



NHS
Enfield
Clinical Commissioning Group

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17 December 2013

Councillor Alev Cazimoglu
Chair of the Health & Wellbeing Scrutiny Panel
Enfield Council
Civic Centre
Silver Street
Enfield
EN1 3XY

Dear Councillor Cazimoglu

Re: CQC Report into Mental Health Services at Chase Farm

Thank you for your letter dated 17 December 2013 regarding the above. Firstly can I assure you of our concern following publication of the Care Quality Commission (CQC) report in November 2013.

The matter was raised formally with Barnet, Enfield and Haringey Mental Health Trust at our Clinical Quality Review Meeting held with them on 14 November 2013. We were given assurances by the Trust that they had put in place mechanisms to replicate the much improved clinical practice on the Oaks Unit, as highlighted in the CQC Inspection Report, at the other Units - Cornwall Villas, Silver Birches and Bay Tree House.

The background to this matter involved concerns raised in a previous CQC report relating solely to the Oaks Unit. In response to this report commissioners and the Trust developed a joint improvement plan, which is monitored at a regular meeting involving commissioners as well as managers and clinicians from the Trust. As you will have seen from the CQC Report published in November it is now accepted that there have been significant improvements in the quality of service in the Oaks Unit, and attention therefore needs to be turned to the other 3 units.

Chair: Dr Alpesh Patel

Chief Officer: Liz Wise

We have agreed with the Trust that the remit of the regular Improvement Meeting for the Oaks will be extended to cover these other facilities. The first meeting of this group will take place on 18 December. An improvement plan will be developed and its implementation rigorously and regularly monitored.

I attach for your information a paper on the Oaks which was discussed at Enfield CCG's Governing Body meeting in September 2013. This enabled the CCG to be assured on improvements in practice in advance of the CQC inspection in September 2013. We will now follow a similar process with regard to other units.

As you are aware, Enfield CCG has a strategic commitment to re-providing these services in fit for purpose community facilities. These plans would leave a smaller Dementia Assessment and Treatment Service on the Chase Farm site, for those unable to be supported in the community, such as those requiring detention under mental health legislation. We are currently in the process of drawing up the service specification and business case to take this initiative forward. I will ensure that you are kept fully informed with regard to these developments.

Yours sincerely,



Dr Alpesh Patel
Chair
Enfield Clinical Commissioning Group

Copy: Michael Fox, Chair, Barnet, Enfield & Haringey MHT
Maria Kane, Chief Executive, Barnet, Enfield & Haringey MHT
Cllr Richard Cornelius, Leader, London Borough of Barnet
Cllr Doug Taylor, Leader, London Borough of Enfield
Cllr Claire Kober, Leader, London Borough of Haringey
Rob Leak, Chief Executive, London Borough of Enfield
Ray James, Director of Health, Housing and Adult Social Care, LBE
Liz Wise, Chief Officer, Enfield CCG

Agenda Item:

Paper Ref:

MEETING:	NHS Enfield Clinical Commissioning Group Governing Body
DATE:	
TITLE:	Quality assurance deficits regarding the Oaks Ward
LEAD BOARD MEMBER:	Aimee Fairbairns, Director of Service Quality and Integrated Governance
AUTHOR:	Ian Kent
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SUMMARY:

This report provides an update and assurance to the Governing Body on progress in relation to concerns raised on the Oaks Ward at BEHMHT.

The Oaks Ward is a 25 bedded mixed sex assessment and treatment Ward for patients over the age of 65 with mental health problems, depression, psychotic illness, behaviours that challenge or dementia, located on the Chase Farm Hospital site.

The ward admits patients from Barnet, Enfield and Haringey.

The attached Briefing Paper summarises the nature of the concerns regarding the Unit, details the process for gaining Assurance and outlines the next steps.

SUPPORTING PAPERS:

- Terms of reference Oaks Operational/Commissioner Task and Finish Group
- Final Report of the Independent Review into the Care Provided by the Oaks Chase Farm Hospital June 2013.
- Meeting Minutes BEHMHT Clinical Quality Review Group (CQRG).
- CQC Inspection Report 27th March 2013, published May 2013
- Safeguarding Adults Risk management Plan, published 12th July 2013
- Oaks Operational Task and Finish Group meeting minutes
- Provider Concerns meeting minutes
- Report on pathway visits to the Oaks
- Safeguarding Adults: The Oaks Priority Risk Management Plan
- Barnet, Enfield and Haringey Mental Health Trust Oaks Ward Improvement Plan
- Summary Communications Plan.
- Oaks Integrated Improvement Plan (TFG LBE BEHMHT).

RECOMMENDED ACTION:

The Governing Body are asked to note and discuss the report

Objective(s) / Plans supported by this paper: The key objective is to Commission safe and clinically effective services.

Patient & Public Involvement (PPI): Provider Concerns forum regularly discusses Quality and Safety issues at its meetings and these were represented at the Task and Finish Group by Enfield Mental Health Commissioner.

Equality Impact Analysis: N/A

Risks: All Risks were identified in the Improvement Plan and RAG rated, all of these are now rated amber or green and regularly monitored at the Task and Finish Group.

Resource Implications: None identified

Audit Trail: The Oaks Integrated Improvement Plan has been discussed at the BEHMHT CQRG, Q&RSG LBE Provider Concerns Meeting.

Next Steps:

The Task and Finish Group will continue to meet until the end of October 2013, and will discuss how to embed and sustain improved practice to ensure continued assurance, before handing back the Assurance Process to the CQRG.

Walk the Pathway visits to be repeated quarterly with a focus on record keeping, physical health assessments, clinical leadership, patient engagement and the environment.

Training Workshops have begun with the involvement of the Enfield CCG Quality Lead, these will cover Record Keeping, Physical Health Assessments, Mental Capacity Act, Care Planning, Risk Assessment and Dignity in Care.

Carers assessments and ward based surveys of patients, carers and friends to monitor users views of the quality of care provided.

BEH has earmarked capital funds to generally upgrade the ward and improve the layout. This work will commence in October 2013.

A CQUIN target will be developed for the 2014/15 Contract relating to effective Care Planning with payment dependent on demonstrable evidence of patient and carer involvement, short and long term goals which are measurable and are underpinned by the Recovery Model.

IK 12/09/2013

Clinical Commissioning Group

THE OAKS UNIT

BRIEFING PAPER

1. Background

The OAKs ward is a 25 bedded acute inpatient unit that provides assessment and treatment of older people with functional and organic disorders for the residents of Barnet, Enfield and Haringey. The patients have a range of physical and mental health needs, and are subject to provisions of the Mental Health Act and Mental Capacity Act

Concerns about the quality and safety of the service were triggered by a number of safeguarding alerts between July and December 2012 and general care and welfare concerns raised by the CQC, all had similar themes relating to dignity and safety in the care provided. In detail these were as follows:

- The mix of patients with functional illness and dementia
- The number of beds on the unit
- Low numbers of permanent staff and over reliance on bank or agency staff
- Absence of a dedicated clinical leader
- Low staff morale and high absence
- Recruitment and retention problems
- Concern about staff supervision and induction arrangements
- Poor quality of record keeping
- Inadequate implementation of some key operational policies
- Poor engagement with families, carers and quality of activities available

In response the Trust convened a meeting with a range of external stakeholders, managers and clinicians in February 2013 to discuss these matters and try to agree a way forward. It was agreed that a detailed action plan was required but that the issue of the size of the ward and the mix of patients were key to making sustainable improvements.

These changes would have a potentially significant impact for the Trust in both managing demand and the internal management process of this vulnerable patient group. It was therefore agreed in the first instance that the Trust would seek how to address these matters internally and come back to Commissioners with a proposal to discuss.

2. Recent Developments

The Trust attended the Tri Borough Commissioner meeting in June 2013 and presented a proposal which essentially did reduce the size of the ward and ended the practice of mixing

patients with functional and organic illnesses. Some issues relating to demand management and financial transparency were raised but essentially the proposal was approved and it was agreed to establish a Project Group to oversee the process and the improvement plan relating to all the other matters that had been raised outlined earlier in this report.

Following this agreement quality and safeguarding concerns continued to be raised and these culminated in a conference call on the 4th July 2013, this call included commissioners, The Trust and Local Authority representatives. During this call it was confirmed that the Trust was taking steps to temporarily suspend admissions from the following week to enable them to effectively implement the Improvement Plan. A number of other actions were agreed including expediting a number of assurance visits to the unit and be incorporated into the plan.

It was subsequently agreed that a Task and Finish Provider and Commissioner Group would be established, meeting initially weekly to oversee the implementation of the Improvement Plan, this meeting was first convened on the 10th July 2013.

3. Current Position

At the meeting on the 10th July 2013 the Improvement Plan and suspension of admissions were discussed, and it was agreed this could only take place when either suitable alternatives for admission had been found and/or the Trust had created additional capacity internally. In addition a number of critical matters in the action plan were highlighted which would require significant progress to either avoid suspending admissions or lifting suspension if it occurred. These were as follows:

- To determine and agree clinical leadership and responsibility for the unit
- Appoint a dedicated full time psychiatrist
- Appoint an additional Band 6 Charge nurse position RGN/RMN
- Undertake a skill mix review
- Implement revised clinical review processes
- Ensure care plans, risk assessment etc. are delivered within the standards outlined in the Clinical Practice Alerts.
- Carry out a review of the physical health needs of patients on the unit.
- Regular audits to ensure that safeguarding procedures are followed.
- Ensure that restraint guidelines are being followed within established protocols.
- Implement the falls protocol.

It was agreed that the suspension of admission would proceed on the 31st July 2013 contingent upon the rate of progress in these key areas and the identification of suitable alternatives for admission.

The meeting on 31st July 2013 discussed only these key matters and was assured that significant progress was being made. In addition the Trust reported that it had been unable to source any local alternatives for this patient group, which would entail significant travelling to unknown units, raising the possibility of similar quality and safety concerns. In light of these two developments it was agreed not to suspend admissions to the unit.

4. Next steps

The Task and Finish Group has continued to meet, recently moved to a fortnightly basis and at its most recent meeting on the 28th August all of the actions in the Improvement Plan are rated green or amber. In addition the numbers of beds on the unit has been reduced by 2 with the expectation of a further reduction of one bed per month and Silver Birches ward has opened as the dementia assessment unit giving the flexibility to gradually end the mix of patients on the Oaks, i.e. the two key actions agreed at the stakeholders meeting in February and approved by Commissioners in June, had been achieved.

Furthermore a number of external assurance visits agreed during the Conference Call have been undertaken which have not raised major issues questioning the continued functioning of the unit.

The Task and Finish Groups next meeting is on the 18th September 2013 to review progress and then agree at the end of October to review the actions with the longest timelines. At this meeting the issue of sustainability and embedding improved practices will be highlighted before handing back oversight to the Clinical Quality Review Group.

Ian Kent
30/8/13