

Quality Account

2021-22

Supporting
healthy lives

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Foreword from the Chief Executive

I am delighted to introduce our Quality Account for 2021-2022 – this is where we review what we achieved last year in terms of improving the quality of our services and look ahead to what we aim to achieve during 2022-2023.

Despite facing further waves of the COVID-19 pandemic, we've made great progress in many areas of our work and we have maintained our unwavering focus on the safety of our patients and on continually improving the quality of care we provide.

The highlight of 2021-2022 for me was Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) being awarded a strong 'Good' rating in our Care Quality Commission (CQC) inspection. This built on our previous 'Good' rating in 2019 and is a significant achievement, given the pressures of the pandemic over the last two years.

It was great to see the CQC inspectors highlight many positive developments including more joint work with service users, improvements to our estate, particularly St Ann's Hospital in Haringey, and significant progress with our inclusion journey. Of course, they also noted areas where we need to keep improving, including bed flow, the recruitment and retention of staff, and sharing learning across the Trust when things go wrong. We have a well-developed quality improvement programme in place to address these areas.

I am pleased that BEH has secured funding to invest in transforming community mental health services, working ever more closely with our partners across North Central London. Together, we are rolling out a new way of providing mental health support with teams of clinicians, social workers, local authority colleagues, and the voluntary sector all working together in local bases near to where people live, giving them the holistic support they need to help stop them becoming seriously unwell.

We are committed to creating a fair and just organisation where all our patients and service users have equal and timely access to care tailored to their needs and where all our staff are supported to make their best contribution to caring for our patients and to the Trust. We are building on a comprehensive listening exercise we carried out supported by the expertise of the King's Fund and brap charities to help us develop our approach to inclusion.

In our latest staff survey, BEH scored highly on learning and staff engagement, and our staff said they are seeing more fairness in development opportunities, but we know there is more to do, especially on retention and recruitment, working flexibly, and career development. During 2021-2022, we launched our Equality, Diversity and Inclusion Strategy, which was our first joint strategy with our partner, Camden and Islington Mental Health NHS Foundation Trust (C&I). The strategy was co-created with our service users, carers, staff and partners and sets an ambitious vision for the kind of high quality and patient-centred care we want to provide and the kind of organisation we want to become over the years ahead.

During this year our partnership with C&I has gone from strength to strength – from October 2021, I became the Chief Executive across both trusts and this is enabling us to drive our 4 strategic aims

To make sure that patients, local community representatives, our partners and our staff shaped our Quality Priorities, we held an engagement event in March 2022.

Together we developed our Quality Priorities for the 2022-2023 and you can read about these in this report, as well as finding out more about what we've been doing over the last year – I hope you find it interesting and inspiring.



Jinjer Kandola MBE
Chief Executive

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Introduction from the Chief Nurse

I am pleased to welcome you to our Quality Account which sets out how we focus on continuously improving the quality of care we provide to our patients.

I am very proud of the improvements that we have made in many areas. This improvement trajectory was reflected in the outcome of an inspection by the Care Quality Commission (CQC) during the year.

Starting in October 2021, the CQC inspected a number of our core services and carried out a review of how well led we are as a Trust. This provided an opportunity to highlight all the great work of our staff at every level. We were delighted to maintain an overall rating of Good, and to improve individual ratings for both mental health and community health services. I am very grateful to all our staff for their dedication and hard work which is demonstrated in the fact that we strengthened our position despite the backdrop of rising COVID-19 cases during the inspection.

The CQC recognised the positive work we have done to embed Quality Improvement (QI) across the organisation and were impressed by the wide range of QI projects that teams are taking forward to improve quality and safety. We are excited to deliver further improvement work over the next year based on the findings of the CQC report.

Patient experience and involvement remains an integral part of our work and we have increased the number of Experts By Experience involved in service development, governance and recruitment Trust-wide. We now have over 100 experts on the service user involvement register. We are also strengthening our governance structures by appointing patient and carer representatives to all of our quality and safety forums. We have been developing a QI programme to improve the patient safety culture across the Trust and we will be implementing a number of projects over the coming year that will enable us to drive forward improvement in this area.

As Director for Infection Prevention and Control, I am so impressed by how all our staff are committed to the safety of patients and how they have risen to the challenges of the pandemic. We continue to roll out our vaccination programme both to staff and vulnerable patients on wards and in the community, working closely with partner organisations across North Central London.

Our achievement against our priorities for 2021-2022 show a continued emphasis on working with our partners, achieving excellence for patients, continuously improving and empowering our staff. In addition to this, we are focussed on driving forward our equality, diversity and inclusion agenda and addressing the health inequalities across our communities.



Amanda Pithouse
Chief Nurse and Director for Infection Prevention and Control

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Our Quality Account

Every year, all NHS trusts are required to produce a report, the Quality Account, which includes information about the services we deliver to our local communities, how well we deliver them, and our plans for the year ahead. This report is an opportunity to reflect on our achievements and also the challenges we have encountered.

Our journey of improvement has been a challenging but positive one, and our commitment to further improvements is strong. Through engagement with service users, stakeholders, and staff we are able to demonstrate good practice and improvements in the quality of services we provide. This in turn gives us the opportunity to identify areas we need to focus on in the year ahead.

Our Quality Account 2021-22 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 2021-22 against the priorities identified
- ▶ Set out where improvements are needed and are planned
- ▶ Outline our key quality priorities for 2022-23 and how we will be working towards them.

The Quality Account also provides the information we are required by law to provide so that people can see how the quality of our services compares to those of other NHS trusts.

We value the views of stakeholders in the development of our Quality Account.

Our draft Quality Account 2021-22 was shared with stakeholders both for assurance and to ensure we are reporting on the things we need to and that our focus for the year ahead is in line with the Trust Strategy, outcomes and learning from 2020-21, and is improvement driven.

Sharing a draft version of the report with our external stakeholders has given them the opportunity to provide feedback for consideration in the final report, and to provide a formal statement. These statements are available in Appendix 1.

This Quality Account has been reviewed by the following:

- ▶ Trust Executive Leadership Team
- ▶ Trust Quality and Safety Committee
- ▶ Trust Board
- ▶ North Central London Clinical Commissioning Group

The North Central London Joint Health Overview and Scrutiny Committee (JHOSC) and Healthwatch bodies for Barnet, Enfield and Haringey were also given the opportunity to review the Quality Account and provide statements for inclusion in this report. No comments or statements were received from the Healthwatch bodies, and JHOSC was unable to review the report and provide feedback due to local elections taking place in May and a subsequent change in committee membership.

★ Throughout this Quality Account, our service users will sometimes be referred to as patients.

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About Barnet, Enfield and Haringey Mental Health NHS Trust

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. Additionally, we provide a full range of children 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 vision is simple and clear:

To support healthy lives and healthy communities through excellent integrated mental and community healthcare

We have four values which we ask all of our staff to promote and observe every day in every area of their work. The values are interlinked to each other and 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. We strive to put service users at the centre of everything we do through living by our values and strategic aims.

Our Values



OUR VALUES

We demonstrate our values through our everyday behaviours with colleagues, service users and families.

	WE WILL	WE WON'T
Compassion		
Kindness	be polite, civil and compassionate	be rude, hostile, dismissive or bullying
Honest	be open, honest and transparent	withhold information or mislead people
Supportive	be attentive to people's needs and offer help when needed	have a 'not my job' attitude, leaving people to fend for themselves
Respect		
Respectful	treat people equally, embrace diversity and difference	be intolerant, judge others or make assumptions
Fair	act fairly with everyone whoever they are	show favouritism, blame, criticise or discriminate
Inclusive	be approachable, welcoming and involve people	isolate or exclude people, group or work in silos
Being Positive		
Appreciative	notice people's work and say thank you so they feel valued	ignore people's good work or take the credit
Positivity	bring an optimistic, 'can do' attitude, calm and reassuring	moan, focusing on the problem not the solution
Improving	seek to learn and grow, speak up and be open to feedback	be resistant to change, and not give or receive feedback
Working together		
Listen	give people time and listen with curiosity	ignore others' views, talk over people or argue
Understanding	show empathy for others, putting ourselves in their shoes	be dismissive of others' feelings, perspectives or stories
Communicate	communicate clearly in ways others understand	not communicate, give mixed messages, and jargon

The ABC of appreciation

- A** Action: This is what you said or did
- B** Benefit: The benefits resulting from this
- C** Continue: Thanks, please keep doing this

BUILD constructive feedback

- B** Describe the behaviour: Be objective and specific
- L** Understand the context: Ask the person about the situation
- I** Explain the impact: Explain the impact on the work, you, others, customers or the world
- L** Listen to them: "What are your thoughts on this?"
- D** Discuss what you can do together: "How can we improve this?"

Try using the ABC and BUILD models to help you bring our Values to life

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Our Strategic Aims

- ▶ Excellence for service users
- ▶ Empowerment for staff
- ▶ Innovation in services
- ▶ Partnerships with others



We have been working actively towards achieving our strategic aims.

- ▶ The 10 Brilliant Basics which are quality improvement workstreams, are embedded into practice and feed into relevant governance systems, ensuring that we strive for and achieve excellence for all our service users. We have recruited over 100 Experts by Experience and 45 Peer Support Workers to ensure the voices of service users and carers are heard and inform actions for the benefit of our services users and carers.
- ▶ 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 health and well being has been an important focus area this year.



- ▶ We have continued to develop new partnerships with other mental health trusts, 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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Our Services

In 2021-22, our 3,500 plus staff helped care for more than 134,950 people, made up of approximately 2,312 patients across our 30 wards and over 132,640 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 system who have mental health needs, learning disabilities or autistic spectrum disorder. We provide:

- ▶ Forensic low and medium secure inpatient and community services.
- ▶ Mental health services in six prisons across London and the home counties.
- ▶ Liaison and Diversion Services across North Central London within police custody and courts, as well as for British Transport Police and Marine Police Services.
- ▶ Highly specialised stalking and counter terrorism threat assessment, liaison and diversion services in partnership with the Metropolitan Police.

- ▶ Substance misuse services in the boroughs of Enfield and Haringey.

Our Forensic Services sit within a Provider Collaborative that is commissioned through the North London Forensic Consortium. BEH is the lead provider and is responsible for the management of a population-based budget for adult secure services covering North London. Through an integrated governance framework, providers within the consortium are able to share best practice and lessons learnt and develop innovative services. This includes the implementation of an enhanced community forensic model across North London. This will improve service user outcomes and experience.

The Trust has 582 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) in Barnet
- ▶ Barnet General Hospital (Springwell Centre)

Statement of Assurance from the Board regarding the review of services 2021-22

During 2021-22, BEH provided services across mental health and community NHS services. Our Trust Board has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2021-22 represents 100% of the total income generated from the provision of NHS services by BEH for 2021-22.

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Community Mental Health Transformation Programme

Our ambitious programme to revolutionise mental health care is underway.

We're changing how we work to help our service users recover sooner and stay well. This three-year programme, which started in April 2021, will see the appointment of hundreds of new frontline staff across North Central London (NCL).

We are working with GPs, local authorities, voluntary groups and others to improve the mental health and wellbeing of all residents. This means working collaboratively to tackle social and economic factors that can impact wellbeing like isolation and loneliness. We are consulting service users, carers and local communities to deliver the care that they want and need.

We are:

- ▶ recruiting more frontline workers to ensure everyone can access the right care at the right time
- ▶ creating new multi-agency teams to deliver wraparound care that meets our community's mental health, physical health and social needs including support with housing, employment and substance use
- ▶ making it easier to access care by delivering most services in the local community
- ▶ providing treatment much earlier to help our service users recover sooner and ongoing support to help them manage their condition and stay well
- ▶ giving our service users greater control over their care and using new technology to ensure they don't need to tell their story over and over

- ▶ focusing strongly on prevention and improving mental health and wellbeing in partnership with communities, local government and other agencies.

Transforming mental health care takes time. This new approach will be rolled out in every primary care network (PCN) over three years in consultation with service users, carers, local communities, health and care partners and others. Examples of improvements already made or planned are:

- ▶ Across Barnet, Enfield and Haringey, 18 new members of staff are taking up exciting new roles within GP surgeries where they will play an important role in our transformation of community mental health services. These posts are half funded by the GPs but are managed by BEH.
- ▶ This partnership demonstrates the closer collaborative and different ways of working between the Primary Care Networks and our Community Mental Health Teams (CMHTs), to form core community teams, as outlined in the NHS Long Term Plan. It is hoped that more of these posts will be created in future.

The focus of the roles is likely to evolve as we learn lessons from the recent recruits however, the initial priorities will include:

- ▶ Advising GPs on diagnosis, medication, and referrals, so GPs get specialist support and people can be supported by healthcare staff they already know well
- ▶ Holding caseloads and clinics for people with mental health issues
- ▶ Working closely with primary care and core community teams to provide support in the community setting and services

- ▶ Creating a care plan with people using strength-based assessment supported with reflective practice and trauma informed care approaches.

These are important new roles and the appointments are a milestone in our Community Mental Health Transformation Programme.

Funded by £25 million investment to strengthen community mental health services and implement the national Community Mental Health Framework in Barnet, Camden, Enfield, Haringey and Islington, the programme will transform care and improve the quality of life for thousands of people with serious mental illness. By 2024, thousands more people will receive care and ongoing support.



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Systems in place to ensure quality at all levels

At BEH, our governance structures and processes for continuous learning and improvement ensure there are effective quality governance arrangements in place from 'Floor to Board'. Review, monitoring and oversight of these arrangements takes place through scheduled reporting to the following:

- ▶ **Trust Board**
- ▶ **Quality and Safety Committee**
- ▶ **Safe, Effectiveness and Experience Group**
- ▶ **Divisional Quality and Workforce Meetings**
- ▶ **Weekly Trust Safety Huddle**

In 2021-22, we continued to integrate and embed our quality governance structures and processes into our day-to-day operations. They provided an avenue for effective monitoring of key quality and performance indicators and learning from patient safety incidents, audits and service reviews and service user feedback.

Through our quality governance systems, the Trust Board is provided with assurances on the quality of BEH's services and patient safety. We produce comprehensive Trust and divisional quality dashboards (incorporating safety, experience and effectiveness); we have an active national and local clinical audit programme; we monitor themes and trends in service user experience and complaints; we monitor the standards of our inpatient wards and a number of community teams through the Tendable audit app and through Executive led safety walk-arounds, and we have a robust risk management and escalation framework in place.

In 2021, we introduced **Clinical Fridays**, an initiative that sees senior nurses across the organisation doing walkabouts every Friday on inpatient and community sites to talk openly and honestly with staff about quality and safety.

We will continue to work with our Experts by Experience (service users) to ensure our quality governance arrangements support the embedding of high quality care and services for all of our service users.

We recognise that having a strong organisational culture that is fair and inclusive helps create the conditions necessary for safe and effective service user care and experience, and staff wellbeing.

Our just and inclusive approach to quality governance supports, inspires and motivates staff at all levels to deliver safe and effective care and experience to our service users, and promotes staff wellbeing.



Registration with the Care Quality Commission

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

CQC Inspection of BEH services



The CQC undertook a comprehensive inspection of our Trust during October and November 2021. The report on the inspection was published by the CQC in February 2022.

We were very pleased that the CQC has rated us as 'GOOD' once again. This is a testament to the determination of our staff to continuously deliver high quality services even in the very tough times we have faced over the last two years due to the COVID-19 pandemic.

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In addition, we were also pleased that ratings for individual service lines improved. This included the service line rating for SAFE in both Children and Young People services and the overall service line in Community Health increasing to 'GOOD'. Both the RESPONSIVE domain and the overall service line rating for Acute and Psychiatric Intensive Care Unit (PICU) services for working age adults increased to 'GOOD'. The RESPONSIVE domain within community mental health services for adults increased to 'Requires Improvement'. It is fantastic to see that despite working through such a difficult time in the NHS, our teams have continued to improve services.

The CQC inspectors fed back that service users had told them that BEH staff treat them with compassion, kindness and dignity; most said they felt involved in their care.

The CQC inspected services in both the community health services and mental health services:

- ▶ Community health services for children and young people
- ▶ Acute wards for adults of working age and psychiatric intensive care units
- ▶ Mental health crisis services and health-based places of safety

A well led (leadership) inspection was carried out at the end of November and involved CQC attendance at the Trust Board meeting and staff forums, and interviews with members of the Board, the Senior Leadership Team and those in key leadership roles Trust wide.

Outcomes of the Inspection

The CQC inspected the Trust in five domains, safe, effective, caring, well-led and responsive. Overall, mental health services were rated as requiring improvement in the Safe domain; the rest were rated as good overall, across mental health and community health services:

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental health	Requires Improvement	Good	Good	Good	Good	Good
Community	Good	Good	Good	Good	Good	Good
Overall trust	Requires Improvement Feb 2022	Good Feb 2022				

The CQC inspection report identified 8 Must-do actions and 46 Should-do actions.

The Must-do actions were to ensure:

- ▶ The privacy and dignity of patients using the seclusion room on one of our wards is protected
- ▶ Staff who work on acute wards and the Psychiatric Intensive Care Unit (PICU) and need immediate life support training, complete it.
- ▶ The Trust continues to take action to address the high rates of unfilled staff shifts on acute and PICU wards
- ▶ The Trust continues to work effectively with partner organisations to ensure patients who require a Mental Health Act assessment are assessed without undue delay to ensure their safety and that of others
- ▶ The Trust continues work to reduce the caseload size for the Barnet crisis resolution and home treatment team.

- ▶ The Trust continues its work to stop patients in the health-based place of safety from being held beyond the 24-hour Section 136 detention period with no legal framework for holding them.
- ▶ That all facilities used by patients in the health-based place of safety are safe, with an appropriate standard of fixtures and fittings.

The Should-do actions were themed around staffing levels, mandatory training, recruitment and retention, the administration of rapid tranquilisation and physical health monitoring, and improving ward environments and therapeutic activities.

The Trust has developed an improvement plan collaboratively with the senior leadership team, divisional management and corporate teams. Improvements are already underway using a quality improvement approach. These 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 CQC noted that there was still more to do but acknowledged that the Trust's leadership team were aware of this and that we have plans to continue this work and our focus on improving the experience of service users accessing and using our services.

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The CQC shared some positive feedback from our service users with us:

All parents of children supported by the Enfield community health teams we spoke with told us that staff treated them with compassion, kindness and dignity. Parents said staff were approachable, non-judgmental and were responsive to their child's needs.

Patients told us that staff supported them to understand and manage their own care condition. Most patients told us they knew their diagnosis, medications and what their rights were whilst in hospital.

Most patients we spoke to said they felt involved in their care and that they had a copy of their care plan. Patients knew who to contact out of hours and told us that they knew what their crisis

Patients supported by the community mental health teams were very positive about the service they were receiving. They said that the staff were caring and treated them with dignity and respect. Patients said that staff were easy to contact and that they received regular communications with their care co-ordinator over the phone or face to face.

Several patients that we spoke to told us that they felt the service had saved their lives.

Patients confirmed that staff supported them with their physical health needs.

Patients spoke of a huge improvement in the accommodation provided in the new Haringey Wards at St Ann's Hospital.

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Brilliant Basics



The Brilliant Basics concept is about getting the basics right so that we have a solid base on which we can deliver outstanding care. It is not just for clinical staff but all staff whatever their role, who each play an important part in providing consistently good care and ensuring BEH is a great place to work.

There are 10 workstreams under the Brilliant Basics which have been identified as key priority areas for the Trust. They are also aligned to the areas for improvement identified in the CQC Well Led Inspection report published in September 2019:

- **Staff wellbeing**
- **Patient safety**
- **Timely access to care**
- **Safe and therapeutic environments**
- **Floor to Board data**
- **Care planning and risk assessments**
- **Reducing restrictive interventions**
- **Retention and recruitment**
- **132 Rights and capacity to consent**
- **Physical health**

The Trust has continued to make progress in many of the Brilliant Basics workstreams during a time of increased acuity due to the COVID-19 pandemic. Examples of achievements have been provided below:

- ▶ **Rights and capacity assessments:** We achieved our aim for 90% of inpatients to receive an explanation of rights and sustained this since September 2021. There has also been a sustained improvement in consent to treatment, however just under the 90% aim.
- ▶ **Floor to board data:** our new data warehouse reports have gone live with inpatient and community dashboards showing key data now available. We are planning further development and triangulation of data from patient, staff, incident and finance systems over the coming months.

- ▶ **Retention and recruitment:** The total vacancy rate across the Trust is currently 12%. Focussed work in hot spots of the Trust is underway.
- ▶ **Timely access to care:** Trust-wide adult acute inpatient average length of stay remains within the normal range and has been improving since August although still in excess of the aim of 30 days.
- ▶ **Physical health:** E-observations (E-Obs) – a system that allows patient observations such as temperature to be recorded digitally has been rolled out to all inpatient teams. This has allowed for the completion of the National Early Warning Score (NEWS2) to be captured on the wards. NEWS2 is used to identify and respond to patients who are at risk of deterioration.

Additionally, key parameters for severe mental illness health checks have been defined for community and inpatient services

- ▶ **Patient safety:** This Brilliant Basic was new in 2021. It supports the implementation of the National Patient Safety Strategy and incorporates a number of projects participating in national patient safety improvement programmes.

A number of improvements have already been implemented with others in progress. One positive change is the planned roll out of the NHS Patient Safety Syllabus Training Programme – Level 1 (Essentials) to all staff. This will improve awareness of patient safety.

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- ▶ **Care planning and Risk Assessments:** DIALOG+ pilot commenced in December 2021. The DIALOG+ approach enables healthcare professionals to have supportive and meaningful conversations with service users about the aspects of their lives that are most important to them such as family, relationships, leisure activities and accommodation, in addition to their mental and physical health. It uses a person-centred and patient-rated scale that measures Patient Reported Outcomes (PROM) as well as a measure of Patient Reported Experience (PREM). The approach is holistic and puts the views of the service user first, helping people to take a practical and active part in their recovery.

DIALOG+ is a new way of care planning. It provides assessment, planning, intervention and evaluation in one procedure.

- ▶ **Reducing restrictive interventions:** a number of improvements have been implemented for the benefit of our patients including the delivery of training sessions on Autistic Spectrum Disorder to approximately 70 staffs.

Three wards are taking part in a national safety programme to reduce restrictive interventions.

- ▶ **Safe and therapeutic environments:** Shared bedrooms have been eliminated; i-pads are being used to order food on our older people's community ward which has been very beneficial for both staff and patients, and the furniture on our acute wards in Barnet have been replaced with new Ryno furniture which helps to create a normal and safe environment. Positive feedback has been received from staff and patients. The furniture will be ordered for other areas.

Plans going forward include the development of a Sensory Room and Chillout Room in the inpatient Child and Adolescent Mental Health Service unit.

- ▶ **The Staff Well-being Brilliant Basic** commenced in late 2021. We have identified areas for improvement and will be taking these forward in 2022.

Supported by the QI Team there is ongoing work to develop QI projects for the Brilliant Basics in wards, departments and teams, to ensure improvements are Trustwide, but in a way that meets local needs.

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Quality Improvement

A key factor in improving patient care is developing a workforce that is empowered and consistently delivers excellent care through a Quality Improvement (QI) approach. The QI approach focuses on developing changes in culture, processes and practice to improve the quality of our services. We recognise that for improvement to be sustainable, a single improvement methodology needs to be consistently embedded in the way we work in all our services, from small changes to major transformational programmes. The Trust has supported the implementation of the Model for Improvement from the Institute for Healthcare Improvement as our preferred methodology.



Building QI capability within the Trust is essential so that staff have a knowledge of QI and are able to understand and use the Model for Improvement. It has been the ambition of the Trust to use NHS England's Quality, Service Improvement and Redesign (QSIR) programme to train staff internally. However due to the pandemic this continued to be postponed. Nine staff who had previously completed the Practitioner training were able to take their assessments during the year and graduate as teachers of the QSIR programme which will commence within BEH in April 2022. In the meantime, we launched an internal Foundations of QI training package to support staff across the Trust which has been delivered to individuals or teams including those on leadership pathways.

By the end of March 2022, 337 staff had completed Foundations of QI training, nine QSIR practitioners had passed their teacher assessment and 29 staff were undertaking an apprenticeship programme in service improvement which includes QI at BEH.



All teams are encouraged to use QI as the approach to address issues locally. For example, Ken Porter Ward at Barnet Hospital is currently looking at NEWS2 (National Early Warning System), the Beacon Centre (children and adolescent mental health inpatient services) at reducing self-harm, and junior doctors in Haringey at improving handover processes. There is also significant support for staff to participate in national QI collaboratives, for example three wards (Shannon, Paprika and Dorset) are currently part of the national collaborative for reducing restrictive interventions.

BEH is the first NHS mental health trust to be accepted to take part in the Flow Coaching Academy (FCA) programme. Built on more than a decade of improvement experience, the FCA exists to enable front line staff across pathways, organisations and whole systems to continuously improve service user care and outcomes. It helps to alter the way improvement challenges are looked at, guided by a specific focus on team coaching within a concept of the 'Big Room' to ensure improvement is both meaningful and lasting.

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The Model for Improvement is utilised within this concept. Nine staff members have been trained during the year and have graduated as coaches for the FCA which will enable us to use this methodology for complex pathways.

Embedding QI across the Trust has been underpinned by the use of LifeQI, a digital platform, where all QI projects are now registered. This not only provides teams with the tools to progress their work but also enables collaboration and real-time and robust reporting of QI within the Trust. There has been a substantial increase in the number of QI projects registered in 2021-22 from 40 in April 2021 to 159 at the beginning of March 2022.

Example of a QI project that has led to notable improvements in outcomes for our services users.

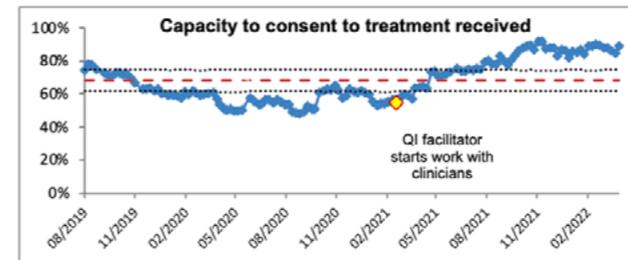
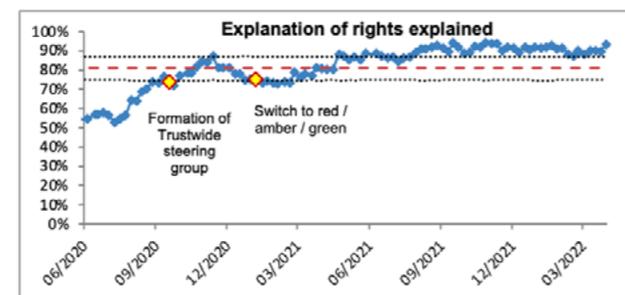
Rights and capacity assessments

The Brilliant Basic Rights and Capacity Assessments workstream was set up in response to long-established themes in CQC Mental Health Act (MHA) visit feedback that not all detained patients were being provided with explanations of their rights or receiving assessments of capacity to consent to treatment in line with the MHA Code of Practice.

The work stream initially had two aims, that by September 2021:

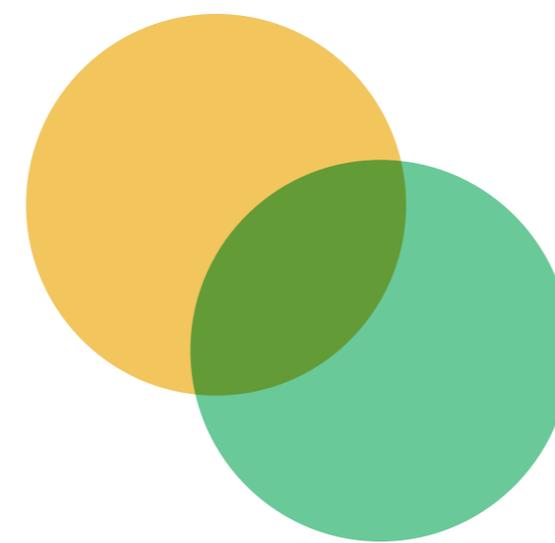
- 1) 90% of detained patients would have received an explanation of rights for their current section at their current hospital (first achieved 6 August 2021).
- 2) 90% of all mental health inpatients would have received a capacity to consent to treatment assessment from the clinical team on their current ward (first achieved 4 November 2021).

Many change ideas were tested and the two that had the most significant and sustained impact were: a QI facilitator working directly with clinical teams to support them to understand and use the correct recording and monitoring functionality on RiO, and wards then running those RiO reports daily during the Pride and Joy (inpatient caseload review) meetings and acting promptly on any outstanding requirements.



In January 2022 two additional aims were added to the workstream, that by September 2022:

- 1) 90% of patients on Community Treatment Orders (CTO) will have received an explanation of rights during their current CTO period.
- 2) 90% of informal mental health patient will have received an assessment of capacity to consent to admission by their current ward team.



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Infection Prevention and Control

The last year has continued to be among the most challenging of years for the Trust's Infection Prevention and Control Team (IPCT). Stringent infection prevention and control (IPC) is the cornerstone of effective management of communicable diseases and associated morbidity and mortality. BEH is committed to IPC; it is seen as a high priority for the organisation and an integral part of the overall business plan.

Following the declaration of the COVID-19 pandemic in 2020, the Trust has implemented each set of guidance issued by United Kingdom Health Security Agency (UKHSA) and NHS England/Improvement (NHSE/I) with one exception - the updated guidance from UKHSA in November 2021. This guidance allowed for the reduction or removal of some of the IPC measures previously in place. The Trust's decision to remain with the previous guidance was based on the evidence that the country was at the beginning of the third wave of the pandemic; therefore to reduce IPC measures would have increased risks to the patients, staff and the Trust as a whole. The Trust maintained this position while awaiting anticipated further guidance.

An IPC Board Assurance Framework (BAF), specifically relating to COVID-19, has been completed quarterly by the IPCT, most recently in February 2022. The BAF provides assurance that the Trust has met the required standards and in the few incidences where there are gaps in assurance, the Trust has been able to provide mitigation.

The BAF is structured to address the 10 criteria within the Code of Practice on the prevention and control of infection (with links to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014):

- ▶ Systems are in place to manage and monitor infection prevention and control
- ▶ Provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
- ▶ Appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- ▶ Timely accurate information on infections to service users
- ▶ Prompt identification of individuals at risk of developing an infection to facilitate timely and appropriate treatment to reduce the risk of cross infection
- ▶ All care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection
- ▶ Provide or secure adequate isolation facilities to reduce risk of cross infection
- ▶ Secure adequate access to laboratory support as appropriate from identification and management of infection
- ▶ Policies are designed to help to prevent and control infections
- ▶ A system is in place to manage the occupational health needs and obligations of staff in relation to infections.

The Trust's compliance with the criteria is regularly reviewed and discussed by the Trust's command groups and escalated to the strategic command group where necessary.



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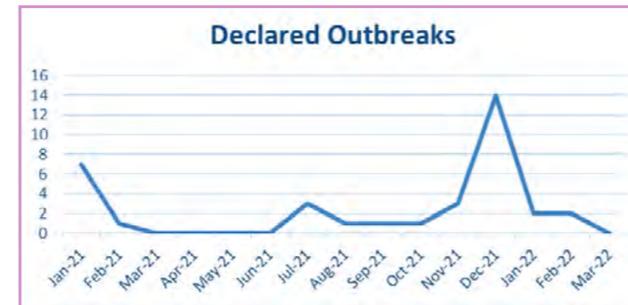
Reportable Infections and Outbreak Situations Declared

In 2021-22, there were no reported cases of bacteraemia, diarrhoeal or influenza infections in the Trust.

A daily live situation report of COVID-19 positive cases in the Trust is monitored and discussed through the Trust command system. A monthly report of the data gathered is produced; the numbers of individual cases and outbreaks experienced in the Trust during 2021-22 has been a reflection of the season (autumn/winter) and general prevalence of the virus in the community; this has been a similar picture to other Trusts. We continued to have ongoing outbreaks in the last quarter, which is likely to be as a result of the surge of COVID-19 cases in the community at the time.

During 2021-22 there were 41 COVID-19 outbreaks declared and reported to NHSE/I, UKHSA and North Central London Clinical Commissioning Group (CCG) (in accordance with outbreak notification guidelines). Each outbreak situation is managed through prompt outbreak meetings, chaired by the Trust IPC Lead Nurse and attended by representatives from the ward, Facilities and Estates departments, UKHSA and the CCG. Each outbreak ward has been provided with a robust action plan with a set of actions to help reduce risk of onward transmission of the virus; progress is monitored by the IPCT.

Declared outbreaks in the Trust



After Action Reviews, a structured review process with those involved to explore and understand what happened and why, were completed for outbreaks where it was identified in the outbreak meetings that learning could be gained and shared across the Trust. Evidence from the outbreaks during the period from November 2021-22 demonstrated that the ward teams are very knowledgeable in how to best manage an outbreak where challenges unique to mental health settings are found.



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Infection Prevention and Control Audits

The IPCT have an annual programme of audits; each ward has been audited by the team at least once in the last 12 months. Wards received a written report with photographs and an action plan to complete; the actions were prioritised red/amber/green and the ward team was given a time frame to complete the action plan. Where IPC compliance was found to be lower than expected, those wards were prioritised for additional follow-up visits in the months following the original audit visit.

During the IPCT audit visits, the cleaning standards and condition of the fabric of the building was reviewed; where issues relating to Estates and Facilities were found, the IPCT shared the audit report with those teams for their information and action.

The Tendable audit tool is used by clinical teams to undertake IPC audits. The tool hosts a hand hygiene and IPC practice and environmental audits.

Infection Control Perfect Ward Monthly Audit

The average score across the organisation this month was 98.0%.



The IPCT undertake their own audits to ensure ward reported outcomes are right. Following some inconsistency in scores, the team has amended the environmental audit tool, to make it easier to use and therefore more likely to show scores which reflect the conditions on the ward and provide accurate assurances in relation to infection control and the environment.



Trust response to the COVID-19 pandemic: Key achievements

As part of the national response to the COVID-19 pandemic BEH worked closely with North Central London (NCL) and community organisations to successfully implement five vaccination programs across Enfield and North Central London (NCL). BEH’s response to the COVID-19 vaccinations has seen staff redeployed from across the trust to support all programs, with regular webinars to address staff’s questions regarding the vaccine, positive targeted support for vaccine hesitancy, vaccine uptake QI projects across the trust and regular communications to all.

The Trust provided two hospital hubs on the Enfield and Haringey hospital sites for booster vaccinations and an evergreen offer to those still requiring first and second doses.

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Learning Disabilities (LD) and severe mental illness (SMI) inpatients and Community:

The COVID-19 pandemic has highlighted the impact of health inequalities and deficiencies in the provision of care of people with learning disabilities, with rates of deaths in this group being more than those of others and the rate of uptake and access to the COVID-19 vaccines remaining a national challenge.

NCL delivery of vaccination to people with learning disabilities for 1st and 2nd doses was borough led with support from community providers. BEH established a specialist mental health hub for those with learning disabilities and autism in Enfield and an option for wider NCL referral. Supported living and learning disabilities homes were picked up via the Care Home provision of local vaccination services. Reviewing the learning and vaccination uptake for people with learning disabilities, a focus on improved access and a standardised approach to reduce inequity of offer across NCL is now underway with the development of a NCL pathway.

Enfield Housebound: BEH successfully delivered a community roving COVID-19 Vaccination program in the Borough of Enfield. Working collaboratively with the Primary Care Network in Enfield and other stakeholders, vaccinations were delivered to Care Home residents, those in supported living, mental health homes, health and social care staff, housebound patients and housebound patients' carers. Our community vaccination program has delivered in total 6009 1st and 2nd vaccinations and 1200 booster vaccinations to housebound patients.

School Age Immunisation Service: BEH has led the way within NCL to deliver COVID-19 vaccinations to school aged children. The service offered vaccinations to all schools within Enfield and continue to work closely with Enfield Public Health and Schools to support health promotion and the delivery of COVID-19 vaccinations.

Summary of the range of initiatives implemented by the Trust to support and protect our staff and community during the pandemic.

Staff

- ✓ Wellbeing conversation with staff
- ✓ Care First - counselling service
- ✓ Keeping Well NCL Psychological support
- ✓ Nurses life line
- ✓ Staff Support line
- ✓ Bereavement support
- ✓ Occupational health/physio services
- ✓ Infection prevention and control advice 24/7
- ✓ Regular all staff communications from Chief Nurse
- ✓ Joint working with C&I providing 4 Hospital Hubs across both trusts for all staff

For Service users/community

- ✓ Specialist mental health hub for people with learning disability and autism in Enfield, accepting wider NCL referrals
- ✓ Successfully offered vaccinations to all schools within Enfield and continue to work closely with Enfield Public Health
- ✓ Delivered a community roving COVID-19 Vaccination program in the Borough of Enfield for Care Home residents, supported living, mental health homes

Achievements

- 86%** Household patients -1st, 2nd and booster vaccinations delivered by BEH by 31st Dec
- 91%** Staff - 1st Vaccination received
- 85%** Staff - 2nd Vaccination received
- 64%** Staff Booster



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Looking Back: Quality Priorities for 2021-22

In March 2021, staff from across the Trust, including the Chair and Chief Executive, were joined by service users, peer workers, commissioners and representatives from other statutory and voluntary organisations to discuss and agree the Trust's quality priorities for 2021-22.

Quality Priorities 2021-22

Our four Quality Priorities for 2021-22 were designed to support our aim to deliver excellent care for our diverse population. They took into consideration suggestions from stakeholders and the Strategic Objectives of the Trust. The priorities were aligned to the Brilliant Basics and therefore taken forward through the work being carried out 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:

Excellence for Service Users

We will successfully roll out the use of DIALOG+ across key services within the Trust.

Aim: To introduce DIALOG+ in 90% of community mental health services and develop a roll out plan for all other areas by 31 March 2022.

DIALOG+ has been introduced to a limited number of services across the Trust. The wider roll out has been delayed due to a number of reasons. We have pledged to take appropriate action to ensure DIALOG+ is successfully implemented across Trust in the year ahead.

DIALOG+ will be rolled out across the Core Community Teams and all inpatient wards in the three divisions. The DIALOG+ Project Team will be responsible for the implementation and management of risks, issues, and improvement whilst implementing the DIALOG+ Tool. As the project progresses, local teams will be empowered so that they can start using DIALOG+ as part of business as usual. The Project Team will support teams with improving their capacity to do this.

A number of initiatives to drive the implementation of forward have already been completed or have commenced:

- ▶ DIALOG+ clinical champions recruitment
- ▶ DIALOG+ Standard Operating Procedure completed
- ▶ Communication and Engagement Plan approved and now active
- ▶ Service user Information leaflet to be launched
- ▶ Training Plan package submitted.
- ▶ DIALOG+ measurements to form part of our new data warehouse that the Trust is introducing.

Empowerment for staff

We will develop a structured wellbeing programme for staff and support their psychological and physical wellbeing.

Aim: To create a Health and Wellbeing Strategy that adopts an inclusive and integrated approach to health and wellbeing through understanding the physical, mental and emotional needs of individuals across the organisation.

In 2021-22, the Strategy was not developed but the Trust employed a Health and Wellbeing Lead to develop and drive forward a Trust wide wellbeing programme for staff. A vast range of services and support forums have been made available to all staff. The Staff Survey 2021 indicated that there was raised staff awareness of health and wellbeing and recognition of the commitment by the Trust to support their psychological and physical wellbeing. Staff wellbeing was also one of the new Brilliant Basics in 2021, driving forward systemic quality improvements.

Going forward, the aim is to develop the Health and Wellbeing Strategy which will be informed by the Brilliant Basic and QI programme and staff input to ensure staff needs are met.

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Innovation in services

We will continue to develop Quality Improvement (QI) programmes Trust-wide to support innovation and continuous improvement.

Aims:

- ▶ To train an additional 300 staff in QI Foundations by 31 March 2022
- ▶ To ensure every new Trust staff member receives basic QI training as part of their induction by 31 March 2022
- ▶ To increase the number of QI projects by 20% by 31 March 2022 monitored through LifeQI.

Building QI capability within the Trust is essential so that staff have a knowledge of QI and are able to understand and use the Model for Improvement. From April 2021 we launched our bespoke QI training package, QI Foundations; our aim was for 300 staff to be trained which we are on course to achieving.

The central QI team attend monthly corporate induction to provide a basic awareness of QI for all new staff. They also attend the Junior Doctors induction.

All QI projects are now registered and shared on the LifeQI online platform. It provides teams with the tools to progress their projects as well as enabling real-time and robust reporting of QI at BEH.

We have far exceeded the targeted 20% increase in registered QI projects with 138 projects registered at the end of March 2022.

Partnerships with others

We will develop our partnerships with other local organisations to deliver great integrated services for local people.

Aims:

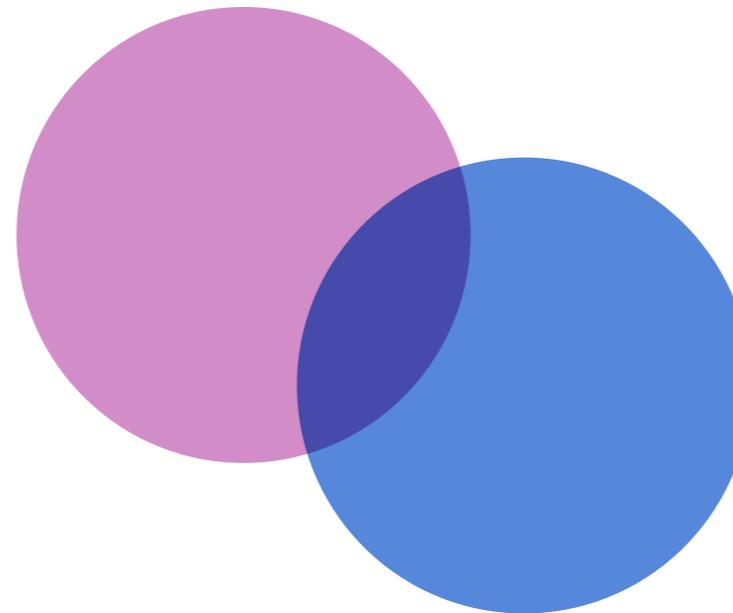
- To deliver the Trust's key commitments to the 2021-22 North Central London Mental Health Delivery Plan including the planned additional financial investment to continue to improve the Trust's services
- ▶ To formally engage local voluntary and community sector partners in supporting the Trust's transformation of community mental health services
- ▶ To ensure the Trust is effectively represented in the North Central London Integrated Care System, borough Integrated Care Partnerships and the North Central London Provider Alliance.

The Trust has developed effective partnerships with local and other organisations to plan and deliver improved services for our service users and staff.

Progressing our partnership with Camden and Islington Trust is helping to improve services for our service users by:

- ▶ Reducing health inequalities
- ▶ Delivering consistently high quality services
- ▶ Improving staff retention and recruitment

Additionally, we are working closely with other local NHS organisations, primary care, local authorities and voluntary sector organisations, and a range of local voluntary and community sector organisations engaging in our expansion of community mental health services. We are directly engaged in the new North Central London Integrated Care System, borough Integrated Care Partnerships and the University College London Provider Alliance.



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Clinical Audit and Quality Assurance Programme

Clinical audit and service reviews are a way to find out if the health care and service we provide to our service users is in line with best practice standards; it lets us know which services are doing well which allows us to learn from them, 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 service user experience.

Participation in national clinical audits and national confidential enquiries, 2021-22

Every Trust is required to provide the following prescribed statements in relation to participation in national audits and confidential enquiries

The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period and which covered the relevant health services that the provider provides or subcontracts

During 2021-22 seven national clinical audits and one national confidential enquiry covered relevant health services that Barnet Enfield and Haringey Mental Health Trust provides.

The national clinical audits and national confidential enquiries that Barnet, Enfield and Haringey Mental Health Trust participated in during 2021-22 are as follows:

National Clinical Audits

- ▶ Alcohol detoxification POMH topic 14c
- ▶ Prescribing for depression in adult mental health services POMH Topic 19b
- ▶ Prescribing high dose and combined antipsychotics Topic 1 & 3
- ▶ National Clinical Audit of Psychosis (NCAP)
- ▶ Falls and Fragility Fracture Audit programme (FFFAP): National Audit Inpatient Fall (NAIF)
- ▶ Sentinel Stroke National Audit Programme (SSNP)
- ▶ National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)

National Confidential Inquiry

- ▶ National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)

The national clinical audits and national confidential enquiries that Barnet, Enfield and Haringey Mental Health Trust was eligible to participate in during 2021-22 are as follows:

National Clinical Audits

- ▶ Alcohol detoxification POMH topic 14c
- ▶ Prescribing for depression in adult mental health services POMH Topic 19b
- ▶ Prescribing high dose and combined antipsychotics Topic 1 & 3
- ▶ National Clinical Audit of Psychosis (NCAP) Falls and Fragility Fracture Audit programme (FFFAP): National Audit Inpatient Fall (NAIF)
- ▶ Sentinel Stroke National Audit Programme (SSNP)
- ▶ National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)

National Confidential Inquiry

- ▶ National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)

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The number as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.

During 2021-22 Barnet, Enfield and Haringey Mental Health Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits, national confidential enquiries and national benchmarking projects that Barnet, Enfield and Haringey Mental Health NHS Trust participated in and for which data collection was completed during April 2021 to March 2022 are provided 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 that audit or enquiry.

BEH participation in national clinical audits and National Confidential Enquiries, 2021-22

National Audit	Number of Submissions to audit	% of eligible case submitted
Prescribing Observatory for Mental Health (POMH-UK) Audits		
Alcohol detoxification POMH topic 14c	2	
Prescribing for depression in adult mental health services POMH Topic 19b	Awaiting report	
Prescribing high dose and combined antipsychotics Topic 1 & 3	Commenced and in progress	
National Audits		
Falls and Fragility Fracture Audit programme (FFFAP): National Audit Inpatient Falls (NAIF)	0 case identified	N/A
National Clinical Audit of Psychosis (NCAP) – Early Intervention Service	279	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	26 cases	100%
Sentinel Stroke National Audit Programme (SSNAP)	Commenced and in progress	
National Confidential Enquiries		
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	6	100%

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The reports of three national clinical audits were reviewed by the Trust in 2021-22 and Barnet, Enfield and Haringey NHS Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit of Psychosis (NCAP)

In October 2021, our Early Intervention Services in Barnet, Enfield and Haringey participated in the annual National Clinical Audit of Psychosis. The services made improvements in a number of areas such as the undertaking of physical health reviews of service users. There were also areas identified by the audit that require improvements. To address these, the following actions were identified for the Trust:

- ▶ There should be continued auditing of service users who have been on the caseload for six months or more, who received a full physical health assessment and any interventions within the last year. This will be implemented through a process whereby service users attend a physical health clinic prior to their medical reviews for physical health monitoring and to offer groups interventions e.g. exercise groups and healthy lifestyle.
- ▶ Outcome measures must be documented at least twice against each service user's baseline at six months, twelve months and annually thereafter until discharge. This will be facilitated and monitored by implementing a bi-monthly audit on the use of DIALOG+ and the Questionnaire about Process Recovery (QPR) and combining this with training. A training session will be held with a reflective component on outcome measures, to share experiences of using them and for the purpose of informing care planning and an understanding of a service user's journey.
- ▶ Referrals and access to carer-focused education and support programme need to be improved. This will include the development of a leaflet with information for carers and offering a remote carers group in order to provide them with options.

Alcohol detoxification POMH topic 14c

In 2021 the Trust took part in this audit from the Prescribing Observatory for Mental Health (POMH) around the Prescribing for substance misuse: alcohol detoxification.

The following actions were identified for the Trust:

- ▶ Breath alcohol should be measured as part of the initial assessment for alcohol detoxification.
- ▶ Following alcohol detoxification, initiation of relapse prevention medication should be considered.
- ▶ After alcohol detoxification, referral to specialist alcohol services for continuing management and support should be considered.

Due to the small number of submissions by the Trust, the national results and learning has been shared via the Trust's Medicines Safety Group.

Fracture Liaison Service Database (FLS-DB)

The Annual FLS report for the period January to December 2020 was published in 2022. The findings and recommendations are being reviewed by the Trust's Fracture Liaison Service who will advise on the learning and actions that need to be taken by relevant services.

National Benchmarking Projects

The reports of one national benchmarking project was reviewed by the Trust in 2021-22 and Barnet, Enfield and Haringey NHS Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:

NHS England and NHS Improvement Learning Disability Year 4 Improvement Standards Collection.

- ▶ Mechanisms to identify and flag service users with learning disabilities, autism, or both from the point of admission through to discharge; and where appropriate share this information as people move through departments and between services. This mechanism will be developed by the information technology team in conjunction with the RiO (electronic patient record system) steering group.
- ▶ Measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism, or both. The Trust has implemented learning disabilities awareness training for staff and is looking to develop further mandatory training for staff.
- ▶ Processes that ensure work and engagement with people receiving care, their families and carers, are as set out in the NHS Constitution. The Trust Learning Disabilities lead is undertaking a review of the standards in the NHS Constitution to assess the work required by the Trust to meet them.
- ▶ Ability to demonstrate services are 'values-led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment. The Trust Learning Disabilities lead is undertaking a review to assess current practice so that these can be developed and strengthened further.
- ▶ Processes to regularly review the medications prescribed to people with learning disabilities, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England's Stopping Over Medication Programme (STOMP). The Trust is currently developing and piloting a Trust wide audit to review and monitor this

Improvements will be led by the newly appointed clinical leads for learning disabilities.

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Local Audits

The Trust encourages staff to undertake audits to improve outcomes and experiences for service users and staff. Examples of local audits carried out and good practice and improvements to practice and service delivery identified from the audit are detailed below. These are monitored by the services:

Referral waiting times and outcomes in Mental Health Services for Older People in Haringey

- ▶ Team to continue to assess service users in a timely manner from receipt of referral as is current practice.
- ▶ Team to aim to send letter to referrer and GP within one week of assessment and to continue monitoring referral times.
- ▶ A re-audit will be carried out in 3 to 6 months to see if the team are meeting the target.

Impact of remote appointments on non-attendance rates in the Barnet South Locality Community Mental Health Team (CMHT)

- ▶ Barnet CMHT clinicians and administrative staff to continue to offer service users the option of attending their appointments remotely and record the format and outcome of each consultation accurately on RiO (our patient records system).
- ▶ A re-audit will be conducted in 12 months' time to re-evaluate attendance rates for different types of appointments and to see if the pattern is still the same without the influence of lockdown restrictions.

Vitamin D status of children on anti-epilepsy medication and receiving home enteral nutrition

- ▶ The Paediatric Dietetics team to ensure all children receiving antiepileptic medication and home enteral feeding have their feed nutritionally analysed by the dietitian at every review.
- ▶ Supplements should be recommended where a child is not receiving the minimum vitamin D as per NICE guidelines. Annual blood tests to check vitamin D status are to be carried out and supplementation is to be provided, if required.
- ▶ Nutrition and Dietetic Service to create a vitamin D pathway for children on antiepileptic medication and home enteral feeding. Data to be provided to the specialist dietitian interest group of children with complex needs (DISC) to support with producing best practice guideline on Vitamin D.
- ▶ The team aim to re-audit in 2-3 years to establish compliance and improvements.

Monitoring quality and safety through audits

The Trust uses a number of audit tools to monitor clinical practice and safety across services.

Tendable (formerly Perfect Ward) was launched in the Trust in 2019 for all of our inpatient wards. It is an app that hosts a series of bespoke clinical audits and practice reviews as well as the Quality, Effectiveness Safety Trigger Tool (QuESTT). The audit questions have been developed to provide a picture of safety

and effectiveness on our wards. Tendable is available on hand-held devices, allowing staff to review clinical practices and safety on the wards as part of their day to day work. Since the launch on our inpatient wards, 12 community teams have also now started to use Tendable.

The system provides real-time results which are used to identify areas requiring attention and improvements immediately. Audit outcomes are reviewed at team, divisional and Trust level.

Quality Assurance Audits and Peer Service Reviews

The Trust's community teams complete monthly Quality Assurance and Peer Service Review audits.

The Quality Assurance audit is self-assessed and specific to each service, based on relevant national and local standards. There is a programme of spot checks of these audits to ensure robustness of outcomes. The Peer Service Reviews are based around CQC regulations and local standards. Outcomes for both audits are reviewed at team, divisional and Trust level 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 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 CRNs provide the infrastructure to facilitate high quality research and to allow service users and health professionals in England to participate in clinical research studies within the NHS. Our local one is the North Thames CRN.

It was agreed by the NIHR that for 2021-22, recruitment targets for portfolio adopted research studies at all NHS trusts would be suspended due to the COVID-19 pandemic. This is in line with the agreement that the NIHR put in place for 2020-21.

During 2021-22, BEH was able to resume and restart research activity on several studies paused during the pandemic, alongside the few that remained open throughout. However, the Trust still has a number of studies that continue to be on hold and are currently not able to restart. This has had an impact on our overall annual figures, although study activity (and accruals) has continued to pick up throughout the year. The Research and Development Department has also had staff shortages within the delivery team, which contributed to a smaller participant recruitment figure and limited activity, compared to previous years.



The number of patients receiving relevant health services provided or sub-contracted by BEH in 2021-22 that were recruited during that period to participate in research approved by a research ethics committee is 75, across 23 different portfolio adopted studies.

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Commissioning for Quality and Innovation (CQUIN) goals agreed with commissioners for 2021-22

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.

CQUINs are part of our contractual income, subject to us evidencing delivery of the specific schemes (or indicators) as included within our contract with commissioners. Due to the pandemic, following NHS England/Improvement instruction, the commissioner-provider contracts for 2021-22 were suspended. No CQUINs were agreed and therefore the Trust was not required to report / deliver any CQUIN targets. The monies associated with CQUINs were paid via a “block payment” mechanism that was introduced nationally because normal contracts were suspended. These block payments cover the entire financial value of the contract, not just CQUINs.

Information Governance Toolkit compliance

To ensure BEH is compliant with its Information Governance, Information Security and Data Quality Frameworks, the Trust completes an annual Data Security Protection Toolkit (DSPT). This is an online self-assessment tool that we must use to measure our performance against the National Data Guardian’s 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to demonstrate that they are upholding good data security principles and standards for the processing and management of data.

The deadline for all DSPT submissions to NHS Digital is normally 31st March. However due to the COVID-19 pandemic, the DSPT submission for 2020-21 was delayed to 30 September 2021 which BEH met. The 2021-22 submission deadline is 30 June 2022.

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Participation in Accreditation Schemes

Trust services participates in accreditation schemes to enhance and improve the quality of care and services provided to our service users.

Accreditation is pursued by teams to give assurance of the high standards of service being provided. There are a number of different accreditations that teams within the Trust have achieved or are progressing towards.

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

Programmes	Participating services within the Trust	Accreditation status
Memory Services National Accreditation Programme	Haringey Memory Service	Accredited
	Enfield Memory Service	Accredited
	Barnet Memory Service	Accredited
Home Treatment Accreditation Scheme (HTAS)	Haringey Crisis Resolution Home Treatment Team	Accredited
Quality Network for Eating Disorders	Eating Disorders Unit	Accredited
Psychiatric Liaison Accreditation Network (PLAN)	Barnet Mental Health Psychiatric Liaison Service	Accredited
Chase Farm ECT Clinic	ECTAS: Electroconvulsive Therapy Services	Accredited

The following services are in the process of preparing for accreditation.

Programmes	Participating services within the Trust	Accreditation status
Quality Network Inpatient CAMHS	The Beacon Centre, Barnet.	Review scheduled for April 2022. Team has had a successful interim peer review
Quality Network for Inpatients Learning Disability Services (QNLD)	Mint Ward and Moselle House, Forensic Services	Review scheduled for February 2022
Home Treatment Accreditation Scheme (HTAS)	Enfield Crisis Team	In progress
Pulmonary Rehabilitation Services Accreditation Scheme	Respiratory Services, Enfield Community Health	In progress
Quality Network Working Age inpatient wards (QNWA)	Shannon Ward, Barnet	In progress
Accreditation of inpatient mental health services (AIMS)	Haringey inpatient wards: Daisy, Sunflower and Tulip Wards	In progress (self-assessment process started)

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Improving Data Quality: Mandatory indicators

Our ability 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 allows the Trust to undertake meaningful planning and enables services to be alerted of deviations from expected trends.

During 2021-22 the Trust made Monthly dashboards allowing the Trust to display validated data against key performance indicators, track compliance and identify data quality issues.

The following are mandated indicators that must be reported in the Quality Account.

1) Mental Health Minimum Data Set:

monthly and annual submissions to the Mental Health Minimum Data Set for all mental health service patients.

For the overall Data Quality Maturity Index Published Data (DQMI), the Trust is reporting 98%. The percentage of records which included the patient's valid NHS Number and General Medical Practice code is shown below.

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

2) Community Services Data Set (CSDS):

During 2021-22 the Trust made monthly and annual submissions to the CSDS for all Community Services patients. The Trust has made an improvement on the data quality in this area and is reporting at 99.6%.

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

The Trust replaced the seven day follow up in 2020-21. Patients discharged from psychiatric inpatient are now followed up within 72 hours. The target for this indicator is 85%. In 2021-22 an average of 79% of patients were followed up 72 hours after discharge. This indicator has been challenging due to COVID-19 and an increase in staff sickness rate which has delayed follow up during this period. Regular monitoring is in place to ensure every effort is made to follow up within 72 hours.

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

In 2021-22 an average of 96% 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	2018-19	2019-20	2020-21	2021-22
BEH	97.3%	97.0%	98.0%	96.0%
National	100.0%	100.0%	Not Published	Not Published

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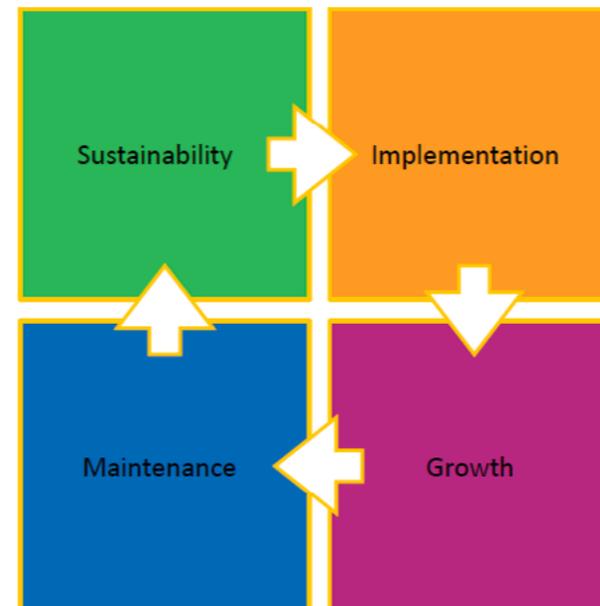
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Service User Experience, Engagement and Involvement

This year the Patient Experience Team and the Enablement Team merged to become the Service User Experience Engagement and Involvement Team. In March 2022 our partnership with Inclusion Barnet ended as planned, with us bringing our Peer Support development and supervision in house. The Peer Support workforce and our Experts by Experience (EbE) on the Involvement Register are supported and developed and are a core part of the Service User Experience, Engagement and Involvement Team.

The key areas of focus for the team in 2021-22 have been to:

- ▶ Develop and supervise a Peer Support workforce.
- ▶ Continue growing our Involvement Register and strengthen our EbE infrastructure enabling meaningful involvement and engagement activity across the Trust.
- ▶ Create our co-produced BEH Recovery Strategy, developed with over 200 service users, carers and staff.
- ▶ Review our formal and informal complaints process to align with best practice, with a focus on the quality and timeliness of responses meeting the agreed timeframe.
- ▶ Reviewed and re-launched our service user and carer surveys in partnership with service users, aligning questions with our transformation aims, quality improvement, and the Trust's Brilliant Basics.
- ▶ Working with the divisions to further develop, strengthen and expand governance and support for service user and carer forums with a focus on action so that we are actively listening and responding to feedback.
- ▶ Working seamlessly with the Equality, Diversity and Inclusion team, the Community Mental Health Transformation team, and our Physical Health Lead to focus on hearing the quieter voices in our communities at higher risk of health and care inequalities and those with complex mental and physical health needs.
- ▶ As we prepare to launch the BEH Recovery Strategy, all the workstreams described above will encompass the key principles set out in the strategy; Sustainability, Implementation, Growth and Maintenance in all that we do.



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The Service Users' Voice – a selection of feedback from service users

"As always, I don't pretend to know what can and can't be improved, but as long as people both as staff and patients stand up for what is right for each other morally, medically and ethically etc, all should be well with the NHS and the lives involved with the NHS." (Barnet Mental Health Division)

"Nurses were very supportive in all the care they delivered to me. Nurses treat me as an individual. I was always involved in my care. All necessary contact details were given. My care is been managed with dignity and respect at all times." (Enfield Community Services)

"I have joined a befriending service which I enjoy. I set myself goals and often go out to dinner and coach trips and feel comfortable out in the community" (Enfield Mental Health Services)

"I found it helpful having support in my recovery and having professionals helping me understand what I was going through and how I can get better. They helped in many aspects for example university." (Haringey Mental Health Division)

"There were a few days I was feeling low and I was isolating myself; staff noticed that I was feeling low, I also helped myself by using flashcards made for me by my psychologist and occupational therapist. Staff looked at them and gave me the support I needed to try and see a better future." (Specialist Services Division)

"Dressings not available at patient home, has been telling Nurses for some time, however it seems these are never ordered, and sometimes Nurses do not have dressings with them, they have to come back with dressings from their office. Often Nurses seem in a rush, and want to leave, without doing a good job." (Enfield Community Services)

"More staffing, patient (informed) have very little say rights that we are supposed to have, more therapy, more consistent following of rules and having named nurse/key worker/occupational therapy sessions, more support when struggling - sometimes people are not supported." (Barnet Mental Health Division)

"Liaison with other teams could have been better. Could perhaps be more understanding that contact with services can be overwhelming and may need additional assistance to deal with this (organising appointments etc.)" (Enfield Mental Health Division)

"I would have liked to have had the opportunity to see members of the team more often to help me sort out my living situation/poor housing. I am leaving in a house not fit for human habitation given the conditions. Sometimes appointments are made and not attended." (Haringey Mental Health Division)

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Trust-wide service user Engagement and Involvement



People who have lived experience of mental health conditions and services are helping us to shape the changes we are making to mental health care and services.

The Service User Experience Engagement and Involvement Team have been developing our strategies for increasing the involvement of people with lived experience. We have employed four Expert by Experience (EbE) coordinators to support us in driving forward our engagement and involvement work to increase the number of service users and carers on our Involvement register.

Our EbEs are coproducing their career pathways and we have introduced a system to capture their aspirations, their strengths and areas where they want to develop further. This information is helping to identify training and development opportunities. These opportunities include shadowing or matching EbEs to roles that enable the individual to be involved in improvement work across the organisation in a meaningful way.

Our EbEs attend meetings, committees, chair service user and carer forums and sit on interview panels. An EbE may progress to become a peer support worker or may wish to work in other services such as finance, nursing, governance or management, bringing lived experience to all areas of our NHS workforce. Our ambition is to remove barriers so that EbEs can pursue their career aspirations without limits.

BEH is also working with our partner Camden and Islington NHS Foundation Trust to define and strengthen our peer support workforce, to ensure they become equal members of the multidisciplinary team. Developing this revolutionary role as a discipline will enable us to truly deliver person-centred care and break the stigma surrounding mental health.

We are working with the divisions, our Peer Support Workers and our EbEs to strengthen BEH's service user and carer forums. This includes training our EbEs to chair meetings and making sure we act on feedback and share those actions. We are developing and expanding the forums with a direct escalation route to amplify the service user and carer voice via quality meetings, QI workstreams and Brilliant Basics, and developing strong mechanisms for sharing actions or improvements made as a result.

Peers and EbEs will also be offered training to strengthen their engagement and involvement in all Trust activities to enable coproduction to be at the heart of everything we do, including how we hear and respond to feedback and resolve concerns or complaints effectively and compassionately. BEH and Camden and Islington NHS Foundation Trust have recently begun to finalise the E-Learning module that has been co-produced during 2021-22. This will be rolled out.

We have achieved many of our strategic objectives as highlighted on the next page. Where we have amber actions, we are confident these will be completed by the end of December 2022. We are very proud of what BEH has achieved so far in terms of engagement and involvement but we see this work as just the start.

"I started my role as an Expert by Experience (EbE) so I could make a difference and support others in a similar situation to myself. When I joined the BEH Patient Experience Team it was an amazing opportunity to have a bigger impact on service users.

I love my role as EbE Coordinator because I can use my skills and abilities to strategically allocate opportunities for individuals who I know will excel in a particular role. The most rewarding part of my work is engaging with service users and management and bridging the gap between the two.

Encouraging some EbEs to take part in certain roles can be challenging, and so can explaining NHS jargon to them. But the individuals who accept challenging roles really make my role worth doing."

(EbE Coordinator, EbE, BEH)

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Objective	Our Aims	RAG Rating
Learning from complaints and compliments	2020: Develop and embed systems for learning from local service level concerns and compliments	Green
	2021: Deliver comprehensive complaints handling training to staff at levels, including team leaders and investigators	Green
	2022: Establish a complaints review panel to review and learn from investigation findings	Orange
Strengthening the governance of the Patient Experience Committee	2020: Develop job descriptions for Trust wide Expert by Experience committee membership roles	Green
	2021: Introduce service user representation on all committee and governance forums Trustwide	Orange
	2022: Establish a service user advisory council, comprised of Trustwide committee members	Orange
Complaints Management	2020: Improve complaints response compliance to 90%, to ensure service users receive timely outcomes to their complaints	Orange
	2021: Deliver comprehensive complaints handling training to staff at levels, including team leaders and investigators	Green
	2022: Develop a Trust wide complaints review group, to learn from the service user experience of complaints	Green

Objective	Our Aims	RAG Rating
Patient and public engagement	2020: Have a clear and accessible online presence, to promote involvement in Trust operations	Orange
	2021: Strengthen partnerships working with external third-party organisations	Green
	2022: Develop a service user newsletter, available to patients, their families, and local communities	Green
Involvement and coproduction	2020: Recruit 100 Experts by Experience roles and actively work with them on involvement activities in the Trust	Orange
	2021: Develop a service user employed role to support service user engagement in the Patient Experience Team	Green
	2022: Develop a service user Non-Executive Director role to sit on the Trust Board	Orange
Patient experience feedback	2020: Set up a service user forum in every Division, chaired or co-chaired by a service user	Orange
	2021: Develop feedback mechanisms to share transparent patient experience data	Green
	2022: Develop a team of involvement workers to collect service user feedback	Green

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Service User and Carer Surveys

The Trust's Service User and Carer Survey provide those using our services with the opportunity to give feedback under three key domains: involvement, information, and dignity and respect.

During 2021-22 a total of 10,149 surveys were completed (nearly double the total in 2020-21 which was 5,879). This year we have introduced the use of statistical process control (SPC) charts to enable us to use the data for each question to get a better understanding of key areas of focus.

The Service User Experience Engagement and Involvement team support services to access the IQVIA (audit and survey) system to review survey results in real time.

They can instantly identify areas for improvement and get assurance of when they are doing well. Services have been utilising the functions within the system to promote our You Said, We Did culture, in response to individual service user feedback.

See some examples below:

You said: *You would like to do more to pass time*

We did: *What matters to you the most questionnaires. Interest checklist introduced. Welcome activity to identify interests introduced. (Enfield Community Services)*

You said: *We would like there to be access to emergency clothing on the ward, instead of hospital gowns*

We did: *Emergency clothing has now been provided and is stored in the ward's clean laundry store cupboard (Haringey)*

The table below indicates the highest and lowest scoring question areas from the survey results:

Highest scored Question	2021-22	Lowest scored question	2021-22
Do staff treat you with dignity and respect? (closed 31.01.21)	94%	Are you given information about resources and support available for carers?	85%
Do you know who to contact if you need support?	96%	Do staff encourage you to participate with your community by informing you about local groups, events and other organisations?	85%
Do staff treat the person you care for with dignity and respect (closed 31.01.21)	97%	Are you given enough information about the services available?	89%

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We have outlined in the tables below how we intend to maintain and sustain the areas we are performing well in the Service User and Carer Survey and how we intend to improve the areas where the scores were low.

Highest scored Question	2021-22	Lowest scored question
Do staff treat you with dignity and respect?	94%	Responses to this question are monitored at divisional and service level and at the Inclusion Board using Statistical Process Control charts. The new Dignity and Respect policy has been updated in collaboration with Peers and EbEs
Do you know who to contact if you need support?	96%	We have extended this question in 2022-23 to include "Does this person organise your care to meet your needs". This will enable us to measure the effectiveness of this interaction.
Do staff treat the person you care for with dignity and respect?	97%	We have extended this question in 2022-23 to include "Does this person organise your care to meet your needs". This will enable us to measure the effectiveness of this interaction.

Lowest scored Question	2021-22	How we are improving
Are you given information about resources and support available for carers?	85%	For 2022-23, Health Education England (HEE) has commissioned training specific to Parents/Carer Peers. BEH is working towards introducing these roles. An information pack has been co-designed and will be given to all inpatients on admission from June 2022. This includes local information and information on the further support available for Carers. The focus on supporting carers will be reinforced with the Carer Strategy launch in early 2022-23 and we are currently assessing ourselves against NICE Guidance CG136 and CG138 in relation to how we support families and carers. Improvements will be made accordingly. We are also revising our Family and Carer Survey to include questions that enable the Trust to measure the impact of the improvements we are introducing, to provide monthly assurance, and to develop opportunities to improve the level of support we offer.

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Lowest scored Question	2021-22	How we are improving
Do staff encourage you to participate with your community by informing you about local groups, events and other organisations?	85%	<p>Deeper community engagement and the creation of service user forums to engage and inform our seldom heard service users and carers at risk of inequalities are planned for 2022-23.</p> <p>We hope that this work will further strengthen our partnerships, leading to increased staff awareness and better opportunities for our service users to benefit from what is available locally. There will be recruitment events for EbEs and Peers and close working with our partner voluntary and community sector organisations to ensure this information is current and aligned to the needs of our service users, based on what they tell us.</p> <p>Our current EbEs and Peers will be promoting and supporting these community events. We aim to work with partners to ensure our Recovery College courses offer diversity and with accessibility for all.</p>
Are you given enough information about the services available?	89%	<p>Inpatient welcome packs, which include information on carer resources and support have been co-produced in 2021-22. These will be launched across BEH inpatient teams with plans to extend out to community services to welcome new service users to the service.</p> <p>A group of key individuals across all Divisions will be working together to strengthen the governance and seamless working across boroughs to ensure the forums are engaging and informative and that feedback is met with action, which includes how we listen, and providing information about services to our service users and carers.</p>

Friends and Family Test (FFT)

The national Friends and Family Test asks services users and carers about their overall experience of our services. During 2021-22, 9855 service users and carers responded to this question, almost double the volume in 2020-21 where 5,646 responses were received. Of those who responded, 92.5% had a very good or good experience, down slightly from last year's result of 94.7%. This is still above our 90% target and we continue to monitor this monthly at every level of the organisation. The Divisions focus on individual service scores but respond to at a service level, ensuring our overall FFT results are consistent across BEH.

Some of the examples of changes brought about from service user and carer feedback are:

- ▶ Service users in Specialist Services inpatient wards wanted an improved mealtime menu, so Senior Service Leads engaged with caterers to develop a new menu which was implemented in early 2022 following taste testing sessions with inpatients and staff
- ▶ Service users and carers in the Child Development Team Psychology services: introduced a Mindful Mealtimes group and are working to expand group activities more to respond to feedback. The service has since received positive feedback, which had previously been negative.

Concerns and Complaints

Concerns and complaints about services by service users and their families are taken very seriously. We seek 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 Service User Experience Engagement and Involvement Team has worked extremely hard to work towards the Parliamentary Health Service Ombudsman's (PHSO) Good Complaint Handling Guidance and has been using the PHSO Complaints Maturity Matrix to continue to improve how we manage and respond to complaints and feedback. This has resulted in the introduction of a new complaints management process being tested, working with divisions using a Quality Improvement approach. The objective has been to improve the quality and timeliness of investigations, to ensure complainants meet agreed timeframes of 25, 40 and 60 working days, which we recognise is an area that we need to improve in.

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From 1 April 2021 to 31 March 2022, the Trust received 164 formal complaints (23 were withdrawn so 141 were taken forward), an increase from 2020-21 (93). This is considered in part to be due to the impact of the COVID-19 pandemic causing increased complaints about delays in accessing services (particularly with Child and Adolescent Mental Health Services) and as mental health service need has increased post pandemic, this is reflected in complainant contacts.

Of the 141 complaints taken forward for investigation, based on complexity, 78 were triaged as 25 working days, 52 for 40 working days and 11 for 60 working days to complete the investigation and provide a response to the complainant.

There have also been changes to the way that complaints are now logged and tracked, involving weekly reporting and escalation to all divisional leads and the Trust's senior executive team if required, to facilitate this enables support to be given to divisions where there are risks of delays. This new system gives better reassurance at all levels across the Trust about complaints and allows for a deeper analysis of the process to facilitate any additional actions as required.

Of the total 141 complaints received, 62 complaints were closed, and the remainder are still under investigation. Of the investigations completed, 5% were upheld, 67% were partially upheld, 26% were not upheld, and 2% were withdrawn as they were not for this Trust.

The most common categories of complaints were around patient care and clinical treatment. All action plans from closed complaints have been implemented on time. The next table illustrates the breakdown of compliments, concerns and complaints during 2020-21 and 2021-22 for comparison.

Feedback Type	2020-21	2021-22
Compliments	534	245
Issues and concerns	219	116
Informal complaints	190	205
Formal complaints	93	164
Members Enquiries	17	4
Parliamentary and Health Service Ombudsman Enquiries	5	2

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Accessible Information Standard (AIS)

The Trust is fully compliant with the legislative requirements of the AIS 2016 and the ways we meet the needs of service users and carers who have a disability or sensory loss are continually reviewed and improved.

People who have difficulty accessing and understanding information, are supported to communicate effectively through reading aloud technology, including multi-language translation capabilities which are all available on the Trust website. Easy-read literature is available on request.

To improve further, service users and carers will be asked two questions at the point of initial contact with Trust services, to determine whether they have any accessible information or communication support needs. If the answer to either of these questions is yes, then four further questions will be asked about the details of those needs. This will be recorded in the service user's clinical record. From this point, staff responsible for providing their care will provide accessible information and communication support, in order to meet the identified needs.

A range of solutions are available to BEH staff to support them in assessing and responding to the accessible information and/or communication support needs of our service users and carers, including:

- ▶ An assessment tool to identify accessible information and communication needs
- ▶ Dedicated templates to record accessible information and communication needs within service users' clinical records
- ▶ Resources to help patients communicate effectively with staff such as British Sign Language interpreters or deafblind touch interpreters
- ▶ A range of patient information resources in accessible formats such as easy read
- ▶ A suite of training materials to support staff in their communications and provision of support
- ▶ Website accessibility tools such as BrowseAloud and text size adjustability.



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Patient Safety

BEH is committed to keeping our patients safe and protecting them from harm. We continue to strengthen our processes for reporting, managing and monitoring patient safety incidents and safety concerns to help prevent harm occurring to our patients by promoting an open reporting and just culture.



In late 2020, the Patient Safety Team commenced a Quality Improvement project to improve the timescales for completion of Serious Incident (SI) investigations and the quality of reports. One year on, the project has proven to have significantly improved processes, with initial qualitative and quantitative data indicating a marked improvement on the following areas.

- ▶ **Improvement on the overall quality of reports:** Commissioners have noted the significant improvement in the quality of SI investigations, as indicated by the 35% reduction in the number of further information requests received from commissioners when reviewing our SI investigations and looking for assurance that appropriate steps have been taken and learning and improvements have been identified.
- ▶ **Timeliness in completing SI investigations:** there has been a 20% reduction in the number of working days taken to complete SI investigations.
- ▶ **Continuing to foster and facilitate a Trustwide patient safety learning culture:** The Trust Patient Safety Incident Review Group (PSIRG) promotes the cross-sharing of learning lessons from SI investigations between the divisions. Key messages from this group are shared as learning to staff through our Blue Light Bulletins, Reflections e-bulletins, divisional newsletters, and the Patient Safety intranet pages.

- ▶ **Trust wide review of SI investigations:** The Patient Safety Incident Review Group continues to provide a centralised cross-divisional review of SI investigations with a plan in 2022-23 to improve representation of next of kin, carers and Experts by Experience. This is just one of a series of planned changes to ensure the Trust is on course to transition to the new ways of working under the new Patient Safety Incident Response Framework (PSIRF), by 2023.

The Trust employs QI methodology to develop SI recommendations and action plans. This is to ensure processes are standardised and effectively embedded within daily clinical practice across the Trust. Recent examples include streamlining divisional crisis teams' approach to risk assessments and care planning and introducing a uniform way of updating Red Amber Green (RAG) ratings in entries on RiO (patient medical notes).

Local level learning from After Action Reviews and Desktop Investigations into incidents are reviewed at Divisional Incident Review Groups and aid continuous service improvements. The learning is shared between teams, at the Trust's Safe, Effectiveness and Experience Group, the Quality and Safety Committee and Divisional governance meetings. The Patient Safety Team provides training, advice and support to staff to enable them to embed learning into their daily practices.

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Additionally, it is expected that organisational changes in 2021-22 will improve the experiences of our services users and the care provided to them.

Community teams in Barnet and Haringey are being restructured as part of our three-year Community Mental Health Transformation Programme. The changes will enable the Trust to work more closely with GP practices to bring greater consistency of high-quality care across the boroughs.

From 1 April 2021, the ownership of three recovery houses used by BEH in Barnet, Enfield and Haringey were transferred to BEH. This transition has enabled better collaborative working within the discharge planning, crisis resolution home treatment team and crisis prevention house pathways. The accommodation is now known as a crisis prevention house.

World Patient Safety Day

In September 2021, the Trust held an organisation wide learning event to mark World Health Organisation's World Patient Safety Day.

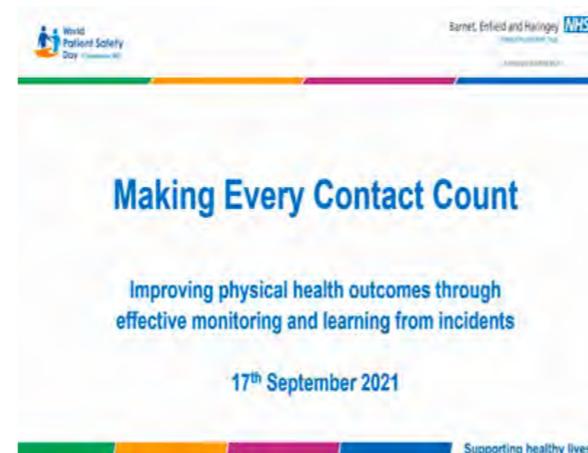
The aim of the event was to promote physical health monitoring and holistic management of care. The event also provided a platform to share learnings Trustwide from SI investigations related to physical healthcare issues.

Some feedback from staff attending the event:

"Great and educative presentations from all the presenters, privileged to be working with such passionate staff".

"Reflective practice makes us better effective practitioners. Thank you."

"Such a heartfelt presentation, very open and honest and raising some of the issues that people often don't want to say out loud. Superb and thank you."



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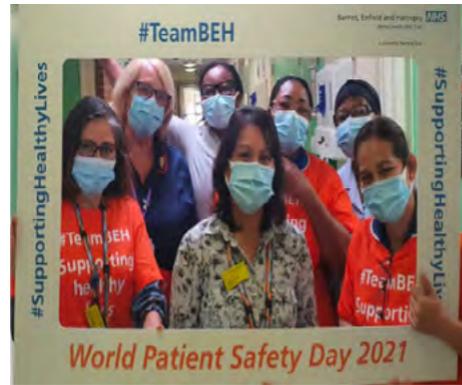
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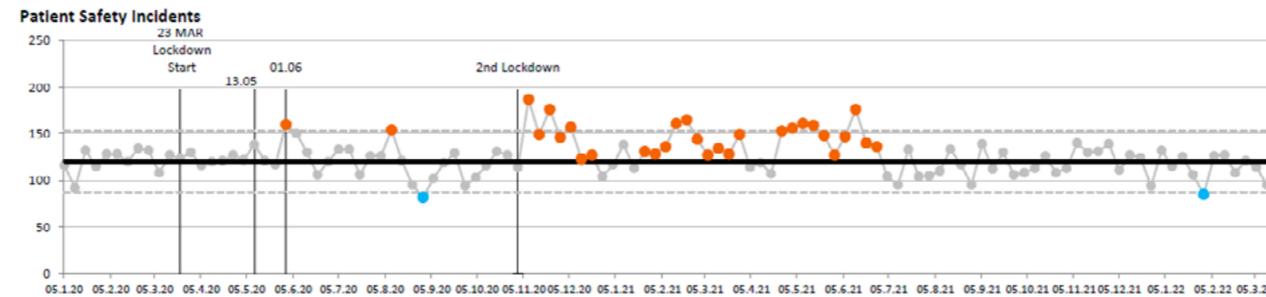
Excellence in healthcare is widespread but not always showcased and shared. In September 2021, BEH successfully relaunched Learning from Excellence (Lfe), a system of Excellence reporting using the Trust's risk management system, with the aims of learning what is working well in our organisation and to provide positive feedback to staff.

By reflecting on positive events, we can improve staff morale and the quality of care which links well to our strategic priority to deliver 'excellence for service users'. Learning from excellent practice is as valuable as learning from errors.

Patient Safety Incidents

During 2021-22, 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 6,396 patient safety incidents were reported. This is a decrease of 2% in comparison to the number of patient safety incidents reported in the previous year (6,535).

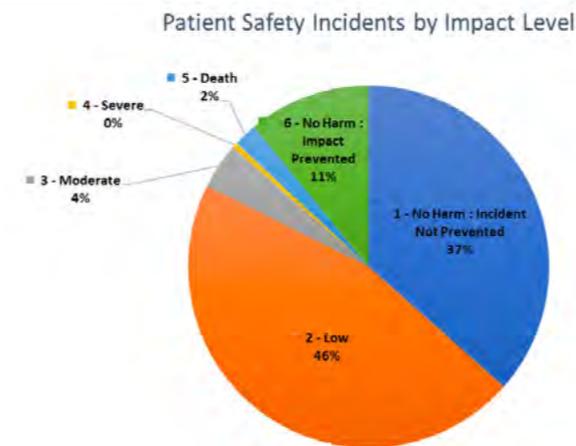


The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, the culture of reporting incidents at BEH MHT has improved patient safety processes within the organisation substantially.

The National Reporting and Learning System (NRLS) figures for October 2020 to March 2021 were published in October 2021. The data for April 2021 onwards is not available at this time.

Patient Safety Incidents by Severity

Of the 6,396 patient safety incidents reported to NRLS in 2021-22 by BEH services, 37% of those resulted in no harm.



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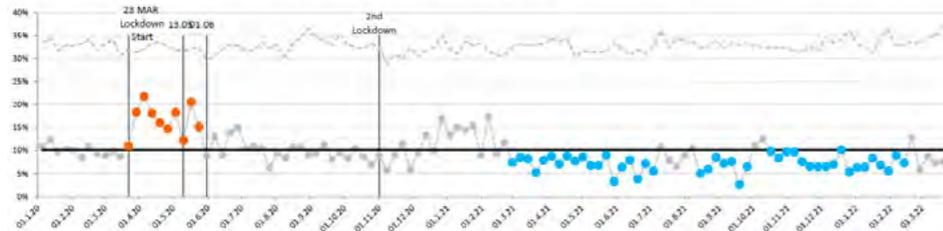
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Incident Severity (Proportion of incidents classified as resulting in 'moderate harm' or worse)



Incident data is reviewed weekly at the Trust's executive lead multidisciplinary Safety Huddle.

A bi-monthly Quality and Safety report is provided to the Quality and Safety Committee, a sub-committee of the Board. The report details the significant incidents reported across mental health and community services.

- ▶ **Violence and aggression:** Violence and aggression incidents are consistently the highest category of reported incidents Trust wide, in line with other mental health trusts. This included patient on patient and patient on staff physical assaults. BEH is part of the Cavendish Square Group, sharing learning from other London based organisations to reduce violence and aggression.
- ▶ **Restrictive practices:** Incidents of physical restraint and rapid tranquilisation are one of the top reported incidents. A number of improvement initiatives are in progress across the inpatient teams. Human Factors training is being delivered on our psychiatric intensive care unit, the aim of which is to support staff with verbal de-escalation. The training will be reviewed to establish if it should be rolled out Trust wide.
- ▶ **Self-harm:** 92% of reported incidents result in low/no harm to the service user. The highest levels of self-harm continue to be reported in the inpatient Child and Adolescent Mental Health Services (CAMHS) and Eating Disorder services. A QI project to reduce self-harm on the inpatient CAMHS unit has been very successful.

- ▶ **Falls and pressure ulcers:** The majority of falls incidents occur in our older adult wards but falls across all services are monitored through the Safety Huddle. The majority of reported pressure ulcers are acquired outside of the Trust, not under BEH care. Through the Patient Safety Collaborative, Trustwide QI projects are being progressed for both pressure ulcers and falls reduction.

Serious Incidents (SIs)

During 2021-22, the Trust reported 31 Serious Incidents. This is a decrease of 26% compared to the number of SIs reported in 2020-21. Two of the reported SIs were withdrawn following a review of the incident. SIs reported during the year included incidents of unexpected deaths, suspected suicides and self-harm.

Examples of key learning from SI investigations during 2021-22 include:

- ▶ Involvement and engagement with the next of kin and family is crucial in understanding the patient better and possible behavioural triggers. Several SI investigations have highlighted inconsistent involvement with family and carers in risk assessments and care planning.
- ▶ Fluctuations in risk and mental state can occur when the patient is involved in drugs. Services are to ensure they review risk frequently and liaise with relevant services.
- ▶ Services must consider the support required by a patient even if their risk level improves.
- ▶ When inpatients are discharged to the community, particularly patients assessed as high risk or who have self-harmed while on leave, a risk formulation which brings together all relevant risk factor information, should be completed by the ward that the community team can continue with.

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- First assessments should be face to face as a patient’s physical presentation forms a significant part of the assessment; it can be difficult to comprehend a patient’s mental state through a telephone consultation. During the pandemic, some patients opted for this method for reviews.

Improvements are being taken forward using a QI approach with engagement from relevant teams to ensure improvements are collaboratively achieved and embedded across all services.

The Trust is developing protocols for supporting staff following a serious incident and will continue to make learning from incidents and good practice timely and as accessible as possible to all staff. This will focus on involvement of patients and carers, enhancing mechanisms to facilitate shared learning, incident management pathways and further embedding a safe and just culture.

Never Events

‘Never Events’ are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. BEH did not report any Never Events in 2021-22.

Regulation 28: Report to Prevent Future Deaths

Following an inquest, the Coroner may issue a Prevention of Future Death or Regulation 28 report if they feel the evidence suggests further avoidable deaths could happen if preventative action is not taken.

During 2021-22, the Trust did not receive any Regulation 28: Reports to Prevent Future Deaths.

Annual Staff Survey 2021

Our staff survey 2021 was completed by 1,835 staff, 55% compared with 44% in 2020. This is our highest ever response rate.

The 2021 survey closely aligns with the ‘NHS People Promise’ which commits us to working together to improve the experience of working in the NHS for everyone. It comprises seven principles which enable a positive, compassionate, and inclusive culture.



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There were a number of improvements and areas where further action is being taken to address the issues our staff raised in their feedback. These are summarised below:

Where we improved in 2021:

- ▶ Staff reporting an improvement in fairness in recruitment and development opportunities
- ▶ A similar increase has also been seen in leadership development and supporting and developing teams
- ▶ There have been reductions in reports of staff facing harassment, bullying or abuse at work
- ▶ There has also been an increase in staff feeling safe to share any concerns they may have within the organisation
- ▶ The Trust scores highly against the People Promise principles of 'We are compassionate and inclusive' and 'We are a team'.

Areas we need to work on to improve the experiences of our staff:

- ▶ There has been an increase in staff experiencing physical violence from service users. We are encouraging staff to use quality improvement approaches to de-escalate potentially violent situations with service users. We are also working with the Police and Crown Prosecution Service in the Operation Cavell initiative to encourage reporting, prosecutions and convictions of people who assault or abuse our staff
- ▶ We've launched the BEH Innovation Fund to build on our recent CQC 'Good' rating and help us achieve an 'Outstanding' rating at our next CQC inspection. We have invited staff to suggest ways of making life better for our service users and to improve their own working lives

- ▶ We've recruited a new Trust Just and Inclusive Culture Lead and we've continued to develop our wellbeing offers to staff, and to strengthen our support for our Staff Networks
- ▶ We've developed a values and behaviour framework to bring our Trust Values to life in the way we behave at work and we've embedded our values in the way we recruit and appraise staff
- ▶ Together with Camden and Islington NHS Foundation Trust, we have co-produced a new Equality, Diversity and Inclusion Strategy with service users and staff to create a fair and just environment where all staff are supported to make their best contribution, and all of our service users have equal and timely access to care tailored to their needs
- ▶ Through the joint Equality, Diversity and Inclusion Strategy we will encourage a healthier work-life balance for all our staff and help you to realise your individual personal development goals

Staff are being encouraged to work with their teams to initiate change and improvements. There will be a series of local focus groups to discuss how best to respond to the issues raised at a local level.

The Guardian Service

Many of our staff had fed back that they wanted to see a Freedom to Speak Up service with increased opening hours and availability.

In January 2021, we launched a new Guardian Service available 24/7 to help all staff to raise any issues or concerns they may have about any aspect of work at BEH. In 2021-22 the Trust had an increase in staff feeling safe to speak up about organisational concerns, at 59.8%.

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Looking Forward: Quality Priorities for 2022-23

This section of our Quality Account describes our priorities for improvement for the year 2022-23.

In March 2022, 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 in 2022-23.

Many of the suggestions were areas that had already been identified by the Trust as requiring focus, through patient feedback, outcomes of services reviews in 2021-22, learning from incidents, the Staff Survey 2021 and the CQC Inspection.

Quality Priorities 2022-23

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 strengthening in the year ahead.

Five quality priorities have been identified for 2022-23. 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 so will be embedded into the work being carried out 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:

Excellence for service users

Quality Priority 1: To reduce prone restraints to zero by March 2023.

This will be taken forward and monitored as part of the Reducing Restrictive Interventions Brilliant Basic.

Quality Priority 2: To have someone with lived experience in the core membership of all groups and committees relating to quality and safety by March 2023.



This is being incorporated into the Patient Safety Brilliant Basics and specifically the 'Involving patients in patient safety' workstream, a collaboration between the Service user Engagement and Involvement and Patient Safety Teams and others to implement the national Framework for involving patients in patient safety.

Empowerment for staff

Quality Priority 3: Staff retention and wellbeing

Both areas were identified as areas of focus by the CQC inspection, Staff Survey and People Pulse survey, and are currently Brilliant Basics.

A new Health and Wellbeing strategy is to be developed collaboratively with staff to ensure a more structured plan is in place for 2022-23 based on the needs of staff.

Innovation in services

Quality Priority 4: To embed a cultural change within the Trust that builds on QI and empowers our staff to innovate to deliver (or contribute to delivering) better outcomes for patients.

Frontline staff may be enthusiastic about QI and innovation but often don't have the skills to work up and implement an initial idea effectively and in a way that supports ongoing learning. The plan is to have an innovation forum where staff will be able to discuss their proposal for an idea and seek funding to implement.

The priority can be measured by:

- ▶ The number of staff presenting ideas
- ▶ Number of innovations taken forward

The individual innovations will have their own measures. Several projects will be taken forward through the Brilliant Basics QI programme of work.

To support the building of capability for QI, the Trust will be launching the Quality, Service Improvement and Redesign (QSIR) programme and expects to train 70 practitioners in 2022-23.

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Statements from key stakeholders

Statement from North Central London Clinical Commissioning Group for Barnet, Enfield and Haringey

NHS
North Central London
Clinical Commissioning Group

May 2022

North London Business Park
First Floor, Building 4
Oakleigh Road South
N11 1GN
020 3816 3000
northcentrallondonccg.nhs.uk

North Central London Clinical Commissioning Group's statement, on behalf of the population of Enfield, Barnet and Haringey, for the Barnet Enfield and Haringey Mental Health Trust (BEH MHT) 2021/22 Quality Account.

North Central London Clinical Commissioning Group (NCL CCG) is the co-ordinating commissioner responsible for commissioning a range of health services from Barnet, Enfield and Haringey Mental Health NHS Trust (BEH MHT) on behalf of the population of Barnet, Enfield and Haringey.

NCL CCG thanks BEH MHT for sharing the 2021/22 Quality Account and welcomes the opportunity to provide a commissioner statement having reviewed the information contained within the account. Where possible, information has been cross referenced with data made available to commissioners during the year.

The account provides an informative summary of the work undertaken during 2021/22 and showcases a fair balance between the positive work undertaken during the year and acknowledgment of areas identified for improvement. Commissioners would have welcomed more information on community services given the crucial role that these teams provide in caring for people in the Enfield community.

NCL CCG acknowledges, and thanks, BEH and its staff for their unflinching hard work and dedication to care of their service users during what has continued to be an exceptionally challenging time. Commissioners have been particularly impressed by the flexibility and resilience of all BEH MHT staff and the efforts made to ensure that service users, carers and staffs' safety was paramount.

Commissioners note the progress outlined in the account about the progress made against 2021/22 quality priorities and continue to recognise the positive strides the Trust has taken through a number of initiatives including the Brilliant Basics and Quality Improvement programmes of work.

Commissioners thank the Trust for the opportunity to attend its annual stakeholder meeting, reviewing progress with implementing in year quality priorities and identifying priorities for the coming year. Commissioners support BEH with the priorities chosen for 2022/23, however, we would have welcomed more detail with regard to the underlying actions for each priority, how they will realise positive impacts for service users and how they link to the core domains of quality.

It is clear that the service user, and their families, voice is important to the Trust and they have committed to an extensive programme of work in relation to co-production. Experts by Experience and service user Engagement & Involvement. It would be helpful to highlight more information in relation to changes to service provision and practice that has stemmed from feedback and complaints received.

We note the Care Quality Commission's (CQC) inspection of the Trust during October and November and the maintaining of a Good rating, which is a commendable achievement for the Trust. We have received

North Central London CCG Chair: Dr Charlotte Benjamin
North Central London CCG Accountable Officer: Frances O'Callaghan

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assurance that there are ambitious improvement plans in place to address the recommendations issued by the CQC. We also note that, importantly, feedback received from patients via the CQC stated that BEH MHT staff treat them with compassion, kindness and dignity.

We know that the Trust continues to work hard in relation to identified areas for improvement including timeliness and application of Mental Health Act assessments, safe and therapeutic environments, restraint and rapid tranquillisation, staffing levels and immediate life support training. Commissioners will continue to both monitor and support the Trust in relation to these.

In line with the direction of travel for quality assurance in future commissioning models, the Trust agreed to invite members of our Quality Team to attend their internal meetings related to quality, safety and clinical governance this year. Commissioners really welcome and thank the Trust for this transparent approach to embrace commissioners as active members of the Trust's internal meetings and we look forward to continue working together in this open, trusting and collaborative way going forward.

We look forward to continue working with the Trust during the coming year to further embed improvements in quality and safety, support transformation within mental health and community services and the development of objectives within the Integrated Care System.

Yours sincerely,

Dr Charlotte Benjamin
GP and Chair North Central London CCG

Frances O'Callaghan
NCL CCG Accountable Officer &
ICB Chief Executive Designate

North Central London CCG Chair: Dr Charlotte Benjamin
North Central London CCG Accountable Officer: Frances O'Callaghan

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Barnet, Enfield and Haringey 
Mental Health NHS Trust
A University Teaching Trust

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 2021-22.

By order of the Board

<p>Signed</p>  <p>Jackie Smith, Chair Barnet, Enfield and Haringey Mental Health NHS Trust</p> <p>Date: 7th June 2022</p>	<p>Signed</p>  <p>Jinjer Kandola, Chief Executive Barnet, Enfield and Haringey Mental Health NHS Trust</p> <p>Date: 7th June 2022</p>
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Chair: Jackie Smith
Chief Executive: Jinjer Kandola





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AHP	Allied Health Professional
AIS	Accessible Information Standard
AMHP	Approved Mental Health Practitioner
BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CMHT	Community Mental Health Teams
CMHTP	Community Mental Health Transformation Programme
CMRG	Clinical Mortality Review Group
CPA	Care Programme Approach
CQC	Care Quality Commission
CRHTT	Crisis Resolution Home Treatment Team
CRN	Clinical Research Network
CQUIN	Commission for Quality and Innovation. (Quality improvements agreed during the annual contracting negotiations between BEH and its health commissioners)
CTO	Community Treatment Order
DIALOG+	DIALOG+ provides assessment, planning, intervention and evaluation in one procedure. Patients rate their satisfaction with eight areas of life and three treatment aspects and use a four step approach to address concerns highlighted
DSPT	Data Security Protection Toolkit
ECS	Enfield Community Health Services

FCA	Flow Coaching Academy
FFT	Friends and Family Test
IPC	Infection Prevention and Control
IPCT	Infection Prevention and Control Team
JHOSC	Joint Health Overview and Scrutiny Committee
KPI	Key Performance Indicator
LD	Learning Disability
LfE	Learning from Excellence
NEWS2	National Early Warning System
MHA	Mental Health Act
MHS	Mental Health Services
MRSA	Type of bacterial infection that is resistant to a number of widely used antibiotics
NCAP	National Clinical Audit of Psychosis
NCEPOD	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
NIHR	National Institute for Health Research

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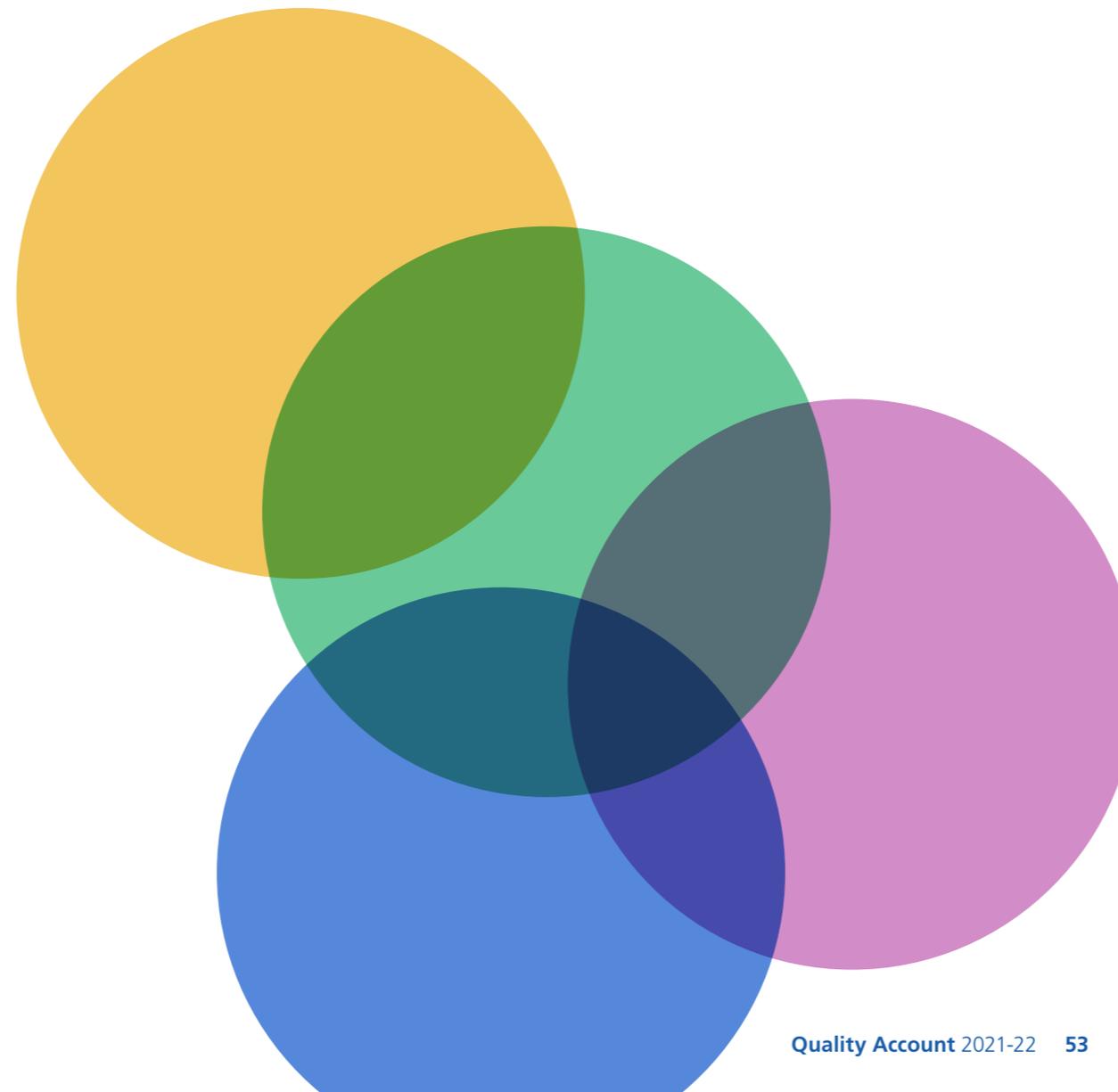
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NRLS	National Reporting and Learning System
NRES	National Research Ethics Service
NHSE/I	NHS England/Improvement
OAP	Out of Area Placement
PET	Patient Experience Team
PHSO	Parliamentary Health Services Ombudsman
PICU	Psychiatric Intensive Care Unit
PSIRF	Patient Safety Incident Response Framework
POMH	Prescribing Observatory for Mental Health
PROMS	Patient Reported Outcome Measures
QuESTT	Quality, Effectiveness & Safety Trigger Tool
QI	Quality Improvement
QSIR	Quality, Service Improvement and Redesign (QI Training Programme)
RAG	Red/Amber/Green rating: to show progress against achieving a target
RiO	Electronic Patient Care Record System
SEEG	Safe, Effectiveness and Experience Group
SMI	Severe Mental Illness
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.

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

Barnet, Enfield and Haringey Mental Health NHS Trust

beh-tr.communications@nhs.net



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