

NOTES FROM THE BARNET, ENFIELD & HARINGEY NCL JHOSC SUB GROUP BRIEFING HELD ON THURSDAY, 24TH JUNE, 2021, 10.00 AM - 12.10 PM

PRESENT: Councillor Pippa Connor (Chair), Councillor Alison Cornelius, Councillor Derek Levy, and Councillor Khaled Moyeed (from item 6).

1. ELECTION OF CHAIR

Councillor Alison Cornelius proposed that Councillor Pippa Connor be elected as Chair for the meeting; this was seconded by Councillor Derek Levy and agreed unanimously.

RESOLVED

To elect Councillor Pippa Connor as the Chair.

2. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Linda Freedman.

4. DECLARATIONS OF INTEREST

There were no apologies for absence.

5. QUALITY ACCOUNTS GUIDANCE

The Quality Accounts guidance was noted.

6. BARNET, ENFIELD, AND HARINGEY MENTAL HEALTH TRUST - DRAFT QUALITY ACCOUNT

The Chair noted that a slightly updated version of the Quality Account had been circulated. The updates included some narrative about the Care Quality Commission (CQC) inspection, the Friends and Family Test, the Staff Survey 2020, the Quality Priorities 2021-2022, and some amendments arising from North Central London Clinical Commissioning Group (NCL CCG) and Healthwatch feedback.

The Sub-Group received a presentation on the Quality Priorities 2020-2021 from Caroline Sweeney, Deputy Director of Quality.

The draft Quality Account for the Barnet, Enfield, and Haringey Mental Health Trust was presented by Amanda Pithouse, Chief Nurse; Dr Mehdi Veisi, Medical Director; Andrew Wright, Director of Planning and Partnerships; and Caroline Sweeney, Deputy Director of Quality.

In response to the Quality Account, the Sub-Group made the following comments:

- (i) The Quality Account could be made more accessible so that lay people, patients, and families could understand the information and key points. It was suggested that a simpler, summary document or presentation could be produced to accompany the Quality Accounts; this could also include any information which was not required in the Quality Accounts but which was useful for lay people, patients, and families. It was also noted that the glossary within the Quality Accounts should include all acronyms.
- (ii) The Sub-Group welcomed the use of Experts by Experience, as part of the new, co-produced Service User Involvement and Engagement Strategy, which aimed to ensure that the voices of service users and carers were heard. It was noted that there was anecdotal evidence to suggest that patients and staff had reported good experiences. The Sub-Group felt that this was highly innovative and sounded positive but noted that it would be important to formally assess whether and how this had improved experiences. It was requested that this information was provided in the Quality Accounts 2021-22.
- (iii) The Sub-Group noted that there was a lot of high level brief information on topics such as Brilliant Basics but felt that the key question was whether any of these new processes or changes improved patient care or staff welfare. It was considered that the information reported to the Sub-Group provided more confidence as the issues were discussed in greater detail. The challenge for the Trust would be how they evidenced this in improved care outcomes which were hard to find within the Quality Account.
- (iv) It was noted that a surge in demand for mental health services was anticipated after the Covid-19 pandemic and that preparations were underway, including additional funding of £22 million over the next three years. The Sub-Group welcomed this additional information that was provided at the meeting and commented that this provided reassurance about the Trust's preparedness for 2021-2022.
- (v) It was commented that bullying within the staff setting had been a previous concern. It was noted that work was being done to address this, including the introduction of groups such as a Women's Network and LGBTQ+ Network. The Sub-Group considered that there should be concrete information on how improvements were being made in the workplace and whether any actions resulted in staff feeling more supported.

- (vi) It was noted that 58% of staff (compared to the national average of 67%) said that they would be happy with the standard of care provided by the Trust if a friend or relative needed treatment. The Sub-Group asked for a breakdown of this information to show whether this was across the Trust or whether this was focused in a particular area(s).
- (vii) In relation to patient safety and physical health, the Sub-Group noted that there had been some difficulties in accessing ECG machines. The Sub-Group heard that the Trust was trialling handheld devices and remote cardiologist readings. It was explained that these initiatives were not included in the Quality Account as they were ongoing. The Sub-Group noted that it would be useful to receive an update on this in the Quality Account 2021-2022.
- (viii) It was noted that there were 39 serious incidents in 2020-2021. The Sub-Group heard that there had been an increase in patient safety incidents and that this was reflective of the significant challenges during the Covid-19 pandemic; it was also suggested that a good safety culture was likely to have more low level incidents, where reporting was high, and to have fewer serious incidents. The Sub-Group considered that it would be useful to provide further information in the Quality Accounts on how the number of serious incidents compared to the previous year and what improvements were being implemented.
- (ix) The Sub-Group noted that, due to the Covid-19 pandemic, the original timescale for formal complaints of 25 working days could not be maintained. The Sub-Group heard that complaints were now subject to a grading matrix tool to identify a timescale of 24, 40, or 60 days. The Sub-Group considered that it would be useful to know how many complaints were subject to each different timescale. The Sub-Group acknowledged the pressures that had arisen from the Covid-19 pandemic but considered that these timescales could be reduced as the pressures from the Covid-19 pandemic dissipated and asked for confirmation of whether and when this would happen.
- (x) It was noted that there had been a Care Quality Commission (CQC) report into the Beacon Centre, a children and young persons' unit which had raised serious concerns about safety. The Sub-Group was informed that concerns had been identified internally and that there had been an internal quality review in April 2020 which had been shared with the CQC and had led to the CQC inspection. It was also noted that there had been a number of actions and significant improvements which were due to be reported shortly. The Sub-Group acknowledged that there had been a number of actions internally but expressed concern that this information was not provided in the Quality Account. It was commented that it would be helpful for this information to be included as it gave people more confidence in the ability of the Trust to resolve issues.
- (xi) The Sub-Group noted that the target to reduce restrictive practices by 30% by the end of April 2021 had been amended due to the significant challenges arising from the Covid-19 pandemic. However, it was considered that the new figure and/ or extended time period should be detailed in the Quality Account.

RESOLVED

1. To request an update on the Barnet, Enfield, and Haringey JHOSC Sub-Group statement from 2020-2021 from the Barnet, Enfield, and Haringey Mental Health Trust.
2. To submit the Barnet, Enfield, and Haringey JHOSC Sub-Group statement from 2021-2022 to the Barnet, Enfield, and Haringey Mental Health Trust.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date