



Barnet, Enfield and Haringey **NHS**  
Mental Health NHS Trust

*A University Teaching Trust*

## **Draft Quality Account 2015-2016**

*To be developed further following  
stakeholder input, including from  
BEH JHOSC on 13 May*

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Statement on Quality from Maria Kane, Chief Executive

Part 1:

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

#### What is a Quality Account and why it is important

The Quality Account is an annual report that provides an opportunity to reflect and report on the quality of the services that are being delivered to our local communities and our stakeholders. It is a process in which engagement with patients, stakeholders and staff in an open and transparent way allows us to review the quality and demonstrate improvements in the services we provide. This affords us the opportunity to identify areas and agree our priorities for improvement with our stakeholder in the delivery of the services we provide.

All NHS providers strive to achieve high quality care for all, and the quality report gives the Trust an opportunity to demonstrate our commitment to quality improvement and the progress we have made in 2015-16 against the priorities identified. We will outline our key priorities against the three domains of quality to which we work to, Patient Safety; Patient Experience and Effectiveness.

#### Quality Account Governance Structure

The Executive Director of Nursing, Quality and Governance is the Executive Director with responsibility for the development of the Quality Account. Working with Clinical Directors and their teams to help shape the content of the Quality Account by working with our patients and staff to shape improvement indicators in line with our priorities identified through our engagement with them.

The Quality Account is reported on in Borough and Service dashboards which update teams on the progress made against each quality indicator. Quarterly progress reports are provided to the executive management team who then report to the Board.

## Development of our Quality Priorities for 2016-2017

The Trust seeks to identify quality indicators that can be monitored and reported in a meaningful and beneficial way. To produce the quality priorities for 2016-17 we engaged with local stakeholders including up of patients, carers, staff, Clinical Commissioning Groups, Healthwatch, Overview and Scrutiny Committee members and members of the local communities we serve.

## How to provide feedback

We hope that you find this report helpful and informative. We consider the feedback we receive from stakeholders as invaluable to our organisation in helping to shape and direct our quality improvement programme. We welcome your comments on this report and any suggestions on how we may improve future Quality Account reports should be sent to the Communications Department.

Email: [communications@beh-mht.nhs.uk](mailto:communications@beh-mht.nhs.uk)

Tel: 020 8702 3599

Address: Communications Department  
Barnet, Enfield & Haringey Mental Health  
NHS Trust

Trust Headquarters, Orchard House  
St Ann's Hospital  
London N15 3TH

Additionally, you can keep up with the latest Trust news on our website Trust website: [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk)

Or through social media:

Follow us on Twitter [@BEHMHTNHS](https://twitter.com/BEHMHTNHS)

Like us on Facebook: [www.fb.com/behmht](https://www.fb.com/behmht)

### 1.3 About BEH-MHT

Barnet Enfield & Haringey Mental Health NHS Trust (BEH) employs 2,900 staff providing inpatient and community care for children, young people and adults across Barnet, Enfield and Haringey, Community Health Services in Enfield and Specialist Services. Our annual income in 2015-2016 was £190 million. We serve a community of just over a million people and 155,000 accessed our services during the financial year.

The trust has 514 inpatient beds located on five main sites, St Ann's Hospital in Haringey, Chase Farm Hospital and St Michael's in Enfield, Edgware Community Hospital and Barnet Hospital in Barnet. Psychiatric liaison services are provided at Barnet Hospital and North Middlesex University Hospital.

The services provided by us are organised into three borough based directorates and one specialist directorate, each with a clinical director and service managers.

#### Our vision

To be the lead provider, coordinator and commissioner of integrated care services to improve the health and wellbeing of the people of north London and beyond.

#### Our values

The Trust's values are to:

- Put the needs of our patients and their carers first, and involve them fully in their care

- Show kindness and compassion in all aspects of the care we provide
- Behave with honesty, integrity and openness
- Create a safe, friendly and caring environment, where people are treated with respect, courtesy and dignity
- Strive for excellence, recognising achievements and valuing hard work
- Support our staff to be the best that they can be

Our Objectives for 2015/16 were to:

#### 1. Provide excellent services for patients

- Provide excellent clinical services using the principles of enablement ("Live, Love, Do"), delivered with care and compassion

#### 2. Develop our staff

- Enable our staff to be the best they can be, to deliver excellent patient care

#### 3. Be clinically and financially sustainable.

- Develop a long term sustainability plan with our partners

#### **1.4 Systems in place to ensure quality at the highest level**

We aspire to provide care of the highest quality, in collaboration with those who use our services. BEH is an organisation that embraces continuous improvement and learning.

The Board of Directors ensures proactively that we focus not only on national targets and financial balance, but continue to place significant emphasis on the achievement of quality in our local services.

Our robust quality governance systems support the arrangements in place to provide the Board of Directors with assurances on the quality of BEH's services and to safeguard patient safety. We produce a comprehensive quality (including safety, experience and effectiveness) and performance dashboard on a monthly basis; we undertake compliance checks that mirror the Care Quality Commission's (CQC) reviews; we have an active national and local clinical audit programme; we monitor patient experience and complaints and have a robust risk management and escalation framework in place.

The quality governance system, quality performance and assurance on the arrangements in place are overseen by sub-committees of the Trust Board.

#### **1.5 Care Quality Commission Comprehensive Inspection**

The report of the inspection was published on 24<sup>th</sup> March 2016 with our Trust being given an overall rating of 'Requires Improvement'

The CQC inspected eleven of our core services and gave them each a rating.

Six of our services were rated as 'good' or 'outstanding'. Five were rated as 'requires improvement' due to the way the CQC's rating system works, means our overall rating is 'requires improvement'.

The CQC inspectors reported significant positive feedback from patients about our staff being "kind, skilled and well trained", and noted that staff "were very caring, professional and worked tirelessly to support the patients using the services provided by the Trust." Based on this evidence the CQC rated all our services as good for the 'Caring' domain.

Our services were rated as follows:

##### **Outstanding**

1. Forensic inpatient wards

##### **Good**

2. Wards for older people with mental health problems
3. Community Health Services for adults
4. Community health inpatient services
5. Community health services for children, young people and families
6. Community based mental health services for older people

##### **Requires Improvement**

1. Child and adolescent mental health wards
2. Specialist community mental health services for children and young people
3. Community based mental health services for adults of working age
4. Acute wards for adults of working age and psychiatric intensive care units
5. Mental health crisis services and health-based places of safety

The CQC acknowledged that the Trust knew about the challenges it was facing and was already making improvements.

We will be working with the CQC, our Commissioning groups and our staff on continuing to improve our services. You can find the full report on the [CQC website](http://www.cqc.org.uk/provider/RRP) - <http://www.cqc.org.uk/provider/RRP>

#### 1.5.1 Registration with the Care Quality Commission (CQC)

Barnet Enfield and Haringey Mental Health NHS Trust is required to register with the Care Quality Commission and its current registration status is that it is registered without conditions.

Part 2:

## **2.0 Key actions to maintain and / or improve the quality of services delivered**

### **2.1 Quality Strategy 2016-2019**

“Quality at the Heart of Every Conversation we have”

In January 2016, we launched our Quality Strategy 2016-2019.

The strategy continues the journey outlined in the 2013-2016 Quality Strategy priorities. These are:

- Ensuring patient safety is a top priority for all staff (Patient Safety)
- Ensuring patients are offered up to date care (Clinical Effectiveness)
- Ensuring a positive experience of care for service users and carers (Patient and Carer Experience)

#### **2.1.2 Strategic Aim**

- To ensure that the Trust’s approach and commitment to quality and quality governance is clearly defined so that all Trust staff are clear on their role and the drive to continually improve the quality of care.
- To ensure quality governance and risk management continue to be integrated into the Trust’s culture everyday management practice

### 2.1.3 Quality Improvement strands

The Quality Strategy brings together the quality improvement strands within our Trust:

#### Trust Pillars of Quality Strategy



### 2.1.4 Measures of Quality

- Improving Clinical effectiveness
- Improving Patient Safety
- Improving the Patient and Carer Experience
- Adopting the Sign up to Safety campaign

Achieving all of this means we will continue to think differently. We need to be innovative and give everyone, at every level the skills they need to lead change, focusing on what matters most to our service users and staff, and improving access to evidence-based care. This will make our services more effective, give more power to our staff and improve patient experience and outcomes.

### 3 Review of our progress made against 2015/16 quality priorities

3.1.1 The Quality Account priorities were set against each of the three domains of quality:

- Patient Safety
- Patient Experience
- Effectiveness

3.1.2 The Trust identified the following quality improvement priorities for 2015-2016:

Safety:

- To improve discharge communication from inpatient settings with our GPs and improve individuals' physical health and wellbeing through alcohol misuse screening and smoking cessation services

Experience:

- To enable young individuals through coping and self-care skills training and provide additional support to those dealing with long term conditions.

Effectiveness:

- To evaluate a sample of enablement pilots through patient reported outcome measures.



### 3.1.3 Progress to date.

3.1.4 The **Discharge Communication** target was 65% in Q1 and 70% in Q2 respectively and was achieved. 85% was achieved in Q3 after the introduction of electronic mailing to GPs. Compliance of 89% was achieved in Q4, just under the Q4 target of 90%.

	Q2	Target	Q2	Target	Q3	Target	Q4	Target
Discharge summaries (containing mandatory content and sent within 24 hours)- all inpatient wards	84%	65%	87%	70%	85%	85%	89%	90%

### 3.1.5 Physical health and Wellbeing Implementation of the Fast Alcohol Screening Test (FAST) tool:

- The FAST tool was implemented from 1st October 2015.
- Nominated trainers from each team were trained to deliver alcohol misuse assessment and communications skills into their teams.
- Data from Quarter 3 provided a baseline to measure screening rates against.
- Of those screened positive, the quarter 4 target required that 95% of service users had been given brief intervention and information and 95% have had a letter sent to their GP within 24 hours. We achieved 100% for both targets.

<b>Patients screened through FAST Tool (Q4)</b>	<b>292</b>
<b>Patients screened positive receiving brief intervention and information during quarter</b>	<b>100% (24 of 24)</b>
<b>Patients screened positive and registered with a GP where communication of result is sent within 24hrs</b>	<b>100% (24 of 24)</b>

3.1.6 Smoking cessation targets have not been achieved. Work is ongoing to achieve targets and audits are in place and reported to Deep Dive meetings for monitoring and addressing.

	Q1	Target	Q2	Target	Q3	Target	Q4	Target
Smoking status recorded (adults)	90%	95%	92%	95%	94%	95%	94%	95%
Smoking status recorded (14 - 18 yrs. olds)	50%	baseline	47%	90%	42%	95%	56%	95%
Brief advice offered to smokers	86%	95%	93%	95%	94%	95%	92%	95%
Quit attempts (of those wishing to quit), initiation of treatment and referral - inpatients	41%	20%	85%	21%	84%	23%	94%	24%
Quit attempts (of those wishing to quit), initiation of treatment and referral - cardiac, stroke, vascular, respiratory, maternity and diabetes services	0%	25%	63%	27%	0%	29%	N/A For Q4 there were no patients wishing to quit smoking	30%

### 3.2 Quality Indicators & Priorities for 2016/17

This section of our Quality Account will provide an update of our priorities for improvement and statements of assurance from our Trust Board.

BEH is committed to delivering quality care and we have worked in partnership with staff, people who use our services, carers, members, commissioners, GPs and others to identify areas for improvement.

Our Quality Account gives us an opportunity to share our performance against our priority areas for 2015/16, describe our priority areas for 2016/17 and showcase notable and innovative practice that has taken place across our services this year.

Our priorities for quality in 2016/17 were produced following detailed discussions over a six month period with service users, the Executive Directors, Trust staff, our Commissioners and external partners. Two planning events were held in October 2015 and March 2016 with participation from staff, people who use our services, carers, partners, commissioners and representatives from other statutory and voluntary organisations.

#### 3.2.1 Our Quality Priorities for 2016/17

Three Quality Priorities for 2016/17 were agreed. These build on our quality priorities for 2015/16. We believe these priorities will help deliver the improvements most often identified by our stakeholders and will lead to improved health outcomes for our partners and for people who use our services.

- Provide excellent quality of care and improve the experience for everyone who use our services

- Priority
- Action
- Target
- Develop a long term plan with our partners to maximise our resources through service improvements and innovation
  - Priority
  - Action
  - Target
- Improve our communications with our primary care partners to ensure a continuity of care following changes in treatment and discharge
  - Priority
  - Action
  - Target

#### 3.2.2 Governance arrangements:

- **Trust Board**  
The Trust Board receive reports from the Quality Safety Committee on compliance with quality improvement and risk to the quality of care and service delivery in our Trust services.
- **Quality and Safety Committee**  
Chaired by a Non-Executive Director appointed by Trust Board, the Committee provides the Trust Board with assurance concerning all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and to assure the Trust Board that where there are risks and issues that may jeopardise

the Trust's ability to deliver excellent high quality safe care that these are being managed in a controlled and timely way.

- Deep Dive Committee

Each Borough has its own Deep Dive Committee meeting chaired by the Executive Director of Nursing, Quality & Governance to enable a deeper analysis and scrutiny of the Boroughs and its services. It is a process which identifies both positive practice and areas in which further developments are required. It allows for teams to discuss and learn from each other and share further their good practice and learning.

- Borough Governance meetings

Each Borough meets monthly to review their governance and quality agendas and compliance with key workstreams. The variation of the agenda across the Boroughs will continue to enable different areas to meet their priorities. The Boroughs present twice yearly a detailed governance report to the Quality & Safety Committee to ensure scrutiny.

- SIRGs - Serious Incident Review Groups

### **3.3 Statement of Assurance from the Board regarding the review of services**

During 2015/16, Barnet, Enfield and Haringey Mental Health Trust (BEH) provided services across mental health and community NHS services. BEH has reviewed all the data available to them on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2015/16 represents 100% of the total income generated from the provision of NHS services by BEH for 2015/16.

### **3.4 Participation in clinical audits and national confidential enquiries**

Clinical audit is a quality improvement process undertaken by doctors, nurses, therapists and support staff that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change (NICE 2005).

Robust programmes of national and local clinical audit that result in clear actions being implemented is a key method of ensuring high quality and ever improving services. The Trust participates in the National Clinical Audit Patient Outcome Programme (NCAPOP) audit process and additional national and locally defined clinical audits identified as being important to our population of service users.

During 2015/16 eight national clinical audits and one National Confidential Inquiry covered relevant health services that BEH provides. During 2015/16 the Trust participated in 100% national clinical audits and 100% national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that BEH was eligible to participate in during 2015/16 are listed below. We reviewed reports of seven national audits in 2015/16.

**Outcomes and lessons learnt from national clinical audits**

<p>POMH-UK Topic 10c- Prescribing antipsychotics for children and adolescents</p>	<p>Barnet Scan Team</p> <ul style="list-style-type: none"> <li>• A systematic psychoeducation on antipsychotics with all of the patients on caseload, prior and during the time of prescribing was carried out.</li> <li>• Develop Paediatrics pathway to refer the Barnet SCAN clients to have bloods in an adapted environment with support (with or without sedation)</li> <li>• Barnet SCAN have close links with paediatricians and consult with them regarding cardiological issues.</li> <li>• Regular discussions with medical colleagues, families and patients the pros and the cons of carrying out bloods and ECG to balance the physical risks of antipsychotics with the risks of agitation/traumatization of carrying out such procedures as well as the actual risk to self and others. Sometimes, it is not possible to carry out baseline medical investigations in the context of severe behavioural disturbance, but every effort is made to do so.</li> </ul>
<p>POMH-UK Topic 12b- Prescribing for people with a personality disorder</p>	<ul style="list-style-type: none"> <li>• To improve prescribing for people with a personality disorder the Haringey Personality Disorder Service now has a non-medical prescriber who has taken over prescribing for at least 80% of personality disorder patients currently in treatment with the Stream.</li> <li>• To develop a prescribing protocol by March 2016.</li> </ul> <p>There have been a number of improvements within the service since the baseline audit carried out in April 2012. Some of these include:</p> <ul style="list-style-type: none"> <li>• An increased proportion of patients prescribed one or more antipsychotic medications, for whom the clinical reasons for prescribing the most recently initiated antipsychotic were documented.</li> <li>• An increased proportion of all patients with a crisis plan and involvement in its development.</li> <li>• A fewer proportion of patients with a PD diagnosis only (i.e. no co-morbid psychiatric diagnosis) prescribed antipsychotics for more than 4 weeks.</li> <li>• No patients prescribed z-drugs or benzodiazepines.</li> <li>• An increased proportion of patients with a review of medication prescribed for more than four weeks.</li> </ul>
<p>National Audit of Intermediate Care  Undertaken by the Intermediate Care team (ICT) and Magnolia ward. The national Report was published in June 2015</p>	<ul style="list-style-type: none"> <li>• There is significant improvement in waiting times for Rehabilitation as all patients are now triaged at point of entry and an agreed visit set within the same day.</li> <li>• Staff Nurses, Physio, and OT are now completing core care plans on Rio.</li> <li>• Share Records is yet out of the ICT control to influence implementation but underway with CCG involvement</li> <li>• For winter 2015/2016 period –All referrals requiring therapy intervention to be seen within 24 hours.</li> </ul>
<p>National Audit of Schizophrenia audit</p>	<ul style="list-style-type: none"> <li>• RIO care plan library has been developed across different teams to support clinicians with monitoring of patients' physical health.</li> <li>• Physical health sections on RIO which are allocated to record history/assessment/results of physical health were reviewed</li> <li>• CRHTs have reviewed all the communication materials. Posters, leaflets and cards with current contact details were produced and circulated. All these actions were discussed with service users groups through different exercises</li> <li>• Establishment of Physical Health Steering Group</li> </ul>
<p>Sentinel Stroke National Audit Programme . (SSNAP)</p>	<p>Enfield Community Stroke Rehab Team took part in this audit. The national report was published in July 2015. <b>RESULTS? LEARNING?</b></p>

**Outcomes from local priority clinical audits**

Audit	Lessons Learned
Quality Assurance Audit (care planning standards)	Guidance and training provided on developing care plan goals in line with SMART principles (specific, measureable, achievable, relevant and time-bound). Training was provided to clinicians across all the Boroughs in the Trust with local monitoring of these standards completed monthly.
Peer Service Reviews	<p>Mental Capacity Act (MCA) and safeguarding training was provided to identify clinicians requiring further development through their team's peer review in the CQC's outcome 2 (consent to care and treatment) and CQC's outcome 7 (safeguarding).</p> <p>Improved supervision structures were implemented within teams to ensure staff have regular access to supervision to discuss concerns and managerial issues.</p>
GP Discharge Summaries audit	<p>A review of discharge summaries was undertaken to ensure it is fit for purpose and covers all the required information.</p> <p>A local quality improvement project was developed and piloted in a selection of community teams in Barnet and Enfield. The project focused on getting correct information to the service user's GPs, recording of physical health interventions and getting appropriate information to service users on their mental health condition. In line with this piece of work, the teams continue to review their monthly quality assurance audits which monitors the quality of physical health assessments and patient experience as reported by service users and carers.</p>
Pre-discharge plan audit	This audit saw an improvement on the Elderly wards in quarter two 2015/16 (Q1=47% , Q2=89%) in completion of pre-discharge plan within 72 hours that has specific requirements. Teams are recording all this information on the pre-discharge plan section on RIO.
Medicines on discharge from wards	This involved the use of a mini-medication tool for patients over 75 years old across all the mental health elderly and magnolia wards.
Smoking Cessation audit	Record of smoking status and offer of brief advice increased from quarter 1 and 2, 2015-16. The results of this audit were circulated to all the teams; they have action plans in place to improve these requirements.
Infection Control audits	The infection control audits continue to drive improvements for patient safety and quality of care. Findings are discussed at the monthly environmental actions operational group meetings held in each borough to address the standard of cleanliness, and estates issues. Cleaning standards which has been much debated has improved in all patient areas. The audits highlighted that community clinics were trailing behind inpatients areas. Hotel services are addressing this.
Safe & Secure handling of medicine	There has been on-going improvement in compliance with the standards, with large improvement in the areas of concerns.

### 3.5 Participation in Accreditation Schemes

The CQC recognise the value that participation in accreditation and quality improvement networks has for assuring the quality of care we provide. Participation demonstrates that staff members are actively engaged in quality improvement and take pride in the quality of care they deliver.

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

**01 April 2015 – 31 March 2016**

	<b>Trust Participation</b>	<b>National Participation</b>
<b>Service Accreditation Programmes and Quality Improvement Networks</b>		
Eating Disorder Inpatient Wards	1 wards	32 wards
Forensic Mental Health Units	1 services	123 services
Inpatient Child and Adolescent Wards	1 ward	108 wards
Inpatient Rehabilitation Units	0 wards	52 wards
Learning Disability Inpatient Wards	0 wards	42 wards
Mother and Baby Units	N/A units	17 units
Older Peoples' Inpatient Wards	0 wards	68 wards
Psychiatric Intensive Care Wards	0 wards	39 wards
Working Age Inpatient Wards	0 wards	146 wards
Child and Adolescent Community Mental Health Teams	0 teams	64 teams
Crisis Resolution and Home Treatment Teams	2 teams	40 teams
Electroconvulsive Therapy Clinics	1 clinic	99 clinics
Memory Clinics	3 clinics	105 clinics
Perinatal Community Mental Health Teams	0 teams	17 teams
Psychiatric Liaison Teams	2 teams	52 teams

### 3.6 Peer Service Review Programme

3.6.1 The Trust has established a peer service review process, developed as a means of assessing team compliance with the Care Quality Commission's (CQC) Regulatory Framework. Peer review tools included local standards established by Trust policy and procedures related to each CQC outcome in the Essential Standards for Quality and Safety. Questions specific to different teams in the Trust are identified within the tool.

3.6.2 The peer review audit tool consists of four elements of information to be collected during the review process were:

- **General Inspection** – An assessment of the team environment which requires teams to have such items as information on medicines or treatment; patient satisfaction results displayed; the names of staff who can order controlled drugs; etc.
- **Patient Records Inspection** – An audit of patient records of the patients seen by the team. Reviewers are required to inspect three patient records as a snapshot of the teams compliance with Trust policy and procedure (i.e. patients having a copy of their care plan; patients being involved in their care planning; patients consent to medication documented, etc.)
- **Service User Interview** – The reviewers speak with three service users to obtain their feedback on the services provided (i.e. whether individuals have been involved in assessing and planning their care; agreed to treatment; have access to fresh air and exercise; are given an opportunity to feedback on their care plan). These interviews may not always be possible in the community teams.
- **Staff Interview** – This element requires reviewers to speak to three staff members and assess their knowledge in relation to key Trust policy and procedures (i.e. what is the process for checking controlled drugs; the procedure for monitoring service users taking high dose antipsychotics).

### 3.7 Quality Assurance Programme

- The Quality Assurance (QA) programme is designed to assist with embedding quality at a local level. The implementation and maintenance of high standards is for the benefit of all involved in the mental health and community services and is focussed on ensuring people who use our services receive high quality care.
- The Quality Assurance Programme is a collection of all the Trust Audit programmes such as the Pharmacy Department Audit Programme, NICE Audit Programme, National Audit and Confidential Enquiries Programme, CQUIN programme Junior Doctors and other Clinical Staff. They cover important areas including Quality Assurance Audits, Service Peer Reviews, national and local surveys and audits, monitoring of outcome measurements, patient safety, safeguarding and service user and carer experience. Together these assessments combine to give a total of over 100 audits, surveys and quality projects undertaken a year.
- The Quality Assurance Programme provides teams, services and the Trust Board with timely data to be assured that the quality agenda is being appropriately monitored and clinical quality risks are identified and addressed at every level of the organisation.
- The QA programme includes spot checks to provide assurance to management over the accuracy of data used to audit wards and community services.

### 3.8 Trust arrangements for learning from Clinical Audit:

To ensure lessons are learnt and to share good practice, we have put in place the following arrangements:

- Reporting of the outcomes of clinical audit. Ensuring that audit activity and in particular recommendations and learning from audits, are widely disseminated and implemented. Lessons learned from clinical audit activity in one Borough are shared with the other Boroughs wherever relevant to ensure that common themes are identified and steps are taken to improve services where necessary.
- Early involvement of managers in the clinical audit process ensuring commitment where any identified changes raise resource implications.
- Evidence of safe and effective care through participation in all relevant audits within the National Clinical Audit and Patient Outcomes Programme.
- Increased engagement and strengthened links with clinical directors, senior nurses and department leads about the Clinical Audit agenda.
- Improved action planning to address variation with re-audit where indicated so that organisational learning takes place.
- Ensure that all clinical audit activity is centrally registered, coordinated, monitored and reported on systematically and effectively so as to maximize the potential for improvement and learning.
- Ensuring robust local processes for the sharing of learning from local clinical audits across the Trust so as to maximize the

potential for learning and quality improvement across the widest possible clinical audience.

- Align clinical audit activity to the Trust's quality and safety priorities. The Clinical Audit Programme links to the Trust's Quality Strategy and Quality Aims.

### 3.9 Patient Reported Outcome Measures (PROMS)

The Trust currently uses PROMs in a range of services. Different software and systems that meets the individual service's needs are utilised for collecting, analysing and sharing of data.

AM to provide update

#### 3.9.1 Implementation of PROMs

The PROMs reporting process will be reviewed so that adequate information is available to clinicians, people who use our services and commissioners where it is relevant. A system for monitoring and reporting of patient outcome information to governance committees will be established.

Add data.

### 3.10 Participation in Clinical Research

- The National Institute of Health Research (NIHR) distributes £280m a year of research funding via 15 Clinical Research Networks (CRNs), the local one being the North Thames CRN (NT CRN). Research support services (including research governance) are also provided through local structures, the one for north, east

and central London being called 'NoCLOR' ([www.noclor.nhs.uk](http://www.noclor.nhs.uk)), which supports the Trusts Research and Development Committee R&D committee and provides training and support for research staff. Studies which receive external funding through competitive bids can apply to be on the NIHR portfolio through the local Clinical Research Network (CRN).

- The target for the recruitment of participants in research for our Trust in 2015/2016 was set at 302, an increase of 13.5% on the recruitment figure achieved 2014/15 of 266. The number of patients receiving NHS services provided or sub-contracted by BEH in 2015/16 that were recruited to participate in research approved by a research ethics committee was 343, 13.5% more than expected.
- Throughout the year, the Trust has been involved in 31 studies; 23 were NIHR funded, and 8 were unfunded. There were no commercial trials.
- Over the past year researchers associated with the Trust have published 40 articles in peer reviewed journals.
- The Trust's research partners are NIHR through local CRN, NoCLOR, University College London, and Middlesex University.

**An example of studies where people who use BEH service have been recruited during 2015/16:**

**Dementia and neuro-degenerative studies conducted:**

<b>The PROVIDe study</b>	The aim of this study was to establish the prevalence
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	of a range of vision problems among people with dementia.
<b>Preferences for End of Life Care</b>	This was a local PhD study, asking the question: How well do people with dementia and memory problems, and their carers, agree of preferences for life sustaining treatment(s) at end of life and which factors influence this?
<b>Patient Recorded Outcome Measures (PROMs)</b>	This was a questionnaire-based study to evaluate health-related quality of life, (HRQL) of patients and carers attending first Memory Clinic appointments at Enfield Memory Service.

#### Mental Health Research Network (MHRN) studies conducted in 2015/16

Domestic violence and women with learning disabilities	The overall aim is to learn through in-depth, one-to-one interviews, more about the experiences of domestic violence by women with learning disabilities to identify ways of improving the support available to them.
<b>DNA variation in adults with learning disability</b>	The study analyses genetic differences in those over 18 with learning disabilities and mental health problems. The study aims to identify genes which influence treatment response and prognosis.
EQUIP: Training to promote user involvement in care planning	The main purpose of this research was to develop a user/carer-led training package for mental health professionals to enhance user/carer involvement in their care planning.

Homicide by patients with schizophrenia: a case-control study	This study aims to examine socio-demographic, criminological and clinical characteristics and clinical care of people with schizophrenia who commit homicide compared with control cases with schizophrenia who do not commit homicide.
IMPACT-ME	Qualitative study aiming to explore the process of overcoming severe depression as experienced by adolescents and their families receiving psychological therapies.
LonDownS cohort	An integrated study of cognition and risk for Alzheimer's Disease in Down Syndrome. The aim of this study was to investigate the variations in the development of AD and their developmental origins.
Validation of risk assessments for patients from MSS (VoRAMSS)	The validation of new risk assessment instruments for use with patients discharged from medium secure services.

### 3.11 Commissioning for Quality and Innovation (CQUINS)

#### 3.11.1 Goals agreed with commissioners for 2015/16

The CQUIN (Commissioning for Quality and Innovation) payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions. It continues to be an important lever, supplementing Quality Accounts, to ensure that local quality improvement priorities are discussed and agreed at Board level within and between organisations.

Following negotiation with commissioners, BEH launched a broad range of quality initiatives under the CQUIN scheme during 2015/16 to increase the quality of care and experience for people who use our services.

We implemented five national CQUIN schemes across the organisation and twelve local schemes following discussions with the Clinical Commissioning Groups based on local priorities. Additionally, five CQUINS schemes specific to Specialist Services were implemented.

Nationally applicable CQUINS:

- Cardio Metabolic Assessment and Treatment for Patients with Psychoses.
- GP Communications
- (Enfield Community Services) Dementia and Delirium – Find, Assess, Investigate, Refer and Inform (FAIRI):
- (Enfield Community Services) Dementia and Delirium – Staff Training
- (Enfield Community Services) Dementia and Delirium – Supporting Carers

A selection of the projects negotiated locally included initiatives aimed at:

- Prevention – Smoking Cessation:
  - To offer brief smoking advice and treatment to inpatients

- pro-active promotion of stop smoking service (in-house or local)
- offer of Nicotine Replacement Therapy
- referral to appropriate physical health specialities
- identify a smoking cessation clinical champion.

- Prevention – Alcohol Misuse:

- Evidence-based screening and brief advice tool to identify increasing (hazardous) and high risk (harmful) alcohol consumption
- Brief intervention and information on sensible/safer drinking for positive screens. Communication to GP and appropriate referrals to alcohol liaison
- frontline staff trained to screen and provide information and refer where indicated.

- Prevention – Domestic Violence (DV):

- Develop measure to identify, assess and advise patients where there is evidence of domestic violence
- encourage provision of specialist advice, information and support services
- further referral where DV identified.

- Safe and timely discharge

- Effective discharge arrangements - avoiding risk of unnecessarily long lengths of stay, minimising risk of readmission and ensuring safety on discharge.
- Medicines on Discharge: discharge plan in place within 24 hours.
- Discharge information for GPs: summaries to GPs within 24 hours.

### 3.11.2 Specialist Services CQUINs for 2015-16:

- Secure Service Users Active Engagement Programme: Q2 - Audit of nature and extent of service user involvement in risk assessment and safety management plans.
- Mental Health Carer Involvement Strategies: Builds on the carer involvement strategies developed during 2014/15 and requires providers to evaluate the effectiveness of these strategies and further develop ways to involve carers, family and friends at a local and regional level.
- Assuring the Appropriateness of Unplanned CAMHS Admissions.
- Improving Physical Healthcare to Reduce Premature Mortality in MH: To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients.

***Add if achieved or not.***

### 3.12 Data Quality

The ability of the Trust to have timely and effective monitoring reports using complete data, is recognised as a fundamental requirement in order for the Trust to deliver safe, high quality care. The Trust Board strongly believes that all decisions, whether clinical, managerial or financial, need to be based on information which is accurate, timely, complete and consistent. A high level of data quality also allows the Trust to undertake meaningful planning and enables services to be alerted of deviation from expected trends.

Significant improvements have been made during 2015/16 in terms of data quality and reporting. The following key developments have been made:

- Introduction of monthly dashboards allowing the Trust to display validated data against key performance indicators, track compliance and allow data quality issues to be clearly identified;
- Introduction of a borough specific report in the same layout as the report to Trust Board. This has improved consistency of reporting.

### 3.13 National Mandated Indicators of Quality

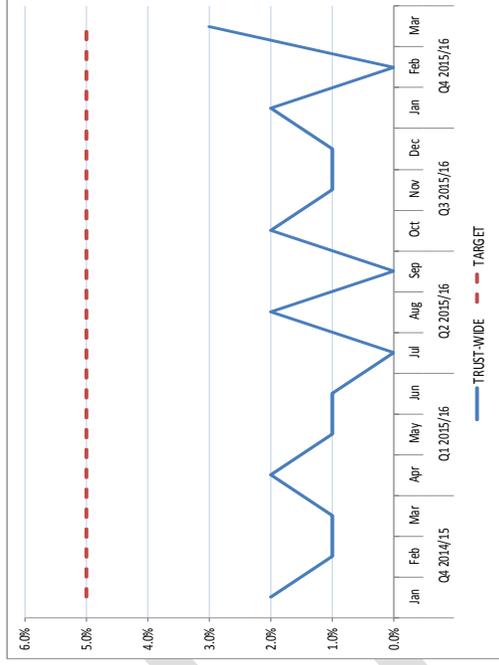
We are required to report against a core set of national quality indicators to provide an overview of performance in 2015/16.

**% OF ADMISSIONS THAT ARE EMERGENCY READMISSIONS WITHIN 28 DAYS OF DISCHARGE**

This indicator shows the % of all Admissions that are Emergency Readmissions within 28 days of discharge. The target established by Monitor is less than 5% of all Admissions should be Emergency Readmissions.

Barnet, Enfield & Haringey NHS Mental Health Trust have over-performed against this target, with an average of 1.3% of all Admissions being Emergency Readmissions within 28 days.

	Q4 2014/15			Q1 2015/16			Q2 2015/16			Q3 2015/16			Q4 2015/16		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TRUST-WIDE	2.0%	1.0%	1.0%	2.0%	1.0%	1.0%	0.0%	2.0%	0.0%	2.0%	1.0%	1.0%	2.0%	2.0%	3.0%
TARGET	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%

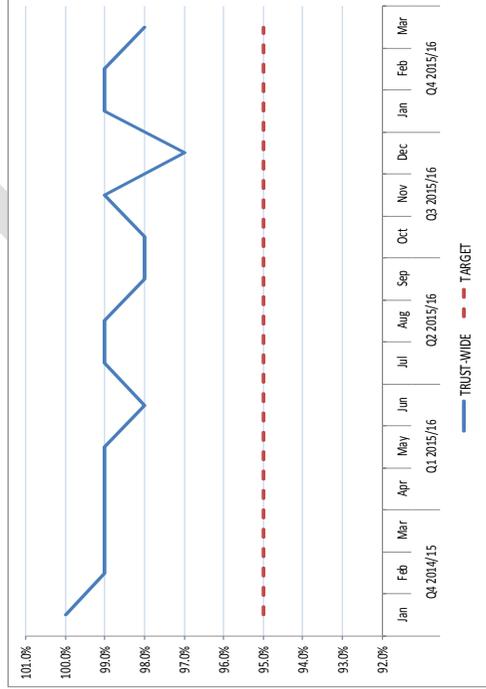


**IAPT - % OF PEOPLE TREATED WITHIN 18 WEEKS OF REFERRAL**

This indicator shows the % of IAPT referrals that finish a course of treatment, who received their first treatment appointment within 18 weeks of referral. The target set by Monitor is 95% provides for tolerance for factors outside of the control of the Trust which may prevent an individual being treated within 18 weeks.

Barnet, Enfield & Haringey NHS Mental Health Trust have performed well against this target, with an average of 98.7% of patients treated within the target in the last 15 months available.

	Q4 2014/15			Q1 2015/16			Q2 2015/16			Q3 2015/16			Q4 2015/16		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TRUST-WIDE	100.0%	99.0%	99.0%	99.0%	98.0%	98.0%	99.0%	99.0%	98.0%	98.0%	99.0%	97.0%	99.0%	99.0%	98.0%
TARGET	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

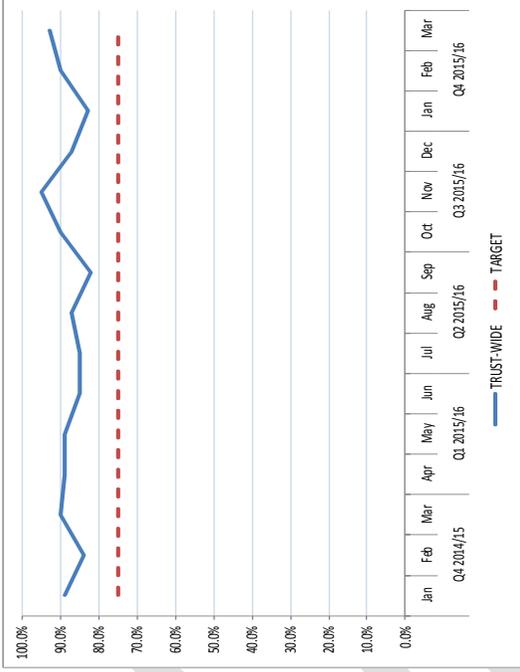


**APT - % OF PEOPLE TREATED WITHIN 6 WEEKS OF REFERRAL**

This indicator shows the % of APT referrals that finish a course of treatment, who received their first treatment appointment within 6 weeks of referral. The target set by Monitor of 95% provides for tolerance for factors outside of the control of the Trust which may prevent an individual being treated within 6 weeks.

Barnet, Enfield & Haringey NHS Mental Health Trust have performed well against this target, with an average of 87.3% of patients treated within the target in the last 12 months available.

	Q4 2014/15			Q1 2015/16			Q2 2015/16			Q3 2015/16			Q4 2015/16		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TRUST-WIDE	89.0%	84.0%	90.0%	89.0%	85.0%	85.0%	87.0%	82.0%	83.0%	90.0%	95.0%	87.0%	83.0%	90.0%	93.0%
TARGET	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

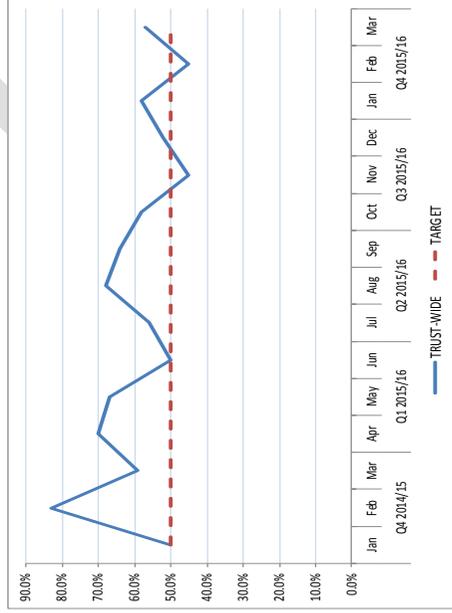


**EIP - % OF PEOPLE TREATED WITHIN 2 WEEKS OF REFERRAL**

This indicator shows the % of EIP referrals that have been placed on a NICE concordant course of treatment, who received their first treatment appointment within 2 weeks of referral. The target set by Monitor of 50% provides for tolerance for factors outside of the control of the Trust which may prevent an individual being treated within 2 weeks.

Barnet, Enfield & Haringey NHS Mental Health Trust have performed well against this target, with an average of 58.8% of patients treated within the target in the last 15 months available.

	Q4 2014/15			Q1 2015/16			Q2 2015/16			Q3 2015/16			Q4 2015/16		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TRUST-WIDE	50.0%	83.0%	59.0%	70.0%	67.0%	50.0%	50.0%	56.0%	68.0%	64.0%	58.0%	45.0%	52.0%	45.0%	57.0%
TARGET	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%

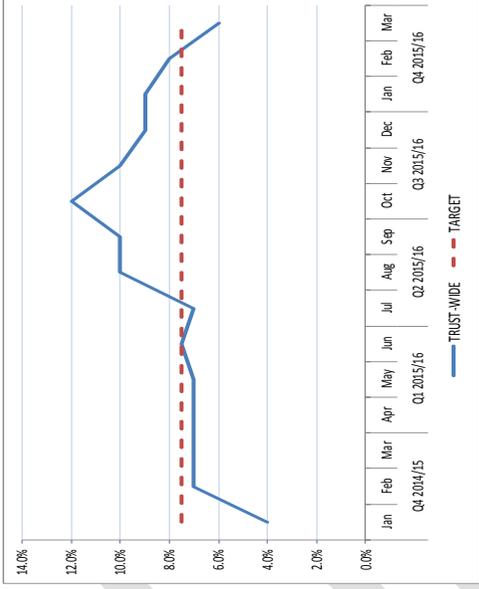


**% OF OCCUPIED BED-DAYS DUE TO DELAYED TRANSFERS OF CARE**

This indicator is calculated as the % of in-patient bed-days lost to DTOCs due to either NHS or Social Care related issues for Mental Health services. The target established by Monitor is less than 7.5% of patient bed-days should be DTOC.

Barnet, Enfield & Haringey NHS Mental Health Trust have under-performed against this target, with an average of 6.0% of bed-days being DTOC in the last 15 months available. 44% of the delays have been the responsibility of the NHS, 41% the responsibility of local Authorities and 15% have been joint responsibility.

	Q4 2014/15			Q1 2015/16			Q2 2015/16			Q3 2015/16			Q4 2015/16		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TRUST-WIDE	4.0%	7.0%	7.0%	7.0%	7.0%	7.5%	7.0%	10.0%	10.0%	12.0%	10.0%	9.0%	9.0%	8.0%	6.0%
TARGET	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%

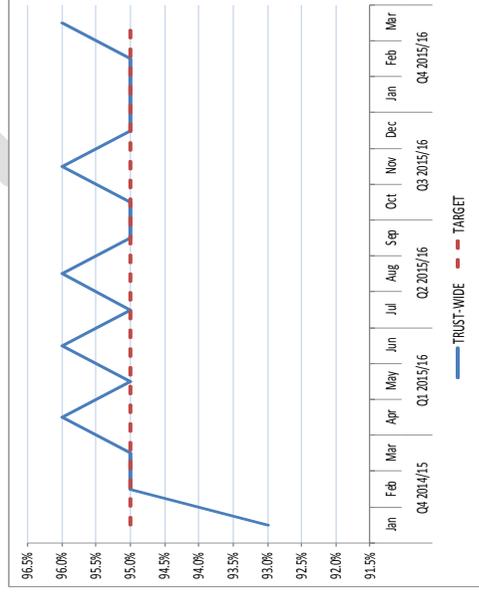


**CARE PROGRAMME APPROACH - % OF PATIENTS REVIEWED IN THE LAST 12 MONTHS**

This indicator applies to adults who have been on the Care Programme Approach for at least 12 months. The target set by Monitor is 95% provides for tolerance for factors outside of the control of the Trust which may prevent a review being completed for all patients every 12 months.

Barnet, Enfield & Haringey NHS Mental Health Trust have performed well against this target, with an average of 95.2% of patients reviewed in the last 15 months available.

	Q4 2014/15			Q1 2015/16			Q2 2015/16			Q3 2015/16			Q4 2015/16		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TRUST-WIDE	93.0%	95.0%	95.0%	96.0%	95.0%	96.0%	95.0%	96.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.0%	96.0%
TARGET	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

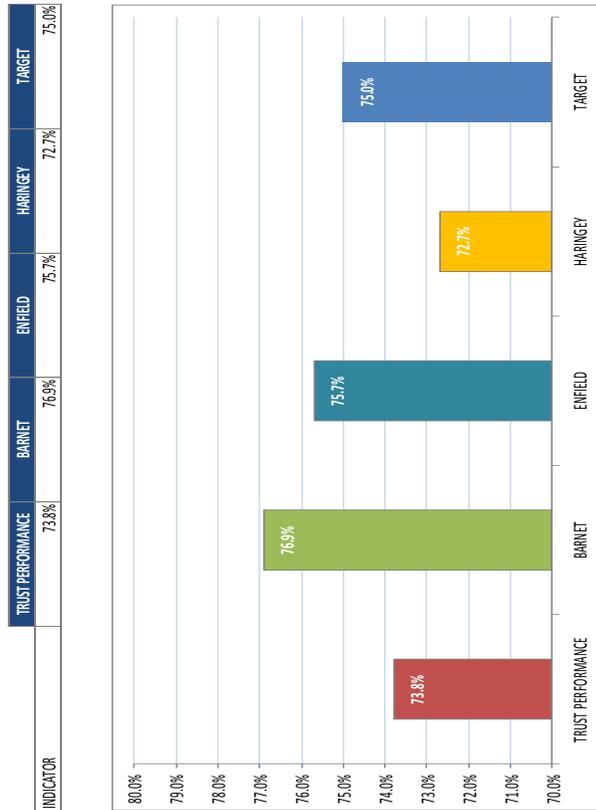


## Local Data Quality Priorities

### % OF CLIENTS WITH A RISK ASSESSMENT RECORDED IN PREVIOUS 12 MONTHS

This measures the % of open clients with a Risk Assessment Recorded within the last 12 months. The local target set is 75%.

Barnet, Enfield & Haringey NHS Mental Health Trust have underperformed against this target, with an average of 73.8% of open clients with a Risk Assessment Recorded within the last 12 months, recorded in 2015/16.



## 3.14 Trustwide Quality Indicators

As well as progress with implementing the quality priorities identified in our Quality Account last year, the Trust is required to provide an overview of the quality of care provided during 2015/16 based on our performance against selected quality indicators. The Trust has selected the following indicators which have been regularly monitored by the organisation, and cover a range of different services.

Safety		2012-2013	2013-2014	2014-2015	2015-2016	National Benchmark (NB)/ Internal Trust Targets (ITT)
GP Communications	Assessment, review and discharge letters sent within 24 hours based on sample of 200 records audited in Q1, Q2, Q3 and Q4.	n/a	65%	62%	Q1-Q3 : 85% Q4 : 89%	Staged target Q1 - 65% Q2 = 70% Q3 = 85 Q4 = 90% (ITT)
Patient Safety Incidents	Number of incidents reported monthly (pcm) Percentage of patient safety incidents of which were severe or death	472 pcm 0.2% Severe or Death	583 pcm 1.19% Severe or Death	514 pcm 2.53% Severe or Death	582 pcm 1.02% Severe or Death	10% increase in reporting (ITT) 2014-2015 average 1.03% (NB - NRLS)
Improved Physical Health		99%	99%	99%	94%	90% (ITT)
	7-day follow up after discharge from inpatient care	99%	99%	99%	99%	96.90 (NB)

Effectiveness		2012-2013	2013-2014	2014-2015	2015-2016	National Benchmark (NB)/ Internal Trust Targets (ITT)
	Evaluation of Enablement Projects	n/a	n/a	n/a	Ongoing	ITT
	Patient identified care goals - indicating development of patient identified goals and involvement in care planning	94%	96%	96%	92%	90% (ITT)
	Emergency Readmissions	1.70%	2.77%	2.33%	1.30%	<5% (NB)

Effectiveness	2012-2013	2013-2014	2014-2015	2015-2016	National Benchmark (NB)/ Internal Trust Targets (ITT)
Evaluation of Enablement Projects	n/a	n/a	n/a	Ongoing	ITT
Patient identified care goals - indicating development of patient identified goals and involvement in care planning	94%	96%	96%	92%	90% (ITT)
Emergency Readmissions	1.70%	2.77%	2.33%	1.30%	<5% (NB)

### 3.15 Information Governance Toolkit

Barnet Enfield and Haringey Mental Health NHS Trust's 2015/16 compliance for Information Quality and Records Management was assessed using the Information Governance Toolkit. The Trust met level 2 criteria. An improvement of our overall 'score' from 77% to 78% was achieved. The Trust commissioned an independent internal audit which confirmed that the Trust's procedures for managing its Information Governance Toolkit improvement plans including monitoring and reporting were robust, reduce the risk of failure or delay in implementing improvements to the Trust's submissions and the achievement of target levels in respect of Toolkit compliance. The report confirmed that the Trust's procedures for managing compliance with mandatory information governance training targets were robust, reducing the risk of breaches in Trust-managed confidential information due to members of staff who are not appropriately trained.

### 3.16 GP Advice Line

In agreement with our GP colleagues an advice line was introduced in 2013. The advice line continues to provide GPs with access to generic clinical advice through telephone conferences with psychiatrists within working hours to assist the GP in supporting their patients.

Analysis of the 234 GP advice calls received in 2015/2016 show that the majority of calls related to medication queries. The remaining calls were general patient management queries.

### 3.17 GP Hub Questionnaire

The Trust seeks the views of GPs who use our services to partly ensure we are providing a good service to our colleagues

The two questions asked in this online GP survey were:

Q1 - Was your call answered promptly?

Q2 - Are you happy with the outcome?

Feedback from the survey has been positive. Of the 212 GPs surveyed, 99.5% said their call was answered promptly and 98% said they were happy with the outcome.

### 3.18 PATIENT EXPERIENCE

There are lots of ways that people using services and their family and carers can give feedback about services the Trust provides. This information is vital in terms of knowing whether we are getting things right and allows us to make improvements and to celebrate and learn from good practice.

#### 3.18.1 The Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool widely used across NHS organisations to measure patient experience. The test asks people who use our services if they would recommend services to friends or family and offers an opportunity to explain why.

The Trust launched the FFT in December 2014 and all services continue to offer the survey across the Trust. At present, data is collected using paper surveys and electronic submission via the Trust website.

The FFT is a tool that gives all patients the opportunity to provide continuous, near real-time feedback about their experience of the NHS care and treatment they have just received. The response options are: Extremely likely, Likely, Neither, Unlikely, Extremely Unlikely, Don't know.

The FFT question asks people if they would recommend the services they have used and forms Questions 1) and 2) of the Patient and Carer survey used by the Trust. The previous questionnaire did not include the follow up question:

“What was good about your visit” or “Can you tell us why you gave that response”?

From 1 January 2015 the follow up question has been included.

The table below shows the Trust monthly performance against the Trust benchmark satisfaction rate of 80%. The benchmark for mental health services is 80% and 90% for Enfield Community Services.

Area	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
	%	%	%	%	%	%	%	%	%	%	%	%
Trust Overall	89	89	85	89	88	86	86	86	87	86	86	90
FFT ECS	98	98	95	98	98	98	98	99	98	96	99	99
FFT All MH	84	85	81	86	84	82	81	82	81	81	79	86

From April 2015 to March 2016, 12,420 FFT questionnaires have been completed with an overall positive 87% rate for people recommending services to their friends and family.

This equates to a 9% response rate in mental health services and 3% response rate for community services against all activity within the Trust. There are a number of initiatives in each borough and service to support increasing the response rate.

### 3.18.2 Patient and Carer Surveys

All people using services and their family and carers are offered the opportunity to complete the Patient and Carer Survey which consists of a range of questions asking about people’s individual experiences of the Trust as well as a free text section for additional comments. The 12 questions are split into three sections covering Information, Involvement and Dignity and Respect and include two additional questions related to the Friends and Family Test with a Trust benchmark satisfaction rate of 80%.

From April 2015 to March 2016 the trust gathered 12,035 surveys with an 89% satisfaction rate.

Survey group	Domain	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	2015-16 to date	2014-15
Service User	Information	89	86	87	88	86	87	88	86	89	88	85	88	87	88
	Involvement	90	86	87	88	87	86	88	85	89	88	85	88	87	90
	Dignity & Respect	95	93	93	94	94	93	94	92	94	94	91	93	93	95
	Overall Score	90	87	88	89	87	87	88	86	89	89	86	88	88	90
	No of Responses	1,075	886	983	1,007	945	798	1,055	831	826	670	757	687	10,520	13,112
Carer	Information	84	88	88	89	91	90	87	91	91	90	81	89	88	94
	Involvement	90	91	91	94	95	91	89	93	96	92	82	90	91	95
	Dignity & Respect	96	97	94	99	97	98	95	96	99	96	93	96	96	99
	Overall Score	88	90	90	92	94	92	89	92	94	92	83	90	91	95
	No of Responses	166	147	157	138	172	136	113	130	100	84	113	160	1,616	3,553
Service User & Carer	Information	89	86	87	88	87	87	88	86	89	88	85	88	87	90
	Involvement	90	86	87	88	87	87	88	86	89	88	85	88	88	90
	Dignity & Respect	95	94	93	95	94	94	94	93	95	94	91	94	94	96
	Overall Score	90	87	88	89	88	88	88	87	90	89	85	88	88	91
	No of Responses	1,241	1,033	1,140	1,145	1,117	934	1,168	961	926	754	870	847	12,136	16,668

- Overall the highest and lowest performing areas relate to the questions in the survey that are designed for carers:
- Q14. Do staff treat the person you care for with respect? 96% satisfaction rate (Dignity and Respect section)
- Q7. Are you given information about resources and support available for carers? 84% satisfaction rate (Information section).



6

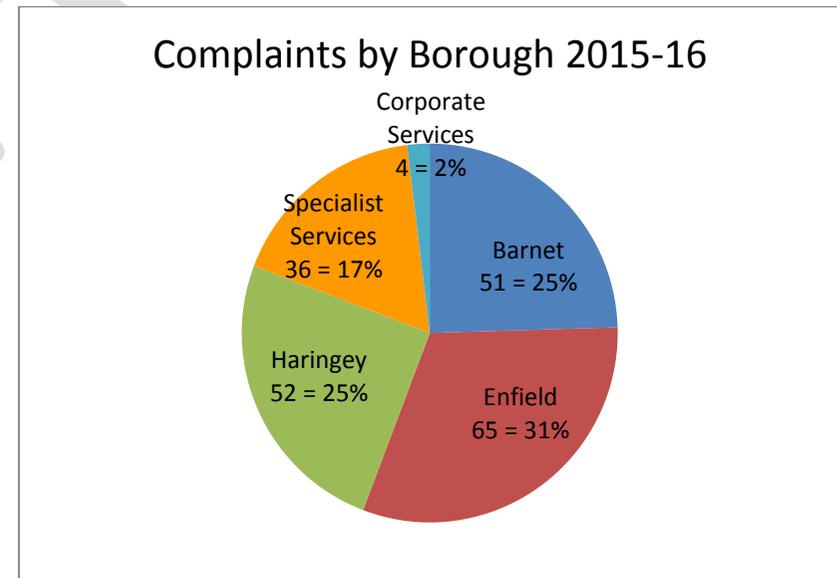
- In relation to this the Trust is undertaking work to gain The Triangle of Care accreditation. This is an audit process that looks at all aspects of carers being involved as part of the recovery process as well as ensuring that all services review and improve the information and resources made available to carers as well as signpost to the excellent local carer groups in each borough.
- The additional comments section of the Patient and Carer survey provides excellent feedback services. Below is a small selection of the thousands of positive comments provided over the last 12 months:
- “In our experience we have always been treated fairly and kindly. Everyone is very helpful and our needs have always been met” Enfield Wheelchair Service (Feb 2016)

- 10 "I am happy with the care received at Wellbeing" Haringey Wellbeing Team (April 2015)
- 11 "I think this is the best ward I have ever been on. The staff are helpful and I am looking forward to discharge" Devon Ward (September 2015)
- 12 "I was very comfortable on Thames (ward). The staff and medical staff were lovely. I work in the health service so I know a good team when I see it" Thames Ward (July 2015)
- 13 "The service we received was very good and informative" Haringey Memory Service (May 2015)
- 14 "Always welcomed by staff" Sussex Ward (June 2015)
- 15 "Excellent care and a great atmosphere on the ward" Cornwall Villa (March 2016)
- 16 "Helpful, efficient, friendly" Barnet Community Rehabilitation Team (June 2015)
- 17 "Nice and helpful staff. Information received was clear, sufficient and well delivered" Barnet Assessment Service (May 2015).

**3.18.3 Complaints**

- 4 Comments and complaints about services are taken very seriously. All complaints are treated in confidence and the Trust aims to respond within 25 working days of receiving a complaint.
- 5 From April 2015 to March 2016 the Trust achieved a 93% three day acknowledgement to formal complaints compliance and a 25 day response rate to formal complaints of 74%. Both are areas for improvement with on-going work on ensuring that people who raise concerns receive an apology, explanation of any learning and inform future service provision.

- 6 The Patient Experience Team continue to run 'Effective Complaints' training for staff working at all levels. The Patient Experience Team have reviewed the training package on offer following feedback from staff and from talking to people who have made complaints and asking what is important to them when they contact the Trust. The training is underpinned by person centred working and discussion around the practicalities of overseeing a administrative process with the person making the complaint feeling supported and that their concerns are properly understood and investigated with a fair and pro-active response.
- 7 In 2015/16, between 1<sup>st</sup> April 2015 and 31st March 2016 the Trust received 208 complaints which reflect a general decrease in complaints received from the previous year when 258 complaints were received within the same time period.



26 Complaints subjects for the year 1<sup>st</sup> April 2015 – 29<sup>th</sup> March 2016 are:

Complaint Subject	Number
All aspects of Clinical Care and Treatment	100
Communication/information to patients	34
Attitude of staff	32
Medication	10
Other	9
Discharge arrangements	6
Admissions	4
Medical Records	3
Patients' property issues	3
Accommodation	2
Security	2
Waiting times / delays	2
Car parking	1

### 3.18.4 Compliments

In 2015/16, between 1st April 2015 and 31st March 2016, 477 compliments related to the care and services provided by our Trust were recorded on Datix, our patient safety and risk management system:

Area of compliment	Number of compliments
Attitude	160
Clinical Care	280
Communication/information	13
Other	24
Total	477

## 3.19 Patient Safety

Protecting patients from avoidable harm is something to which there is universal agreement and the Trust has clearly defined processes and procedures to help avoid these events occurring.

The Trust has a number of initiatives in place to promote and monitor patient safety.

### 3.19.1 Patient Safety Conference, January 2016

The Trust held its first Patient Safety Conference in January 2016. This was a very successful event attended by over 200 delegates. Speakers included

- Kevin Cleary, Medical Director of East London Foundation Trust, formerly of the
- National Patient Safety Agency
- Catherine Ede, Regional Lead for London, Sign up to Safety
- Michelle Anstiss, Safety & Learning Lead, NHS Litigation Authority

### Comms to provide photos

### 3.19.2 Training for staff

The Trust, via an external provider has provided three two-day Root Cause Analysis training courses for staff across all professional groups. The training has been crucial in developing investigative skills for staff which has led to improvements in the quality of incident investigations. Through undertaking investigations, staff have become more aware of any gaps in their own or team's delivery of care and services.

3.19.3 The Patient Safety Team has facilitated monthly 'Pop up' training sessions on incident reporting, risk registers and Duty of Candour. This

informal arrangement has allowed Trust staff to drop in to sessions for information, advise and support in these areas.

### 3.20 Safety Thermometer (Harm free care)

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

It allows teams to measure harm and the proportion of patients that are 'harm free' during their working day.

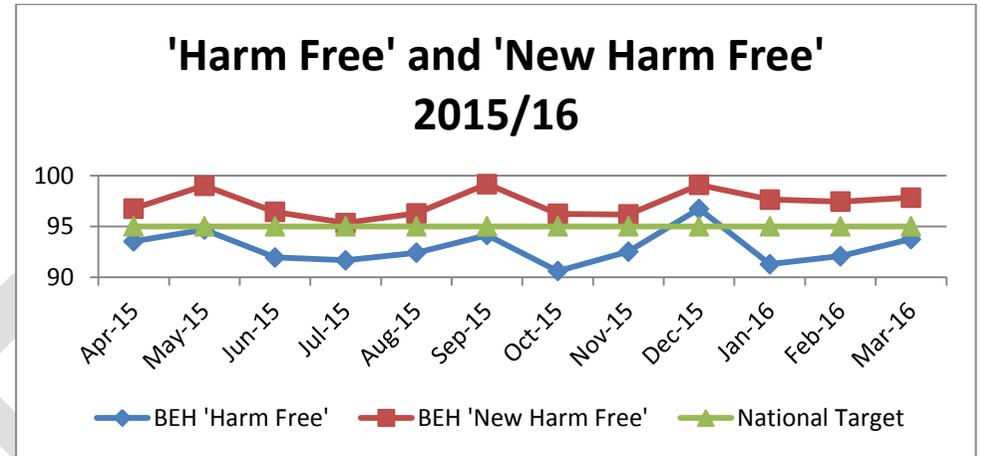
#### 3.20.1 Classic Safety Thermometer

The Classic safety thermometer is a monthly census which measures the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections, and venous thromboembolism. It is carried out on a specified day each month by the teams that work with patients that are considered to be high risk for these kinds of harms.

BEH has reviewed the list of participating teams to ensure the tool is only being used in appropriate areas and we audit the data provided by teams against patient records and incident reports in order to ensure its accuracy.

The results are reported back to teams via our monthly Heat Maps (ward level dashboards) and any issues are highlighted via Borough level reports.

The graph below shows the proportion of patients included in the data collection that were either 'harm free' or 'new harm free'. Although BEH is below the national target for 'Harm Free', we are above it for 'New Harms'.



**Issues** Data quality; a number of teams have been misinterpreting definitions and, as a result, have been reporting inaccurately.

**Achievements** Response to data quality issues; Auditing of falls data against patient records and incident reports to ensure data accuracy and appropriate documentation and reporting.

**Planned improvements for 2016/17** To address data quality issues through training, guidance, and further auditing of data.

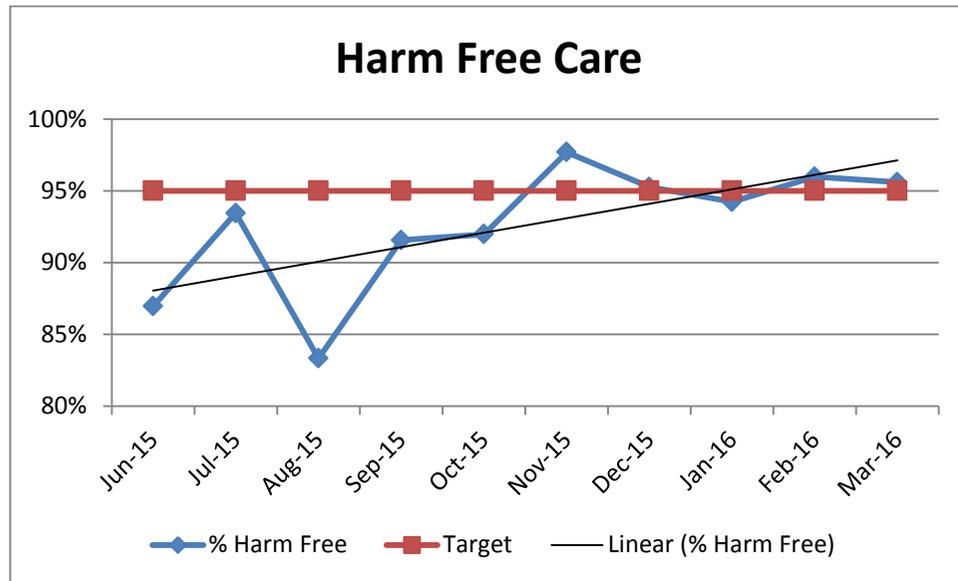
#### 3.20.2 Mental Health Safety Thermometer

The Mental Health Safety Thermometer is a national tool that measures the proportion of patients that have experienced harms that are common

to patients engaged with mental health services; self-harm, psychological safety, violence and aggression, medication omissions, and restraint.

BEH began implementing the Mental Health Safety Thermometer in June 2015 and the tool is now being completed by all inpatient mental health units.

The chart below shows the proportion of patients included in the data collection that experience 'harm free care'.



**Issues**

Data quality; a small number of teams have misinterpreted the guidance and, as a result, have collected and reported inaccurate/inappropriate data.

**Achievements**

Implementation of tool across all appropriate inpatient units (28 wards)  
Auditing of Self harm, violence and aggression, and restraint against patient

records and incident reports to ensure data accuracy and appropriate documentation and reporting.

**Planned Improvements for 2016/17**

To address data quality issues through training, guidance, and auditing of data.

**3.20.3 Heat Maps**

BEH introduced 'Heat Map' ward level dashboards in June 2015. They are produced monthly for all inpatient teams across the trust. The purpose of the Heat Maps is to give teams' easy access to a broad range of interrelated data on a single page allowing them to identify on one page, themes and issues so that teams can consider and take action and learn from each other and find shared solutions.

Heat maps provide teams with a month by month breakdown of their progress across a wide variety of indicators including patient surveys and complaints, records audit, incidents, staffing levels, safety thermometers, infection control, and claims. Where appropriate, the data is RAG rated to show compliance with Trust or national standards/targets. The layout is flexible and teams were regularly invited to request the inclusion of additional information.

Heat Maps have been distributed to team managers and senior management and reported at several governance meetings within the Trust.

Quality Indicator	Thames																Trust Target	2015-16	2014-2015	2013-2014	2012-2013							
	2015-16 Data																											
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-15	May-15	Jun-15	Jul-15						Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Patient and Carer Survey	17	41	30	25	25	8	31	17	15	20	12	11	252	510	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
FFT Responses	16	39	28	25	23	8	31	16	14	20	12	11	No target	243	491	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
FFT Recommend Responses	94	95	93	100	92	100	100	94	93	100	100	100	96	96	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Information	88	84	80	89	83	88	81	78	93	86	90	84	84	93	89	82	80%	87	94	89	84	87	94	89	84			
Involvement	95	85	79	90	84	92	84	86	99	88	89	86	87	94	89	84	80%	95	98	94	97	94	95	98	94			
Dignity & Respect	100	94	90	100	92	94	94	94	100	93	96	100	86	94	90	83	82	96	87	90	86	86	94	90	84			
Overall	92	86	81	90	84	90	83	82	96	87	90	86	252	510	601	509	6.7pcm	252	510	601	509	6.7pcm	252	510	601	509		
No of Returns	17	41	30	25	25	8	31	17	15	20	12	11	6.7pcm	252	510	601	509	6.7pcm	252	510	601	509	6.7pcm	252	510	601	509	
Trust QA Audit	Apr-15	May	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	97	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A
Assessment	100	100	100	100	100	80	88	98	100	100	97	100	97	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Care Co-ordination	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Care Plan	100	100	100	100	100	100	100	98	100	100	95	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Carers	100	100	25	98	75	33	80	69	98	73	99	100	87	88	74	N/A	80%	87	88	74	N/A	87	88	74	N/A	N/A		
GP Communication	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Information	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Involvement	100	100	100	100	100	100	100	98	100	100	92	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Outcomes	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Physical Health check	100	100	100	100	100	100	100	85	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Risk	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Smoking	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	
Overall	100	100	100	100	100	96	97	99	100	99	98	100	99	99	97	97	90%	99	99	97	97	90%	99	99	97	97	N/A	
No of Returns	8	9	6	5	5	8	7	14	7	9	6	8	6.7pcm	94	91	98	N/A	6.7pcm	94	91	98	N/A	6.7pcm	94	91	98	N/A	
Spot Check % Difference	N/A	N/A	N/A	N/A	N/A	3	N/A	N/A	N/A	N/A	N/A	N/A	≤5%	N/A	N/A	N/A	N/A	≤5%	N/A	N/A	N/A	N/A	≤5%	N/A	N/A	N/A	N/A	
Spot Check No. of Records	0	0	0	0	0	5	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Incidents & Complaints	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Moderate Incidents	0	0	0	1	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Serious Incidents	1	0	0	0	1	1	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Total No. Incidents	21	11	21	33	17	19	18	20	12	17	20	27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Formal Complaints	0	0	0	0	0	0	0	0	0	0	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Informal Complaints	1	0	0	0	0	1	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Total No. Complaints	1	0	0	0	0	1	0	0	0	0	1	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Achievements

Implementation of monthly ward level heat maps across all 29 inpatient teams and all 3 Crisis Resolution Home Treatment Teams.

Planned Improvements for 2016/17

Where resources allow, extend heat maps to include high priority community teams.

3.21.1 Patient Safety – Serious Incidents

The management of Serious Incidents includes not only the identification, reporting and investigation of each incident but also the implementation of any recommendations following investigation, assurance that implementation has led to improvements in care and dissemination of learning to prevent recurrence.

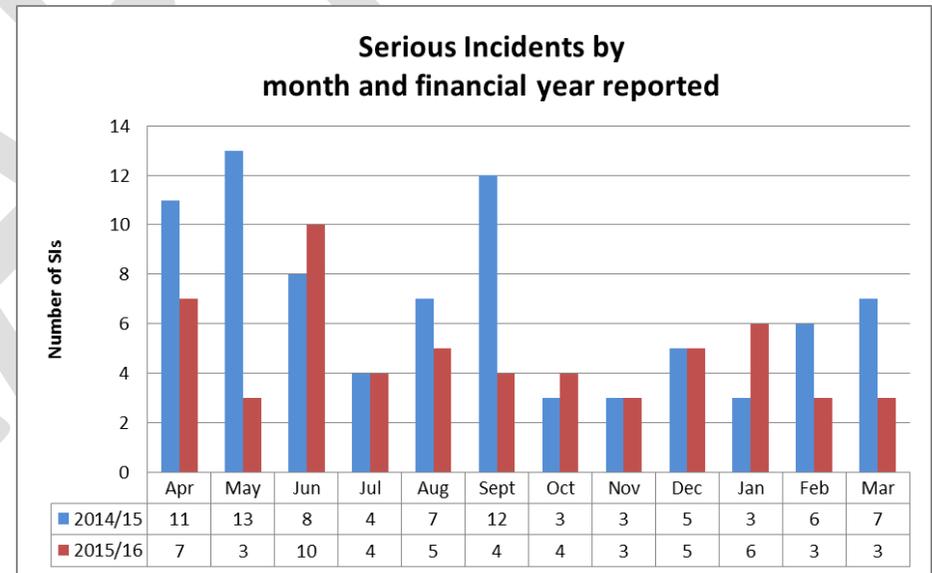
- The Trust’s Management of Incidents Policy was agreed in May 2015. It’s based on NHS England’s National Serious Incident Framework 2015 and therefore aims to provide a balanced response to all incidents and deaths.
  - The Trust Boroughs and Specialist Services have established Serious Incident Review Groups (SIRG) that has an overview of all serious incident investigations, trends, themes and identified learning in their Borough.
  - The Trust Board receives regular Serious Incident reports which includes details of numbers of incidents, inclusive of deaths, comparisons of previous quarters and trends so that Trust Board can be assured that learning has been identified and is embedded in the organisation.

- The Trust works closely with the Her Majesty's Coroner for the Northern District of Greater London with regards to any deaths reported.
- All investigation reports use a Root Cause Analysis (RCA) methodology of investigation and are reviewed and approved by the Clinical Director for the Borough, and then signed off by the Medical Director.
- The Trust takes seriously its responsibilities to be open and honest with its patients and service users and has carried out training and implemented robust processes to ensure that the Trust complies with the Duty of Candour legislation.
- Duty of Candour compliance is reported regularly to Trust Board, Quality & Safety Committee and the Commissioners and we are pleased that we have achieved 96% compliance.
- The issues and learning from each investigation is discussed at Borough Governance meetings. Key learning points are included in the monthly Quality Bulletin sent to all staff.
- A Berwick Learning Events programme led by the Medical Director is in place. The events cover a range of topics inclusive of learning from serious incidents.
- Sharing lessons learnt  
The Trust is focused on providing the appropriate resources that will facilitate learning from incident themes and investigations

### 3.21.1 Number of Serious Incidents (SIs)

During 2015/16, in accordance with the national Serious Incident Framework 2015 and categorisation of serious incident cases, the Trust reported 57 Serious Incidents, a reduction from the previous year. Five serious incidents were de-escalated upon the completion of the investigation when it was found that the serious incident was not caused by the care provided or service delivered by the Trust.

The chart below shows the SIs reported monthly and the comparison of SIs reported the previous year.



### 3.21.2 Reporting within two working days

NHS England Serious Incident Framework 2015 states that timely reporting is essential and serious incidents must be recorded on STEIS within two working days of being identified. 98% of SIs were reported to Strategic Executive Information System (STEIS) within two days.



### 3.21.3 Never Events

'Never Events' are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been implemented by the Trust. We are pleased to say the Trust had no

'Never Events' in 2015/16.



## 3.22 Implementation of Duty of Candour

### Duty of Candour

3.22.1 The Duty of Candour is a legal duty on us to inform and apologise to people who use our services if there have been mistakes in their care that have led to significant harm.

3.22.2 The Trust takes seriously its responsibilities to be open and honest with its patients and service users and has implemented a Trust wide training programme and implemented robust processes to ensure that the Trust complies with the Duty of Candour legislation.

3.22.3 Our compliance with Duty of Candour for 2015/2016 was 96%, that is, the Trust informed the relevant person in person as soon as reasonably practicable after becoming aware that a safety

incident had occurred, and provided support to them in relation to the incident within 10 days on the incident being identified.

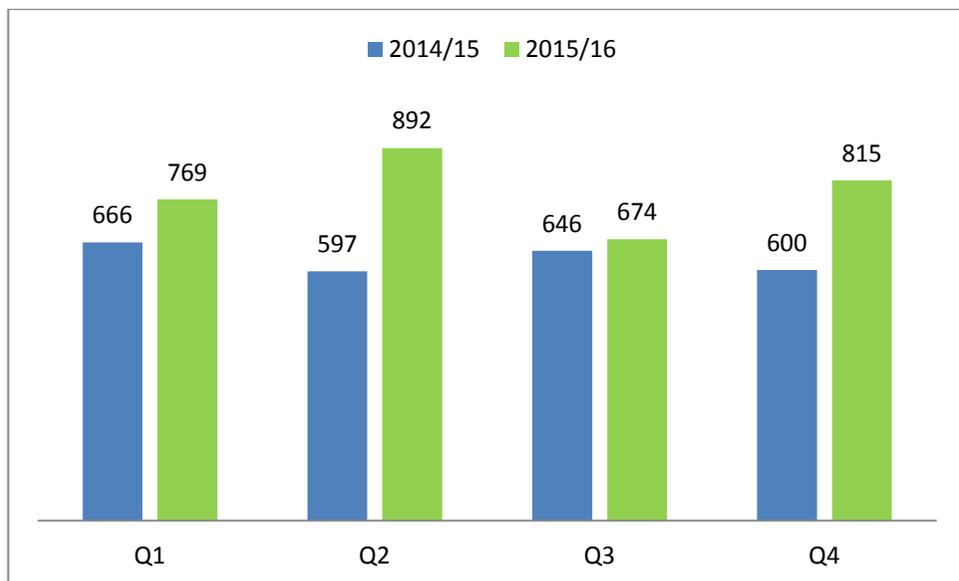
## 3.23 Patient Safety Incidents

Datix is the Trust's incident reporting and management system. Datix coding was updated in April 2015 to allow for a more accurate coding of incidents. New processes were put in place to enable more accurate capture of patient safety incidents. In October 2015, a new, simplified form was introduced to assist with the reporting of incidents and to aide managers when reviewing incidents.

These improvements have resulted in:

- Improved reporting to the National Reporting and Learning System (NRLS) - reporting increased by 30% when compared to the same period last year.
- Reporting increased overall by 13%
- Reporting increased by 16% since new form design.

Patient Safety Incidents reported in 2014/15 and 2015/16:



The number of patient safety incidents reported to NRLS in 2015/16 was 3150.

#### Datix Improvements 2015/16

- The Trust's risk registers have been streamlined to allow teams to add risks to their registers with ease. Due to the risk registers being 'live', teams have been able to review their risks and update in real time.

#### Planned improvements for 2016/17

- Safety Alert Broadcasting System (SABS)**  
Work is currently underway to roll out the distribution of SABS through Datix. This final phase will bring all aspects of risk management together under one risk management system and will enable correlation to be made between the different aspects of risk management.

- Dashboards**  
The Trust is in the process of making Dashboards available on Datix for all managers. The Dashboard page will display a set of reports, providing managers with an overview of records / trends for their teams.

### 3.22 Infection Prevention and Control

The Trust is committed to minimising healthcare associated infections in its managed services, and providing a safe clean environment for people who use our services. Assurance is provided by regularly auditing clinical areas for compliance against infection control best practice guidelines. The infection control audit looks at hand hygiene practice, and infection prevention and control measures in place in the clinical environment using an audit tool based on national guidance.

	Clostridium Difficile	MRSA bacteraemias.
Number of occurrences in 2015/16	1 (October 2015)	0

### 3.23 Infection Prevention and Control Training

3.23.1 Infection prevention and control training is part of the Trust mandatory training programme for all staff.

3.23.2 In 2015/16, 87% of staff had completed the training compared to 85.4% in 2014/2015.

### 3.24 Patient-led Assessment of the Care Environment (PLACE)

3.24.1 Patient-led Assessment of the Care Environment (PLACE) inspections are voluntary self-assessments of a range of non-clinical services which contribute to the environment in which healthcare is delivered.

3.24.2 The PLACE assessment provided a snapshot of how we have performed against a range of non-clinical activities which impact on our patients' experience of care.

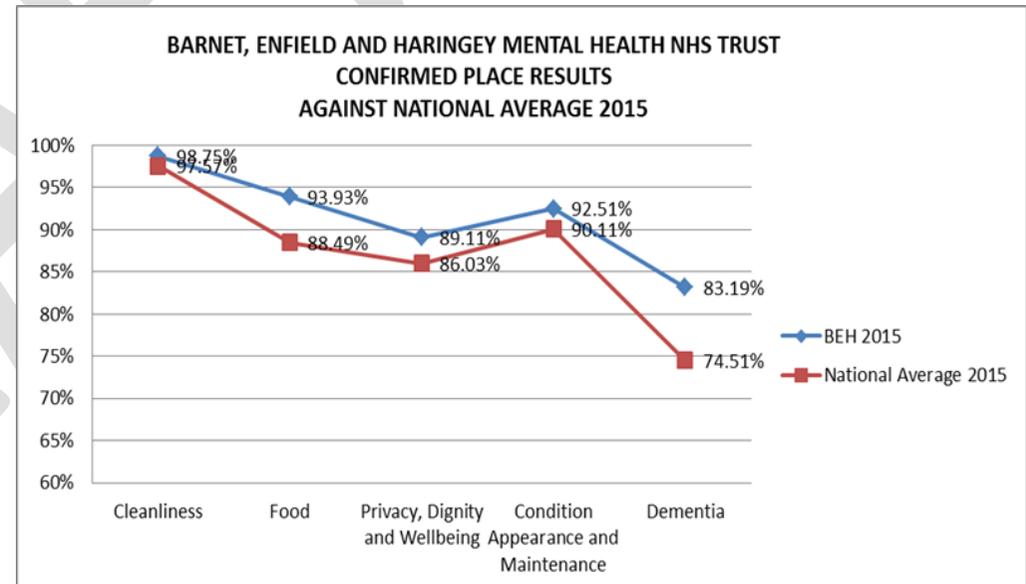
3.24.3 The Trust was assessed on five main categories

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

3.24.4 The 2015 assessment was completed in June 2015 and was submitted to the Health and Social Care Information Centre.

3.24.5 Our overall scores in each category assessed in 2015 were above the national average scores in all of the five PLACE domains assessed.

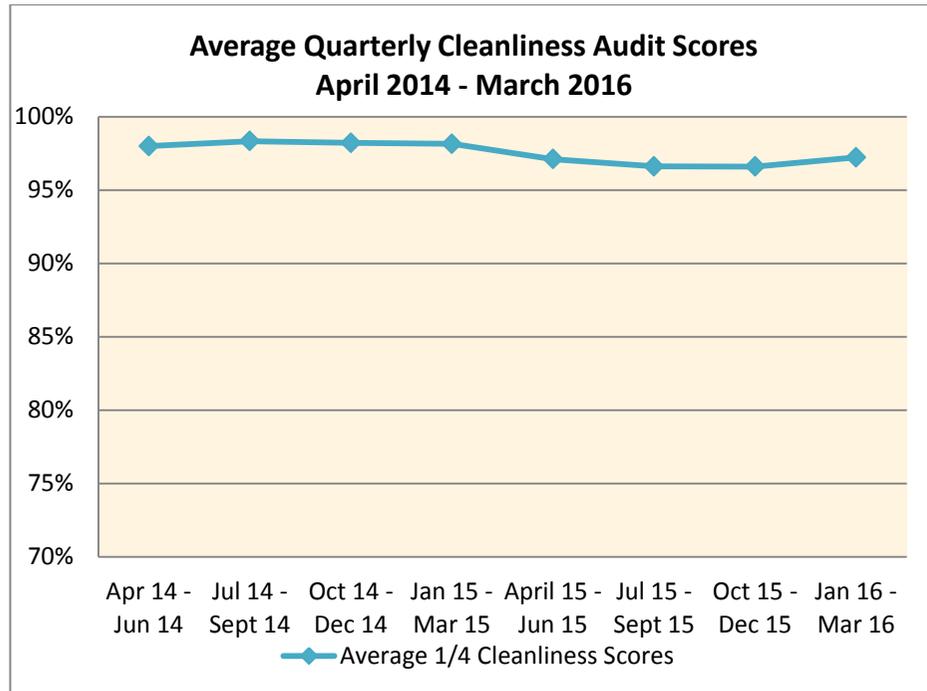
	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
BEHMHT	98.75%	93.93%	89.11%	92.51%	83.19%
National Average	97.57%	88.49%	86.03%	90.11%	74.51%



### 3.24 Environmental cleaning

Environmental cleaning audits of all inpatient areas were undertaken as part of our programme of infection control audits. The audit tool is based on the 49 elements of the National Specifications for Cleanliness in the NHS (2007).

The Trust scored consistently above the 95% compliance rate.



### 3.25 Sign up to Safety

The Trust has signed up to the Sign up to Safety campaign, a national patient safety campaign designed to help make the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement.

By adopting the Sign up to Safety campaign, which aims to deliver harm free care for every patient, every time, everywhere, we will champion openness and honesty and support everyone to improve the safety of patients.

As a result of adopting the pledges in the Sign up to Safety campaign we will ensure that we will put safety first, continually learn, work and communicate with honesty and integrity, collaborate and be supportive.

### 3.26 SafeCare Module Implementation Update

- SafeCare is a software package that captures and reports on safe staffing to support every stage of healthcare workforce planning and delivery; from agreeing establishments to planning rosters, making just-in-time changes on the ground and through to Board assurance. With HealthRoster and SafeCare service managers can compare staffing levels across wards and departments, allowing them to maintain safe and compliant patient care based on individual patient acuity and dependency.
- Using the SafeCare module will support the identification of best practice and risk areas with inter-trust benchmarking on staffing metrics, allowing us to strengthen and improve our practice. This will allow ward managers to understand how actual patient numbers, acuity and dependency impacts on planned rosters and will enable ward managers to make alterations as needed.

- Through its multiple reporting capabilities SafeCare can provide clear visibility of staffing issues in in-patient wards. It is planned that SafeCare will provide staffing display and establishment reports as well as monthly Established Versus Planned Staffing Board Reports.
- The SafeCare system for the first four early adopter wards (Finsbury Ward, The Magnolia Unit, The Oaks and Thames Ward) went live in February 2016. The early adopter wards have been successful in implementing the system. Further work is needed to ensure wards fully meet the census requirements (data inputting that ensures clinical acuity is accurately reflected within the SafeCare system) and on-going monitoring are being established to ensure the safe staffing multipliers used continue to be appropriate for the different clinical settings and to support the adaptation of multipliers to ensure clinical relevance.
- A further four wards have been identified to implement SafeCare. The early adopter ward managers are trained trainers for SafeCare and will provide training and support to the next cohort of ward managers. This phased implementation allows for continuous learning that is shared across all the adopter wards. A phased approach to implementation will continue until SafeCare is live on all inpatient wards.
- The Nursing and Workforce Directorates are working closely to ensure the full and timely implementation of SafeCare across all inpatient wards.

## **STAFF EXPERIENCE**

### **Staff survey 2015/16**

We participate in the annual NHS staff survey which provides valuable insight into staff morale and staff impressions of working at the Trust. We aimed to address the core issues highlighted in the

staff survey results and the latest results have shown improvements in most areas, including staff engagement and wellbeing.

Achievements over the past year have included:

- Continuing engagement activities such as CEO forums, executive director visits, communications initiatives such as take 2 and the CEO blog – all building on the “Listening into Action” work undertaken previously
- Active promotion of the Raising Concerns at Work policy and training for staff and managers
- Production of flowchart based guidance on the appropriate use of whistleblowing and other ways to raise concerns (posters, pocket cards)
- Refinement of the Trust’s learning zone on the intranet as a portal to e-learning and wider development opportunities
- Promotion of the employee assistance programme
- Support for, and development of the staff wellbeing forum and equalities forum



## **Enablement** 2014/15 Key Priority

The Enablement Programme is a key priority for the Trust. We have taken steps over the last 12 months in our aim to deliver services that are needs led.

The Trust is helping people who use our services to 'Live, Love and Do'. This means:

- A focus on life beyond their diagnosis.
- Strengths based approach
- Collaborative working towards service user defined goals

We officially launched the Enablement Programme in April 2015. In the past year we have made significant changes to transform the thinking, culture and practice within the organisation. Integrated enablement work streams have been initiated with a clear focus on the development of external partnerships. We will be celebrating the success of the first year with an enablement "one-year on" event in May.

Enablement Summary:

- Working with Clinical Commissioning Groups and Local Authorities to form a new integrated access point in each borough for mental health referrals
- Recruiting people with lived experience (community engagement workers)

- Formulating meaningful enablement outcomes
- Connecting with voluntary sector organisations and service user groups for joint service improvement
- Enablement training has started
- Enablement team assessments are being facilitated for adult 'front door services', leading to actions.
- Learning and sharing events are planned in each borough with voluntary sector organisations

Projects:

- Enfield peer support project

Working in partnership with the Enfield Mental Health users (EMU) group to provide peer support workers. These new workers have a core aim of promoting recovery, sharing lived experience of local resources and forming personalised goals with service users. All service users selected are currently living with high level supported accommodation with an aim to step down the level of reliance on services and to promote self-independence and resilience.

- Community engagement workers

People with lived experience employed by BEH to promote community resources and alternative enablement options. We have recruited eight new staff members who will work in our assessment services.

- Beacon Centre 'My Star'

The introduction of the *My Star* (the outcome star for children and young people) to the Beacon Centre will aim to engage the young people to reflect on their experiences, develop insight and consider future plans around eight parts of life that are important to children and young people. The *My Star* is a collaborative strengths based recovery tool designed to assist the change process and the interventions will be based on hope, wellness and empowerment. The group programme is currently being developed and will be rolled out during 2016.

- Forensic Sensory Project

The Forensic Learning Disability Service is developing a sensory room. The aim of this project is to create and enable the use of a sensory room in order to help to create a safe space, promote resilience, recovery and enable service users to develop alternative coping skills based on their sensory need. The service users have been and will continue to be involved in the design of the sensory room in order to encourage them to take responsibility and ownership of the room.

Plans for 2016/17:

- Finalise integrated models of service provision underpinned by enablement principles
- Encourage new creative enablement projects

- Enablement focus towards older adults and children's services

- Review and expand the role of community engagement workers
- Sharing enablement outcomes locally and nationally
- Build new voluntary sector partners and enablement options in the community

### Clinical Networks

The Trust has undergone restructuring to provide borough based services, in line with these changes the structure and remit of Clinical Focus Groups / Clinical Council were revised and Clinical Networks were established. One of the remits of these networks is to lead and coordinate on the implementation and monitoring of NICE and other national guidance.

The following Clinical Networks/ forums have been established and meet regularly:

- Complex Care Clinical Network
- Psychosis Clinical Network
- Learning Disability Clinical Network
- CAMHS Clinical Network
- Pressure Ulcer Forum
- Physical Health Steering Group

- Acute Care Clinical Network

In addition to the Clinical Networks, there are different arrangements in place to monitor compliance with NICE Guidance across the borough based structure.

### **New Safeguarding Inbox**



The Trust is committed to safeguarding people who use our services.. In order to have an improved overview of safeguarding activity we have set up a safeguarding inbox. The Trust safeguarding team now require copies of all safeguarding referrals/alerts made for children and adults to be sent to the new inbox. Access to the inbox is strictly limited to the safeguarding team and will allow us to view referrals, and give feedback and further support if required.

### **Message from the Workforce directorate**

In 2015/16, the Workforce Directorate has focussed on two major themes – getting the basics right and improving the level of staff engagement in the Trust by building on the “Listening into Action” work carried out previously. To achieve this, we have improved processes, introduced new systems and sought to improve the Trust’s mandatory training compliance level.

### **Equality and Organisational Development**

In 2015-16 a key theme of both equality and organisational development work has been embedding and mainstreaming improvements and good practice - promoting our Trust as the place to be, an employer of choice and a Trust which staff would readily

recommend as a place to work or receive care. Taking evidence from the national staff survey and the Staff Friends and Family Test, we are supporting work in partnership with staff side and colleagues across the Trust, to build on the improvements in staff engagement brought through the Listening into Action programme.

The Trust does well on many aspects of the working environment and staff perceptions. This was recognised by the Trust making it into the HSJ Best 100 places to work.

### **Nursing Recruitment of Students**

BEH held a coffee morning recruitment event on the 10th February 2016 for final year student nurses that have been on placement at the Trust as well as a recruitment event at Middlesex University on Friday 18th March 2016. At the events students had the opportunity to hear from and speak to a number of BEH staff. Details of the Trust preceptorship programme and development opportunities were provided and the students were informed of the option to take up a conditional offer of employment at BEH.

Student nurses attending the events have been extremely positive about the recruitment intentions of the Trust.

A recruitment pro-forma was issued at the events to enable students wishing to work at BEH to tell us which areas they would like to work in and if rotation was important to them. As of the 18th March 2016 a total of 40 recruitment pro-forma have been received with students expressing interest in working within various teams/services across the Trust.

The Nursing Directorate, Workforce and Borough/Service Line Assistant Directors are working together to align individuals to the appropriate vacancies and ensure eligible students are able to transition smoothly into role.

## Staff survey 2015/16 results

The final results of our Staff Survey 2015 were published in February 2016.

We are delighted to say much of it is positive, better than last year, and with notable improvements in some important areas. There has been a large 9% jump in the number of staff recognising that care of patients is considered BEH's top priority, *and* we have seen a 6% increase in staff recommending BEH as an organisation to work or receive treatment. We have also seen a similar rise in staff who would recommend BEH as a place to work. This is excellent to know as we are about to embark on a major local, regional, national and international recruitment campaign.

Overall the survey reveals a growth in the numbers of staff who are feeling more engaged with the Trust. We have seen a good increase in staff motivation at work, which is better than the national average, and we score consistently high with the numbers of staff who feel they are able to make positive contributions to improve their team or show initiative in their role.

Some of our best ranking scores were in areas of: flexible working; staff satisfaction in being able to provide quality patient care; and, effective use of service user feedback

Of course, the survey highlights areas where we have to do better. There has been a rise in the number of colleagues reporting a recent experience of harassment, bullying or abuse. And, we have to demonstrate as an organisation that we are committed to taking action on health and wellbeing.

There is much to be proud about in this report and there are areas we need to concentrate on. Over the coming months, workforce directorate teams, supported by Communications, will be working with local service

leads to identify ways to improve engagement and help strengthen areas where currently we can do better.

## Staff Engagement

Staff engagement = made up of key findings for:

- ability to contribute to improvements
- recommend the Trust as a place to work or receive treatment
- motivated and engaged in their work

BEH 2015	BEH 2014	Average
3.83	3.69	3.81

## Staff recommendation of the Trust as a place to work/receive treatment

Staff recommendation = made up of key findings for:

- care of patients/service users is Trust's top priority (74%)
- "I would recommend my Trust as a place to work" (55%)
- "If a friend/relative needed treatment, I would be happy with the standard of care provided by this Trust" (56%)

BEH 2015	BEH 2014	Average
3.64	3.44	3.71

## Top five ranking scores

	2015	Average
% feeling pressure to attend work in last three months when feeling unwell	50%	60%
Effective use of patient/service user feedback	3.83	3.69
% satisfied with opportunities for flexible working patterns	62%	56%
Staff satisfaction with quality of work/patient care they are able to deliver	4.00	3.89
% reporting most recent experience of violence	82%	74%

## Bottom five ranking scores

	2015	Average
% believing Trust provides equal opportunities for career progression or promotion	78%	89%
% experiencing physical violence from staff in last 12 months	4%	2%
% experiencing discrimination at work in last 12 months	17%	10%
% experiencing harassment/bullying/abuse from staff in last 12 months	24%	21%
Trust and management interest in/action on health and wellbeing	3.62	3.69

## Where staff experience has improved

	2015	2014
Staff confidence and security in reporting unsafe clinical practice	3.70	3.54
% experiencing physical violence from staff in last 12 months	4%	6%
Staff motivation at work	4.01	3.89
% witnessing potentially harmful errors, near misses or incidents in last month	23%	27%
Staff recommendation of Trust as a place to work/receive treatment	3.65	3.45

## Where staff experience has deteriorated

	2015	2014
% reporting most recent experience of harassment, bullying or abuse	49%	56%

Barnet, Enfield and Haringey NHS  
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## Staff training

The Trust has seen a steady increase in training compliance this year which, together with progress around streamlining requirements and improving training quality, is providing a safe environment for the people who use our services as well as our staff.

### Statutory and mandatory training compliance as at 18 February 2016

Topic	Number of staff who completed	% of staff completed
Breakaway	1,085	73.18%
Conflict Resolution	548	79.01%
CPA and CRA	1,222	74.63%
Equality and Diversity	2,808	87.96%
Fire Safety	2,808	88.35%
Health and Safety	2,808	88.11%
Infection Control	2,808	88.14%
Information Governance	2,808	84.05%
Moving and Handling High Risk	263	79.09%
Moving and Handling Medium Risk	136	55.88%
PMVA	464	86.64%
PMVA Older People	104	70.19%
Resuscitation Level 2 - Adult and Paed BLS and AED	362	74.59%
Resuscitation Level 2 - Adult BLS and AED	1,293	72.54%
Resuscitation Level 3 - Immediate Life Support	502	71.71%
Safeguarding Adults Level 1 & 2	2,808	87.82%
Safeguarding Children Level 1 & 2	2,808	90.78%
Safeguarding Children Level 3	474	76.37%
Safeguarding Children Level 4	5	100%

## Borough achievements



### Barnet:

#### Education in Primary Care

Consultant Psychiatrists in Barnet have taken an active role in the delivery of a Community Education Providers Network (CEPN) programme of multi-professional learning. Through the Primary Care Academy we have provided a total of 18 sessions of practice based learning for GPs, practice nurses and community pharmacists on two topics: Long term mental health conditions, and medically unexplained symptoms.

#### Liaison Services:

Our Mental Health Liaison Services at both North Middlesex University Hospital and Barnet Hospital have received accreditation under the Royal College of Psychiatrists PLAN (Psychiatric Liaison Accreditation Network) scheme. This is a considerable achievement for relatively newly established teams, operating under uncertain long-term commissioning arrangements and is a testament to the hard work and dedication of the clinicians and managers of these teams.

#### Individual Placement and Support (IPS)

This employment support scheme in partnership with Twining enterprise continues to deliver successful outcomes. In the latest quarter 3, 11

people were supported back into employment from the Community Mental Health teams in Barnet. Roles secured include Business Analyst, General Assistant at a Mail Company, Care Assistant, Spa Receptionist and Medical Secretary. The service has now been successful in achieving an IPS Centre for Excellence accreditation.

#### Coffee with the Consultant

An open invitation to all patients to attend 'Coffee with the Consultant' Every Tuesday on Thames Ward has been well received by patients. Based on Trusts' value & visions of Recovery & Enablement, ward Consultant Psychiatrist Dr Aziz has been running this well attended group forum for over a year where patients' choose a topic within light informal setting to discuss as well as supports creating better social integration on the ward and life beyond discharge.

#### Plans for 16/17:

The Borough Clinical Director and Psychological Therapies lead are developing a regular series of bi-monthly multi-professional learning events. The focus of these is to be on sharing learning from innovative team-level projects as well as reflecting on and sharing the learning untoward events.

Teams affected by incidents will be able to share their experience - the learning and how practice changed - alongside space for teams to

present service improvement work and projects they have been involved in. The first event is scheduled for mid-April.

Haringey:

Patient Safety.

- We have learnt from serious incidences:
- We have improved the staffing and management of the section 136 Suite at St Ann's Hospital.
- We have improved support for staff who have been involved in violent incidences
- We have introduced a ward staff development programme
- Improvements made to Privacy and Dignity on Haringey Assessment Ward.

Patient Experience:

- Following on from the delivery of the Taking the Lead training developed by young people who have been involved with BEH services (both CAMHS and Adult) and facilitated by deep black, the local CCG commissioner has embedded within the CAMHS transformation plan a project to develop a Creative Life Skills course. This will be for young people (14 years +) who are looking to move away from involvement with CYP mental health services, but need a "step-down" provision to enable this to happen. It is also seeking to help young people feel that they may no longer need to be passed from CAMHS to adult services – but can use this course to step away.

The course will be developed through consultation with young people – starting in April – which will then be followed by four co-create workshops.

The programme will be rolled out later in the year – with a view to evaluating the impact of the course, so that it can become a more sustainable offer to young people.

- Peer support work – developing a peer mentoring programme and peer support package for young people within the community with local partners – Haringey Play. Looking to enhance this support with the use of the Silent Secret App for those young people that would prefer a digital platform to be able to access support.
- Recruitment of three employment workers through Twinings to support people who use our services into employment/training within the EIS service, CCT and the Recovery Enablement Stream.

Effectiveness:

- CAMHS AOT project Time to Talk awarded a HSJ award
- Haringey Memory Services Accredited as Excellent by MSNAP
- Haringey Enablement Learning Events have been arranged to share areas of good practice in innovative and enabling services.

## Challenges

- Recruitment and retention of staff
- Waiting times
- Demand for inpatient beds

## Priorities for 2016/2017:

- Increase Service User involvement
- Focus on quality (Nice Guidelines) and patient safety
- Achieve KPI's
- Transformation of Adult Pathway along enablement principles
- Change Ward Shift Programme
- Develop a culture of Continuous Improvement
- Improve Sharing of Learning from incidents within the Borough and across the Boroughs
- Engage in innovative recruitment practices

A new pub has opened – inside an Enfield hospital's dementia ward.



Staff have created a non-alcoholic drinks pub in the Cornwall Villa ward at Chase Farm Hospital.

It is hoped creating a friendlier and more familiar environment will encourage patients into conversation and build social interaction and relationships with each other, friends and family.

Ward manager Mounir Benbassou said: "We're delighted to be opening up this pub on site and believe it will have real benefits for the people we

care for. We try to create a homely and familiar environment to help with stimulation.

“Keeping people engaged has been known to bring about memories, help foster emotional connections with others and encourage self-expression – this is exactly the kind of behaviours we want to promote.

“We hope the pub will create another opportunity for family to visit their relatives, and will also give them the opportunity to engage with staff more, which can make the delivery of care much more cohesive.

“We’ve talked to our patients’ loved ones and they have been really keen on the idea and hope it will trigger fond memories of pub lunches and summer evenings enjoying drinks.”

The venue will also run activities throughout the day, including playing cards, dominoes, music and dance which people can get involved with.

## Blue Nile House Self Catering Project



Barnet, Enfield and Haringey **NHS**  
Mental Health NHS Trust

BEH provides a self-catering initiative at Blue Nile House, a male low secure unit with patients who have been involved with the criminal justice system. On admission to forensic services users can quickly become de-skilled due to the decreased opportunity to practice previously learnt skills, such as cooking. When they are discharged service users are expected to shop, budget and cook all their meals independently and have found this challenging. Especially as they are also dealing with moving to a new, and often less supported environment in the community. Our project enables them to practise these skills prior to leaving hospital.

Outcomes:

Benefits for patients:

- Strong enablement focus on self-sufficiency and independence
- Develop budgeting skills by enabling them to plan their weekly shop
- Develop or maintain their cooking skills by enabling them to cook low level meals progressing to higher complex meals.
- Develop skills in a positive and safe environment
- Gain confidence in order to transfer these essential skills to community living once discharged
- Greater choice and control in an environment that can be restrictive
- Positive experience of care and support through working collaboratively
- Enables service users to take greater control of their diet and make healthy lifestyle choices
- Teaches those with physical health problems such as diabetes how to manage their condition as independently as possible
- Enhances patient choice. Patients in hospital come from culturally diverse backgrounds, the self-catering programme enables patients to cook food from their own culture which others on the ward are able to try and learn from.
- Creates a sociable environment and helps build relationships. We have found they often discuss their meals and take tips from one another.

- Through sessions and teaching on physical health conditions, patients are able to put their learning into practice and improve their healthy choices and health outcomes.



## **BEHMHT NUTRITION AND DIETETIC SERVICE**

In 2015-2016 the ECS dieticians started to deliver “Conversation Map” training. This is a new, interactive, evidence based method of group education for diabetic patients, tailored to their needs and individual requirements.

The primary care clinics in Enfield have been restructured, with dedicated paediatric clinics and a new post established for primary care clinics.

The dietetic service now has specialist “Low FODMAP” clinics which use innovative dietary changes to treat Irritable Bowel Syndrome. Patient feedback has been very positive and an audit is planned for the new financial year.

In conjunction with the medicines management team, the new Medicines Management Dietician has developed a formulary for ONS (Oral Nutritional Supplements). She has completed practice audits, GP and health professional training. The resulting appropriate prescribing has resulted in significant cost savings whilst meeting the nutritional needs of patients. After a one year pilot project, the post is now substantive.

The Home Enteral Feeding service has expanded, with the appointment of another full-time dietician for tube-fed patients. We are currently participating in a tender process with other London NHS Trusts for tube feeds and plastics to achieve a high quality, cost effective service.

Within the last year, the whole dietetic team has been trained to take undergraduate/postgraduate student dieticians. The first student is currently on placement with us and more placements are planned for the new financial year.

## **CHAT**

During 2015/16 Care Homes Assessment Team (CHAT) increased from covering 31 care homes to 45, which is all the older people residential and nursing homes in the borough of Enfield.

CHAT continue to work in an integrated way with our community services in Enfield, North Middlesex University Hospital, older peoples mental health team, the voluntary sector, GPs, social services, the local authority and care homes for the benefit of the residents.

Supporting residents in care homes to a comfortable and dignified death in their preferred place has been a huge success of the CHAT team. In 2013/2014 the team achieved 95% deaths in preferred place and during 2014/15 achieved 99%. 2015/16 CHAT maintained this excellent statistic with 99% of residents from Enfield CHAT covered care homes dying in their preferred place.

Falls requiring attendance at A&E have continued to decline from CHAT covered care homes. In 2013/14 20% of falls resulted in an A&E attendance, in 2014/15 15% and in 2015/16 14%. The number of falls have continued to decline. CHAT monitor the number of falls per registered bed to enable comparison of larger homes with smaller homes. In 2014/15 CHAT had 88% falls per registered bed for the whole year and this decreased to 80% during 2015/16.

During 2015/16 CHAT have developed increased opportunities for training within the care homes. Either delivered directly or facilitated

training through Enfield Community Services (ECS) specialist nurses, therapists or other organisations such as North London Hospice has increased during 2015/16. CHAT has been working on assisting nursing homes with preparation for revalidation, clinical supervision, career development and mentoring. In 2014/15 CHAT trained 321 members of staff and in 2015/16 CHAT trained 811 members of staff thereby increasing training by 153%.



CHAT are very proud to have been shortlisted for a Patient Safety Award for enhancing the care of older people and a Nursing Times Award for enhancing dignity in care. Whilst CHAT didn't win, it was an honour to be shortlisted and to get the opportunity to attend the awards, network and spread the word about CHAT and its successes.



Trust's Board Assurance Framework, which was accepted for inclusion in "The Foundations of Good Governance – A Compendium of Good Practice". It replaces a copy of Oxford University Hospital Trust's Board Assurance Framework

The document will be launched at NHS Providers Governance Conference which takes place on 7 July 2016.



## **Diabetes Service**

On addition to our clinical commitments over the last year the diabetes team have continued to work with GP practice teams to enhance knowledge and skills about diabetes and its management. This has been done by providing clinically supported sessions that have been well evaluated, as well as visiting practices to

do case note reviews for more complex patients. This project also included bespoke training packages, for example, insulin management and foot assessment.

The team are currently undertaking further work with our partners in the CCG as well as the acute sector to ensure that our diabetes guidelines are in line with recent NICE guidance (NG 28, issued December 2015). This will continue to ensure that all people with diabetes in Enfield will have access to the most up to date advice.

We are continuing to support people with diabetes who have had recent admissions to hospital for hypoglycaemia (low blood glucose levels) and to offer assessment and advice that will prevent further admission.

We continue to prioritise our work with vulnerable groups and to ensure that relevant information is given at the appropriate time to raise awareness of diabetes and so prevent the onset of diabetes. We have links to our local Diabetes UK support group and work closely with them to support people with diabetes in the locality.”



### **Community Crisis Response Team - Rapid Response Service**

The aim of The Community Crisis Response Team (CCRT) which works across Enfield and Barnet is to provide a rapid assessment and immediate treatment/care for patients within their own homes. It will ensure that patients have access to an alternative to hospital admission where it is clinically appropriate and to prevent unnecessary hospital admissions.

The service started on 18th January 2016. It will cover unscheduled and/or enhanced care needs between the hours of 17:00 and 2:00 Monday to Sunday 365 days a year.

Response will be initiated within 20 minutes to two hours (depending on triage) of the referral being made by LAS, Barndoc, NHS 111, the patient's GP, Social Services, community matrons, NHS Trusts or other health care professionals. Programmes of support or treatment will be carried out for the acute phase of care, involving other support agencies as soon as clinically appropriate. The service will focus on preventing avoidable admissions to hospital, or preventing patients who have been recently discharged from having a re-admission due to a crisis.

Allied Health Professionals Services



***“Grabbing the opportunities: There is nothing occupational therapists’ can’t do!”- the non-traditional areas that Occupational Therapy (OT) has been promoted within the Forensic Service.***

The North London Forensic Service (NLFS) has developed considerably in the last 10 years:

- 198 inpatient beds and a number of community services
- provides mental health input into HMP Pentonville, HMYOI Feltham, and HMP Brixton and recently successfully bid, alongside Care UK, to provide these services into HMP Wormwood Scrubbs, HMPYOI Aylesbury , HMP Grendon Underwood and HMP Springhill.
- Provide Liaison and Diversion Services to eight boroughs, as well as at Highbury and Hendon Magistrates Court.

Provide the liaison and diversion service into the two main London British Transport Police custody suites and in partnership with them deliver a suicide prevention and mental health liaison team that covers the entire London Underground and Network Rail South East England.

- NLFS is one of four London Trusts that together comprise the London Pathways Partnership (LPP). LPP provides the offender personality disorder service provision into all National Probation Service offices in London plus a progression unit at HMP Brixton, PIPE at HMP Swaleside and treatment services in HMP Pentonville and HMYOI Aylesbury.
- Jointly provide the Fixated Threat Assessment Centre with the Metropolitan Police Service (MPS) whose function is the assessment and management of inappropriate and threatening communications and approaches to the Royal Family, other prominent people (e.g. Prime Minister), Members of Parliament and protected sites.
- The service has developed a National Stalking Clinic, which provides assessment and treatment of stalkers and training regarding stalkers for probation and other organizations. The service works closely with other health, social services and criminal justice agencies to reduce and manage the risk posed to others by the service user group.
- The service has a specialist placement service which monitors out of area secure placements. All service users placed in secure placements out of area are monitored and the service has been able to observe the models of care, which work well for each client group.
- Since the service was established occupational therapy has been a core part of service provision but has grown exponentially as service needs and the commissioning

landscape as developed (Heath and Social Care Act 2013).

- Over the past eight years the OT department has been restructured significantly through continual skill mix reviews.
- Following a period of building a solid foundation for the core of the OT work across services, leaders have had a long term vision to develop the remit of OT in forensic services in non-traditional areas. At the heart of this is the belief that OT has a unique contribution to make in all areas of mental health practice.
- Key Performance Indicators  
Commissioning for Quality and Innovation
- KPIs and CQUINS that were given by the commissioners in forensic services did not state that OT involvement was needed, however we used these as an opportunity to promote work OTs were already doing and to develop services whilst expanding the OT role.
- Payment Framework to encourage care providers to continually improve how care is delivered.
- New opportunities for OT's were sought out through involvement in achieving KPIs and CQUIN, bidding for new services and creating innovative practice models. This reflects the current drive in the NHS, with non-traditional roles, teams and structures being championed (NHS: Five year forward view 2015).
- Recovery assessment – SU recovery tool, Recovery Star, Recovery performance indicator which we report on every six months.

- User led recovery goals – naturally fell to OT as two SU goals came out of the recovery Star and led to two SU care plans being written in the first person
- Numeracy and literacy – Increase provision by 40% by utilising resources differently – Bart College, Laptops, online course, Internet provision, OT/ TI skills
- CPA – transforming CPA process so service users are at the centre – including opportunities for SU to chair their own meetings. Also designing workshops with
- SU – how to get the best of you CPA and include the CPA process, skills for chairing – assertive and role play.
- 

Self catering & Dragon's Den – Low secure ward, six service users independently self-catering all meals, nine services users self catering breakfast and lunch with support from staff. Pilot project will then rolled out on all other wards, including Admission wards.

Twenty thousand pounds was received from our *Dragons' Den* initially.

**Good news stories – have small extracts throughout QA – to add.**

**Include a section on awards, accreditation and QA projects.**

#### Innovative work

REP - Forensic recovery college , Psycho-educational courses and workshops to provide service users with self help tools to work towards their community, social and employment goals, Material and workshops Co-produced and co-facilitated by service users

National Stalking clinic - Initially run by a Psychiatrist and psychologist, involvement from OT introduced to look the functional aspects of stalking behaviour – role, identity, job, routine, motivated to engage.

OPD OT Pathway (working with personality disorders: a practitioners guide 2015)

Work experience - Long –term successful project designed to give service users valuable work experience to enhance, develop and maintain skills.



Off the back of the success of 'Back in the Game FC' (based in Haringey), The Tottenham Hotspur Foundation have developed a 20 week programme in Barnet. The scheme has been arranged in conjunction with Barnet & Southgate College and BEH. The scheme welcomes people who use our services, carers, family and staff members to attend and join in.

BEH has partnered up with the Tottenham Hotspur Foundation, Haringey Council and Clarendon Recovery College to set up an adult football team for its service users, family members and staff.

The Trust awarded the organisers funding for balls, cones, bibs, football kits and the facilities for the next 10 months to get the 'Back In The Game' Football Club started.

Andrew Scott-Lee, Governance Facilitator, is one of the organisers. He said: "The Tottenham Hotspur Foundation started as an initial 20 week pilot as part of a community initiative to create more self-sufficient groups or teams.

"The club meet every Friday in Tottenham to train and play matches. We started with only a few attendees but we've grown gradually over the past six months. It's fantastic to see the camaraderie of the players and the encouragement they give each other.

"When the 20 week pilot elapsed I was invited to pitch to the Trust Board for more funding to continue the scheme. Fortunately, It was met with enthusiasm and we received funding for another 12 months.

The scheme aims to promote mental and physical well-being and recovery and is in-line with the Trusts enablement programme, and its vision and values. It offers services users and staff the opportunity for exercise, meet other people outside of a clinical setting and helps patients during their period of recovery to connect with the community. Reports from those that attend include benefits such as "feeling part of something," "provides something to do every week" and "gives people the chance to make friends and achieve something."

Andrew explains: "We are encouraging those using mental health services in Barnet, Enfield and Haringey, their families, carers and staff to join us. The team have completed one season of competing in a local Power league and are due to start another season imminently. All levels are welcome.

"The great thing about it is that anyone, of any level, can slip on a pair of trainers and have a game."

Back In The Game FC meet Fridays 11am to 1pm at Power league, Willoughby Lane, Tottenham, London, N17 0SL.

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