Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Quality Account

2011 - 2012

CONTENTS

SUMMARY OF PRIORITES

Where were we last year? Follow-up on our 2011 - 2012 priorities

Priorities for 2011-12 were developed with input from staff, service users, carers, partnership organisations and members of the public in our Stakeholders Workshop in 2011. We set demanding targets for these improvements. While much work has been carried out in these areas, it is unlikely that we will fully meet our target of 25% improvement in communication with GPs.

Priorities for 2011- 2012	
Patient Experience - Improve and monitor therapeutic engagement (pg 15)	**Partially met**
Safety - Improve communication with GPs (pg 9)	**Not Met**
Clinical Effectiveness - Improve focus on patient identified care goals (pg 13)	**Met**

Priorities for 2012- 2013
TBA

Where are we going? Our priorities for 2012-13

Priorities to be agreed in collaboration with stake-holders at the BEH Quality Account workshop on 8 May at St. Ann's Hospital.

Where are we now?
SUMMARY OF 2011- 2012 PERFORMANCE

Patient Safety	2010 - 2011	2011 - 2012 To date	National
7-day follow up after discharge from inpatient care (pg *8*)	99.98%	100%	Target 95%
Risk assessment carried out within 7 days of admission to inpatient care (pg *8*)	99%	98%	N/A
Number of safety incidents reported (pg *7*)	369 PM	402 pm	tba

Patient Experience	2010 - 2011	2011 - 2012	National
Patient Environment Action team (PEAT) (pg *16*)	Good	Good	Good
Patient Experience (pg *17*)	81%	77%	77%
Carers experience (pg *15*)	n/a	60%	n/a
Staff would recommend this trust (pg *16*)	3.33	3.27	3.42

Clinical Effectiveness	2010 - 2011	2011 - 2012	National
Service users are assessed using mandatory HoNOS PBR clustering tool (pg *11*)	97%	91.6%	tba
Mental health service users are offered physical health checks on admission (pg *12*)	99%	99%	N/A
Outcome measures are implemented to measure effectiveness of treatment (pg *11*)	partial	Met	N/A
Readmission within 28 days (pg *12)*	tba	4%	tba

SERVICE USER INVOLVEMENT IN PLANNING AND DELIVERY OF SERVICES

Listening Event

The Trust held a 'listening event' with support from our local service user groups to provide a different type of opportunity for an honest and open two-way line of communication between service users and carers and mental health staff and for staff to hear first hand accounts about the experience of being on the receiving end of the services they provide. The aim of the event was for staff to better understand what is working well and where improvements should be made and to take this into account in their own individual practice and in the teams they work in.

Service users and carers gave positive feedback and said they valued the opportunity to be listened to in this way and hoped that staff would take what they had said into account in the way that they deliver services.
Nurses, occupational therapists and psychiatrists who made up the staff group commented that the experience had a hard-hitting impact and they had heard strong messages particularly about issues around customer care, communication and the provision of the right information at the right time.

A six month follow-up review is planned to take place in April to measure the impact on clinical teams.

Hourly Rounds (intentional rounding):

Staff were interested to find out if making contact with each service user on the ward on an hourly basis to ask how they are feeling and if they need anything would provide more opportunity for service users to get the information they want and result in a reduction of visits to the nursing office, improved satisfaction and a reduction in incidents of violence and aggression. Since August 2011 staff on Dorset and Thames Wards have been working to implement this change to the established process of hourly checks.

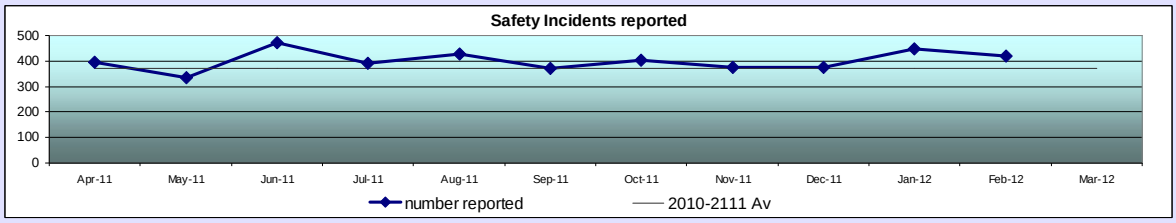
In November both wards reported that there has been a largely positive response to the hourly rounds. Service users have said that the rounds make them feel staff are caring and looking out for them and staff report that they are learning more about service users quicker and are able to identify their needs sooner than before. Anecdotally staff report that service users are making less visits to the nursing office with queries and that there has been less violence and aggression and less complaints. Staff are continuing to adapt the methodology in response to comments from service users and staff to ensure it fully meets the needs of mental health service users.

In view of the positive findings so far it has been decided that all wards in the Crisis and Emergency service line will implement intentional hourly rounds over the coming months.

PERFORMANCE REVIEW

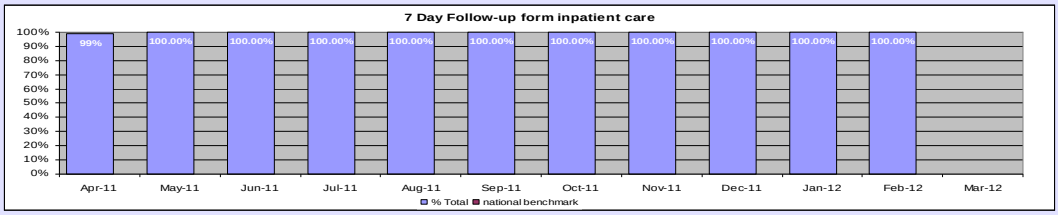
Patient Safety

Improving incident reporting and reviewing

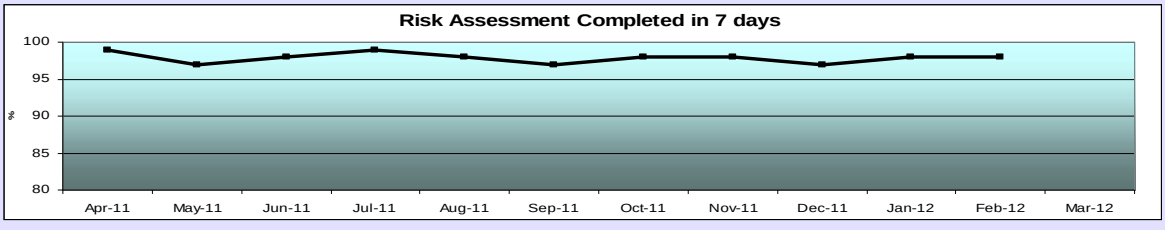
Why did we choose to focus on this?	All NHS Trust are required to report incidents of harm, violence, or errors which could have a potentially negative impact on patients, visitors or staff. Whilst our target improvement for 2010-11 was partially met, BEH remained in the lower reporting scale in comparison to other mental health trusts and it was identified that we needed to continue to improve the culture of identifying and learning from incidents.
What was our target?	To achieve a further 30% improvement on 2010-11 rates of reporting.
What did we achieve?	To Date: We are reporting approximately 400 incidents per month. Although this shows an improvement on our average monthly reporting seen in 2010-11, we recognise this falls below the improvement target we set for ourselves. 
What needs to improve?	We will continue to ensure staff report all incidents throughout the trust, and improve staff awareness that all incidents, however small, should be reported in order that the Trust can learn from them and implement preventative action. Reviewing of incidents and lessons learnt, within agreed timescales needs to be a focus for all team managers.
How will we continue to monitor and report?	Incident performance reports are continually monitored through Trust and Local clinical governance committees. The Trust's incident reporting system has been upgraded and has enabled more robust reporting. Service Managers are now able to review and reflect on their individual service lines and monitor both the recording and the reviewing of incidents which are then discussed during meetings and in supervision.

Patient Safety (continued)

7 Day follow-up

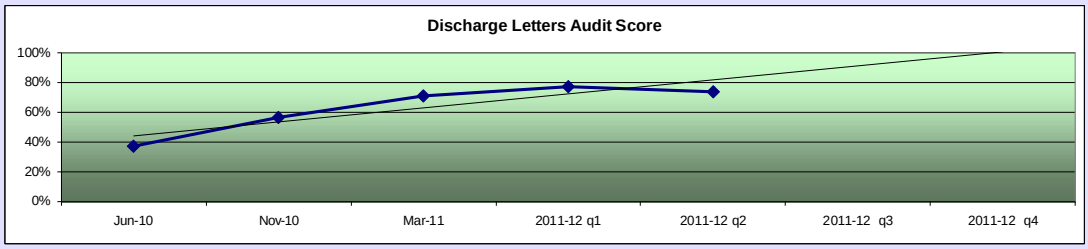
Why did we choose to focus on this?	Service users are at the greatest risk of relapse and or self harm in the first seven days following discharge. The Trust planned changes in services to facilitate and maintain the high level of compliance achieved in 2010-11 and to reduce readmissions.
What was our target?	Our target is to provide follow up care within 7 days of discharge to 100% of patients.
What did we achieve?	The following chart is based on performance data including all patients discharged from inpatient services in 2011-12. 
What needs to improve?	Continue to maintain high levels of compliance. All teams and individual clinicians to continue monitoring up to date progress on performance targets for all patients on their caseload.
How will we continue to monitor and report?	7 day follow-up is being actively managed and monitored by teams through the daily review of discharge activity. Performance is also monitored through the weekly exception reports, monthly service line performance meetings and at Board Committee level.

Quality of Risk Assessments

Why did we choose to focus on this?	All of our patients are required to have an assessment of past and current risk behaviour carried out within seven days of admission. It was identified that these need to be thorough, and that they inform decisions about the care provided to the patient. Risk assessments should reflect a continuous process, updated with new information as it becomes available and as the patients' conditions improve.
What was our target?	Target has been set at 95% to account for potential delays due to compliance with assessments. Monitoring of the risk assessments and related documents has been expanded to encompass an evaluation of the quality and continuity of risk assessment.
What did we achieve?	The target has been maintained with an average rate of 98% compliance. This figure is based on self assessment audits on a sample of patients each month through the Quality Assurance Audit. 
What needs to improve?	To continue monthly monitoring at team level and maintain current standards.
How will we continue to monitor and report?	This will continue to be monitored through the ward and community quality assurance process. Results and reports will be presented to individual teams and to all clinical governance and scrutiny meetings.

Patient Safety (continued)

Communication with GPs

Why did we choose to focus on this?	Feedback from our stakeholders focused strongly on the need to improve communication with GPs. Collaborative provision of health care between all providers is essential to ensure better health for our service users.
What was our target?	The Trust is working to ensure that communication at the point of discharge or transfer of care is both timely and meets the needs of other care providers. Target: 25% improvement in compliance with discharge and transfer standards.
What did we achieve?	To date an audit of quarter 1 and 2 discharge letters has shown that compliance levels achieved at the end of 2010/11 have remained stable. However, we recognise we did not meet the level of improvement we set for ourselves. Further details will be provided with data from the end of year audit.  The Trust has run a series of workshops for GPs, in order to develop the primary care strategy. Following this, the Medical Director launched an exercise with local GPs, asking for accounts of service problems, based around the experience of the GP and patients, and using this to make changes to the way the Trust communicates with GPs. In addition, the Medical Director has engaged with clinical commissioners in a review of the delivery of primary care mental health services, and the working of the interfaces between primary and secondary care. We continue to work with our community partners to manage patients' conditions within the community and prevent acute hospital admissions where possible.
What needs to improve?	Our commissioners have been working with the Trust to improve collaborative working with GP partners. The Trust will continue to work with commissioners and GPs to develop agreed standards of physical health information to be shared between the Trust and GPs at the point of referral, at care reviews and at discharge.
How will we continue to monitor and report?	Compliance with communication of discharge and transfer arrangements will be audited on a quarterly basis.


Toilet
Growing

Clinical Effectiveness

Patient Reported Outcomes

Why did we choose to focus on this?	In 2009 the Trust considered three different assessment tools to evaluate the effectiveness of treatment modules. Clinical Outcomes for Routine Evaluations (CORE) was finally chosen as the Trust's assessment tool as this provided the most standard, well validated tool to compare local service provision and benchmark our services nationally. This tool was adopted by three of our seven service lines with implementation to be considered in other service lines throughout the year. ECS uses patient reported outcomes at discharge to assess improvement in self management of symptoms and other aspects of improvement in condition. Outcomes are measured in other service lines using CORC in CAMHS and an outcome framework agreed for Dual Diagnosis.
What was our target?	That CORE Net be considered for implementation in other service lines in 2011-12. That Enfield Community Services develop the use of PROMS across other services within the ECS Service Line.
What did we achieve?	Data from CORE to be provided in final draft. ECS has incorporated PROMS in their Key Performance Indicators and has monitored outcomes through quarterly performance meetings.
What needs to improve?	Collection of PROMS data to be incorporated into Trust wide survey system and made available to further services.
How will we continue to monitor and report?	CORE net and PROM results will be available to individual clinicians and managers, and will be reported through clinical governance groups.

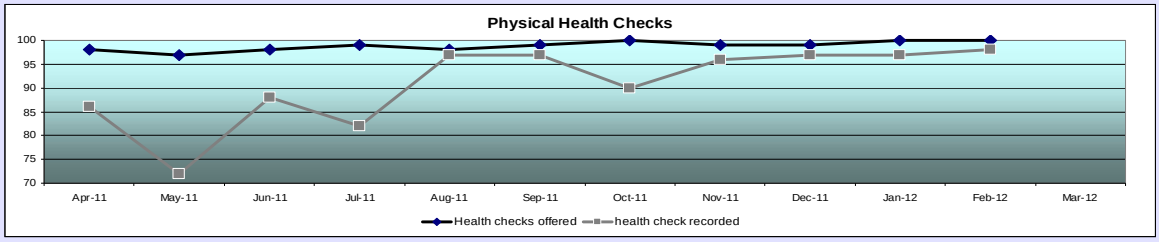
ECS Patient Reported Outcomes	2011-2012	2010-2011
Symptoms Improved	94%	96%
Resume Daily Routine	98%	91%
Manage Symptoms	99%	97%
Understanding of Condition	99%	97%

HoNOS PBR

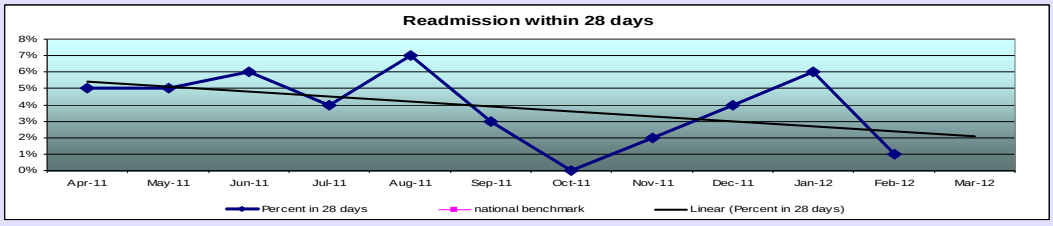
Why did we choose to focus on this?	All Mental Health NHS Trusts are now part of a system of payment by results. The Trust must assess each patient using HoNOS, which demonstrates change in a patient's overall functioning after treatment. This assessment leads to a designated "care cluster" for each patient. The cluster designates the level and number of interventions provided to our clients.
What was our target?	Our target is to achieve 100% compliance with HoNOS PbR clustering.
What did we achieve?	As of November, 91.6% of patients have been clustered using HoNOS PbR.
What needs to improve?	Work is in progress to complete the clustering of all patients registered with mental health services.
How will we continue to monitor and report?	The completion of HoNOS assessments will continue to be monitored through performance reports.

Clinical Effectiveness (continued)

Improving Physical Health

Why did we choose to focus on this?	Physical health was identified as having a major bearing on a patients' mental health. The Trust made this a priority in 2010-11 and it was decided to continue to focus on this important issue as there were further areas for improvements identified.
What was our target?	To improve communication with GPs, not only on admission but at discharge and to build on the previous year's success in maintaining the physical health and overall wellbeing of our community clients. All teams to achieve 95% compliance with awareness of recent physical health check outcomes.
What did we achieve?	Monitoring of physical health has been added to the community mental health teams monthly self assessment audit. The figure below shows that while inpatient teams have maintained compliance with this target, community teams have shown marked improvement over the year, and are currently meeting the target. 
What needs to improve?	To continue monthly monitoring at team level and maintain current standards.
How will we continue to monitor and report?	This will continue to be monitored through the ward and community quality assurance process. Results and reports will be presented to individual teams and to all clinical governance and scrutiny meetings.

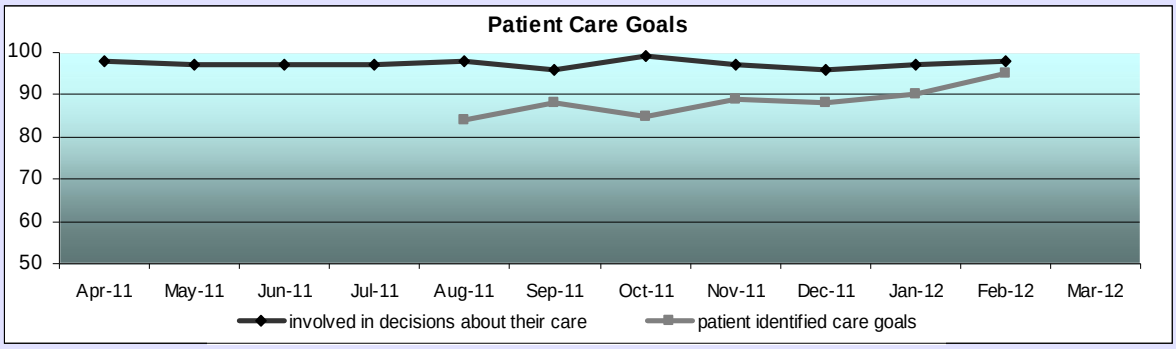
Readmission within 28 days

Why did we choose to focus on this?	This standard will become a national mandatory standard in all quality accounts from 2012-13. This standard is measured to address potentially avoidable readmissions into hospital. The Trust may be helped to prevent potentially avoidable readmissions by seeing comparative figures and learning lessons from incidents of readmission.
What was our target?	National benchmark data for acute trusts is readily available, but mental health benchmarks have not yet been sourced. Further details to be included in the final draft of this document..
What did we achieve?	The figure below shows the rate of readmission within 28 days. While the figures vary, an overall reduction is shown. 
What needs to improve?	Further work is needed to establish benchmark data and set targets for improvement in 2012-13.
How will we continue to monitor and report?	Performance is monitored through monthly service line performance meetings and at Board Committee level.

Clinical Effectiveness (continued)

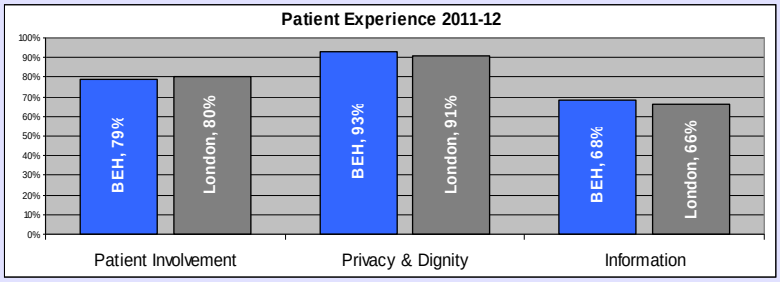
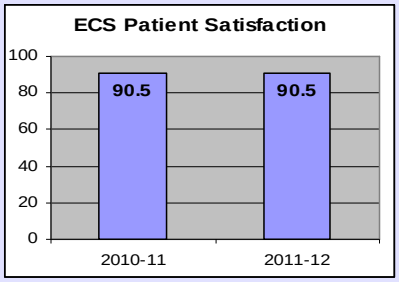
Patient identified care goals

Why did we choose to focus on this?	To improve the focus on patient centred care, it has been agreed that goals should be set on an individual level by users of mental health services. Every care plan should include at least one personal goal identified by the service user.
What was our target?	90% of service users to have individually identified care goals addressed in their care plans.
What did we achieve?	The development of patient identified care goals has been added to the monthly team level self assessment to promote awareness. It has been noted in spot checks of these self assessments that interpretation of this standard varies widely between clinicians. As this standard represents a new way of developing care plans, it was anticipated that it would take some time to implement this and develop a consistency of clinical approach. Wellness and Recovery packs are currently offered to all service users and can be used to help identify personal goals. The figure below shows consistent compliance with involving service users in decision making. The development of specific goals set by the service user has been monitored since August, and shows an improvement. The average compliance rate for the year is 88%.
What needs to improve?	As spot checks have identified variation in the practical application of this target, further work in clinical team and clinical supervision will address this issue.
How will we continue to monitor and report?	This will continue to be monitored through the ward and community quality assurance process. Results and reports will be presented to individual teams and to all clinical governance and scrutiny meetings. Spot checks will continue to evaluate the variation in clinical practice.



Patient Experience

Patient Experience

Why did we choose to focus on this?	All mental health trusts are required to participate in the national mental health service users survey. While the Trust carries out internal surveys on an ongoing basis, the national survey provides a benchmark with other service providers. ECS carries out a twice yearly postal survey as agreed with service commissioners.
What was our target?	Our target for the mental health survey was to maintain scores at the average for mental health services in London. ECS target was set at 90% satisfaction.
What did we achieve?	The first figure below shows BEH and London scores for questions relating to patient involvement, privacy and dignity, and provision of information for the current and previous year. The Trust has maintained scores in line with London average. The second figure shows ECS patient satisfaction scores in 2010-11 and 2011-12. Satisfaction rates remain consistently compliant with our target.  
What needs to improve?	CQUIN targets in 2012-13 require that ECS implement new patient innovative ways of capturing real-time patient stories through a range of multi -media options using discovery interview methodology. Training will commence in quarter 1, with interviews to be conducted in quarter 4.
How will we continue to monitor and report?	Ongoing patient experience reporting is conducted via local surveys and interviews. Reports are circulated through clinical governance groups and scrutiny meetings.

Carers survey

Why did we choose to focus on this?	The Trust aims to involve carers in developing and improving our services. In 2011 we engaged carers in a series of focus groups to identify how best to achieve this.
What was our target?	As this was a new method of collecting feedback, no benchmark was available. Our aim was to engage a wider proportion of our carer population and establish an action plan for implementing change.
What did we achieve?	Three focus groups were held in the individual boroughs with collaboration from the local mental health carers groups. Over 150 comments and individual experiences were received through the focus groups.
What needs to improve?	Areas for improvement identified included lack of clarity regarding care pathway and admission criteria, insufficient support after discharge from mental health services, a need for carers to be supported with crisis management and coping skills, and undefined roles around carers assessments.
How will we continue to monitor and report?	An action plan has been developed to address the needs identified. Collaborative work with the local authority and commissioning colleagues is underway to develop training programme for carers and clarity on carers assessments.

Patient Experience (continued)

Patient Environment Action Team

Why did we choose to focus on this?	This standard will become a national mandatory standard in all quality accounts from 2012-13. Patient Environment Action Team (PEAT) is an annual assessment of inpatient healthcare to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity. The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.
What was our target?	To maintain scores in line with national average.
What did we achieve?	Assessments were carried out by NHS staff, patient representatives and members of the public on inpatient wards across all trust sites. Results for BEH over the past 3 years can be seen in the table below. Trusts are each given scores from 1 (unacceptable) to 5 (excellent) for standards of environment, food and dignity and privacy. BEH scores are in line with national average.
What needs to improve?	The inspection identified a few immediately rectifiable issues regarding cleanliness. For other issues regarding grounds or maintenance an action plan is in development.
How will we continue to monitor and report?	The Trust will continue to participate in the annual PEAT inspections.

	ENVIRONMENT	FOOD	PRIVACY AND DIGNITY
2011 National Average	GOOD (4.26)	GOOD (4.63)	GOOD (4.49)
2011 Trust Average	GOOD (4.11)	GOOD (4.62)	GOOD (4.83)
2010 Trust Average	GOOD	EXCELLENT	GOOD
2009 Trust Average	GOOD	GOOD	GOOD

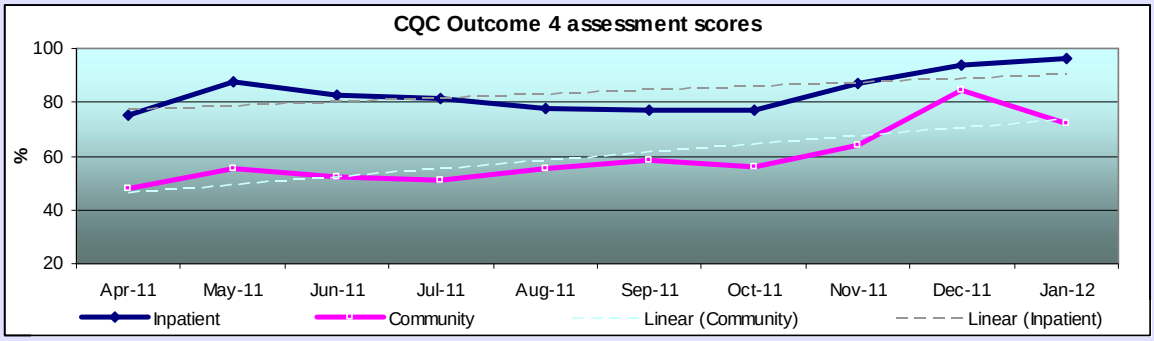
Would staff recommend this trust?

Why did we choose to focus on this?	This standard will become a national mandatory standard in all quality accounts from 2012-13. This question is a part of the national staff survey carried out annually in all trusts.
What was our target?	To achieve scores within the nation median.
What did we achieve?	The table below shows that the Trust score was below the threshold for the lowest percentile of trusts.
What needs to improve?	The Trust aims to involve carers in developing and improving our services. In 2011 we engaged carers in a series of focus groups to identify how best to achieve this.
How will we continue to monitor and report?	As this was a new method of collecting feedback, no benchmark was available. Our aim was to engage a wider proportion of our carer population and establish an action plan for implementing change.

	BEH 2011	Lowest 20%	National average	Highest 20%
Staff recommendation of the trust as a place to work or receive treatment	3.27	3.30	3.42	3.56

Patient Experience (continued)

Therapeutic Engagement

Why did we choose to focus on this?	Therapeutic engagement is core to the development of positive working relationships between clinicians and service users. By developing better communication and understanding, service users and their care team can work more effectively toward improved health outcomes.
What was our target?	Our aim was to improve therapeutic engagement in both inpatient and community mental health teams through implementation of Productive Community and continued work with Productive Ward. Our target was 80% compliance with standards relating to therapeutic engagement.
What did we achieve?	Lead nurse inspections carried out in community and inpatient teams have assessed the quality of therapeutic interaction between patients and staff based on CQC standards for outcome 4: Care and welfare of people who use services. The figure below shows compliance rates with this standard. Inpatient services have maintained compliance levels at or above our target of 80%. While community teams have shown improvement and at present are approaching the target, we recognise this falls below the improvement target we set for ourselves.  Productive Community has been implemented in a phased approach across service lines. Psychosis community teams have participated in a project to improve the amount of therapeutic time spent with patients. This project is currently being rolled out to Common Mental Health community teams.
What needs to improve?	A concern has been identified within two inpatient wards regarding the level of therapeutic activities and engagement. The Trust has put in place new programmes of therapeutic activities tailored to the needs of this client group and has developed monitoring structures using dementia care mapping to ensure that needs are being met. The Trust has also provided staff development and training programmes to strengthen staff understanding of meaningful engagement with their patients or users.
How will we continue to monitor and report?	We will continue to monitor through practice standards leads inspections undertaken with input from peer colleagues.

QUALITY STATEMENTS

During 2011 - 2012 Barnet Enfield and Haringey Mental Health NHS Trust provided eight NHS services in seven service lines. BEH has reviewed all the data available to them on the quality of care in all eight of these NHS services. The income generated by the NHS services reviewed in 2011 - 2012 represents 100% of the total income generated from the provision of NHS services by BEH for 2011-12.

National Audits

During 2011 - 2012 Barnet Enfield and Haringey Mental Health NHS Trust participated in all national clinical audits applicable to the services provided by the Trust. Details and outcomes of national clinical audits and national confidential enquiries that BEH was eligible to participate in during 2011-2012 are as follows:

- **Psychological Therapies** – Data collected for 94 cases.
- **Schizophrenia** – Data collected for 100 cases.
- **Prescribing Observatory for Mental Health:**
- **Topic 1 and 3: Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards and forensic wars** - Data collected for 168 cases
- **Topic 6: Assessment of side effects of depot antipsychotic medication** - Data collected for # cases.
- **Topic 7: Monitoring of patients prescribed lithium** - Data collected for 73 cases.
- **Topic 9: Use of antipsychotic medicine in people with Learning Disabilities** - Data collected for 67 cases.
- **Topic 10: Use of antipsychotic medicine in CAMHS** - Data collected for 17 cases.
- **Topic 11: Prescribing antipsychotics for people with dementia** - Data collected for 180 cases.

Local Audits

The reports of 32 local clinical audits were reviewed by BEH in 2011– 2012. For full reports of local audits visit our website by following the link below:
(site in development - to be inserted before publication

BEH intends to take the following actions to improve the quality of healthcare provided (examples):

- Patient experience - medical staff to discuss medication options with patients and monitor through quality assurance.
- Safeguarding children - procedural quick reference guide to be developed by safeguarding lead and distributed to all teams. - IT procurement to ensure scanners are provided to all clinical teams for uploading of documents.
- Health records - crisis planning to be added to quality assurance audit for continued monitoring though clinical supervision.
- Carers survey - Joint training to be developed for carers coping skills - new carers assessment policy to be developed and ratified.

CQC

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

The Care Quality Commission has not taken enforcement action against BEH during 2011 – 2012.

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

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

Research

The number of patients receiving NHS services provided or sub-contracted by Barnet Enfield and Haringey Mental Health NHS Trust **in 2011-2012 that were recruited during that period to participate in research approved by a research ethics committee was [to be provided prior to publishing].**

CQUIN

A proportion of Barnet Enfield and Haringey Mental Health NHS Trust income in 2011 -

2012 was conditional on achieving quality improvement and innovation goals agreed between BEH and NHS North Central London through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2011-2012 and for the following 12 month period are available in the following document on our website: link to new website

Hospital Episode Statistics

Barnet Enfield and Haringey Mental Health NHS Trust submitted records during 2011 - 2012 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was: **XX%** for admitted patient care; and **XX%** for out patient care. The percentage of records in the published data which included the patient's valid General Medical Practice Code was **XX%** for admitted patient care; and **XX%** for out patient care. **(figures not yet available)**

Information Toolkit

Barnet Enfield and Haringey Mental Health NHS Trust score for 2011 - 2012 for Information Quality and Records Management, assessed using the Information Governance Toolkit was level **2**.

Payment By Results

Barnet Enfield and Haringey Mental Health NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were **XX%. (figures not yet available.)**

Monday - Friday
9:00am - 5:00pm

For free translation phone

Për një përkthim falas telefononi
للترجمة المجانية الرجاء الاتصال هاتفياً
বিনাখরচে অনুবাদের জন্য টেলিফোন করুন
Za besplatne prevode pozovite
欲索取免費譯本，請致電
Pour une traduction gratuite, téléphonez
Για δωρεάν μετάφραση, τηλεφωνήστε
મફત ભાષાંતર માટે ફોન કરો
निःशुल्क अनुवाद के लिए कृपया फ़ोन कीजिए
بو ته رجومه کردنی به خورایی ته له فون بکه بو
Del nemokamo vertimo skambinkinte
സൗജന്യമായ തർജ്ജിമയ്ക്കായി ബന്ധപ്പെടുക
Po bezpłatne tłumaczenie prosimy dzwonić
Para uma tradução grátis, telefone
ਮੁੱਫ਼ਤ ਅਨੁਵਾਦ ਲਈ ਫ਼ੋਨ ਕਰੋ
Перевод – бесплатно. Звоните
Para obtener una traducción gratuita llame al
Turjubaan lacag la'aan ah ka soo wac telefoonka
இலவச மொழிபெயர்ப்புக்கு தொலைபேசி செய்யவும
Ücretsiz çeviri için telefon edin
Để cón bản dịch miễn phí hãy điện thoại
مفت ترجمے کے لئے فون کریں

Also for Audio, Large Print and Braille, phone

0800 952 0119

© The Language Shop