

# Barnet, Enfield and Haringey

Mental Health NHS Trust

*A University Teaching Trust*

<b>Title:</b>	Medical Director's 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>This is the sixth Medical Directors Board Report.</p> <p>It includes:</p> <ul style="list-style-type: none"> <li>• Smokefree</li> <li>• New projects and initiatives for 2017</li> <li>• New trainees contract and rota issues</li> <li>• Medical Management</li> <li>• Visits and clinical engagement</li> <li>• External engagement and activities</li> <li>• Clinical Work</li> </ul>	
<b>Recommendations:</b>	
<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the report.</li> <li>2. Agree that the Medical Director be formally appointed as the Trust's Board lead for physical health care.</li> </ol>	
<b>Sponsor:</b>	Maria Kane, Chief Executive
<b>Report Author:</b>	<p>Name: Jonathan Bindman  Title: Medical Director  Tel Number: 020 8702 4888  E-mail: jonathan.bindman@beh-mht.nhs.uk</p>
<b>Report History:</b>	Regular Report
<b>Budgetary, Financial / Resource Implications:</b>	Smoking cessation training continues to be funded from existing budgets.
<b>Equality and Diversity Implications:</b>	No particular matters to highlight
<b>Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register</b>	The associated risks are managed through the Risk Register and Board Assurance Framework.
<b>List of Appendices:</b>	
<ul style="list-style-type: none"> <li>• None</li> </ul>	

## Report

### 1. Introduction

1.1 This report describes the work of the Medical Director, principally since the last Board Meeting on 30 January 2017.

### 2. Smokefree

2.1 The Smokefree Implementation Group met on 14 March and provided an opportunity for systematic feedback on the progress of the initiative. The view from all boroughs was broadly positive and the ban on smoking on all wards has clearly been effectively implemented. Interestingly, differences have emerged in how it has been done:

- In Haringey, Kerby Francis, Inpatient Team Leader, went to considerable efforts to establish a supply of e-cigarettes retailing to patients at £3; approximately 200 have been sold. The challenge of some newly admitted patients having no money, sometimes for an extended period, was addressed by using the small profit on each cigarette sold to subsidise a supply for those who could not pay.
- In Enfield, a similar approach to sourcing e-cigarettes from the supplier to the North London Forensic Service (NLFS) was taken.
- However, in Barnet, it was decided not to sell cigarettes via wards, and to insist that patients and carers manage this for themselves. Those who could not do so would have to rely on Nicotine Replacement Therapy (NRT). This appears to have been implemented with minimal difficulty.

2.2 NRT has been widely available and distributed as intended. The 'Vape' Protocol appears to have been effective and patients are using vapes widely, though there have been variations between wards, as anticipated in the Protocol, in the location of vape use; some wards permit their use in indoor well ventilated areas, and others insist they are used outside. Approximately 200 staff have now received level 2 smoking cessation training at a cost of £20,000.

2.3 A number of challenges have emerged, most of which were predicted, but which also seem variable between sites. Patients have been found smoking illicitly within wards in Haringey but not in Barnet. There have been a small number of conflicts and assaults on wards, which appear related to enforcing the ban. There have also been a number of conflicts over removing smoking materials from patients returning from leave. Some staff have reportedly been reluctant to destroy cigarettes when found and have returned them to patients on leaving the ward, though other wards are enforcing a clear policy of destroying all materials found as contraband. The view of the Smokefree Implementation Group was that the removal and disposal of cigarettes and tobacco must be enforced consistently with clear warning signage, and where it is done consistently, it appears to be accepted. There continues to be anecdotes about patients hiding cigarettes in the grounds. Two patients on Thames Ward made a sustained effort to set off a smoke alarm using their vapes in a bedroom, and eventually succeeded when, according to staff, the entire room was filled with dense vapour.

2.4 There appears to be variation in staff willingness to challenge smokers outside of Trust buildings and reports of staff being verbally abused when doing so. I have challenged people myself on 10 separate occasions and have not received abuse. Generally, people apologise and acknowledge the prohibition, though also tend to use various tactics to avoid wasting the cigarette in progress. It is evident that the clusters of people who smoked routinely in certain locations, such as the front of the Dennis Scott Unit, Edgware Community Hospital, and The Chase Building, Chase Farm Hospital, have largely dissipated.

- 2.5 In addition to the ban on inpatient smoking, there is encouraging evidence of community teams referring increased numbers of people to the Barnet smokers clinics. In Haringey, staff are working with Quit 51 (the community provider, [www.quit51.co.uk](http://www.quit51.co.uk)) to offer a smoking cessation clinic at the St. Ann's Hospital site and also to offer a referral route for patients leaving wards.
- 2.6 The Smokefree Implementation Group now plan to seek additional evidence of the effectiveness and impact of the smokefree policy by using a questionnaire based on the Care Quality Commission's (CQC) questions on smokefree policies as the basis of a peer review across the three boroughs. The Trust will issue further guidance to staff on areas of difficulty and also review the Smokefree Policy and Vape Protocol, though substantial changes do not seem to be needed.
- 3. New projects and initiatives for 2017**
- 3.1 **Autism pathway:** The Programme Management Office (PMO) is now assisting in the development of a diagnostic and non-diagnostic pathway for Autism Spectrum Disorder (ASD), which will provide an opportunity for revenue generation. Ken Courtenay, the Trust's Lead for Autism and I attended the North London ASD Network at Great Ormond St. Hospital on 8.2.17, together with Child and Adolescent Mental Health Service (CAMHS) staff, and have offered to host the next meeting of the Network in May.
- 3.2 **Chief Clinical Information Officer (CCIO):** Unfortunately a suitable candidate for the CCIO role has decided to leave the Trust; John Davidson, the Chief Information Officer, and I are seeking alternative candidates.
- 3.3 **Suicide Strategy:** I am planning an event to be held on 4 May under the heading of the Berwick Programme to bring together staff from our Public Health partners to present their Local Suicide Action Plans (LSAPs). Rachel Gibbons, the Trust's Suicide Lead, and I will be taking the opportunity to present proposals for our local Suicide Strategy and Plan. This is likely to focus particularly on staff and carer support after suicide, as these have been identified previously as key issues by the Haringey Suicide Prevention Group (and discussed at the Haringey Health and Wellbeing Board which I attended on 2 March), and by the Haringey Berwick event 'Let's talk about suicide' which took place on 20.2.17. Following this, it was agreed at the Clinical Cabinet meeting which I chaired on 22.2.17 that we should develop regular 'let's talk about suicide' groups for staff along the lines of a successful group run by Dr. Rob Hale, a Psychiatrist at The Tavistock and Portman NHS Foundation Trust for many years, which has provided support to consultants affected by suicide, including me.
- 3.4 **Physical Health Care:** I am developing a report for the Quality and Safety Committee in May, and have discussed drafts of this with the Clinical Directors (CDs) on a number of occasions, including at the Physical Health Care Committee meeting held on 2.3.17 and the CDs Awayday on 7.3.17, at which we identified smoking, diet, and the extension of use of the National Early Warning Score (NEWS) and 'Lester' tools as priorities for the coming year. We are developing specific SMART goals in these areas which we will be seeking to deliver in 2017/8. In addition we have reviewed the CQCs expectations concerning physical health care to ensure we are addressing these. One is that there should be a Board level lead for physical health care. I have been acting in that role but this is an opportunity to ensure that this formally recognised by the Board.
- 3.5 **Primary Care Engagement:** I met with the GP lead for Barnet on 3.2.17 and discussed the good progress which has been made with primary care engagement via the new linkworking service, the funding for which has been continued for 2017 / 2018. I have also discussed this with the Clinical Commissioning Group (CCG) Chair. The new locality based Adult Mental Health Pathway service starts on 1.4.17 and we expect it will lead to further improvements in our relationships with GPs.

Dr. Katrin Edelman, Clinical Director for Haringey, and I will be meeting with the new CCG GP lead for mental health in Haringey on 23.2.17. On 16.3.17 we visited the Queenswood Practice together to follow up on a quality alert. It became apparent that our GP Advice Line required clarification of some operational issues, which I was able to do. Though it is reasonable to hope that it will no longer be needed once our Adult Mental Health Pathway reviews are fully implemented, it continues to be used regularly if not frequently (between September 2016 - February 2017 inclusive it was called 40 times by Barnet GPs, 20 times by Enfield GPs and 32 times by GPs in Haringey, consistent with usage over the last 3 years), and we need to ensure it continues to operate effectively until it can be replaced.

#### **4. New trainee doctors contract and medical rota issues.**

- 4.1 The Trainee Doctor's Forum, mandated by the new contract, is now meeting. It is intended to provide a forum for discussion of all contract issues raised through the new Doctors Rostering System (DRS) reporting system, resolving problems and deciding on the allocation of fines resulting from contract breaches. At our meeting on 9.3.17 it was apparent that no breaches at all have been reported. While this may be due to unfamiliarity with the system, junior doctor representatives present reported that training in reporting had been provided and that it was their impression that there had been no breaches apart from brief delays at the end of a small number of shifts waiting for locums to attend. The Guardian of Safe Working, Gareth Jarvis, and I encouraged doctors to report all breaches no matter how small so that we can be sure the system of reporting works. There is a requirement that the Trust Board receive quarterly updates on the progress of the new contract, and this report can serve that purpose unless breaches arise which require a separate report.
- 4.2 The new Senior Trainees (ST) on-call rota system was implemented on 1.2.17. This provides for a single doctor working a resident shift (9pm-9am) at Chase Farm Hospital, rather than two on-call doctors covering Haringey and Enfield/Barnet as previously. The new system appears to have started well, with no concerns reported by trainees, and should achieve its aim of preventing breaches of the European Working Time Directive (EWTD) and associated payments. It will also reduce delays in the assessments of patients on s.136 at the single Health Based Place of Safety (HBPoS) at Chase Farm Hospital; indeed I received a complaint from the Approved Mental Health Professionals (AMHP) that assessments were being conducted before the AMHPs had time to arrive, contrary to the spirit of the Code of Practice which requires joint assessments where possible. I have asked STs to delay their attendance where possible. While the service to patients in the s.136 suite at Chase Farm Hospital has improved, patients requiring Mental Health Act assessments at other sites are not covered by our rotas, and AMHPs must identify independent s.12 doctors. We are assisting them in identifying independent doctors but do not have sufficient capacity on our own rota to provide a comprehensive service to police stations and A&E departments out of hours.
- 4.3 I have now consulted with CAMHS consultants in Haringey and imposed a small amendment to their contracts from 1.2.17 which returns them to the standard terms and conditions of the 2003 contract and removes a clause negotiated previously which allowed them to provide 'telephone only' cover out of hours, an arrangement which (had they insisted on declining a face to face assessment, something which in practice they did not do) carried significant risk in certain emergencies. I continue to work with them and Enfield CAMHS colleagues to seek a resolution to the current out of hours arrangements in which there are separate 1:4 rotas in each borough. These are 'high intensity' rotas which the 2003 contract obliges the Trust to eliminate where possible, and I am proposing a merged rota across the two boroughs.

4.4 The Director of Medical Education and I have been concerned by three assaults on junior doctors in recent months and have met with the Trainees and discussed the incidents at the Local Implementation Groups. We have asked the site leads for training to work with medical trainees to develop a lone working policy for their on-call work. This and other on-call issues were discussed at the induction for the new training rotations which I attended on 1.2.17, at which I also launched my six monthly Trainee Book Prize. A book review submitted for the prize 6 months ago by Dr. Sophie Gascoigne–Cohen has recently been accepted for publication.

## **5. Medical Management**

5.1 Up to date job plans are now in place for 90% of medical staff, and we continue to carry out challenge sessions with CDs to ensure all job plans are fully concordant with the job planning policy and to identify savings in medical costs where possible.

## **6. Visits and clinical engagement**

6.1 As part of the Quality Review Week I visited Cardamom and Sussex Wards, both of which appeared to be managing physical health care particularly well and gave me a number of ideas for further improvements.

6.2 Since my last report, I have visited all acute inpatient wards in the Trust to follow-up on the implementation of the Smokefree Policy (all the Haringey and Barnet wards on more than one occasion each), and have also visited the Eating Disorders Service, Phoenix Ward, at St Ann's Hospital, and the Older Adults Inpatient Service located at The Oaks, Chase Farm Hospital.

6.3 I have attended a number of other activities which provide opportunities for engaging with staff including the Living Our Values Training, the Haringey Balint Group and crisis leadership training.

## **7. External engagement and activities**

7.1 I am now attending regular monthly meetings with Vincent Kirchner, Medical Director at Camden and Islington NHS Foundation Trust. We are able to work together on issues of mutual interest including the medical training rotations which overlap the two Trusts, and the developing NCL perinatal service.

7.2 I have also attended meetings of the Perinatal Service Implementation Group, most recently on 13.3.17; I also attended a drop-in event for potential staff on 22.2.17. The service is small but of importance as the first example of a service funded across the North Central London (NCL) Sustainability and Transformation Plan (STP) sector, requiring close working with Islington CCG, Camden and Islington NHS Foundation Trust, and The Tavistock and Portman NHS Foundation Trust, which led on the original bid. It presents a number of challenges to develop an STP wide service while finance and governance must necessarily be managed at the level of existing organisations.

7.3 I attended the meeting of the London-wide Mental Health Medical Directors Group on 13.3.17 at which we looked at benchmarking data across London, and discussed approaches to suicide strategies and to proposed changes to mortality reporting (which will be the subject of a conference on 21.3.17 which I will attend with Paul Farrimond, Non-Executive Director).

7.4 The National Clinical Director for Mental Health at NHS England, and from 1.3.17 also NHS Improvement, Tim Kendall, continues to run monthly telephone meetings which I attend. On 1.3.17 the subject was 'Executive Relationships'.

- 7.5 I have attended the STP Clinical Cabinet on a number of occasions, most recently 8.3.17 and 15.3.17. The various workstreams in the STP have been presenting their work to the Cabinet and I am particularly keen to try to influence the 'Care Closer to Home' workstream, which is among other things developing Community Hospitals and Integrated Networks (CHINs), to give a central role in them to mental health. This will link a number of different bits of work including our mental health workstream plans for primary care mental health (presented at the Cabinet on 15.3.17 by Paul Jenkins, Chief Executive at The Tavistock and Portman NHS Foundation Trust), plans by the workforce workstream to develop new integrated roles in primary care (discussed at a workshop led by Maria Kane on 1.3.17), and the primary care liaison services in Barnet.
- 7.6 I attended the launch of the Wellbeing Hub in Barnet on 9.2.17 and was very pleased to see how the Reimagining Mental Health work in Barnet is developing along the lines of the Lambeth Living Well Collaborative, which I promoted in a number of ways to Barnet CCG and service users over two years ago. I have been making the point whenever I get the chance that we are already developing the workforce of the future STP through this initiative and others.
- 7.7 I attended the London Strategic Clinical Network on 17.3.17. This has been effective in encouraging commissioners to fund Early Intervention in Psychosis (EIP) and perinatal services, and I plan to get involved in work they are doing to promote models of primary care mental health service which will hopefully link to the work of the STP also.

## **8. Clinical Work**

- 8.1 I continue to see 10-15 patients a week in Barnet with the Complex Care Team, but my role will be changing as the Adult Mental Health services are restructured from 1.4.17. I will continue to do clinical work in Barnet but will now focus specifically on supporting the Personality Disorder Service, while continuing to carry a caseload of people with ASD until a fuller service for them can be developed. I have engaged in the plans for transferring caseloads between the current and new services, a process which I have been part of on a number of occasions. I have experience in mitigating the resulting risks which I have been discussing with the CDs and using to advise them on the development of Quality Impact Assessments for the changes.

Ends.