



## NOTICE OF MEETING

### **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Contact: Dominic O'Brien, Principal  
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Thursday 30<sup>th</sup> May 2024 2:00 p.m.

**Councillors:** Rishikesh Chakraborty and Philip Cohen (Barnet Council), Lorraine Revah (**Vice-Chair**) and Kemi Atolagbe (Camden Council), Chris James and Andy Milne (Enfield Council), Pippa Connor (**Chair**) and Matt White (Haringey Council), Tricia Clarke (**Vice-Chair**) and Jilani Chowdhury (Islington Council).

**Quorum:** 4 (with 1 member from at least 4 of the 5 boroughs)

### **AGENDA**

#### **1. FILMING AT MEETINGS**

Please note this meeting may be filmed or recorded by the Council. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

#### **2. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

#### **3. URGENT BUSINESS**

The Chair will consider the admission of any late items of Urgent Business.

#### **4. DECLARATIONS OF INTEREST**

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

#### **5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS**

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

#### **6. SCRUTINY OF NHS QUALITY ACCOUNTS (PAGES 1 - 112)**

- Barnet, Enfield & Haringey Mental Health NHS Trust
- Camden & Islington NHS Foundation Trust

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Tuesday, 21 May 2024

Barnet, Enfield and Haringey  
Mental Health NHS Trust  
Quality Account 2023-24

DRAFT

## Contents (page numbers to be finalised when document designed)

Foreword from the Chief Executive	3
Introduction from the Chief Nurse	4
What is a Quality Account?	5
About Barnet, Enfield and Haringey Mental Health NHS Trust	6
Statement of Assurance from the Board	8
Community Mental Health Transformation Programme	8
Systems for Quality Governance	10
Care Quality Commission Inspection of BEH Services	11
Brilliant Basics	12
Quality Improvement	16
Infection Prevention and Control	18
Looking Back: Quality Priorities for 2023-24	21
Clinical Audit and Quality Assurance Programme	24
Participation in Clinical Research	28
Commissioning for Quality and Innovation goals (CQUINS) 2023-24	29
Information Governance Toolkit Compliance	30
Participation in Accreditation Schemes	31
Improving Data Quality - national mandated indicators of quality 2023-24	32
Learning from deaths	34
Service User Engagement, Experience and involvement (patient and carer surveys, complaints)	35
Friends and Family Test	37
Patient Safety	39
Annual Staff Survey 2023	43
Freedom to Speak Up (Guardian Service)	44
Looking Forward: Quality Priorities for 2023-24	46
Statements from Stakeholders (to be added)	48
Statement of Director's Responsibilities (to be added)	49
Glossary	52
How to provide feedback	53

## Statement of Quality (C&I & BEH)

### Foreword from Chief Executive

I am delighted to welcome you to our Quality Account outlining our achievements and challenges over the past year.

The last 12 months has marked an important milestone for the North London Mental Health Partnership, our partnership between Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust. Our Partnership's priority at all times is making the care that we provide to you, our community across north central London, the best it can possibly be. That is why, last year, we took the decision to come together formally as a new Trust, and we are on course to achieve this on 1 October 2024, taking the best from each current Trust.

In May 2023, we published our new five-year Partnership Strategy and decided on a new name for our Partnership to give it a clear identity: The North London Mental Health Partnership. We also agreed a clear Vision to guide our work: Better Mental Health, Better Lives, Better Communities.

In order to achieve our Vision, we need to attract and retain great staff and to help in this, we launched our new People and Organisational Development Strategy in October 2023, after significant staff engagement. It outlines how we will support and develop our staff and explore new ways to attract and keep the very best staff. As part of this, we also launched our new Values and Behaviour Framework, which were co-produced with significant input from our staff. Our Values and Behaviour Framework set out how we want all our staff to behave with

our service users, carers and each other, and, importantly, the behaviours we do not want to see in our organisation.

Another key development over the last year was the publication of our new Clinical Strategy in January 2024, setting out how we will deliver high-quality mental health services to meet the needs of local people over the next five years, ensuring patient care is always at the heart of everything we do.

We are coming together as a new Trust on 1 October because we believe this is better for our service users, carers, our staff and our local communities. Becoming a new Trust will help us to continue to improve our services. Some of the ways we will be able to do this include assessing service users according to their needs rather than their age and managing all of our beds across our five boroughs so that we can avoid anyone who needs inpatient care having to be admitted outside our area away from their support networks, which is vital when people are unwell. We are also streamlining how we work, including our new single point of access for all our crisis services through our Crisis Hub based at St Ann's Hospital in Haringey.

This is one of only two pilots in London – the other in south London – working on a pioneering initiative to provide expert advice and timely support to police officers who come into contact with people in mental health crisis. This is already helping to minimise attendance at Emergency Departments and reducing inappropriate detentions, particularly of BAME service users, helping to reduce inequalities.

The buildings where we deliver our care and where our staff work are vital – research shows that the environment in which people get their care has a direct impact on how well they recover. Two major highlights in the last year were the opening of our brand new, purpose-built, 78-

bed inpatient facility at Highgate East and of our new Community Mental Health Services Centre at Lowther Road in Islington. We are delighted, too, that our Mental Health Crisis Assessment Service, which has been offering 24/7 emergency care for local people suffering a mental health crisis now has a new, permanent home on our Highgate mental health campus.

We also continue to see the benefits of Blossom Court, our impressive inpatient facility at St Ann's Hospital which opened in 2020. It was formally recognised in October 2023 by the Royal College of Psychiatrists with official accreditation of best practice.

I hope you enjoy reading this Quality Account and thank everyone we work with for your support during the last year. We look forward to working with you over the coming, really significant, 12 months.

With best wishes

**Jinjer Kandola MBE**  
**Chief Executive**



## Introduction from the Chief Nursing Officer

I am delighted to bring you our Quality Account which highlights just some of our achievements during the last year and the improvements we have made to the quality of care we provide to our service users.

Getting the basics of outstanding care right, on every inpatient ward and in every community setting, is our focus and our Brilliant Basics programme continues to be embedded across our Partnership to ensure this happens with every service user.

Last year we launched a revised list of eight Brilliant Basics, with safety our number one priority. Our focus is on having consistent standards in every care setting with great communication between all colleagues, whether in their regular safety huddles or through their handovers between shifts.

Reducing restrictive practice on inpatient wards has been another priority with staff attending a session with the mother of a service user who died after being restrained on an inpatient ward in south London. We are committed to improving the use of therapeutic engagement and observations to reduce as far as possible, any need for restrictive practices.

We know that individuals with a mental health diagnosis are far more likely to have physical health challenges, so this year we are expanding our annual physical health checks for every service user to address this more effectively.

A key factor in improving patient care is developing a workforce that is empowered and consistently delivers excellent care. Making our Partnership a great place to work is crucial as we know that staff

satisfaction in their work environment has a direct impact on patient care.

BEH version: The 2023 staff survey was completed by 40% of staff, against a benchmark group median response rate of 52%. While progress has been made with positive work to reduce inequalities, we know that more work needs to be done around bullying, harassment and discrimination.

Our People and Organisational Development Strategy outlines our plans to improve staff experience across a number of areas, including staff wellbeing and our values and behaviours.

As we move towards becoming a new Trust on 1 October 2024, we continue to focus on developing strong relationships with our key partners to improve the mental health and wellbeing of our local communities. As part of this, we engaged with more than 200 stakeholders, including service users, carers, health and social care partners to create our quality priorities for the next year. Their success is reviewed annually and having them as a focus will enable us to improve, still further, the care we offer.

I hope you enjoy reading this year's Quality Account and thank all our service users, carers and partners for the contribution you make to the success of our Partnership.

**Amanda Pithouse, Chief Nurse**

**Amanda Pithouse  
Chief Nursing Officer**

## Our Quality Account

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

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

### Our Quality Account 2023-24 is designed to:

- ▷ Reflect and report on the quality of our services delivered to our local communities and our stakeholders
- ▷ Demonstrate our commitment to continuous evidence-based quality improvement across all services
- ▷ Demonstrate the progress we made in 2023-24 against the priorities identified
- ▷ Set out where improvements are needed and are planned
- ▷ Outline our key quality priorities for 2024-25 and how we will be working towards them.

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

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

Our draft Quality Account 2023-24 was shared with stakeholders both for assurance and to ensure we are reporting on the things we need to and that our focus for the year ahead is in line with the Trust Strategy, outcomes and learning from 2022-23, and is improvement driven.

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

This Quality Account has been reviewed by the:

- Partnership Executive Leadership Team
- Partnership Quality and Safety Committee
- Partnership Board
- Healthwatch bodies for Barnet, Enfield and Haringey
- North Central London Integrated Care Board
- North Central London Joint Health Overview and Scrutiny Committee



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

# About Barnet, Enfield and Haringey Mental Health NHS Trust

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) is an integrated mental health provider. We are the lead provider of a wide range of mental health services across the London boroughs of Barnet, Enfield and Haringey, as well as specialist mental health services to a larger population across North London, Hertfordshire, Essex and surrounding counties. We deliver our care in the community and in inpatient settings and serve a population of well over a million people.

Since April 2022 we have been working in partnership with Camden and Islington NHS Foundation Trust (C&I), jointly known as the North London Mental Health Partnership.

Our vision is simple and clear:

Better Mental Health, Better Lives, Better Communities

We have six **values** and four **strategic aims**. We ask all of our staff to promote the values and observe them every day in every area of their work. The values are interlinked to each other and underpin everything we do as an organisation, the decisions we make and the actions we take to improve the health and wellbeing of our population. We strive to put service users at the centre of everything we do through living by our values and driven by our strategic aims.



We have four Partnership strategic aims we are working towards.

1. We provide consistently high-quality care, closer to home. People are treated in the right place and at the right time for their needs and are involved in decisions relating to their care.
2. With our partners in North London and each Borough we will ensure equity of outcome for all. The gap in outcomes between people from different backgrounds will be reduced.



The North London Mental Health Partnership

## Our Five-Year Strategy



May 2023

Better Mental Health, Better Lives, Better Communities

3. We create great places to work, providing staff with a supportive environment to deliver outstanding care. Staff like the culture at work, they feel they have a consistent team around them, and they have opportunities to develop their career.
4. We will be more effective as an organisation by pioneering research, Quality Improvement and technology. The care we offer will use the latest best practice to improve outcomes for all

## Our Services

In 2023-24, our 3,460 staff helped care for more than 43,131 people in the community, with approximately 2,311 patients across our 30 wards. We provided mental health services including a specialist Eating Disorders service and other specialist services, for young people, adults and older people.

The North London Forensic Collaborative is a partnership of five NHS Mental Health Trusts providing inpatient and community forensic services for the population of North London. BEH is the lead provider and via its commissioning hub team is responsible for quality assurance, clinical oversight, contract management and a population-based budget for North London adult secure services. 2023-24 has seen the provider collaborative mobilise a new inpatient ward for people transferring from prison and increase community provision to support people staying out of hospital. Clinical networks have been established alongside the Patient Council which ensures the collaborative is clinically led and shaped by staff working on the frontline and patients receiving services. This has created a culture of joint ownership where staff and patients co-design, co-deliver and evaluate together.

The Trust has 524 inpatient beds which are located on our four main sites:

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

## Statement of Assurance from the Board regarding the review of services 2023-24

During 2023-24, BEH provided services across mental health and community NHS services. Our Trust Board has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2023-24 represents 100% of the total income generated from the provision of NHS services by BEH for 2023-24.

## Community Mental Health Transformation (CMHT) Programme

Our ambitious programme to revolutionise mental health care continues and is now nearing the end of the third year of transformation. We are continuing to change how we work to help our service users recover sooner and stay well for longer in their communities. This three-year nationally funded transformation programme, which started in April 2021, has seen the appointment of hundreds of new frontline staff across North Central London (NCL) delivering new models of care.

Significant work continues to expand our core mental health teams to multi-disciplinary teams of professional and non-professional clinical staff. We are continuing to integrate our core mental health teams around Primary Care Networks (PCNs), as well as with Voluntary Care Sector (VCS) and social care colleagues, to provide care at a neighbourhood level. This is so we can engage with local communities, service users, carers and their families to understand issues and tackle

inequalities, strengthen relationships and take a coordinated approach to improve the quality of life and outcomes for service users.

The goals for the CMHT programme are to realise the following outcomes:

- More people receiving support
- See people more quickly
- Provide holistic higher quality care

We continue to focus on developing strong relationships with our key partners to improve the mental health and wellbeing of our local communities. This means working collaboratively to tackle social and economic factors that can impact wellbeing like isolation and loneliness.

As part of the third year of Mental Health Investment Funding received, we have continued to recruit more front-line workers to ensure there are no barriers to accessing the right care at the right time. We are focusing strongly on prevention, recovery and improving mental health and wellbeing in partnership with communities, local government and other agencies.

Transforming mental health care takes time and our transformation journey will continue for some time as we continue to redesign our pathways as part of the transformation.

Examples of improvements already made or planned are:

- Continuing to roll-out and embed DIALOG+ across our community services, a holistic care planning approach designed to make service and key worker meetings therapeutically effective. DIALOG+ is being rolled out nationally as part of the shift away from the traditional Care Planning Approach (CPA). In 2023-24 thousands of DIALOG+ assessments have been undertaken with service users across our community services.

- Across all Boroughs, new members of staff continued to take up exciting new roles within our Core Community Mental Health Teams and our specialist teams.
- We are also implementing an early intervention community adult eating disorder recovery service with the aim of helping services users experiencing mild to moderate eating symptoms.
- We are continuing working in close partnership with the Voluntary and Care Sector, and with our Individual Placement Support (employment support) providers.
- Our VCS teams are helping service users every month with their mental health by providing a range of psycho-social support and interventions. They provide a critical link to local grass root and community organisations.
- We are continuing to build on and enhance the relationships with our Individual Placement Support service providers who provide a critical role in helping with employment support, using their evidence-based programme helping people find and return to employment. We will work in partnership with our providers to further strengthen our arrangements in 2024-25.
- We have continued to develop our range of professional support roles whether this is physical health, psychological, occupational and art therapists.
- We have continued to increase the number of adults accessing our 18-25s transitions services so that there is a seamless transfer from our Children's and Young Adults Services to Adult services.
- With the implementation of the new national waiting time metric with its ambition of helping people receive treatment in four weeks, we

have dedicated significant time across our operational, analytical and performance improvement teams to prepare to deliver this.

- We have continued embedding the new clinical tool, 'MaST' (Management and Supervision Tool) which translates health record data into risk and crisis prediction and identifies service users in most need of support, and service users who can received lesser support. We are continuing to work with our clinical teams to focus how we can strengthen the use of MaST in our multi-disciplinary team meetings actively.

- We are proud to continue organising and participating in local community events across our boroughs to showcase community transformation developments, holding workshops, offering physical health checks and meeting and understanding the roles of Experts by Experience.

- In partnership with a Communications partner, we have produced an animation of our Community Transformation journey, and this can be found here: [https://youtu.be/yQiWvk4hS\\_0?si=N7ZkxhLVFy0P1NL1](https://youtu.be/yQiWvk4hS_0?si=N7ZkxhLVFy0P1NL1)

We are excited to continue our transformation journey working in partnership with all our partners, and we are currently developing our plans for 2024-25. These include expanding our support for services users with personality disorders and complex emotional needs, bolstering our Early Intervention in Psychosis services, continuing the transformation of our eating disorder and community rehabilitation services, and investing further in our core mental health and specialist teams. We are also working to streamline our menu of services for providing psychological and therapy interventions so that service users know what they can receive to help them in their recovery.

## Systems in place to ensure quality at all levels

Quality Governance provides a framework for organisations and individuals to ensure the delivery of safe, effective, and high-quality care and treatment.

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

- ▶ Trust Board
- ▶ Quality and Safety Committee
- ▶ (Monthly) Quality and Safety Group
- ▶ Divisional Quality and Workforce Meetings
- ▶ Weekly Incident Review Group
- ▶ Weekly Trust Safety Huddle

Our quality governance structures and processes provide an avenue for effective monitoring of key quality and performance indicators and learning from patient safety incidents, audits, service reviews and service user feedback.

Through our quality governance systems, the Board is provided with assurances on the quality of BEH's services and patient safety:

- We produce comprehensive Trust and divisional quality dashboards incorporating safety, experience and effectiveness.
- We have an active national and local clinical audit programme.
- We monitor themes and trends in service user experience and complaints.

- We monitor the standards of our inpatient wards and a number of community teams through the Tendable audit app, through executive-led safety walk-arounds and scheduled quality reviews of service.
- We have a robust risk management and escalation framework in place.

Our Clinical Friday's programme sees senior nurses across the organisation doing walkabouts every Friday on inpatient and community sites. This gives staff the opportunity to talk openly and honestly with nurse leaders about quality and safety.

We have introduced the Safety as Standard Brilliant Basics which was developed in response to outcomes from recent incidents. The Brilliant Basic and seeks to improve safety and quality of care for all service users and standardise practice in 6 key areas.

We continue to work with our Experts-by-Experience (service users) to ensure our quality governance arrangements support the development of high-quality care and services. Our Involvement Register of Experts-by-Experience (EbEs) continues to grow with more EbEs being active in several programmes to improve the quality of services across the Trust.

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

The Trust did not receive a full inspection by the CQC in 2023-24.



Following the CQC inspection in late 2021 and subsequent published report on the inspection in February 2022 in which the Trust was rated as 'Good', we have delivered a robust improvement plan to

address the actions raised by the CQC, leading to improvements in a number of areas.

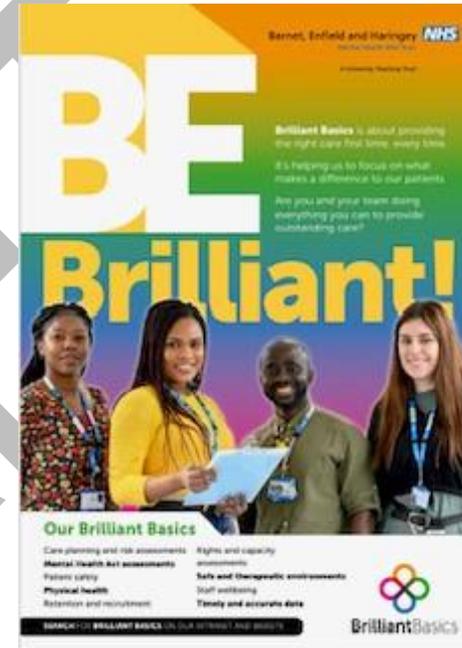
We continue to meet with the CQC on a regular basis to feedback on our ongoing developments in the Trust and we have had positive feedback on the work being undertaken by the Trust.

The CQC continued with their programme of Mental Health Act Reviews throughout 2023-24 and visited eleven inpatient teams across the Trust. Two of these visits did not identify any areas for improvement. The most common themes of the feedback from the remaining visits were assessments of mental capacity (5 visits), explanations of rights for detained patients (4 visits) and care planning (3 visits). The Trust is striving for continuous improvement in all three areas through dedicated Brilliant Basics QI workstreams.

## Registration with the Care Quality Commission

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

## Brilliant Basics



Brilliant Basics is about getting the basics of outstanding care right in every inpatient ward and community team in the North London Mental Health Partnership. Brilliant Basics is for all staff at all levels both clinical and non-clinical roles alike. In 2023, a revised list of eight Brilliant Basics was launched across the North London Mental Health Partnership after engagement with staff and service users and triangulation of data from incidents, investigations, complaints, observations during clinical visits and feedback from CQC. Extensive work is in progress to coproduce new Partnership driver diagrams and change ideas for all eight Brilliant Basics.

## The 8 Brilliant Basics are:

- Safety as Standard
- Reducing Restrictive Practices
- Rights and Capacity Assessments
- Service User and Carer Involvement
- Physical Health
- Person Centred Care Planning
- Safe and Therapeutic Environments
- Our Workplaces

### Safety as Standard

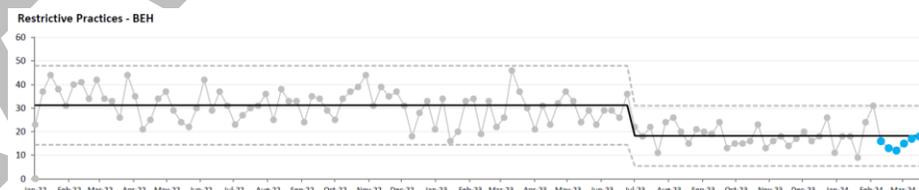
This is a new Brilliant Basic with a focus on 6 key areas. The initial focus is on the inpatient wards. However, embedding the standards in the community teams is also starting to take shape. The Safety as Standard Brilliant Basic focuses on delivering high quality around:

- Safety Huddles - embedding consistent, structured, well documented safety huddles in every inpatient ward and community team.
- Shift Coordination – developing a set of standards for the shift coordinator role
- Therapeutic Engagement and Observation - ensuring that all interactions are therapeutic and there is a good understanding of what enhanced observation levels mean in practice
- Handovers - embedding a high-quality handover process for nursing, MDT and all other handovers including coproduction of a measurement tool.
- Vision and Safety Compact - all wards and community teams to have a coproduced vision statement about how they will be delivering a high-quality safe service.
- Visual Management Boards - boards divided into four quadrants with data relevant to patient safety, efficiency, staff wellbeing and patient experience. The purpose of the boards is for staff and patients to be sited on the data to inform improvements.

### Reducing Restrictive Practices

The Partnership is committed to reducing restrictive practices in the inpatient wards. An event was held in April 2023 which was attended by staff across the Partnership. There was a presentation from Aji Lewis, whose son died in 2010 after he was restrained on a mental health ward in South London. Aji campaigned resulting in an important piece of legislation, the Mental Health Units (Use of Force Act 2018).

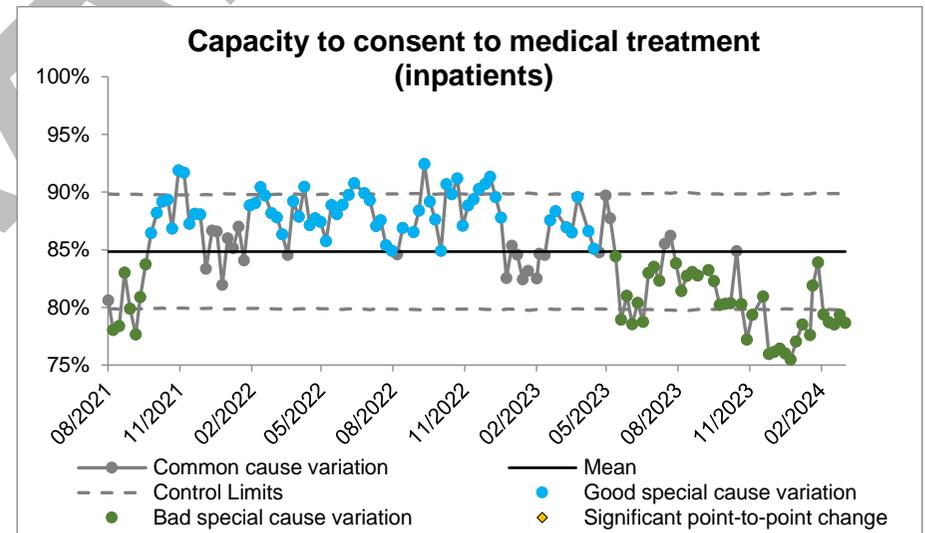
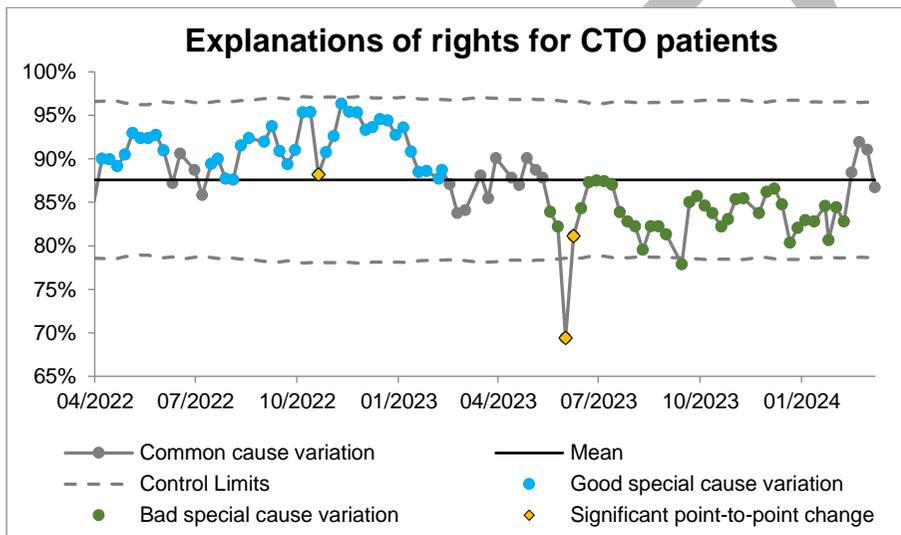
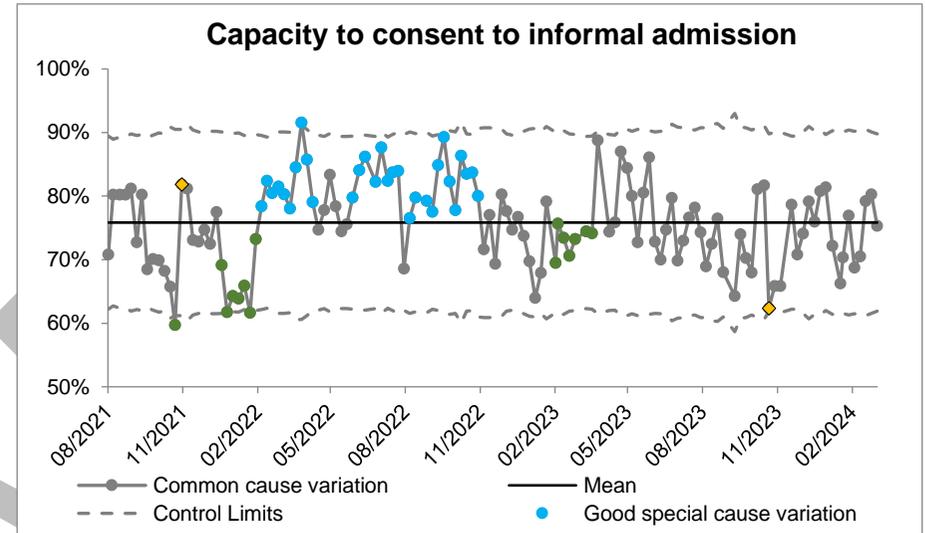
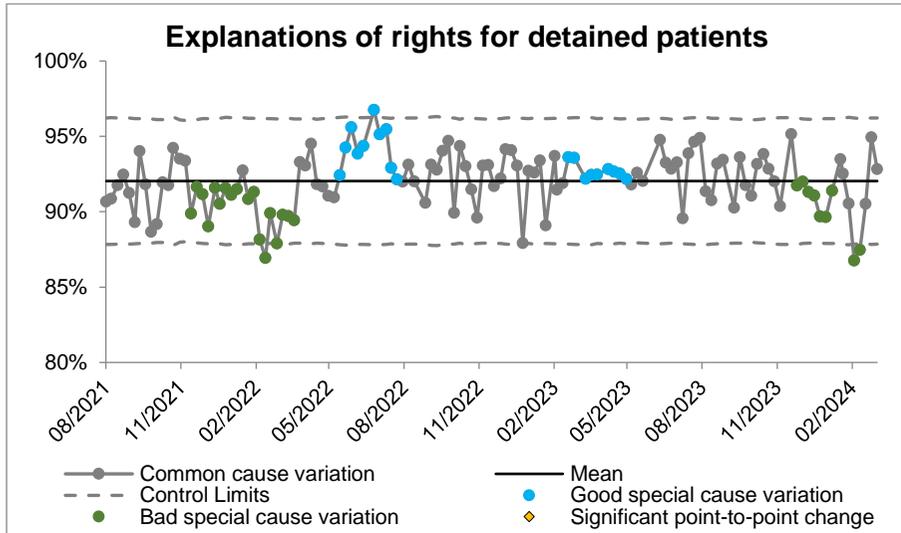
Following the presentation from Aji Lewis the rest of the day was focussed on how we can reduce restrictive interventions including improving the use of therapeutic engagement and observations. Staff met in multidisciplinary groups with service users to think about interventions that could be introduced on wards to reduce restrictive interventions and improve therapeutic interactions with patients. From then until now staff are focussed on implementing the change ideas discussed on the day with a focus on least restrictive practice and trauma informed interactions with patients.



### Rights and Capacity Assessments

Data for Rights and Capacity Assessments is now on Power BI, a live data system which means that staff can see the data in real time. This has allowed teams to monitor performance as and when needed. We have learnt from high performing teams that having a systematic process to monitor performance for rights and capacity assessments is very important, particularly in wards where there are a high number of admissions and discharges every day. We still have some work to do with recording capacity to consent to informal treatment. This is our

current focus across the Partnership for 2024 as well as sustaining improvements made so far and not slipping back.



## Service User and Carer Involvement

Services that are designed with service users are better services and have better outcomes for patients. We are committed to working more and working better with service users and carers to co-produce better care. All improvement work needs to be co-produced with patients and carers.

Two workshops took place in February 2024, one with service users and one with carers, to refine the driver diagram with some tangible, actionable change ideas for testing.

## Physical Health

A collaborative workshop was held in January 2024 with key clinical, operational and physical health leads exploring, updating and aligning the new partnership Brilliant Basic to the implementation of North Central Lives Longer Lives strategy, and strategic physical health delivery and governance approach. This Brilliant Basic will focus on delivery of an expanded annual health check.

The wider strategic programme of work is to include implementing key areas of NCL longer lives strategy.

## Person Centred Care Planning

We have launched Dialog + in the Partnership. This is a tool that has been developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, person centred communication and solution focussed therapy. Research shows that it can improve patients' quality of life. By its very nature it is person centred. We are on the road to improving its uptake for all patients in the community.

## Safe and Therapeutic Environments

This year we have separated the environments focussed Brilliant Basic into patient centred environments and staff focussed environments. The staff focussed environments is now in a new Brilliant Basic called Our Workplaces. The photos show several of the improvements that have been completed during this year.



**Sussex Ward garden fences refurbished**



**The Beacon Centre Sensory Room opened April 2023**

## Our Workplaces

Our Workplaces is a new Brilliant Basic focussing on environments for staff.

Areas of focus have been agreed as a Partnership and will include staff rooms, meeting reasonable adjustments (confidential spaces for supervision, meeting individual adjustments whilst hot desking), staff safety (street lighting and personal alarms), new starter support (onboarding process and local induction) and required equipment (locker space/pedestals)

## Quality Improvement (QI)

A key factor in improving patient care is developing a workforce that is empowered and consistently delivers excellent care through a Quality Improvement (QI) approach. The QI approach focuses on developing changes with front line staff both clinical and non-clinical staff of all bandings in community, inpatient and corporate teams to improve the quality of our services.

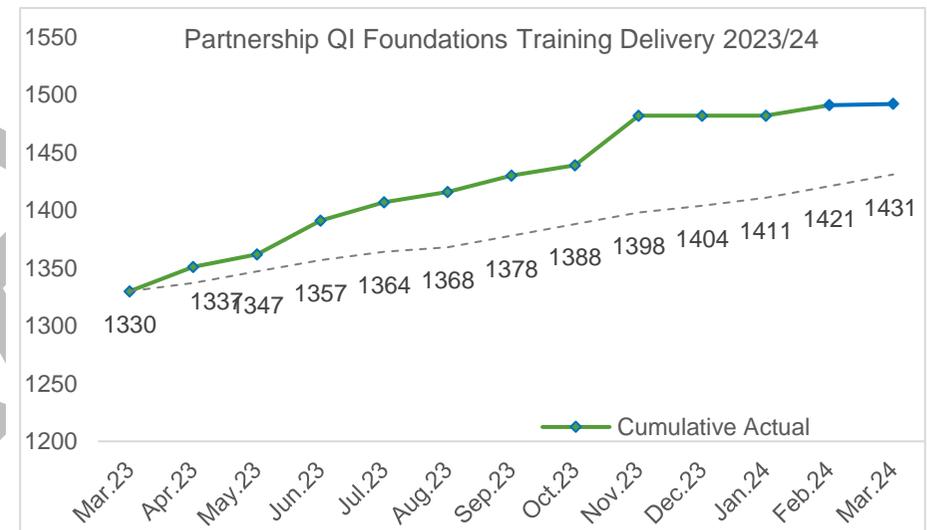
We recognise that for improvement to be sustainable, a single improvement methodology needs to be consistently embedded in the way we work. The Trust has supported the implementation of the Model for Improvement which is endorsed by the Institute of Healthcare Improvement as our preferred methodology.

Building QI capability within the Trust is essential so that staff have a knowledge of QI and can understand and use the Model for Improvement. We have continued to raise awareness of QI within the Trust induction and offer QI Foundations training to all staff across the Partnership on MS TEAMS every other month. Face to face QI Foundations

Training has been introduced in Specialist Services and in Enfield Division and this is something the QI team are planning on building on in the future.

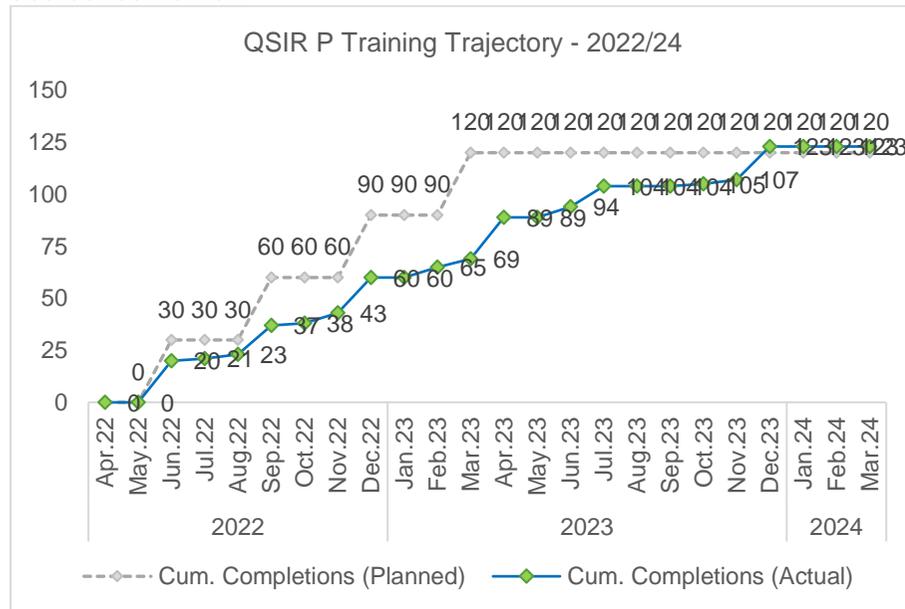


Chart shows QI Foundation training delivered in 2023-24 and number of staff trained



It has been the ambition of the Trust to use NHS England's Quality, Service Improvement and Redesign (QSIR) programme to train staff internally. We are proud that the five day nationally accredited Quality, Service Improvement and Redesign (QSIR) Practitioner training has continued. This training is now offered across the Partnership and 123 staff have now completed the course. Four members of staff have also

completed the Teaching Associate certification and have become an accredited trainer.



All teams are encouraged to use QI as the approach to address issues locally. For example, Barnet Division has achieved a reduction in the use of enhanced observations with no loss of quality of care. The Beacon Centre (children and adolescent mental health inpatient services) is doing a QI project to improve the onboarding process for staff and improving wellbeing. Three wards at BEH took part in the national QI collaborative for reducing restrictive interventions from 2021 to 2023. Dorset ward achieved a reduction in restrictive practice that has been sustained for the past year. We are committed to learning from other mental health trusts in London and nationally.

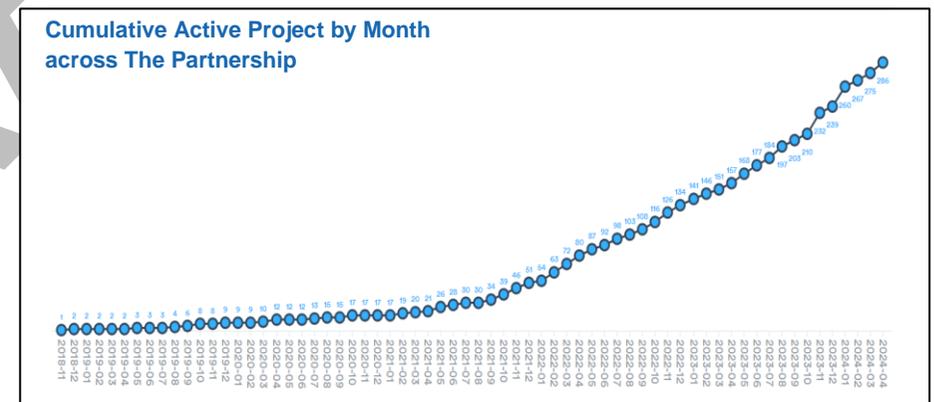
We are also committed to sharing improvements made across the Partnership and spreading the good work for example the QI project to reduce caseloads in Barnet Division's Crisis Team, the work that

Haringey Division has completed to implement Safewards and the improvements in Specialist Services to increase relational security.

BEH was the first Mental Health Trust in NHS England to be accepted to take part in the Flow Coaching Academy (FCA) Programme in 2021. Following the success of the programme a new FCA year-long programme was launched in 2023 across the Partnership. The FCA exists to enable front line staff across pathways, organisations and whole systems to continuously improve service user care and outcomes.

Although the pioneer FCA team in Sheffield is changing, the work of the Big Rooms will continue in the North London Mental Health Partnership. Embedding QI across the Trust has been underpinned using Life QI, a digital platform, where all QI projects are now registered. This not only provides teams with the tools to progress their work, but also enables collaboration and real-time robust reporting of QI within the Trust. Life QI is now one platform across the partnership.

### Life QI: Cumulative Active Projects by Month



Within the year, the two Quality Improvement teams from BEH and C&I have integrated to form one team which has enabled a structure to

provide career development for staff as well as greater flexibility to support QI projects across the Partnership.

## Infection Prevention and Control

### Reportable Infections and Outbreak Situations Declared

Effective infection prevention and control (IPC) programme, including cleanliness and prudent antimicrobial stewardship (AMS), is essential in ensuring that people who use health and social care services receive safe and effective care that conforms to nationally agreed best practice and guidelines in relation to protection from avoidable infections.

The IPC team is committed to reducing harm caused to patients as a result of Healthcare Associated Infections (HCAIs), by following the relevant criteria in the Health and Social Care Act 2008, and the Key line of enquiries in the NHSE IPC Board Assurance Framework (BAF).

In 2023-24, there were 17 cases of HCAIs - 1 case of Shingles, 1 case of Streptococcus A, 1 case of MRSA, 1 case Cryptosporidium, 2 cases of Influenza A and 11 cases of gastroenteritis with an unknown pathogenic cause.

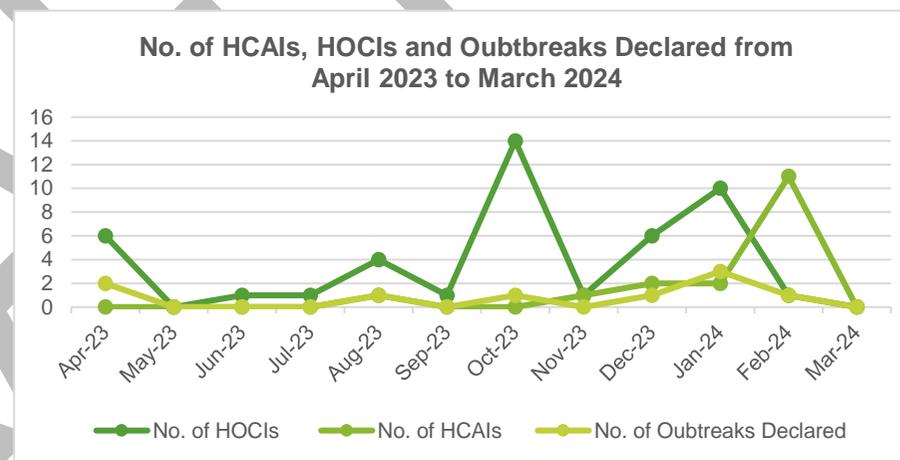
In the same period, there were 52 COVID-19 cases recorded, of which 45 met the case definition for Hospital-Onset COVID-19 Infection (HOCl), i.e. positive specimen taken 15 or more days after hospital admission compared to 267 cases in the previous reporting year. However, the low numbers reflect low prevalence of COVID-19 cases nationally, couples with changes in testing guidance.

All affected patients were managed according to Trust policy and national guidance, and all recovered with no known harm.

Some of the above cases resulted in outbreaks and there were 9 outbreaks declared during this period - 7 COVID-19 Outbreaks, 1 Influenza A and 1 Gastroenteritis. These were reported to UKHSA and

the North Central London (NCL) Integrated Care Board (ICB), in accordance with outbreak notification guidelines. Each outbreak situation is managed through prompt outbreak meetings, chaired by the Trust IPC Lead Nurse, and attended by representatives from the clinical area, Estates and Facilities departments, UKHSA and the ICB, and IPC doctor where appropriate. Each outbreak ward has been provided with a robust action plan with a set of actions to help reduce risk of onward transmission; support is provided, and progress monitored by the IPC team.

Declared outbreaks in the Trust



A daily live situation report of COVID-19 positive cases in the Trust is monitored through the Trust access and flow meetings and submissions are made to NHSE. Outbreaks, HCAIs and HOCl are reported bi-monthly to the Trust Partnership IPC group meeting, chaired by the Director of infection Prevention and control (DIPC) and chief Nurse.

## Testing for Respiratory Infections including COVID-19

From 31 March 2023, the publication of 'Living with COVID-19' from the UK Government and associated guidance from UKHSA/NHSE has been implemented across the Trust. COVID-19 testing continues for symptomatic inpatients and testing for symptomatic staff has been stepped down, unless the staff is providing direct care to immunosuppressed service users, in line with national guidance. PCR testing for other respiratory viruses continue and is included in the Laboratory service level agreement (SLA) with the Royal Free Hospital.

## Winter Vaccination campaign

The 2023-24 winter vaccination programme which offered flu vaccines to all staff and flu and COVID-19 booster vaccines to all eligible service users ended in February 2024. The staff Healthcare Worker (HCW) overall uptake for BEH was 28%.

A reflective practice has been facilitated to reflect on the vaccination campaign to identify lessons learnt and areas for improvement in future campaigns. Key lessons have been identified which will inform the planning of next campaign to help improve uptake.



## Infection Prevention and Control Audits

Each clinical area has been mandated to undertake Environmental and Hand Hygiene audits on the electronic auditing system Tendable. Both audits are to provide clear assurances of compliance with the Health and Social Care Act 2008 and are key evidence for clinical areas that IPC local and national guidance has been implemented.

The IPC audit tools were reviewed and amended in August 2023. 188 audits have been completed with the majority scoring 90% and above since the implementation of the new tools.

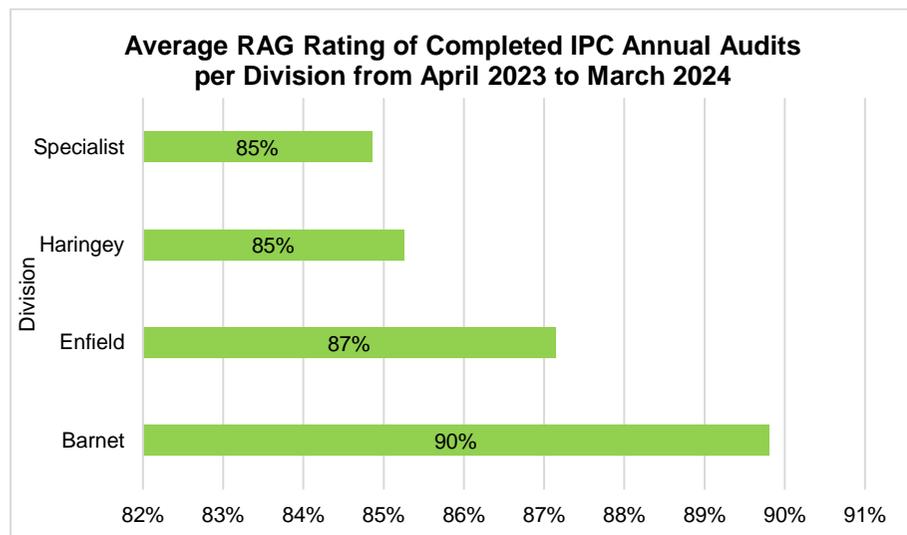
Number of Environmental Audits since September 2023 to March 2024



Enhanced collaboration between the IPC and Facilities teams is integral in maintaining high cleaning standards and in effectively undertaking regular cleaning audits. The 2021 national standard for healthcare

cleanliness is being implemented across the Trust and efficacy audits have begun as per the guidance.

In addition, the IPC team carry out an oversight assurance as part of their annual audit programme, where each ward is audited at least once in 12 months. After the completion of each audit, a written audit report with photographs is shared with the teams, alongside an action plan for completion by the teams. Below are scores from the assurance audit.



### Educational Campaigns

Statutory and mandatory training for IPC levels 1 and 2 are delivered via Skills for Learning virtually.

Throughout the year, the IPC team have engaged in various educational programmes aimed at promoting the knowledge of infection prevention and IPC standard precautions among staff and service users. These include internal link champions programmes, matrons and senior leaders

update sessions and international and world campaigns such as stalls and activities for IPC week and World Tuberculosis Day.



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

Patient-led Assessment of the Care Environment inspections are voluntary self-assessments covering a range of non-clinical activities and services which impact on our patients' experience of care. This provides a snapshot of our performance.

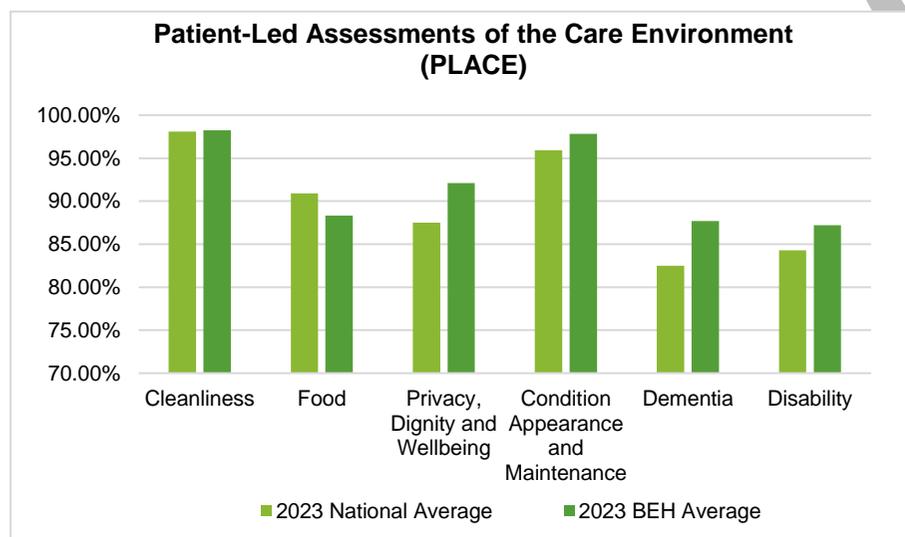
Five assessments were carried out in collaboration between Trust staff and local people known as Patient Assessors recruited from Healthwatch, Barnet Voice, Haringey User Network, and Enfield Mental Health Users. The Trust ran training sessions for the assessors to carry out the PLACE assessments.

The domains assessed are:

- Cleanliness
- Food
- Privacy, dignity, & wellbeing
- Appearance & Maintenance
- Dementia
- Disability

The 2023 PLACE assessments overall organisational scores are shown below compared with the national Mental Health and Learning Disabilities average scores.

Following the PLACE assessments of 18 wards and several departments, an action plan to address all areas of non-compliance and shortfalls was developed for action to the relevant departments, units, and wards.



## Looking Back: Quality Priorities for 2023-24

In March 2023, staff from across the Trust, including the Chair and Chief Executive, were joined by service users, peer workers, commissioners and representatives from other statutory and voluntary organisations to discuss and agree the Trust's Quality Priorities for 2023-24.

### Quality Priorities 2023-24

Our six Quality Priorities for 2023-24 were designed to support our aim to deliver excellent care for our diverse population. They took into consideration suggestions from stakeholders and the Trust's Strategic Objectives and were aligned to existing programmes of work.

#### Patient Safety

- 1. We will develop the role of Patient Safety Partners (in line with PSIRF), to ensure that those with lived experience are equal partners in strengthening patient safety governance and management processes.**

In October 2023, we successfully recruited a Patient Safety Partner to the Patient Safety Team. The main role of our Patient Safety Partner has been to ensure that the lived experience voice is heard and embedded within the organisation, with the core purpose of improving safety and quality.

Our Patient Safety Partner has been a fundamental member of the Patient Safety Team; through application of their skills, knowledge, and lived experience, they have supported decision making to drive forward the Partnership's ambition to improve and embed a strong patient safety culture. The Patient Safety Partner works with staff as equal partners to influence and improve the governance and

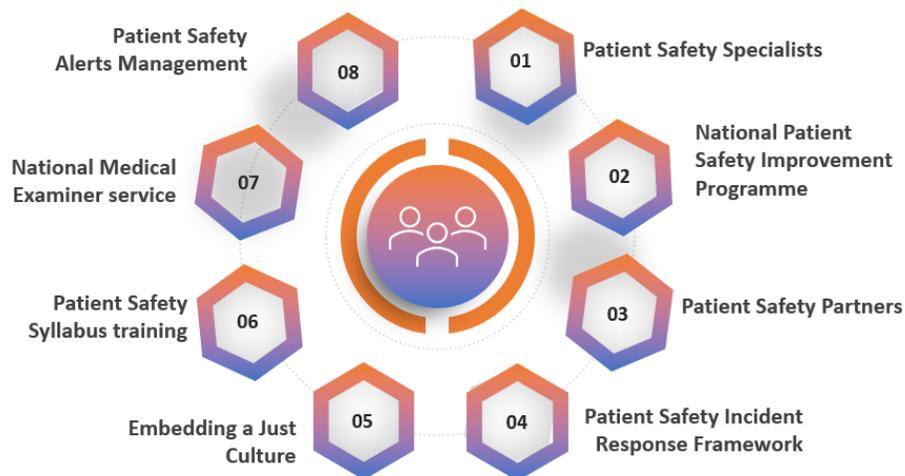
leadership of safety across the partnership. They have led on the implementation of the NHSE Involving Patients in Patients Safety Framework working closely with colleagues in our Service User Experience and Engagement Team.

We aim to expand our Patient Safety Partner provision in 2024-25 to continue the excellent work in progress, and to further develop improvements in safety and quality across all of our clinical services.

**2. We will develop a partnership patient safety strategy focussed on equipping patients and staff with the skills and opportunities to improve patient safety.**

During 2023-24, the Patient Safety Teams across BEH and C&I have been working in partnership to ensure all priorities of the NHS Patient Safety Strategy, illustrated below, have been consistently implemented or being worked towards across both Trusts.

**Alignment to NHS Patient Safety Strategy – key priorities**



Before developing our own Patient Safety Strategy, it is essential that all necessary structures, systems and processes are in place to

support this work and the embedding of a strong patient safety culture. We can now move confidently ahead with the development of a Partnership Patient Safety Strategy in 2024-25.

**Clinical Effectiveness**

**1. We will ensure that there are processes in place to prevent discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions – Data will be used to inform specific areas for improvement.**

The State of Inequalities Report provided an in-depth analysis of the status of inequalities across the Partnership in C&I and BEH. An action plan to address gaps was approved by a sub-group of the Board in October 2023.

Priority areas that have been progressed include:

- Setting up of governance to support implementation of the Patient Carer Race Equality Framework (PCREF). The Chief Nursing Officer as the Senior responsible Officer has been linking in with the Black Asian Minority Ethnic communities, and experts by experience have been developed across the divisions.
- A successful community engagement event was held showcasing the Partnership's community services offer and co-production around PCREF competencies. Further work will take place with the communities during 2024-25 to raise awareness of our plans and activities to address restraints in young black men, increasing access to CAHMS.
- An Accessible Information Standard group has been set up to ensure the needs of disabled service users and carers are embedded across the Partnership. Further work is planned to raise the awareness of the LGBT communities in health care settings. In 2024-25 we will work towards the NHS Equality Delivery System 2022, Domain one – commissioned or

provided services and use the work underway around physical health checks for inpatients with serious mental health illness. More engagement with clinical staff is needed around cultural competency to ensure care for diverse communities and a business will need to be put together to fund this.

**2. We will support people’s physical healthcare and ensure that deteriorations in physical health are identified, and appropriate interventions are provided to improve health outcomes; we will do this by developing competencies and skills of clinical staff.**

During 2023-24 a number of improvement initiatives have been introduced to strengthen education and awareness, and clinical competencies and skills in physical healthcare management across the Partnership. Examples of initiatives and improvements include:

**Brilliant Basic QI - Physical Health Assessments:** Our commitment to excellence is being delivered across the partnership through the Brilliant Basic for improving Physical Health Assessments.

**Streamlined Physical Health Assessment Form:** We have optimised our Physical Health Assessment Form by streamlining sections to capture critical information efficiently. This enhancement not only improves data capture but also promotes efficiency and eliminates duplication associated with Health Information Exchange (HIE). Next steps – data retrieval for ongoing improvement.

**Launch of NCL Longer Lives Strategy Delivery Plan:** The implementation of the NCL Longer Lives Strategy Delivery Plan has been approved at both Integrated Care Board (ICB) and Trust levels. We are currently developing workstreams to ensure successful execution and achievement of strategic objectives.

**Practice Development Team Initiatives:** Our Practice Development Team continues to support staff upskilling in essential areas such as ECGs, Phlebotomy, NEWS2, Medical Devices, and MYKITCHECK.

This investment in staff development enhances competency and ensures high standards of care delivery.

**Development of Clinical Pathways:** We are actively developing clinical pathways to facilitate easier access to acute care services, thereby improving patient outcomes and reducing healthcare system inefficiencies.

**Training and Compliance Initiatives:** NEWS2 Training, ILS/BLS compliance improvement, and ongoing Quality Improvement (QI) projects focused on familiarisation with emergency equipment and processes ensure staff readiness and adherence to best practices - MEET (Medical Emergency Equipment Training).

**Standardised Medical Emergency Simulations:** Introduction of standardised Medical Emergency Simulations in ward areas aims to enhance staff proficiency in managing cardiac arrest situations, fostering effective teamwork, and familiarising personnel with essential equipment and emergency management algorithms for safe care.

**Quality Improvement Projects:** Our ongoing QI projects focus on the Prevention and Management of Pressure Ulcers and Tobacco Dependence, reflect our commitment to continuously enhancing patient care and promoting a smoke-free environment.

**Wellbeing clinics** at community sites/Clozaril clinics and assertive outreach checks for housebound and hard to reach are now in place.

These initiatives collectively reflect our unwavering commitment to delivering high-quality healthcare services, fostering staff development, and ensuring positive patient outcomes. Through collaboration, innovation, and continuous improvement, we strive to meet the evolving healthcare needs of our community and uphold our commitment to excellence in healthcare delivery.

## Patient Experience

- 1. We will strengthen feedback mechanisms at a Divisional level by focusing on improvement plans in response to service user feedback using Quality Improvement methodology to bring about measurable improvement. We will develop a feedback framework to communicate our response to feedback to service users, carers and staff across the partnership.**

The launch of the Service User and Carer Brilliant basic has engaged stakeholders in identifying key areas for improvement with identified actions. A pilot initiative is currently being developed which will focus on service users specifically being asked in a clinic setting "what do you want to get out of this appointment". The commitment for all services to the "you said, we did" updates was highlighted as a key priority. While these are updated more consistently on the acute wards, this level of engagement and responsiveness to feedback is not reflected within the community services.

Initial consultations have been had with relevant teams to explore the development and use of an app for teams to input on a monthly basis their updates. The app will also send monthly reminders to teams to input their updates and will have a function for data to be collectively pulled.

The previous Service User Experience and Engagement Group has now been split into two sub meetings - Service User Experience and Service User Engagement. This allows for a more focused review of the feedback received via the "Patient and Carer Survey", identifying key themes/areas of improvement/areas of excellence.

- 2. We will ensure that involvement and engagement of those with lived experience is embedded at all levels of the partnership organisational structure by increasing the numbers of experts by experience and staff employed with lived experience.**

The Service User Experience and Engagement Team is currently in the process of recruiting two new band 7 positions - Lived Experience Workforce Leads to join the corporate Peer team. These roles will support the development and implementation of the new peer workforce strategy (expected roll out April 2025).

Additionally, the Service User Experience and Engagement Team has successfully recruited two band 5 Involvement and Engagement facilitators to continue to support the growth and development of the expert by experience programme.

## Clinical Audit and Quality Assurance Programme

Clinical audit and service reviews are a way to find out if the health care and service we provide to our service users is in line with best practice standards; it lets us know which services are doing well which allows us to learn from them, and where improvements can be made. The Trust has an extensive clinical audit programme aimed at improving the quality of services, care and treatment, patient safety and service user experience.

### Participation in national clinical audits and national confidential enquiries, 2023-24

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

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

During 2023-24 five national clinical audits and two national confidential enquiry covered relevant health services that Barnet Enfield and Haringey Mental Health Trust provides.

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

During 2023-24 Barnet, Enfield and Haringey Mental Health Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits, national confidential enquiries and national benchmarking projects that Barnet, Enfield and Haringey Mental Health NHS Trust participated in and for which data collection was completed during April 2023 to March 2024 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

**BEH participation in national clinical audits and National Confidential Enquiries, 2023-24**

National Audit	Number of Submissions to audit	% of eligible case submitted
<b>Prescribing Observatory for Mental Health (POMH-UK) Audits</b>		
Topic 22a Use of anticholinergic (antimuscarinic) medicines in old age mental health services	10 cases	N/A
Topic 23 Sharing best practice initiatives	Awaiting report	N/A
Topic 16c Rapid Tranquilisation	In Progress	N/A
<b>National Audits</b>		
Falls and Fragility Fracture Audit programme (FFFAP): National Audit Inpatient Falls (NAIF)	0 case identified	N/A
National Clinical Audit of Psychosis (NCAP) – Early Intervention Service	238 cases	100%
<b>National Confidential Enquires</b>		
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	4 cases	50%
National Confidential Enquiry into Patient Outcome & Death (NCEPOD) End of Life Care	2 cases	0%

**The report of one national clinical audit was reviewed by the Trust in 2023-24 and Barnet, Enfield and Haringey NHS Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:**

### **1) National Clinical Audit of Psychosis (NCAP)**

In March 2024, our Early Intervention Services (EIS) in Barnet, Enfield and Haringey participated in the annual National Clinical Audit of Psychosis. Since the last audit round, the three services have been making improvements in a number of areas such as the undertaking of physical health reviews of service users. There has been an ongoing action plan for the areas previously identified by the audit that required improvements. To address these, the following actions were identified for the Trust:

- The number of carers that took up carer-focussed education and support programmes required improvement. Each service runs a monthly carer's group monthly and to encourage carer uptake we're continuing to adapt and publicise the groups with all carers to promote on-going attendance. We're also exploring options to develop a partnership wide offer.
- We are continuing to work to maintain and improved our availability and delivery of family interventions for people with a first episode of psychosis.
- To maintain the delivery of physical health checks and interventions, we're working to develop a Power BI Physical Health Dashboard to track Physical Health Assessments.

## **National Benchmarking Projects**

**The report of one national benchmarking project was reviewed by the Trust in 2023-24 and Barnet, Enfield and Haringey NHS Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:**

### **NHS England and NHS Improvement Learning Disability Year 5 Improvement Standards Collection**

The following were identified as systems and process changes required by the Trust for the benefit of service users with a learning disability and/or autism:

- Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use our services in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to how services are delivered are tailored to each person's individual needs. Oliver McGowan Mandatory Training is now part of mandatory training for all staff, with frequent communication updating on process. Our corporate induction now has two service users with lived experience talking to new staff.
- The Trust must demonstrate that their services are 'value-led'; for example, in service design/improvement, handling of complaints, investigations, training and developments and recruitment. The Service User Engagement and Experience Team (SUEET) are to update the complaints leaflet and develop an easy read version with support from the Speech and Language team. There are many methods already offered to raise a complaint (email, telephone, letter, in person). SUEET are to utilise the partnership internet page to display these contact methods and develop a video tool detailing accessibility. SUEET are to work alongside Trust wide Learning Disability (LD) teams to promote the involvement register and co-production work with service users and carers of those with a

learning disability and/or autism.

## Local Audits

The Trust encourages staff to undertake audits to improve outcomes and experiences for service users and staff. Examples of local audits carried out and subsequent improvements made to services are detailed below. These are monitored by the services:

### **An audit on prescribing medicines on the Beacon Centre**

- When standards are not met these are to be identified with the relevant professional and challenged.
- Training and education are to be provided regularly to improve the standard of prescribing in the Trust. This shall include all new doctors starting at the Trust as well as non-medical prescribers. Consideration for an online prescribing system is paramount.
- Incidents involving poor prescribing are to be reported and all learning should be disseminated amongst the Trust for shared learning.
- To repeat the audit annually to assess standards being followed and if improvements have occurred.

### **Service adherence to National Institute for Health and Care Excellence (NICE) guidelines and the consideration of these in clinical decision making in Enfield Therapy Service**

- Each NICE guideline to be brought up on screen when discussing a presenting problem.
- The team to use their clinical judgement in situations where members hold reservations around complex clients who meet more than one problem descriptor.
- To ensure visibility of NICE guidelines to promote adherence, to normalise use and ensure fair provision of care for all clients.

- To provide time, training and resources for clinicians regarding NICE guidelines.

### **Review of GP letters written by Community CAMHS psychiatry team**

- The design of a template with the pertinent points – with special emphasis to those domains where information was important but lacking (side effects, stabilisation of medications, risk information)
- An introduction on how to complete the new template for all psychiatrists.
- To repeat this audit in 6 months' time on another random sample of patients.

### **An audit of prescription charts in the Dennis Scott Unit (Barnet division)**

- The regularly cross-checking of the prescription charts.
- Introduction of signposting to the prescribers.
- Implementation of e-prescriptions.

### **Monitoring quality and safety through audits**

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

Tendable is used across all of our inpatient wards. It is an app that hosts a series of bespoke clinical audits and practice reviews. The audit questions have been developed to provide a picture of safety and effectiveness on our wards. Tendable is available on hand-held devices, allowing staff to review clinical practices and safety on the wards as part of their day to day work. In addition to our inpatient wards, 6 community teams also use Tendable.

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

### **Quality Assurance Audits and Peer Service Reviews**

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

The Quality Assurance audit is self-assessed and specific to each service, based on relevant national and local standards. There is a programme of spot checks of these audits to ensure robustness of outcomes.

The Peer Service Reviews are based on CQC regulations and local standards. Outcomes for both audits are reviewed at team, divisional and Trust level and are monitored over time to ensure that learning and recommendations have been embedded and quality of services has improved.

### **Quality and Safety Review Visits**

In October 2023 a structured programme of Quality and Safety Review visits began across the partnership. These supportive visits take place twice a month and provide an opportunity for a team of Executive and Non-Executive Board members and senior clinical staff from a range of professional groups to review clinical services across the eight divisions. The review covers the following four key areas:

1. Clinical effectiveness, quality improvement and learning
2. Patient/Carer involvement and engagement
3. Safety, safeguarding and safe staffing
4. The environment, the person and integrated care

Each visiting team undertakes an assessment of the quality and safety of the care being delivered, highlighting areas of notable practice and identifying areas for improvement. The visiting team also have the

opportunity to speak to staff, service users and carers during these reviews.

In 2023-24 the following areas of notable practice were identified:

- Staff reported that they felt valued, supported, included and valued
- Learning from incidents was included regularly in team meetings
- A number of QI projects were in progress
- Service users were engaged in a number of activities on the ward
- Service users and carers were engaged in their care planning and attended meetings where they were able to share their ideas and feedback

Actions plans were created to address areas requiring improvement and the teams and services continue to monitor and implement the changes required.

The programme of visits will continue throughout 2024-2025 to support quality and safety and continuous improvement.

Under the North London Mental Health Partnership (NLMHP), the trust has implemented its joint Research Strategy for 2024-2029, which was approved by the board this year. Our new strategy will focus on 8 key research priorities:

- Realising the benefits of the NLMHP clinical partnership.
- Developing the UCL-NLMHP Partnership's capacity and capability.
- Tackling health inequalities.
- Raising the visibility and profile of research.
- Increasing service user involvement in research.
- Adopting research and innovation into clinical practice.
- Strengthening the range of research partnerships.
- Building a robust clinical R&D support infrastructure.

## Participation in Clinical Research

Each year, the National Institute for Health and Care Research (NIHR) distributes around £3bn in research funding via its 15 regional (CRNs). The CRNs provide the infrastructure to facilitate high quality research and to allow service users and health professionals in England to participate in clinical research studies within the NHS. Our local Clinical Research Network (CRN) is North Thames CRN.

For 2023-2024:

- 216 patients, receiving relevant health services at BEH, were recruited to research studies.
- 18 different portfolio adopted studies recruited participants from BEH.
- 78.7% of participants were recruited to observational studies.
- 21.3% of participants were recruited to wholly or partly interventional studies.

The Top 5 recruiting studies at BEH in 2023-24 were:

Short Name	Local Investigator	Recruitment
Thoughts about physical activity (TAPA): questionnaire study	Oluwumi Oyeyemi	80
PPIP2	Dr Maja Elia	23
The Community Navigator trial	Angela Sobers	20
Emotion Regulation in Children (ERiC): a clinical trial	Dr Mark Carter	13
Radar follow-up study	Dr Saeed Alam	12

## Commissioning for Quality and

## Innovation (CQUIN) goals agreed with commissioners for 2023-24

The CQUIN payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions.

CQUINs are part of our contractual income, subject to us evidencing delivery of the specific schemes (or indicators) as included within our contract with commissioners.

The 2023-24 CQUIN programme is comprised of a smaller number of key clinical priorities for which targets have been applied. The design criteria are focussed on familiar clinical improvements, the likes of which the Trust is already building into its normal clinical practice. The delivery of wider national goals has determined the scope of this year's programme.

The scope of the Trust's 2023-24 CQUIN programme is detailed below:

- Ensuring frontline healthcare workers receive their flu vaccine.
- Ensuring service users accessing Children and Young People's services have outcome measures.
- Ensuring service users accessing adult services have outcome measures.
- Ensuring incident records for service users accessing Children and Young People's services are accurate.
- Ensuring incident records for service users accessing adult services are accurate.

Most of the CQUIN goals have seen either excellent or much-improved performance (compared to the previous year). A significant challenge remains in ensuring the uptake of the flu vaccine.

Ref	Title	Q1	Q2	Q3	Q4 confidence	update
CCG1	Flu vaccinations for frontline healthcare workers	n/a	n/a	18%		Review of the regional and local vaccination program has identified key areas for focus within the NLMHP vaccination plan for 2024/25.
CCH15b	Routine outcome monitoring in CYP and perinatal mental health services	31%	34%	35%		Significant improvement on previous year's performance, though top threshold unlikely to be met
CCG15a	Routine outcome monitoring in community mental health services	44%	38%	37%		Significant improvement on previous year's performance, though top threshold unlikely to be met
CCG16	Reducing the need for the use of restrictive practices in CAMHS inpatient settings	100%	100%	100%		Excellent performance well-established

CCG17	Reducing the need for the use of restrictive practices in adult and older adult inpatient settings	98%	99%	100%		Excellent performance well-established
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## Information Governance Toolkit compliance

The Trust's aim is that all service users are in control of their own personal information and our NHS information systems are designed to support clinicians and other frontline staff to deliver safe, high-quality care to our patients. To this end, the Trust patients can use the Patient Knows Best app to access their health records. The Trust is also National Data Opt-Out compliant, which requires that data for patients who have specifically asked not to share their health data for secondary purposes is not shared for such purposes.

Our focus in 2023-24 has been to provide, design and implement services that meet the needs of our diverse population and to ensure all information is accurate, available and reliable to enable the Trust to provide exceptional patient care.

We have continued to apply a risk-based approach to information use and sharing initiatives, to ensure we are compliant with the UK General Data protection Regulation (GDPR) and the Data Protection Act 2018 (DPA). We continued to participate in various national information sharing initiatives across health services for 'direct care' purposes, to support timely delivery and safe care to our service users when they receive treatment.

We work closely and in partnership with care providers across North Central London and participate in various NHS information sharing initiatives, such as the London Care Records and the National Records Locator Services, which provides clinician's access to real time information and a record of patients' care history, without the need for the patient to repeat them to the professional wherever they are being treated. This access to patient records is for "direct care" purpose only and for providing timely care and treatment to our patients.

The Trust and Camden and Islington NHS Foundation Trust, as a partnership, have continued working collaboratively and bring their systems, processes and people together. It is anticipated that, in October of 2024, the two Trusts will become a single legal entity.

The Partnership has been strengthened, through collaborative working and sharing of ideas on best practice. As a result of the partnership the Trust has established joint lines of responsibility and accountability for key Information Governance roles to named individuals, the Senior Information Risk Owner (SIRO) and Caldicott Guardian is a joint responsibility across the Partnership.

As part of our digital innovation programme, to further enhance our service users control and access to their records and freedom to liaise directly with their care providers at their convenience in relation to the records we hold about them, we have invested in mobile applications (App) that enable our service users' access to their information at their convenience if they choose to use the App.

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

Preparations for making the DSPT submission for this year 2023-24 is well underway and the Information Governance team are confident that the submission will be successful. The DSPT Baseline Submission, to assess how the campaign is progressing, was successfully carried out at the end of February 2024. A full and final submission will be made at the end of June 2024. Nearly all mandatory requirements have been satisfied.

As part of the DSPT submission, an internal audit of our preparations is currently underway. The Trust has responded well to all the audit requirements. However, any identified gaps in assurance are being proactively managed to ensure that we make a robust submission at the end of June 2024.

In the last year, the Trust has had three Information Governance incidents that the IG team have agreed to escalate to the ICO. Two of these have been closed after investigation by the ICO after they deemed that we have carried out sufficient mitigations and that the data subjects did not suffer any serious harm as a result. The third incident is still under review.

The Trust has maintained its Cyber Essentials Plus accreditation. The accreditation is an effective, government-backed scheme that helps to protect the Trust against a whole range of the most common cyber-attacks.

Information about how the Trust handles confidential information and privacy rights can be found in the [Trust Privacy statement](#) on our website.

## Participation in Accreditation Schemes

Trust services participates in accreditation schemes to enhance and improve the quality of care and services provided to our service users. Accreditation is pursued by teams to give assurance of the high standards of service being provided. There are a number of different accreditations that teams within the Trust have achieved or are progressing towards.

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

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

Programmes	Participating services within the Trust	Accreditation status
Quality Network Inpatient CAMHS	The Beacon Centre, CAMHS.	Scheduled accreditation review in May 24.
Psychiatric Liaison Accreditation Network (PLAN)	Barnet Mental Health Liaison Service	In Progress

Programmes	Participating services within the Trust	Accreditation status
Quality Network Working Age inpatient wards (QNWA)	Shannon Ward, Barnet	Accredited
ECTAS: Electroconvulsive Therapy Services	Chase Farm ECT Clinic	Accredited
Memory Services National Accreditation Programme (MSNAP)	Memory Services: Barnet, Enfield and Haringey	Accredited
Home Treatment Accreditation Scheme (HTAS)	Crisis Resolution and Home Treatment Teams: Enfield and Haringey	Accredited
Quality Eating Disorder	Iris Ward, Haringey	Accredited
Accreditation of inpatient mental health services (AIMS)	Haringey inpatient wards: Daisy, Sunflower and Tulip Wards	Accredited

## Improving Data Quality: Mandatory indicators

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

Monthly dashboards allow the Trust to display validated data against key performance indicators, track compliance and identify data quality issues.

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

- 1) **Mental Health Minimum Data Set:** During 2023-24, the Trust made monthly and annual submissions to the Mental Health Minimum Data Set for all mental health service patients.

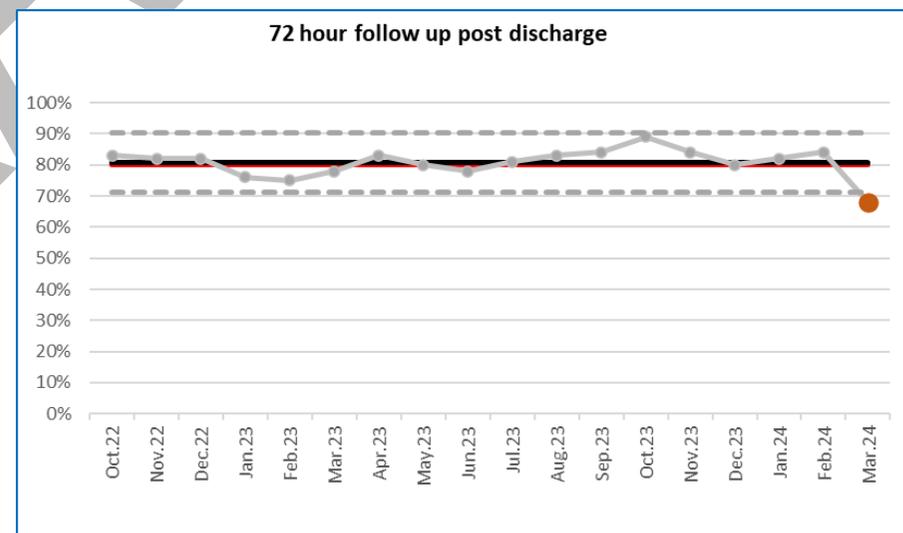
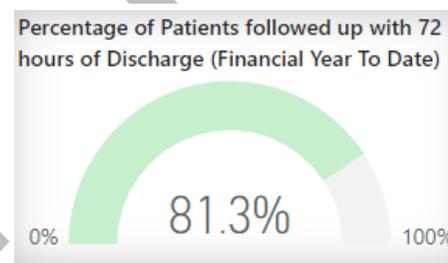
For the overall Data Quality Maturity Index Published Data (DQMI), the Trust is reporting 98%.

The percentage of records which included the patient's valid NHS Number and General Medical Practice code is shown below.

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

- 2) **The percentage of patients discharged who were followed up within 72 hours from adult psychiatric inpatient care.**  
Patients discharged from psychiatric inpatient in Adults and Older Adult wards are now followed up within 72 hours. The target for this indicator is 80%.

In 2023-24 an average of 81.3% of patients were followed up 72 hours after discharge. Regular monitoring is in place to ensure every effort is made to follow up within 72 hours.

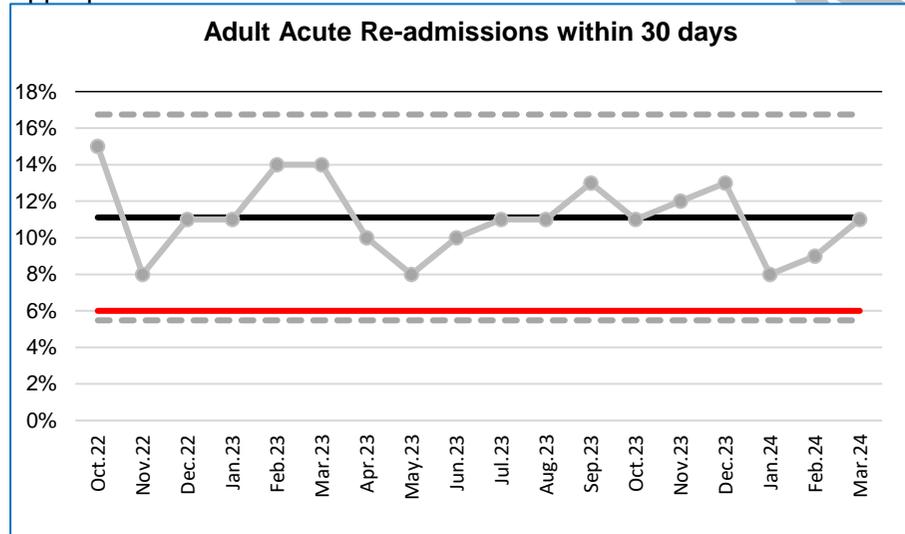


**3) Re-admissions within 30 days of discharge**

This indicator shows the percentage of all re-admissions within 30 days of discharge, target of 6% for Adult Acute admissions that are re-admitted within 30 days of previous discharge.

The Trust is reporting 10.6% for 23-24, the national benchmarking reports at 9%.

In order to reduce re-admissions, case conferences are being organised with the relevant teams and services. The service continues to audit monthly, monitoring and identifying themes and areas of significant concern. Referral of individual cases to community teams for review and high intensity user service if appropriate.



**4) Community Mental Health Survey**

The National Service User Survey (NPS) programme was introduced in 2001 by the Department of Health, and subsequently moved to the

Healthcare Commission, and then to the Care Quality Commission (CQC) in April 2009.

The Department has set out a rolling programme of service user surveys, and acute and non-acute Trusts are also involved in the programme. Some Mental Health organisations were first surveyed in 2003 (voluntarily), and since then all such organisations have been surveyed on a compulsory basis.

The 2009 national survey was a survey of mental health inpatients. Then, in 2010 the CQC reverted to the Community Mental Health Service Users Survey, with substantial revisions to the content of the questionnaire but using the same basic methodology, i.e. postal survey, with samples drawn from all adults aged 18 and over from both the CPA and Non-CPA portions of the organisation's service user records. All surveys since 2011 have followed this methodology.

The final response rate for Barnet, Enfield and Haringey Mental Health NHS Trust Total is 20%.

**Where service user experience is best-**

- Accessing Care and Treatment: 86% of service users confirmed that the support offered was appropriate for their mental health needs (national comparison: 49%)
- Your Care: 45% of service users have been supported by their Mental Health Team to make decisions about their care and treatment (national comparison 43%)
- Your Care: 32% of service users feel in control of their care (national comparison 31%)
- Your Treatment: 63% of service users confirmed the purpose of their medication had been discussed with them (national comparison 61%)
- Your Treatment: 80% of service users reported they had enough privacy to talk comfortably the last time they received talking therapies (national comparison 76%)

- Crisis Care: 52% of service users reported they received the help they needed during a crisis (national comparison: 43%)

#### Where service user experience could improve -

- Accessing Care and Treatment: 22% of service users had to wait more than 6 months between their assessment with the NHS mental health team and their first appointment for treatment (national comparison: 12%)
- Moving to Adult services from Children services: 100% of service users felt they did not receive enough support from their CAMHS team when moving to Adult services (national comparison: 54%)
- Your Mental Health Team: 58% of service users felt their team treated them with care and compassion (national comparison: 67%)

#### 5) Learning from deaths

The Trust continues to report and review all reported deaths and where appropriate, will undertake a further, more detailed review.

In 2023-24, the clinical mortality reviews were brought into the weekly incident review group. This ensures there is multi-disciplinary, multi-divisional oversight of the deaths reported and discussion about the next steps, i.e. if a further review is required and at what level. The Mazars classification\* and also agreed by the group.

Discussion within this group also facilitates identification of early learning from the incidents and any immediate patient safety concerns. This also gives additional assurance that there is a standardised approach towards mortality reviews across the Partnership.

\*As of May 2023, BEH implemented the Mazars classification of reported death incidents as

part of the partnership clinical mortality review group process. Mazars classification provides a framework to categorise the type of death which supports the decision-making process to consider if a further review is needed.

Future plans include implementing a partnership Learning from Deaths Review process which will involve the triangulation of mortality data to identify potential trends or issues which may indicate the need for a further review.

**During 2023-24, 263 service users died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 101 in the first quarter; 61 in the second quarter; 51 in the third quarter; 50 in the fourth quarter.**

**By 31 March 2024, case record reviews, and 47 investigations had been carried out in relation to the 263 deaths reported.**

## Service User Experience, Engagement and Involvement

The Service User Experience & Engagement Team puts service users and carers at the heart of everything we do. We want our service users and carers to be able to give feedback easily, freely and in a variety of ways. We continue to strive for excellence by demonstrating that we will listen and act as a result. This approach enables us to be assured that we are consistently working to offer and deliver the highest standards of care.

The team understand the importance of service user and carer involvement as an integral part of service design, development, and delivery. We recognise the impact that Peer workers as a discipline, have on our service users and carers and remain dedicated to increase the

workforce whilst ensuring that their development is a focal point for the next financial year.

The key areas of focus for the team in 2023-23 have been to:

- To continue to deliver the Community Mental Health Survey action plan in partnership with the CMHT team and the EDI team.
- Continue working closely with the divisions focusing on early resolution as a priority for concerns raised by service users/carers.
- Clear the backlog of overdue complaints with a focus on achieving the Trust benchmark of 90% compliance
- Increase the number of Expert by Experience's (EbE) on the Involvement Register and implement a support structure and training opportunities for their development
- Develop the Peer Leads within SUEET to help drive the peer workforce and mobilise support structures

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

*"I have discussed mostly self-help resources and medication which helps to support my wellbeing. Kind, caring, listening, supportive doctor. Discussed options for care and routes for managing really clearly with me. Has worked with difficulties wonderfully with other services such as the perinatal service, CBT counselling in the past and relationship therapies tool feel so lucky and grateful to have as my psychiatrist. She is wonderful and supportive and so generous in making time to see me"*

*"Thank you all for being so kind and caring to my mum during her stay, every time I visit, I am stuck by your gentleness and compassion. And, every time I phone mum, she is always full of praise and gratitude."*

### **Trust-wide Service User & Carer Engagement and Involvement**

Our network of service users and carer representatives has been broadened through the involvement register. The involvement register is a way for people who use our services and their carers to help us plan, develop and improve our services. The register allows us to promote a range of opportunities to a wider audience and ensures we are hearing from a more diverse range of voices. We work hard ensure that all of the opportunities are clearly defined and support people to understand the role.

Opportunities include co-producing the design and delivery of services, representing lived-experience voice at meetings and committees, chairing service user and carer forums and sitting on interview panels. Representatives have also been involved in delivering several webinars on Disability History Month.

The register is open to people who have used our services and their carers. The involvement register currently has 110 people registered, and representatives have done approximately 1300 hours of involvement activity across 2023/24.

Expert by Experience feedback: "Working as an Expert by Experience has been very good for me. It has been a positive aspect of my life; I can help other people and take part in opportunities like interview panels. I went to the Trust Board meeting and spoke about my journey; this was powerful for me. Knowing that I have skills that are of value and my views and experiences are taken into account has made me feel really good about myself"

## Peer Workforce

Partnership work continues to strengthen our peer support workforce, recognising the challenges that remain in embedding the role into both organisations and the need for a clear progressive pathway from frontline peer support work roles to an Executive Director with lived experience.

The Community of Excellence is an NCL Wide Peer Workforce Development programme. Coproduced with the expert input of the Coproduction Collective, this two-year process has involved a wide variety of stakeholders and the leadership of peer working voices. The programme, anchored by the North London Mental Health Partnership and Central North West London NHS Foundation Trust (CNWL) has identified key themes that can assist North Central London to develop an effective, content and dynamic peer workforce and will be showcasing these during 2024. A full summary of the programme can be found on our website.

The Corporate Peer team have spearheaded initiatives aimed at enhancing team dynamics and professional growth. This has involved establishing quarterly meetings with peers and Managing Directors to bolster support for progression in embedding peer roles within senior management. The Corporate Peer Team have identified the needs of our divisional peers who are awaiting to be paired with a mentor. The team offer coaching to peer's actively participating in interview panels and engaging in peer-to-peer supervision, to ensure a smooth onboarding process. The team have also implemented a comprehensive support system for new starters, providing them with dedicated peer induction including support, resources and training. Additionally, the team has developed a wellness at work plan, serving as a guide to support peers in times of illness. The team support peer managers in developing peer roles across the Trust as well as offering action

planning for Peer to ensure consistency of lived experience work is being carried out.

The Corporate Peer team has also enlisted the assistance of an expert third sector organisation to take forward the development of a Lived Experience Workforce strategy, and the imminent secondment of two Senior Peer Practitioners into key Band 7 Leadership roles.

## Service User and Carer Surveys

The Trust's 'Your Experience' Survey provides those using our services with the opportunity to give feedback under three key domains: involvement, information, and dignity and respect.

During 2023-2024 8931 surveys were completed in comparison to 11,490 received in 22-23. The Service User Experience & Engagement team support divisions to access the IQVIA (audit and survey) system to review survey results in real time and report on survey returns, as well as detail compliments and concerns as part of monthly reporting.

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

See examples below:

You said	We did
You wanted more activities on offer collectively on the ward (Dorset Ward)	We arranged regular movie nights
You wanted to celebrate Easter collectively on the ward (Ken Porter Ward)	We arranged bingo, board games and prizes including Easter Eggs
You wanted live music to be brought onto the wards (Springwell Centre)	We arranged for a musician to attend and perform

## Friends and Family Test (FFT)

The national Friends and Family Test asks service users and carers about their overall experience of our services. During 2023-24 8,299 service users and carers responded to this question, in comparison to 2022-23 where 11,444 responses were received. Of those who responded, 91% had a very good or good experience, in comparison from last year's result of 90%. This meets our 90% target, and we continue to monitor this monthly at every level of the organisation. The divisions focus on individual service scores but respond at a service level, ensuring our overall FFT results are consistent across BEH.

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

Service users on Dorset ward requested more activities on ward, to which the ward provided additional board games, sports equipment and arranged a ward picnic.

## Concerns and Complaints

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

- From 1 April 2023 to 31 March 2024, the Trust received 114 formal complaints, 4 of these were withdrawn and 1 was forwarded to the appropriate agency, and 109 were taken forward. Of the 109 complaints taken forward for investigation, based on complexity, 102 for 40 working days and 7 for 60 working days.

- Of the total 109 formal complaints investigated by the Trust, 73 complaints were closed, and the remainder are still under investigation. Of the investigations completed, 2 were upheld, 56 were partially upheld and 15 were not upheld.
- The Service User Experience & Engagement Team's objective has been to improve quality and timeliness of formal complaint investigations, to ensure complaints are responded to within the agreed timeframes (40 or 60 working days). We recognise however this continues to be an area that requires improvement. To ensure investigating officers receive adequate and appropriate support, the "formal complaint investigator officer" training was reviewed and relaunched across the partnership in September 2023. This is delivered monthly by the two complaint teams.
- The formal complaint response template was reviewed in June 2023 by both complaint teams and previous complainants. After feedback sessions with both staff and complainants, the revised template was approved by the Executive team and rolled out across the Partnership in July 2023.
- In response to feedback raised by relatives wishing to raise complaints on behalf of someone else, a consent "FAQ" flyer was designed by the Service User Experience and Engagement Team and launched in August 2023. This flyer clearly details the importance of consent being provided and the limitations to investigations when this has not been.
- The most common categories of complaints were around patient care and clinical treatment. The below table illustrates the breakdown of compliments, concerns and complaints during 2023-24 and 2022-23 for comparison.

Feedback Type	2022-23	2023-24
Compliments	867	1143
Issues and concerns	91	45
Informal complaints	171	199
Formal complaints	169	114
Members Enquiries	6	3
Parliamentary and Health Service Ombudsman Enquiries	2	

## Patient Safety

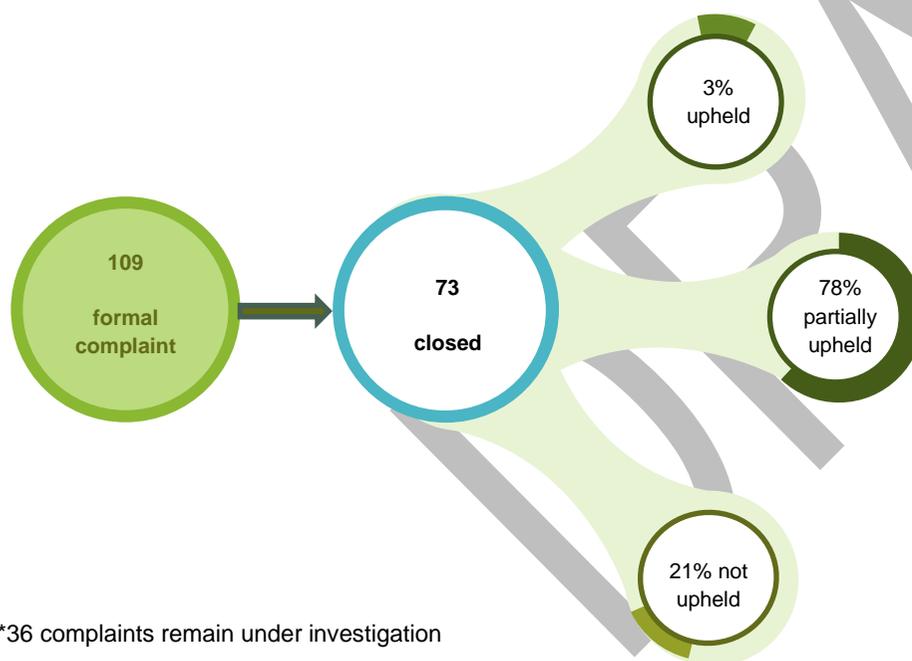
BEH is committed to providing safe, effective services for all patients and service users. By cultivating a supportive patient safety culture with robust patient safety systems, the Trust continues to create more opportunities for learning to facilitate continuous improvements in delivery of services across the organisation.

Learning from incidents remains a key priority for the Trust in its commitment to promoting patient safety and minimising harm. By adopting a whole systems thinking approach to understanding incidents and events impacting patient safety, BEH has continued to foster a just, open and learning culture when reviewing incidents, ensuring recommendations and actions are focused on making sustained quality improvements to processes across the Trust, and not just where the incident occurred.

### Transition to the new Patient Safety Incident Review Framework (PSIRF)

Over the last 12 months, the Patient Safety Team have been working with staff, service users and external stakeholders, including NHS England and North Central London ICB, to prepare the Trust for transition to the new national Patient Safety Incident Response Framework (PSIRF). This included a detailed review of the Trust's existing governance structures and processes for patient safety incident reviews and adapting them to be consistent with the requirements and ethos of PSIRF.

Additionally, in preparation for PSIRF implementation the Trust commissioned several training sessions for staff from an NHSE approved PSIRF trainer, and provided inhouse PSIRF training sessions for staff in leadership and oversight roles as well as staff who are



\*36 complaints remain under investigation

responsible for daily incident management and engaging with staff, patients and their families during incident reviews.

In October 2023, BEH launched PSIRF and a new governance structure for the management and oversight of incident reviews. This was piloted for three months.

The PSIRF represents significant changes in the way the NHS responds to patient safety incidents, increasing focus on understanding how incidents happen, including the factors which contribute to them.

The changes that were implemented across the Trust to support this include:

- A new Trust wide pathway for the management of patient safety incidents which adheres to PSIRF principles and supports opportunities for learning and improvement.
- The introduction of Rapid Response Huddles, whereby relevant staff come together within five days of the incident to explore good practice and identify immediate safety risks or concerns.
- New governance structure for monitoring and oversight of patient safety incident reviews, and assurance. This includes a weekly incident review group with all divisions and the Director of Nursing – Quality Governance and Patient Safety Team.
- Bi-monthly Patient Safety Collaborative (PSC) meetings where all Divisions attend to reviews Safety Improvement Plans, Learning and outcomes.
- Establishing Trust patient safety priorities requiring a Patient Safety Incident Review (formerly known as a Serious Incident Investigation) and a fortnightly Partnership Patient Safety Incident Review Group to review Patient Safety Incident Reviews (formerly (SIs) for sign off.

BEH is committed to ensuring any ongoing investigations under NHSE's former Serious Incident Framework 2015 will be prioritised and recommendations from the investigations are fully implemented.

Following the pilot phase of PSIRF, a Patient Safety Incident Response Policy replacing the Trust's Management of Incidents Policy was developed and agreed at Board in March 2024. The policy and PSIRF plan which outlines the Trust's plans for incident reviews where the most opportunity for learning exists, will be shared with the ICB in April for formal approval, ahead of formal transition to PSIRF at the beginning of the new financial year 2024-25.

### **Patient Safety Partner (PSP)**

Seeking out meaningful engagement with patients, carers, and families with lived in experience is an essential element of PSIRF and the Trust is dedicated to placing the voices of people with lived experiences of BEH services at the centre of our drive to improve patient safety.

In keeping with this commitment and the NHS Patient Safety Strategy, the Trust recruited its first partnership Patient Safety Partner (PSP) in 2023, with a plan for additional partners to be recruited in the coming year.

Our Patient Safety Partner plays a fundamental role within the organisation and Patient Safety Team, by ensuring the lived experience voice is heard and is actively involved in the co-design of safer systems for the delivery of care across the organisation. Being a service user of BEH mental health services has meant they have personal experience of our services and can provide our staff with a unique insight into the feelings of the patient during their time with us.

Our PSP is involved in a number of work programmes that support the Partnership in its endeavours to embed a strong safety culture:

- Working with our Service User Engagement and Experience Team to drive the implementation of NHSE's Framework for Involving Patients in Patient Safety.

- Leading improvements to patient safety and involving patients in their own safety – with a curiosity into how patient safety concerns are reported, acknowledged, and addressed within our mental health services.
- As a core member of quality and safety groups and committees, ensuring the voice and perspective of the service user is always considered in discussions and proposed quality improvements.
- Attending local incident learning response meetings such as After-Action Reviews and Rapid Response Huddles.
- Ensuring service users' views and feedback are considered in the implementation of PSIRF and future PSIRF improvement work.
- Working closely with the Patient Safety Team on the development and delivery of staff training in relation to patient safety, leading on patient safety-related projects, and ensure involvement of experts by experience in patient safety processes, practices and policy development.

The PSP role represents an exciting and innovative approach to patient safety.

Lucy, our Patient Safety Partner has shared her experiences of the role so far:

“I’ve been working as a Patient Safety Partner since October 2023, sharing my lived experience as a former patient, and promoting further inclusion of patient, carer, and layperson voices in patient safety. This new role has been embraced by the Partnership; staff have made me feel welcomed and supported, and have also given considerable value to the inclusion of lived experience voices in newly developed partnership patient safety governance spaces.

I’ve worked with Experts by Experience from our involvement registers to co-produce a new leaflet “Patient Safety Incident Reviews: Guide for



patients, families and chosen families”, which I hope will prepare and support people to know what to expect, and how they can be meaningfully involved in the review.

My feedback and suggestions to involve service users and carers have been heard and respected in every meeting I have attended so far, which is a testament to the non-hierarchical just learning culture that we are embedding across the Partnership. It’s also been great to see and acknowledge occasions when staff have gone above and beyond to include service users and carers (for example, in patient safety incident

huddles and after-action learning), and have shown clear evidence that this inclusion is considered, person-centred, and trauma-informed.

Joining as a core member of the Quality and Safety Committee has also been positive, and leadership staff have been honest and transparent about where progress is still needed. There is still a long way that all mental health trusts need to go to ensure that we are hearing and are responsive to safety concerns that come directly from service users and carers, and I hope that the year ahead brings new opportunities for our Partnership to continue making improvements in this area.”

Lucy Harding  
Patient Safety Partner (PSP)

## Launch of Learn from Patient Safety Events (LFPSE) Service

In May 2023, the Learn from Patient Safety Events Service (LFPSE) was successfully implemented across BEH Trust. LFPSE is a new national NHS service for the reporting and analysis of patient safety events. To ensure all national and statutory policy requirements were met, the mandatory LFPSE reporting fields were incorporated within the reporting design of the local incident management system as well as providing guidance for staff on how to complete LFPSE questions. In time, the LFPSE service will facilitate the analysis of equalities data sets in relation to patient safety incidents and help identify potential trends which can be subsequently addressed through the Trust Patient Safety Improvement Plan.

### **World Patient Safety Day 2023 - 22<sup>nd</sup> September 2023** **“Engaging Patients for Patient Safety”**



BEH participated in the World Health Organisation’s World Patient Safety Day (WPSD) on Friday, 22 September 2023. The theme of the day was dedicated to “Engaging patients for patient safety”, a key priority in the NHS Patient Safety Strategy.

The first-hand experience and perspective of our patients, families and caregivers are an invaluable resource for improving patient safety and informing service co-design. As part of the day’s celebrations, members of the Executive Team, senior clinical staff, and Experts by Experience visited the wards to hear from our service users and staff about engaging patients for patient safety.

Following on from World Patient Safety Day, a patient safety survey for patient and staff were distributed to 45 inpatient wards across the partnership. Outcomes from the survey were largely positive. These have been shared across partnership services, for awareness, learning from good practice and improvements where necessary.

### **Safety as Standard Brilliant Basic Improvement Workstream**

In December 2023, a new *Safety as Standard* Brilliant Basic was introduced across the Partnership. In collaboration with our C&I colleagues, BEH aims to improve safety and the quality of care for all services users by 30<sup>th</sup> June 2024. The Brilliant Basic was developed in response to outcomes from recent patient safety incidents and seeks to improve and standardise practice in six key areas, outlined below.

1. Safety Huddles
2. Shift Coordination
3. Handover
4. Therapeutic Engagement and Observation
5. Visual Management Boards dedicated to patient safety, patient experience, staff wellbeing and efficiency
6. Vision and Compact



**BrilliantBasics**

Planned improvement initiatives include implementing a structured template for divisional and ward safety huddles, formalising the role of the shift coordinator and creating an individualised seven day activity planner for inpatients.

## Serious Incidents (Sis)

During 2023-24, BEH reported 14 Serious Incidents. This is less than half the number of SIs reported in the previous year (33). SIs reported during the year included incidents of unexpected deaths, suspected suicides, and serious self-harm.

### Examples of key learning and improvement actions from SI investigations during 2023-24 include:

- As part of the Trust Community Transformation Plan, every patient will be allocated a Key Worker by March 2024. This addresses a key SI finding which identified the need to improve patient monitoring and oversight within the community teams.
- The Junior Doctors' Induction Programme has been strengthened to include an updated Junior Doctor handbook providing clarity on roles and responsibility in response to clinical emergencies, and a Physical Health Team report signposting them to relevant physical health policies and documents. This enhanced education outlines the importance of checking and discussing the physical environment, medication compliance, and physical health.
- The Trust risk assessment training is being reviewed and revised to reflect the recurring themes identified by SI investigations during the last year. The training will include simulation / scenario-based risk training.
- Following an investigation which highlighted limited medical oversight of a service user in the community, a system of 12 weekly reviews has been set up to significantly improve the quality of care, flagging over-due medical reviews and responding to requests for psychiatry review within substance misuse teams. A plan to review

the quality and efficiency of the existing 12-week review process has been proposed to ensure it is having a positive effect.

Improvements are being taken forward using QI methodology with active engagement from the relevant teams to ensure all improvement initiatives are collaboratively created and embedded across the organisation.

## Never Events

'Never Events' are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. BEH did not report any Never Events in 2023-24.

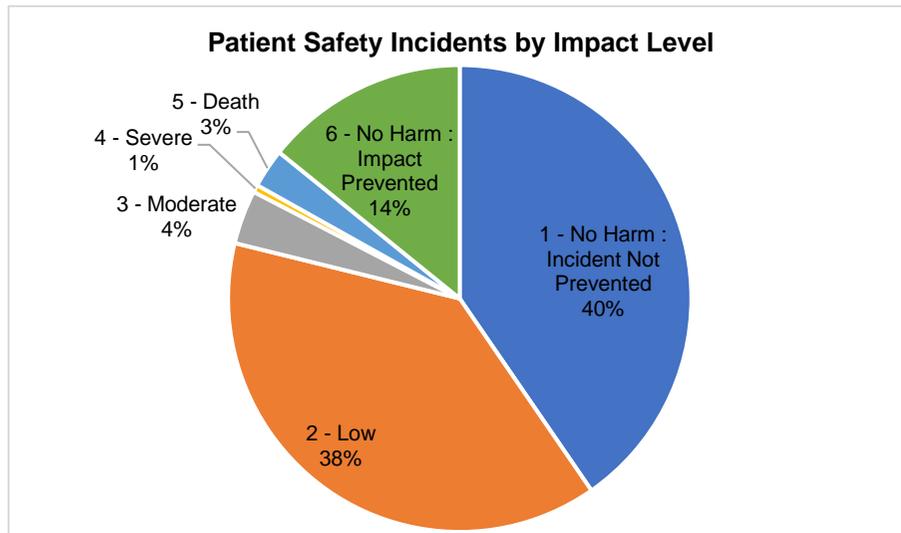
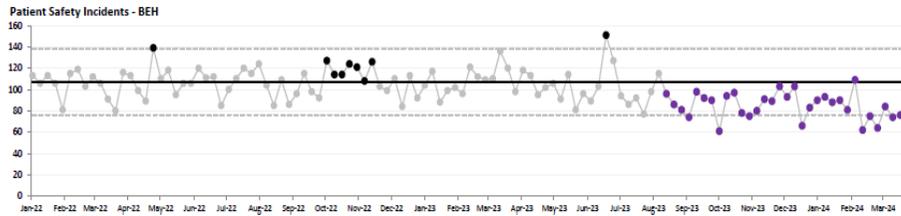
## Patient Safety Incidents

During 2023-24, the Patient Safety Team continued to work with clinical teams to ensure potential patient safety incidents were identified and reported, and to ensure systems for the identification of themes and trends and sharing of learning from incidents were in place.

During the year, a total of 4422 MH patient safety incidents were reported. This is a decrease of 21.3% in comparison to the number of MH patient safety incidents reported in the previous year (5616), impacted by the transition to the new national reporting system.

BEH moved to the new Learning from Patient Safety Events (LfPSE) national reporting system during May 2023. Patient Safety Incidents are now uploaded to LfPSE at the point of being submitted, with further updates being uploaded at each stage of review.

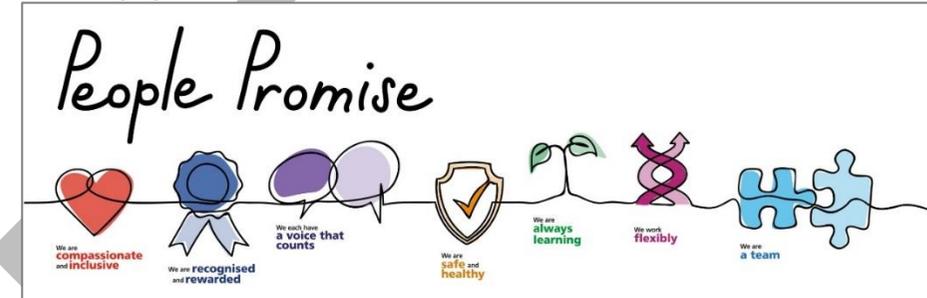
At the time of reporting, feedback from LFPSE reporting has yet to be published.



## Annual Staff Survey 2023

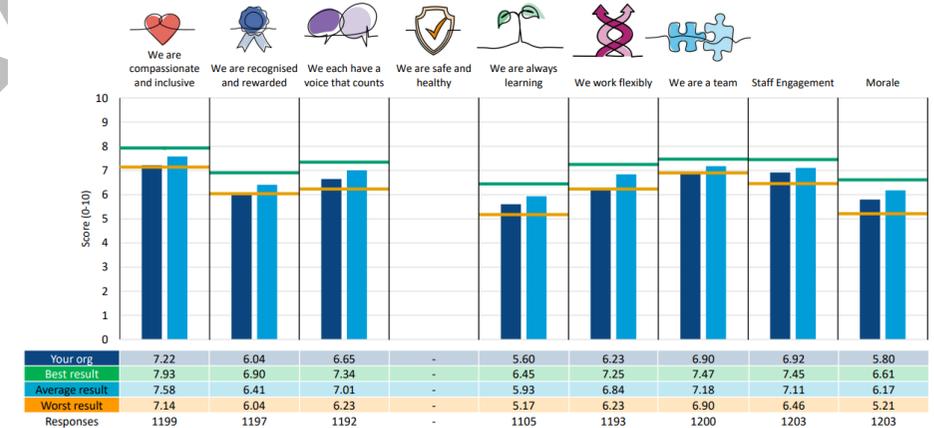
The annual National Staff 2023 (results released 07 March 2024) and the National Quarterly Pulse Surveys have provided opportunities for staff to share their views, and for senior leadership across the Partnership to lead improvements in response to the survey findings. The survey results have been a rich source of feedback, which will enable us to prioritise key developments in making BEH, as part of the Partnership with Camden and Islington, a great place to work.

The NHS Staff Surveys results are grouped across the seven People Promise themes, listed below, in addition to the two overall themes of staff engagement and morale.



The 2023 survey was completed by 40% of staff, against a benchmark group median response rate of 52%. The results (published in March 2024), indicated some changes to staff experience compared to the previous year. Notably, survey scores improved for the theme of 'morale', declined for 'we work flexibly' and stayed largely static across the other seven themes. The chart below demonstrates how BEH results compared to the national benchmark average.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <http://www.nhsstaffsurveys.com/survey-documents/> for more details.

The annual staff survey report also contains results for the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES), comparing the experience of our staff to the experience of staff in the comparable benchmark group. In some areas, these results reflect our positive work to reduce inequalities, however in other areas the results demonstrate there is more work to be done and that concerns around instances of bullying, harassment and discrimination remain. The Equality, Diversity and Inclusion, People, Wellbeing and Learning and Organisational Development teams continue to work in collaboration across the Partnership to put in place measures to improve culture, equity of outcome and overall experience for all staff.

Despite BEH fairing overall less favourably compared to other similar organisations, progress has been made since 2022. Of the 97 questions comparable to the 2022 survey, improvements were seen across 41 questions, and impact of staff appraisals is notably more positive than the benchmark group. Work undertaken across 2023/24 in relation to the 2022 staff survey results included the development and initial implementation of the Partnership People and Organisational Development Strategy, detailing plans to improve staff experience across a number of domains including as priority: equality diversity and inclusion (EDI); wellbeing; values and behaviours (culture); onboarding; management and leadership development and workforce policies.

We take pride in the areas of progress made in 2023 and look forward to continuing to work with our staff to make BEH a great place to work and be cared for.

## The Guardian Service

The Trust is committed to creating an open culture where staff feel empowered to voice concerns that may hinder the delivery of quality services and impact the well-being of employees.

The Guardian Service offers an independent, impartial, and confidential channel for staff to raise issues related to patient safety, workplace experiences, and situations they may not feel comfortable addressing directly in their workplace.

A key factor of the service is its ability to be available and responsive to staff whenever they need. The service operates 24/7, including bank holidays which is a key. Additionally, to enhance confidentiality, Staff have access to the Guardian on site and off site. Staff also have the option of the Guardian escalating their concerns anonymously on their behalf.

During this the year, 1 April to 31 March 2023/24, 60 concerns were raised by staff at all professional levels and across all divisions. The themes are similar to previous reporting periods and have been raised under the themes below:

- **Management themes** - 32% of cases raised. Concerns under this category include accountability, leadership, resources - adequate staffing, guidance, development etc.
- **Bullying and Harassment** - these make up 18% of cases raised. They include concerns where staff perceive or identify they are at risk of being bullied, harassed or cite actual examples of bullying behaviour and harassment.
- **Systems / Process** - make up 15% of concerns received and include governance issues, any element of policy and procedures not being followed or misapplied.
- **Behaviour/Relationships** - these make up 13% of cases raised and include concerns about lack of trust and incivility between colleagues or with their managers.
- **Patient Safety / Quality** – concerns under this theme represent 5% of cases received. Concerns include any element of poor patient experience and outcomes. There tend to be fewer cases under this theme, which is in line with national trends.

Concerns around patient or worker safety where there is a risk of harm are escalated to the relevant senior leader immediately and closely monitored until the situation is made safe and resolved.

Management issues account for the largest number of concerns raised and is consistent with other trusts.

The Freedom to Speak Up Guardian has contributed to ensuring that:

- Staff are supported to speak up safely.
- Barriers to speaking up are removed.
- A positive culture of speaking up exists.
- Learning and improvement.

The Freedom to Speak Up Guardian works to resolve as many concerns as possible informally and quickly, thus reducing the need for lengthy formal processes.

Executive leaders have supported the Freedom to Speak Up Guardian in ensuring concerns are addressed effectively.

## Staff Networks

Staff Networks are part of an effective menu of Equality Diversity and Improvement (EDI) resources designed to promote diversity and inclusion in our workplace. They bring together and provide a safe and confidential platform for colleagues with shared, and intersectional identities. They provide opportunities to discuss, celebrate and have a collective voice on the issues and topics that matter to them, and which impacts some of our most underrepresented groups across the wider Trust. Led by our Partnership Staff Networks Coordinator, much progress has been made over the last year. We now have five active staff networks for Race, Disability, Women, LGBTQ+ and Peer Support Work. In collaboration, we have for the third year created a well-received Equality, Diversity and Inclusion and Mental Health Calendar/ Forward

Planner. This interactive resource is multi-functional as hardcopy and digital, and helps staff across the Partnership plan awareness, cultural and multifaith events, activities and training. Staff Networks have also been instrumental in galvanising staff inclusivity or representing members in matters which affect or impact them such as the NHS Staff Survey, People and Organisational Development activities and the new Partnership arrangements, co-production and co-design.

## Ensuring Equality and Tackling Inequalities

This year is a significant year, as we work more collaboratively as a partnership with Camden and Islington NHS Foundation Trust. The joint EDI strategy for both C&I and BEH is now in its second full year of delivery. The launch of the NHSE Equality Diversity and Improvement Plan, has helped us to focus our plans and work and have taken a data driven approach to address our gender pay gap, and work with the most impacted staff groups in the Trust is underway to understand the culture, systems and processes that contribute to the gap. In addition, we are using positive action approaches to address career progression to address racial disparities and for staff who live with a disability and or long-term condition. In addition, our focus is ensuring the equality impact assessment of our policies and strategies and work closely with our colleagues to create a sense of belonging at work.

Our State of Inequality Report and Action Plan was endorsed by the Partnership Board and is instrumental to ensuring we continue our focus on improving the access, outcomes, and experience of our care, for patients and service users experience inequalities, living in areas of deprivation and are from a protected characteristics group. We know from the evidence, that people from black, Asian and minority ethnic communities, disabled people, or those with diverse sexual orientation or gender identity, have worse mental health outcomes than the general population. We will continue to use tools available to us including, the Patient Carer Race Equality Framework and Accessible Information Standard to support our all our staff in their plans to close the gap in

health inequalities, so that all patients and service users, no matter their identity, will receive the right mental health care and support. We will launch our EDI programme Board in March 2024 to ensure accountability and impact of plans are measured.

## Looking Forward: Quality Priorities for 2024-25

To develop the Quality Priorities for the year ahead, a stakeholder event was held in April 2024. The event was well attended by Trust staff and external stakeholders including ICB and Healthwatch colleagues, Local Authorities and councillor members of the Joint Health Overview and Scrutiny Committee.

The annual stakeholder event provides an opportunity for senior Trust staff to engage with internal and external stakeholders to discuss quality priorities for the year ahead. The priorities have been identified through various channels and relevant experts as areas requiring focus.

Those who attended the stakeholder events were asked to review priorities in three key areas: Patient Safety, Clinical Effectiveness and Patient Experience. Two priorities have been identified in each area.

This section of our Quality Account describes our priorities for improvement for the year 2024-25.

### **Aim 1 – Providing consistently high-quality care, closer to home**

1. We will implement the Culture of Care standards across a range of in-patient services to improve Person Centred approaches to care.

#### **Measures:**

- Wards that have implemented standards
- Impact of the implementation of these standards

2. We will increase the community offer for service users needing increased support, to prevent admissions to Hospital.

#### **Measures:**

- Increases in community service offer
- Rates of admission

**Aim 2 - Working in partnership across North London, we will ensure equity of outcome**

1. We will provide culturally appropriate services for diverse service users.

**Measures:**

- Increase the voice of BAME service users and community organisations in service design and delivery
- Increase QI projects across all divisions looking at cultural appropriate service delivery

2. PCREF – We will increase the awareness of our staff of our local culturally appropriate support services across the boroughs

**Measures:**

- Number of awareness sessions delivered across divisions/teams of culturally appropriate VCS services
- Number of BAME patients signposted to cultural appropriate voluntary organisations

**Aim 3 – Offer great places to work, providing staff with a supportive environment to deliver excellent care**

1. We will implement the action development programme to support staff from under-represented protected characteristics to progress to more senior roles

**Measure:**

- Numbers of staff at Band 7+ from ethnic minority backgrounds

2. We will develop our staff in leadership roles to be compassionate and caring, in line with our Leadership Framework.

**Measure:**

- All Managers with Line Management responsibility to attend the Managers development programme

**Aim 4 – More effective as an organisation by pioneering research, Quality Improvement and technology**

1. We will ensure that Quality Improvement projects are co-produced with service users and carers.

**Measure:**

- Numbers of co-produced QI projects

2. We will increase support for staff at all levels to be involved in research across the Partnership.

**Measure:**

- Data on the number of staff and services engaging in research activities

Statements from key stakeholders (to follow) Statement from NCL Integrated Care Board

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

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Statement of Director's Responsibility (to follow)

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## Glossary

<b>BEH</b>	Barnet, Enfield and Haringey	<b>MAST</b>	Management and Supervision Tool
<b>BAF</b>	Board Assurance Framework	<b>MDT</b>	Multi-disciplinary Team
<b>BAME</b>	Black and Minority Ethnic	<b>MHS</b>	Mental Health Services
<b>CAMHS</b>	Child and Adolescent Mental Health Service	<b>MRSA</b>	Type of bacterial infection that is resistant to a number of widely used antibiotics
<b>C&amp;I</b>	Camden & Islington NHS Foundation Trust	<b>NCEPOD</b>	National Confidential Enquiry into Patient Outcome and Death
<b>CMRG</b>	Clinical Mortality Review Group	<b>NCL</b>	North Central London
<b>CPA</b>	Care Programme Approach	<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>CQC</b>	Care Quality Commission	<b>NIHR</b>	National Institute for Health and Care Research
<b>CMHT</b>	Community Mental Health Transformation	<b>NLFS</b>	North London Forensic Service
<b>CRHTT</b>	Crisis Resolution Home Treatment Team	<b>NLMHP</b>	North London Mental Health Partnership
<b>QQUIN</b>	Commission for Quality and Innovation. (Quality improvements agreed during the annual contracting negotiations between BEH and its health commissioners)	<b>NHS</b>	National Health Service
<b>CRN</b>	Clinical Research Network	<b>NPSA</b>	National Patient Safety Agency
<b>DPA</b>	Data Protection Act	<b>NRLS</b>	National Reporting and Learning System
<b>DSPT</b>	Data Security Protection Toolkit	<b>NRES</b>	National Research Ethics Service
<b>EbE</b>	Expert by Experience	<b>PLACE</b>	Patient-led Assessment of the Care Environment
<b>EDI</b>	Equality Diversity and Improvement	<b>PCN</b>	Primary Care Networks
<b>EIS</b>	Early Intervention Service	<b>PCREF</b>	Patient and Carer Race Equality Framework
<b>FCA</b>	Flow Coaching Academy	<b>PHSO</b>	Parliamentary Health Services Ombudsman
<b>FFT</b>	Friends and Family Test	<b>POMH</b>	Prescribing Observatory for Mental Health
<b>GDPR</b>	General Data Protection Regulation	<b>PSC</b>	Patient Safety Collaborative
<b>HCAI</b>	Healthcare Associated Infection	<b>PSP</b>	Patient Safety Partner
<b>HMP</b>	His Majesty's Prison	<b>PSIRF</b>	Patient Safety Incident Review Framework
<b>HOCI</b>	Hospital-Onset COVID-19 Infection	<b>PROMS</b>	Patient Reported Outcome Measures
<b>HCW</b>	Health Care Worker	<b>QuESTT</b>	Quality, Effectiveness & Safety Trigger Tool
<b>ICB</b>	Integrated Care Board	<b>QI</b>	Quality Improvement
<b>IPC</b>	Infection Prevention and Control	<b>QSIR</b>	Quality, Service Improvement and Redesign
<b>IPS</b>	Individual Placement and Support	<b>RiO</b>	Trust's Electronic Patient Care Record System
<b>JHOSC</b>	Joint Health Overview and Scrutiny Committee	<b>SLA</b>	Service Level Agreement
<b>KPI</b>	Key Performance Indicator	<b>SI</b>	Serious Incident
<b>LFPSE</b>	Learn from Patient Safety Events	<b>SUEET</b>	Service User Engagement and Experience Team
<b>LD</b>	Learning Disability	<b>The Partnership</b>	BEH and Camden & Islington NHS Foundation Trust
		<b>ULYSSES</b>	Trust Incident and Risk Management System
		<b>VCS</b>	Voluntary Care Sector

## How to provide feedback

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

You can keep up with the latest Trust news on our website: [www.northlondonmentalhealth.nhs.uk](http://www.northlondonmentalhealth.nhs.uk)

Or through social media:

X: @BEHMHTNHS

LinkedIn: <https://www.linkedin.com/company/barnet-enfield-and-haringey-mental-health-nhs-trust/>

Instagram: @nlmhp\_nhs

You can contact our Communications Department Barnet, Enfield and Haringey Mental Health NHS Trust on [beh-tr.communications@nhs.net](mailto:beh-tr.communications@nhs.net)





Camden and Islington  
NHS Foundation Trust

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# CAMDEN AND ISLINGTON NHS FOUNDATION TRUST

## QUALITY ACCOUNT 2023-2024



<b>Contents (page numbers to be finalised)</b>
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<b>Part 1 – Statements of Quality</b> .....	<b>3</b>
1.1 Foreword from the Chief Executive .....	3
1.2 Introduction from the Chief Nursing Officer .....	5
1.3 What is a Quality Account? .....	7
1.4 Our Key Highlights .....	10
<b>Part 2 - Priorities and statements of assurances from the Board</b> .....	<b>22</b>
2.1 Statements of assurance from the Board .....	22
2.2 Care Quality Commission (CQC) .....	22
2.3 Quality Priorities for 2023-24 .....	24
2.4 Looking forward: Quality Priorities 2024-25 .....	24
2.5 Clinical Effectiveness .....	26
2.6 Participation in Clinical Research .....	28
2.7 Participation in Accreditation Schemes .....	29
2.8 Improving Data Quality .....	30
2.9 NHS Performance Framework .....	30
2.10 Inappropriate out-of-area placements for adult mental health services.....	31
2.11 Talking Therapies .....	31
Average LOS for Acute wards.....	32
2.12 Dementia Diagnosis within 6 weeks.....	32
2.13 Information Governance (IG).....	34
2.14 Patient Experience .....	34
2.15 Patient Safety.....	38
2.15.1 Risk management .....	<b>Error! Bookmark not defined.</b>
2.16 Infection Control .....	45
2.17 Annual Staff Survey 2023 .....	48
2.18 Workforce – Our commitment to Equality, Diversity and Inclusion and Organisational Development.....	50
<b>Part 3 – Review of our Quality Performance</b> .....	<b>Error! Bookmark not defined.</b>
3.1 Review of progress made against last year’s priorities .....	52
3.2 Quality Governance .....	56
Safeguarding.....	57
3.3 Stakeholder Statements and Response to the Quality Account.....	58
3.4 Feedback .....	<b>Error! Bookmark not defined.</b>
3.5 Statement of the Directors’ responsibilities for the Quality Report.....	<b>Error! Bookmark not defined.</b>

## Part 1 – Statements of Quality

### 1.1 Foreword from the Chief Executive

I am delighted to welcome you to our Quality Account outlining our achievements and challenges over the past year.

The last 12 months has marked an important milestone for the North London Mental Health Partnership, our partnership between Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust. Our Partnership's priority at all times is making the care that we provide to you, our community across north central London, the best it can possibly be. That is why, last year, we took the decision to come together formally as a new Trust, and we are on course to achieve this on 1 October 2024, taking the best from each current Trust.

In May 2023, we published our new five-year Partnership Strategy and decided on a new name for our Partnership to give it a clear identity: The North London Mental Health Partnership. We also agreed a clear Vision to guide our work: Better Mental Health, Better Lives, Better Communities.

In order to achieve our Vision, we need to attract and retain great staff and to help in this, we launched our new People and Organisational Development Strategy in October 2023, after significant staff engagement. It outlines how we will support and develop our staff and explore new ways to attract and keep the very best staff. As part of this, we also launched our new Values and Behaviour Framework, which were co-produced with significant input from our staff. Our Values and Behaviour Framework set out how we want all our staff to behave with our service users, carers and each other, and, importantly, the behaviours we do not want to see in our organisation.

Another key development over the last year was the publication of our new Clinical Strategy in January 2024, setting out how we will deliver high-quality mental health services to meet the needs of local people over the next five years, ensuring patient care is always at the heart of everything we do.

We are coming together as a new Trust on 1 October because we believe this is better for our service users, carers, our staff and our local communities. Becoming a new Trust will help us to continue to improve our services. Some of the ways we will be able to do this include assessing service users according to their needs rather than their age and managing all of our beds across our five boroughs so that we can avoid anyone who needs inpatient care having to be admitted outside our area away from their support networks, which is vital when people are unwell. We are also streamlining how we work, including our new single point of access for all our crisis services through our Crisis Hub based at St Ann's Hospital in Haringey. This is one of only two pilots in London – the other in south London – working on a pioneering initiative to provide expert advice and timely support to police officers who come into contact with people in mental health crisis. This is already helping to minimise attendance at Emergency Departments and reducing inappropriate detentions, particularly of BAME service users, helping to reduce inequalities.

The buildings where we deliver our care and where our staff work are vital – research shows that the environment in which people get their care has a direct impact on how well they recover. Two major highlights in the last year were the opening of our brand new, purpose-built, 78-bed inpatient facility at Highgate East and of our new Community Mental Health Services Centre at Lowther Road in Islington. We are delighted, too, that our Mental Health Crisis Assessment Service, which has been offering 24/7 emergency care for local people suffering a mental health crisis now has a new, permanent home on our Highgate mental health campus.

We also continue to see the benefits of Blossom Court, our impressive inpatient facility at St Ann's Hospital which opened in 2020. It was formally recognised in October 2023 by the Royal College of Psychiatrists with official accreditation of best practice.

I hope you enjoy reading this Quality Account and thank everyone we work with for your support during the last year. We look forward to working with you over the coming, really significant, 12 months.

With best wishes

**Jinjer Kandola MBE**  
**Chief Executive**

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## **1.2 Introduction from the Chief Nursing Officer**

I am delighted to bring you our Quality Account which highlights just some of our achievements during the last year and the improvements we have made to the quality of care we provide to our service users.

Getting the basics of outstanding care right, on every inpatient ward and in every community setting, is our focus and our Brilliant Basics programme continues to be embedded across our Partnership to ensure this happens with every service user.

Last year we launched a revised list of eight Brilliant Basics, with safety our number one priority. Our focus is on having consistent standards in every care setting with great communication between all colleagues, whether in their regular safety huddles or through their handovers between shifts.

Reducing restrictive practice on inpatient wards has been another priority with staff attending a session with the mother of a service user who died after being restrained on an inpatient ward in south London. We are committed to improving the use of therapeutic engagement and observations to reduce as far as possible, any need for restrictive practices.

We know that individuals with a mental health diagnosis are far more likely to have physical health challenges, so this year we are expanding our annual physical health checks for every service user to address this more effectively.

A key factor in improving patient care is developing a workforce that is empowered and consistently delivers excellent care. Making our Partnership a great place to work is crucial as we know that staff satisfaction in their work environment has a direct impact on patient care.

The 2023 survey was completed by 45% of staff, against a benchmark group median response rate of 52%. While progress has been made with positive work to reduce inequalities, we know that more work needs to be done around bullying, harassment and discrimination.

Our People and Organisational Development Strategy outlines our plans to improve staff experience across a number of areas, including staff wellbeing and our values and behaviours. As we move towards becoming a new Trust on 1 October 2024, we continue to focus on developing strong relationships with our key partners to improve the mental health and wellbeing of our local communities. As part of this, we engaged with more than 200 stakeholders, including service users, carers, health and social care partners to create our quality priorities for the next year. Their success is reviewed annually and having them as a focus will enable us to improve, still further, the care we offer.

I hope you enjoy reading this year's Quality Account and thank all our service users, carers and partners for the contribution you make to the success of our Partnership.

Amanda Pithouse  
Chief Nurse

### **1.3 What is a Quality Account?**

Every year, NHS trusts are required to produce a Quality Account.

The Quality Account includes information about the services we delivered to our local communities, how well they were delivered, and our plans for the year ahead. This Quality Account is an opportunity to reflect on our achievements and also the challenges we have encountered during this past year.

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

***Our Quality Account 2023-24 is designed to:***

- **Reflect and report on the quality of our services delivered to our local communities and our stakeholders**
- **Demonstrate our commitment to continuous evidence-based quality improvement across all services**
- **Demonstrate the progress we made in 2023-24 against the priorities identified**
- **Set out where improvements are needed and are planned**
- **Outline our key quality priorities for 2023-24 and how we will be working towards them.**

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

We value the views of stakeholders in the development of our Quality Account. Our draft Quality Account 2023-24 was shared with stakeholders both for assurance and to ensure we are reporting on the things we need to and that our focus for the year ahead is in line with the Trust Strategy, outcomes and learning from 2022-23, and is improvement driven.

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

#### **1.3.1 Glossary - Language and terminology**

In this section, we have provided explanations for some of the common words or phrases we use in this report.

##### **Benchmarking**

Benchmarking is the process of comparing our processes and performance measures to other NHS trusts. Things which are typically measured are quality, time, and cost. Through the process of best practice benchmarking, we identify the other trusts both nationally and/or locally and compare the results of those studied with our own results and processes. In this way, we learn how well we perform in comparison to other similar organisations.

<p>Care Quality Commission (CQC)</p>	<p>The CQC is the independent regulator of health, mental health and adult social care services across England. Its responsibilities include the registration, review and inspection of services and its primary aim is to ensure that quality and safety standards are met on behalf of patients.</p>
<p>Datix</p>	<p>Datix is a quality and safety improvement application that enables web-based incident reporting and risk management for healthcare and social care organisations. It helps the Trust to identify areas for improvement and implement necessary control systems.</p>
<p>DIALOG+</p>	<p>This is a new care planning approach which makes it much easier to co-produce a personalised care and support plan with people. It will replace the Care Programme Approach (CPA) and has replaced carenotes.</p>
<p>Emergency Preparedness Resilience and Response (EPRR)</p>	<p>The NHS is required to plan for and respond to a number of incidents and emergencies that could impact health or the care of our patients.</p>
<p>Foundation Trust</p>	<p>NHS Foundation Trusts in England have been created to devolve decision-making to local organisations and communities so that they are more responsive to the needs and wishes of local people</p>
<p>Information Governance (IG)</p>	<p>Information Governance (IG) is the framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services.</p>
<p>Infection Prevention Control (IPC)</p>	<p>Effective infection prevention and control (IPC) programme, including cleanliness and prudent antimicrobial stewardship (AMS), is essential in ensuring that people who use health and social care services receive safe and effective care that conforms to nationally agreed best practice and guidelines in relation to protection from avoidable infections.</p>
<p>Patient Safety Incident</p>	<p>A patient safety incident is any unintended or unexpected incident which could led to, or could have led to, harm for one or more patients while receiving NHS care.</p>
<p>Quality Improvement (QI)</p>	<p>Quality Improvement is a structured approach to improving performance by first analysing the current situation and then working in a systematic way to improve it. It is now an integral part of the quality agenda and aims to make health care safe, effective, patient-centered, timely, efficient and equitable.</p>
<p>Mortality</p>	<p>Mortality rate is a measure of the number of deaths in a given population.</p>

NOCLOR	A research office who provide a number of services to support research from concept to delivery working with our Trust.
Risk management	Risk management involves the identification, assessment and prioritisation of risks that could affect or harm the organisation, staff or patients. The aim is to minimise the threat that such risks pose and to maximise potential benefits.
Section 136 (s136)	Section 136 (s136) is part of the Mental Health Act that gives police emergency powers. Police can use these powers if they think a person has a mental disorder, they are in a public place and need immediate help. They can then take the person to a place of safety, where their mental health will be assessed.
Serious incident investigation	Serious incidents in healthcare are adverse events where the consequences to patients, families, carers, staff or organisations are so significant that they require some form of investigation. These cases are investigated thoroughly, and lessons highlighted to minimise the risk of similar incidents happening again
Serious mental illness (SMI)	A serious mental illness is a mental, behavioural, or emotional disorder that lasts long enough to meet specific diagnostic criteria. SMI results in functional impairment which substantially interferes or limits one or more major life activities.
Statistical Process Control (SPC) chart	This is a way of presenting data over time that helps us understand how we are performing and whether changes that happen are due to normal variation in the system, or due to some special cause that we need to be aware of. It helps us better understand how we are doing and is particularly useful in quality improvement to help guide us in understanding whether changes we make lead to better outcomes.
PMVA	PMVA (Prevention and Management of Violence and Aggression) training helps to reduce the risks of violence and aggression by developing staff knowledge, skills, and attitudes to effectively manage such incidents.

## 1.4 Our Key Highlights

### 1.4.1 Partnership working between C&I and BEH

Since April 2022 we have been working in partnership with Barnet, Enfield and Haringey Mental Health NHS Trust (BEH), jointly known as the North London Mental Health Partnership. The Partnership covers a diverse population across Barnet, Camden, Enfield, Haringey and Islington. We provide integrated mental health and community health services to the people of north London, as well as some services regionally and nationally. Our services cover all ages.

Our partnership is made up of eight Divisions:

- Barnet
- Camden
- Child and Adolescent Mental Health Services (CAMHS).
- Enfield
- Haringey
- Hospital Division
- Islington
- Specialist Services

The Divisions work with local authorities and voluntary community groups in their area to deliver services close to where people live.

We support people to overcome the hurdles they face with their health and wellbeing and to live as independently as they can. We follow an 'enablement' approach to providing care, which means we give people the skills they need to look after themselves, with our support, in the community. When people need a higher level of care, we provide that on our wards. We aim to provide services that are accessible, person-centred and responsive to the often complex needs of each individual.

Our services in primary care include psychological therapies for mild to moderate mental illness, and for more serious illnesses, a service delivered by teams of psychiatrists, psychologists and nurses who support GPs to manage mental health problems and act as the gateway to secondary care mental health services. Staff in this role are often called mental health practitioners. We have specialist community services for people with post-traumatic stress disorder (PTSD), personality disorders, complex depression and anxiety, psychotic disorders, older people, dementia, and addictions.

We offer a wide range of local and more specialist mental health services, including helping people with personality disorders, drug and alcohol recovery, children's mental health issues, dementia, eating disorders, learning disabilities, and suicide prevention.

Camden and Islington NHS Foundation Trust is one of the few mental health trusts in England with a well-developed rehabilitation pathway for people with serious mental illness.

We have an acute pathway, with crisis and home treatment teams, crisis houses, a variety of inpatient wards and a Place of Safety for anyone detained by police under Section 136 of the Mental Health Act. Our crisis hub combines our urgent mental health phone lines, including an

advice line for police officers and the new NHS111 mental health option (in pilot phase as of March 2024 and formally launched in April 2024).

The hospital division includes all inpatient areas (Psychiatric intensive care unit (PICU), acute, older adults and rehabilitation) plus our mental health crisis assessment service (MHCAS), acute hospital liaison services and health-based places of safety)

Our Specialist Services division includes forensic mental health services, stalking, counterterrorism, and prison services across north London and beyond.

We also run the North London Forensic Service (NLFS), which the Care Quality Commission (CQC) has rated as Outstanding. It treats and cares for people in the criminal justice system who have mental health conditions. NLFS is embedded in Pentonville, Wormwood Scrubs and Brixton prisons in London.

In addition to delivering mental health care in adult prisons, we are also the lead provider for a group of five NHS trusts delivering secure forensic inpatient services in north London. As a Provider Collaborative, we jointly bring together regional providers of NHS England commissioned specialist services to improve the quality of patient care.

Our Child and Adolescent Mental Health Services (CAMHS) are undergoing a transformative journey aimed at providing better care for children and young people. This includes the launch of a Single Point of Access (SPOA) across three boroughs (Barnet, Enfield and Haringey) to streamline access to mental health services and offer quick clinical assessments and interventions. We've also developed a service for children aged 0-5, collaborating with local partners to provide assessments and intervention plans. Our focus remains on providing timely and equitable care, involving families in care plans, and supporting young people transitioning to adult services. We're proud to have reduced waiting lists and extended mental health support to schools. Our commitment to co-production is evident in initiatives like the Patient Knows Best digital platform and the integration of a Youth Board to shape service design. Through engagement efforts with local communities and partners, we're striving to ensure everyone has access to the support they need.

Our communities:

### **Our five boroughs – key highlights**

- **Barnet:** Is the second largest London borough by population and has an estimated resident population of 389,400 (2021 census). There is a significant older population with 6.8% of the population aged 75 years and over. A significantly higher percentage of older people are living alone. The Serious Mental Illness (SMI) prevalence in adults (QOF 21/22) is 1.03%.
- **Camden:** Has an estimated population of 210,100 (2021 census) with a large proportion aged between 20 and 39 due to the large number of educational institutions and employment opportunities. The prevalence of depression in adults is 6% compared to the NCL average of 4%. The SMI prevalence in adults (QOF 21/22) is 1.38%.

- Enfield: Is the seventh largest London borough and has an estimated population of 330,500 (2021 census). Of year 6 pupils, 42% are overweight or obese and there are significantly high levels of GP diagnosed diabetes (8.4%) compared to the London average (6.8%). The SMI prevalence in adults (QOF 21/22) is 1.13%.
- Haringey: Has an estimated population of 264,100 (2021 census) with a large proportion aged between 25 and 44. The SMI prevalence in adults (QOF 21/22) is 1.29%.
- Islington: Has an estimated population of 216,100 (2021 census) with a large proportion aged between 20 and 39. Of the adult population, 7% are diagnosed with depression compared to the NCL average of 4%. The residents report the highest levels of disability across NCL. The SMI prevalence in adults (QOF 21/22) is 1.38%

### **New Flagship Inpatient and Community Mental Health Facilities**

In March 2024, the North London Mental Health Partnership (NLMHP) opened two new flagship mental health facilities.

On the 13 March 2024, service users started to move into Highgate East, a state-of-the-art 78 bedded unit for adults and older people requiring mental health recovery and rehabilitation. Highgate East is a purpose-built inpatient mental health hospital offering all ensuite bedrooms, access to outdoor spaces, quiet areas, a family visiting area, a gym for service users and a café open to the public.

On the 18 March 2024, 1 Lowther Road, our new purpose-built Integrated Community Mental Health Centre, opened its doors to service users in Islington. The Centre incorporates the latest digitally enabled technology and will provide a range of community-based mental and physical healthcare treatments.

Both Highgate East and Lowther Road have been co-designed, constructed and delivered in collaboration with staff and service users, and have embraced a holistic approach to promoting health and wellbeing by considering mind, body, family, friends, community and the environment.

### **St Pancras Transformation Programme**

The North London Mental Health Partnership (NLMHP) has a history of delivering high levels of innovation and research. Its academics have been at the forefront in developing the evidence base for rehabilitation services, early intervention services, assertive outreach teams, crisis teams, crisis houses, dementia care, and physical health in psychosis. We want to build on this expertise and grow our research capability to be world class, whilst at the same time improving public understanding of mental health, promoting positive perspectives and challenging accepted thinking on mental health issues - through innovative engagement and education.

Through the St Pancras Transformation Programme, the NLMHP will deliver cutting-edge inpatient and community mental health services in a new way and across new facilities in Camden and Islington. The new hospital at Highgate East will improve the way that inpatient services are delivered by providing the potential to meet patient mental health and physical health needs within a single NHS facility.



The Integrated Community Mental Health Centre at Lowther Road has been designed to be an inclusive, trauma informed environment conducive to breaking down barriers and destigmatising mental ill health.

The new facilities are as a direct result of the St Pancras Transformation Programme which has involved the sale of the St Pancras Hospital site for redevelopment, with the proceeds funding new estate for mental health care. Part of the site has already been sold to the Moorfields Eye Hospital NHS Foundation Trust and work commenced in March 2023 to construct 'Oriel', a brand-new Integrated Eye Centre, which is a joint initiative between Moorfields Eye Hospital, the University College London Institute of Ophthalmology, and Moorfields Eye Charity. The new Centre is scheduled to open in 2027.

NLMHP's future plan for the remainder of the St Pancras site includes the St Pancras Centre for Mental Health which will be a beacon for mental health research and learning in the heart of Camden's Knowledge Quarter. The primary function of the building will be to provide a wide range of community and specialist mental health services for local people in Camden, and a welcoming and inclusive environment that de-stigmatises mental illness.

Through the St Pancras Transformation Programme, NLMHP will become an exemplar for mental health service provision and development through leading research, quality improvement, and technological approaches. This will pioneer advances in mental health care and attract the very best clinicians and experts to work in mental health facilities with a national and international profile.

### **Highgate East**

Located next to the Whittington Hospital in Archway on the Camden, Haringey and Islington border, all boroughs with high-levels mental health need, Highgate East replaces ageing inpatient facilities at the St Pancras Hospital, offering a purpose-built environment which will support the recovery of service users and significantly improve the working lives of staff.

Highgate East forms a new single campus with our existing Highgate Mental Health Centre, improving the way in which clinical cover is organised and how facilities are managed. We have also worked to establish a permanent home for the Mental Health Crisis Assessment Service on the campus, bringing together all our acute and assessment functions in a way that will share expertise and resilience.

Co-production with service users has been key to the success of the building and all those involved can be hugely proud of what they have achieved during the design and construction phases. We know their work will lead to long-lasting improvements for the NHS, the users of the building and the wider local community.

BBC London recently reported on Highgate East reflecting on how the ground-breaking hospital had been co-produced by service users. The BBC report can be viewed online [via this link](#). The official opening of the building will take place later in 2024.



Figure 1 External View of Highgate East



Figure 2 Secure garden area with table tennis



Figure 3 Secure external area



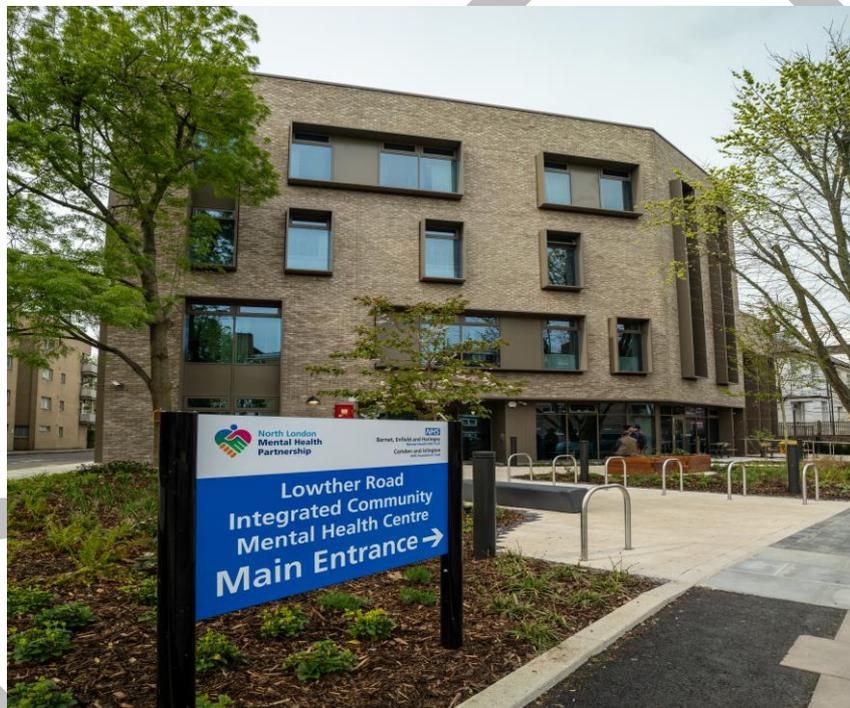
Figure 4 Service User lounge area

## Lowther Road, Integrated Community Mental Health Centre

Improving the quality of our community facilities is also a crucial part of our plans to help people with mental health problems to live well in the places where they live and work.

Lowther Road Integrated Community Mental Health Centre provides a modern, welcoming space in the heart of the community. The Centre offers a range of community mental health treatments and care within 30 consultation rooms and therapeutic group rooms. With around 100 staff and clinicians based at the building, it will facilitate multi-agency collaboration across the NHS, local government and the voluntary sector work. In the future this will lay the foundations for better person-centred care integrated across mental and physical health, social care and social prescribing. The facility also provides a service user information zone to promote individual resilience and learning about self-care.

Lowther Road was opened on 18 April 2024, by Per Mertesacker, Arsenal Academy Manager. Arsenal in the Community provides an inspiring, supportive network for local people with mental health diagnoses and has strong connections with NLMHP.



### 1.4.2 Transforming Community Mental Health Care

Our ambitious programme to revolutionise mental health care continues and is now nearing the end of the third year of transformation. We are continuing to change how we work to help our service users recover sooner and stay well for longer in their communities. This three-year nationally funded transformation programme, which started in April 2021, has seen the appointment of hundreds of new frontline staff across North Central London (NCL) delivering new models of care.

Significant work continues to expand our core mental health teams to multi-disciplinary teams of professional and non-professional clinical staff. We are continuing to integrate our core mental health teams around Primary Care Networks (PCNs), as well as with Voluntary Care

Sector (VCS) and social care colleagues, to provide care at a neighbourhood level. This is so we can engage with local communities, service users, carers and their families to understand issues and tackle inequalities, strengthen relationships and take a coordinated approach to improve the quality of life and outcomes for service users.

The goals for the CMHT programme are to realise the following outcomes:

- More people receiving support
- See people more quickly
- Provide holistic higher quality care

We continue to focus on developing strong relationships with our key partners to improve the mental health and wellbeing of our local communities. This means working collaboratively to tackle social and economic factors that can impact wellbeing like isolation and loneliness.

As part of the third year of Mental Health Investment Funding received, we have continued to recruit more front-line workers to ensure there are no barriers to accessing the right care at the right time. We are focusing strongly on prevention, recovery and improving mental health and wellbeing in partnership with communities, local government, and other agencies.

Transforming mental health care takes time and our transformation journey will continue for some time as we continue to redesign our pathways as part of the transformation.

Examples of improvements already made or planned are:

- Continuing to roll-out and embed DIALOG+ across our community services, a holistic care planning approach designed to make service and key worker meetings therapeutically effective. DIALOG+ is being rolled out nationally as part of the shift away from the traditional Care Planning Approach (CPA). In 2023/24 thousands of DIALOG+ assessments have been undertaken with service users across our community services.
- Across all Boroughs, new members of staff continued to take up exciting new roles within our Core Community Mental Health Teams and our specialist teams.
- We are also implementing an early intervention community adult eating disorder recovery service with the aim of helping services users experiencing mild to moderate eating symptoms.
- We are continuing working in close partnership with the Voluntary and Care Sector (VCS), and with our Individual Placement Support (employment support) providers.
- Our VCS teams are helping service users every month with their mental health by providing a range of psycho-social support and interventions. They provide a critical link to local grass root and community organisations.
- We are continuing to build on and enhance the relationships with our Individual Placement Support service providers who provide a critical role in helping with employment support, using their evidence-based programme helping people find and return to employment. We will work in partnership with our providers to further strengthen our arrangements in 2024-25.
- We have continued to develop our range of professional support roles whether this is physical health, psychological, occupational and art therapists.

- We have continued to increase the number of adults accessing our 18-25s transitions services so that there is a seamless transfer from our Childrens and Young Adults Services to Adult services.
- With the implementation of the new national waiting time metric with its ambition of helping people receive treatment in four weeks, we have dedicated significant time across our operational, analytical and performance improvement teams to prepare to deliver this.
- Across our Islington Borough we are completing the moves to our new facilities at Lowther Road to provide excellent clinical facilities
- We are proud to continue organising and participating in local community events across our Boroughs to showcase community transformation developments, holding workshops, offering physical health checks and meeting and understanding the roles of Experts by Experience.
- We are excited to continue our transformation journey working in partnership with all our partners, and we are currently developing our plans for 2024-25. These include expanding our support for services users with personality disorders and complex emotional needs, bolstering our Early Intervention in Psychosis services, continuing the transformation of our eating disorder and community rehabilitation services, and investing further in our core mental health and specialist teams. We are also working to streamline our menu of services for providing psychological and therapy interventions so that service users know what they can receive to help them in their recovery.

#### **1.4.3 Quality Improvement (QI)**

Quality improvement (QI) has been part of the Trust's strategy since 2016 and ever since, we have been committed to embedding and sustaining a culture of continuous improvement and learning with strong frontline service user and carer involvement.

Our QI Team, now formed to support across the partnership, supports this culture of continuous improvement and learning, strengthening our approach and capability for QI by:

- Supporting both Trust-wide and division-specific improvement priorities through the brilliant basics programme
- Supporting strategic and quality priorities
- Supporting colleagues to lead change through the delivery of QI training, coaching and mentoring Incorporating QI into our divisional approach for quality management
- Developing improvement knowledge and expertise at all levels.
- Creating collaborative spaces to engage frontline teams in continuous improvement is a big part of our approach, to support with pathways and flow, and QI collaborative workshops, to improve service user and carer experience.
- Several QI, clinical and operational staff members are on the Flow Coaching Academy Programme from 2023 and are set to graduate in 2024, further strengthening our use of this methodology.

Building improvement skills and knowledge at C&I Our QI training strategy has four levels of improvement skills, tailored to individual roles, interests and needs.

Building Improvement Skills and Knowledge at C&I			
All individuals connected to C&I	<b>1. Intro to QI at C&amp;I</b> <ul style="list-style-type: none"> <li>Intro session via all staff Trust induction</li> </ul>	2022/2023 YTD	2023/2024 YTD
		305	347
Those interested or involved in QI	<b>2. Fundamentals of QI</b> <ul style="list-style-type: none"> <li>Monthly modular training (<i>online approach launched 2020 post covid</i>)</li> <li>Intro to QI and data training (2017-2020)</li> <li>Intro to QI: Junior doctors academic programme and NQN programme</li> <li>Bespoke training sessions</li> </ul>	Total to date	2022/2023 YTD
		941	106
			2023/2024 YTD
			47
Those leading teams delivering QI	<b>3. QI for leaders</b> <ul style="list-style-type: none"> <li>SPC Masterclass (<i>launched 2021</i>)</li> <li>Interpreting SPC bespoke session</li> </ul>	Total to date	2022/2023 YTD
		64	8
			2023/2024 YTD
			15
Those wishing to further develop QI experience	<b>4. Mastering QI</b> <ul style="list-style-type: none"> <li>QI Coaching Programme (<i>piloted 2021, currently being refreshed as part of move to Partnership QI Academy</i>)</li> </ul>	Total to date	2022/2023 YTD
		16	0*
			2023/2024 YTD
			0*

We have now merged with the BEH QI Team to provide support across the partnership. As part of this the QI training programme is being delivered through the newly established QI Academy. New branding and logos have also been developed to launch the partnership QI programme.

All of our QI projects are now registered on a Partnership Life QI platform and since the start of the programme, C&I have 72 completed projects and currently have 90 active projects.

We have developed our own external facing QI microsite <https://qi.candi.nhs.uk/> which showcases all our completed project work, and includes information about improvement tools, our latest news, and upcoming training and events. We also celebrate and share success through our Divisional QI Showcases, giving frontline staff a regular platform to present their work and reflect on their QI journey.

### 1.4.5 Brilliant Basics

#### Clinical Strategy

The new Partnership Clinical Strategy has been developed through co-production, co-design, engagement and consultation with service users, carers, experts by experience, staff and partner organisations. A co-production group which included service users and carers worked on pulling together and reviewing the strategy and a number of stakeholder events were held to involve and hear from a wider group as well.

Brilliant Basics is about getting the basics of outstanding care right in every inpatient ward and community team in the North London Mental Health Partnership. Brilliant Basics is for *all* staff at all levels both clinical non-clinical roles alike. In 2023, a revised list of eight Brilliant Basics was launched across the North London Mental Health Partnership after engagement with staff and service users and triangulation of data from incidents, investigations, complaints, observations during clinical visits and feedback from CQC. Extensive work is in progress to coproduce new Partnership driver diagrams and change ideas for all eight Brilliant Basics.

The 8 Brilliant Basics are:

- Safety as Standard
- Reducing Restrictive Practices
- Rights and Capacity Assessments
- Service User and Carer Involvement
- Physical Health
- Person Centred Care Planning
- Safe and Therapeutic Environments

➤ Our Workplaces

### Safety as Standard

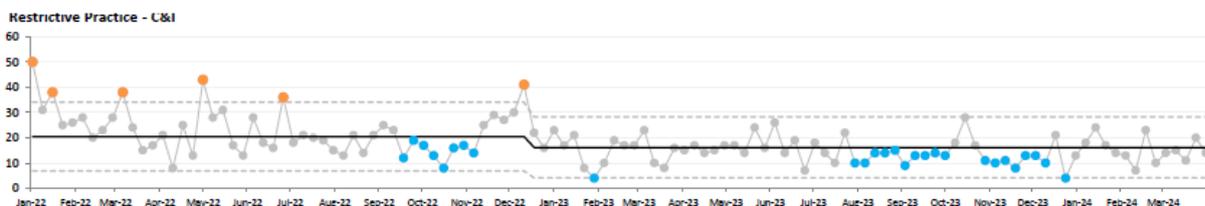
This is a new Brilliant Basic with a focus on 6 key areas; The initial focus is on the inpatient wards. However, embedding the standards in the community teams is also starting to take shape. The Safety as Standard Brilliant Basic focuses on delivering high quality around:

- Safety Huddles - embedding consistent, structured, well documented safety huddles in every inpatient ward and community team.
- Shift Coordination – developing a set of standards for the shift coordinator role
- Therapeutic Engagement and Observation - ensuring that all interactions are therapeutic and there is a good understanding of what enhanced observation levels mean in practice
- Handovers - embedding a high-quality handover process for nursing, MDT and all other handovers including coproduction of a measurement tool.
- Vision and Safety Compact - all wards and community teams to have a coproduced vision statement about how they will be delivering a high-quality safe service.
- Visual Management Boards - boards divided into four quadrants with data relevant to patient safety, efficiency, staff wellbeing and patient experience. The purpose of the boards is for staff and patients to be sited on the data to inform improvements.

### Reducing Restrictive Practices

The Partnership is committed to reducing restrictive practices in the inpatient wards. An event was held in April 2023 which was attended by staff across the Partnership. There was a presentation from Aji Lewis, whose son died in 2010 after he was restrained on a mental health ward in South London. Aji campaigned resulting in an important piece of legislation, the Mental Health Units (Use of Force Act 2018).

Following the presentation from Aji Lewis the rest of the day was focussed on how we can reduce restrictive interventions including improving the use of therapeutic engagement and observations. Staff met in multidisciplinary groups with service users to think about interventions that could be introduced on wards to reduce restrictive interventions and improve therapeutic interactions with patients. From then until now staff are focussed on implementing the change ideas discussed on the day with a focus on least restrictive practice and trauma informed interactions with patients.



### Rights and Capacity Assessments

Data for Rights and Capacity Assessments is now on Power BI, a live data system which means that staff can see the data in real time. This has allowed teams to monitor performance as and when needed. We have learnt from high performing teams that having a systematic process to monitor performance for rights and capacity assessments is very important, particularly in wards where there are a high number of admissions and discharges every day. We still have some work to do with recording capacity to consent to informal treatment. This is our current focus across the Partnership for 2024 as well as sustaining improvements made so far and not slipping back.

### **Service User and Carer Involvement**

Services that are designed with service users are better services and have better outcomes for patients. We are committed to working more and working better with service users and carers to co-produce better care. All improvement work needs to be co-produced with patients and carers.

Two workshops took place in February 2024, one with service users and one with carers, to refine the driver diagram with some tangible, actionable change ideas for testing.

### **Physical Health**

A collaborative workshop was held in January 2024 with key clinical, operational and physical health leads exploring, updating and aligning the new partnership Brilliant Basic to the implementation of North Central Lives Longer Lives strategy, and strategic physical health delivery and governance approach. This Brilliant Basic will focus on delivery of an expanded annual health check.

The wider strategic programme of work is to include implementing key areas of NCL longer lives strategy.

### **Person Centred Care Planning**

We have launched Dialogue Plus in the Partnership. This is a tool that has been developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, person centred communication and solution focussed therapy. Research shows that it can improve patients' quality of life. By its very nature it is person centred. We are on the road to improving its uptake for all patients in the community.

### **Safe and Therapeutic Environments**

This year we have split the environments focussed Brilliant Basic into patient centred environments and staff focussed environments. The staff focussed environments is now in a new Brilliant Basic called Our Workplaces. The photos show several of the improvements that have been completed during this year.

### **Our Workplaces**

Our Workplaces is a new Brilliant Basic focussing on environments for staff.

Areas of focus have been agreed as a Partnership and will include staff rooms, meeting reasonable adjustments (confidential spaces for supervision, meeting individual adjustments whilst hot desking), staff safety (street lighting and personal alarms) and new starter support.

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## Part 2 – Priorities and Statement of assurance from the Board

### 2.1 Statements of assurance from the Board

During 2023/24 the Trust provided and/or sub-contracted 91 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 91 of these relevant health services. The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2023/24.

### 2.2 Care Quality Commission (CQC)

We are required to register with the Care Quality Commission (CQC), and we are currently registered to carry out our legally regulated activities in line with the statement of purpose, with no conditions to our registration.

Camden and Islington NHS Foundation Trust provides a broad range of mental health, social care, and substance misuse services as follows:

- ✓ Assessment or medical treatment for persons detained under the 1983 Act.
- ✓ Caring for people whose rights are restricted under the Mental Health Act.
- ✓ Diagnostic and screening procedures.
- ✓ Learning disabilities.
- ✓ Mental health conditions.
- ✓ Substance misuse problems.
- ✓ Treatment of disease, disorder or injury.
- ✓ Caring for adults under 65 years.
- ✓ Caring for adults over 65 years.

We operate community and inpatients services from two registered locations: Highgate Mental Health Centre (East and West) and St Pancras hospital, and continue to undertake the following regulated activities:

- ✓ Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- ✓ Diagnostic and screening procedures.
- ✓ Treatment of disease, disorder, or injury.

**CQC inspections**

CQC rated the Trust as ‘Good’ overall in the last full inspection in 2019, reported in 2020.

Inspected and rated

Good

Overall trust quality rating		Good <span style="color: green;">●</span>
Are services safe?		Requires improvement <span style="color: orange;">●</span>
Are services effective?		Outstanding <span style="color: green;">☆</span>
Are services caring?		Good <span style="color: green;">●</span>
Are services responsive?		Good <span style="color: green;">●</span>
Are services well-led?		Good <span style="color: green;">●</span>

**Inspection of Acute Ward for adults of working age and psychiatric intensive care units 2022**

The CQC conducted an unannounced inspection of Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units in 2022. The CQC visited the following 5 wards:

- ✓ Coral – PICU
- ✓ Opal
- ✓ Topaz
- ✓ Rosewood
- ✓ Sapphire

The rating for the Responsive Domain improved to Good, however the Safe Domain remained as requires improvement.



### 2.3 Quality Priorities for 2023-24

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of our stakeholders including service users. Potential priorities were reviewed and compiled from a range of sources and presented for discussion at a stakeholder event held on 21st April 2023. This led to six Quality Priorities being agreed for 2023-24. These were:

An update on progress against the Quality Priorities is provided in Section 3.

### 2.4 Looking forward: Quality Priorities 2024-25

Potential priorities were reviewed and compiled from a range of sources taken into consideration; the progress made on last year’s priorities, quality and safety data/reports and lessons learnt, national and local priorities.

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of all stakeholders including service users and staff. A stakeholder event was held on 18<sup>th</sup> April 2024, which led to the selected priorities for 2024-25 outlined below.

### **Aim 1 – Providing consistently high quality care, closer to home**

1. We will implement the Culture of Care standards across a range of in-patient services to improve Person Centred approaches to care.

**Measures:**

- Wards that have implemented standards
- Impact of the implementation of these standards

2. We will increase the community offer for service users needing increased support, to prevent admissions to Hospital.

**Measures:**

- Increases in community service offer
- Rates of admission

### **Aim 2 - Working in partnership across North London, we will ensure equity of outcome**

1. We will provide culturally appropriate services for diverse service users.

**Measures:**

- Increase the voice of BAME service users and community organisations in service design and delivery
- Increase QI projects across all divisions looking at cultural appropriate service delivery

2. PCREF – we will increase the awareness of our staff of our local culturally appropriate support services across the boroughs

**Measure:**

- number of awareness sessions delivered across divisions/teams of culturally appropriate VCS services
- number of BAME patients signposted to cultural appropriate voluntary organisations

### **Aim 3 – Offer great places to work, providing staff with a supportive environment to deliver excellent care**

1. We will implement the action development programme to support staff from under-represented protected characteristics to progress to more senior roles

**Measures:**

- Numbers of staff at Band 7+ from ethnic minority backgrounds

- We will develop our staff in leadership roles to be compassionate and caring, in line with our Leadership Framework.

**Measures:**

- All Managers with Line Management responsibility to attend the Managers development programme

#### Aim 4 – More effective as an organisation by pioneering research, Quality Improvement and technology

- We will ensure that Quality Improvement projects are co-produced with service users and carers.

**Measures:**

- Numbers of co-produced QI projects

- We will increase support for staff at all levels to be involved in research across the Partnership.

**Measures:**

- Data on the number of staff and services engaging in research activities

## 2.5 Clinical Audit and Effectiveness

### 2.5.1 Participation in national audits and national confidential inquiries

C&I continues to participate in all relevant national audits, confidential enquiries, service evaluations and benchmarking projects. These projects provide valuable information to the Trust. The result help us to analyse aspects of our clinical practice and support continuous improvement in the care and treatment of our service users and provide a greater patient experience.

The Trust participated in all eligible national clinical audits and National confidential enquiries in 2023-24.

	National Audit topic	Status / Key actions
1.	POMH-UK Topic 22a The Use of Anticholinergic medicines in Old age mental Health services.	<i>Completed – Report of outcomes received. This will be shared with the relevant committees and division for actions to be developed and monitored.</i>
2.	POMH-UK 7G- Lithium Monitoring -An audit that looks at the monitoring of patients prescribed Lithium	<i>Completed – Report of outcomes received. This has been shared with the participating teams to review and develop an action plan.</i>
3.	POMH-UK- 23a -Sharing Best Practice	<i>Report of outcomes received. Learning will be shared with relevant teams and services.</i>
4.	POMH-UK- 16C -Rapid Tranquilisation	<i>The data collection has been completed. Report pending.</i>
5.	National Confidential Inquiry MH Clinical Outcome Review - Programme into Suicide and Safety in Mental Health (NCISH) - Delivered by	<i>12 cases were identified. 8/12 questionnaires have been returned to the Study.</i>

	National Audit topic	Status / Key actions
	the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). The inquiry examines cases of suicide for those people who have been in contact with secondary and specialist mental health services in the previous 12 months	
6.	Learning Disability Improvement Standards Benchmarking Audit - The NHS England – Learning Disability Improvement Standards review is a national data collection, commissioned by NHS England (NHSE) and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to understand the extent of organisational compliance with the NHSE Learning Disability Improvement Standards and identify improvement opportunities.	<i>The data for this audit has been completed. Report pending.</i>
7.	National Clinical Audit of Psychosis (NCAP) This audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) This audit aims to improve the quality of care that is provided to people with Psychosis.	<i>Data collection for the Bespoke audit has been completed. Report pending.</i>
8.	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) End of life Care – To identify and explore areas for improvement in the end of life care of patients aged 18 and over with advanced illness, focusing on the last six of life.	<i>The data collection has been completed. Report pending.</i>

## 2.6 Local Clinical Audit Programme

A number of Trust and Local Priority audits were carried out during 2023-2024. The priority audits are reported and monitored on a regular basis. A review of the audit programme is underway for both community and inpatient services. This will ensure that key areas for the improvement and monitoring of patient care and outcomes is aligned across the NLMHP.

All staff who wish to carry out a Clinical Audit or service evaluations are required to register their audit with the Quality Governance and Assurance Team. The audit programme is reviewed on a regular basis to ensure updates on progress is received and learning can be shared.

## 2.7 National Institute for Health and Clinical Excellence (NICE) Guidance

NICE is the institute responsible for producing evidence -based guidance, quality standards and other health based guidance for the promotion of good health, cost effective treatment and helping to prevent ill health.

The Trust continues to review NICE guidance and quality standards for relevance to the services delivered on a regular basis. The Trust will, as far as is possible implement guidance, quality standards and technology appraisals.

## 2.8 Quality and Safety Reviews

In October 2023 a structured programme of Quality and Safety Review visits began across the partnership. These supportive visits take place twice a month and provide an opportunity for a team of Executive and Non-Executive Board members and senior clinical staff from a range of professional groups to review clinical services across the eight divisions. The review covers the following four key areas:

1. Clinical effectiveness, quality improvement and learning
2. Patient/Carer involvement and engagement
3. Safety, safeguarding and safe staffing
4. The environment, the person and integrated care

Each visiting team undertakes an assessment of the quality and safety of the care being delivered, highlighting areas of notable practice and identifying areas for improvement. The visiting team also have the opportunity to speak to staff, service users and carers during these reviews.

In 2023-24 the following areas of notable practice were identified:

- Staff reported that they felt valued, supported, included and valued
- Learning from incidents was included regularly in team meetings
- A number of QI projects were in progress
- Service users were engaged in a number of activities on the ward
- Service users and carers were engaged in their care planning and attended meetings where they were able to share their ideas and feedback

Actions plans were created to address areas requiring improvement and the teams and services continue to monitor and implement the changes required.

The programme of visits will continue throughout 2024-2025 to support quality and safety and continuous improvement across the partnership.

## 2.9 Research and Development

Under the North London Mental Health Partnership (NLMHP), the trust has implemented its joint Research Strategy for 2024-2029, which was approved by the board this year. Our new strategy will focus on 8 key research priorities:

- Realising the benefits of the NLMHP clinical partnership.
- Developing the UCL-NLMHP Partnership's capacity and capability.
- Tackling health inequalities.
- Raising the visibility and profile of research.
- Increasing service user involvement in research.
- Adopting research and innovation into clinical practice.
- Strengthening the range of research partnerships.
- Building a robust clinical R&D support infrastructure.

### 2.9.1 Participation in Clinical Research

Between the beginning of April 2023 and the end of March 2024, 526 participants were recruited into 26 research studies in the Trust. The top recruiting studies during the 2023-24 financial year were as follows:

IRAS	Study Name	Local Investigator	Participants Recruited
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319599	Thoughts about physical activity: questionnaire study	Anthony Jemmott	108
313873	Social cognition and functioning in Alzheimer's dementia	Andrew Sommerlad	69
245339	Genetic Links to Anxiety and Depression (GLAD)	Nick Green	64
255501	CBT and the Neural Circuits of Anxiety	Joshua Buckman	49
309178	The Community Navigator trial	Glyn Lewis	39

This information has been sourced from the Information Management System held by Noclor and the NIHR's Central Portfolio Management System.

## 2.10 Participation in Accreditation Schemes

The Trust participates in accreditation schemes to improve the quality of care and services provided to our service users. Accreditation is taken up by services to provide assurance of the high standards of service being provided.

Below is a table of services and their accreditation status.

Programme	Services	Accreditation Status
Home Treatment Accreditation Scheme (HTAS)	South Camden Crisis Resolution Team	Accredited.
	North Camden Crisis Resolution Team	Accredited.
	Islington Crisis Resolution Team	In progress
Electroconvulsive Therapy Services (ECTAS).	ECT Service	Accredited
Psychiatric Liaison Accreditation Network (PLAN).	Liaison services at UCLH, Royal Free and Whittington Hospitals.	In progress.
Quality Network for Inpatient Working Age Adults (QNWA) previously (AIMS).	8 Inpatient Wards.	Due to the St. pancreas transformation programme, all wards will transition to the developmental route for accreditation.
	Psychiatric Intensive Care Unit (PICU) and Older Adult wards	For Older Adult Services we are registered, and the wards are going through the self-assessment.  PICU - We have completed the pre-accreditation visits and assessment and now have to apply for the accreditation process.

## 2.11 NHS Performance Framework

C&I reports on a bi-monthly basis to the Board on the Trust's operational, quality and safety, workforce and financial performance against national and local standards. The focus is defined by the Trust's priorities, which are informed by nationally defined objectives for providers such as the NHS Constitution, the NHS Long-Term Plan, NHS England and NHS Improvement's Oversight Framework, which provides the framework for overseeing providers. The Oversight Framework was built round five national themes:

- ✓ Quality of Care, Access and Outcomes
- ✓ Preventing Ill Health and Reducing Inequalities
- ✓ Finance and Resources
- ✓ People
- ✓ Leadership and Capability

These five themes are monitored through a series of service performance targets. These include service users who should be followed up within 72 hours of discharge from an inpatient unit and patients placed in an inpatient bed out of the Trust's catchment area. There are also several Mental Health Services Data Set metrics and tiers of targets covering recovery rate of Talking Therapy services in Camden, Islington, and Kingston.

The Trust continues to recover from the cyber incident that affected the Trust's EPR system in August 2022. Throughout 2023-24, most of the key performance indicators (KPIs) have shown improvement. The March data is preliminary, as the report timing influences it, but it is anticipated to closely align with the final validated figures.

## 2.12 Improving Data Quality

The Trust has a robust governance structure for managing and monitoring data. The established Partnership Data Quality Improvement Group meets monthly with all relevant stakeholders, to ensure all data quality issues are captured and addressed effectively in a timely manner. The group reports to the Information Governance Steering Group. The Trust Data Warehouse and Clinical Applications Teams continue to work closely to monitor and improve the quality of data across the Trust in liaison with the operational teams.

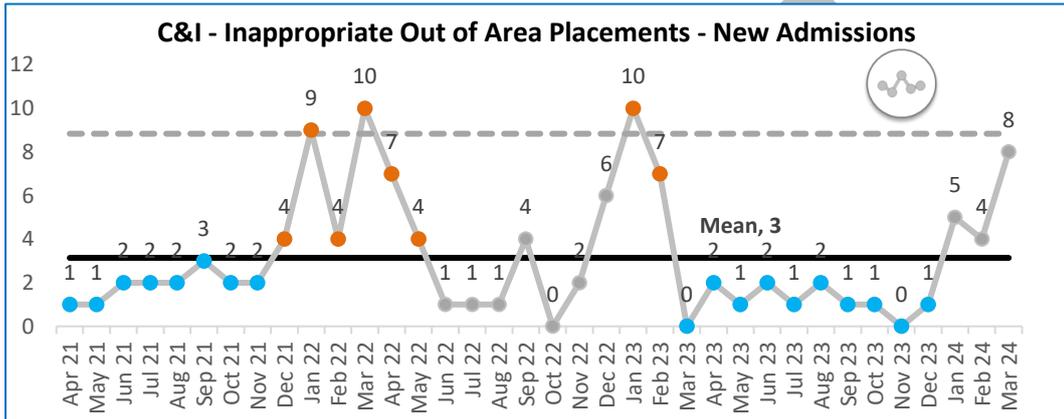
Below are examples of data quality improvement activities in 2023-24.

- ✓ Improvement of flow of Mental Health Services Data Sets (MHSDS) submission criteria and improving access to psychological therapies (IAPT). These submissions provide a wide range of quantitative and qualitative information about the services that the Trust offers. Data quality reports are generated to identify any anomalies.
- ✓ Due to the cyberattack and change to the electronic patient records system, the introduction of data quality reports and management of data quality issues has been fundamental to drive improvements. The Trust resumed MHSDS submission in May 2023. The latest NHS Digital published Data Quality Maturity Index (DQMI) score for the Trust was 87% (October 2023).
- ✓ The development of information dashboards to support the promotion of a data driven culture in The Trust. Several dashboards, including data quality reports, have been developed by the Analytics to ensure data is available to the clinical teams on a near real-time basis, to monitor their performance and data quality.

**2.12.1 Inappropriate out-of-area placements for adult mental health services**

This year the Trust has witnessed notable enhancements in out-of-area placements for adult mental health services, largely attributed to the dedicated efforts of our operational teams. They have diligently tackled delays and executed a comprehensive operational strategy aimed at improving discharge procedures and patient movement.

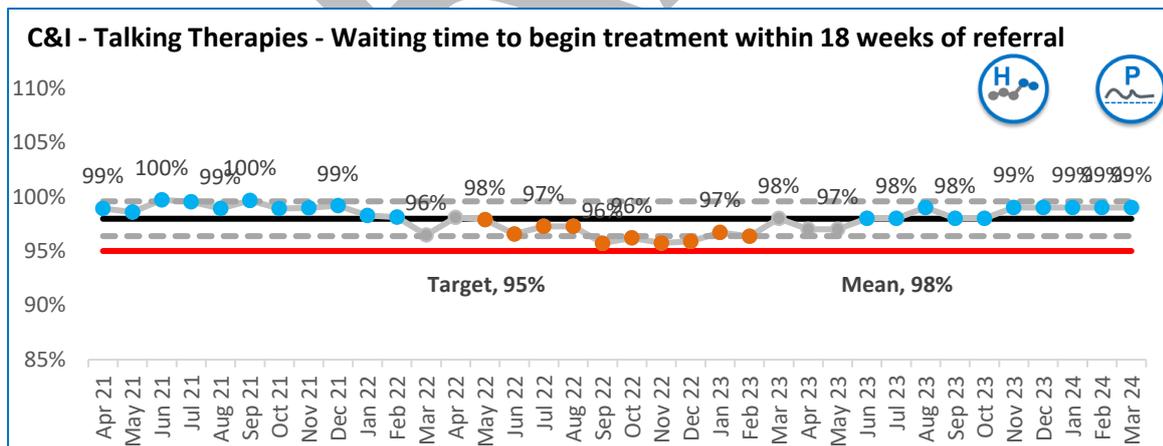
To further improve bed utilisation and maximise available bed days, the Partnership will be initiating a Patient Flow Improvement Program commencing in April 2024 for 12 months that will target all possible incremental improvements in flow processes. The Trust's goal for this year is not only to eliminate out-of-area placements but also to generate surplus capacity to meet the demands of the system.



**2.12.2 Talking Therapies**

**18-week wait**

All C&I services consistently met the 95% target for accessing services within 18 weeks of referral.



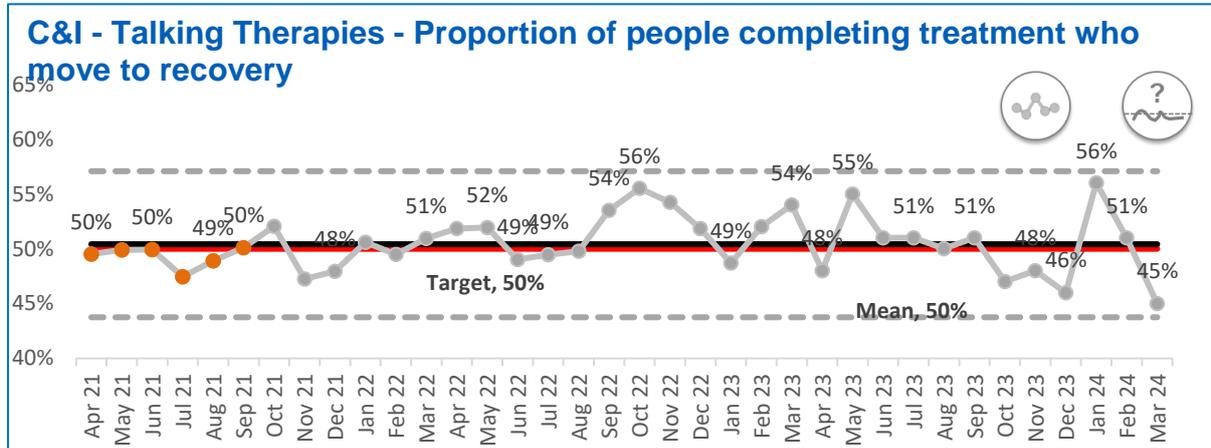
**Recovery Rate**

Overall C&I services met the recovery rate target. Islington and Kingston reported on average at or above the 50% target. Camden's performance fluctuated throughout the year but met the target by quarter 4.

All Services maintain close monitoring of recovery rates, regularly discussing them with teams. Ongoing staff training is provided to ensure accurate coding and prompt error correction.

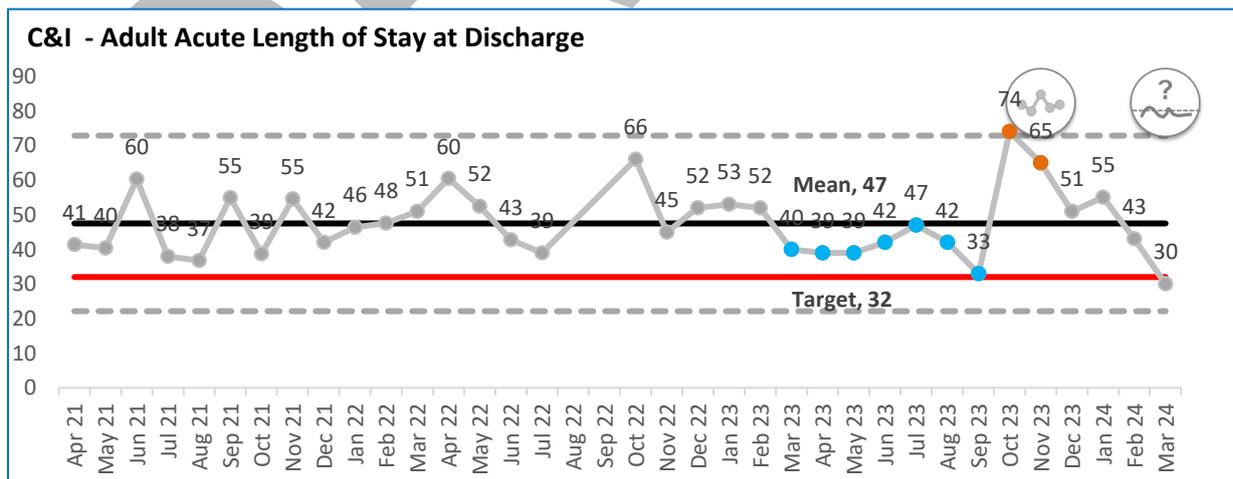
Services conduct regular data reviews to pinpoint areas where issues may arise, particularly in step 2 or step 3 variations.

Furthermore, services conduct thorough reviews of referral decision-making process to ensure that only suitable cases are admitted for treatment within the service. An ongoing priority remains reducing waiting times for step 3, as this directly influences capacity for recovery rate improvement.



**2.12.3 Average LOS for Acute wards**

The length of stay (LoS) in our inpatient services plays a crucial role in reducing bed occupancy rates. Currently, the average LoS for C&I is 48 days; complex needs requiring longer stays affect this average. Patients who are clinically ready and fit for discharge (CRFD) also impact LoS, which we are actively addressing. Industrial action has further impacted flow and length of stay. To streamline operations, we have merged Access and Flow teams with Bed Management teams to form a unified Patient Flow team, holding daily meetings to oversee bed management across the Partnership. Collaboration with the digital team is ongoing to enhance visibility of beds and support flow management.

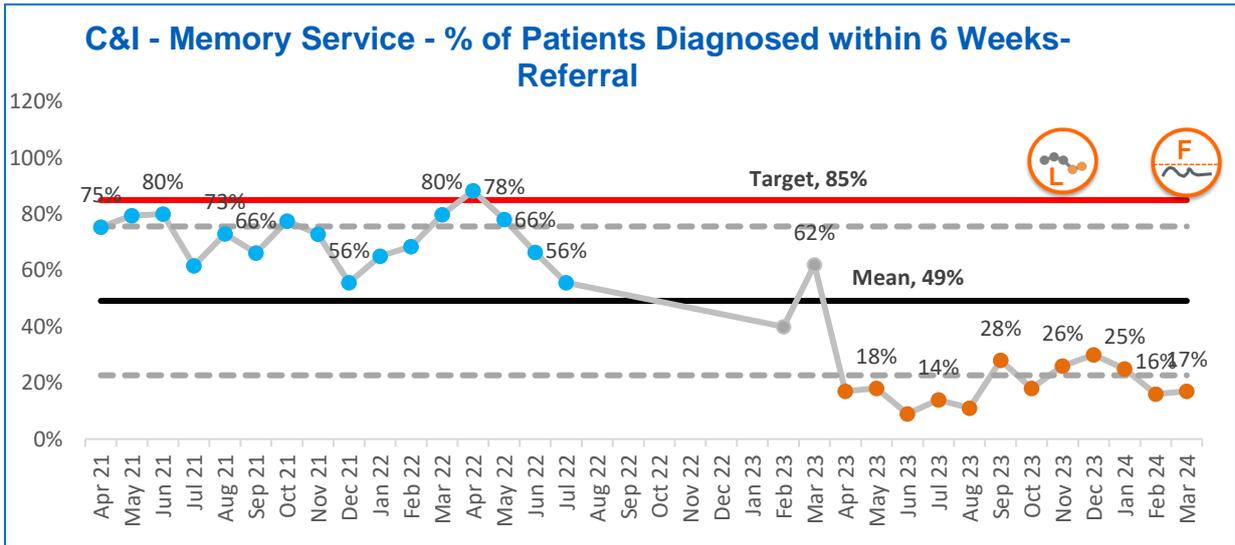


**2.12.4 Dementia Diagnosis within 6 weeks**

The performance for the Memory Service across the Trust has shown a continued reduction during the last financial year, which has been cumulated by the increase of referrals entering

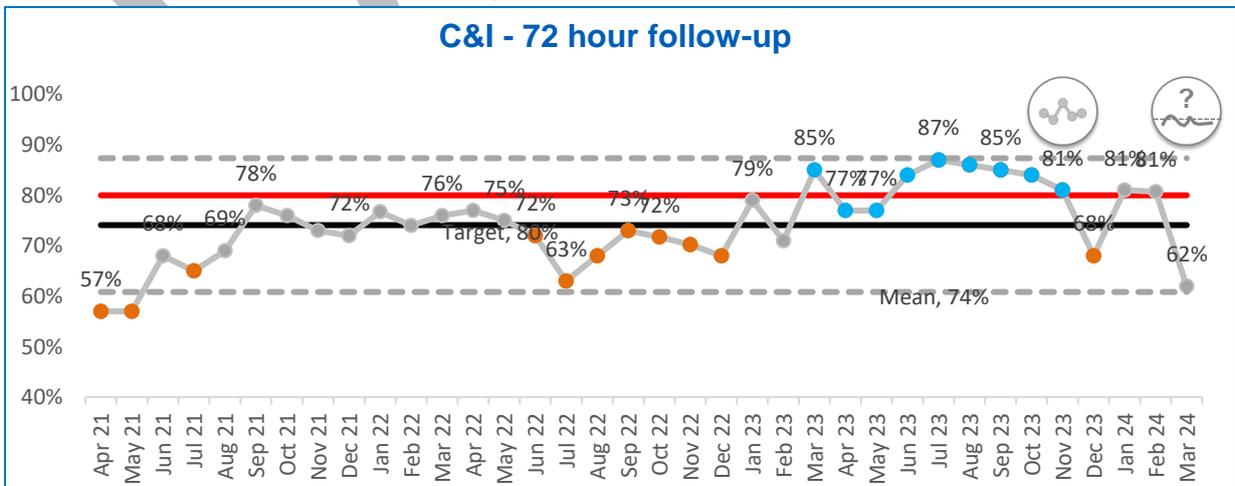
into the service, as well as staffing issues with the increase of vacancies. The effects of the industrial actions by junior doctor and consultants have also impacted on the reduction of the number of appointments slots being able to be offered, resulting in an increase of waiting lists.

The services continue to work in putting appropriate measures in place to recruit to the vacancies and be able to increase the number of additional appointments to address the waiting list backlog. The services are working hard to put service improvement measures in place which includes the appropriate recording of the referrals and appointments, as well as looking to at reviewing the performance targets to be more realistic and in line with how the services work.



2.12.5 72-hr Follow-up

Performance for the 72hrs follow-up has remained on and above target despite variations occurring during the year. Both inpatient and community services across the Trust continues to monitor performance to ensure patients contact is completed within the required time frame.



## **2.13 Information Governance (IG)**

The Trust has been proactively working to improve security processes and to train staff so that they are aware of, and alert to, cyber security threats. The Trust takes seriously its duty to protect and safeguard the personal confidential data that it gathers, creates, processes and discloses. It must comply with the UK General Data Protection Regulation (GDPR), Data Protection Act 2018, NHS requirements and provide assurance to service users and the public.

All incidents that involve the loss or unauthorised disclosure of personal information are reported centrally and are closely monitored on the Trust's incident reporting system. All serious incidents are reported to the Data Security and Protection Toolkit within 72 hours of becoming aware of the breach, which reflects the requirements of the UK GDPR and the Networks and Information System (NIS) regulations.

During 2023-24 126 information governance incidents were reported, two of these were reported to the regulator, the Information Commissioner's Office (ICO). The Trust has continued to raise awareness of the requirement to report all incidents and encourages staff to report. The Information Governance (IG) Team responds to every breach and notifies the Caldicott Guardian every effort is made to ensure that lessons are learned and shared with teams to mitigate future risks.

The breaches which occurred were mainly associated with human error and failure to adhere to local standard procedures, for example, sending an email to an incorrect recipient or a posting letter to the wrong address.

### **The Caldicott Guardian**

The Caldicott Guardian is a mandatory role (within all NHS organisations introduced by the Department of Health and Social Care) with responsibility for patient confidentiality. In the Trust, there is a high level of awareness about the Caldicott Guardian role and the associated Caldicott principles. The Caldicott Guardian receives queries about patient confidentiality and supports the Information Governance Office to ensure the Caldicott principles and patient confidentiality are prioritised and respected.

### **Data Security and Protection Toolkit**

The Data Security and Protection Toolkit (DSPT) is an audit carried out by NHS Digital to ensure that the Trust meets data security standards. The Trust submitted evidence to NHS Digital that demonstrated that the Trust is meeting, or working towards, information governance and cyber security standards.

The Trust submitted their DSPT within deadline for 2022-23 before the end of June 2023, along with a robust improvement plan for two outstanding actions. The Trust was initially awarded 'approaching standards' and achieved 'standards met' on 10th January 2024 having completed the outstanding cyber actions in its improvement plan. The Trust is currently on track with the 2023-24 submission which is due at the end of June 2024.

## **2.14 Patient Experience**

### **2.14.1 Service User and carer engagement and experience**

In 2023-24 the Service Users Engagement and Experience Team (SUEET) successfully recruited a Patient and Carer Engagement Facilitator with lived experience to the team. Over

the past year the team has worked on implementing the Trust’s Service User and Carer Experience and Engagement Strategy:

- The network of service user and carer representatives has been broadened through the Involvement Register and there are now over 90 people registered. The register allows us to promote a range of opportunities to a wider audience and ensures that we are hearing from a more diverse range of voices.
- The use of role descriptions means that opportunities are clearly defined and support people to understand the role.
- Quality improvement training for service users and carers has been co-produced with service user representatives and delivered via the Recovery College, allowing people to feel more confident in participating in Quality Improvement projects.
- ‘What is peer working?’ and ‘Steps into Peer Working’ courses were delivered via the Recovery College to support Experts by Experience into peer/lived experience work.
- Recruitment and Interview Panel Training for service users and carers was updated and delivered with the Human Resources team.
- Two co-produced webinars were delivered as part of Disability History Month, ‘The importance of involving people with lived experience’ and ‘Carers Rights’.
- Regular ‘Check In’ sessions with the leads of independent service user groups set up to provide support.
- Service user representatives have been engaged to co-produce induction training for new people joining the involvement register.

One of these Brilliant Basic workstreams is focused on Service User and Carer engagement and experience. Four workshops have been held with Service Users and Carers to ensure that they are at the centre of shaping this work. Together driver diagrams for both service users and carers have been created which creates a visual display of what the groups agree “drives” or contributes to achieving improved experience. The workshop groups also helped to identify priority areas for focus and service user and carers will help co-produce and help us monitor progress going forward.

### 2.14.1 Mental Health Community Service User Survey

The National Community Mental Health Service User Survey is commissioned by the CQC and is conducted on an annual basis. Fieldwork for this survey was carried out between August and November 2023. The survey seeks to gain feedback from patients who use Community Mental Health Services in England. The CQC uses the results from the survey as part of their regulation, monitoring and inspection of NHS Trusts in England.

The Response rate for Camden and Islington NHS Foundation Trust was 17%. The table below presents a summary of the findings.

Where Service User Experience <b>is best</b>	Where service User Experience <b>could improve</b>
<ul style="list-style-type: none"> <li>✓ <b>Talking Therapies:</b> 75% of service users had enough privacy to talk</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Crisis Care:</b> 25% of service users felt they had to wait too long when</li> </ul>

<p>comfortably (national comparison 76%)</p> <ul style="list-style-type: none"> <li>✓ <b>Crisis care (care):</b> 42% of service users getting the help needed when they last contacted the crisis team (national comparison 43%)</li> <li>✓ <b>Support and well-being:</b> 30% of service users being given help or advice with finding support for financial advice (national comparison 17%)</li> <li>✓ <b>Mental Health Team:</b> 66% of service users being treated with care and compassion (national comparison 67%)</li> <li>✓ <b>Overall:</b> 31% of service users had a very good overall experience of NHS mental health services (national comparison 27%)</li> </ul>	<p>contacting the team (national comparison 20%)</p> <ul style="list-style-type: none"> <li>○ <b>Crisis Care:</b> 45% of service users felt their family and carers did not receive support whilst they were in crisis (national comparison 45%)</li> <li>○ <b>Support and well-being (Physical):</b> 47% of service users would have liked support with physical health needs but did not receive it (national comparison 39%)</li> <li>○ <b>Care Plan:</b> 43% of service users do not have a Care Plan (national comparison 36%)</li> <li>○ <b>Care review:</b> 48% of service users have not had a care review meeting in last 12 months (national comparison 43%)</li> </ul>
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An action plan will be developed by our Community Services to ensure that areas that have been identified as requiring improvement are regularly monitored at both divisional and trust level to ensure that our service users experience continues to improve.

### 2.14.2 Complaints and Feedback

Concerns and complaints from service users and their families are taken very seriously, and C&I seeks to address issues thoroughly and promptly, providing assurance of improvements being made. Through this year we have been continuing our work to align our processes with those in BEH and produce a single policy as we progress towards becoming one organisation.

109 complaints were investigated formally in 2023-24, a decrease on 2022-23 (120); 145 complaints were resolved informally through making early contact, compared with 182 in the previous year. There is an increased emphasis on attempting to resolve complaints promptly and informally by making contact soon after receipt and the benefits of this approach have been recognized by both those making complaints and those responding to them.

The Partnership aims to respond to at least 90% of formal complaints within the agreed timeframe, which is 40 or 60 working days depending on complexity. Unfortunately achieving this has continued to be challenging, particularly for those areas receiving high numbers of complaints, and at times monthly figures have been significantly below target.

Reasons for the delays have included staff capacity and leave, delay in allocating investigators and quality assurance processes taking longer than the time allocated. Weekly monitoring has continued at the Divisional level and at Trust safety huddles supported by the provision of update reports by SUEET.

Actions taken and ongoing include:

- ✓ The work to finalise a single process has been delayed due to capacity issues in the complaints team but will restart as soon as these are addressed. A new process flowchart and investigation response template has been agreed and is being used across the Partnership.

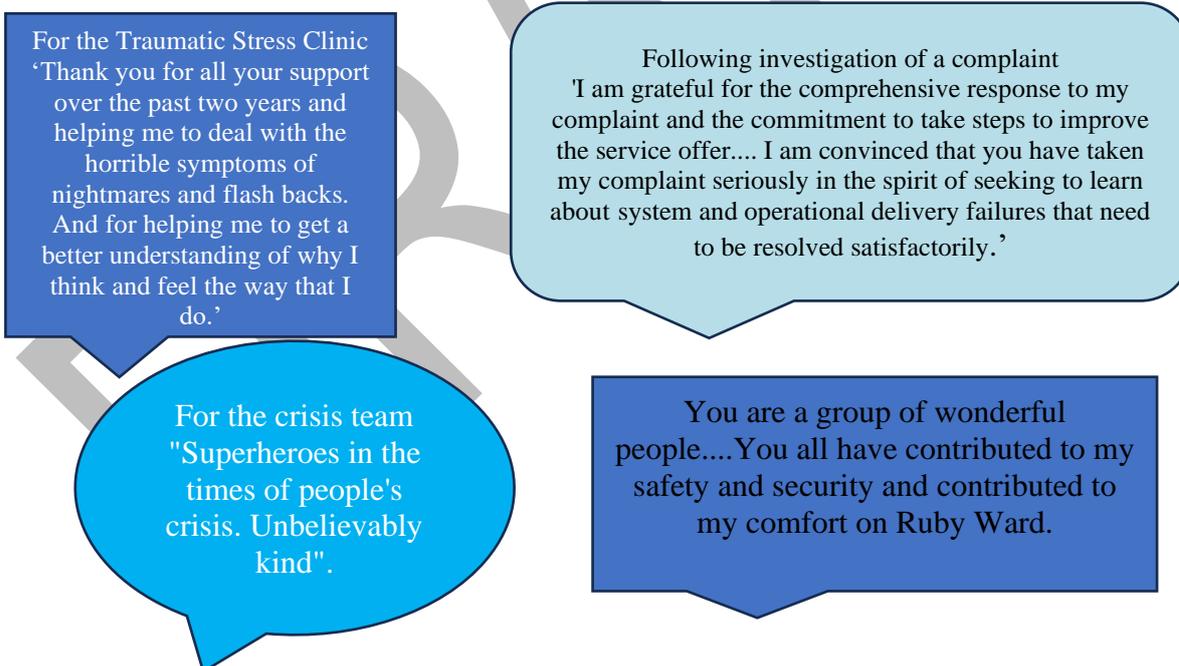
- ✓ The process is being supported by a series of training sessions for investigators which are being delivered jointly across the Partnership.
- ✓ All investigators are also receiving one-to-one support through the process from the complaints team.
- ✓ There is now a joint page for complaints on the NLMHP website.
- ✓ A joint complaints leaflet has been produced.
- ✓ We are in the process of moving complaints to DatixWeb to increase efficiency and improve oversight from all staff across the divisions.

We are also reviewing our improvement processes to ensure that investigations result in real measurable change. Themes and learning from complaints are used to inform quality improvement initiatives and service developments, for example, through providing additional training to staff to improve knowledge around sharing information with families and carers and improving communication around discharge to ensure that service users have clarity around their status with the service. Learning is being shared through team meetings, divisional quality forums and Trust wide learning lessons bulletins.

### 2.14.3 Compliments

Whilst we are always conscious of the need to learn and improve where we could have done better, our service users also frequently tell us about some of the excellent practice in the Trust. We can also use this to learn from where things have gone well.

Some examples of positive feedback that the Trust recently received are below.



For the Traumatic Stress Clinic  
 ‘Thank you for all your support over the past two years and helping me to deal with the horrible symptoms of nightmares and flash backs. And for helping me to get a better understanding of why I think and feel the way that I do.’

Following investigation of a complaint  
 ‘I am grateful for the comprehensive response to my complaint and the commitment to take steps to improve the service offer.... I am convinced that you have taken my complaint seriously in the spirit of seeking to learn about system and operational delivery failures that need to be resolved satisfactorily.’

For the crisis team  
 "Superheroes in the times of people's crisis. Unbelievably kind".

You are a group of wonderful people....You all have contributed to my safety and security and contributed to my comfort on Ruby Ward.

### 2.14.4 Patient Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick, anonymous way for people to provide feedback. The Trust continues to seek feedback from the FFT and during 2023-24, 2867 responses were

received. This was a 67% increase from 2022/23 as shown below. The Trust continues to explore innovative ways to increase responses received.

Patient FFT	2022/23				2023/24			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>FFT Responses</b>	496	362	405	445	661	766	755	685

All divisions are actively engaged in QI activities to increase the number of responses per team monthly.

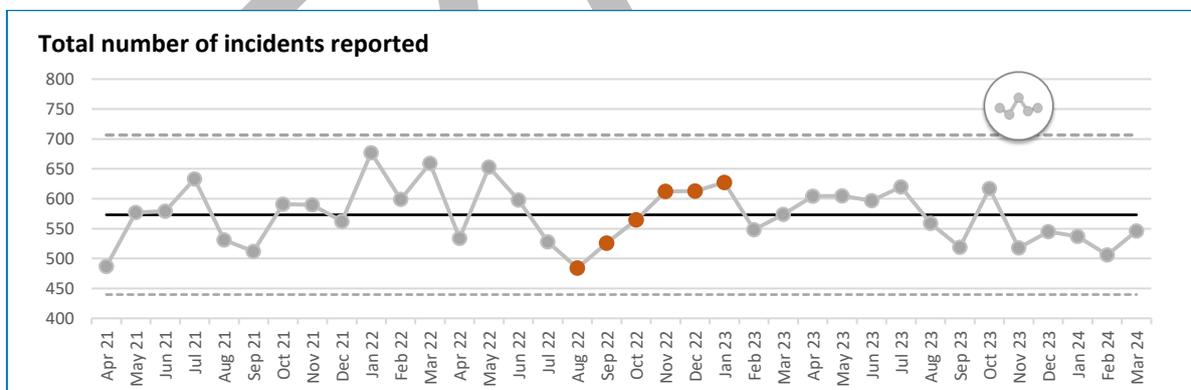
## 2.15 Patient Safety

### 2.15.1 Incident Reporting

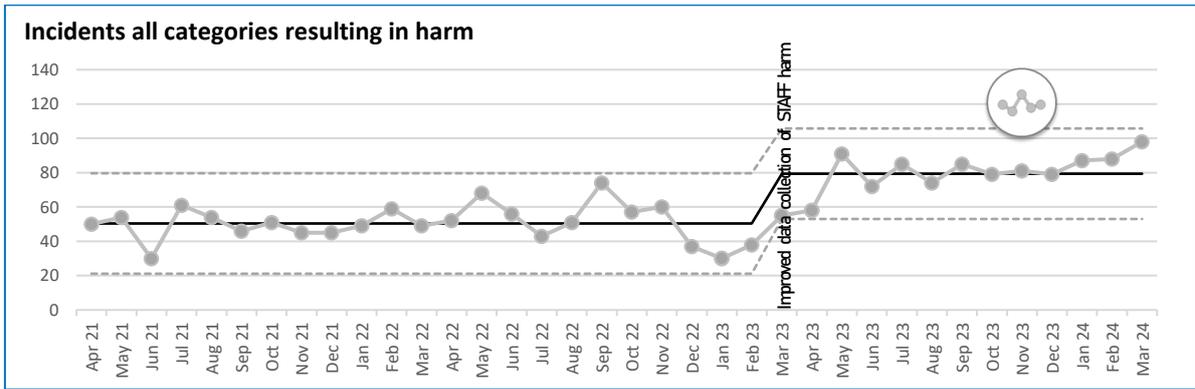
The key areas included in this section are our overall incident reporting rates, incidents that relate to patients, number of times patients were secluded, number of times patients had a fall, and our risk management processes.

The Trust continues to promote an open reporting culture and the incident reporting policy sets out our minimum standards for incident reporting and management. We use the Datix system to report all incidents with the provision of online resources to support staff with incident reporting and management.

Incident reporting rates have remained stable over the past three years. In total 6773 incidents were reported in 2023-24 (shown in the chart below); this is a 1% decrease on the previous year. 97% of incidents reported resulted in no or low harm. This highlights a good culture of reporting and safety consciousness in the Trust.



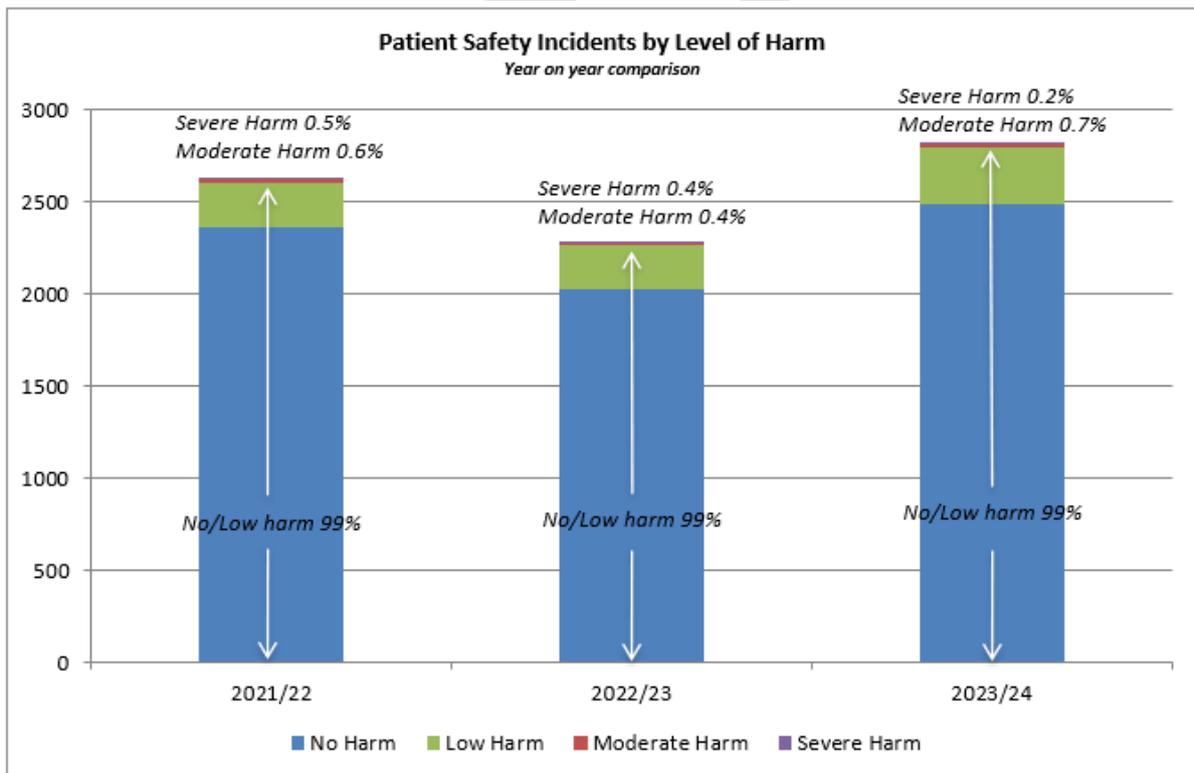
The number of incidents resulting in harm has remained low over the past three years. This is a further reflection of a positive safety culture and the impact of safety interventions, such as safety huddles in acute inpatient settings. The data collection methods for capturing staff harm were improved during 2023-24 and is reflected by a step change in the chart below. The overall proportion of incidents resulting in harm in 2023-24 was 14% which is a 5% increase on the previous year. This increase is reflective of the improved data collection of staff harm.



### 2.15.2 Patient Safety incidents

Patient Safety incidents accounted for 42% of the total incidents reported in 2023/24 (i.e. 2819), this is an 11% increase when compared to the previous year.

The chart below demonstrates that the majority (99%) of the reported patient safety incidents in 2023/24 resulted in no, or low harm, and the proportion of patient safety incidents resulting in moderate (0.7%) or severe harm (0.2%) remains similar when compared to previous years. This is further evidence of staff willingness to continue to report low level issues and not just the more serious incidents. The Trust remains committed to learning from reported incidents.



### 2.15.3 Transition to the new Patient Safety Incident Review Framework (PSIRF)

Over the last 12 months, the Patient Safety Team have been working with staff, service users and external stakeholders, including NHS England and North Central London ICB, to prepare the Trust for transition to the new national Patient Safety Incident Response Framework

(PSIRF). This included a detailed review of the Trust's existing governance structures and processes for patient safety incident reviews and adapting them to be consistent with the requirements and ethos of PSIRF.

Additionally, in preparation for PSIRF implementation the Trust commissioned several training sessions for staff from an NHSE approved PSIRF trainer, and provided inhouse PSIRF training sessions for staff in leadership and oversight roles as well as staff who are responsible for daily incident management and engaging with staff, patients and their families during incident reviews.

In October 2023, PSIRF and a new governance structure for the management and oversight of incident reviews was launch across the Partnership. This was piloted for three months.

The PSIRF represents significant changes in the way the NHS responds to patient safety incidents, increasing focus on understanding how incidents happen, including the factors which contribute to them.

The changes that were implemented across the Trust to support this include:

- A new Trust wide pathway for the management of patient safety incidents which adheres to PSIRF principles and supports opportunities for learning and improvement.
- The introduction of Rapid Response Huddles, whereby relevant staff come together within five days of the incident to explore good practice and identify immediate safety risks or concerns.
- New governance structure for monitoring and oversight of patient safety incident reviews, and assurance. This includes a weekly incident review group with all divisions and the Director of Nursing – Quality Governance and Patient Safety Team.
- Bi-monthly Patient Safety Collaborative (PSC) meetings where all Divisions attend to reviews Safety Improvement Plans, Learning and outcomes.
- Establishing Trust patient safety priorities requiring a Patient Safety Incident Review (formerly known as a Serious Incident Investigation) and a fortnightly Partnership Patient Safety Incident Review Group to review Patient Safety Incident Reviews (formerly (SIs) for sign off.

C&I is committed to ensuring any ongoing investigations under NHSE's former Serious Incident Framework 2015 will be prioritised and recommendations from the investigations are fully implemented.

Following the pilot phase of PSIRF, a Patient Safety Incident Response Policy replacing the Trust's Management of Serious Incidents Policy was developed and agreed at Board in March 2024. The policy and PSIRF plan which outlines the Trust's plans for incident reviews where the most opportunity for learning exists, will be shared with the ICB in April for formal approval, ahead of formal transition to PSIRF at the beginning of the new financial year 2024-25.

### **Patient Safety Partner (PSP)**

Seeking out meaningful engagement with patients, carers, and families with lived in experience is an essential element of PSIRF and the Trust is dedicated to placing the voices of people with lived experiences of BEH services at the centre of our drive to improve patient safety.

In keeping with this commitment and the NHS Patient Safety Strategy, the Trust recruited its first partnership Patient Safety Partner (PSP) in 2023, with a plan for additional partners to be recruited in the coming year.

Our Patient Safety Partner plays a fundamental role within the organisation and Patient Safety Team, by ensuring the lived experience voice is heard and is actively involved in the co-design of safer systems for the delivery of care across the organisation. Being a service user of BEH mental health services has meant they have personal experience of our services and can provide our staff with a unique insight into the feelings of the patient during their time with us.

Our PSP is involved in a number of work programmes that support the Partnership in its endeavours to embed a strong safety culture:

- Working with our Service User Engagement and Experience Team to drive the implementation of NHSE's Framework for Involving Patients in Patient Safety.
- Leading improvements to patient safety and involving patients in their own safety – with a curiosity into how patient safety concerns are reported, acknowledged, and addressed within our mental health services.
- As a core member of quality and safety groups and committees, ensuring the voice and perspective of the service user is always considered in discussions and proposed quality improvements.
- Attending local incident learning response meetings such as After-Action Reviews and Rapid Response Huddles.
- Ensuring service users' views and feedback are considered in the implementation of PSIRF and future PSIRF improvement work.
- Working closely with the Patient Safety Team on the development and delivery of staff training in relation to patient safety, leading on patient safety-related projects, and ensure involvement of experts by experience in patient safety processes, practices and policy development.

The PSP role represents an exciting and innovative approach to patient safety

Lucy, our Patient Safety Partner has shared her experiences of the role so far:



“I’ve been working as a Patient Safety Partner since October 2023, sharing my lived experience as a former patient, and promoting further inclusion of patient, carer, and layperson voices in patient safety. This new role has been embraced by the Partnership; staff have made me feel welcomed and supported, and have also given considerable value to the inclusion of lived experience voices in newly developed partnership patient safety governance spaces.

I’ve worked with Experts by Experience from our involvement registers to co-produce a new leaflet “Patient Safety Incident Reviews: Guide for patients, families and chosen families”, which

I hope will prepare and support people to know what to expect, and how they can be meaningfully involved in the review.

My feedback and suggestions to involve service users and carers have been heard and respected in every meeting I have attended so far, which is a testament to the non-hierarchical just learning culture that we are embedding across the Partnership. It’s also been great to see and acknowledge occasions when staff have gone above and beyond to include service users and carers (for example, in patient safety incident huddles and after-action learning), and have shown clear evidence that this inclusion is considered, person-centred, and trauma-informed.

Joining as a core member of the Quality and Safety Committee has also been positive, and leadership staff have been honest and transparent about where progress is still needed. There is still a long way that all mental health trusts need to go to ensure that we are hearing and are responsive to safety concerns that come directly from service users and carers, and I hope that the year ahead brings new opportunities for our Partnership to continue making improvements in this area.”

Lucy Harding  
Patient Safety Partner (PSP)

### Launch of Learn from Patient Safety Events (LFPSE) Service

In October 2023, the Learn from Patient Safety Events Service (LFPSE) was successfully implemented across C&I. LFPSE is a new national NHS service for the reporting and analysis of patient safety events. To ensure all national and statutory policy requirements were met, the mandatory LFPSE reporting fields were incorporated within the reporting design of the local incident management system as well as providing guidance for staff on how to complete LFPSE questions.

In time, the LFPSE service will facilitate the analysis of equalities data sets in relation to patient safety incidents and help identify potential trends which can be subsequently addressed through the Trust Patient Safety Improvement Plan.

#### 2.15.4 World Patient Safety Day 2023 - 22<sup>nd</sup> September 2023 “Engaging Patients for Patient Safety”



C&I participated in the World Health Organisation’s World Patient Safety Day (WPSD) on Friday, 22 September 2023. The theme of the day was dedicated to “Engaging patients for patient safety”, a key priority in the NHS Patient Safety Strategy.

The first-hand experience and perspective of our patients, families and caregivers are an invaluable resource for improving patient safety and informing service co-design. As part of the day’s celebrations, members of the Executive Team, senior clinical staff, and Experts by Experience visited the wards to hear from our service users and staff about engaging patients for patient safety.

Following on from World Patient Safety Day, a patient safety survey for patient and staff were distributed to 45 inpatient wards across the partnership. Outcomes from the survey were largely positive. These have been shared across partnership services, for awareness, learning from good practice and improvements where necessary.

### 2.15.6 Safety As Standard Brilliant Basic Improvement Workstream

In December 2023, a new *Safety as Standard* Brilliant Basic was introduced across the Partnership. In collaboration with our BEH colleagues, C&I aims to improve safety and the quality of care for all services users by 30<sup>th</sup> June 2024. The Brilliant Basic was developed in response to outcomes from recent patient safety incidents and seeks to improve and standardise practice in six key areas, outlined below.



**BrilliantBasics**

1. Safety Huddles
2. Shift Coordination
3. Handover
4. Therapeutic Engagement and Observation
5. Visual Management Boards dedicated to patient safety, patient experience, staff wellbeing and efficiency
6. Vision and Compact

Planned improvement initiatives include implementing a structured template for divisional and ward safety huddles, formalising the role of the shift coordinator and creating an individualised seven day activity planner for inpatients.

### 2.15.7 Serious Incidents (SIs)

During 2023-24, C&I reported 6 Serious Incidents. SIs reported during the year included incidents of unexpected deaths, safeguarding, and serious self-harm.

**Examples of key learning and improvement actions from SI investigations during 2023-24 include:**

- As part of the Trust Community Transformation Plan, every patient will be allocated a Key Worker by March 2024. This addresses a key SI finding which identified the need to improve patient monitoring and oversight within the community teams.
- The Junior Doctors' Induction Programme has been strengthened to include an updated Junior Doctor handbook providing clarity on roles and responsibility in response to clinical emergencies, and a Physical Health Team report signposting them to relevant physical health policies and documents. This enhanced education outlines the importance of checking and discussing the physical environment, medication compliance, and physical health.
- The Trust risk assessment training is being reviewed and revised to reflect the recurring themes identified by SI investigations during the last year. The training will include simulation / scenario-based risk training.
- Following an investigation which highlighted limited medical oversight of a service user in the community, a system of 12 weekly reviews has been set up to significantly improve the quality of care, flagging over-due medical reviews and responding to requests for psychiatry review within substance misuse teams. A plan to review the quality and efficiency of the existing 12-week review process has been proposed to ensure it is having a positive effect.

Improvements are being taken forward using QI methodology with active engagement from the relevant teams to ensure all improvement initiatives are collaboratively created and embedded across the organisation.

## Never Events

'Never Events' are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. C&I did not report any Never Events in 2023-24.

### 2.15.3 Learning from deaths

C&I is committed to providing safe, effective services for all patients and service users. By cultivating a supportive patient safety culture with robust patient safety systems, the Trust continues to create more opportunities for learning to facilitate continuous improvements in delivery of services across the organisation.

Learning from incidents remains a key priority for the Trust in its commitment to promoting patient safety and minimising harm. By adopting a whole systems thinking approach to understanding incidents and events impacting patient safety, C&I has continued to foster a just, open and learning culture when reviewing incidents, ensuring recommendations and actions are focused on making sustained quality improvements to processes across the Trust, and not just where the incident occurred.

The Trust continues to report and review all reported deaths and where appropriate, will undertake a further, more detailed review.

In 2023-24, the clinical mortality reviews were brought into the weekly incident review group. This ensures there is multi-disciplinary, multi-divisional oversight of the deaths reported and discussion about the next steps, i.e. if a further review is required and at what level. The Mazars classification\* and also agreed by the group.

Discussion within this group also facilitates identification of early learning from the incidents and any immediate patient safety concerns. This also gives additional assurance that there is a standardised approach towards mortality reviews across the Partnership.

For reported deaths, C&I continues to use the \*Mazars classification framework in its clinical mortality review process, to categorise each death. This supports the decision-making process to consider if a further review is needed.

Future plans include implementing a partnership Learning from Deaths Review process which will involve the triangulation of mortality data to identify potential trends or issues which may indicate the need for a further review.

**During 2023-24, 409 service users died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 106 in the first quarter; 124 in the second quarter; 102 in the third quarter; 77 in the fourth quarter.**

**By 31 March 2024, a case record review, and 61 investigations had been carried out in relation to the 409 deaths included above. In 61 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 9 in the first quarter; 27 in the second quarter; 21 in the third quarter; 4 in the fourth quarter.**

**None of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.**

**2.16 Infection Control**

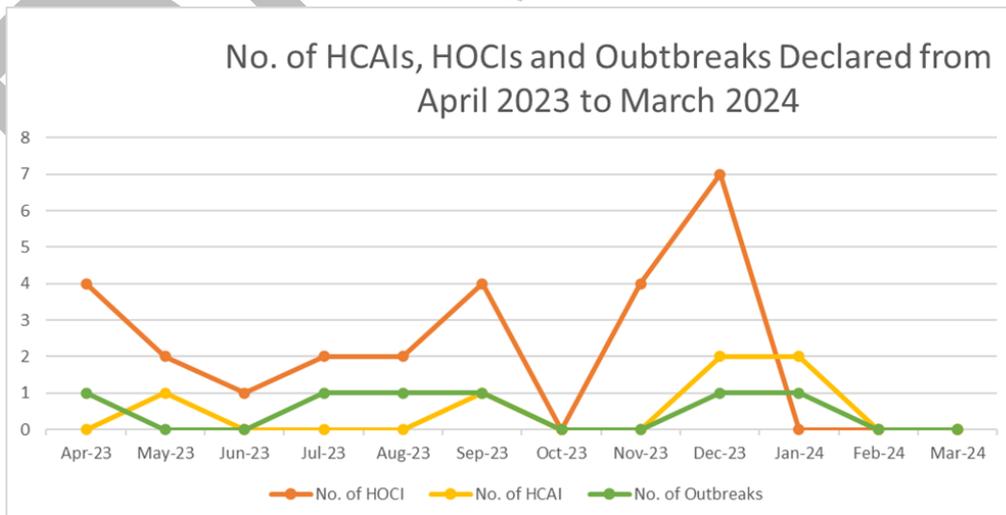
**Reportable Infections and Outbreak Situations Declared**

Effective infection prevention and control (IPC) programme, including cleanliness and prudent antimicrobial stewardship (AMS), is essential in ensuring that people who use health and social care services receive safe and effective care that conforms to nationally agreed best practice and guidelines in relation to protection from avoidable infections.

The IPC team is committed to reducing harm caused to patients as a result of Healthcare Associated Infections (HCAIs), by following the relevant criteria in the health and social care act 2008, and the Key line of enquiries in the NHSE IPC Board Assurance Framework (BAF). In 2023-24 there were 5 cases of HCAIs – 1 case of Scabies, 1 case of Clostridioides Difficile (C.Diff), 1 case of Tuberculosis and 3 cases of Influenza A.

In the same period, there were 32 COVID-19 cases recorded, of which 17 met the case definition for Hospital Onset COVID-19 Infection (HOCl, i.e positive specimen taken 15 or more days after hospital admission and a clear link to the healthcare setting). These low numbers reflect lower prevalence of COVID-19 cases nationally, coupled with changes in testing guidance. All patients affected were managed according to Trust policy and national guidance, recovering with no known harm.

Some of the cases above resulted in outbreaks, of which there were 6 declared during this reporting period. 5 COVID-19 Outbreaks and 1 Influenza A. All outbreaks were reported to North Central London (NCL) Integrated Care Board (ICB) and UKHSA as required, in accordance with outbreak notification guidelines nationally and locally. Each outbreak situation is managed through prompt outbreak meetings, chaired by the Trust IPC Lead Nurse, and attended by representatives from the clinical area, Estates and Facilities departments, UKHSA and the ICB, and IPC doctor where appropriate. Each outbreak ward has been provided with a robust action plan with a set of actions to help reduce risk of onward transmission; support is provided progress monitored by the IPC team.



All outbreaks, HCAIs and HOCl are reported to the Trust Partnership IPC group meeting bi-monthly, chaired by the Director of infection Prevention and Control (DIPC)/Chief Nurse and attended by the Associate Director of IPC.

## Testing for Respiratory Infections including COVID-19

From 31 March 2023, the publication of 'Living with COVID-19' from the UK Government and associated guidance from UKHSA/NHSE has been implemented across the Trust. COVID-19 testing continues for symptomatic inpatients and testing for symptomatic staff has been stepped down, unless the staff is providing direct care to immunosuppressed service users, in line with national guidance. PCR testing for other respiratory viruses continue and included in Laboratory service level agreement (SLA) with the Whittington Hospital/University College London Hospitals.

## Winter Vaccination campaign

The 2023/24 winter vaccination programme which offered flu vaccines to all staff and flu and COVID-19 booster vaccines to all eligible service users ended in February 2024. The staff HCW overall uptake for Camden and Islington was 32.1%.

A reflective practice has been facilitated to reflect on the vaccination campaign to identify lessons learnt and areas for improvement in future campaigns. Key lessons have been identified which will inform the planning of next campaign to help improve uptake.



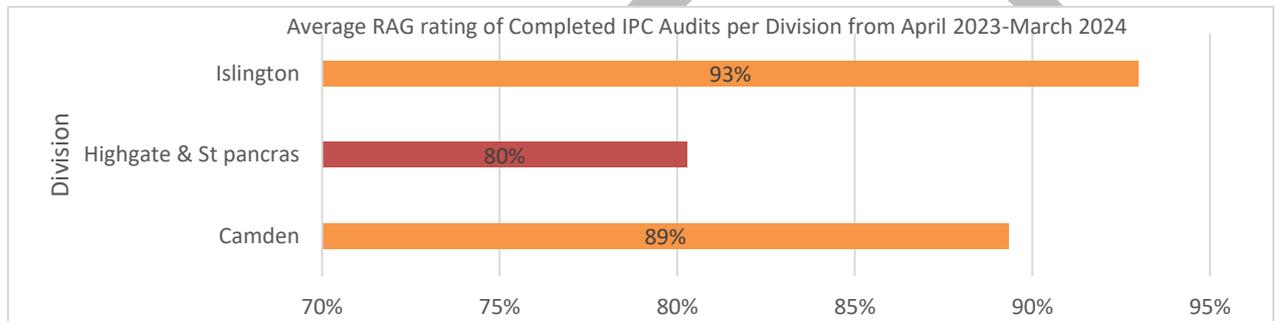
## Infection Prevention and Control Audits

Each clinical area has been mandated to undertake Environmental Audit and Hand Hygiene audit on an electronic system Meridian. Both audits are to provide clear assurances of compliance with the Health and Social Care Act 2008 and are key evidence for clinical areas that IPC local and national guidance has been implemented. Local governance and oversight of these is facilitated at Divisional Quality Safety Groups.

The tools used for these audits were reviewed and amended by the IPC team in the beginning of the financial year and the updated tools rolled out in August 2023. These are the audits completed since the implementation of the new audit tool:



In addition, the IPC team carry out an oversight assurance audit per their annual audit programme, where each ward is audited at least once in 12 months. After the completion of each audit, a written audit report is shared to the teams with photographs alongside an action plan for completion by the departments. Below are scores from the assurance audit.



**Educational Campaigns**

Statutory and mandatory training for IPC levels 1 and 2 are delivered via Skills for learning virtually. Throughout the year, the IPC team have engaged in various educational programmes aimed at promoting the knowledge of infection prevention and Control standard precautions among staff and service users. These include internal link champions programmes, matrons and senior leaders update sessions and international and world campaigns such as stalls and activities for IPC week and world Tuberculosis day.



### **2.17 Annual Staff Survey 2023**

The Trust remains committed to improving staff experience and staff engagement to support making the organisation a great place to work. In 2023 we again participated in the annual national Staff Survey - carried out every autumn throughout the NHS as a mechanism for assessing the level of staff engagement and experience.

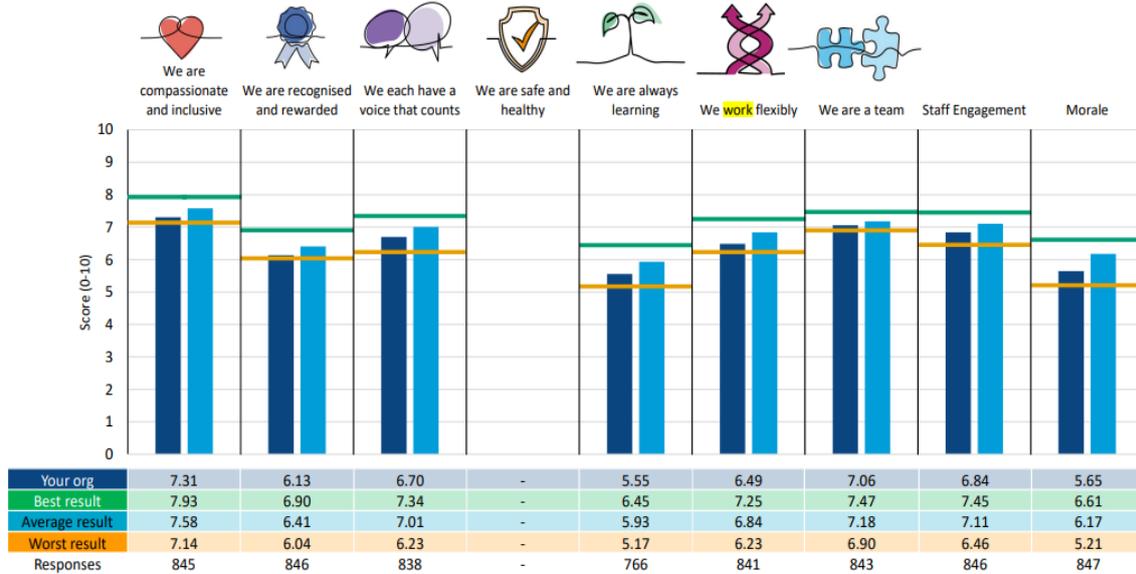
The overall results are grouped into the seven People Promise elements (listed below), and the overall two themes of staff engagement and morale.

- ✓ We are compassionate and inclusive.
- ✓ We are recognised and rewarded.
- ✓ We have a voice that counts.
- ✓ We are safe and healthy.
- ✓ We are always learning.
- ✓ We work flexibly.
- ✓ We are a team.

In 2023, the Trust achieved a 45% response rate, down from the 55% response rate in 2022 and below the median rate (52%) across the benchmark group of similar organisations.

Our 2023 results (published in March 2024) are depicted by theme below, in comparison to the national benchmark average results.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



The results indicate some changes to staff experience compared to the previous year. Notably, survey scores improved for the themes of ‘we work flexibly’ and ‘we are a team’, stayed largely static for ‘we are recognised and rewarded’ and ‘morale’, but declined slightly across the other four themes. Note that at the time of publishing this report, the scores are unavailable for the ‘we are safe and healthy’ theme due to additional data quality checks being completed by the national NHS Survey Coordination Centre.

Work over 2023/24 to respond to the 2022 staff survey results has been largely driven by the development of the Partnership People and Organisational Development Strategy, and the implementation of the 2023/24 deliverables detailed within this. These deliverables have included projects and improvement work across the following domains: equality diversity and inclusion (EDI); wellbeing; values and behaviours (culture); onboarding; management and leadership development and workforce policies.

### 2.17.1 The Guardian Service

The Guardian Service (GSL) continues to provide an independent Freedom to speak up service across the Trust. The GSL does not replace any existing channels for staff to speak about their concerns but represents an additional option for those individuals who for whatever reason do not believe they can utilise the policies of the Trust.

The GSL reports are cumulative in nature and are presented monthly to the organisation. In the twelve-month period from April 2023 to March 2024, 45 concerns were reported.

Reports analyse data in line with the National Guardian Office recommended themes. The breakdown is as follows:

Concerns reported - April 2023 to March 2024	
Themes	Number
Management Issue	22
System and Process	6
Bullying and Harassment	3
Discrimination/Inequality	8
Behaviour/Relationship	5
Patient Safety/Quality	1
Worker Safety	0
Other	0

## 2.18 Workforce – Our commitment to Equality, Diversity and Inclusion and Organisational Development.

### Ensuring Equality and Tackling Inequalities

This year is a significant year, as we work more collaboratively as a partnership. The joint EDI strategy for both C&I and BEH is now in its second full year of delivery. The launch of the NHSE Equality Diversity and Improvement Plan has helped us to focus our plans and work and we have taken a data driven approach to address our gender pay gap, and work with the most impacted staff groups in the Trust is underway to understand the culture, systems and processes that contribute to the gap. In addition, we are using positive action approaches to address career progression, to address racial disparities and for staff who live with a disability and or long-term condition. In addition, our focus is ensuring the equality impact assessment of our policies and strategies, and work closely with our colleagues to create a sense of belonging at work.

Our State of Inequality Report and Action Plan was endorsed by the Partnership Board and is instrumental to ensuring we continue our focus on improving the access, outcomes, and experience of our care, for patients and service users experience inequalities, live in areas of deprivation and are from a protected characteristics group. We know from the evidence that people from black, Asian and minority ethnic communities, disabled people, or those with diverse sexual orientation or gender identity, have worse mental health outcomes than the general population. We will continue to use tools available to us including the Patient Carer Race Equality Framework and Accessible Information Standard to support all our staff in their plans to close the gap in health inequalities, so that all patients and service users, no matter their identity, will receive the right mental health care and support. We will launch our EDI Programme Board in March 2024 to ensure accountability and impact of plans are measured.

#### 2.18.1 Staff Networks

Staff Networks are part of an effective menu of EDI resources designed to promote diversity and inclusion in our workplace. They bring together and provide a safe and confidential platform for colleagues with shared, and intersectional identities. They provide opportunities to discuss, celebrate and have a collective voice on the issues and topics that matter to them, and which impacts some of our most underrepresented groups across the wider Trust. Led by our Partnership Staff Networks Coordinator, much progress has been made over the last year. We now have five active staff networks for Race, Disability, Women, LGBTQ+ and Peer Support Work. In collaboration, we have for the third year created a well-received Equality, Diversity and

Inclusion and Mental Health Calendar/ Forward Planner. This interactive resource is multi-functional as hardcopy and digital, and helps staff across the Partnership plan awareness, cultural and multifaith events, activities and training. Staff Networks have also been instrumental in galvanising staff inclusivity or representing members in matters which affect or impact them such as the NHS Staff Survey, People and Organisational Development activities and the new Partnership arrangements, co-production and co-design.

### 2.18.2 Organisational Development (OD)

Over the course of 2023/24, a refreshed organisational development structure has been put in place, bringing together a Partnership OD team across Camden and Islington, and Barnet, Enfield and Haringey Trusts. During this period, several important steps have been taken in supporting the Partnership's journey to the creation of an aligned, values-based culture. These have included the following:

- ✓ Creation and delivery of the new Partnership O.S.C.A.R.S (Outstanding Service Contribution and Recognition Scheme) Staff Awards
- ✓ Development and introduction of the new Partnership Values and Behaviours Framework
- ✓ Development and introduction of the new Partnership Leadership Framework
- ✓ Roll-out of new Leadership Promise workshops to people managers, introducing the Leadership Framework and associated behaviours
- ✓ Dedicated OD bespoke programme development for priority teams
- ✓ Launch of refreshed Partnership OD consultancy service
- ✓ Participation in the People Promise Exemplar Programme (Cohort 2: February 2024 – January 2025).
- ✓ Refreshed approach to learning from and acting upon the annual and quarterly staff survey results.

Work has also been underway to embed the new Partnership Values within the following programmes of work from 2024-25:

- Partnership appraisal framework
- Partnership management development programme
- Partnership onboarding programme

The organisation development team maintain strong collaboration links with the equality diversity and inclusion (EDI), strategic and operational people teams, wellbeing and communications teams to ensure a shared focus on embedding our Values into our work.

## Part 3 – Review of our Quality Performance

### 3.1 Review of progress made against last year’s priorities

In March 2023, staff from across the Trust, including the Chair and Chief Executive, were joined by service users, peer workers, commissioners and representatives from other statutory and voluntary organisations to discuss and agree the Trust’s Quality Priorities for 2023-24.

Our six Quality Priorities for 2023-24 were designed to support our aim to deliver excellent care for our diverse population. They took into consideration suggestions from stakeholders and the Trust’s Strategic Objectives and were aligned to existing programmes of work.

#### *Patient Safety*

#### **1. We will develop the role of Patient Safety Partners (in line with PSIRF), to ensure that those with lived experience are equal partners in strengthening patient safety governance and management processes.**

In October 2023, we successfully recruited a Patient Safety Partner to the Patient Safety Team. The main role of our Patient Safety Partner has been to ensure that the lived experience voice is heard and embedded within the organisation, with the core purpose of improving safety and quality.

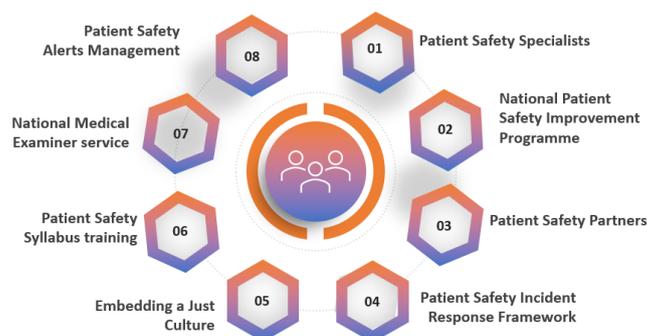
Our Patient Safety Partner has played a fundamental role in the Patient Safety Team; through application of their skills, knowledge, and lived experience, they have supported decision making to drive forward the Partnership's ambition to improve and embed a strong patient safety culture. The Patient Safety Partner works with staff as equal partners to influence and improve the governance and leadership of safety across the partnership. They have led on the implementation of the national Involving Patients in Patients Safety Framework working closely with our Service User Experience and Engagement Team colleagues.

We aim to expand our Patient Safety Partner provision in 2024-25 to continue the excellent work in progress, and to further develop improvements in safety and quality across all of our clinical services.

#### **2. We will develop a partnership patient safety strategy focussed on equipping patients and staff with the skills and opportunities to improve patient safety.**

During 2023-24, the Patient Safety Teams across BEH and C&I have been working in partnership to ensure all priorities of the national NHS Patient Safety Strategy, illustrated below, have been consistently implemented or being worked towards across both Trusts.

#### **Alignment to NHS Patient Safety Strategy – key priorities**



Before developing our own Patient Safety Strategy it is essential that all necessary structures, systems and processes are in place to support this work and the embedding of a strong patient safety culture. We can now move confidently ahead with the development of a Partnership Patient Safety Strategy in 2024-25.

### ***Clinical Effectiveness***

- 1. We will ensure that there are processes in place to prevent discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions – Data will be used to inform specific areas for improvement.**

The State of Inequalities Report provided an in-depth analysis of the status of inequalities across the Partnership in C&I and BEH. An action plan to address gaps was approved by a sub-group of the Board in October 2023.

Priority areas that have been progressed include:

- Setting up of governance to support implementation of the Patient Carer Race Equality Framework (PCREF). The Chief Nursing Officer as the Senior responsible Officer has been linking in with the Black Asian Minority Ethnic communities, and experts by experience have been developed across the divisions.
- A successful community engagement event was held showcasing the Partnership's community services offer and co-production around PCREF competencies. Further work will take place with the communities during 2024-25 to raise awareness of our plans and activities to address restraints in young black men, increasing access to CAHMS, and Section 136
- An Accessible Information Standard group has been set up to ensure the needs of disabled service users and carers are embedded across the Partnership. Further work is planned to raise the awareness of the LGBT communities in health care settings. In 2024-25 we will work towards the NHS Equality Delivery System 2022, Domain one – commissioned or provided services and use the work underway around physical health checks for inpatients with SME. More engagement with clinical staff is needed around cultural competency to ensure care for diverse communities and a business will need to be put together to fund this.

- 2. We will support people's physical healthcare and ensure that deteriorations in physical health are identified, and appropriate interventions are provided to improve health outcomes; we will do this by developing competencies and skills of clinical staff.**

During 2023-24 a number of improvement initiatives have been introduced to strengthen education and awareness, and clinical competencies and skills in physical healthcare management across the Partnership. Examples of improvements include:

**Streamlined Physical Health Assessment Form:** We have optimised our Physical Health Assessment Form by streamlining sections to capture critical information efficiently. This enhancement not only improves data capture but also promotes efficiency and eliminates duplication associated with Health Information Exchange (HIE). Next steps – data retrieval for ongoing improvement.

**Brilliant Basic QI - Physical Health Assessments:** Our commitment to excellence is through the Brilliant Basic for improving Physical Health Assessments.

**Launch of NCL Longer Lives Strategy Delivery Plan:** The implementation of the NCL Longer Lives Strategy Delivery Plan has been approved at both Integrated Care Board (ICB) and Trust levels. We are currently developing workstreams to ensure successful execution and achievement of strategic objectives.

**QuiTT Collaborative with The Royal College of Psychiatrists:** Collaborating with The Royal College of Psychiatrists through the QuiTT Collaborative enables us to enhance the quality of care provided to individuals with mental health conditions who smoke.

**Practice Development Team Initiatives:** Our Practice Development Team continues to support staff upskilling in essential areas such as ECGs, Phlebotomy, NEWS2, Medical Devices, and MYKITCHECK. This investment in staff development enhances competency and ensures high standards of care delivery.

**Development of Clinical Pathways:** We are actively developing clinical pathways to facilitate easier access to acute care services, thereby improving patient outcomes and reducing healthcare system inefficiencies.

**Strategic Recruitment:** We have strategically recruited a Practice Development Nurse and a Tobacco Dependence Advisor to bolster our team and enhance patient care in critical areas.

**Training and Compliance Initiatives:** NEWS2 Training, ILS/BLS compliance improvement, and ongoing Quality Improvement (QI) projects focused on familiarisation with emergency equipment and processes ensure staff readiness and adherence to best practices. MEET Training (Medical Emergency Equipment Training)

**Standardised Medical Emergency Simulations:** Introduction of standardised Medical Emergency Simulations in ward areas aims to enhance staff proficiency in managing cardiac arrest situations, fostering effective teamwork, and familiarising personnel with essential equipment and emergency management algorithms for safe care.

**Pathology:** Digital/Clinical project underway to integrate a digital solution into the existing Electronic Patient Record ( RiO ) for ordering and receiving blood results. This will increase efficiency by not having to generate paper requests and improve patient safety with easier access to results for ongoing clinical management.

**Resus/Medical Management Process Review:** A comprehensive review of the Resus/Medical Management process has led to a proposal for piloting a managed service, enhancing governance, infrastructure, clinical provision, and education.

**Quality Improvement Projects:** Our ongoing QI projects focus on the Prevention and Management of Pressure Ulcers and Tobacco Dependence, reflecting our commitment to continuously enhancing patient care and promoting a smoke-free environment.

**Women's Health Clinics:** Introduction of Women's Health Clinics on Ruby ward underscores our dedication to providing specialized care tailored to the unique needs of our female patients.

Wellbeing clinics at community sites/Clozaril clinics and assertive outreach checks for housebound and hard to reach.

Islington PH Matrons participating in MDTs with the Islington Community Respiratory Team and Diabetes Team.

Commencement of E-obs project at C&I to align with practice at BEH; Automatic score calculation saves time and eliminates human error. e-Obs can be used to send escalations to other staff members. Eliminate the need to visit a patient to view their e-Obs scores .Reduces the need for unnecessary duplicate tests as scores are stored centrally.

These initiatives collectively reflect our unwavering commitment to delivering high-quality healthcare services, fostering staff development, and ensuring positive patient outcomes. Through collaboration, innovation, and continuous improvement, we strive to meet the evolving healthcare needs of our community and uphold our commitment to excellence in healthcare delivery.

### ***Patient Experience***

- 3. We will strengthen feedback mechanisms at a Divisional level by focusing on improvement plans in response to service user feedback using Quality Improvement methodology to bring about measurable improvement. We will develop a feedback framework to communicate our response to feedback to service users, carers and staff across the partnership.**

The launch of the Service User and Carer Brilliant basic has engaged stakeholders in identifying key areas for improvement with identified actions. A pilot initiative is currently being developed which will focus on service users specifically being asked in a clinic setting "what do you want to get out of this appointment". The commitment for all services to the "you said, we did" updates was highlighted as a key priority. Although it is recognised within the acute wards that these are updated more consistently, this level of engagement and responsiveness to feedback is not reflected within the community services.

Initial consultations have been had with the informatics department to explore the development and use of an app for teams to input on a monthly basis their updates. The app will also send monthly reminders to teams to input their updates and will have a function for data to be collectively pulled.

The previous Service User Experience and Engagement Group has now been split into two sub meetings - Service User Experience and Service User Engagement. This allows for a more focused review of the feedback received via the "Patient and Carer Survey" identifying key themes/areas of improvement/areas of excellence.

- 4. We will ensure that involvement and engagement of those with lived experience is embedded at all levels of the partnership organisational structure by increasing the numbers of experts by experience and staff employed with lived experience.**

The Service User Experience and Engagement Team is currently in the process of recruiting two new band 7 positions - Lived Experience Workforce Leads to join the corporate peer team. These roles will support the development and implementation of the new peer workforce strategy (expected roll out April 2025).

Additionally, the Service User Experience and Engagement Team has successfully recruited two band 5 Involvement and Engagement facilitators to continue to support the growth and development of the expert by experience programme.

### **3.2 Quality Governance**

Quality Governance provides a framework for organisations and individuals to ensure the delivery of safe, effective, and high-quality care and treatment.

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

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

Our quality governance structures and processes provide an avenue for effective monitoring of key quality and performance indicators and learning from patient safety incidents, audits, service reviews and service user feedback.

Through our quality governance systems, the Trust Board is provided with assurances on the quality of BEH's services and patient safety:

- We produce comprehensive Trust and divisional quality dashboards incorporating safety, experience and effectiveness
- We have an active national and local clinical audit programme
- We monitor themes and trends in service user experience and complaints
- We monitor the standards of our inpatient wards and a number of community teams through the Tendable audit app, through executive-led safety walk-arounds and scheduled quality reviews of service
- We have a robust risk management and escalation framework in place.

Our Clinical Fridays programme sees senior nurses across the organisation doing walkabouts every Friday on inpatient and community sites. This gives staff the opportunity to talk openly and honestly with nurse leaders about quality and safety.

We continue to work with our Experts-by-Experience (service users) to ensure our quality governance arrangements support the development of high-quality care and services. Our Involvement Register of Experts-by-Experience (EbEs) continues to grow with more EbEs being active in several programmes to improve the quality of services across the Trust.

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

## Safeguarding

As a Trust, we are fully committed in ensuring that safeguarding children, young people and adults is part of our core business. We recognise that safeguarding cannot be done in isolation. Our Trust values of working together with our partner agencies to 'Think Family' underpin how we protect those at risk of harm, abuse or neglect. To achieve this, the Trust works collaboratively with partners within the Integrated Care System (ICS) to safeguard the communities we serve. We continue our focus in developing evidence-based approaches to safeguarding, whilst balancing the rights and choices of an individual, with the Trust duties to act in their best interest to protect the patient, public and the organisation from harm. Our Trust values are central, ensuring our services are compassionate, respectful and have regard to the duty to protect individuals' human rights. We treat everyone with dignity and respect and safeguard people from abuse, neglect and discrimination, as well as reducing stigma.

Our Safeguarding Team continues to work with all internal and external partners to ensure safeguarding is core business throughout the Trust. We take all reasonable steps to promote safe practice and protect children, young people, and adults from harm, abuse and exploitation. We are fully engaged in the work of the Barnet, Enfield and Haringey Safeguarding Boards, and their associated sub-groups for both children and adults. We are fully compliant with the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (updated September 2022), and statutory duties in line with Section 11 of The Children Act 1989.

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4.1 Stakeholder Statements and Response to the Quality Account

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