

# Barnet, Enfield and Haringey

Mental Health NHS Trust

*A University Teaching Trust*

<b>Title:</b>	Clinical, Quality and Safety Report
<b>Report to:</b>	Trust Board
<b>Date:</b>	27 March 2017
<b>Security Classification:</b>	Public Board Meeting
<b>Purpose of Report:</b>	
<p>The purpose of the Clinical, Quality and Safety report is to provide an indication of the Quality and Safety of Trust services. It outlines key quality developments which are occurring and areas which may require further work to address variation in standards of practice. This report should be read in conjunction with the Integrated Performance and Quality Dashboard.</p>	
<b>Recommendations:</b>	
<p>The Trust Board is asked to consider the report and discuss any further actions or assurance they require in respect of the Clinical Quality and Safety of Trust services.</p>	
<b>Report Sponsor:</b>	Mary Sexton, Executive Director of Nursing, Quality and Governance
<b>Comments / views of the Report Sponsor:</b>	This report highlights the key work undertaken across all Trust services and demonstrates that supporting patients and carers and ensuring they have a positive experience/outcome remains a priority.
<b>Report Author:</b>	<p>Name: Mary Sexton  Title: Executive Director of Nursing, Quality and Governance  Tel Number: 020 8702 3032  E-mail: <a href="mailto:mary.sexton2@beh-mht.nhs.uk">mary.sexton2@beh-mht.nhs.uk</a></p>
<b>Report History:</b>	Regular Report
<b>Budgetary, Financial / Resource Implications:</b>	None
<b>Equality and Diversity Implications:</b>	None
<b>Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register</b>	Action taken will assist in delivering our objective of 'Providing excellent services for patients'.
<b>List of Appendices:</b>	
None	

## Report

### 1. Introduction and Background

- 1.1 The Clinical, Quality and Safety Report supplements the Integrated Performance and Quality Dashboard by outlining the key clinical, quality and safety areas which the Executive Director of Nursing, Quality and Governance would like to bring to the attention of the Board.

### 2. Care Quality Commission (CQC) Mental Health Act (MHA) monitoring visits and actions

#### 2.1 Haringey Ward – 12/12/16

The visit was positive. The visiting commissioner raised concerns that care plans did not contain evidence of patient participation, and that some required updating. Concerns were raised that mental capacity assessment records required more detail.

Our response detailed the measures implemented to improve care planning, including one to ones with each named nurse, regular audits by the ward manager and new standing agenda item at clinical governance and team meetings. Requirements in relation to capacity assessments have been re-iterated to the ward medical team, who will monitor compliance on a weekly basis at their whiteboard meetings.

#### 2.2 Dorset Ward – 10/01/17

The visit was positive. The commissioner noted that care plans were not always up to date or containing sufficient evidence of patient participation, two detained patients had not been explained their rights promptly upon admission and that for two detained patients no AMHP assessment report was available on RiO.

Our response details the measures implemented to improve care planning, including one to ones with each named nurse, regular audits by the ward manager and new standing agenda item at clinical governance and team meetings. The service manager is making amendments to the ward admission checklist to ensure that MHA rights are explained as part of admission procedures. Our response described the measures taken by the Trust to log and chase AMHP reports that have not been provided by local authorities, but highlighted that the Trust cannot put in place actions that will guarantee that local authorities comply with their own obligations under the Code of Practice.

#### 2.3 Paprika Ward – 27/01/17

The visit was positive. The commissioner raised a concern about the availability of staff to facilitate escorted leave, and suggested some amendments to the form the Trust uses to record discussions of rights with detained patients.

The Trust is in the process of responding to the report.

#### 2.4 Derwent Ward – 31/01/17

The visit was positive. The commissioner raised a concern about the availability of staff to facilitate escorted leave.

As above.

## 2.5 Trent Ward – 27/02/17

The Trust has received the report which was positive. We are reviewing and preparing a response for the Commissioner.

### 3. Supporting Staff – Nursing Initiative

#### 3.1 Preceptorship

3.1.1 The preceptorship programme consists of 47 newly qualified practitioners (NQP), four of which are newly qualified nurses. An Occupational Therapist is part of the cohort and demonstrates our ambition to have a multidisciplinary preceptorship programme.

3.1.2 Feedback received to date from the NQPs are very positive. Feedback has included describing their journey, so far, as very integrating and supportive and that the programme is helpful and practical. The Table below gives an outline of the main comments from the NQPs

Preceptees comments
'Thank you for all of the support'
'The preceptorship programme has been brilliant. It enables me to understand how to deal with my journey in order to make a good progress and considerable input'
'The preceptorship training was very educating'
'Beneficial to ease transition and develop practice competencies. Majority of info was relevant although more variety of information specific to AHPs would be nice'
'Thanks to you all for delivering this programme to us'
'Overall this whole preceptorship programme has been very helpful for the transition process. A very big thank you to Darren and Mohamed for their continuous support'
'Programme leaders were organised and did the best to encourage. Programme was informative and equipping. I found it useful and enabling in my personal development and career'
'Overall the preceptorship group has been very good, giving me the opportunity to discuss important issues regarding in nursing. Besides have made three days very fun with presentations'
'Overall the workshops were useful and applicable for the role of newly qualified nurses. The workshops and welcome pack and feedback, Preceptorship lead / co-ordinator were extremely supportive and made the process helpful and a good learning environment'
'The programme had been great support. I felt the structure of it was great. Thanks for the awesome support'
'Try to put the preceptorship workbook into the 21 <sup>st</sup> century. Use technology, it helps'
'Overall great learning opportunity'
'I am so grateful to be part of the preceptorship training as it helped me to understand more about my role as a newly qualified. All my tensions were minimised as the opportunity was given for me to verbalise my fear'
'Thank you for the support and guidance. Has been very helpful and effective'
'Great to have an additional support structure, see people visiting the wards. Group discussions useful. Most sessions did not feel like a repeat of uni training. So useful and interesting'
'A very great way to discuss progression and services within the trust. It allowed me to be aware of support networks'
'It is nice to have a group of newly qualified nurses to share how we are getting on- thank you'

- 3.1.3 On-going support is provided to all our current NQPs, their preceptors and managers and this will extend post preceptorship programme while we prepare the practitioners to enrol on their mentorship programme. Our preceptees are involved in the Capital Nurse Passport Project which is being piloted by our Trust. This project is a developmental tool to assist our NQPs in their career progression.
- 3.1.4 Work regarding the accreditation on a Preceptorship module has reached an advanced stage with Middlesex University. The Preceptorship Leads are working with both with the University and the Trust Learning and Development Department to finalise the funding for this project.

### 3.2 **Mentorship Development**

- 3.2.1 The Preceptorship Leads have taken a more direct approach when it comes to mentor update and the triennial reviews. Individual staff are now notified of their responsibility to maintain compliance with their Mentorship status. A quarterly review is carried out to ensure all Managers are informed of compliance rates. This method has created and raised the urgency of completing a triennial review and as a result the compliance rate is showing improvement.
- 3.2.2 Mentor update sessions are up in place. The Trust Leads are liaising with different services to continually check if 'ad hoc' and 'service specific' sessions would be more beneficial – if there is a demand the session is then facilitated by core members of our Trust Nurse Education Team.
- 3.2.3 The Trust Live Mentor register in its current form shows an accurate picture with regards to mentorship. We have included a new system where staff are identified as stage 1 sign-off mentor and fully fledged sign-off mentor on the register. The 'stage 1 sign-off mentor' status is gained when an individual has gone through the mentor update followed by 2 scenarios discussion. The fully established sign-off mentor standing is achieved when the individual is then observed, supported and assessed while they go through the process of signing off a final year student under the supervision of a recognised sign-off mentor. This streamlined process makes the attainment of sign-off mentor status more effective and achievable in a timely manner.

### 3.3 **Student Support**

- 3.3.1 The new Trust student welcome pack is now in place and it contains all pertinent information and advice that students would find useful before and during their placements. This document is sent to the relevant universities as well as appearing on the Trust Intranet. Students will have access to this document before they start their placements.
- 3.3.2 The student support groups are now in place across all Trust sites creating another opportunity for students to network, access support and share learning.
- 3.3.3 A dedicated section on the Trust intranet has been established for student nurses. This section contains relevant information about services and holds different sources significant to their learning.

### 3.4 **Nursing and Midwifery Council (NMC) Revalidation**

- 3.4.1 Although many nurses are now familiar with the NMC revalidation process, the Preceptorship Leads are providing continuous support to all those who have made specific requests either for a reflective account discussion or in the organisation of workshops to support them with their revalidation. The support has taken the form of face to face meetings, telephone discussions and running workshops as and when required. The next support workshop is at the Aylesbury Young Offenders Prison. Posters are distributed across sites to help nurses remember their revalidation and to ensure they understand the elements they need to achieve in order to successfully revalidate.

3.4.2 The preceptorship Leads are working with the Trust Library in setting up and organising a Reflective Reading Club (RRC). The RRC is run monthly across sites and is particularly useful for nurses approaching revalidation, but open to all nurses who would like to practice reflection and stay up-to-date with the latest research. The RRC started in January 2017 and is well attended. Every month the Preceptorship Lead selects an appropriate piece of research for reflection. Participants earn 1.5 hours of 'individual learning' Continuing Professional Development (CPD) points which can be used towards their 35 hours of CPD requirements of their revalidation.

### **3.5 Working with Partners**

3.5.1 The Preceptorship Leads are working closely with both Middlesex and Hertfordshire Universities during student recruitment events and in the assessment of students in their objective structured clinical examinations (OSCE). We have encouraged clinicians from different services to be part of these events and they have welcomed this initiative as being a consistent approach towards achieving equal opportunities in participating in teaching and learning.

## **4. Infection Control**

4.1 Effective infection prevention and control including cleanliness is essential to ensure service users receive safe and effective care. The trust has implemented a number of measures such as regular infection control training for all staff, have up to date policies for infection control in place, and undertake regular of audits of the clinical environment to reduce the risks of infections. All this information is feedback to the relevant directorate, and discussed at the quarterly deep dive meetings and infection control committee. Below is a summary of infection control activities for the month of January and February 2017.

4.2 An outbreak of a flu-like illness at the Beacon Centre (Specialist Services) in January 2017 involving seven young people was reported and a Root Cause Analysis (RCA) of the outbreak carried out. The RCA showed that reporting of symptoms could have been escalated more quickly but this did not affect the outcomes and all six young people recovered.

4.3 There was no mandatory reportable healthcare associated infection for January and February 2017.

### **4.4 Infection Control Training**

4.4.1 The trust reviewed the internal training compliance target in Q3 2016/17 from 85% to 90%. Q3 compliance was 85%; work is ongoing to improve this.

### **4.5 Hand Washing Audits**

4.5.1 Monthly audits in inpatient areas and quarterly audits are carried out in outpatient services. The trust internal minimum compliance target is 90% and above. The trust is compliant for inpatient areas; outpatient areas will report in Q1 2017/18.

### **4.6 Inpatient Hygiene Assurance Audits**

4.6.1 Audits are carried out monthly in inpatient areas and quarterly in outpatient services. The trust internal minimum compliance target is 90%.

4.6.2 Three wards; Magnolia, Thames, and the Oaks scored below the minimum trust target of 90% in January 2017. Magnolia scored 60%, Thames 89%, and The Oaks 86%. The Infection control team followed up all three areas and compliance improved in all three areas in February 2017 with scores of Magnolia' 90%, Thames 97%, and The Oaks 92%.

4.6.3 The drop observed on Magnolia in January 2017, was attributed to changes in cleaning services. A new cleaning contractor was appointed and the ward staff were unfamiliar with the new audit process. Medirest who runs the service at Chase Farm hospital took over the contract at St Michael's. The new audit process introduced on Magnolia is in line with the services Medirest manage at Chase Farm hospital.

#### 4.7 Inpatient Cleaning Audits

4.7.1 The Cleaning Audit assesses the cleanliness of the clinical environment using the national standards for cleanliness tool. The checks are carried out by a team consisting of a cleaning supervisor, a quality auditor, and a member of staff from the area being inspected. All 49 elements are checked.

4.7.2 For January and February, 70 cleaning audits were carried out by Facilities with all areas scoring above 95%.

#### 4.8 Healthcare Associated Infections

4.8.1 There were no cases of MRSA, MSSA, & *E. Coli* in December and January.

#### 4.9 2016/17 Flu Vaccination Campaign Update

4.9.1 The Trust commenced its' Flu vaccination campaign on 3 October 2016 and it ran until the 28 February 2017. The Flu vaccine was offered to all staff and eligible patients.

4.9.2 The campaign concluded on the 28 February 2017 with an uptake of 43%. This is an increase of 17.1% from 2015/16.

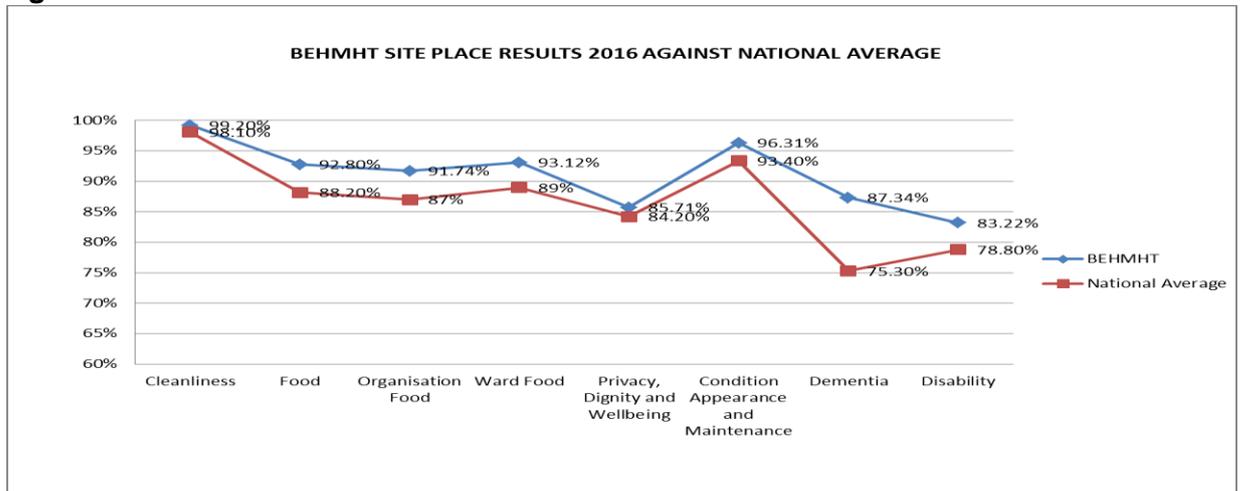
4.9.3 Table4: flu vaccine uptake broken by staff group and boroughs October 2016 to February 2017.

Staff Group	Barnet	Corporate	Enfield	Haringey	Specialist Services	Total	Total vaccinated by group %
Medical & Dental	58	4	41	44	59	206	39.8% (82)
Nursing and Midwifery Registered	123	6	421	101	218	869	35.1% (305)
All other professionally qualifies Clinical Staff ST & T & AHPs	82	24	241	64	90	501	49% (247)
Support to Clinical Staff and Nurses	78	21	190	66	196	550	59% (322)
Support to ST & T	9	6	58	6	55	134	12% (16)
<b>Total Eligible</b>	<b>350</b>	<b>61</b>	<b>951</b>	<b>281</b>	<b>618</b>	<b>2260</b>	
<b>Total Vaccinated By number</b>	<b>195</b>	<b>54</b>	<b>421</b>	<b>184</b>	<b>118</b>		<b>972</b>
<b>Total Vaccinated by percentage</b>	<b>55.7%</b>	<b>85.5%</b>	<b>44.3%</b>	<b>65.5%</b>	<b>19.1%</b>		<b>43%</b>

4.10 Patient-Led Assessment of the Care Environment (PLACE)

Figure 1 shows the overall organisational scores awarded to the Trust compared to the national average score for 2016 in the formal PLACE assessments.

Figure 1:



4.10.1 **Action plan:** An action plan to address areas for improvement was devised following the PLACE assessments and presented to the Infection Control Committee (ICC) and Patient Experience Committee (PEC) in July and November 2016 respectively. Monitoring of progress was via the environmental operational action group (EOAG) and the ICC. Apart from major works on condition and appearance, Disability (Lifts needing audio service to announce floors) and décor, areas or non-compliance or shortfalls have been addressed.

4.10.2 **Areas of Concerns:** Outstanding works left to be addressed are condition and appearance of floors (i.e. floors have to be consistent, matt, non-reflective and non-patterned) and décor. The plan is to replace flooring as and when the wards are undergoing refurbishment, damaged or worn out.

4.10.3 **PLACE Programme 2017/2018:** Formal PLACE 2017/2018 period commenced in February 2017 and the Trust have received two notifications to inspect two sites (Chase Farm Hospital site and St Michael’s site) which will take place in March 2017.

5. Patient and Carer Experience

5.1 Friends and Family Test (FFT)

5.1.1 Table 1 show a summary of the FFT results from September 2016 to February 2017 The overall percentage of service users/carers that would recommend our services to friends and family was 87%. This response has been consistent for the past 4 months.

Table 1: FFT responses September 2016 – February 2017



5.1.2 Managers are being encouraged to increase return rates for the FFT and Patient and Carer surveys. Managers are able to check the FFT feedback on at least a weekly basis and act upon any feedback as quickly as possible using the “You Said We Did” poster or equivalent to inform patients of what is being done to address the feedback received.

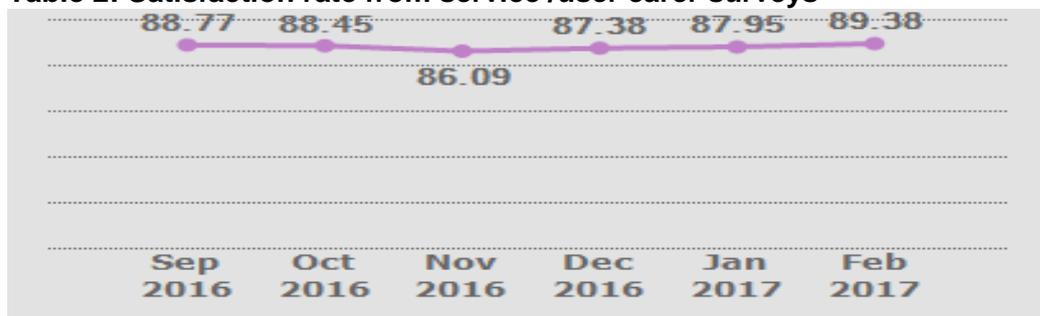
5.1.3 The free text from all the surveys submitted is shared via the Borough Deep Dives and widely discussed at deputies and local team meetings.

**5.2 Patient and Carer Experience Survey**

5.2.1 An average of 800 responses are received monthly but overall response rates have reduced over the last 12 months particularly in Quarter 3 and 4. However satisfaction rates demonstrate minimal fluctuation across the same period. Work is on-going with staff to try addressing this and increase responses received in 2017.

5.2.2 Table 2 shows the satisfaction rate from service /user carer surveys received September 2016 – February 2017.

**Table 2: Satisfaction rate from service /user carer surveys**



**5.3 Complaints**

5.3.1 Table 3 gives an overview of the Trust overall complaints activity from the 1 October 2016 to end of January 2017. The Trust’s compliance target is 95% for 3 day acknowledgement and 90% for 25 day response.

**Table 3:**

	Oct-16	Nov-16	Dec-16	Jan-17
Total Number of complaints	12	17	10	22
3 day acknowledgement	100%	100%	100%	95%
25 day response	92%	93%*	89%	76%

\*Suspended cases are included in the 3 day acknowledgement compliance but not the reply within 25 working day compliance. Suspended cases closed to date were all responded to within timescales agreed with the complainant.

5.3.2 The 25 day response rate to formal complaints is an area for improvement with on-going work. The Patient Experience Team continue to work and support all Clinical and Assistant Directors to process and manage complaints in a timely way and with person centred principles guiding the process.

## **6. Child Health**

- 6.1 The child health decommission is moving into the final transformation stage prior to hand over in March 2017. Staff TUPE has commenced and the final number will TUPE across on 3 March 2017. We are continuing to meet all of our targets currently but if more of the team find new positions elsewhere then the depleted team won't be able to maintain the current level of activity. This is on the risk register. An exit strategy has been completed, but at this stage it is unclear what current child health functions will not be transferred to the hub. The Trust are attending regular meetings with both NHSE and NELFT in order to achieve the project goals and planning ahead using existing resources to work differently.

## **7. Project Future Stake Holder Event**

- 7.1 This Stakeholder event took place on 20<sup>th</sup> February 2017. Over 100 invites were sent out and this was well attended including a visit from David Lammy, MP for Tottenham, who said:

“I had the pleasure of attending this wonderful event hosted by Project Future in Tottenham. I was very impressed with their hard work and dedication to helping and supporting young people in the community and I am very pleased to support their cause. I wish them all the best with their fantastic work in the future.”

- 7.2 This event was to celebrate and showcase the Project and the work of the Young People in the last two years. It was also a thank you to all the partners for their support, energy and enthusiasm towards the Project. The event included an innovative and creative interactive tour of the site as well as a variety of different foods.
- 7.3 Several leads for sustainability came from this event and these are now being followed up by the Future Steering Board.

## **8. Acute Care Posts**

- 8.1 As a Trust we have actively used our CQC inspection report to form the basis of a proposal to support significant change in the inpatient care pathway, and with the support of our local commissioners are now seeking to recruit three clinical psychologists to work within our acute care settings one in each borough (Dennis Scott Unit, Barnet, St Ann's Hospital Haringey and Chase Farm Hospital, Enfield). The proposal focuses on supporting ward teams to develop a systematic approach to managing common issues that arise on wards and can contribute to the level of stress and the quality of experience of both service users and staff. The proposal outlines the use of the Safe-wards methodology as well as some specific interventions around incidents (Positive Behaviour Support). The Safe-wards intervention group, will design and implement with the ward managers and service user representatives a methodology for embedding Safewards principles and practice into all our inpatient wards. They will lead this alongside the ward, senior management and senior clinicians.
- 8.2 Within the context of the broader project we anticipate that the post holders will develop case formulation and reflective practice with the wards teams as well as working with ward leaders to support adherence to a quality improvement structure. In addition each post holder will engage in clinical work, with individuals and groups, usually short term, fitting with the pattern of admission.
- 8.3 This project group will also be responsible for integrating evaluation into the design, including measures that may contribute to assessing ward atmosphere and therefore the more general experience of working or being cared for in a ward environment.
- 8.4 With this in mind three 8a posts across the Trust have been advertised, with interviews taking place during March.

## 9. Continuing Professional Development (CPD) Workshop

### 9.1 Substance misuse in Specialist Services – 15 February 2017

The workshop focused on the issues and challenges of working with clients with a dual diagnosis (mental health and substance misuse) in Specialist Services. An overview of evidence-based practice within this field was presented. This workshop was presented by Sara Boulter, Consultant Clinical Psychologist and Nicola Piek, Forensic Psychologist. The workshop covered the following areas:

- Drug Awareness
- Novel psychoactive substances
- Evidence based interventions
- Stages of change, Motivational Interviewing (MI) and CBIT
- Interventions at NLFS

The next CPD workshop will take place in March.

### 9.2 Ward Improvement Programme – Acute Care in Enfield

9.3 In line with the Trust wide approach, the Supporting Positive Behaviour Project in Enfield which began in August / Sept 2015 on inpatient wards on Chase Farm Site led to two workshops being held for ward staff (all disciplines) in August and Sept 2016 and a training session for Doctor's Academic session in Dec 2016.

9.4 Workshops consisted of discussion as well as didactic teaching regarding Lessons Learnt from Francis Report and about the intra and interpersonal factors which influence the development of abusive ward cultures. A model for increasing self- awareness and recognition of peer pressure and ways of altering ward cultures were discussed – out of which came the suggestion of holding a monthly reflective practice groups to have the function of helping staff to be curious, learn about psychological formulation of challenging behaviours in order to start to influence a more compassionate approach to clinical management of such cases.

9.5 The priority is for staff on the ward to have thinking space and experience compassionate holding as part of their professional role on the wards which can be very challenging a great deal of the time.

9.6 These reflective practice groups have been meeting on a monthly basis since Dec 2016 and discussing the following –

- De-escalation techniques used on wards
- Basic principles of Behaviour Management – difference between positive, negative reinforcement and punishment
- What has been used and found helpful

TRIP assessments started in February 2017 and will be the focus of the next couple of sessions.

## 10. CPD projects

10.1 Specialist case discussion forum – a cross service lines / specialism case discussion forum took place in July 2016 and Sept 2016 to promote clinical skill development for psychologists who lack confidence in working with people with multiple presentations e.g. Psychosis with PD, Psychosis with Trauma.

10.2 Leading Enfield Learning Events - These are twice yearly CPD events for all staff in Enfield to encourage skill dissemination and joint working across mental health and community services. The next event will take place on the 20th of March 2017 and will focus on Clinical and psychological management of Diabetes. Speakers from the Diabetes service and psychological therapy services will address diabetes management problems faced by clinicians working in mental health services.

## **11. Allied Health Professionals (AHP)**

### **11.1 AHP Leadership Development Programme Band 7 and Band 8.**

11.2 The third cohort of this programme sponsored by HEENCEL has commenced. There are three therapists from our Trust on this February cohort. There is continued interest in the programme providing colleagues with development opportunities via taught sessions, 360 peer review and one to one mentoring. A key objective for attendees is the development and presentation of a service improvement initiative. In addition it provides the opportunity to establish a further professional network, when an AHP is working as a standalone therapist in a specialist field this is especially important.

## **12. Health Education England North Central East London (HEENCEL) funded Allied Health Profession Projects**

12.1 HEENCEL have funded the Trust to run two projects:

- Developing the unregistered AHP support roles, The SWAP Part II project. The project objectives, which have been designed to support the delivery of the Trust's Enablement Programme Strategy, are to:
  - a. Reaffirm the skills, knowledge and competence for allied health support workers to work in different roles in the Trust as identified in SWAP.
  - b. Design, develop and pilot an education and training programme for those working in the unregistered AHP support role.
  - c. Evaluate the outcomes of the programme.
  - d. Disseminate the findings.

The project is supported by Professor Mary Lovegrove OBE (Director Allied Health Solutions) and June Davis (Director Allied Health Solutions). This project will run until the end of March 2018.

- Ensuring there is sufficient understanding of the mental health effects on underlying physical health conditions. There are four aims of the project:
  - a. Identify the AHPs developing areas of practice within the Trust who are breaking down barriers between mental and physical health.
  - b. To understand the impact of the interventions through an outcome focussed approach.
  - c. To understand the skill set required to deliver the areas of intervention.
  - d. To create a narrative of the approach that can be shared across organisations.

It is currently planned this project will run until the end of July 2017.

12.2 The first Steering groups for both meetings were held on 9 March 2017.

**13. Band 5 Occupational Therapy Peer Support Development Network**

13.1 The network has held its fourth meeting of the Trust wide Band 5 network. The programme based on the groups identified learning requirements has so far covered Supervision (what to expect and how to maximise the benefit), Appraisal and preparation of a Personal Development Plan, and Clinical Governance. The April Network meeting will be looking at the Health and Care Professions Council process for re-registration. The group meets on a six weekly basis.

**14. Enfield and Barnet Occupational Therapy Professional Networks.**

14.1 The Barnet Network has been running for a number of years and takes place on a six weekly basis. Recently an Enfield Network has been established in order to bring the occupational therapists working across the borough together to improve communication, referral processes and to share and raise professional issues and development opportunities.

End.