

# 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>	30 January 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 our services. It will outline 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 Regulatory Visits

- 2.1 Care Quality Commission (CQC) – Chief Inspector of Hospitals (CIH) Improvement Plan
- 2.2 The Trust has held its quarterly meeting with CQC colleagues in December 2016. The purpose of this meeting was to review the Trust's progress in the delivery of action to address the variation in regulatory standards identified in the CQC CIH inspection in December 2015.
- 2.3 At this meeting we updated the CQC on the progress we have made in relation to St Ann's development and the Trusts discussions with Commissioners in relation to investment to support delivery of the future plan. The CQC are aware we have yet to resolve the funding issues in respect of CAMH's waiting times and returners from leave.
- 2.4 The CQC have advised that they intend to carry out a further full comprehensive inspection during 2017; we will be notified of exact timings in due course.

### 3. Mental Health Act Inspections

#### 3.1 Tamarind Ward – 07/10/16

- 3.1.1 The visit was positive; the only concerns raised by the visiting commissioner were that one patient did not appear to fully understand their rights and that another patient's capacity to consent to treatment was not adequately recorded appropriately.
- 3.1.2 *Our response detailed the steps taken to ensure that patient identified by the visiting commissioner now fully understands his rights, and confirmed that expectations in respect of capacity to consent to treatment assessment records have been clarified with the responsible clinician – and that assurance in respect of on-going compliance with these expectations will be provided through a report to deep dive in three months' time.*

#### 3.2 Fennel Ward – 18/10/16

- 3.2.1 The visit was positive; the only concerns raised by the visiting commissioner were that some elements of patient care plans were not up to date, and that the discontinuation of one patient's consent to treatment certificate had not been clearly recorded in his notes.
- 3.2.2 *Our response detailed the new arrangements implemented by the ward whereby named nurses monitor all aspects of care planning and notify relevant professionals when elements become out of date. The response confirmed that the patient's current consent to treatment certification status has been clarified in the notes.*

#### 3.3 Severn Ward – 19/10/16

- 3.3.1 The visit was positive; the only concern raised by the visiting commissioner was the presence of ligature risks in the seclusion room. *The response detailed the schedule for the Trust's ligature reduction programme and described the mitigation measures in place for the seclusion room.*

### 3.4 **Thames Ward – 25/10/16**

- 3.4.1 The visit was positive, the visiting commissioner found that some care plans were out of date and needed evidence of patient view or participation in developing their care plan.
- 3.4.2 *The response detailed the measures implemented to improve care planning, including 121s with each named nurse, regular audits by the ward manager and new standing agenda item at clinical governance and team meetings.*

### 3.5 **Silver Birches – 16/11/16**

- 3.5.1 The visit was very positive, however the visiting commissioner noted that some care plans contained out of date goals and actions, that one patient's DoLS authorisation was not uploaded to RiO, and that a patient recently detained under the MHA had not yet had a capacity to consent to treatment assessment recorded on RiO.
- 3.5.2 *Our response detailed the measures implemented to improve care planning, including 121s with each named nurse, regular audits by the ward manager and new standing agenda item at clinical governance and team meetings. Our response confirmed that the patient's DoLS authorisation was now uploaded to RiO, and that the ward consultant has re-iterated to her junior doctors the importance of recording capacity to consent to treatment assessments for newly detained MHA patients and would be monitoring compliance at the weekly whiteboard meetings.*

### 3.6 **Phoenix Wing – 23/11/16**

- 3.6.1 The visit was positive, the visiting commissioner noted some delays in providing detained patients with explanations of their rights, a delay in the responsible clinician recording a capacity to consent to treatment assessment following the commencement of treatment for a detained patient, and noted that one patient's section 2 application was due to expire the evening of the visit. The commissioner noted that in respect of one detained patient there was no AMHP assessment report available on RiO.
- 3.6.2 *Our response detailed the changes made to ward procedures designed to ensure timely explanations of rights, capacity to consent to treatment assessments, and the making of medical recommendations for MHA assessments. The ward will be appointing a "MHA Champion" who will be responsible for auditing compliance with the new procedures. The 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.*

### 3.7 **Haringey Ward – 12/12/16**

- 3.7.1 The Trust is yet to receive written feedback from this visit.

## 4. **Infection Control**

- 4.1 The trust internal infection control training target is 85% and for November and December 2016 86% was achieved; a more challenging target of 90% has been agreed and to assist in the delivery of the new target infection control training sessions have been increased by 50% since September 2016.

## 4.2 Hand washing audits

- 4.2.1 Hand washing audits are carried out monthly in inpatient areas and quarterly in outpatient services. The trust internal compliance target is 90%. A score below 90% is an indicator of potential concerns and these areas are supported to improve their score.
- 4.2.2 Overall compliance with hand washing remains good in both inpatients and outpatients services at 94%.

## 4.3 Inpatient Hygiene Assurance Audit

- 4.3.1 The Hygiene Assurance Audit assesses compliance with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2015). The tool assesses the following areas for compliance: Bathroom/showers, Bedrooms, Clinical room, Domestic room, Kitchen, Laundry room, Sluice room, Store room, Toilets, and Common areas.
- 4.3.2 Audits are carried out monthly in inpatient areas and quarterly in outpatient services. The trust internal compliance target is 90% and above. Two areas failed to reach 90%, Haringey Unit and Barnet CAMHS teams and work is on-going with teams to improve these scores

## 4.4 Inpatient Cleaning Audit Scores

- 4.4.1 The Cleaning Audit assesses the cleanliness of the clinical environment using the “National Standards for Cleanliness Guidelines. All 49 elements are checked and a compliance target is 95% and for November and December 2016 a compliance of 95% was achieved.

## 4.5 Healthcare Associated Infections

- 4.5.1 There were no cases of MRSA, MSSA, & *E. Coli* in November and December. There were no outbreaks of infection inclusive of Norovirus.

## 4.6 Flu Vaccination Campaign

- 4.6.1 The Trust commenced its' Flu Campaign on the 3<sup>rd</sup> of October 2016 and will continue offering the Flu vaccine to staff until the end of February 2017.
- 4.6.2 As of the 30<sup>th</sup> December 2016 uptake in eligible staff is at 40.4% (914/2260). This is a significant increase from 29.5% in 2015/16

## 4.7 Patient-Led Assessment of the Care Environment (PLACE)

- 4.7.1 The National PLACE 2017 programme has been revised and will commence on 27<sup>th</sup> February to 2<sup>nd</sup> June 2017. The trust awaits notification of its inspection dates.

## 5. Safeguarding Children and Young People and Adults at Risk

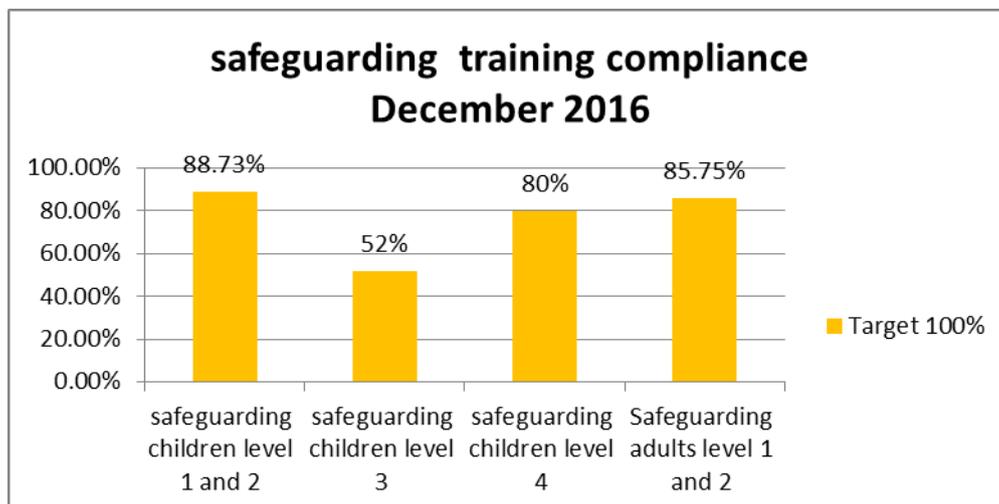
- 5.1 As the profile of safeguarding has grown across the organisation safeguarding activity has become increasing complex. The safeguarding team have worked closely with the patient safety team to ensure that safeguarding is recognised as a key quality measure. We are keen to create a culture of continuous safeguarding practice improvement where issues such as possible abuse and neglect are recognised at every level. Work continues to ensure the safeguarding professionals are consulted as experts when safeguarding aspects are identified in serious incident investigations.

5.2 Safeguarding is most effectively delivered through strategic and multi-agency arrangements with partners working collaboratively. The Trust remains committed to partnership working and we are contributing to a number of Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adult Reviews across the three boroughs.

Type of review	Barnet	Enfield	Haringey
Serious Case Review (SCR)	3	1	2 (1 published)
Safeguarding Adult Review (SAR)	1	1	1
Domestic Homicide Review (DHR)	0	1	0

5.3 We continue to show our commitment to ensuring staff receive appropriate safeguarding training. In line with the Intercollegiate Document for Safeguarding children 2014 we have expanded the group of staff who require level 3 training. This has resulted in a decreased compliance rate however a training plan is in place to achieve a compliance of 90% over the coming months with an anticipated 10% trajectory increase each month.

5.4 The graph below shows all safeguarding training compliance for December 2016.



5.5 Significant activity continues to review the competency levels required by staff band for those who require core level 3 safeguarding adult training. The final version of Intercollegiate document for Safeguarding Adults is anticipated in early 2017. Although we are not presently reporting on level 3 safeguarding adults training compliance a mapping exercise of our current level 2 safeguarding adult training has shown that much of the training currently delivered as part of the level 2 safeguarding training delivered at corporate induction meets the level 3 safeguarding adult requirement. For example 1.5 hours of Prevent training, domestic violence training and Mental Capacity Act and Deprivation of Liberty Safeguards are already being delivered to all new staff.

5.6 The Trust has been successful in securing funding from NHS England to pilot an innovative domestic violence and abuse project to run across Barnet for a period of 12 months. A service level agreement between Solace Women’s Aid, SafeLives (previously known as CAADA), King College London and the trust has been drawn up. A project management group has been established chaired by the Head of Safeguarding. A mental health Independent domestic violence worker will be working with the Barnet Mental health Teams from mid-January 2017. On-going evaluation of the project will be provided by SafeLives and interim progress reports will be provided to NHS England. It is anticipated that this unique project will allow the trust to seek further funding from NHS England in the future.

**6. Patient and Carer Experience**

6.1 Friends and Family Test (FFT)

6.1.1 Table 1 shows a summary of the FFT results from December 2015 to December 2016 with specific figures for the last nine complete months. For both November 2016 and December 2016 the percentage of service users/carers that would recommend our services to friends and family was 88%. The overall figure from December 2015 to December 2016 is 87%%.

**Table 1: FFT Results: April 2016 to December 2016 and Rolling Year: December 2015 to December 2016**

Date	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Dec-16	88%	4%	882	496	283	45	19	12	27
Nov-16	88%	4%	923	537	273	51	18	15	29
Oct '16	87%	4%	865	464	288	48	21	11	33
Sep '16	83%	4%	827	455	230	43	18	12	69
Aug '16	86%	4%	975	518	321	54	26	11	45
Jul '16	87%	3%	923	500	302	55	11	18	37
Jun '16	88%	3%	953	490	346	47	15	10	45
May '16	85%	4%	1047	504	383	80	27	20	33
Apr '16	87%	4%	884	435	338	50	21	14	26
Dec 15 - Dec 16	87%	4%	11924	6337	4010	702	259	169	447

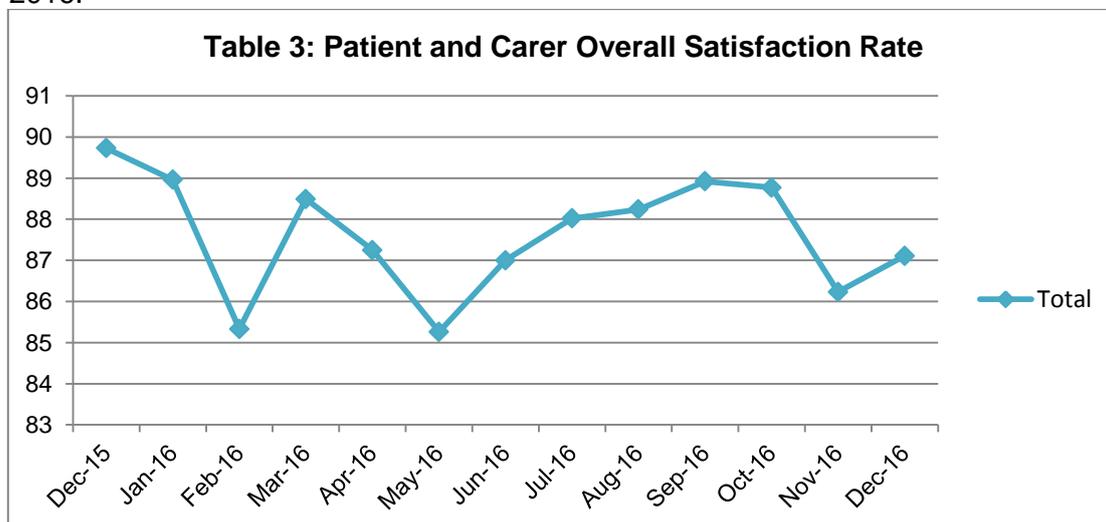
6.1.2 Managers are being encouraged to increase return rates for the FFT and Patient and Carer surveys. Managers are able to check the FFT feedback on at least a weekly basis and act upon any feedback as quickly as possible using the “You Said We Did” poster or equivalent to inform patients of what is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

6.1.3 A new format of the FFT and Patient Carer surveys was launched on 3 January 2017.

**6.2 Patient and Carer Experience Survey**

6.2.1 An average of 800 responses are received monthly but overall response rates have reduced over the last 12 months. Satisfaction rates demonstrate minimal fluctuation across the same period. Work is on-going with staff to try address this and increase responses received in 2017.

6.2.2 Table 3 shows Patient and Carer overall satisfaction rates, December 2015 to December 2016.



### 6.3 Complaints

- 6.3.1 The table below gives an overview of the Trust overall complaints activity from the 1 April 2016 to 30 November 2016. Our Trust compliance target is 95% for 3 day acknowledgement and 90% for 25 day response.

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
18	9	21	22	14	18	12	17	10
94%	100%	100%	100%	100%	100%	100%	100%	100%
72%	100%*	100%*	91%*	64%	94%*	92%	93%*	tbc

\*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.

- 6.3.2 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.

### 7. Child Health

- 7.1 The child health decommission is moving into the transformation stage prior to hand over March 2017. NELFT are the new provider. Staff TUPE has not yet commenced and some staff have found other jobs. We are continuing to meet all of our targets currently but if more staff find new positions elsewhere then maintaining activity is a risk; this has been identified on the Borough risk register.

### 8. Project Future

- 8.1 Project Future is now in its final year of phase three which is around sustainability and a sustainability group has been set up. The project steering group with partners has now signed off last year's budget. In this phase, Future is actively seeking out funding, putting together a business case to present to the Council and the NHS. Scoping of private funders and charity is being actively undertaken.
- 8.2 Strategic objectives are being reviewed in the last phase and, should the project continue after November 2017, a review is being undertaken to see what types of services we would provide going forward.
- 8.3 A Stakeholder event is planned for 20<sup>th</sup> February 2017 where partners, external organisations and key stakeholders are invited. The project will showcase their achievements and the Young People will provide experiential workshops.

### 9. Psychological Therapies

#### 9.1 Psychology Workforce

- 9.1.1 A psychology workforce review is underway. To support this a scoping exercise has been completed and was submitted on the 7 December 2016 for reconciliation by the Finance Team.
- 9.1.2 It was agreed in this meeting that wherever there are service reconfigurations, such as the Adult Pathway Review, psychology posts should not be double counted.

## **10. Supporting Staff – Nursing Initiative**

### **10.1 Preceptorship**

- 10.1.1 The Trust has successfully recruited 43 newly qualified practitioners (NQPs) who are undergoing their preceptorship programme in place to support them in their first year. In addition, as further support, we have set up support systems to assist them during their transition from being students to qualified practitioners. The NQPs have been divided into 3 cohorts and there are 9 study days arranged as part of the 6 months' preceptorship programme. We have identified specific areas where additional support would be required due to high level of newly qualified nurses starting in those areas. The feedback received so far has been very positive and the staff find the sessions supportive, helpful and integrating.
- 10.1.2 The preceptorship team meet with the new recruits in the clinical areas to provide additional support to them in their transition. A pilot 'preceptor forum' commenced on 29<sup>th</sup> December 2016 and was well attended; this provided further safe space for individuals to reflect on their practice.
- 10.1.3 There is on-going work with both Middlesex and Hertfordshire Universities regarding the development and accreditation of a Preceptorship module which, albeit optional, would give preceptees an opportunity to gain academic credits upon completion of the module. This initiative is already being successfully implemented at Barts Health NHS Trust, where they have seen an improvement in their staff retention and overall staff experience. It is planned that a proposal for funding for the module will be made to HENCEL.
- 10.1.4 We have also submitted a bid to the Capital Nurse Programme to participate in the pilot phase of testing the career passport for registered staff.

### **10.2 Mentorship Development**

- 10.2.1 A programme of mentor update sessions for year 2017 has been implemented and has been circulated to both the universities and managers/team leaders. In 2017, for the first time, we are running sessions in Edgware, which is in line with our aim to ensure the mentor update sessions are easily accessible and taking place across all sites.

### **10.3 Student Support**

- 10.3.1 There is now a Trust student welcome pack in place that contains all pertinent information and advice that students would find useful before and during their placements. This document is being distributed to the relevant universities as well as appearing on the Trust Intranet. Students will have access to this document before they start their placements which we hope will assist with allaying fears and supporting their transition into the workplace.
- 10.3.2 Student support groups have been established within each Borough.
- 10.3.3 A dedicated section on the Trust intranet for student nurses has been created. This section contains relevant information about services and will hold different resources significant to their learning.

### **10.4 Collaborative (Haelo)**

- 10.4.1 Collaborative teams are now established and they have all agreed their aim, plan and milestones. Each team has an Executive Sponsor to provide support and to help overcome any barriers the teams may experience.

- 10.4.2 The faculty has been established and meets on a fortnightly basis with Haelo colleagues in attendance.  
Baseline data is agreed and published on the Trust Intranet.
- 10.4.3 A Collaborative intranet resource has been implemented within the quality section of the Trust Intranet. This holds all the information, presentations, templates and data generated to date, so that it is available to all staff.
- 10.4.4 A 'Mop up' session from learning session 1 will take place on 19 January 2017 to ensure that any staff unable to attend the event in November are supported in their learning in respect of the quality improvement methodology.
- 10.4.5 Richard Milner, Director of Improvement commenced on 16 January 2017 and he will lead operationally on further development of the Collaborative and will work with leads for quality, workplace and strategy to align our quality strategy and continuous improvement methodology over the next few weeks.

## 10.5 Allied Health Professionals (AHP) Pilot

- 10.5.1 The Trust has been successful in our bid to HEE for funds to support two pilots within our Allied Health Professional workforce.
1. Developing AHP support worker workforce; total £83,500
  2. For AHP – understanding of mental health effects on underlying physical health problems

## 11. Supporting Staff – Visits

- 11.1 I have undertaken the following service visits during December 2016 and January 2017:
- 11.1.1 Wormwood Scrubs - review of nursing workforce, professional discussions regarding boundaries of practice and challenges within prison environment and review of collaborative progress.
- 11.1.2 Avon Ward - undertaken a follow up visit to assess progress against action plan, following quality review in August 2016. Significant progress made and key milestones met.
- 11.1.3 Thames Ward - met with ward managers, staff and service users.
- 11.1.4 Trent Ward - met with ward managers, staff and service users.
- 11.1.5 Cardamom Ward - visit to team and professional support following unexplained death on the ward.
- 11.1.6 S136 - Assessment of environment and staffing resource to support opening of third suite at Enfield site.
- 11.1.7 Pentonville - visit to Healthcare Team, discussions exploring physical health challenges for team. Discussed rotational/development opportunities.

Ends.