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## **Barnet Enfield and Haringey Quality Account 2013 – 2014 Introduction from Maria Kane, Chief Executive**

I am pleased to introduce to you my organisation's Quality Account for 2013-14. The Quality Account is a summary of the way in which Barnet Enfield and Haringey Mental Health NHS Trust promotes and monitors quality of care across the organisation. The Quality Account is developed in partnership with our service users, clinicians and stakeholders, by way of public workshops, local working groups, and regular quality meetings at all levels of the organisation, wherein the priorities for improving quality in the organisation in the coming year are agreed.

Barnet Enfield and Haringey Mental Health NHS Trust (BEH) is a large provider of integrated mental health and community health services. We currently employ 2836 staff and our annual income in 2013-14 was £193 million. The Trust provides specialist mental health services to people living in the London Boroughs of Barnet, Enfield and Haringey, and a range of more specialist mental health services to our core catchment area and beyond, including eating disorders services, drug and alcohol services, child and adolescent mental health services, and forensic services, providing assessment and/or treatment in secure conditions for individuals who may have come into contact with the Criminal Justice System. In addition to mental health services, we provide community services in Enfield. These services include sexual health, health visiting and nursing for long term illnesses including diabetes and heart failure. These multi-disciplinary teams have specialist skills and care for children, young people, adults and older people.

We have linked our Quality Account to the Trust's Clinical and Quality Strategy to drive forward change and to further develop a culture of care and compassion for all patients and provide better support for carers. A number of new initiatives have been implemented to improve access to our services for both patients and GPs; empowering GPs to be able to manage patients in primary care effectively through the development of the new Primary Care Academy which offers training and development support for local GPs; simplifying access to our services with simple and clear access routes into our services for urgent and routine referrals; establishing a 24 hour urgent referral service, providing immediate assistance and support to referrers and providing a response by the Trust's Urgent Care Team within four hours and providing a telephone Advice Line for GPs to raise any clinical issues with Trust Consultants and obtain advice and support.

Over the last three years, the numbers of patients being referred to us has increased by 11%. Over the same period, our funding has reduced by 13% in real terms, as our costs have risen faster than our income. This financial year we have received 31,067 referrals for mental health services, of which 28,770 were accepted by the service. An additional 2,251 patients were admitted to inpatient care in mental health services. In Enfield Community Services, we received 40,817 referrals, of which 40,717 were accepted by the service. An additional 14,017 patients accessed self-referral services in Enfield Community Services.

Over the last year we have had to address challenging targets, from both a quality and financial perspective in line with other NHS organisations, while managing an increasingly complex level of need in the population. Despite these challenges, we have made significant progress and have much to celebrate, while we recognise that there are still areas for further improvement which organization is committed to addressing. I am very aware that staff are under a lot of pressure to provide high quality, safe and compassionate care to patients. I want to say a big personal thank you to all staff for the fantastic work they have done this year. I continue to be very proud to work with staff who are so motivated and committed to caring for the people who use our services.

To the best of my knowledge, the information in this document is accurate.

*Signed, Maria Kane (insert signature)*

## Follow-up on our 2013-2014 priorities

The Trust, agreed the following three priorities to improve the quality of care across our Trust, with input from staff, service users, carers and partnership organisations. As we had met our 2012-13 targets with regards to improving therapeutic engagement between staff and service users and their carers and ensuring all service users have an identified care goal, agreement was reached to add two new priorities for 2013-2014. Under Experience: Carers Strategy/Triangle of Care and under Effectiveness: Improve focus on patient identified care goals. As the target was not reached for improving communication with GPs, it was agreed that the Trust should continue to focus on further developing our partnerships with primary care colleagues as new strategies were being implemented to improve results.

<b>Priorities for 2013 – 2014</b>	
<b>Safety</b> - Improve communication with GPs	<b>65%</b>
<b>Experience</b> - Carers Strategy / Triangle of care	<b>87%</b>
<b>Effectiveness</b> - Patient Reported Outcome Measures (PROMs) <i>(% of patients who have submitted self-reporting outcome data)</i>	<b>30% MH ECS TBC</b>

### ➤ **Safety**

We have continued to monitor our communication with our GP colleagues to ascertain if the new schemes which were implemented and imbedded improved the care delivered to our patients from both the Trust's perspective and those of our GPs. Communication protocols, new discharge and referral templates were introduced; a new telephony system is now in place in the Trust enabling provision of a tailored access point enabling GPs to receive accurate direction to services.

### ➤ **Experience**

Triangle of Care is a process of developing the involvement and support offered to carers of mental health services users. It includes ensuring that carers are identified, provided with information, provided with support for their own needs, and are valued as an expert source in input into the assessment and planning of care for patients. Following feedback from our carers within the Mental Health Trust we have launched a carer's strategy which will enhance staff understanding the needs of carers, provide carers with crisis resolution strategies and monitor our carer involvement against nationally recognised benchmarks as provided through the triangle of care programme.

### ➤ **Effectiveness**

Patient Reported Outcome Measures (PROMs) are mandatory this year as a part of our Commissioning for Quality and Innovation payment framework (CQUIN) which enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals. The Trust agreed two nationally accredited patient reported outcome measure tools to be implemented across mental health and community services. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was selected as our primary measure for mental health outcomes, and was launched in Triage services in November 2013. Triage teams are receiving weekly performance updates to monitor compliance. EQ-5D is a standardised instrument for use as a measure of health outcomes, and was launched in Diabetes, Respiratory and Musculoskeletal (MSK) services in November 2013.

## Our priorities for 2014-2015

The following three priorities have been agreed by the Board following proposals made to them based on feedback from our Stakeholder Workshop in April 2014.

<b>Priorities for 2014 – 2015</b>
<b>Safety</b> On-going improvement in Communication with GPs together with Improved Physical Health
<b>Experience</b> Improve Learning from incidents and patient feedback
<b>Effectiveness</b> Reduce Delayed Transfers of Care

- **Safety**  
Action plans are in place to streamline the communication protocol, and improve the use of IT solutions to expedite communication. We will continue to monitor our communication with our GP colleagues to ascertain actions being implemented improve the care delivered to our patients. We want to ensure patients are supported to have regular physical health checks in the community and wards continue to conduct physical health checks upon admission. Issues relating to long term physical health conditions are discussed with GPs.
- **Experience**  
We will implement a new Carers Strategy and update the Patient Experience Strategy to include mystery shopping. Thematic analysis of lessons learnt to be instigated and develop an improved strategy for sharing lessons across services and with the public.
- **Effectiveness**  
*“A lack of appropriate housing can be a significant contributor to delayed discharge from hospital. A lack of housing or support can also lead to increased readmission rates, over-use of residential care and, in some cases, the use of out of area or other high-cost services. Investment in housing and housing-related support can contribute significantly to reducing demand on acute and specialist services” - (Practical mental health commissioning 2011)*

The Trust recognises that housing needs are central to the care they deliver and so aims to Improve links with the various housing support departments to reduce delays in discharge due to housing issues. Developing effective alternatives to admission is good for service users and preventing delayed discharges ensures the appropriate use of acute admission beds. Progress will be monitored through the DTOC bi-weekly monitoring group.

## Where are we now? Summary of 2013 - 2014 performance

The following information is a mix of Trust, National and Mandatory reporting on a core set of quality indicators selected to help monitor and compare the quality of our services year on year and against targets or benchmarks. All data includes Mental Health and Enfield Community Services unless otherwise stated.

**Table 1 – Quality Indicators for 2013 – 2014, including previous achievement and benchmarking or internal targets. The last column shows national benchmarks indicated in white text, and internal targets in black text where no national benchmarks are available.**

Safety		2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	National Benchmark / Internal Trust Targets
GP Communications	Discharge letters within 1 week of discharge from inpatient services (previous target)	55%	75%	79%	New Quality Indicator initiated as below	95%
	Assessment, review and discharge letters sent within 24 hours based on a sample of 320 records audited in 2013-2014.	n/a	n/a	n/a	65%	98%
	GP survey based on 79 surveys returned in 2013-2014.	n/a	n/a	n/a	44%	80%
Patient Safety Incidents -	Number of incidents reported monthly (pcm) - based on a total of 6992 in 2013-2014.	369 pcm	408 pcm	472 pcm	583pcm	10% Increase in reporting
	Percentage patient safety incidents of which were severe or death - based on a total of 3605 incidents in 2013-2014.	n/a	n/a	0.2% Severe or Death	1.19% Severe or Death	2012-213 average 1.39%
7-day follow up after discharge from inpatient care - based on 1253 service users discharged from inpatient services in 2013-2014.		99.98%	99.81%	99.40%	99%	97.44%
Experience		2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014 Q1-4	National Benchmark / Internal Trust Targets
Triangle of Care – An evaluation of involvement and support offered to carers based on carer surveys, record keeping audits, team observations and interviews with staff, patients and carers in 2013-2014.		n/a	n/a	n/a	87%	80%
Patient and Carer Experience	Based on 221 responses to national mental health survey in 2012 (data issued in 2013)	n/a	66%	67%	65%	64% -72%
	Based on 18,556 responses to internal patient and carer survey in 2013-2014.	MH: 81% ECS: 90.5%	MH: 77% ECS: 90.5%	All Services 87%	90%	80%
Staff Survey - Staff would recommend this Trust - Based on 464 responses to national staff survey in 2012 (data issued in 2013)		66%	65%	70%	69%	68% - 73.6%

Complaints – number of complaints received by 1000 population in 2012-13	n/a	n/a	n/a	<b>0.24</b>	<b>0.34</b> (London MH Trusts average)
Staff training – compliance with mandatory training in Q1-3 2013-2014.	n/a	n/a	n/a	<b>85%</b>	<b>85%</b>
Crisis Resolution Home Treatment Team Assessment – the percentage of admissions to acute wards for which home treatment teams provided initial assessment out of 1735 inpatient admissions in 2013-2014.	n/a	n/a	98.7%	<b>98.04%</b>	<b>95%</b>
<b>Effectiveness</b>	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014 Q1-3	National Benchmark / Internal Trust Targets
Trust wide PROMS – EQ-5D and SWEMWBS launched end of November : ( <i>% of patients who have submitted self-reporting outcome data</i> )	n/a	n/a	n/a	<b>ECS 10% MH 30%</b>	<b>10% ECS / 30% MH</b>
Patient identified care goals – indicating development of patient identified goals and involvement in care planning based on an audit of 4572 patient records in Q1-3 2013-2014.	n/a	93%	94%	<b>95%</b>	<b>90%</b>
Emergency Readmissions– Based on 45 emergency readmissions to adult mental health wards out of 1625 BEH's CCGs admissions in 2013-2014.	n/a	4%	1.7%	<b>2.77%</b>	<b>&lt;5%</b>

## ORGANISATIONAL LEARNING

The Trust follows a clinical governance and assurance structure with the aim of identifying and celebrating good practice as well as identifying problematic areas quickly to ensure timely remedial action can occur. This governance process increases ownership of quality and safety improvements across all services in the organisation and ensures quality is at the heart of the Trust agenda. Our governance structure is made up of three components:

- **Deep Dive Committees**

All of the service lines have their own monthly Deep Dive Committee meetings. These are chaired by the Director of Nursing / Deputy Director of Nursing to enable a deeper analysis and scrutiny of those service areas. It is a process that identifies both positive practice and areas in which further developments are required. Each area will produce an action plan to take to Service Line Clinical Governance Committees, which will monitor its implementation.

The Deep Dive Meetings are responsible for monitoring the Trust's quality assurance systems operating within the seven service lines. The Deep Dive Meetings will ensure standards of quality and safety as indicated in the Care Quality Commission's regulatory requirements are met and identify actions to rectify concerns in order to drive the desired improvements throughout Trust services.

In particular the meetings will focus on the key dimensions of the Regulatory Framework:

- Service user involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management

- **Service Line Clinical Governance Committees**

This group holds a monthly meeting chaired by a service line clinical lead and attended by service line directors, clinical staff, and service users to review clinical governance information and updates from services. Teams feed back local clinical governance issues to this meeting. Deep Dive Action plans are signed off at this meeting prior to reporting progress at the next relevant Deep Dive meeting. Following the Deep Dive Committee, service leads will present their plans for improvement and actions they have completed to this committee.

- **Service Improvement Committee**

This forum provides an opportunity for teams to present learning from improvement projects with colleagues in other services. It is both a celebration of successful improvements in organisational quality, and a chance for other trust leaders to learn from their peers. It is jointly chaired by the Medical and the Director of Nursing. The agenda focuses upon outlining how the service lines have overcome areas of concern and variation in order to drive improvement and improve patient experience.

The Service Improvement Committees are responsible for disseminating positive clinical practice examples which have arisen from actions identified as required in the Deep Dive Committees.



In particular the Service Improvement Committee will focus upon the key dimensions of the Regulatory Framework:

- Service user involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management

The following presentations have been delivered in the past year:

- See, Think Act - Improving Staffs Understanding of Patient Risks
- The Path To MSNAP Accreditation
- Peer Support – Enfield Mental Health Users Group
- Reflections On Pressure Area Care In A Forensic Setting -“Barriers, Road Blocks and Managing Diverse Clinical Opinion”
- QFI/Jonah Process
- The Club Drug Clinic
- Art Therapy focused Mentalisation Based Therapy Introduction - Portrait of Self and Other
- Update on Service Transformation
- Family Interventions within the Psychosis service line
- Mint Hosting the National Learning Disability Week
- Team Process Maps: A Journey through the why, what how and lessons learnt

## Performance Review

Barnet Enfield and Haringey Mental Health NHS Trust considers that the data is as described for the following reasons: the indicators selected for this report were chosen based on several factors which ensure that this information provides an accurate and well-balance depiction of the quality of our services. Indicators must be based on data collected continuously and across all relevant services provided by the Trust. Data must be from a source which is quality reviewed for accuracy. The data must be based on information presented and discussed in quality and improvement forums at all levels of management to ensure that lessons and actions taken to improve services form a part of Trust governance.

Barnet Enfield and Haringey Mental Health NHS Trust intends to take (or has taken) the actions described in the following performance review tables to improve performance against targets, and so the quality of its services, by regularly monitoring and planning improvements through clinical governance and performance improvement structures. Data is provided to teams and service lines through deep dive meetings and performance meetings wherein areas for improvement actions are agreed and monitored. Where teams show significant improvements, these lessons are shared with colleagues in service improvement committees.

### PATIENT SAFETY

#### GP Communication – Key Priority

Why did we choose to focus on this?	It was agreed that the Trust should continue to focus on improving shared care between mental health and primary care clinicians to support improved outcomes for both physical and mental health conditions for our service users.																
What was our target?	Our target consisted of a series of communication standards (developed in collaboration with our commissioners), as well as a programme of work to redesign access to services and information to better meet the needs of our Primary Care colleagues.																
What did we achieve?	<p>This financial year, the Trust was set a more challenging target by our commissioners with regard to letters to GPs, moving the time frame from 1-2 weeks down to 24 hours. This target has proved challenging, and although we are not currently meeting our target we can see a quarter on quarter improvement demonstrating that the actions put in place to address the gaps in delivery are being effective.</p> <p><b>GP Letters:</b> An audit of letters sent to GPs following assessment, review or discharge of patients has been conducted. Results indicate that although we are not yet meeting our targets, there has been an increase in compliance. A review of our administration systems and a mapping exercise identified areas for improvement in the communication process including a proposed email to fax communication protocol, and a need to review letter templates. The positive increase in results would indicate that the strategies which have so far been implemented are being effective in both increasing staff awareness of the Trust's objectives and also to re-assess how to better manage internal processes.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Trust results for GP letters - by quarter</th> <th>communication sent within 24 hours</th> <th>content average</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td style="text-align: center;">34%</td> <td style="text-align: center;">76%</td> </tr> <tr> <td>Quarter 2</td> <td style="text-align: center;">40%</td> <td style="text-align: center;">82%</td> </tr> <tr> <td>Quarter 3</td> <td style="text-align: center;">58%</td> <td style="text-align: center;">87%</td> </tr> <tr> <td>Quarter 4</td> <td style="text-align: center;">52%</td> <td style="text-align: center;">86%</td> </tr> </tbody> </table>		Trust results for GP letters - by quarter	communication sent within 24 hours	content average	Quarter 1	34%	76%	Quarter 2	40%	82%	Quarter 3	58%	87%	Quarter 4	52%	86%
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	<p>The Trust has put in place a number of new services and monitoring processes to improve GP communication. GP views have been collected systematically through quarterly GP satisfaction surveys in each borough as well as through the Primary Care Academy. The strategy the Trust has taken to address some of the issues raised has been to utilise the Primary Care Academy to provide specialist training, provide communication through the GP newsletter and service transformation to respond to these issues.</p>																

**Primary Care Academy:** The Trust has been successful in securing £90k in funding from Health Education England. This will be used to develop our e-learning platform, and our Recovery Library. There has been strong service user involvement in all aspects of this programme, and there is now a designated administrator to assist. There is a regular Steering Board for the Primary Care Academies, attended by the Trust, Haringey Clinical Commissioning Mental Health lead, and service user representatives. We have planned sessions in all three boroughs for the next 6 months and will be delivered by Marc Lester, Deputy Medical Director assisted by Simon Harwin, Crisis and Emergency Service Line Manager. There has been excellent feedback from attendees at the sessions run to date, with more than half of attendees stating that they felt more confident with aspects of care and practice following the workshops. The Primary Care Academies have also achieved RCGP accreditation.

**Crisis Referrals:** As previously reported, the Trust responded to GP concerns about access to crisis services by introducing two new services: Triage Service and Crisis Resolution and Home treatment (CRHT). The Triage operates from 9am to 9pm Monday to Friday and provides face to face patient assessments for non-urgent or routine referrals. The new CRHT service operates 24 hours a day, 7 days a week, for urgent referrals for anyone in a crisis, assessing service users wherever they are at the point of referral e.g. GP surgery, A&E, their own home etc. Monitoring of the impact of this service transformation is on-going. A six-month review will be held in May 2014.

**GP Survey:** A survey designed jointly by the Trust and GP colleagues to evaluate GP satisfaction with the communication they have received from the Trust was carried out in October through to December and resulted in 37 responses across all three boroughs. 17 in Barnet with an average 31% satisfaction, 14 in Enfield with an average 60% satisfaction and 6 in Haringey with a 33% average satisfaction. The table shows overall satisfaction rates.

GP Satisfaction Survey - Quarter 3	
October	42%
November	49%
December	50%

**GP Advice Line:** In May 2013, the Trust introduced an advice line to provide GPs with access to generic clinical advice telephone conferences with psychiatrists within working hours. The objective was to address GP concerns which demonstrated a lack of clinical capacity amongst GPs and also enhance communication and help develop professional relations. From May to December, 144 appointments have been booked, with a breakdown by borough as follows: Barnet – 101 Enfield – 30 Haringey – 13  
Analysis of calls has shown the following breakdown of content:

Advice sought regarding:	Barnet	Enfield	Haringey	Total
Patient's deteriorating condition	11	3	2	16
Management of patient's condition	17	5	1	23
Medication Advice	41	10	6	57
Referral/service provision advice	11	5	1	17
Other	21	7	3	31
<b>Totals</b>	<b>101</b>	<b>30</b>	<b>13</b>	<b>144</b>

What needs to improve?

1. Standardised GP communication templates to be reviewed to fit service specifications in accordance with GP feedback.
2. Clinical staff to use NHS net email to send communication directly to safe haven faxes via email.
3. Regular newsletter to CCGs about progress, and regular briefings for meetings with three CCG Chairs and Accountable Officers.
4. The Trust is exploring a new system by which emails regarding patient progress can be entered directly into GP patient records.

How will we continue to monitor and report?

We will continue to monitor and report our progress to our commissioners through our Clinical Quality Review Group meetings and the Trust's own internal governance groups. Reviewing our GP survey to assess the success of changes made following implementation of actions taken.

## Patient Safety Incidents

<p>Why did we choose to focus on this?</p>	<p>All NHS trusts are required to report incidents of harm, violence, or errors which could have a potentially negative impact on service users, visitors or staff. We are now required to report the number of patient safety incidents and the percentage of those which resulted in severe harm or death. The Trust has historically been in the lowest reporting percentile compared to other trusts. We have implemented many strategies to raise staff awareness of the importance of reporting all incidents as a means of learning and openness.</p> <p>Further improvements to patient safety have been developed through our participation in the Harm Free Care project and use of NHS Safety Thermometer, which collects information about harm from incidents based on individual service user experience. More information about Harm Free Care can be found on the following website: <a href="http://www.harmfreecare.org">www.harmfreecare.org</a></p>																										
<p>What was our target?</p>	<p>To achieve a 10% increase on 2012-13 rates of incident reporting. To maintain high levels of harm free care, in line with national average.</p>																										
<p>What did we achieve?</p>	<p>Higher levels of reporting of incidents are an indication that a Trust is embracing a culture of transparency and learning. The Trust has set a target for increasing the rate of incident reporting from 2012-13 by 10%. Reporting in 2013-14 has increased by 24% from 2012-13.</p> <p>The Trust participates in the National Patient Safety Thermometer Harm Free Care Programme, which provides monthly census data of all patients seen across the country on a given day, and measures the level of harm experienced by those patients based on four categories; pressure ulcers, falls, urinary tract infections and venous thromboembolism. Barnet Enfield and Haringey has demonstrated 93% harm free care in 2013-14, in line with the national average for all trusts.</p> <p>Despite a rise in clinical incidents classified as serious in October 2013, incidents have levelled off, in line with previous months, and with a slightly lower cumulative number of incidents compared to the previous year (85 incidents in 2013-14 and 87 in 2012-13). The percentage of patient safety incidents resulting in severe harm or death for the Trust between April 2013 and March 2014 is 1.19%. This rate is below the 2012-13 national average of 1.39%.</p>																										
	<div data-bbox="375 1205 1476 1527" data-label="Figure"> <p style="text-align: center;"><b>Number of Serious Incidents per month in 2013-14</b></p> <table border="1"> <caption>Number of Serious Incidents per month in 2013-14</caption> <thead> <tr> <th>Month</th> <th>Number of incidents</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>6</td></tr> <tr><td>May-13</td><td>4</td></tr> <tr><td>Jun-13</td><td>6</td></tr> <tr><td>Jul-13</td><td>7</td></tr> <tr><td>Aug-13</td><td>7</td></tr> <tr><td>Sep-13</td><td>8</td></tr> <tr><td>Oct-13</td><td>15</td></tr> <tr><td>Nov-13</td><td>8</td></tr> <tr><td>Dec-13</td><td>6</td></tr> <tr><td>Jan-14</td><td>6</td></tr> <tr><td>Feb-14</td><td>8</td></tr> <tr><td>Mar-14</td><td>4</td></tr> </tbody> </table> </div>	Month	Number of incidents	Apr-13	6	May-13	4	Jun-13	6	Jul-13	7	Aug-13	7	Sep-13	8	Oct-13	15	Nov-13	8	Dec-13	6	Jan-14	6	Feb-14	8	Mar-14	4
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	<p>A number of concerns regarding one of our Dementia and Cognitive Impairment (DCI) wards were identified and a robust action plan was created to address these issues. In May 2013 following discussions with multi-agency partners and regulators, a provider concerns framework was put in place in order to address the issues around safeguarding, standards of care, environment, and clinical leadership. This process led to improvements in several aspects of clinical standards in our DCI services, and across the organisation including: environmental layout, stability of clinical leadership, increased involvement of carers and family in care planning and risk assessments and improved methods of gaining feedback from carers and relatives.</p> <p>An important learning event for clinical staff was held in April to reflect on learning from the Francis Report. One year on from the publication of the Francis Report and <i>Patients First and Foremost</i> (the Department of Health's initial response to Francis) we brought together clinical staff from across the organisation, and from all specialties and grades, to think about what we have done so far to respond to Francis, and what more needs to be done. Joined</p>																										

	by members of the Department of Health's Francis Implementation Team, the day focused on how the lessons from Francis translate to a mental and community health trust. We were encouraged to reflect on the human factors of Francis and how we can apply this learning to their own clinical practice.
What needs to improve?	<p>A programme of on-going training is in place to raise awareness so that the Trust can learn from and make improvements through reporting and learning from incidents. A greater emphasis on thematic analysis is being implemented to identify areas of risk and allow for further team learning and service improvements. Action plans generated by discussion of these incidents at risk and governance meetings will be monitored.</p> <p>We have experienced some delays in investigation reports being completed within the 45 day timeline. In some cases this has been due to the complexity of the incident and the number of teams involved. We have undertaken a review in order to streamline the process and to ensure that all actions taken as a result of a serious incident are focused on learning. Further training for Enfield Community Service Staff has been delivered to improve investigation techniques and "learning lessons" to improve service delivery and patient care.</p>
How will we continue to monitor and report?	Incident reports are monitored through Trust and local governance committees. Teams hold discussion about timeliness of response to incidents as well as a thematic analysis of the learning from incidents. Action plans are developed based on these discussions and preventative measures taken where necessary. Serious Incidents Review meetings are regularly held where discussions on implementing change are agreed. Service Managers are able to monitor both the recording and reviewing of incidents which are then discussed during meetings and supervision.

## Follow-up after discharge

Why did we choose to focus on this?	The first seven days following discharge from hospital is the point at which service users are most vulnerable and at greatest risk of relapsing. The Trust aims to contact service users by means of face to face contact, if not, over the phone to establish their wellbeing and to monitor their progress. This is a mandatory indicator, and must be reported with the following text "Proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care." However, it should be noted that all inpatients are on CPA and are therefore included in these figures.															
What was our target?	To provide follow up care within 7 days of discharge to 100% of service users against the national target of 95%.															
What did we achieve?	<p>The Trust is maintaining its performance above nationally set benchmarks.</p> <p>Both internal auditing and national reporting indicate that the Trust (in blue in the graph below) is achieving an annual average of 99.3%. This figure is based on performance data of 1253 service users discharged from inpatient services in 2013-14. The National target for this indicator is set at 95% compliance.</p> <div data-bbox="375 1512 1468 1848" data-label="Figure"> <table border="1"> <caption>7 Day Follow-Up after discharge from inpatient services</caption> <thead> <tr> <th>Quarter</th> <th>BEH (%)</th> <th>National (%)</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>99.0%</td> <td>97.4%</td> </tr> <tr> <td>Q2</td> <td>99.3%</td> <td>97.5%</td> </tr> <tr> <td>Q3</td> <td>99.3%</td> <td>96.7%</td> </tr> <tr> <td>Q4</td> <td>99.6%</td> <td>-</td> </tr> </tbody> </table> </div> <p>The following table shows the data published by the Trust to the Health Sector Compensation Information System from April to December 2012.</p>	Quarter	BEH (%)	National (%)	Q1	99.0%	97.4%	Q2	99.3%	97.5%	Q3	99.3%	96.7%	Q4	99.6%	-
Quarter	BEH (%)	National (%)														
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	proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care	Q1 based on data submitted to HSCIC	Q2 based on data submitted to HSCIC	Q3 based on data submitted to HSCIC	Q4 based on data submitted to HSCIC
	lowest	94.10%	90.70%	77.20%	data not yet available
	BEH	99.04%	99.29%	99.28%	100.00%
	Highest	100.00%	100.00%	100.00%	data not yet available
	England	97.44%	97.47%	96.71%	data not yet available
What needs to improve?	If personal contact is not established to follow up and properly record client's wellbeing and needs, telephone contact with client or contact with a carer should be made to ascertain the client's current position.				
How will we continue to monitor and report?	Maintain high levels of compliance. Daily review of 7 day follow-up is managed and monitored by teams through daily review of discharge activity. Performance is also monitored through weekly exception reports, monthly service line meetings and at Board Committee level.				

## PATIENT EXPERIENCE

### Triangle of Care – Key Priority

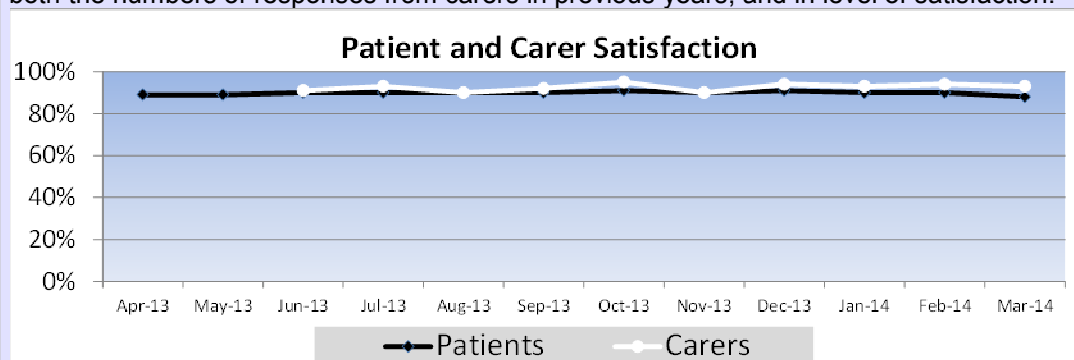
Why did we choose to focus on this?	It was agreed that the Trust, having met its target for improving our therapeutic engagement with service users, change its priority to Triangle of Care. This is a process of developing the involvement and support offered to carers of mental health services users. It includes ensuring that carers are identified, provided with information, provided with support for their own needs, and are valued as an expert source in input into the assessment and planning of care for patients.										
What was our target?	To develop a new carers strategy in consultation with carers group, local authority and other local stakeholders to support this practice.										
What did we achieve?	<p>The 'Triangle of Care' is described as a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. It involves listening, sharing and learning from each other, in an environment of safety, respect and honesty.</p> <p>The Triangle of Care covers 6 key standards:</p> <ol style="list-style-type: none"> <li>1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.</li> <li>2) Staff are 'carer aware' and trained in carer engagement strategies.</li> <li>3) Policy and practice protocols re: confidentiality and sharing information are in place.</li> <li>4) Defined post(s) responsible for carers are in place.</li> <li>5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.</li> <li>6) A range of carer support services is available.</li> </ol> <p>The Trust monitors these standards through a range of surveys, service inspections and record audit. The following table shows our combined performance against these standards in 2013-14.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2013-14 Q1</th> <th>2013-14 Q2</th> <th>2013-14 Q3</th> <th>2013-14 Q4</th> </tr> </thead> <tbody> <tr> <td>Triangle of Care</td> <td style="text-align: center;">77%</td> <td style="text-align: center;">89%</td> <td style="text-align: center;">91%</td> <td style="text-align: center;">90%</td> </tr> </tbody> </table> <p>The Trust has developed a Carers Strategy in collaboration with local carers groups and Barnet, Enfield and Haringey Local Authority. This strategy is due to be launched in 2014.</p>		2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	Triangle of Care	77%	89%	91%	90%
	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4							
Triangle of Care	77%	89%	91%	90%							
What needs to improve?	The Carers Strategy identifies a number of actions, which will be available on the Trust website following publication.										
How we will continue to monitor and	The strategy identifies clear goals and standards which are measured through a number of sources of intelligence, including surveys, records audits, observation of teams and ward environments, and interviews with service users and carers.										

### Patient and Carer Experience

Why did we	To improve the quality of services that the Trust delivers, it is important to understand what service users think about their care and treatment. The Trust participates in the national
What was our target?	To maintain scores at the average national for mental health services in London. Internal survey target has been set to 80% satisfaction.
What did we achieve?	At the start of 2013, a questionnaire was sent to 850 people who received community mental health services. Responses were received from 221 service users at Barnet, Enfield and Haringey Mental Health NHS Trust. The overall Trust score is in line with the national and London-wide average scores recorded as "About the same; the trust is performing about the same for that particular question as most other trusts that took part in the survey."

2012 Mental Health Survey Results London and Urban MH trusts	BEH	CANDI	CNWL	East London	NELFT	Oxleas	SLAM	SWLSG	West London	National Rating
Overall	6.5	6.7	6.6	6.5	6.5	6.6	6.7	6.6	6.7	
How would you rate the care you have received from NHS Mental Health Services in the last 12 months?	6.7	6.8	6.9	6.9	6.7	7.2	7.1	6.9	7	
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	6.3	6.7	6.4	6.2	6.2	6	6.3	6.2	6.3	
Patient's experience of contact with a health or social care worker during the reporting period.	8.1	8.2	8.3	8.7	8.4	8.1	8.7	8.4	8.4	

Internal survey of 12,897 patients across all service lines indicates a rise in patient satisfaction within our services. 1,821 returns were received by carers who indicate a rise in both the numbers of responses from carers in previous years, and in level of satisfaction.



**What needs to improve?** "You said – We did" boards to inform patients and carers of the initiatives which have been developed based on feedback from surveys was launched. Feedback to both patients and carers on service developments, survey results and action plans will be shared through the Trust website and newsletters. The national Friends and Family Test will be added to our local surveys, providing real time feedback which can be benchmarked nationally.

**How we will continue to monitor and report?** Patient experience is an important area in which the Trust receives monthly feedback on its performance and this data is discussed in clinical governance groups. Teams use their feedback to identify local improvement plans and to share good practice.

## Staff Survey: Would staff recommend this Trust?

**Why did we choose to focus on this?** Barnet Enfield and Haringey Mental Health NHS Trust employs 2,583 individuals and one of its values is to support its staff to be the best they can be. Training and continual support by appraisals and supervision allow staff to feel heard and valued in their workplace.

The people we employ to provide care are our most precious resource. Their wellbeing and views of our service will have a direct impact on the quality of care we provide. To help us measure staff satisfaction in the workplace, we will use the national staff survey. This will have an impact on the experience of our service users; therefore it is important that staff feel positive about the service provided by the Trust.

**What was our target?** To achieve scores within the national average. To improve Trust wide communication with staff on all matters, including performance, achievements, promotions etc.



What did we achieve? 1436 members of staff completed the 2013 National NHS Staff Survey and 69% reported that they would recommend the Trust as a provider of care to their family or friends. This compares to a national average across other mental health providers of 71%.

	BEH score	median score	threshold for lowest 20%	threshold for highest 20%	lowest score attained	highest score attained
staff recommendation of the trust as a place to work or receive treatment	69.20%	71%	68%	73.60%	60.20%	80.80%

The two minute update “Take 2” launched last year has continued to help keep staff informed of Trust news and events and is being used by more staff to bring events and news to the attention of all staff.

After a hugely successful first year, the Trust’s Listening into Action programme is ready to move onwards and upwards into its second year. The first set of teams have completed their projects and embedded new ways of working into day-to-day activity to improve services for patients and the working life of our staff. The programme makes a fundamental shift in the way we lead and work, putting staff, the people who know the most, at the centre of change, empowering them as individuals and within a team to get on and make change happen. This has been a great success with identifying quick fix initiatives as well as long term projects.

Staff training was identified as one area for improvement from the last survey. The Trust is now meeting its own internally set targets for compliance with mandatory training. To maintain and improve compliance rates, training registers are reviewed in each service line and teams review this data monthly to identify staff that have yet to complete or need refresher training. The Trust aims to maintain and exceed the target of 85% compliance by year end.

	Staff Count	Compliant	Trust	Corporate	C&E	DCI	ECS	Estates	Forensic	Psychosis	SCNP
Child Protection	2583	2064	84%	89%	72%	90%	96%	79%	70%	89%	77%
Adult Protection	2583	2064	84%	89%	72%	90%	96%	79%	70%	89%	77%
Equality and Diversity	2583	2064	84%	89%	72%	90%	96%	79%	70%	89%	77%
Fire Awareness	2583	2064	84%	89%	72%	90%	96%	79%	70%	89%	77%
Health and Safety	2583	2064	84%	89%	72%	90%	96%	79%	70%	89%	77%
Infection Control	2583	2064	84%	89%	72%	90%	96%	79%	70%	89%	77%
Information Governance	2583	2149	85%	89%	74%	88%	92%	87%	82%	94%	79%
Published compliance as at 31 December 2013			85%	88%	75%	87%	91%	89%	84%	95%	79%

What needs to improve? To continue to develop further improvement plans through the Listening into Action programme. The Trust is continuing to explore ways of delivering a more accessible and flexible training programme to assist with overall compliance rates.

How will we continue to monitor and report? We will continue to conduct regular staff surveys. Staff have been encouraged through the Listening into Action initiative to use the ‘Pulse Check’ questionnaire tool to allow the organisation to better understand how they are feeling working for the Trust. This will give the Trust more insight to drive actions and changes.

## Complaints

**Why did we choose to focus on this?** The Trust recognises that complaints and concerns raised about our services represent a small proportion of the total number of contacts between staff and the public. Service users, relatives and carers provide a valuable perspective into how we provide care. By understanding why people complain, and the nature of the issues raised, we can endeavour as service providers to work in partnership with all our stakeholders to improve the quality of care and treatment.

**What was our target?** The Trust aims to resolve problems which arise through internal mechanisms before a formal complaint is issued, and thereby to minimise the number of formal complaints received.

**What did we achieve?** The following table shows the number of formal complaints received by all London Mental Health Trusts, as provided by HSCIC, ranked according to the population size of localities covered by each trust. Barnet Enfield and Haringey receive lower numbers of formal complaints based on population size than the majority of London trusts.

London Trusts	total complaints 2010-11	total complaints 2011-12	total complaints 2012-13	population by london borough based on 2011 census	2012-13 complaints rate per 1000 population
North East London NHS Foundation Trust	nil reported	174	169	959,200	0.18
Oxleas NHS Foundation Trust	110	179	161	796,000	0.20
<b>Barnet, Enfield and Haringey Mental Health NHS Trust</b>	<b>251</b>	<b>215</b>	<b>220</b>	<b>923,800</b>	<b>0.24</b>
Central and North West London NHS Foundation Trust	238	306	331	1,202,300	0.28
Camden and Islington NHS Foundation Trust	nil reported	121	151	426,400	0.35
South West London and St George's Mental Health NHS Trust	343	356	376	1,043,900	0.36
West London Mental Health NHS Trust	224	197	307	774,900	0.40
South London and Maudsley NHS Foundation Trust	551	555	551	1,230,700	0.45
East London NHS Foundation Trust	318	462	440	538,600	0.82
<b>All London MH</b>	<b>2035</b>	<b>2565</b>	<b>2706</b>	<b>7,895,800</b>	<b>0.34</b>

The most common category of complaint across the Trust continues to be dissatisfaction with clinical care and treatment followed by staff approach and attitude at both clinical and administrative levels. Poor communication in terms of providing accurate referral and aftercare information to both service users and carers appears as an issue across Service Lines.

Each complaint will be responded to individually and actions taken within the relevant team, or applied across services where relevant. Below are a few examples of learning shared across the organisation:

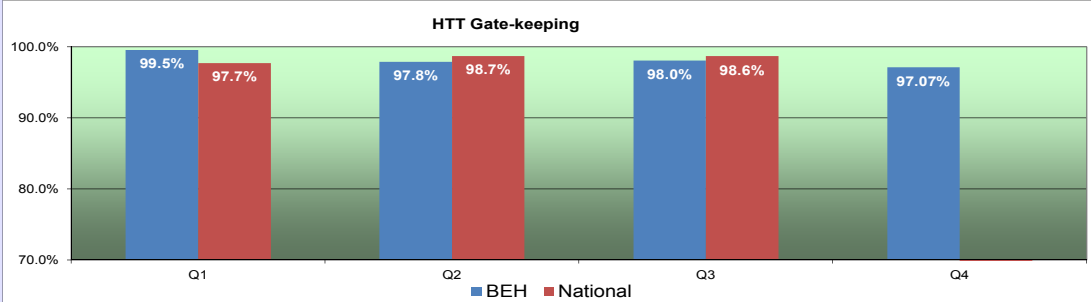
A number of concerns were raised by service users about the delays and cancellations of appointments in our Triage service. Following these issues being explored further, it was identified that a high rate of service users not attending their appointments had compounded the availability of appointments for other new referrals – resulting in a more assertive system being implemented to improve attendance and greater availability of clinics to new referrals.

A service user did not feel that the purpose of Family Therapy Service meetings had not been discussed with them or their family, causing them anxiety. This issue was immediately picked up and addressed with the clinician involved to ensure greater communication and feedback was given to avoid such incidents happening again. The service has developed an information leaflet for all future users of the service and subsequent monitoring has shown improvement.

A service user's parents raised concerns that their son was moved on three separate occasions within a short period of their treatment. These concerns were shared with all staff to demonstrate how this incident affected the experiences of one service user. Greater communication is now happening between our in-patient staff and our bed management team to ensure that the services users' journey within our services is tracked and such disruption is not experienced again.

What needs to improve?	The Trust would like to improve the timeliness with which we respond to formal complaints, and have set high targets for response times. While we have made improvements to the complaints process to meet these challenging targets. The Trust acknowledges that there is still more to be done in this area and as such will be reviewing the themes associated with delays in the process and shall address these issues with appropriate action.
How will we continue to monitor and report?	The Complaints Team holds weekly Complaints Status Update meetings to track the progress of complaints responses from Service Lines. Service Line managers allocate suitably trained and experienced staff to investigate complaints. The duties of the allocated investigators include contacting complainants and drafting Service Line complaints responses. Actions from the weekly Complaints Team Status Update meetings are forwarded to the relevant Service Line Assistant Director and direct line manager in order to ensure timely completion of complaints within the deadline. Complaint reports, outstanding action plans and lessons learned are presented to monthly Service Line Serious Incident meetings and quarterly Service Line Deep Dive meetings.

## Crisis Resolution Home Treatment Team Assessment

Why did we choose to focus on this?	The function of the Crisis Resolution Home Treatment Team (CRHT) is to provide intensive care and support in patients' homes as an alternative to acute inpatient admission. By providing an alternative to patients in crisis, gatekeeping allows the Trust to focus inpatient resources only where the greatest need is indicated, and allow patients to be treated within the least restrictive environment.																																								
What was our target?	95% of inpatient admissions to be reviewed by the CRHT.																																								
What did we achieve?	<p>The Trust is currently gatekeeping 98.04% of 1735 admissions to inpatient wards in 2013-14. Q4 National data is not yet available.</p> <p>The following data is extracted from the patient record system and crossed checked with team managers to ensure all cases have been reviewed by the CRHT prior to admission. The data shows the following for the period of April 2013 – March 2014</p>  <table border="1"> <caption>HTT Gate-keeping Data</caption> <thead> <tr> <th>Quarter</th> <th>BEH (%)</th> <th>National (%)</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>99.5%</td> <td>97.7%</td> </tr> <tr> <td>Q2</td> <td>97.8%</td> <td>98.7%</td> </tr> <tr> <td>Q3</td> <td>98.0%</td> <td>98.6%</td> </tr> <tr> <td>Q4</td> <td>97.07%</td> <td>-</td> </tr> </tbody> </table> <p>The following table shows the data published by the Trust to the Health Sector Compensation Information System from April to December 2012.</p> <table border="1"> <thead> <tr> <th>Proportion of admissions to acute wards that were gate kept by the CRHT teams</th> <th>Q1 based on data submitted to HSCIC</th> <th>Q2 based on data submitted to HSCIC</th> <th>Q3 based on data submitted to HSCIC</th> <th>Q4 based on data submitted to HSCIC</th> </tr> </thead> <tbody> <tr> <td>lowest</td> <td>74.50%</td> <td>89.80%</td> <td>85.50%</td> <td>data not yet available</td> </tr> <tr> <td>BEH</td> <td>99.52%</td> <td>97.84%</td> <td>98.02%</td> <td>97.07%</td> </tr> <tr> <td>Highest</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>data not yet available</td> </tr> <tr> <td>England</td> <td>97.68%</td> <td>98.67%</td> <td>98.64%</td> <td>data not yet available</td> </tr> </tbody> </table>	Quarter	BEH (%)	National (%)	Q1	99.5%	97.7%	Q2	97.8%	98.7%	Q3	98.0%	98.6%	Q4	97.07%	-	Proportion of admissions to acute wards that were gate kept by the CRHT teams	Q1 based on data submitted to HSCIC	Q2 based on data submitted to HSCIC	Q3 based on data submitted to HSCIC	Q4 based on data submitted to HSCIC	lowest	74.50%	89.80%	85.50%	data not yet available	BEH	99.52%	97.84%	98.02%	97.07%	Highest	100.00%	100.00%	100.00%	data not yet available	England	97.68%	98.67%	98.64%	data not yet available
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What needs to improve?	Performance leads are working with managers to develop a more consistent recording system to monitor this activity.																																								
How will we continue to monitor and report?	Performance reports will review this data monthly in operational management review meetings.																																								

## CLINICAL EFFECTIVENESS

### Patent Reported Outcome Measures (PROMs) – Key Priority

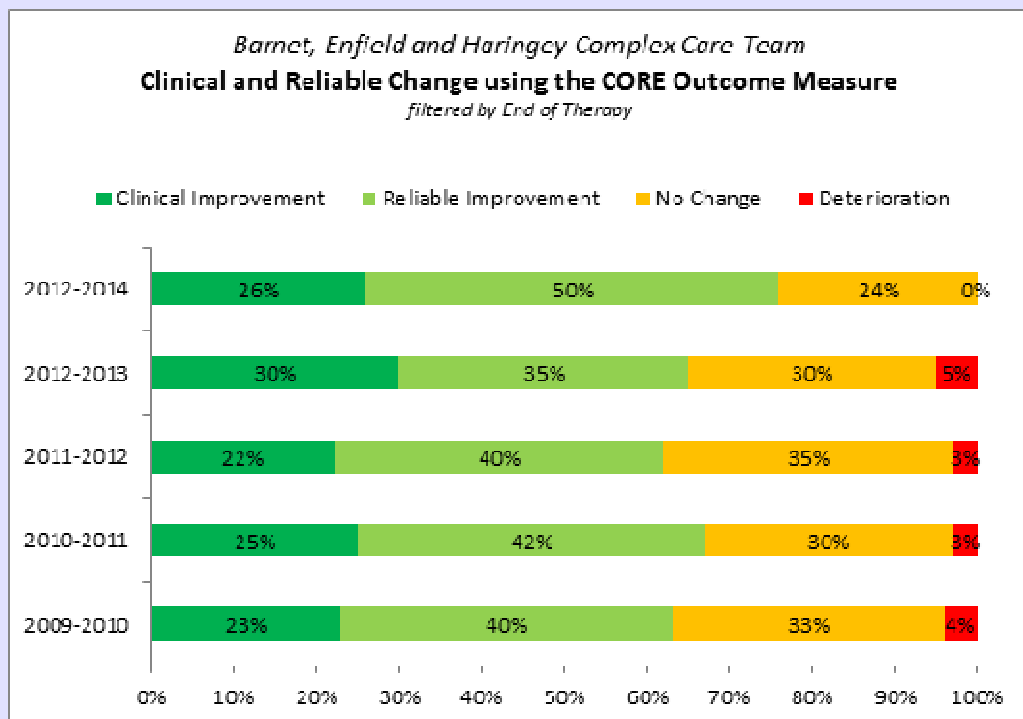
**Why did we choose to focus on this?** Patient Reported Outcomes are a valuable way for Trusts to understand the effectiveness of the treatment and care provided as reported by the service users themselves. PROMS are mandatory this year as a part of our CQUIN contract.

**What was our target?** To develop and implement a programme to capture outcome data which can be reported against nationally accredited benchmark data when available.

**What did we achieve?** We are currently using several tools to measure patient health outcomes, and have agreed to implement two nationally accredited patient reported outcome measure tools across mental health and community services.

Outcomes are collected using the CORE 34 measure. This measure has high reliability and validity and is used across many different NHS services nationally. Recently it was the measure of choice in the National Audit of Psychological Therapies run by the Royal College of Psychiatrists. Outcome data is routinely collected at the start and end of treatment for all patients treated in this service who are receiving psychological therapy or receiving phased treatment as part of the Complex PTSD Stream or who are provided with treatment in the group programme in the MAP Stream. Data currently collected via a separate system for patients in the PD Stream.

The following graph shows the percentage of clients who made clinical and reliable change during treatment within the Barnet, Enfield and Haringey Complex Care Teams, which is a service operating within the Severe and Complex Non-Psychotic Service Line of Barnet, Enfield and Haringey Mental Health Trust. ‘Clinical improvement’ refers to clients who have made sufficient improvement to no longer meet the threshold to be considered a clinical case. ‘Reliable improvement’ refers to those clients who have made a reliable change in their pre and post scores. ‘No change’ refers to those clients who have not made any measured change in therapy but also includes those clients who may have made a small change, which is not sensitive enough to be deemed statistically reliable (i.e. the result could have happened by chance).



	Warwick-Edinburgh Mental Well-being Scale (sWEMWBS) was launched in Triage services in November 2013. Triage teams are receiving weekly performance updates to monitor compliance, and are currently meeting our internally agreed target of receiving feedback from 30% of patients. A health outcomes measure (EQ5D) was launched in Diabetes, Respiratory and Musculoskeletal services in November 2013, and we are currently meeting our internally agreed target of receiving feedback from 10% of patients.
What needs to improve?	Further roll-out of these measures to other services will be implemented in 2014-15. Analysis and interpretation of outcome data will need to be benchmarked against similar services through the payment by results steering group.
How will we continue to monitor and report?	Triage teams are receiving weekly performance updates to monitor compliance.

## Patient Identified Care Goals

Why did we choose to focus on this?	Mental health service users have been an integral part of the development of our quality account. While benchmarkable outcome data is a national priority for all health services, our service users have expressed that every individual will have a unique and personal experience which can only be measured on an individual level. A standard was set following a stakeholder workshop to develop a measure which will identify if the plan of care agreed with service users contains individual and personal goals toward recovery.																										
What was our target?	To continue to develop and consistently deliver recovery based care with a target of 90% of all patients being supported to achieve individual recovery goals.																										
What did we achieve?	An audit based on 4572 patient records over the financial year indicated that 94% of patients had patient identified goals together with personal involvement in care planning.																										
	<table border="1"> <caption>Patient Identified Care Goals</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>94%</td></tr> <tr><td>May-13</td><td>96%</td></tr> <tr><td>Jun-13</td><td>97%</td></tr> <tr><td>Jul-13</td><td>96%</td></tr> <tr><td>Aug-13</td><td>97%</td></tr> <tr><td>Sep-13</td><td>95%</td></tr> <tr><td>Oct-13</td><td>96%</td></tr> <tr><td>Nov-13</td><td>98%</td></tr> <tr><td>Dec-13</td><td>97%</td></tr> <tr><td>Jan-14</td><td>96%</td></tr> <tr><td>Feb-14</td><td>96%</td></tr> <tr><td>Mar-14</td><td>97%</td></tr> </tbody> </table>	Month	Percentage	Apr-13	94%	May-13	96%	Jun-13	97%	Jul-13	96%	Aug-13	97%	Sep-13	95%	Oct-13	96%	Nov-13	98%	Dec-13	97%	Jan-14	96%	Feb-14	96%	Mar-14	97%
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What needs to improve?	We will continue to monitor this aspect of care and continue to involve and encourage patients to take ownership and empower them to take responsibility and participate in their recovery.																										
How will we continue to monitor and report?	Monitoring will be maintained through the ward and community quality assurance process to ensure that this remains an important issue and scores remain high.																										

## Emergency Readmissions

Why did we choose to focus on this?	This is a mandatory standard measure to address potentially avoidable readmissions into hospital. The Trust may be helped to prevent potentially avoidable readmissions by seeing comparative figures and learning lessons from incidents of readmission.
What was our target?	The Trust aims to maintain a standard of less than 5% of emergency readmissions to inpatient services within 28 days of discharge.
What did we achieve?	During 2013-2014 there were 45 emergency readmissions out of 1625 planned BEH's CCGs admissions (2.77%).
What needs to improve?	Continue to monitor in 2014-15
How will we monitor and report?	Performance is monitored through monthly service line performance meetings and at Board Committee level.

## QUALITY STATEMENTS

During 2013 - 2014 Barnet Enfield and Haringey Mental Health NHS Trust provided eight NHS services in six service lines. BEH has reviewed all the data available to them on the quality of care in all eight of these NHS services. The income generated by the NHS services reviewed in 2013- 2014 represents 100% of the total income generated from the provision of NHS services by BEH for 2013-14.

### National Audits

During 2013 - 2014 Barnet Enfield and Haringey Mental Health NHS Trust participated in 4 of 5 national clinical audits applicable to the services provided by the Trust (80%) and 1 of 1 National Confidential Enquiries applicable to the Trust (100%).

Prescribing Observatory for Mental Health (POMH) Audit Topic	Trust Participation		National Participation	
	Teams	Submissions	Teams	Submissions
<b>Topic 13a: Prescribing for ADHD</b>	0	0	374	5523
Report not yet received				
<b>Topic 7d: Monitoring of patients prescribed Lithium</b>	27	80	6306	883
Actions: Re-issue Lithium Bulletin and information on the NPSA lithium packs. Implementation of the Pharmacy Listening in Action project across the trust to ensure staff have access to the acute hospitals' pathology results so the blood tests can be copied and pasted into RiO.				
<b>Topic 4b: Prescribing Anti-Dementia Drugs</b>	2	60	420	9005
Report received in April 2014. Actions in development.				
<b>Topic 10C: Use of antipsychotic medication in CAMHS</b>	4	43	Not known	Not known
Report to be received in May 2014				

<b>National Confidential Enquiry into Suicides and Homicides</b>	On-going participation
Actions: Local Suicide dashboard created and monitored. On-going audit undertaken twice yearly in CRHT using national suicide prevention tool.	

Audit	Number of Participating Services	Therapist Questionnaire		Case Note Audits		Service User Questionnaires	
		Submissions	Minimum # of submissions	Submissions	Minimum # of submissions	Submissions	Minimum # of submissions
<b>National Audit of Psychological Therapies for Anxiety and Depression</b>	2	118	n/a	4999 (over 100%)	6 (guideline)	86	n/a
Actions: Report has been presented to teams and workshops in place to develop actions.							

Audit	Organisational Questionnaire Completed	Audit of Practice		Service User Questionnaires		Carer Questionnaires	
		Submissions	Minimum # of submissions	Submissions	Minimum # of submissions	Submissions	Minimum # of submissions
<b>National Audit of Schizophrenia</b> (report not yet issued by Royal College of Psychiatrists)	Complete	100 (100%)	100	47 (94%)	50	18 (72%)	25

### Local Audits

Barnet Enfield and Haringey Mental Health NHS Trust conducts monthly quality assurance audits covering care planning, assessments, physical health, involvement of patients,

communication with referrers and information provided to patients and carers. These audits are completed by every clinical team on a monthly basis. Additionally, a programme of peer service reviews are conducted regularly across all services to inspect teams against the criteria issued by the care quality commission. This programme of audit work is supplemented by real time patient feedback, and a range of local audits covering medicines management, estates and facilities, health and safety, clinical policies, and service specific clinical criteria. The reports of 75 local clinical audits were reviewed by BEH in 2013– 2014.

Each audit is followed up with an action plan. A total of 1747 actions have been taken in response to findings from the quality assurance audits and service peer reviews. The following is an example of some of the actions Barnet Enfield and Haringey Mental Health NHS Trust has taken in 2013-14:

Audit	Actions Taken
Quality Audit	GP communications – nhs.net to fax guidance circulated and implemented in teams, Carers - carers strategy circulated for feedback from teams and stakeholders
Service Peer Reviews	improvements to team based clinical governance structures, development of improved supervision structures, review of fire drill and evacuation procedures in teams, training updated, information and notices updated, procedural checklists implemented
patient and carer experience internal real time feedback survey	you said we did posters in place, therapist led workshop in eating disorders developed user led agenda setting for clinical session
Patient Experience national survey	need for support with housing identified-DTOC working group initiated
GP satisfaction survey	development of new crisis service and triage teams, primary care academies
Staff survey	LiA team developed to address staff concerns
Suicide Risk Assessment	HTT teams restructured to provide direct crisis referral support
Seclusion Audit	Seclusion rooms no longer used for non-seclusion purposes
Medical Devices	Direct action taken when non-compliant
Observation	Datix updated to include content of observation tool. Minimum note keeping standards reissued.
Discharge, assessment and review letters Audit	review of template letters underway, implementation of NHS net email to fax process
Triangle of Care	proposal to include carers assessment training in mandatory clinical training

## Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of health and social care in England and is tasked with inspecting health and adult social care providers to ensure they are delivering safe, effective, compassionate and high-quality care which meets the Essential Standards of Quality and Safety. The CQC also have responsibilities for monitoring the Mental Health Act and the services received by those detained under the act.

Barnet, Enfield and Haringey Mental Health NHS Trust is required to register with the Care Quality Commission and its current registration status is registered.

BEH has not conditions to its registration.

BEH is subject to periodic reviews by the Care Quality Commission.

BEH has participated in a special review of seclusion by the CQC during the reporting period.



The Trust received 19 Mental Health Act inspections from the CQC in the last financial year looking at all inpatient mental health services within the Trust with no major deviations from the act identified. Feedback from the visits is shared with teams to improve practice.

The Trust received ten regulatory inspections from the CQC in the 2013/2014 financial year assessing the Essential Standards of Quality and Safety across all six registered Trust locations, taking into account 20 teams. In these inspections 49 outcomes were reviewed with 37 of the outcomes found to be compliant. The CQC's approach over the last financial year significantly changed with more focused inspections. The inspections have identified areas of good practice within the Trust together with areas of variation and non-compliance. In all cases regulatory feedback has proven helpful in making improvements in the Trust.

Where areas for improvement have been identified, action plans have been developed in teams and service lines which are monitored until delivery of all actions. These plans are openly shared with commissioning groups and regulators. Plans are shared with other services and monitoring arrangements put in place to ensure the standards are met in all relevant areas. The CQC will revisit services to confirm the area of practice is compliant.

The following is an example of actions taken in response to CQC feedback:

The CQC identified issues in the District Nursing teams of Enfield Community Services in May 2013 including supervision arrangements and attendance at mandatory and specialist training in the teams. The teams created a robust action plan which was monitored through their quarterly deep dive meeting. The teams have since implemented a supervision structure within the service whereby staff receive 4-6 weekly management supervision and support through their handover meetings which occur regularly throughout the week. Staff also attended Clinical Supervision training offered through the Trust's training department. Specialist training has been provided to the teams including cannulation training, annual syringe driver updates and customer care training. Rates of attendance at mandatory training have also improved. The CQC returned to the District Nursing teams on 4th March and acknowledged the improvements which were made in the team since their last inspection and the teams were found to be compliant with the three outcomes which were inspected (Staffing, Supporting workers and Assessing and monitoring the quality of service provision).

The Care Quality Commission has taken enforcement action against BEH during 2013-14. Over recent months, our inpatient mental health services have been under enormous pressure. This has meant that, on occasion, we have had to use seclusion rooms on our mental health wards when a bed was not available and an urgent admission was required. This is not good clinical practice and this issue has recently been identified as a serious concern by the Care Quality Commission (CQC). Trust was issued with an enforcement notice in relation to Regulation 9 Outcome 4, in respect of the use of seclusion for non-seclusion purposes. The Trust immediately ceased this practice and has been compliant with this regulation since 10<sup>th</sup> December 2013 and has remained compliant up to 31st March 2014. Following a further visit from the CQC on 11 April 2014, the CQC has confirmed the Trust's compliance with regulation 9 outcome 4 and has rescinded the enforcement notice.

## Research

Barnet Enfield and Haringey Mental Health NHS Trust has a strong tradition in supporting research. It continues to have research as core to the provision of high quality and innovative care for its patients. The Trust actively participates and supports research generated by its own clinicians as well as researchers from outside the organisation as well. The Trust has three full-time NIHR funded Clinical Research Officers. The Research and Development Department recruited one further part-time NIHR Research Nurse and will recruit two part-time Research Workers to support the recruitment of research studies in the

Trust.

The Trust has a continuously growing clinical trial portfolio. BEH was involved in conducting 39 clinical research studies approved by the ethics committee that related to mental healthcare provision during 2013 - 14; 21 portfolio and 18 non-portfolio studies. All 21 portfolio studies were funded; out of the 18 non-portfolio studies 6 were funded and 12 unfunded, which indicates a growing numbers of student research projects by BEH staff members.

The number of patients receiving NHS care provided by BEH in 2013 - 14 that were recruited during that period to participate in research approved by a research ethics committee was 687, this number has almost tripled compared to the recruitment numbers two years ago. 652 patients were recruited to portfolio studies; 35 patients to non-portfolio studies.

Peer-reviewed publications have resulted from our involvement in NIHR research, which demonstrates our commitment to the dissemination of research findings as well as a desire to improve patient outcomes and experience across the NHS.

For more information about the Research and Development department and recruitment opportunities, go to our Trust website: <http://www.beh-mht.nhs.uk/Research-and-Development/>

## CQUIN

A proportion of Barnet Enfield and Haringey Mental Health NHS Trust income in 2013 - 2014 was conditional on achieving quality improvement and innovation goals agreed between BEH and NHS North Central London through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2013 - 2014 and for the following 12 month period are available on our website *(link to be added when final documents are uploaded)*.

## Hospital Episode Statistics

Barnet Enfield and Haringey Mental Health NHS Trust submitted records during 2013 - 2014 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was: 98.9% for admitted patient care; and 99.8% for outpatient care. The percentage of records in the published data which included the patient's valid General Medical Practice Code was 99.5% for admitted patient care; and 99.9% for outpatient care.

## Information Toolkit

Barnet Enfield and Haringey Mental Health NHS Trust score for 2013 - 2014 for Information Quality and Records Management, assessed using the Information Governance Toolkit was Level 2. The Trust's Information Governance Assessment Report overall score for 2013-14 according to the IGT Grading scheme is as follows:

Version 11 (2013-2014)		
<b>Headlines:</b>		
Assessment Ref:	ASS/108780	
Status:	Published <a href="#">(View History)</a>	
Audited:	No	
<b>Score:</b>		
Final Score:	70% ?	Satisfactory ?
Target Score:	70% ?	Satisfactory ?

A Clinical Coding Audit for Information Governance purposes took place in February 2013 and a number of recommendations were made to the Trust relating to admitted patient care

activity. Actions on these recommendations have been reviewed as below:

Recommendations 2013:		Update on Actions 2012/13:
1	It is strongly recommended that staff either administrative or clinical assigning or inputting codes should receive NHS National Classification Service Standards Training in the rules and conventions of the classification. This should take effect immediately.	Staff who input clinical codes have attended the mental health training workshop as a minimum. The records manager has attended a 2-week training course related to ICD10 clinical coding standards and conventions. The Information Governance Manager has attended the 4 week foundation training course. Training provided by the Clinical Coding Academy. The clinical coder will attend the refresher training course when appropriate and has been encouraged to attend the full 4 week foundation course.
2	The Trust must revisit and review its policy on the use of discharge notifications as its source documentation used for coding. The Trust must develop a robust system that produces timely (7 days post discharge), accurate discharge summaries which will support the coding process. The discharge summaries should include all primary and secondary diagnosis that are relevant to the patient's episode of care.	Work is ongoing. The Trust have an action plan to capture all relevant diagnosis, which includes email communication to the clinicians from the Medical Director, the records manager quality checking data input by the coder, scrutinising the rio record for any gaps in information provided on the discharge documentation
3	The recording of ECT should be undertaken by the staff trained to the national clinical coding standards. It was made mandatory from 1st January 1999 (coding clinic November/December 1999). This should be discussed with software suppliers.	The Trust are in the process of reviewing the current electronic record system (RIO), clinical coding standards and conventions are being incorporated into the requirements with a new system
4	There should be more engagement with clinicians in order to validate the coded data and also to improve the documentation of co morbidities in the spell discharge summary.	The Medical Director is in the process of nominating a clinician who will meet with the coder on a regular basis, in the meantime the coder routinely communicates with the clinicians, e.g to clarify any issues
5	Those entering the data must ensure that all the relevant comorbidities are recorded. This is in line with Ref 88: Coding of Co-morbidities(Coding Clinic November 2012,V2.3)	The Trust have reviewed its clinical coding policy which now references Ref 88 and also includes an appendix by means of a prompt of co-morbidities

## Payment by Results

Barnet Enfield and Haringey Mental Health NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period as part of the Information Governance Toolkit annual submission and the error rate reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) was: Primary Diagnosis 6.56%.

To access the Barnet Enfield and Haringey Mental Health NHS Trust Clinical Strategy 2013-18 and Quality Strategy for 2013-16 go to: <http://www.beh-mht.nhs.uk/?shortcutid=444372>

## TRUST Achievements...

### Mental Health Trust and Met Police Partnership wins top award



An innovative and important partnership between Barnet, Enfield and Haringey Mental Health NHS Trust and the Metropolitan Police Service has been recognised with a prestigious policing award.

The team, which is made up of staff from the Trust and the police, was presented with the top prize for diversity at last week's Excellence in Total Policing Awards in recognition of their work to support people with mental health conditions. The multidisciplinary team of doctors, nurses and police officers has an important role to play in protecting high profile public figures, but their work also has a significant public health impact.

The Fixated Threat Assessment Centre (FTAC) consultant psychiatrist Dr Frank Farnham says that: *"by making an assessment of an individual the team is often able to put people in touch with their local mental health or primary care services. This early intervention allows people with mental health problems to be identified and provided with appropriate treatment much sooner than may have happened otherwise."*

Detective Chief Inspector Carol Kinley-Smith, who heads up FTAC, said: *"I am incredibly proud of the team. Mental health is a huge priority for the police at the moment, and this team is an excellent example of how effective partnership working can support both police and NHS objectives by protecting public figures and helping people get the care and support they need"*.

### National Police and Court Liaison/Diversion Pilot

The Trust has been successful in its bid to be the London pilot site and one of 14 sites nationally to trial the new operating mode for liaison and diversion services at police stations. The pilot will form part of a national evaluation, which will go towards the final business case to put to the treasury to release the funds to roll out the model nationwide. This will see the service which we already provide in Haringey, extend into the police stations of Enfield and Islington, provide a five day per week service at Highbury Magistrates Court and extend our delivery to all ages and those with assumed vulnerabilities. A similar service in Barnet is operated in conjunction with Central and North West London Foundation Trust.

## Trust awarded University Status



Middlesex University has awarded 'University Affiliated' status to the Trust. The agreement will enhance the current partnership between the two organisations, demonstrating a strong commitment to education, research and development.

The agreement builds on the existing strong relationship between the University and the Trust, which has previously included opportunities for clinical placements for nursing students, bespoke and innovative educational projects for staff development, and evaluation and research projects on critical clinical practice questions.

Skills and knowledge at both organisations will be enhanced by the partnership, which will see clinicians from the Mental Health Trust working with Middlesex students and sharing their front line expertise, and Middlesex University experts providing training for staff at the Trust. This includes opportunities for Trust staff to gain university level qualifications for projects they carry out in the workplace.

Middlesex University Pro Vice-Chancellor and Dean of the School of Health and Education Jan Williams said: *"Middlesex University and the Trust have collaborated for a number of years on student placements, conferences and continuing professional development so we are delighted to have the opportunity to formally extend our partnership. We're looking forward to working together to respond to the challenges facing mental health and community health service users and staff, through research and development of innovative ways of working."*

Maria Kane, Trust Chief Executive said: *"Our relationship with Middlesex University is a crucial part of how we advance our research, develop our workforce and support the training of the next generation of NHS staff, so I am thrilled that we are able to strengthen our partnership through this agreement. We will be looking for new and innovative ways to work together to continue to improve the health and wellbeing of the community our Trust serves."*

## Staff Achievements...

### Denise is a top trainer

Denise Hall in our Workforce Development team was awarded trainer of the month for January by University College London Partners (UCLP) in acknowledgement of her sterling efforts in delivering dementia training across the Trust.



Denise, a skills trainer, delivers a range of training courses including the Trust's induction course said: *"I feel very honoured to have won this award. More importantly it recognises the work we are doing at the Trust to raise awareness about dementia."*

As part of her award Denise was presented with a gold project badge, a certificate of achievement and £250 to spend on items or initiatives related to delivering better dementia care in the Trust.

### Trust clinician is also a top teacher ...

A Trust clinician has been chosen as a 'top teacher' by students from the University College London (UCL) medical school.

Dr Robert Tobiansky, who works in psychiatry for the elderly, received the award after his students voted for him as one of the teachers who were particularly helpful or inspiring to them during their studies.

Throughout the year UCL students are given the opportunity to nominate their teachers and during 2012/13 over 1800 votes were cast and from there 70 award winners were chosen.

### Karl takes tea with the Queen

Karl Sunkersing has been rewarded for his dedication to the NHS by being selected to attend a royal garden party at Buckingham Palace.

Karl, who is a trained psychiatric and general nurse, has worked for the NHS for 43 years. He currently works as the ECT co-ordinator and bed capacity manager at Chase Farm Hospital.

Oliver Treacy, Service Director for Crisis & Emergency, said: *"I am delighted that Karl was selected to attend a Royal garden party as it is recognition for the years of dedicated service that he has given to the NHS. He frequently goes beyond the call of duty and shows great empathy with all mentally ill patients, frequently giving up his own time to ensure that services are provided."*



Karl Sunkersing (left) with Lynne Parry, who accompanied him to the garden party, with Oliver Treacy, Service Director



Joy Ihenyen has recently trained to become the Trust's first independent pharmacist prescriber. Following her training Joy worked as a general pharmacist at the Whittington before joining North Middlesex Hospital as a HIV pharmacist. She joined this Trust in 2006 as a mental health pharmacist.

*Joy says: "most of my work is ward based. It involves attending ward rounds with the multidisciplinary team and talking to patients about their medication. This is with a view to helping them understand what the medication does and the importance of taking them. I also do day to day clinical screening of new patients and ensure that the right medication is prescribed for the patient."*

Congratulations to staff nurse Amelia Bioku, who successfully achieved her MSc in Mental Health Studies with merit on 4 December 2013. Amelia, who works on Suffolk ward, said: *"I strongly believe it is essential for nurses to be knowledgeable, skilful and most importantly, to keep abreast of mental health nursing, in order to deliver safe and effective care based on evidence based practice. I would like to thank Sean Edwards, ward manager and those nurses who participated in the study for their support. I would also like thank my previous ward manager, Rey Bermudez who supported me with the funding."*

Ros Glancy, practice standards lead, said: *"Amelia's dedication and enthusiasm is really inspiring and we would like to wish her continued success for the future."*

## Celebrating the work of Activity Co-ordinators

Staff and service users got together recently at Chase Farm to celebrate the work of the volunteer activity coordinators and thank them for the valuable work that they have done during the year. The activity coordinators are all volunteers who organise physical and other



Paul McKeivitt with Melinda Back and Kate Holmes

activities on the inpatient wards at Chase Farm. Paul McKeivitt, Service Manager, said: "On behalf of the trust I would like to thank the activity coordinators for all of the valuable work they have done for the trust and our patients. They really support the ward staff by organising activities for the patients and as ex-service users themselves they are able to understand the issues and changes that the service users face. I would also like to thank Melina Back and Kate Holmes from EMU (Enfield Mental Health Users Group) for all of their hard work in establishing the activity coordinators network."

## Celebrating our Commitment to Excellence Awards

Over 300 members of staff got together to celebrate the achievements of colleagues in the annual staff awards ceremony “Celebrating our Commitment to Excellence”. More than 80 people were nominated in the seven categories and the winners were announced on the night. Colleagues with 30 or more years of NHS service were also recognised.

Michael Fox, Trust Chairman, welcomed everyone to the awards ceremony saying: “*This event is a demonstration of the Trust’s on-going commitment to excellence. It is one way of saying thank you to all staff in what has been another challenging year for the Trust and the wider NHS.*”

During the evening members of the first 10 teams to take part in the Listening into Action programme were congratulated for their work. The teams, along with their sponsors, have been working hard to make improvements for the benefit of patients and staff.

Maria Kane gave a closing speech congratulating all of the award winners and acknowledging that the awards were just a snapshot of the good work that takes place throughout the Trust every day.



Audrey Carter

### Compassion In Care Award

Audrey is a healthcare assistant on Avon Ward in Forensic. She is regarded as one of the back bones of the numerous successes on the ward. Audrey cares for every service user equally with respect and humanity.

### Clinician of the Year

Bernie and Tanya from the ECS intermediate care team have been instrumental in the development of integrated services for admission avoidance and the older person’s assessment unit. Their contribution as the lead community clinicians has been exemplary providing leadership across the interface of primary and secondary care to improve the care for older people.



Bernie Sandford & Tanya Pugh



Sue Steward

### Supporting Star

Sue supports staff in the dementia and cognitive impairment service in using RiO .She has developed systems and procedures for the teams to ensure the quality of data and compliance which has shown in the positive results in all performance reports and targets.



### **Innovation Award - *Multi Sensory Room***



Helen Blatchford and Despina Tzanidaki scooped the innovation award to install a special sensory area for children to use when visiting Cedar House at St Michael's Hospital

in Enfield.

### **Manager of the Year**



Helen Brindley, a manager in the Haringey complex care team, is fabulous at leading managerially and operationally, she is also clinically excellent. Helen is essential to the functioning of the service and well-being of the staff and clients

### **Diamond Team**

During the year the Barnet Complex Care Team have overcome many challenges through strong clinical leadership and excellent team working.



### **Chief Executive's Award for Excellence**

Catherin Marfelle, a healthcare assistant on Juniper ward, in forensic, is a resourceful and thoughtful person who everyone looks to for wisdom. She is often the first to identify problems and is not a person to ignore them if they interfere with the standard of work that she commits to.



The success of the first 10 Listening into Action (LiA) pioneering teams was recognised at the awards ceremony. Team representatives were presented with an award for their hard work on improvement projects. The projects range from enhancing services for older patients by creating a therapeutic space outside the Hawthorn Unit at Chase Farm to reinstating the Trust's direct access to pathology results. The teams are seeing the results of their hard work as changes are implemented across the Trust.

### **The LiA Pioneers**



## Statements from our Stakeholders

*To be added*

## Glossary

BEH	Barnet Enfield & Haringey Mental Health NHS Trust
CCG	Clinical Commissioning Group: NHS organisations that have been authorised to commission healthcare services for their communities
CPA	Care Programme Approach: an assessment of needs with a mental healthcare professional, and to have a care plan that's regularly reviewed by that professional
CRHT	Crisis Resolution Home Treatment: to provide intensive care and support in patients' homes as an alternative to acute inpatient admission
CQUIN	Commissioning for Quality and Innovation: Key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2013/14 is to secure improvements in quality of services and better outcomes for patients, whilst also maintaining strong financial management
DTOC	Delayed Transfer of Care: A mental health delayed transfer of care occurs when a patient is ready to depart from acute mental health care and is delayed
ECS	Enfield Community Services
EQ-5D	A standardised instrument for use as a measure of health outcomes
HSCIC	Health and Social Care Information Centre
MH	Mental Health
MSK	Musculoskeletal
PCA	Primary Care Academy: offers training and support by Trust consultants to GPs on mental health, building relationships between primary and secondary care
PROMs	Patient Reported Outcome Measures: PROMs measures health gain in patients undergoing treatment. PROMs is an umbrella term that covers a whole range of potential types of measurement but is used specifically to refer to self-reports by the patient. Data may be collected via self-administered questionnaires completed by the patient themselves or via interviews.
RCGP	Royal College of General Practitioners
WEMWBS	Warwick-Edinburgh Mental Well-being Scale: Newly developed scale for assessing positive mental health (mental well-being). A 14 positively worded item scale with five response categories