHP and Nursing staff

New pathways were created over COVID19 period to maximise bed flow. Capetown Ward was not in use at the end of 2019/20 due to lack of demand for beds for patients with COVID19.

There have been Quality Improvement projects to review the length of stay and delayed transfer of care.

Long Term Condition (Diabetes/Respiratory/Heart Failure)

Enfield has been chosen as an exemplar site for Insulin administration by Health Care Assistants, the project supported by NHS England & NHS Improvement (NHSE/I).

Respiratory and Heart Failure teams have successfully run training programmes for staff, this has helped to improve their knowledge and better equip community teams to help manage the patients' conditions.

Therapies Service

In Adult Speech and Language Therapy Service (SLT) one of their primary aims was to minimise the risk of aspiration (and consequent chest infection/ aspiration pneumonia) as the patient's swallowing ability deteriorates. A meta-analysis study looking at the use of thickener in the management of dysphagia demonstrated compelling evidence against the use of thickener as first line management. As a result of this, the team embraced change, whereby the first assessment for aspiration risk is now much more robust and evidence-based and they are trialling compensatory strategies first before assessing the need for thickener. They are also involving patients in the decision-making processes with regards to thickening and prioritising patient choices and values hence providing a patient centred approach to the care that is delivered.

Community Stroke Rehabilitation

The team is part of a North Central London wide pilot, led by University College London Hospital. NHSE have funded the pilot, to improve bed flow from hyper acute units into the community and to intensify the rehab provided.

Community Musculoskeletal (MSK) Physiotherapy Service

The team has successfully implemented a self-referral portal in conjunction with the GP Federation. This has allowed Enfield patients to self-refer themselves without seeing a GP for MSK related issues. As a result of this, patients now have easy access to the MSK service, with immediate response resulting in advice being provided within 48hours. Podiatry utilising diagnostics are used to help streamline MSK foot pathway to avoid unnecessary imaging referrals.

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Haringey Mental Health Services

What has gone well:

- Blossom Court – new building for inpatient services at St Ann’s Hospital due for completion in July 2020.
- Primary care link worker project launched.
- Pilot scheme for Rough Sleepers under way.
- Ongoing participation in national ODESSI study (Open Dialogue Study).
- Participation in the Trust-wide review of the Recovery House model, improving the urgent care pathway in Haringey.
- Work to develop the new Haringey Recovery House to open in Summer 2021 with increased capacity, offering alternatives to inpatient admission.
- Working closely with Haringey CCG, Haringey Council and Mind in Haringey to develop a new Safe Haven Crisis Café in Haringey to open in 2020.
- Floating Support workers from One Housing working with community and inpatient teams to support service users.
- Pilot scheme for mental health re-enablement launching on Fairlands Ward.
- The Care Co-ordinator Training programme has continued to develop staff into Community Care Co-

ordinator roles and has reduced the need for agency community clinicians.

- Rethinking how our community services operate with the introduction of Total Mobile devices.
- Floating Support workers employed by One Housing are now co-located in Haringey Community Services.
- Continuing to develop close working relationship with Homes for Haringey.
- We are introducing the Rough Sleeping Mental Health Team into Haringey
- The Care Quality Commission identified there has been considerable improvement in Haringey Community Mental Health Services, and that issues identified in the previous inspection had been addressed. Community Services were rated “Good”.
- The Haringey Older Adults Mental Health Service maintained its “Outstanding” CQC rating.

What has been challenging

Risks and areas for improvement:

- Staff satisfaction as noted in the national staff survey results
- Staff recruitment and retention

- Fit-for-purpose inpatient environment
- Pressure on acute care beds
- Bed flow – high use of out-of-area placements
- Interface i.e. working with London Borough of Haringey
- Caseload size for community teams

Main concerns:

- Communication of diagnosis and discharge plans in community services
- Liaisons with primary care for follow up of care.

Quality improvement collaborative

Risks and areas for improvement:

1. North East Locality Team QI referrals process

- Referrals monitored in an attempt to improve the efficiency and smooth running of the referral and screening process.
- Aim was to ensure patient referrals are processed and actioned in a timely manner.

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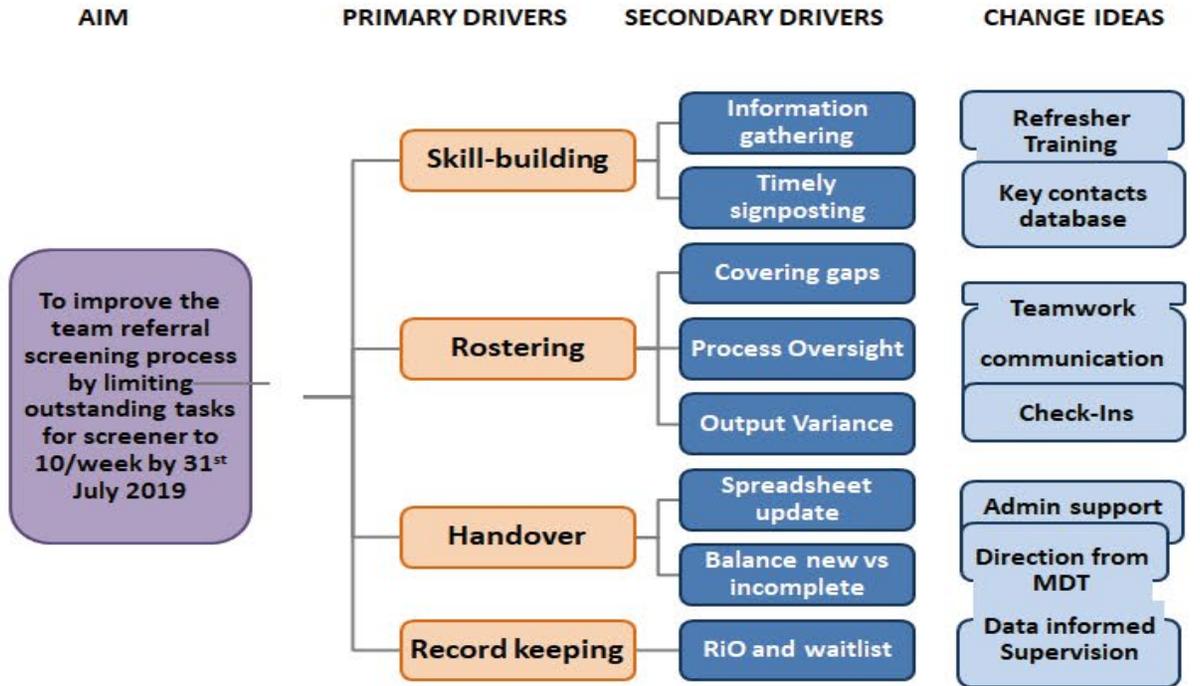
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Driver Diagram



2. The Haringey Older Adults Mental Health Service continues with weekly improvement meetings where improvement ideas are generated and developed.

Child and Adolescent Mental Health Services (CAMHS)

- CAMHS have a fully functioning Trailblazer team in local schools, and have recently co-hosted with the CCG a Schools Link event with NHSE&I, the Anna Freud Centre and the Department of Education inviting all schools in the borough to a series of workshops and network building events.

- Our four-week waiting time project is one year in and has so far achieved 60% of young people seen within four weeks of assessment. Further changes to the CAMHS teams are underway which should increase this percentage significantly. This is despite a 17% rise in referrals over the last three months year-on-year.

- We have been part of the TCaPs (Transforming Care Partnerships) project to help prevent crisis presentations in young people with learning disability or ASD (Autistic Spectrum Disorder). This has been very successful and the project has been funded for another year.

- A series of co-working projects has begun with Children’s Services starting with mental health consultations, and will also include co-working across a range of services to better integrate our health and social care response to the needs of our families.

- Roll-out of Non Violent Resistance (NVR) groups in CAMHS, an innovative and effective way to manage behavioural problems.

- Training in a new form of Mentalisation Based Treatment (MBT) for use with adolescents (part of a national study).

- Schools Link project: major engagement events for all of the schools in Haringey to forge better links with statutory and non-statutory services.

- New joint working initiatives with Children’s Services: case consultations started in late 2019 and co-working with Early Help is due to commence in 2020.

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- New Children’s Strategic Board and Tier 4 Board with CAMHS playing a key role in local authority strategic planning and monitoring of all young people in inpatient units around the country.
- More consistent support is offered to staff following serious incidents with the implementation of the new ‘Here for You’ approach.

Areas for improvement for CAMHS

- Access times for some types of specialist treatment, such as AHD and specialist psychology.
- Further clarity in service pathways is needed – work is underway on this.
- Adjustment to skills mix needed to meet new demands in New Models of Care Framework.

Psychological Therapies

- Several new groups are being offered in the PTSD Pathway including multi language psych-education and symptom management groups, Acceptance and Commitment Therapy for Trauma, and Nightmare Re-scripting.
- A new trans-diagnostic Meta Cognitive Therapy group, utilising a new approach to Cognitive Behaviour Therapy, has been trialled in adult community services and is beginning to have an impact in helping to reduce psychological therapy waiting times.
- A fully staffed group of psychological therapists, including family therapists and psychologists, are now in post in acute care.
- Three levels of trauma-informed care training (ranging from half a day to three days) delivered in partnership with MIND via the Community Education Provider Networks have been provided to health and social care staff across a range of agencies.



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North London Forensic Service (NLFS)

Quality Improvement

Specialist Services have developed a structured approach to QI; over 50 staff have been trained in QI and each ward and team is committed to developing a QI project. They are being supported by a core QI leadership group and a new QI practitioner who offer weekly supervision and support to teams involved in QI. Seven wards are involved in a QI collaborative to reduce BMI through a range of interventions including use of Fitbit watches to increase exercise and healthy eating group. Four wards are working together to reduce Novel Psychoactive Substance use on wards through co-produced initiatives.

Co-Production and CHOICES Recovery College

North London Forensic Service Recovery College has continued to develop its Recovery College and has been shortlisted for the National Service User Awards for its 12 weeks Transitions Group which is a co-produced course for people who are on the discharge pathway or recently discharged. The Recovery College is expanding its role to deliver workshops in the CHOICES Community Hub and are increasing its partnerships with third sector organisations. The Community HUB now has over 80 service users enrolled and attending a range of educational, vocational and leisure based groups. There are now 42 Experts by Experience who are an integral part of all management meetings and recruitment, deliver training and facilitate peer support and recovery college groups. We are recruiting into two Peer Support worker posts who will work across both inpatient and community services.

Restorative Practice

Following investment in training, a cohort of 12 multi-disciplinary staff are now trained as Restorative Practice (RP) practitioners and will join several trusts across London in embedding this approach. It is an approach to dealing with conflict which can be applied across a range of situations and settings, with staff or patients. It provides an opportunity for those who have been harmed and those who have harmed to meet and for the person that has harmed to hear the impact of the harm or offence on the lives of other people. It is a carefully managed intervention with trained facilitators and the aim is for meaningful dialogue, understanding, learning and healing through a series of structured meetings. It encourages people to take responsibility for their actions, to make amends and to learn and grow.

Developing the Learning Disability Pathway

Following the recommissioning of the Community Forensic Learning Disability team, the service has invested in a range of LD-specific training including Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview – Revised (ADI-R), Positive Behaviour Support, ADHD, sex offending and risk assessment. The teams are working across all boroughs north of the river to offer expertise, support and training in managing people with offending or challenging behaviour and have trained over 300 people. The work of the service has been recognised through invitations to speak at national conferences and it is developing bespoke packages of training to community providers, police and community LD teams.

Inside Guides and Website

Following collaboration with NHSE/I and service users and prisoners, two guides have been developed, for people in prisons and for people in hospital, offering practical ideas and information about how best to use their time to take responsibility for their own recovery. These guides have been nationally recognised and in partnership with Verve Communications the guides have been built into a website (<https://insideguide.nhs.uk>) which launched in Spring 2020 so the work is now widely accessible.

Physical health

Current projects

We are currently working with the NHSE&I immunisation and screening programme with the aim of being the first forensic setting to deliver the NHS Timeline to service users in an inpatient forensic setting. The aim is to promote and agree processes (including fail safes), between screening providers and healthcare teams in NLFS to ensure we facilitate the systematic provision of a high-quality screening service to all eligible service users including:

- bowel cancer screening and bowel scope screening
- diabetic eye screening programme
- abdominal aortic aneurysm

This work will be benchmarked and eventually rolled out to other forensic settings in the UK. We are also currently in talks with NHSE&I and working towards providing breast and cervical cancer screenings within inpatients

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to all eligible service users as part of an overall aim of being able to offer all NHS Timeline Screenings within our inpatient setting.

We continue to provide both sexual health advice/ education and smoking cessation education and support through the Recovery College. This is well-attended and delivered by our Senior Physical Health and Wellbeing Practitioner.

Improvements and developments

As our work with NHSE&I continues in developing access to national screening programmes, we are developing local Well Man Checks for forensic service users aged 40 and above. Evidence continues to show that those with severe mental illness are at much higher risk of dying at a young age from physical health complications such as cardiovascular disease, respiratory disease, diabetes and hypertension. The Well Man Checks are being designed to support early detection of physical health concerns, support current diagnosis and deliver health promotion and preventative support to service users.

The clozapine clinic continues to deliver gold standard care; to ensure we continue to deliver excellent services we are reviewing how and when we update patients' Assay with a move towards ensuring all patients are in date and that this is automatically updated centrally.

As part of our commitment to QI, we are running a project reviewing and improving GP Did Not Attend (DNA) rates within forensic inpatients. We are working closely with GPs, service users and staff to review current practice and how we can improve attendance and access to GP appointments. Within this scope, the team is also reviewing the flow of communication between primary and secondary care services to ensure continuity of care for patients.

Beacon Centre

Quality Improvement (QI)

The Beacon Centre has been involved in a year-long QI project with NHS Quest as part of their Improvement Science for Leaders programme. This is a truly collaborative QI project, as it has involved the Ward Manager, Specialty Trainee Doctor and the Acting Chief Pharmacist from the Trust. The broad aim of the QI project is to improve the Phoenix Ward service users' experience of medication, with the more specific aims being a reduction in the number of controlled drug errors and a decrease in the time taken for service users to receive their medication prior to going on leave. Numerous improvements have been implemented over the last year, including the use of e-prescribing for medications to take away and including information about any service user taking a controlled drug in the daily safety huddle. Marked improvements were found in the service users' experience of medication on the ward and the number of controlled drug errors has decreased significantly.

Achievements

There have been considerable improvements to the environment at the Beacon Centre over the last year. In 2019, two sensory rooms were installed at the unit, one downstairs for the young people to access during the daytime, and another sensory room that is upstairs by the bedrooms for use in the evenings. The sensory rooms have proved to be extremely popular with the service users and have been very effective in helping to decrease arousal and reduce restrictive practice on the unit. Another significant achievement for the unit has been the introduction of the Beacon Centre's Tier 4 Assertive Outreach Team (AOT), which commenced in 2019, with a remit of reducing the length of stay of inpatient

admissions by keeping the young people at the Beacon engaged with their community teams and services during their admission, such as their community CAMHS team, mainstream school and social care. By engaging with young people and external agencies at the point of referral for admission, the AOT are ensuring that the goals of the admission are clear and that a plan for discharge is made either before or at the point of admission.



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Initiatives

There has been a focus on the training needs of staff in line with the 2019-20 CAMHS training CQUIN, to ensure that the team have the necessary skills to work effectively in a Tier 4 CAMHS inpatient setting. To date, the Beacon staff attended external training in Dialectical Behaviour Therapy (DBT), autism assessment (ADOS and ADI-R) and personality disorders, as well as in-house training sessions. This CQUIN will continue into 2020-21 and will involve further training for the team. The CQUIN stems from a national initiative between NHSE&I and Health Education England which is working to develop capacity and roles in CAMHS inpatient settings. Another initiative relates to the creation of a sensory garden, which has just broken ground, after the Beacon team won the money for the sensory garden through the Trust's Dragons' Den bid process. The sensory garden was completed in Spring 2020 and the young people will be involved in doing some of the planting for the garden.

Eating Disorders Service

Achievements

In 2019, Phoenix Ward received its first overall CQC rating of "Good", with "Good" in all domains, with no 'must do's' or 'should do's'. This was an improvement from the previous inspection, in which Phoenix was rated "Requires Improvement" overall. Phoenix maintained its accreditation with the Royal College of Psychiatrists Quality Network in Eating Disorders (QED - Adult Inpatient) and the Community Eating Disorders Service at St Ann's was a pilot site for the new QED - Adult Community Standards. The Community Eating Disorders Service received very positive feedback from

the QED peer review team and it was helpful to receive this feedback at this pilot stage, prior to the QED – Community standards moving to the accreditation phase in 2020-21. In response to feedback from North East London NHS Trust service users about wanting treatment closer to home, the Psychology team have started providing group and individual therapy at Vivienne Cohen House, which is an East London Foundation Trust premises in Homerton, and this has been very well received by service users.

Initiatives

For some years now, the Eating Disorder Service has provided a fortnightly Peer Support Group in the community on a Wednesday evening, which is co-facilitated by two Peer Support Workers. This is a well-established group and is attended by service users receiving treatment in the community service or the day programme. The Eating Disorder service wanted to further expand its offer of peer support and so Phoenix Ward is recruiting a part-time Peer Support Worker for the ward. The service users on the ward are looking forward to being able to access peer support. There is also a plan to recruit a part-time Peer Support Worker for the Community Service, with a particular emphasis on providing support for those service users living in the community with chronic eating disorders.



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Statement from NCL Clinical Commissioning Group for Barnet, Enfield and Haringey



July 2020

Holbrook House
116 Cockfosters Road
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northcentralondonccg.nhs.uk

North Central London CCG's statement on behalf of the population of Enfield, Barnet and Haringey, for the Barnet Enfield and Haringey Mental Health Trust (BEH MHT) 2019/20 Quality Account.

Until 31 March 2020 Enfield Clinical Commissioning Group (CCG) was the lead commissioner responsible for the commissioning of health services from Barnet, Enfield and Haringey Mental Health Trust (BEH MHT), for the local population and surrounding boroughs. On 1 April 2020, the five CCGs across North Central London (including Enfield CCG) merged and NCL CCG was established. This quality assurance statement is written by NCL CCG and continues to reflect the views of its predecessor organisation.

NCL Clinical Commissioning Group thank BEH MHT for sharing its 2019/20 Quality Account and welcomes the opportunity to provide a commissioner statement. Commissioners recognise the work undertaken by the Trust and its commitment to publish the Quality Account despite the Covid 19 pandemic. We confirm that we have reviewed the information contained within the Quality Account, and where possible information has been cross referenced with data made available as part of the contract monitoring discussions.

Commissioners acknowledge the positive work that has been undertaken over the past year, in particular: achieving a Trust wide rating of 'Good' from the Care Quality Commission; publishing a new five year Trust Strategy with clearly defined strategic aims; forming a Strategic Alliance with Camden and Islington NHS Foundation Trust; the continued success of the Enablement Partnership in embedding a co-production ethos across the Trust; the North London Forensic Consortium's work to become a provider collaborative; opening additional mental health inpatient beds within Edgware Community Hospital and becoming the first London mental health trust to join the Flow Coaching Academy.

Commissioners note the extensive programme of Quality Improvement initiatives commenced by the Trust during 2019/20 and the positive impacts of these for service users, carers and staff. We look forward to seeing these continue into 2020/21 and the sustained impact on patient safety, patient experience and clinical effectiveness.

We note the progress made with the quality priorities chosen for 2019/20, within the Brilliant Basics work stream, and would welcome further improvements in the following areas:

North Central London CCG Chair: Dr Josephine Sauvage
North Central London CCG Accountable Officer: Frances O'Callaghan

- Mandatory training compliance
- Reducing medication incidents
- Reducing incidences of restraint
- Recruitment and retention of staff
- Responding to service user complaints

Commissioners welcome the opportunity provided by the Trust to attend its annual stakeholder meeting where progress made against their 2019/20 quality priorities was reviewed and their priorities for the coming year identified.

Commissioners support BEH MHT with the priorities chosen for 2020/21, however we would have welcome more detail regarding the actions for each priority, the expected outcome, how progress against these will be monitored, reported on and how the impact of these actions will be measured.

We look forward to working with the Trust during 2020/21 to support improvement within mental health and community services and developing a skilled and empowered workforce.

Yours sincerely,

Frances O'Callaghan
Accountable Officer
North Central London CCG

Dr Jo Sauvage
Chair
North Central London CCG

North Central London CCG Chair: Dr Josephine Sauvage
North Central London CCG Accountable Officer: Frances O'Callaghan

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Independent Living Centre,
c/o Barnet & Southgate College,
7 Bristol Ave,
London NW9 4BR

Healthwatch Barnet: Our response to the Barnet, Enfield and Haringey Mental Health Trust Annual Quality Account 2019 /2020.

Healthwatch Barnet welcomes the opportunity to provide feedback to Barnet, Enfield, and Haringey Mental Health Trust (BEH MHT), and we are pleased to offer comments and acknowledge the improvements the Trust has made over the last 12 months.

We welcome the CQC's overall rating of the Trust as good, and we recognise the hard work undertaken to achieve this. However, we note that there still remains a number of areas of concern as highlighted in the report, and we would encourage improvement on these areas, including in safety and responsiveness within mental health crisis services and health-based places of safety and acute wards for adults of working age and psychiatric intensive care units. Additionally, we would encourage the Trust to consult, and work closely with, patients and users of these services to achieve this improvement.

We are, however, pleased to note that some aspects of local services were judged as outstanding with forensic inpatient and secure wards and community-based mental health for older people being judged as outstanding overall.

We welcome the patient engagement work carried out by the Trust's Patient Safety Team and the Trust's joint 'Keeping Us Safe' symposium with Camden and Islington NHS Foundation Trust and would encourage this good practice to be shared widely within the Trust.

However, we also note that some key feedback gained through the 'Experience of Care Week 2019' highlighted that service users 'would like more opportunities to feedback as patients...to discuss areas of concern, improvement and excellence directly with...ward staff and managers'. We encourage the Trust to continue to provide more opportunities for users of services to communicate directly with senior managers and staff to ensure users' voices are heard and feed into affecting change.

We also commend the Trust's continued work with the Enablement Programme and its commitment to the principles of peer support, enabling practice in services, co-production and lived experience in helping to develop equal co-production partnerships with users of services. We hope that this work can feed into the development of a more patient friendly quality report for next year.

Lastly, Healthwatch Barnet would like to acknowledge the essential role that the Trust has played in delivering services to patients and residents during the Covid-19 pandemic. We recognise that the Trust has had to make major changes quickly to continue to provide a safe service. However, we would like to encourage the Trust to ensure that user feedback is sought in relation to these changes to ensure continued quality practice and that this is reported back in next year's report.

Healthwatch Barnet

July 2020

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Statements from Healthwatch Barnet and Enfield



Room 11, Community House
311 Fore St, Edmonton
London N9 0PZ

Healthwatch Enfield: Our response to the Barnet, Enfield and Haringey Mental Health Trust Annual Quality Account 2019/2020

Healthwatch (HW) Enfield welcomes the opportunity to provide feedback to Barnet, Enfield and Haringey Mental Health Trust (BEH MHT). We are particularly interested in the Trust as a key service provider for Enfield residents. HW Enfield recognises and values the contribution of Trust staff and management and has appreciated the opportunity to discuss service delivery and improvement over the year.

We are pleased to offer comments and acknowledge the improvements the Trust has made over the last 12 months.

The vision and values - 'that service users, staff and our community are at the heart of everything we do' - is a welcome message, strengthened by the emphasis that the experience of our patients and staff will be the basis of achieving best practice.

We note that the backlog of complaints remains an issue. This has meant that there has been little progress in terms of learning from the patient and carer feedback; plans to address this in March were delayed by the pandemic. We welcome the commitment to this being a priority for 20/21.

'Brilliant Basics' appears to have been a useful strategy for driving improvement through its 10 workstreams. We are pleased to note the Trust commitment to timely access to care 'By the end of March 2021, the Trust will aim to reduce out of area placements to zero. We will achieve this via our well-attended steering meeting; a collaboration of divisional representation deliberately identified to improve access to inpatient beds.'

The CQC overall rating as good is also welcomed and reflects the hard work undertaken to address quality improvement. However, there still remain a number of areas of concern as highlighted in the report. Community based mental services for adults of working age were designated 'inadequate' under 'safety', this also attracted four 'requires improvement outcomes', we look forward to improvement in these services. We were pleased to note that some local services were seen as outstanding; the Trust was commended for leading the North London Forensic Service, which developed a new care model across north London for secure services.



The staff experience survey results are also disappointing. The CQC noted that 'High numbers of staff continued to report experiencing bullying and harassment and violence and aggression'. It was good to note that the CQC stated that the 'overall staff culture was very patient centred, and this was under-pinned by the promotion of the trust values. Staff we met cared deeply about delivering the best care possible for their patients'. The final result of the staff survey published in February 2020 reflects the need to continue to address these issues although we note that the 'Trust is above the average for being able to make improvements happen in the area of work'.

We have received positive feedback on the work of the Care Home Assessment Team (CHAT) as part of our 'Enter and View' visits to Care Homes and are aware of the excellent support provided by them in recent weeks.

We note the range of initiatives to improve the CAMHS provision in Enfield and recognise that this service will be under significant pressure post Covid. The focus on embedding 'the Voice of the Children and Young People when identifying goals /preparing for adulthood outcomes' is welcomed and we look forward to improvements as a result of this approach.

We welcome the fact that the four quality priorities developed with stakeholders:

1. Co-production - staff and service users
2. Timely access to care
3. Continuity of care (reducing variation)
4. Continuous improvement - creating and embedding a culture trust wide.

We hope that next year's report will show great progress in these priority areas and also that the focus on co-production and design will help in the development of a more patient-friendly quality report next year, although we do understand reporting constraints.

Finally, at this difficult time patients and residents are more aware of the essential role played by the Trust. We recognise that the Trust has had to make a significant number of changes during the pandemic in order to continue to provide safe services. We hope that any quality practice emerging during this challenging period will be informed by patient feedback and reported in next year's report.

Healthwatch Enfield
June 2020

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

Joint Statement from Health Overview and Scrutiny Committees of Barnet, Enfield and Haringey on Draft Quality Account for BEH Mental Health Trust

The Committees welcome the opportunity to provide feedback on the Quality Account and make the following comments:

- (i) The Quality Account could be made more accessible. One option might be to provide an easy read version for lay people. Data could also be presented in a more meaningful way. In particular, looking at data over a longer period could provide a clearer picture of trends.
- (ii) The patient experience has been highlighted in the latter parts of the Quality Account and it is felt that it should be given greater prominence. A lot of feedback on services has been received by the Trust and this has come from a range of sources. This should be disaggregated so that it is possible to determine the level of response from service users.
- (iii) The commissioning by the Trust of an independent review of the Crisis Care pathway is welcomed. They request further information on the recommendations and how they will be implemented by the Trust.
- (iv) They note that the staff survey has indicated that bullying and aggression is an issue and welcome the fact that this is the focus of specific attention, with engagement taking place with staff and external assistance procured through the use of a "cultural thermometer".
- (v) The Committees welcome the work by the Trust to improve access to community based services. Action that has been undertaken recently included the establishment of a place of safety at the Dennis Scott Unit in Edgware, staff being located in Accident and Emergency units and establishment of a 24 hour crisis line. In addition, the trust had been appointed to run the crisis line for north central London.
- (vi) In respect of patient experience feedback and the lack of QI compliance in collaboration, it is noted that that work to address this was now being stepped up. The Committees feel that this section within the Quality Account could be simplified so it is easier for lay people to understand.
- (vii) The low response to the Community Mental Health Survey is noted. This was a national survey and permission needs to be obtained for information from patients to be shared. Work by the Trust to improve participation is welcomed.
- (viii) Further information on the reason why the interface with Haringey Council is referred to as a challenge within the Quality Account would be welcomed. It was noted that there was no section on what had gone well and what was challenging in respect of Barnet.
- (ix) Further information would also be welcomed on the reason why there are more complaints from Haringey service users than Barnet and Enfield.

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Statement of Director's Responsibilities

Barnet, Enfield and Haringey 
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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:

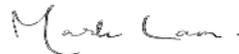
- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included 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

Signed

Signed



Mark Lam, Chairman
Barnet, Enfield and Haringey Mental
Health NHS Trust



Jinjer Kandola, Chief Executive
Barnet, Enfield and Haringey Mental
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Chairman: Mark Lam
Chief Executive: Jinjer Kandola



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Glossary

ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
AMHP	Approved Mental Health Practitioner
AOT	Assertive Outreach Team
ASD	Autistic Spectrum Disorder
BAME	Black, Asian and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CIP	Cost Improvement Programme
CMHOT	Community Mental Health Occupational Therapist
CMRG	Clinical Mortality Review Group
CPA	Care Programme Approach
CQC	Care Quality Commission
CRHTT	Crisis Resolution Home Treatment Team
CQUIN	Commission for Quality and Innovation. (Quality improvements agreed during the annual contracting negotiations between BEH and its health commissioners)
CYP	Children and Young People
DIT	Discharge Intervention Team
DoH	Department of Health
DTOC	Delayed Transfer of Care
EIS	Early Intervention Service
ECS	Enfield Community Health Services

ESR	Electronic Staff Record
FFT	Friends and Family Test
FNP	Family Nurse Partnership
HMP	Her Majesty's Prison Service
HSCIC	Health and Social Care Information Centre
HTAS	Home Treatment Accreditation Scheme (Royal College of Psychiatrists)
IAPT	Improved Access to Psychological Therapies
ICAN	A system of recording service user outcomes in CAMHS
JHOSC	Joint Health Overview and Scrutiny Committee
KPI	Key Performance Indicator
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
NEWS	National Early Warning System
MDT	Multi-disciplinary Team
MHSOP	Mental Health Services for Older People
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
NCL	North Central London

NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NRES	National Research Ethics Service
OAP	Out of Area Placement
OT	Occupational Therapist
PHSO	Parliamentary Health Services Ombudsman
PLACE	Patient-led Assessment of the Care Environment
POMH	Prescribing Observatory for Mental Health
PROMS	Patient Reported Outcome Measures
QuESTT	Quality, Effectiveness & Safety Trigger Tool
QI	Quality Improvement
RiO	Electronic Patient Care Record System
SEEG	Safe, Effectiveness and Experience Group
ULYSSES	Incident and Risk Management System

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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 on the details below.**



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

Or through social media

 @BEHMHTNHS

 www.fb.com/behmht

Communications Department

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Produced by the Communications
Department at Barnet, Enfield and
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