

Barnet, Enfield and Haringey
Mental Health NHS Trust

Quality Account 2022-23

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Foreword from the Chief Executive

I am delighted to bring you this Quality Account with many positive things to highlight from the past year.

We have seen increasingly close ties in our Partnership with Camden and Islington NHS Foundation Trust which is now in its second year. As part of this joint working, we have been developing a shared set of aims and priorities, as well as agreed values. I am confident these will bring huge benefits for our service users, their carers and their families as we go forward.

Our Partnership is already making a significant difference, with a new model of community services across our five boroughs. This £25m three-year project - now in its final year - entails a new model of care, with clinicians, voluntary sector and social workers teaming up to provide wraparound care for individuals, taking into account every aspect of a person's life and working from bases close to where people live. By summer 2024, we expect every resident across North Central London to have access to this new model of care.

Ensuring we have the right staff to support all our services is crucial and in summer 2022, we launched the Someone Like Me recruitment campaign. Aimed at local people, we have been working hard to recruit to a range of roles including nurses, therapists, doctors and other healthcare roles. The campaign showcases the working lives of those within the Trust, as well as the diversity of staff we employ to encourage more residents in our boroughs to consider a career with BEH.

Retention was one of the areas in our Annual Staff Survey where we know we need to do more and we will continue focusing on this area, as well as ensuring every individual is supported in their professional development. We are currently developing a Partnership-wide People and Organisational Development Strategy as we work towards making BEH and our wider Partnership a great place to work. The survey

showed some positive improvements including our response to physical violence, our Appraise with Values process and our health and wellbeing provision.

I am delighted to see progress too in reducing restrictive practice with the appointment of specialist colleagues with lived experience who can help efforts in this area of work.

We remain fully committed to our joint Suicide Prevention Strategy, launched with Camden & Islington NHS Trust in February 2022 and aligned with the North Central London suicide prevention initiative. It has led to several achievements in the last year, including the appointment of an active carer expert-by-experience, as well as partnership working with voluntary providers who support suicidal people and those close to them.

We delivered a joint flu and COVID vaccination programme across the Partnership for our staff and service users. We recruited more peer-vaccinators and targeted messaging across all channels to ensure colleagues were able to make informed decisions.

Partnership working continues to strengthen our peer support workforce, recognising the challenges that remain in embedding the role. Co-produced work with our peer workforce and local community partners has seen the development of the Community of Excellence which aims to create more visibility of Peer workers and help organisations recognise their value, as well as further support peer worker wellbeing, and provide training, development and opportunities for career progression.

These are just some of the highlights from this year; I hope you enjoy reading more about our achievements this year, and our plans for next year in our Quality Account.

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.

We have continued with our commitment to getting the basics right in our delivery of care to our services users and for our staffs' health and well-being, through a Brilliant Basics programme that prioritises key quality improvement areas for the Trust. Our nine Brilliant Basics have delivered some sustained improvements which you can read more about in this Quality Account.

In April 2022, we started to deliver NHS England's Quality, Service Improvement and Redesign (QSIR) training programme inhouse; subsequently our Quality Improvement (QI) capacity has increased significantly. Our aptitude for QI within the Trust and recognition of the benefits of a QI approach to delivering excellent care and service has gone from strength to strength.

In August 2022, we launched the Trust's co-produced Recovery Strategy. The goal and principles of the strategy will be the foundation that supports services to implement recovery focused and enabling practice.

Our growing register of experts by experience demonstrates the willingness of our service users, their families and carers to work alongside our staff to improve the quality and experience of care. We are very grateful to them for helping us do this.

Reducing restrictive practices has been a key priority for BEH. This work will continue across the partnership in 2023, with a new Partnership strategy for reducing restrictive practices being developed. One of our priorities next year will be to improve the therapeutic value of using enhanced observations.

I am pleased to say we have started to roll out DIALOG+, a new care planning approach across mental health community teams. DIALOG+ will ensure service users' care and treatment plans are co-produced and personalised and that the service user is enabled in their decision making every step of the way.

Another of our priorities this year has been to prepare for implementation of the national Patient Safety Incident Response Framework (PSIRF) which was launched by NHS England in August 2022. PSIRF will change the way we respond to patient safety incidents, by promoting a more proportionate and effective response for organisational learning and improvement. We have been working collaboratively across the Partnership to ensure we have the right systems in place, and the resources and training to support successful delivery of the requirements of the Framework from September 2023. Additionally, the achievement of our two patient safety Quality Priorities for 2023-24 will help drive this forward.

Our achievements against our priorities for 2022-23 show a continued emphasis on partnership working, achieving excellence for our service users and continuously improving and empowering our staff. Our Quality Priorities for 2023-24 will drive forward our equality, diversity and inclusion agenda and keep our focus on addressing health inequalities across our communities.

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 2022-23 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 2022-23 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 2022-23 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 2021-22, 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
- Trust Quality and Safety Committee
- Trust 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 and community health services provider. We are the lead provider of a wide range of mental health services across the London boroughs of Barnet, Enfield and Haringey, as well as specialist mental health services to a larger population across North London, Hertfordshire, Essex and surrounding counties. Additionally, we provide a full range of children and adult community health services in Enfield. We deliver our care in the community and in inpatient settings and serve a population of well over a million people.

Our vision is simple and clear:

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

We have four **values** 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.

Our Values

- ▶ Compassion
- ▶ Respect
- ▶ Being Positive
- ▶ Working Together

Our Strategic Aims

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



We have been working actively towards achieving our strategic aims.

1. The 9 Brilliant Basics which are quality improvement workstreams, are embedded into practice and feed into relevant governance systems, ensuring that we strive for and achieve excellence for all our service users. We have recruited over 100 Experts by Experience and 45 Peer Support Workers to ensure the voices of service users, carers and people with lived experience are heard and inform actions for the benefit of our services users and carers.
2. We are empowering our staff – the Quality Improvement approach is firmly embedded, forums and networks that support equality, diversity and inclusion regularly take place, and staff health and wellbeing has been an important focus area this year.
3. We have continued to develop new partnerships with other mental health trusts, local NHS providers, primary care, local authorities and the voluntary sector to deliver integrated care that improves the health of our population. We are a strong voice in North Central London Integrated Care System, leading on specialist initiatives for the mental health and learning disability population. This has led to opportunities for us to develop and sustain our services and provide better care for our service users as the healthcare landscape changes.



Our Services

In 2022-23, our 3,700 plus staff helped care for more than 137,880 people, made up of approximately 2,498 patients across our 30 wards and over 135,383 service users in the community. We provided mental health services including a specialist Eating Disorders services and other specialist services, for young people, adults and older people, in addition to our full range of child and adult community health services in Enfield.

Our North London Forensic Service (NLFS) treats and cares for people in the criminal justice system who have mental health needs, learning disabilities or autistic spectrum disorder. We provide:

- Forensic low and medium secure inpatient and community services.
- Mental health services in prisons across London – HMP Pentonville, HMP Wormwood Scrubs and HMP Brixton
- Pathways service at HMP Aylesbury – a specialised service for people presenting with high risk and complex psychological needs.
- Liaison and Diversion Services across North Central London within police custody and courts, as well as for British Transport Police and Marine Police Services.
- Highly specialised fixated threat, stalking diversion services in partnership with policing and other key providers.

NLFS also hosts the North Central London Vanguard, an innovative pilot delivered in partnership with local authorities and voluntary sector partners that supports up to 25 years olds at risk of or impacted by serious youth violence in community based settings across the five NCL boroughs.

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. 2022-23 has seen the provider collaborative continue to innovate by developing a Patient Council, which is delivering a Speak Up campaign and increase the number of people with lived experience in paid quality assurance roles. The commissioning hub team has commissioned new learning disability & autism teams across North London as well as enhancing the physical health services within the inpatient settings, increasing advocacy services and creating research teams.

The Trust has 580 inpatient beds which are located on our five main sites:

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

Statement of Assurance from the Board regarding the review of services 2022-23

During 2022-23, 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 2022-23 represents 100% of the total income generated from the provision of NHS services by BEH for 2022-23.

Community Mental Health Transformation (CMHT) Programme

Our ambitious programme to revolutionise mental health care continues and is now nearing the end of the second 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 transformation programme, which started in April 2021, is seeing the appointment of hundreds of new frontline staff across North Central London (NCL) delivering new models of care. Significant work continues 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 place-based level. This is so we can understand issues, strengthen relationship and take a coordinated approach to improve the quality of life 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 are working with our key partners as above and others 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. We are consulting service users, carers and local communities to deliver the care that they want and need.

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. This new approach has been rolled out across our Primary Care Networks, but we continue to redesign our pathways as part of the transformation.

Examples of improvements already made or planned are:

- Implementing DIALOG+, 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). Whilst we are in the early stages, hundreds of DIALOG+ assessments are being undertaken with service users every month.
- Across Barnet, Enfield and Haringey, new members of staff have taken up exciting new roles within GP surgeries as Primary Care Mental Health practitioners. Half funded by the GPs and managed by the Trust, we are helping hundreds more service users every month. Our work with Haringey GPs has been recognised as a national example of good practice.
- Working in close partnership with the Voluntary and Care Sector, around 30 new members of staff are working in an integrated way with our core community teams to help many more service users. The team are helping around 150 unique service users every month with their mental health by providing a range of psycho-social support.
- Introduction of new roles to help service users transition between the Children and Younger Adults services and Adult Mental Health services, in what is called our 18-25s Transition Pathway.

- 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 have continued to develop our Physical Health roles to support people in the community, with improvements evidenced in the community mental health survey responses.
- We have continued to introduce more staff in new roles including peer support, community engagement workers, psychological support and occupational therapy.
- Implementation of the digital technology system '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 services users who can receive lesser support. We are working with our clinical teams to focus how we can strengthen the use of MaST in our multi-disciplinary team meetings actively.
- Hundreds of residents attending North Central London and Borough level community events to showcase community transformation developments, holding workshops, offering physical health checks and meeting and understanding the roles of Experts by Experience (someone who has recently had experience of our services, a patient).

These are just a few examples of how we are continuing our journey to transform our services.

This partnership demonstrates the closer collaborative and different ways of working between the Primary Care Networks and our Community Mental Health Teams (CMHTs), to form core community teams, as outlined in the NHS Long Term Plan. It is hoped that more of these posts will be created in future.

Funded by £25 million investment (from the national Service Development Fund and Mental Health Investment Standard funding) to

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



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
- ▶ 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-

around and scheduled Quality Reviews of service, and we have a robust risk management and escalation framework in place.

Our Clinical Fridays programme, an initiative that sees senior nurses across the organisation doing walkabouts every Friday on inpatient and community sites 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 (EbEs) to ensure our quality governance arrangements support the embedding of high quality care and services for all of our service users. Our Involvement Register of Experts by Experience (EbEs) continues to grow with more EbEs getting involved in several programmes of work 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 2022-23. However, 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.

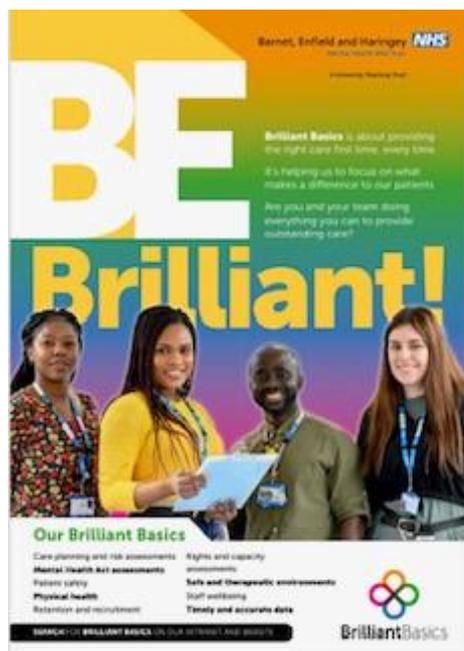
We continue to meet with the CQC on a regular basis to feedback on our ongoing developments in the Trust and we have had positive feedback on the work being undertaken by the Trust.

The CQC continued with their programme of Mental Health Act Reviews throughout 2022-23 and visited nine inpatient teams across the Trust. Two of these visits did not identify any areas for improvement; in six visits, the feedback from the CQC was for services to ensure feedback from the visit was shared with patients and families via patient community meetings and ward notice boards. One review highlighted a gap in evidence of an assessment of capacity for one patient or discussion of consent. The ward has implemented actions to address this.

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



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

There are 9 workstreams under the Brilliant Basics which have been identified as key priority areas for the Trust. They are also aligned to the areas for improvement identified in the CQC Well Led Inspection report published in September 2019:

- Staff wellbeing
- Patient safety
- Timely and accurate data
- Safe and therapeutic environments
- Care planning and risk assessments
- Retention and recruitment
- Rights and capacity assessments
- Physical health
- Mental Health Act assessments

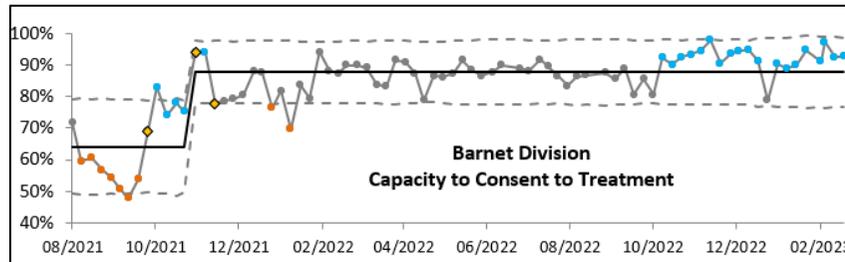
The Trust has continued to make progress in many of the Brilliant Basics workstreams during a time of increased acuity due to the COVID-19 pandemic. Examples of achievements have been provided below:

▷ Rights and capacity assessments

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

The aim of this Brilliant Basic was renewed to include all patients on a Community Treatment Order having an explanation of rights and all informal inpatients having an assessment of their capacity to consent to admission. There has been a sustained improvement in some Divisions.

Barnet Division has generated change ideas that have had a positive impact on the number of inpatients who received an assessment of their capacity to consent to treatment.



▷ **Timely and accurate data**

Our new data warehouse went live with inpatient and community dashboards showing key data now available. We are planning further development and triangulation of data from patient, staff, incident and finance systems over the coming months.

For the first time, staff across the Trust have access to key intelligence dashboards, populated with up-to-date information from across multiple systems. Data quality standards are clearly defined and monitored across our divisions, and we continue to collaborate on ways to increase the ownership and use of data by clinical and operational teams.

▷ **Retention and recruitment**

Staff vacancy rates are currently high at 14.9%; as a result this Trustwide collaborative aims to reduce the overall trust vacancy rate to no more than 10%. This involves reviewing the fundamental processes and systems that are in place for recruitment, onboarding and inductions, whilst also focussing on the retention of staff so that they feel appreciated; this also includes talent management and succession planning.

▷ **Physical health**

Having implemented the e-observations system that allows patient observations such as temperature to be recorded digitally, we now have also seen improvement in the completion of the six key health check parameters and are increasing our focus on responding to patients who are at risk of deterioration.

▷ **Patient safety**

This Brilliant Basic commenced in 2021. Under the umbrella of Patient Safety the QI projects are: Sexual Safety, Suicide Prevention, Pressure Ulcers and Falls. As part of the patient safety programme the aim encompasses sharing knowledge and supporting the Partnership. It includes implementation of the national Patient Safety Incident Response Framework (PSIRF) which is being taken forward as part of 4 key workstreams. Attention will also be given to the development of a Joint Partnership Patient Safety Strategy. This will address the national work but also specific aims for local populations.

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

▷ **Reducing restrictive interventions**

A number of improvements have been implemented for the benefit of our patients including the delivery of training sessions on Autistic Spectrum Disorder to approximately 70 staffs.

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

▷ **Care planning and Risk Assessments**

The DIALOG+ pilot commenced in December 2021. This approach enables healthcare professionals to have supportive and meaningful

conversations with service users about the aspects of their lives that are most important to them such as family, relationships, leisure activities and accommodation, in addition to their mental and physical health. It uses a person-centred and patient-rated scale that measures Patient Reported Outcomes (PROM) as well as a measure of Patient Reported Experience (PREM). The approach is holistic and puts the views of the service user first, helping people to take a practical and active part in their recovery. It provides assessment, planning, intervention and evaluation in one procedure. This is currently being implemented within the community teams in all divisions before progression to inpatients.

▷ **Mental Health Act assessments**

This was a new Brilliant Basic for 2022. We are working with our partners including Local Authorities to ensure that anyone who needs a Mental Health Act assessment will get the assessment and appropriate care at the right time. Our current focus is on each of the teams having a digital dashboard in place in all Divisions for the 3 boroughs and developing a patients and carers leaflet to help them to understand the process of having a Mental Health Act assessment.

▷ **Safe and therapeutic environments**

This Brilliant Basic has focussed on ensuring that both our indoor and outdoor spaces are as safe and therapeutic as possible. We have conducted a survey and the information from both staff and patients will inform the local improvement projects in each Division. Staff have told us that they would like to have some feedback after reporting a job to estates, so we are developing a new reporting system. We want staff to be assured that when they have jobs that need attention we will intervene quickly and appropriately. Patients have told us how much they like the new sensory room and de-escalation room in PICU in Enfield Mental Health. We have new signage at St Ann's. Staff have brought their ideas to improve the outdoor spaces. One example of how improvements can be made to the environment is the new mural on Suffolk Ward in Enfield Division which has been created with staff and service users

working together.

▷ **Staff Well-being**

As a result of recent staff surveys it became evident that there is a gap in our approach to staff health and wellbeing. The current focus is to improve staff wellbeing by identifying the issues that staff are experiencing and measuring alongside a particular statement in the People Pulse survey: To increase the percentage of staff who agree or strongly agree with the statement "My organisation proactively supports my health and wellbeing" from 45% to 52.7% (to equal the NHS average).

One of the key change ideas of having a staff council in one of the Divisions has been very a successful factor and is now spreading across all divisions. This consists of representatives from different teams and professions to feedback on behalf of their given areas about their colleague's wellbeing, providing an accurate account of how staff really feel.

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

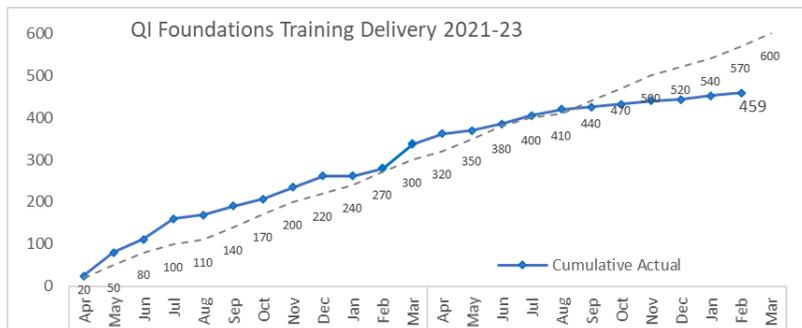
Quality Improvement (QI)



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 in culture, processes and practice to improve the quality of our services. We recognise that for improvement to be sustainable, a single improvement methodology needs to be consistently embedded in the way we work in all our services, from small changes to major transformational programmes. The Trust has supported the implementation of the Model for Improvement 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 are able to 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, which we offer every month.



There has been a slight decline in the rate of staff trained at this level, but this may be due to us offering other training as well. 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 really proud that the 5-day QSIR Practitioner training was launched in April 2022. This is face to face training. There have been 3 cohorts with the 4th cohort finishing in April 2023 by which point it is expected that 96 staff will have completed the course in 2022-23. Some of the QI projects that have been led by new QSIR practitioners include Improving diversity among Allied Health Practitioners, Alignment of Activities for Daily Living (ADL) pathways, Capacity to consent to treatment, Reducing 1:1 observations and more.



All teams are encouraged to use QI as the approach to address issues locally. For example, Shannon Ward in Barnet Division completed a QI project about the use of Body Worn Cameras in a mental health acute adult inpatient setting. The Beacon Centre (children and adolescent mental health inpatient services) is doing three QI projects which are reducing self-harm, improving the onboarding process for staff and improving wellbeing. Three wards at BEH are taking part in the national QI collaborative for reducing restrictive interventions – this platform provides an opportunity to learn from QI work in other mental health trusts in the NHS. As a Trust we are focussed on reducing restrictive interventions. The data now shows a significant improvement in the number of restrictive interventions in the Trust.

BEH is the first Mental Health Trust in NHS England to be accepted to take part in the Flow Coaching Academy (FCA) Programme. The FCA exists to enable front line staff across pathways, organisations and whole systems to continuously improve service user care and outcomes. The focus is on team coaching in a weekly Big Room and The Model for Improvement is utilised within this concept. In 2022, 9 staff from BEH graduated as Flow Coaches. There are currently 2 Big Rooms at BEH which are the Access and Flow Big Room and the CAMHS Big Room. In Spring 2023 we are launching our second year of Flow Coaching training with 6 staff from Barnet, Enfield and Haringey and 6 staff from Camden and Islington attending the year-long training programme.

Embedding QI across the Trust has been underpinned using LifeQI, a digital platform, where all QI projects are now registered. This not only provides teams with the tools to progress their work but also enables collaboration and real-time and robust reporting of QI within the Trust. There has been a substantial increase in the number of QI projects registered from 40 in April 2021 when it was first implemented to 159 at the beginning of March 2023.

In November 2022 we delivered our first joint QI Conference with our C&I colleagues. We welcomed over 150 staff and service users in-person to “Celebrate, Collaborate and Connect” – our theme for the day. Over the afternoon we celebrated the success and heard reflections from our senior leaders, two keynote speakers, and 20 different projects across the partnership.



Infection Prevention and Control

Reportable Infections and Outbreak Situations Declared

In 2022-23, there was one case of an Influenza A, the patient was positive pre-admission from another Trust and isolated on admission according to Trust policy. Two cases of MRSA were reported in Q4, 1 case was positive on admission from another Trust and the second case tested positive following a surgical procedure in an acute hospital. Both patients were isolated according to Trust policy. The vaccination campaign for flu and Covid 19 boosters was concluded in February 2023 the vaccination uptake for staff was as follows 33.9% for Influenza and 31% for COVID-19 booster.

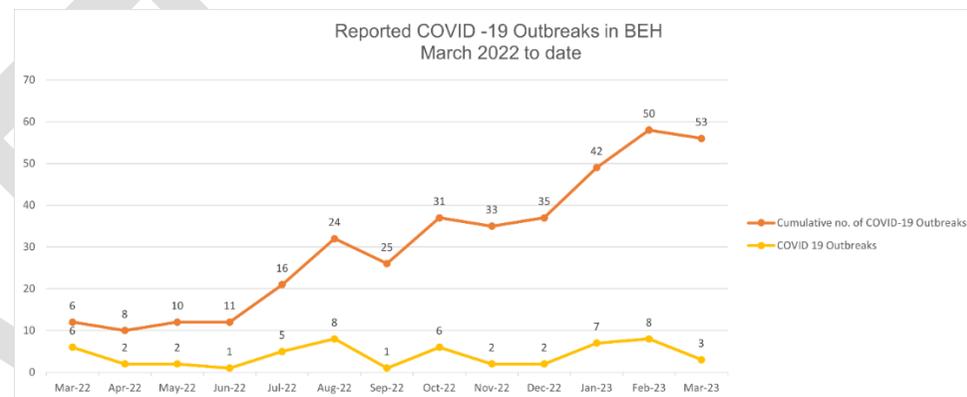
COVID-19 testing continues for inpatient symptomatic patients and symptomatic staff groups and remains in accordance with the current UKHSA recommendations.

A daily live situation report of COVID-19 positive cases in the Trust is monitored through the Trust access and flow meetings, daily submissions are made to NHSE. Outbreaks and Hospital Onset Covid Infections (HOCl) are reported monthly on the Trust Integrated Performance Report. The number of individual cases and outbreaks experienced in the Trust during 2022-23 has reflected the general prevalence of the virus in the community, showing a similar picture to other Trusts. We continued to have ongoing outbreaks in the last quarter. A total of 267 COVID-19 cases were reported across all BEH sites in the reporting year 2022-23 and 193 cases were identified as HOCl.

During 2022-23 there were 53 COVID-19 outbreaks declared and reported to NHSE/I, UKHSA and North Central London Clinical Commissioning Group (CCG) (in accordance with outbreak notification guidelines). Each outbreak situation is managed through prompt outbreak meetings, chaired by the Trust IPC Lead Nurse, and attended by representatives from the ward, Facilities and Estates departments, UKHSA and the CCG. Each outbreak ward has been provided with a

robust action plan with a set of actions to help reduce risk of onward transmission of the virus; progress is monitored by the IPCT.

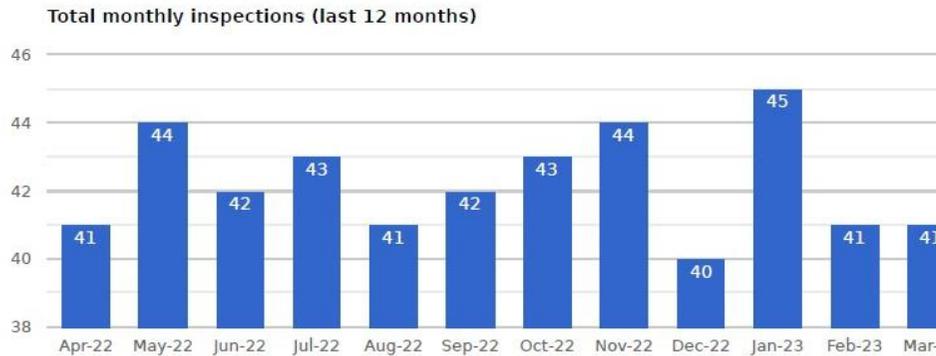
Declared outbreaks in the Trust



After Action Reviews, a structured review process with those involved to explore and understand what happened and why, were completed for outbreaks where it was identified in the outbreak meetings that learning could be gained and shared across the Trust. Evidence from the outbreaks during the period from March 2022-23 demonstrated that the ward teams are very knowledgeable in how to best manage an outbreak where challenges unique to mental health settings are found.

Infection Prevention and Control Audits

The IPCT have an annual programme of audits; each ward has been audited by the team at least once in the last 12 months.



Wards received a written report with photographs and an action plan to complete; the actions were prioritised Red, Amber & Green, the ward team was given a time frame to complete the action plan. Where IPC compliance was found to be lower than expected, those wards were prioritised for additional follow-up visits in the months following the original audit visit.

During the IPCT audit visits, the cleaning standards and condition of the fabric of the building was reviewed; where issues relating to Estates and Facilities were found, the IPCT shared the audit report with those teams for their information and action. The new national cleaning standard is being implemented across the Trust. Enhanced collaboration between the IPCT and Facilities is integral in maintaining high cleaning standards and in effectively undertaking regular cleaning audits and sign off.

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

environmental audits. The IPCT delivered on the audit program for 2022-23 achieving 94% completion and an average score of 97%.



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

Statutory and mandatory training – IPC levels 1 and 2 are currently delivered via Skills for learning virtually.

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,

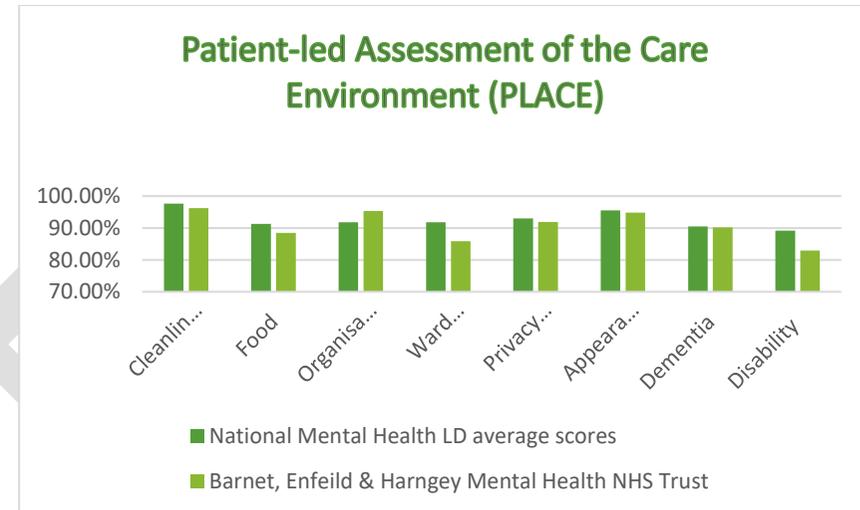
Barnet Voice, Haringey User Network, and Enfield Mental Health Users. The Trust ran training sessions for the assessors to carry out the PLACE assessments.

The six domains assessed are:

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

The 2022-23 PLACE assessments overall organisational scores are shown below compared with the national Mental Health and Learning Disabilities average scores

Following the PLACE assessments, an action plan to address all areas of non-compliance and shortfalls are in the process of being devised and will be actioned by the relevant departments, units, and wards.



Looking Back: Quality Priorities for 2022-23

In March 2022, 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 2022-23.

Quality Priorities 2022-23

Our five Quality Priorities for 2022-23 were designed to support our aim to deliver excellent care for our diverse population. They took into consideration suggestions from stakeholders and the Strategic Objectives of the Trust. The priorities were aligned to the Brilliant Basics and therefore taken forward through the work being carried out by the existing working groups to reduce variation in services and improve the quality of care and service delivery across all teams and our staff health and wellbeing:

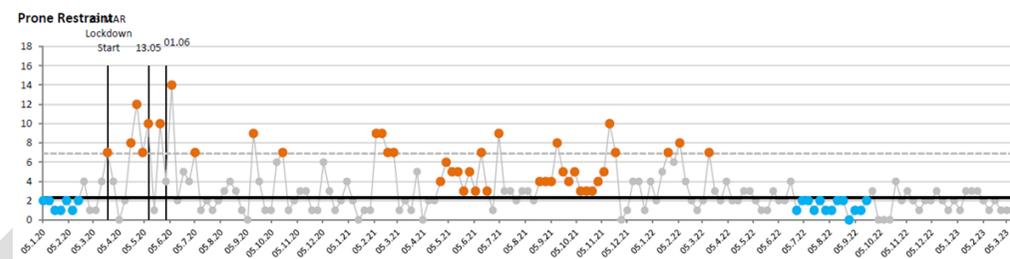
Excellence for service users

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

This has been taken forward and monitored as part of the Reducing Restrictive Interventions Brilliant Basic.

Prone restraints across the Trust have been greatly reduced with low numbers being reported week to week. But due to periods of high acuity, and the challenges that brings, we were not able to achieve 0 prone restraints. This continues to be an area of focus for the Reducing Restrictive Interventions Brilliant Basic.

Prone restraint incidents reported weekly:



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

Expert by Experience (EbE) attend 40% of the Trust's quality and safety groups and committees.

It has been reported by some EbEs that they were not able to actively participate in the meetings where meetings moved to Teams during the pandemic. Further work is underway to develop and support EbEs to undertake this role.

The Service User Experience & Engagement Team introduced Expert by Experience Coordinators into the team; a key focus of their role is to work with service users to better understand how lived experience positions could be introduced into the existing governance structure. Recognition of the importance of role clarity and purpose is essential to ensure the introduction of the lived experience voice is meaningful.

Training sessions have been developed for experts by experience and all group/committee chairs to help them understand the role of the Expert by Experience, that they have the same opportunity as fellow members to contribute, question, and most importantly challenge. It is also important for members to feel confident to reciprocate towards the Expert by Experience acknowledging that

there are limitations within the organisation and conveying this within the meeting for transparency.

Job descriptions, adapted for all groups and committees relating to quality and safety have been finalised and recruitment to the roles will commence in April 2023.

Plans are in place to recruit to the Patient Safety Partner roles, introduced as part of the implementation of the National Patient Safety Strategy. They will play a fundamental role in attending key quality and safety meetings and ensuring the lived-experience voice carries through in all areas of the organisation, from Board meetings to ward safety walkarounds and patient safety related QI projects for example.



Empowerment for staff

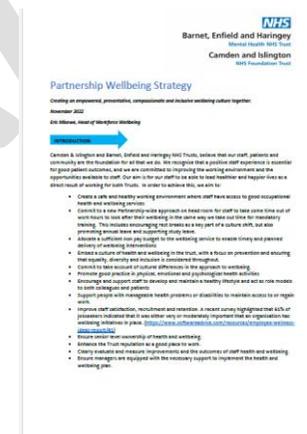
Quality Priority 3: Staff retention and wellbeing

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

This has been achieved. A new Partnership Wellbeing Strategy was launched in November 2022.

The Partnership strategic aim is to create and embed a culture of Health and Wellbeing that is founded upon compassion, inclusion and collaboration aligned with the NHS People Plan and our priorities.

The next stage is a collaborative and co-creation approach to developing a Wellbeing Plan that moves us towards innovative evidence-based interventions that carry a strong focus on prevention and empowerment of our workforce and make a difference and contribute to transforming organisational culture.



#DietitiansWeek 2022

Innovation in services

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

The aim was to have an innovation forum where staff will be able to discuss their proposal for an idea and seek funding to implement.

- Several sessions held where staff could discuss ideas with representatives from key departments: QI, Estates, Finance, IT for example
- 64 applications were received with wide ranging ideas
- 29 awards were made from the innovation fund and included the following themes:

Shortlisted application themes	Number of applications	Total investment requested
Service innovation	23	£131,618
Estates/ Infrastructure	3	£62,000
Digital	2	£55,508
Sustainability/Wellness	1	£30,888
Total	29	£280,014

To support the building of capability for QI, we launched the Quality, Service Improvement and Redesign (QSIR) programme in April 2022 with 4 cohorts taking place in the year. By the 1st week of April 2023, 96 members of staff will have completed this training.

Partnerships with others

Quality Priority 5: *Strengthening the partnership with C&I.*

Our Partnership with C&I has continued to progress through 2022-23, with a single Partnership Executive Team in place across BEH

and C&I from June 2022. This has supported progress in improving our services for those who use them and the working lives of our staff.

We have now developed a new Partnership Strategy, approved by both Trust Boards, with significant input from our service users, carers, staff, partners and our local communities. It sets out how, by working even more closely together in a formal Partnership, our two Trusts can:

- Improve outcomes for our service users, sharing best practice to improve the quality of care and ensure our services are delivered consistently in each borough
- Remove competition between the Trusts to address mutual challenges collaboratively
- Become a united and powerful voice, nationally and locally, to champion mental health and mental health services in North London, and be at the forefront of national policy developments to highlight the rights and needs of our service users
- Provide more career development opportunities for our staff through our bigger scale and greater range of services
- Provide a single leadership team that works with all of our stakeholders at System, Borough and Neighbourhood level
- Create a new, shared culture and set of values, aimed at providing care that is preventative, compassionate, personalised, and trauma-informed
- Make efficiencies through economies of scale, sharing services and reinvesting resources where they are most needed

By working together more closely in Partnership, our two Trusts can achieve more for our service users, their carers, our staff and our local communities than we can by working separately.

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, 2022-23

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 2022-23 eight national clinical audits and one 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 2022-23 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 2022 to March 2023 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, 2022-23

National Audit	Number of Submissions to audit	% of eligible case submitted
Prescribing Observatory for Mental Health (POMH-UK) Audits		
Topic 21a: The use of melatonin	Awaiting report	
Topic 20b: Valproate prescribing in adult mental health service	3 cases	
Topic 7g: Monitoring of patients prescribed lithium	Awaiting report	
Audit of anti-libidinal medication	Awaiting report	

National Audits		
Falls and Fragility Fracture Audit programme (FFFAP): National Audit Inpatient Falls (NAIF)	0 case identified	N/A
National Clinical Audit of Psychosis (NCAP) – Early Intervention Service	234 cases	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	124 cases	100%
Sentinel Stroke National Audit Programme (SSNAP)	Commenced and in progress	
National Confidential Enquires		
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	16	81%

The report of one national clinical audits was reviewed by the Trust in 2022-23 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 2023, 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 service users that took up supported employment and education programmes required improvement; gaps were identified with the Individual Placement and Support (IPS) remote service delivery and remote working had led to a reduction in referrals. The IPS workers are working onsite again, and the team managers worked with the IPS Lead to increase the numbers of referrals. Additionally, the services have been liaising with the Informatics team to ensure all referrals are being captured on RiO.
- The number of service users with first episode psychosis that have had a physical health review and relevant interventions, required improvement. The services ensured a Physical Health Practitioner was in post in each team and led on the physical health checks. The team managers reviewed opportunities for a local phlebotomist and completing physical health interventions are currently being looked at NCL wide.
- 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 encourage carer uptake
- The completing of outcome measures for the service users required improvement. DIALOG+ is now the main platform for these to be completed on in each service and each would monitor locally and utilise clinical supervisions for this. There will be continued tracking of paired outcomes locally, pending service specific DIALOG+ reports being available, and MAST would also be utilised once available.

National Benchmarking Projects

The report of one national benchmarking project was reviewed by the Trust in 2022-23 and Barnet, Enfield and Haringey NHS Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:

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

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:

- Mechanisms to identify and flag service users with learning disabilities, autism, or both from the point of admission through to discharge; and where appropriate share this information as people move through departments and between services. This mechanism will be developed by the information technology team in conjunction with the RiO (electronic patient record system) steering group.
- Measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism, or both. The Trust has implemented learning disabilities awareness training for staff and is introducing the Oliver McGowan, learning disability and autism training developed by Health Education England, for all staff.
- Processes that ensure work and engagement with people receiving care, their families and carers, are as set out in the NHS Constitution. The Trust Learning Disabilities lead is undertaking a review of the standards in the NHS Constitution to assess the work required by the Trust to meet the standards and further strengthen current practice.
- Ability to demonstrate services are 'values-led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment.

- Processes to regularly review the medications prescribed to people with learning disabilities, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England's Stopping Over Medication Programme (STOMP). The Trust is currently developing and piloting a Trust wide audit to review and monitor this

Improvements are being led by the newly appointed clinical leads for learning disabilities.

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:

Determining whether psychotropic medication prescribed to young people adheres to the NHS England STAMP for service users open to Haringey CAMHS LD.

- Teams are working to improve documentation of capacity, consent and Best Interest decisions on the appropriate Mental Capacity pages on RiO and will review these annually.
- Development of alerts on the RiO system is underway to improve more timely recording of 'Best Interest' decisions and communication to the GP of service users 14 years of age to ensure they are highlighted as being entitled to an annual health check as early as possible.
- Access for the team to physical health monitoring including access to blood tests, ECGs and access to online results has been improved.

Are physical health assessments for new admissions being performed and if appropriate physical health monitoring carried out for those prescribed antipsychotic medication in HMP Wormwood Scrubs.

- A system to monitor new admissions has been introduced and is embedded.
- Documentation processes of physical examination information, ECG, UDS and blood tests have been improved.
- An information leaflet about the need of appropriate monitoring, with involvement of the Occupational Therapist and the nurses to promote psychoeducation about the physical health monitoring has been developed.
- A process on how to document urine drug screening and the results has been introduced.

Carers/Family involvement in the Haringey Crisis Home Treatment Team

- The team has worked collaboratively to implement a new proforma for the shift lead (point of all referrals) to use when receiving, screening and accepting referrals to establish current carer and family involvement, their details and consent to share, and who they want present during initial assessment. This has streamlined the process by bringing it into the one form.
- There is consistent weekly interface now with community mental health teams to discuss referrals, discharge plans and subsequent joint reviews to safely complete a handover of care.

Where necessary, a re-audit will be carried out in 3 to 6 months to see if standards have been maintained and to see if improvements have been embedded.

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 as well as the Quality, Effectiveness Safety Trigger Tool (QuESTT). The audit questions have been developed to provide a picture of safety and effectiveness on our wards. Tendable is available on hand-held devices, allowing staff to review clinical practices and safety on the wards as part of their day to day work. Since the launch on our inpatient wards, 12 community teams have also now started to use Tendable.

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

Quality Assurance Audits and Peer Service Reviews

The 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.

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Research and Development

Following the strategic alliance between BEH and Camden and Islington NHS Mental Health Foundation Trust in 2022, the partnership has embarked on creating a joint Research Strategy, in collaboration with the Institute of Mental Health. This strategy will be finalised in early 2023 following wide consultation with key stakeholders. One of the key ambitions of the strategy is to extend research and its impact in BEH.

Participation in Clinical Research

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

The number of patients receiving relevant health services provided or sub-contracted by BEH in 2022-23 that were recruited during that period to participate in research approved by a research ethics committee is 92, across 11 different portfolio adopted studies.

- 48 (52%) of participants were recruited to Interventional studies
- 44 (48%) of participants were recruited to observational studies

The Top 5 recruiting studies at BEH in 2022-23 were:

Short Name	Local Investigator	Recruitment
DREAMS START (Dementia RElAted Manual for Sleep) RCT	Dr Ruth Lukeman	24
PPIP2	Dr Maja Elia	14
APPLE-Tree programme for dementia prevention: pilot and RCT	Dr Lauren Huzzey	13
The Community Navigator trial	Angela Sobers	11
An Anthropological Study of Open Dialogue in the NHS (APOD) v1	Dr Ruth Kloocke	10

Commissioning for Quality and Innovation (CQUIN) goals agreed with commissioners for 2022-23

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 2022-23 CQUIN programme is comprised of a smaller number of key clinical priorities for which targets have been applied. The design criteria is focussed on familiar short-term clinical improvements, the likes of which the Trust is already building into its normal clinical practice. The delivery of wider national goals – and the recovery from Covid19 - have determined the scope of this year's programme.

The scope of the Trust's 2022-23 CQUIN programme is detailed below.

- Ensuring frontline healthcare workers receive their flu vaccine
- Ensuring inpatient service users have appropriate tests to diagnose cirrhosis or advanced liver fibrosis
- Ensuring service users accessing Children and Young People's services have outcome measures
- Ensuring service users accessing adult services have outcome measures
- Ensuring service users accessing IAPT (Improving Access to Psychological Therapies) services have scores recorded on the Anxiety Disorder Specific Measure (ADSM)
- Ensuring service users who have been referred because of self-harm have a biopsychosocial assessment concordant with NICE

guidelines

- Ensuring community hospital inpatients and community nursing service users have a nutritional screening that meets NICE Quality Standard
- Ensuring service users with lower leg wounds receive appropriate assessment diagnosis and treatment in line with NICE Guidelines
- Ensuring community hospital inpatients have a pressure ulcer risk assessment that meets NICE guidance

Ref	CQUIN Title	Q1	Q2	Q3	Q4 Confidence	
CCG1	Flu vaccinations for frontline healthcare workers	Nil submission	Nil submission	35%		<ul style="list-style-type: none"> • With the very limited time remaining in the current programme, an action plan to improve performance is being developed for the 23/24 programme
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	n/a	55%	n/a		<ul style="list-style-type: none"> • Fairly well-established processes embedded as BAU, though the very small numbers in-scope can affect overall results
CCG10a	Routine outcome monitoring in CYP and perinatal mental health services	Routine data submitted to MHSDS				<ul style="list-style-type: none"> • Fairly well-established processes embedded as BAU, following a comprehensive targeted project
CCG10b	Routine outcome monitoring in community mental health services	Routine data submitted to MHSDS				<ul style="list-style-type: none"> • The Trust is still establishing the use of Dialog+ assessments. Some confidence that Q4 performance will demonstrate continued improvement, but the whole-period performance threshold will be missed
CCG11	Use of anxiety disorder specific measures in IAPT	51%	69%	79%		<ul style="list-style-type: none"> • Well-established processes embedded as BAU, with moderate-to-high confidence that maximum performance threshold will be met
CCG12	Biopsychosocial assessments by MH liaison services	92%	91%	93%		<ul style="list-style-type: none"> • Well-established processes now embedded as BAU; high confidence that maximum performance threshold will be met
CCG13	Malnutrition screening in the community	10%	12%	24%		<ul style="list-style-type: none"> • Nutritional screening is being recorded, but further work is required to improve the use of the MUST tool
CCG14	Assessment, diagnosis and treatment of lower leg wounds	15%	22%	5%		<ul style="list-style-type: none"> • Although full assessments are being documented with consistency, there remains a challenge in ensuring referrals to vascular services for leg ulcers are fully documented
CCG15	Assessment and documentation of pressure ulcer risk	100%	100%	100%		<ul style="list-style-type: none"> • Well-established processes now embedded as BAU; high confidence that maximum performance threshold will be met

Most of the CQUIN goals have seen good performance throughout the year, though some challenges remain in embedding the use of outcome measures, and in ensuring the uptake of the flu vaccine.

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.

Our focus in 2022-23 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.

In 2022-23 we continued to apply a risk-based approach to information use and sharing initiatives, to ensure we are compliant with the General Data protection Regulation (GDPR) and the Data Protection Act (DPA). We continued to participate in various national information sharing initiatives across the health service for 'direct care' purposes to support timely delivery and safe care to our service users when they receive treatment.

We continue to 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.

BEH partnership working with Camden and Islington NHS Foundation Trust continued to be 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 record we hold about them, we have invested in mobile applications 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). In June 2022, the Trust made a DSPT submission for 2021-22. The Trust achieved a 'standard met' compliance status.

The Trust completed an internal audit of its Data Security Protection Toolkit and implemented a plan to monitor, and address identified gaps and continue to strengthen the weak areas.

In June 2022, BEH received an award for Cyber Essentials accreditation.

The Trust had no serious Information Governance breaches requiring investigation by the Information Commissioner's Office in 2022-23. Information about how the Trust handles confidential information and privacy rights can be found in the Trust Privacy statement on our website.

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.

Participation in Accreditation Schemes

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

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

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

Programmes	Participating services within the Trust	Accreditation status
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	Haringey Crisis Resolution and Home Treatment Team, Haringey	Accredited

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

Programmes	Participating services within the Trust	Accreditation status
Quality Network Inpatient CAMHS	The Beacon Centre, CAMHS.	Comprehensive review completed in April. Scheduled accreditation for early '23.
Quality Eating Disorder	Iris Ward, Haringey	In progress, (awaiting report of the peer review in September 2022)
Quality Network for Inpatients Learning Disability Services (QNLD)	Mint Ward and Moselle House, Forensic Services	Accreditation Deferred
Home Treatment Accreditation Scheme (HTAS)	Enfield Crisis Resolution and Home Treatment Team	In progress
Pulmonary Rehabilitation Services Accreditation Scheme	Respiratory Services, Enfield Community Health	In progress
Accreditation of inpatient mental health services (AIMS)	Haringey inpatient wards: Daisy, Sunflower and Tulip Wards	In progress (peer reviews taken place)

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 2022-23, 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.

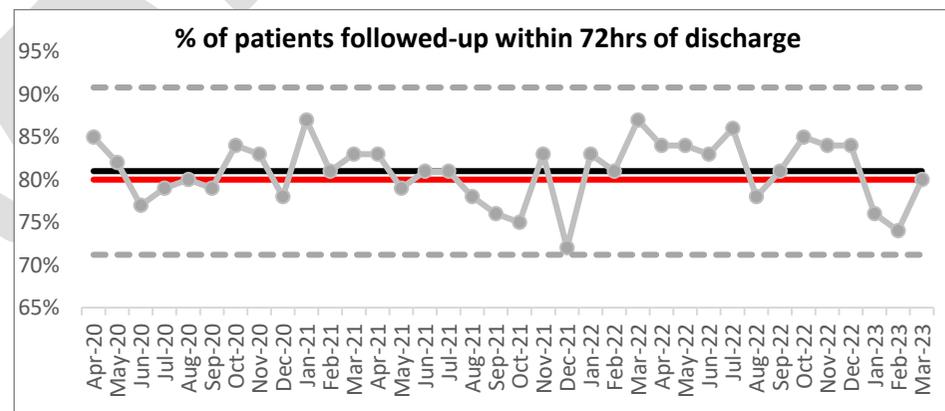
	NHS Number (%)	National results (%)	GP Code (%)	National results (%)
Completion of valid patient care data set	99.9%	98.3%	99.9%	99.9%

- 2) Community Services Data Set (CSDS):** During 2022-23 the Trust made monthly and annual submissions to the CSDS for all Community Services patients. The Trust has made an improvement on the data quality in this area and is reporting at 99.9%.

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

The Trust replaced the seven day follow up in 2020-21. Patients discharged from psychiatric inpatient in Adults and Older Adult wards are now followed up within 72 hours. The target for this indicator is 80%.

In 2022-23, 82% of patients were followed up 72 hours after discharge. Regular monitoring is in place to ensure every effort is made to follow up on patients within 72 hours.

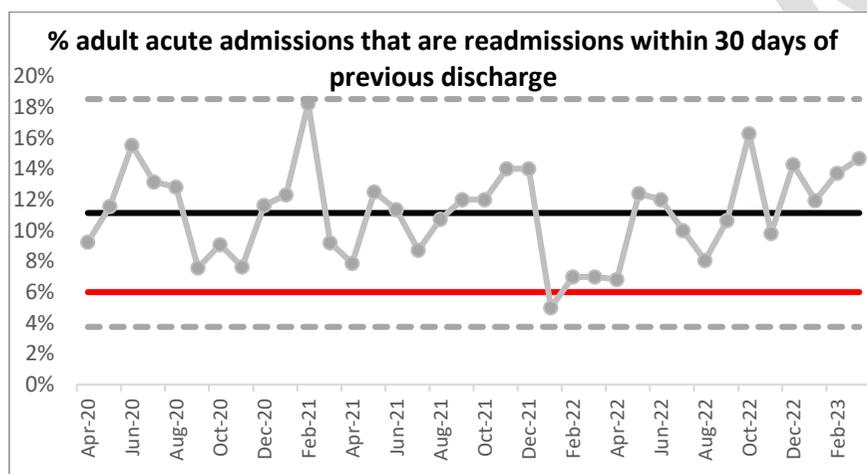


4) Re-admissions within 30 days of discharge

This indicator shows the percentage of all re-admissions within 30 days of discharge, target of 6%.

The Trust recorded a rate of 11.7% for 2022/23. There is no national benchmarking data available at this time. The national benchmarking rate was 9.3% 30-day re-admission rate in 2021-22.

There are occasions where patients need to be readmitted within 30 days given the challenges in finding ways of engaging and supporting service users post discharge. Our services continually audit and monitor such cases to identify themes and address areas of significant concern.



We have taken the following action to improve this percentage and so the quality of our services: we have ensured our clinicians are aware of their responsibilities to complete these reviews and this is managed and monitored by teams through daily review of discharge activities.

5) Community Mental Health Survey

The Community Mental Health Survey 2021 (CMHS) is a CQC led annual national survey that the Trust is committed to. The final report of findings was published in November 2022. The majority of our scores sat in the mid 60% range in comparison to other Trusts surveyed with the Trust improving in 14 areas and declining in 11 since 2021. The Trust scored in the highest 20% score of Trusts for supporting service users with their physical health needs.

A review of the 2021 action plan against the 2022 results was undertaken, alongside the CMHS action plan for 2022 to underpin other Trust workstreams - Quality Improvement (QI) projects, Brilliant Basics, the Recovery Strategy, and the Community Mental Health Transformation Programme (CMHTP). A new action plan will be created between the Service User Experience & Engagement Team (SUEET) and the CMHTP team to strengthen and underpin all improvement workstreams and the current governance structures already in place across the organisation. Additionally, we will be working in partnership with Camden & Islington NHS Foundation Trust to identify similarities across our results and look to share good practice, whilst focussing on areas for improvement

6) Learning from deaths

The Trust is committed to reporting, reviewing, and where appropriate, investigating all reported deaths. This is achieved by ensuring effective processes are in place for mortality reviews with appropriate input from relevant staff.

Divisional decisions on the level of investigation are reviewed by the Clinical Mortality Review Group (CMRG) on a weekly basis. This is to ensure that valuable learning opportunities to improve care are promptly identified, any immediate concerns are identified and escalated, and the learning is shared across the organisation. This also gives additional assurance that there is a standardised approach towards mortality reviews across the Trust.

More recently, to enable wider organisational input and oversight, all CMRG outcomes are reviewed at the fortnightly Trust wide Patient Safety Incident Review Group (PSIRG) and in the event of a reported death requiring further review, the case is discussed, and a decision is agreed collectively at PSIRG.

A separate CMRG meeting is held to review the reported deaths of patients under the care of Enfield Community Services, whose services provide treatment and support for people with physical healthcare problems. The majority of these deaths are 'expected deaths' such as those of palliative care patients. The review of these cases provides additional opportunities for divisional learning.

During 2022-23, 407 of BEH patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 119 in the first quarter; 98 in the second quarter; 94 in the third quarter; 96 in the fourth quarter.

By 31 March 2023, case record reviews, and 58 investigations had been carried out in relation to the 407 deaths included above.

In 58 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: 12 in the first quarter; 10 in the second quarter; 15 in the third quarter; 21 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.

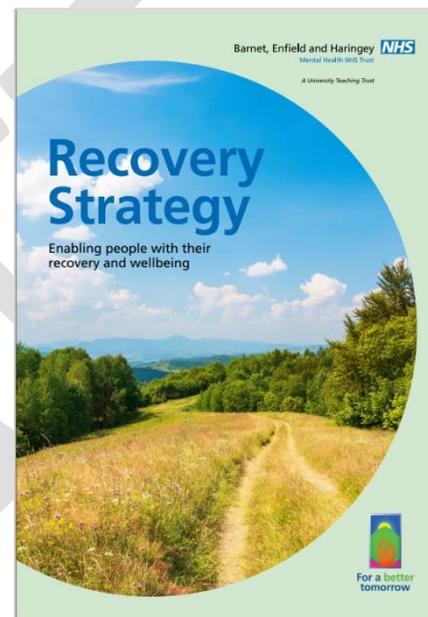
Service User Experience, Engagement and Involvement

The Service User Experience & Engagement Team remain committed to driving service user and carer experience, as well as their involvement, as an integral part of service design, development, and delivery. We also 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 2022-23 have been to:

- Continue to deliver the Community Mental Health Survey action plan in partnership with the CMHT team and the Equality, Diversity and Inclusion (EDI) team.
- Continue to work closely with the divisions focussing 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 Experts by Experience (EbE) on the Involvement Register and implement a support structure and training opportunities for their development
- Trialling the EbE Coordinator role within SUEET as a means to strengthen the EbE infrastructure and build capability and sustainability for meaningful involvement and engagement activity.
- Launch the Recovery Strategy in partnership with service users, staff, and our local communities.
- Introduce Peer Leads within SUEET to help drive the peer workforce and mobilise support structures.

In 2022, our Service User Involvement and Engagement Strategy was brought to a close and in August 2022, the Trust's Recovery Strategy was launched.



The principles and goals of the Recovery Strategy underpin our strategic aims and quality priorities. The goal and principles detailed in the current strategy will act as a foundation which will support other areas to implement recovery focused and enabling practice.

Co-production is about involving people using a service and their family and friends together with staff in service design, delivery and evaluation. Co-production is different from traditional involvement or engagement work because a coproduction approach requires 'doing with'

in an equal and reciprocal partnership rather than 'doing for' or 'doing to'.

We wanted to create a strategy that reflects the ideas and views of people who use our services to understand how we can support individualised recovery. To achieve this, we set out to co-produce with people who have used our services, people who are currently using our services, staff and voluntary sector organisations. All the content within this strategy is a collection of over 250 people's ideas and recommendations without any dilution. The 5 year strategy will be delivered through a 5 year plan.

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

“Without the Older Peoples Community Mental Health Team's support, I would have struggled and would not have known where to start i.e. with decluttering. The staff were caring and compassionate and I felt safe. Thank you very much for all your continued help and support.”

“Thank you Enfield IAPT for being compassionate and helping me to see things in a different way. Taking the time to explain things to me again when I don't fully understand.”

“The open event held in Haringey for the launch of the recovery strategy was fantastic and I thoroughly enjoyed it!”

“I've really enjoyed getting involved with projects as an Expert by Experience, specifically with the executive team. I feel this demonstrates the attitude to want to improve services and listen to our feedback”



Trust-wide Service User & Carer Engagement and Involvement

We successfully increased our Involvement Register and host 110 Expert by Experiences, all of which are actively fulfilling paid roles across the Trust. The E-Learning module for Coproduction which was designed and co-produced together with staff (including peers across BEH and C&I, EbEs, Inclusion Barnet and other Voluntary and Community Sector partners), has been finalised; and we have introduced several 'How-to' guides to support staff with the introduction of involvement and engagement work on a divisional level. We trialled the Expert by Experience Coordinator role within SUEET to support with the workstream and recruited four individuals, three of which have successfully progressed into substantive peer worker positions.

We have introduced an Expert by Experience Induction training for new EbEs and monthly wellbeing drop-ins to provide a safe space to identify aspects which are working particularly well, as well as highlight any challenges, meaning we have been able to act swiftly on any issues. We have also rolled out staff training to increase understanding of co-production and involvement work and its importance, as well as raise awareness of the Involvement Register. We have made further changes to our application and onboarding of Expert by Experience's with work continuing into 2023-24. We are striving for an Involvement Register which is representative of the populations we serve and are being supported by the Equality, Diversity, and Inclusion Team with this work.

Peer Workforce

Partnership working with Camden and Islington NHS Foundation Trust 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. Co-produced work with our peer workforce and local community partners has seen

the development of the Community of Excellence which aims to create more visibility of Peer workers and help organisations recognise their value; as well as further support peer worker wellbeing and provide training, development and opportunities for career progression.

August 2022 marked the launch of our Recovery Strategy. The two Peer & Lived Experience Managers, the first senior Peer roles for the Trust, recruited by SUEET and the Community Mental Health Transformation Programme (CMHTP) supported the launch and will be integral to the development of associated work plans, as well as embedding DIALOG+ as part of community transformation.

A gap analysis of the Peer workforce has been completed which has given us a better understanding of the current support systems, as well as training needs of Peers. It has enabled us to focus our grant from Health Education England accordingly and have some exciting training opportunities for the Peer workforce in 2023. We are proudly running regular reflective spaces and opportunities for networking and support for our Peer workforce and successfully hosted a Peer Away day in Tottenham Hotspur Stadium in Jan-23 [picture below].



We have achieved many of our strategic objectives from the Service User Involvement & Engagement strategy. We are confident that those not accomplished yet will be completed by Spring-23 and will be factored into the implementation plan for the Recovery Strategy. Aims which remain outstanding are:

- Establish a complaints review panel to review and learn from investigation findings
- Establish a service user advisory council, comprised of Trust wide committee members
- Improve complaints response compliance to 90%, to ensure service users receive timely outcomes to their complaints
- Develop a service user Non-Executive Director role to sit on the Trust Board
- Develop a team of involvement workers to collect service user feedback

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 2022-23 a total of 11,490 surveys were completed (an increase from 10,149 in 2021-22). 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
We would like more sports items on the ward	Sports equipment has since been delivered to the ward
We would like more games consoles on the ward	Management have since purchased two more consoles for the ward
We would like more options of fruit provided at breakfast	Additional fruit is now available

Friends and Family Test (FFT)

The national Friends and Family Test asks services users and carers about their overall experience of our services. During 2022-23, 11,444 service users and carers responded to this question, an increase in volume from 2021-22 where 9997 responses were received. Of those who responded, 90% had a very good or good experience, down slightly from last year's result of 92.5%. 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.

An example of changes brought about from service user and carer feedback is:

- Service users in the Oaks wanted the option of having a cooked breakfast once a week which has since been implemented by the team.

Concerns and Complaints

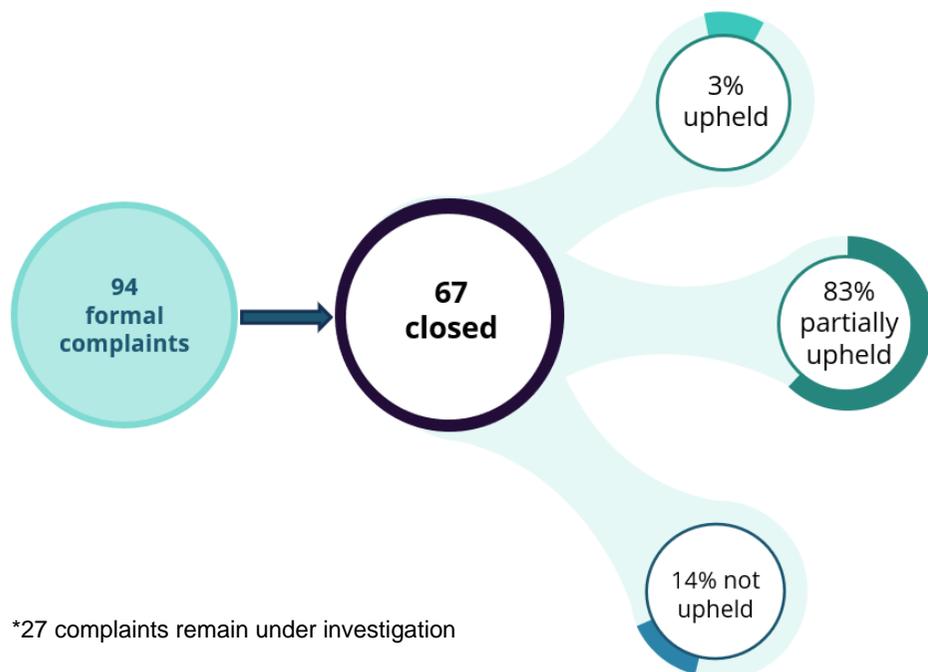
Concerns and complaints about services by service users and their families are taken very seriously. We seek to address issues promptly and provide assurance of improvements made. Where possible, individuals are encouraged to seek local resolution by discussing concerns directly with the service. However,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

The Service User Experience & Engagement Team's objective has been to improve quality and timeliness of investigations, to ensure complainants meet agreed timeframes. We recognise this is an area that requires improvement. In January 2023, following a review of the formal complaints matrix, the 25 day timeframe was removed. We recognised that these types of complaints, if acted swiftly by the divisions, can be de-escalated and resolved informally. Complaints are now triaged by the SUEET against a 40 or 60 day timeframe based on complexity.

From 1 April 2022 to 31 March 2023, the Trust received 169 formal complaints; 75 of these were withdrawn and 94 were taken forward. Of the 94 complaints taken forward for investigation, based on complexity, 32 were triaged as 25 working days, 47 for 40 working days and 15 for 60 working days.

Of the 94 formal complaints, 27 remain under investigation and 67 have been closed.

Outcomes of the 67 formal complaints completed:



There have been changes to the way that complaints are logged and tracked, which involve weekly reporting and escalation to all divisional leads and the Trust's senior executive team. The most common categories of complaints were around patient care and clinical treatment. The table below illustrates the breakdown of compliments, concerns and complaints during 2021-22 and 2022-23 for comparison.

Feedback Type	2021-22	2022-23
Compliments	245	867
Issues and concerns	116	91
Informal complaints	205	171
Formal complaints	164	169
Members Enquiries	4	6
Parliamentary and Health Service Ombudsman Enquiries	2	2

Patient Safety

BEH is committed to keeping our patients safe and protecting them from harm, and to ensuring that learning is a priority and that it is focused on identifying system factors that contribute to patient safety incidents.

The Patient Safety Team (PST) plays a major role in BEH's commitment to patient safety. A range of initiatives have been implemented to strengthen our patient safety incident management processes to improve the quality and timeliness of incident investigations. Promoting a 'just culture' remains a focal point across all BEH quality improvement initiatives.

The national Patient Safety Incident Response Framework (PSIRF) published in August 2022 represents a significant shift in the way all NHS providers will respond to patient safety incidents, by promoting a more proportionate and effective response for organisational learning and improvement. Significant work is underway across the partnership to replace processes under the Serious Incident Framework (2015) and implement the new PSIRF by September 2023.

Some of the most significant changes include:

- The increased focus on active participation of patients and their loved ones in the investigation process.
- The adoption of a systems-based investigation approach and a move away from the current linear Root Cause Analysis approach.
- The introduction of an accredited investigators course in "safety investigation science".
- To adopt a more flexible approach which is based on the requirements of the investigation and learning opportunity.

The new Partnership Patient Safety Collaborative Group which commenced in January 2023, aims to drive patient safety and the

implementation of PSIRF through collaborative working with key stakeholders on four quality improvement workstreams:

1. Involving Patients in Patient Safety
2. Shared Learning
3. Governance Processes (for implementation of PSIRF)
4. Improving Patient Safety Culture

These workstreams will support the development of a partnership Patient Safety Strategy in 2023.

Embedding of safety systems

A diverse range of quality improvement projects aimed at strengthening and improving compliance with safety systems were introduced during this past year. These include:

- Increased compliance monitoring: Compliance with patient safety incidents investigation metrics for quality and timeliness has been a substantial focus of the Patient Safety Team. A monthly compliance report has been developed and is now a standing agenda item at the trust wide Patient Safety Incident Review Group (PSIRG) meeting. This report has proven to be a useful tool in understanding barriers to completion and increasing divisional accountability and oversight.
- After Action Reviews (AARs) QI project. AARs are an invaluable exercise in identifying immediate learning following a safety incident. A quality improvement project has commenced to encourage Divisional uptake and compliance of AARs with a focus on timely, quality reports with meaningful learnings. The QI project is focused on ensuring teams have the correct skills, tools and training to confidently conduct AARs. To support this, the Patient Safety Team has developed a new AAR report template aimed at

showcasing achievements in care whilst more clearly aligning identified improvements to recommendations. A training program is in development to ensure that all Divisions have access to AAR champions and can independently facilitate AARs.

- The Trust's Clinical Mortality Review Group (CMRG) has been strengthened to allow more collaborative decision making in regard to the level of investigation resulting from a death of a patient. These changes include reporting fortnightly to PSIRG on all deaths with a requirement for Divisional leads to provide overviews of incidents for group agreement about the required type of incident investigation, to discuss any gaps in information or delays in requested reports that provide further information. This change has led to a more in-depth understanding on the circumstances of a patient's death and more effective decision making on the appropriate course of action.
- "Reflections from Patient Safety" Bulletin is a Trust sharing platform that disseminates key patient safety messages to all staff. This bulletin includes learning from incident investigations, learning from audits and coroner claims and inquests.

The Trust continues to foster and facilitate a Trustwide patient safety learning culture through the fortnightly Patient Safety Incident Review Group (PSIRG). The group ensures a systems thinking approach is taken when reviewing recommendations and actions from serious incident investigations. This will ensure processes are standardised and effectively embedded within daily clinical practice across the Trust.

Learning from Coroner's Inquests are also shared with the group to consider improvements required.

From April 2023, PSIRG will become a partnership group providing even more opportunities for learning and consistency in improvements across both Trusts.

World Patient Safety Day: Medication without harm 23rd September 2022



To mark World Patient Safety Day, BEH & C&I held its first joint World Patient Safety Day webinar which was dedicated to "Medication Safety: Medication without harm". The theme of the event focused on raising awareness of medication-related harm and medication error prevention and reduction. Presentations included a very thought provoking one from a service user who relayed their lived-in experience with medication management both as an inpatient and as a community patient, highlighting the symbiotic relationship between medication safety and its impact on physical health.

Launch of the Patient Safety Awards

As part of the World Patient Safety Day, BEH & C&I launched its first joint Patient Safety Awards, to recognise and celebrate areas of clinical excellence in relation to patient safety. Nomination criteria focused on three key areas.

- **Insight:** Demonstration of how the team has learnt from patient safety events and how this has informed a change to working practice.
- **Involvement:** Evidence of collaborative working to improve patient safety, such as working with other teams, Trusts, or empowering patients and carers to further understand and be involved in their care.

- Improvement: Evidence of innovation and sustainable change which had improved patient safety.

All nominations were reviewed by a senior panel from across both Trusts and a total of 22 teams received a Patient Safety Award on the day. An exceptional award was given to Specialist Services Division for their Breakfast Club, a fortnightly forum which provides an open and supportive environment for staff to share, reflect and learn from each other.

Serious Incidents (SIs)

During 2022-23, the Trust reported 33 Serious Incidents. SIs reported during the year included incidents of unexpected deaths, suspected suicides and self-harm.

Examples of key learning and action from SI investigations during 2022-23 include:

- All incidents requiring medical intervention are automatically graded as moderate harm now and recorded on the ward's Daily Handover Sheet to ensure awareness, wider incident review and decision making.
- Door top alarms have been fitted on communal doors used by patients on wards across the Trust.
- Access and Flow team to formally request patient medical notes and discharge summaries ahead of patient transfers to BEH wards from other providers to ensure staff have the opportunity to familiarise themselves with the patient's needs prior to their arrival and to enable them to escalate any concerns with appropriateness of transfer.
- My Kit Check's resuscitation digital application which enables real time visibility and escalation of organisational compliance on readiness of emergency equipment (includes daily and monthly checks) is to be implemented.

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

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 2022-23.

Regulation 28: Report to Prevent Future Deaths

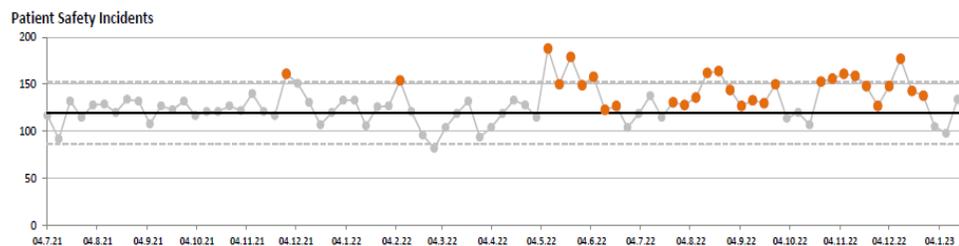
Following an inquest, the coroner may issue a Prevention of Future Death or Regulation 28 report if they feel the evidence suggests further avoidable deaths could happen if preventative action is not taken.

During 2022-23, the Trust received one Regulation 28: Reports to Prevent Future Deaths. This was in relation to a suspected suicide incident. Three concerns were highlighted by the coroner, in relation to training for staff, ensuring a point of contact for patients during staff absences and the strengthening of the provision of assessment protocols. An action plan to address these concerns has been developed and shared with the coroner.

Patient Safety Incidents

During 2022-23, 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 6265 patient safety incidents were reported. This is a decrease of 4.5% in comparison to the number of patient safety incidents reported in the previous year (6,560).



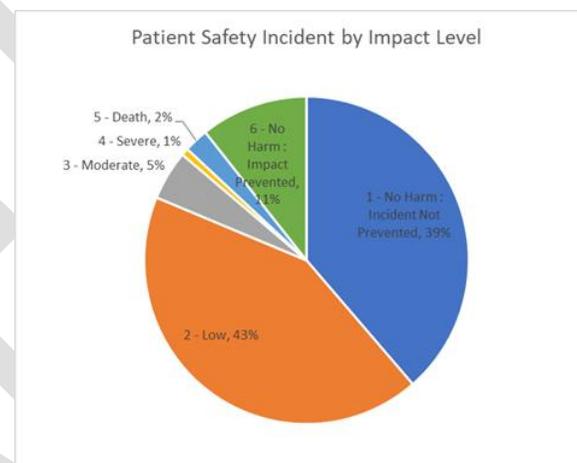
The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, the culture of reporting incidents at BEH MHT has improved patient safety processes within the organisation substantially.

The National Reporting and Learning System (NRLS) figures for October 2021 to March 2022 were published in October 2022. The data for April 2022 onwards is not available at this time.

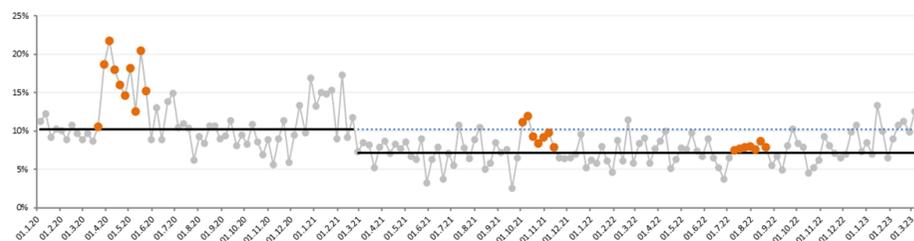
Since late 2022, the Trust has been preparing for the move to the new national Learn from Patient Safety Events (LFPSE) system, which will replace NRLS. BEH will launch LFPSE in early 2023-24.

Patient Safety Incidents by Severity

Of the 6,265 patient safety incidents reported to NRLS in 2022-23 by BEH services, 49% of those resulted in no harm.



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



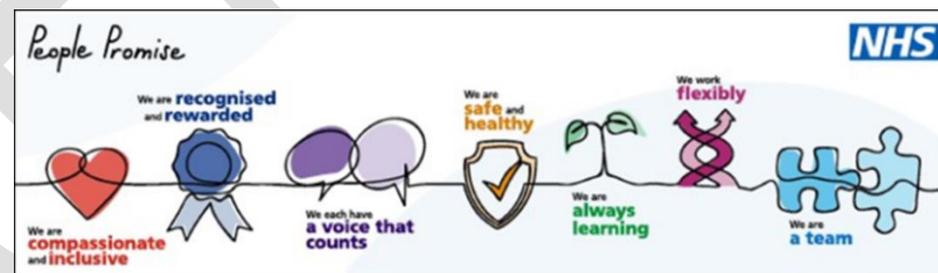
Incident data is reviewed weekly at the Trust's executive lead Partnership Safety Huddle.

A bi-monthly Quality and Safety report is provided to the Quality and Safety Committee, a sub-committee of the Board. The report details the incidents reported across mental health and community services, any themes and learning identified and how concerns are being addressed.

A number of quality improvement initiatives were introduced in 2022-23 to manage patient safety concerns. These include the roll out of Trauma Informed Care e-training for clinical teams to improve staff's recognition of trauma and the associated psychological triggers, to reduce violence and aggression incidents and the need for seclusion; collaborative learning workshops between Enfield Community Services and mental health teams across the Trust to learn about hospital acquired pressure ulcers reduction; training sessions on Autistic Spectrum Disorder (ASD), delivered to approximately 70 staff to assist in reducing restrictive practices through awareness of factors; and Enfield mental health services' Community Garden project with service users and staff. This project aims to increase access to garden areas and reduce patient distress and agitation, which is the main cause for restrictive practices.

Annual Staff Survey 2022

The NHS Staff Survey is one of the largest in the world and gives us insight into how staff are feeling, covering the seven key areas of the People Promise, (below), which commits to improving the experience of everyone working in the NHS.



At BEH, the response rate was 48%. In 2022, the median response rate from benchmark organisations was 50%.

There is more to do, but there are many areas where we are starting to see real change.

At BEH positive changes includes:

- Our response to physical violence
- Our Appraise with Values process
- Health and wellbeing provision

The areas we need to do more in include:

- Developing our leadership, managers, and teams to create a joined-up approach to action planning and supporting staff

- Improving staff health and wellbeing; recognition and reward and staff retention
- Ensuring every individual is supported in their professional development

Whilst there are many positives from the staff survey results, we are clear that significant improvements are still required and our overt commitment to all staff is we will work hard to address their concerns.

Our action plan includes developing a Partnership-wide People & Organisational Development Strategy, which aspires to make the Partnership a great place to work.

We will support our Staff Networks, who continue to do an amazing job addressing inequalities for our staff.

We will implement a Partnership-wide Health and Wellbeing Strategy and the good work that began last year with the Metropolitan Police, Crown Prosecution Service and NHS in London to address bullying, harassment, and abuse, (Operation Cavell), continues.

Finally, we take pride in the areas of progress made in 2022, during what was another extremely difficult year for the NHS and for all of our staff. We look forward to continuing to work with them to make BEH and the very best place to work and be cared for.

The Guardian Service

The Guardian Service provides an independent and confidential route for staff to raise concerns in the workplace that affect staff, patient safety and experience. The service operates 24/7, including bank holidays. Launched in January 2021, the service is widely publicised and well received.

During this second year, 1 January 2022 to 31 December 2022, there has been an increase of 31% in staff using the service, demonstrating that staff are increasingly more confident in raising their concerns. The Guardian service provides a safe space for staff to speak up and contributes to promoting an open culture.

The main concerns have been raised under the themes below:

- Management themes - 33% of cases raised. Concerns under this category include those in relation to accountability, leadership, resources - adequate staffing, guidance and development.
- Bullying and Harassment - 16% of cases raised. These include concerns where staff perceived or identified they were at risk of being bullied or harassed or provided actual examples of bullying behaviour and harassment.
- Systems / Process - 16% of concerns received and include governance issues, any element of policy and procedures not being followed or misapplied.
- Behaviour/Relationships - 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 represented 7% of cases received. Concerns include any element of poor

patient experience and safety 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 were escalated to the relevant senior leader immediately and closely monitored until the situation was made safe and resolved.

All other cases where there was no risk of imminent harm were escalated at the request of the staff member.

Often the Guardian and staff will discuss options that help staff manage the issue independently. However, where staff need support to have their concerns heard and addressed, the Guardian will escalate this to an appropriate leader and support staff through the process. Staff are encouraged to raise an issue with their manager/s but where this is not possible, they can escalate their concerns anonymously.

Monthly data reports are supplied, which report on the themes being raised across all divisions; this supports the Trust to address emerging issues in a timely way.

Looking Forward: Quality Priorities for 2023-24

To develop the Quality Priorities for the year ahead, a stakeholder event was held in April 2023. 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 2023-24.

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

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.
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.

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.
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.

Statements from key stakeholders (to follow)

Statement from NCL Integrated Care Board

DRAFT

DRAFT

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

Statement of Director's Responsibility (to follow)

DRAFT

Glossary

AAR	After Action Review
CAMHS	Child and Adolescent Mental Health Service
CMRG	Clinical Mortality Review Group
CPA	Care Programme Approach
CQC	Care Quality Commission
CRHTT	Crisis Resolution Home Treatment Team
CQUIN	Commission for Quality and Innovation. (Quality improvements agreed during the annual contracting negotiations between BEH and its health commissioners)
EIS	Early Intervention Service
ECS	Enfield Community Health Services
FFT	Friends and Family Test
ICB	Integrated Care Board
IPS	Individual Placement and Support
JHOSC	Joint Health Overview and Scrutiny Committee
KPI	Key Performance Indicator
LFPSE	Learn from Patient Safety Events
MDT	Multi-disciplinary Team
MHS	Mental Health Services
MRSA	Type of bacterial infection that is resistant to a number of widely used antibiotics
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCL	North Central London
NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NRES	National Research Ethics Service
Partnership	BEH and Camden & Islington NHS Foundation Trust
PHSO	Parliamentary Health Services Ombudsman
POMH	Prescribing Observatory for Mental Health

PROMS	Patient Reported Outcome Measures
QuESTT	Quality, Effectiveness & Safety Trigger Tool
QI	Quality Improvement
RiO	Trust Electronic Patient Care Record System
SEEG	Safe, Effectiveness and Experience Group
ULYSSES	Trust Incident and Risk Management System

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.

Additionally, you can keep up with the latest Trust news on our website: www.beh-mht.nhs.uk

Or through social media:
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