Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Trust Board

Tuesday, 30 May 2017 at 1.00pm

Lecture Theatre, St Ann's Hospital,
St Ann's Road, London, N15 3TH

A G E N D A

(Meeting of the Trust Board held in public)

Time	Item Number	Agenda Item	Page Number	Lead
	1.	**General Business**		
1.00	**1.1**	**Chairman's welcome**	**Verbal**	**Michael Fox**
1.02	**1.2**	**Apologies for Absence**	**Verbal**	**Michael Fox**
1.04	**1.3**	**Declarations of Interest and of any Conflicts of Interest** To review the attached Summary of Board Members' declarations of interest and to declare at the meeting any conflicts.	**Verbal**	**Michael Fox**
1.05	**1.4**	**Minutes of the Board Meeting held on 27 March 2017** To confirm the minutes of the last meeting as a true record.	**Page 1**	**Michael Fox**
1.08	**1.5**	**Matters arising from the Minutes** To review progress set out in the attached written report and to discuss any other matters raised by Board Members.	**Page 13**	**Michael Fox**
1.10	**1.7**	**Chairman's Report** To receive the Chairman's verbal report.	**Verbal**	**Michael Fox**
1.15	**1.8**	**Chief Executive's Report** To receive an update on Trust matters.	**Page 15**	**Maria Kane**
1.30	**1.9**	**Chief Operating Officer' Report** To receive an update on Operational matters.	**Page 25**	**Andy Graham**

Time	Item Number	Agenda Item	Page Number	Lead
	2.	**Risk and Performance**		
1.40	**2.1**	**Board Assurance Framework** To consider the Board Assurance Framework.	**Page 31**	**Barry Ray**
1.50	**2.2**	**Integrated Quality and Performance Report** To review the Integrated Quality and Performance.	**Page 71**	**Andy Graham**
2.00	**2.3**	**Financial Performance: Month 1 (April 2017)** To receive an update on recent financial performance.	**Page 79**	**Simon Goodwin**
	3.	**Quality and Safety**		
2.10	**3.1**	**Clinical, Quality and Safety Report** To receive an update on Clinical, Quality and Safety matters.	**Page 91**	**Mary Sexton**
2.20	**3.2**	**Safe Staffing Levels** To note the Safe Staffing Levels report and the actions being taken.	**Page 105**	**Mary Sexton**
	4.	**Strategy**		
2.30	**4.1**	**Capital Investment Programme** To note an update on the Capital Investment Programme for 2017 / 2018.	**To Follow**	**Simon Goodwin**
	5.	**Governance and Assurance**		
2.40	**5.1**	**Medical Director's Report** To receive an update on Medical matters.	**Page 127**	**Jonathan Bindman**
	6.	**Annual Reports**		
2.50	**6.1**	**Research and Development Annual Report** To receive the Research and Development Annual Report	**Page 131**	**Jonathan Bindman**

Time	Item Number	Agenda Item	Page Number	Lead
3.00	**6.2**	**Mental Health Law Committee Annual Report** To receive the Mental Health Law Committee Annual Report.	**Page 147**	**Paul Farrimond**
3.10	**6.3**	**Health and Safety Annual Report** To receive the Health and Safety Annual Report.	**Page 161**	**Simon Goodwin**
3.20	**7.**	**Other Items**		
	7.1	**Any Other Urgent Business** The Chairman will be asked to consider any other urgent business which he has been previously notified of in advance of the meeting, but which has not been provided for on the agenda.		
	7.2	**Date and Time of Next Meeting** **Monday, 17 July 2017** at 1.00 pm Lecture Theatre, St Ann's Hospital Reports scheduled for consideration at the next meeting, include: • Chairman's Report • Chief Executive's Report • Chief Operating Officer's Report • Board Assurance Framework • Integrated Performance Dashboard • Financial Performance • Clinical, Quality and Safety Report • Safe Staffing Report • Nursing Skill Mix • Medical Director's Report • Safeguarding Annual Report • Patient Experience and Complaints Annual Report • Infection Control Annual Report		
3.25	**8.**	**Exclusion of the Press and the Public**		
		To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).		

Michael Fox
Trust Chairman

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BOARD OF DIRECTORS' REGISTER OF INTERESTS

Board Member:	Interest Declared:
Michael Fox Trust Chairman	• None.
Jonathan Bindman Medical Director	• Married to a GP currently working in Newham Community Services, managed by East London Foundation Trust and undertaking locum work in Tower Hamlets. • Unpaid adviser to Raphael, a Jewish counselling service based in Barnet.
Frank Devoy Non Executive Director	• Director and shareholder of Building Change Ltd, a strategic real estate consultancy (no previous or expected work with the NHS). • Director and shareholder of Waverley Investments Ltd, a property developer. • Wife is a Community Pharmacist.
Paul Farrimond Non-Executive Director	• Director of P.F. Consultancy Ltd. • Specialist Advisor on Mental Health for NHS Providers • Member of the Care Quality Commission's (CQC) Mental Health Act External Advisory Group. • Member of the CQC's Deprivation of Liberty Safeguards Advisory Group. • Member of the CQC's review of how NHS Trusts investigate and learn from deaths expert advisory group. • Member of the Department of Health's Mental Health Workforce Programme Board.
Cedi Frederick Designated Non Executive Director	• Non-Executive Director of 'Independence and Wellbeing (Enfield), a local authority trading company established by LB Enfield to provide a range of community and possibly residential/nursing homes delivering care and support services that may be commissioned by the NHS. • Owner of Article Consulting Ltd, a health and social care consultancy (not currently working with the NHS). • Member of the Labour Party.
Simon Goodwin Chief Finance and Investment Officer	• Married to a senior manager at East London NHS Foundation Trust.
Andy Graham Executive Director of Patient Services	• Partner is a Director at InHealth, which provides diagnostic services to the NHS.

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Board Member:	**Interest Declared:**
Catherine Jervis Non-Executive Director	• Non Executive Director for First Community Health and Care, a not for profit company providing community health services (primarily to the NHS) in East Surrey. • Trustee and Treasurer for First Community Trust (supporting the provision of health and social care in Surrey). • Advisor to CEO for Achievement for All, a national education charity providing services to schools and other educational settings in collaboration with partners from the health field (e.g. Place2Be and Young Minds).
Maria Kane Chief Executive	• Trustee (unremunerated) of Young Minds (a small national charity supporting better mental wellbeing for children and young people). • Member of Information Committee of Lullaby Trust. • Stake Holder Member (unremunerated) to the Health Education England London and South East Local Education and Training Board
Paul Ryb Non Executive Director	• Managing Director, The BIGlittle Co. Ltd. • Non Exec Chairman, Depositit.com, a leader in Cyber insurance protection plans for SMEs • Non Executive Director, Kings Access Technology Ltd, a leading provider of accessible technology for the blind and partially sighted community. • Co-Owner Anytime Fitness Mill Hill 24/hour Gym, North London • Trustee for Macular Society • Finance Committee member for the Thomas Pocklington Trust
Mary Sexton Executive Director of Nursing, Quality and Governance	• Honorary Clinical Professor, Middlesex University. • Clinical and Professional Advisor, CQC.
Ruchi Singh Non Executive Director	• Director, Kaleidoscope Transformations Ltd, a strategy consulting company.
Mark Vaughan Executive Director of Workforce	• None.
Charles Waddicor Non-Executive Director	• Director / Owner of SAMRO health and social care solutions • Chair / Trustee of The Primary Care Respiratory Society UK. • Mental Health Clinical Advisor to the care Quality Commission. • Small shareholding in Ventura Group. • Chair of a Board, operated by Social Finance, overseeing projects running in Haringey, Tower Hamlets, and Staffordshire, supporting people with mental health problems into employment.

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Minutes of the Board Meeting held on Monday, 27 March 2017 in the Lecture Theatre, St Ann's Hospital, St Ann's Road, London, N15 3TH

The meeting commenced at 1.00 pm and closed at 3.20 pm

Present:

Michael Fox	Trust Chairman
Maria Kane	Chief Executive
Jonathan Bindman	Medical Director
Frank Devoy	Non-Executive Director
Paul Farrimond	Non-Executive Director
Andy Graham	Executive Director of Patient Services
Cathy Hamlyn	Non-Executive Director
Catherine Jervis	Non-Executive Director
Lisa Marsh	Deputy Director of Finance (attending in place of Simon Goodwin)
Paul Ryb	Non-Executive Director
Mary Sexton	Executive Director of Nursing, Quality and Governance
Mark Vaughan	Executive Director of Workforce
Charles Waddicor	Non-Executive Director

In attendance:

Barry Ray	Trust Board Secretary
Cedi Frederick	Designated Non-Executive Director
Rose Minty-Tutton	Staff Nurse, Unison Staff Side Secretary (for Minute Item 1.6)
Two members of the public	

Item No.	Minute Item	Actions
1.	**General Business**	
1.1	**Chairman's Welcome** Michael Fox welcomed everyone to the meeting.	
1.2	**Apologies for Absence** • Simon Goodwin, Chief Finance and Investment Officer • Ruchi Singh, Non Executive Director	
1.3	**Declarations of Interest and Declarations of any Conflicts of Interest** **The Trust Board agreed to note that there were no conflicts of interest declared in relation to items on the agenda.**	
1.4	**Minutes of the Meeting held on 30 January 2017** **The Trust Board confirmed the minutes of the last meeting as a true record.**	

1.5	**Matters Arising from the Minutes of the Meeting held on 30 January 2017** In response to a request for clarification from Frank Devoy, Andy Graham confirmed that the impact of the shortage of prison staff availability was included on the risk registers operated by Trust staff providing mental health services located at two prisons affected by staff shortages. **The Trust Board agreed to note the written report on matters arising.**	
1.6	**Staff Survey** Mark Vaughan gave a presentation on the results of the 2016 Staff Survey. Mark Vaughan highlighted the following: • The response rate was 53%, one of the highest in London, and compared favourably to the response rate in 2015 of 38%. • Against a basket of indicators measuring staff engagement, the Trust had made significant improvement in 2015. This had been broadly maintained in 2016, although there was a slight decrease in some scores. • The top five scores compared to the national average. • The bottom five scores compared to the national average. • Scores against thematic headings, including appraisals & support, equality & diversity, and health and wellbeing. • Comparisons with other London Mental Health Trusts. • Key findings by staff groups. • The next steps to be taken, including further analysis and agreement of remedial actions. In response to a question from Mary Sexton, Mark Vaughan confirmed that the results of the Staff Survey included a degree of granularity which would be scrutinised, and would help to target staff focus groups to better understand the issues being raised, and target actions. Paul Farrimond highlighted that the Care Quality Commission would be taking note of the Staff Survey results as part of their forthcoming inspection of the Trust. Paul Farrimond suggested that as part of the analysis of the Staff Survey results, a review of the Trust's Datix system be carried out in order to correlate the areas of concern. Rose Minty-Tutton referred to the bottom five scores as compared to the national average. She stated that the scores indicated that the Trust had a number of issues which were not borne out in the number of cases being raised with the Trade Unions. She supported the need to undertake further analysis of the Staff Survey results and to undertake staff focus groups in order to better understand staff's understanding of the questions being asked, and where necessary put mitigating actions in place. Michael Fox stated that he was pleased to see the improvement in the response rate, which was a sign of good staff engagement and which provided increased confidence in the results. He highlighted that positive staff engagement was key to continuing to develop services for service users. Michael Fox noted that Trusts with better Staff Survey results were generally funded at a lower occupancy rate than the Trust.	

	In response to a question from Cathy Hamlyn, Mark Vaughan advised that conflict resolution training was available to staff, which would assist in dealing with issues of violence or aggression. In response to a question from Cedi Frederick, Mark Vaughan advised that the Trust was rolling out 'Living our Values' training to all staff to underpin the recently revised Trust Values, through articulating acceptable behaviours. **The Trust Board agreed:** **1. To note the presentation on the Staff Survey.** **2. To circulate a copy of the presentation to all Board members.**	**Barry Ray**
1.7	**Chairman's Report** Michael Fox referred to the NHS Providers briefing entitled 'Mission Impossible?', which had been circulated to all Board members. He highlighted that the briefing poses the question whether it was possible for the NHS to continue to deliver services with the additional requirements being placed on them. Michael Fox informed that he had held recent meetings with the Leaders of Enfield and Haringey Councils who expressed their concerns about the funding of council services and the impact this might have on the provision of social care. Michael Fox highlighted that there was a need to work closer with local Housing Associations, in order to share information about the work that each organisation undertakes and identify ways in which the Trust and Housing Associations can assist each other. **The Trust Board agreed to note the Chairman's verbal report.**	
1.8	**Chief Executive's Report** Maria Kane presented a report which provided an update on Trust Matters since the last meeting and highlighted the following: • Cathy Hamlyn, Non Executive Director, was due to come to the end of her appointment on 31 March. Cedi Frederick has been appointed with effect from 1 April to replace Cathy Hamlyn. Maria Kane placed on record her personal thanks, as well as on behalf of the Trust, to Cathy for her huge contribution to the Trust over many years. • The Trust's Vision has been revised as 'To help people 'Live, Love and Do''. The Organisational Objectives have been revised to 'Excellent care, Happy staff, Value for money services'. • Visits have been undertaken to the following Trusts in order to view how services are delivered: o Northumberland, Tyne and Wear NHS Foundation Trust in Sunderland (rated as 'Excellent' by the Care Quality Commission (CQC)). o Tees, Esk & Wear Valley NHS Foundation Trust in Middlesbrough (rated as 'Good' by the CQC).	

	• The Trust has appointed two Freedom to Speak Up Guardians: Anna Spiteri (Physiotherapist in Enfield Health) and Tony Ross Gower (Team Manager in the Beacon Centre) on an initial one year / part-time basis. Maria Kane also informed the Board about the following matters: • Stephen Watkins, Director at NHS Benchmarking Network, has provided the Trust with an analysis of the Trust's benchmarking data compared to other NHS providers. A copy of the analysis will be made available to all Board members. • Helen Pettersen was due to take up her post of Chief Officer and Accountable Officer for the new North Central London Clinical Commissioning Group from 3 April. Helen Pettersen will lead the delivery of the Sustainability and Transformation Plan (STP). • This year's Dragon's Den initiative will seek ideas aimed at assisting staff in developing emotional resilience. This will be in addition to ideas aimed at benefitting service users and carers. • Jim Mackey, Chief Executive of NHS Improvement, was due to visit the Trust on 10 April. His visit to the Trust will include a tour of the in-patient wards at St Ann's Hospital. **The Trust Board agreed:** **1. To note the Chief Executive's report on recent Trust matters since the last Trust Board meeting.** **2. That a copy of the NHS Benchmarking Network presentation be circulated to all Board members.**	**Barry Ray**
1.9	**Executive Director of Patient Services' Report** Andy Graham presented the Executive Director of Patient Services' report and highlighted the following: • Recorded activity had increased by 15% for the year to date in community mental health against the 2015 / 2016 period (297,955 more contacts) and 9.8% for Enfield Community Services for the same period. Overall the Trust was 9.8% ahead of plan. • The Trust was on target to deliver 100% of the Cost Improvement Programme value for 2016 / 2017. • Services were responding to the Quality Improvement Action Plan in response to the Care Quality Commission's inspection of the Trust with improvements including psychological input to adult mental health wards and staff increases in the Psychiatric Intensive Care Unit (PICU). • The revised Adult Mental Health Pathway in Barnet was due to go live from the beginning of April, with consultation underway in both Haringey and Enfield.	

	Andy Graham also informed the Board that Sean Duggan, Chief Executive of the Mental Health Network, visited the Trust on 22 March and was shown around the St Ann's Hospital site. Paul Farrimond expressed his concern at the increase in the number of waiting times as this had the potential to affect patients' health. Andy Graham outlined the steps being taken to mitigate this, which included triaging patients and advising them of the expected length of time. Charles Waddicor stated that he was pleased to note that the Trust was on target to deliver 100% of the Cost Improvement Programme value for 2016 / 2017. In response to a question from Charles Waddicor, Andy Graham outlined the work being undertaken to review future workforce requirements and the nursing skill mix. This included looking at the potential benefits of improved mobile working. **The Trust Board agreed to note the Chief Operating Officer / Executive Director of Patient Services' report on progress made since the last Trust Board meeting.**	
2.	**Risk and Performance**	
2.1	**Board Assurance Framework** Barry Ray introduced a report which presented the Board Assurance Framework (BAF), which identifies the risks faced by the Trust in meeting the Trust's objectives for 2016 / 2017. Barry Ray highlighted the following: • Risk 3.1.8 – 'If the Trust fails to deliver the Trust's Budget for 2016 / 2017' decreased its risk score from 6 (Medium) to 2 (Low) as the Trust was forecasting a better than planned outturn. • Risk 3.1.10 – 'Failure to procure and implement a new IT systems supplier from June 2017' increased its risk score from 16 (High) to 20 (Catastrophic) as it was almost certain that the Trust would not have a new IT provider in place from June. However, mitigating actions are being taken to ensure continued IT support from the existing provider. • Risks 1.1.2 – 'Failure to evidence progress against compliance actions' and 2.1.5 – 'If the Trust is unable to recruit and retain sufficient levels of staff or staff with appropriate skills and capability' both remain rated as 'High', whilst all other risks remain rated as 'Medium'. • Four risks continued to achieve or exceed their respective tolerable risk score. Five risks required a risk score movement of 3 or more to achieve their respective tolerable risk score. Charles Waddicor referred to risk 3.1.10 and asked about the internal governance arrangements in place. Maria Kane advised that the procurement process was being overseen by the 2017 IT Infrastructure Programme Board, with regular updates discussed at the Improvement and Delivery Board, the Strategic Leadership Group, the Finance and Investment Committee and at meeting of the Trust Board.	

	The Trust Board agreed to note: **1. The content of the Board Assurance Framework for 2016 / 2017, including the updates provided for each risk.** **2. The changes to the risk score for the following risks:** • **3.1.8 - If the Trust fails to deliver the Trust's Budget for 2016 / 2017 – risk score has decreased from 6 to 2.** • **3.1.10 - Failure to procure and implement a new IT systems supplier from June 2017 – the risk score increased from 16 to 20.**	
2.2	**Integrated Quality and Performance Report** Andy Graham presented the Integrated Quality and Performance Report for 2016 / 2017. The report showed performance against targets set by NHS Improvement and other quality and performance targets. Andy Graham highlighted the following: • The number of Adult Delayed Transfers of Care (DToC) and the proportion of bed days lost due to delays had continued to increase. The Trust has engaged with London-wide initiatives to seek to reduce delays. This issue has been escalated to Enfield Clinical Commissioning Group (CCG), the lead commissioner. • The Enfield 'Let's Talk' Improving Access to Psychological Therapies (IAPT) waiting-times and coverage targets were met; however, the recovery rate has remained below target. An action plan, agreed with Enfield CCG, was being delivered and would be reviewed in light of current performance. This measure will continue to be challenging for the Trust due to stretched resources in the IAPT team as the Trust has not been commissioned to provide the nationally mandated population coverage for the coming year. • The Early Intervention in Psychosis (EIP) waiting times standard was missed in Haringey, where the Trust has seen a higher rate of referrals and increasing caseloads. This was the subject of formal correspondence with Haringey CCG to highlight the risks of continued underinvestment. In response to a question from Maria Kane, Andy Graham advised that the CCGs were considering a bid to increase Mental Health liaison services to support local Acute Trusts. **The Trust Board agreed to note the Integrated Quality and Performance Reports for the year-to-date performance for 2016 / 2017, and the work undertaken to improve those areas of quality and performance which required action, and those areas of improvement during the last month.**	
2.3	**Financial Performance: Month 11 (February) 2017** Lisa Marsh presented a report providing an update on the year to date financial performance. The report highlighted the current position in respect of the Trust's Income and Expenditure, Cost Improvement Programme (CIP), Balance Sheet, Cash Flow, Capital Expenditure, and the Financial Risk Rating.	

	Lisa Marsh highlighted the following: • At the end of Month 11, the Trust's year to date financial performance was a deficit of £11,166k against a planned deficit of £11,365k. • The forecast outturn was now a deficit of £11,900, improved from £12,589k in Month 10. This was based on the Trust receiving Sustainability and Transformation Fund match funding for taking steps to improve the forecast outturn by £345k; however, the provision of match funding was now in dispute. • The continued use of private beds was the most significant risk to the achievement of the revised forecast outturn. An average of 13 private beds per night were used during February, down from 18 in January. • The Trust drew down £3.5m of cash support from the Department of Health in February, and will be drawing down further cash support in March. Maria Kane advised that she had written formally to NHS Improvement to seek clarification of the commitment to match fund the Trust's improvement to the forecast outturn. **The Trust Board agreed to note the year-to-date financial performance for 2016 / 2017.**	
2.4	**Reference Costs** Lisa Marsh presented a report which provided an update on the publication of the 2015 / 2016 reference costs. The Trust's headline Reference Cost Index (RCI) score was 94, which means that on average the Trust's costs were 6% below the national average (the average being given an RCI score of 100). Lisa Marsh highlighted that the Trust was the third lowest mental health service provider and the eighth lowest provider of any service (acute, community, mental health) in London. In response to a question from Jonathan Bindman, Lisa Marsh outlined the key factors for the change in the Trust's score between 2014 / 2015 to 2015 / 2016, which included a significant decrease in cluster days in psychotic and cognitive impairment clusters, corrections made to cost allocations, and the treatment of income relating to prison mental health services. Catherine Jervis asked whether further work was planned to improve the efficiency of community services in Enfield. Andy Graham advised that the Trust was using the data provided through the RCI analysis to help identify opportunities to make further efficiency savings across the Trust. Charles Waddicor noted that the last external review of the Trust's financial position, the Carnall Farrar report, had highlighted that the Enfield Community Services contract was costing the Trust more than it received in income, and was therefore contributing to the Trust's deficit position. In response to a question from Cathy Hamlyn, Lisa Marsh confirmed that during the period of data collection the Trust was providing some services which it now no longer provided.	

	The Trust Board agreed to note the publication of reference costs for 2015 / 2016 and the Trust's Reference Cost Index score of 94.	
3.	**Quality and Safety**	
3.1	**Clinical, Quality and Safety Report** Mary Sexton presented a report which provided an indication of the Quality and Safety of the Trust's services. Mary Sexton clarified that section 4.8 of the report should have read: 'There were no cases of MRSA, MSSA, & E. Coli in **February and March**.' Mary Sexton highlighted the following issues: • Whilst the Trust had made some progress there remained variation in meeting the requirements set out in the Trust's Quality Improvement Action Plan and further action was required at Borough and team level to address the deficits identified. • The Care Quality Commission (CQC) had not yet confirmed the date of the Chief Inspector of Hospitals' Inspection of the Trust, although this was expected to take place in the second quarter of the financial year. • The Eating Disorders service on Phoenix Ward received an unannounced inspection by the CQC. The Trust was awaiting the final report. • The Trust's Flu Vaccination Campaign for 2016 / 2017 achieved an uptake of 43%, an increase of 17.1% from 2015 / 2016. Mary Sexton also informed the Board that the Trust had held an event on Cornwall Villa to launch the Dementia Friends programme. The Dementia Friends programme, led by the Alzheimer's Society, aims to change people's perceptions of dementia by tackling stigma and lack of understanding. In response to a question from Frank Devoy, Mary Sexton advised that the Trust was required to report on a number of issues such as healthcare associated infections. Paul Farrimond referred to the Patient-Led Assessment of the Care Environment (PLACE) scores and noted that the Trust's scores broadly reflected the national average with the exception of the Dementia score. Mary Sexton advised that the methodology was changed last year requiring the dementia assessment to be applied to all healthcare settings. **The Trust Board agreed to note the Clinical, Quality and Safety report.**	
3.2	**Safe Staffing Levels** Mary Sexton presented a report which provided an overview of nurse staffing for the Trust's inpatient wards for January and February 2017. The data demonstrated both the planned and actual level of staffing achieved for each ward. The report presented a range of Quality, Safety and Patient Experience indicators across wards where the Trust is reporting Safe Staffing data to give assurance of staffing impact against patient safety indicators.	

	Mary Sexton highlighted the following: • Silver Birches and Somerset Villa wards continue to have significantly high vacancy rates of 33.3% and 26.5% respectively. • The Trust has rolled out the Safecare module of the E-rostering IT system to all in-patient wards. However, there were a number of issues being worked on before the module could be used to assist in presenting the Safe Staffing data. • Although there were no mandatory requirements for the Trust to publish information about the nurse staffing levels in community care settings, the key staffing indicators measured for inpatient's safe staffing levels was being rolled out to all community teams to enable staffing capacity and capability to be included in future reports. In response to a question from Paul Ryb, Mark Vaughan confirmed that the Trust did operate a staff referral scheme and that the Trust had recently increased the rates of pay for Bank staff. Charles Waddicor noted that the total vacancy rate, the nursing vacancy rate and the use of agency staff were both decreasing and highlighted that this would assist the Trust financially, whilst improving the quality of services provided. **The Trust Board agreed to note the nurse staffing report and the actions being taken to ensure all in-patient wards are safely staffed.**	
4.	**Strategy**	
4.1	**Budget Setting** Lisa Marsh presented the annual report to the Board on the Trust's Budget and financial plans for the financial year 2017 / 2018. The financial plan for 2017 / 2018, presented to NHS Improvement on 23 December 2016. showed a deficit forecast of £4.6m, after including a Cost Improvement Plan (CIP) target of £8.3m (4% of planned expenditure), and unidentified income of £4.5m. The underlying deficit was £9.1m. Michael Fox noted that the two major risks to achieving delivery of the 2017 / 2018 budget would be the delivery of CIPs and the unidentified income. Maria Kane informed that the Clinical Commissioning Groups had commissioned a Pricing Review, which was due to commence shortly, and which it was anticipated would address the gap in income. **The Trust Board agreed to approve a deficit of £4.6m as the Trust's Budget for 2017 / 2018.**	
4.2	**2017/18 Capital Programme** Lisa Marsh introduced a report which presented the proposed Capital Programme for 2017 / 2018. The report set out the Trust's financial strategy which was that capital expenditure in a year is funded from the depreciation charges in that year, together with any sale proceeds from the sale of capital assets, less any	

	repayments of capital on outstanding capital loans. The total capital budget for 2017 / 2018 was therefore £7.55m. The capital investment plan for 2017 / 2018, as discussed at the Capital Review Group meeting on 13 March 2017, totalled £8.21m with no built in contingency. As capital expenditure was capped at £7.55m a further refinement of the proposed capital expenditure was required and would be presented to subsequent meetings of the Finance and Investment Committee for approval. Paul Farrimond expressed his concerns regarding the Trust's Ligature Reduction Plan highlighting that a report to the January meeting of the Quality and Safety Committee had advised that some items had slipped but was not clear what remedial action was being taken. An update was expected at the Committee meeting in March but was deferred pending agreement of the 2017 / 2018 Capital Programme. In response to a question from Michael Fox, Andy Graham advised that the Trust was considering plans to relocate staff from Canning Crescent to the St Ann's Hospital site and that the timing would be aligned to the Haringey Adult Mental Health Pathway Review. Mary Sexton highlighted that the report did not include reference to funding for ongoing maintenance for the in-patient wards. **The Trust Board agreed to approve the Capital Programme for 2017 / 2018, with the exception of the following areas which are subject to a further report to the next meeting of the Trust Board on 30 May for clarification:** • **The Ligature Reduction Programme.** • **Plans to relocate services from Canning Crescent.** • **The on-going maintenance of in-patient wards.**	**Lisa Marsh**
5.	**Governance and Assurance**	
5.1	**Medical Director's Report** Jonathan Bindman presented a report providing an update on the work of the Medical Director his direct reports, and serious incidents. He highlighted the following: • The Smokefree Implementation Group, at their meeting on 14 March, considered feedback on the progress of the Smokefree initiative. The view from all boroughs was broadly positive and that the ban on smoking on all wards has been effectively implemented. • A Berwick Learning Event will be taking place on 4 May looking at the topic of suicides. The programme will bring together Public Health partners to present their Local Suicide Action Plans (LSAPs), and will discuss the Trust's local Suicide Strategy. • The Trainee Doctor's Forum, mandated by the new Junior Doctors' contract, was now meeting and was intended to provide a forum for the discussion of all contract issues raised through the new Doctors Rostering System (DRS), to resolve problems, and to decide on the allocation of fines resulting from contract breaches. To date, no breaches have been reported.	

	The Trust Board agreed: **1. To note the Medical Director's report.** **2. That the Medical Director be formally appointed as the Trust's Board lead for physical health care.**	
5.2	**Information Governance (IG) Annual Declaration** Maria Kane presented a report which provided an update in relation to IG processes and procedures within the Trust. The report advised that the Trust had achieved Level 2 against the IG Toolkit with a score of 81%, the Trust's highest score over the past six years, and that an Internal Audit review confirmed that the Trust's procedures for managing IG Toolkit improvement plans, including monitoring, reporting, and compliance was found to be sound. The report provided a breakdown of all IG incidents, with one IG incident rated as Level 2 which required to be reported to the Information Commissioners' Office. It was noted that since the report was produced a further Level two incident had occurred. **The Trust Board agreed to:** **1. Note the Information Governance Annual Report.** **2. Note that since the report was written there has been a second Level 2 Information Governance incident reported to the Information Commissioner's Office.** **3. Endorse the action management plans set out in the report.**	
6.	**Other Items**	
6.1	**Any Other Urgent Business** None.	
6.2	**Date and Time of Next Meeting** **The Board agreed to note the schedule of reports for consideration at the next meeting.**	
7.	**Exclusion of the Press and the Public**	
	The Board resolved that representatives of the press and other Members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).	

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Matters Arising from the Minutes of the Trust Board Meeting held on 27 March 2017

Minute no.	Action	Action by	Current Status
1.	**General Business**		
1.6	**Staff Survey** To circulate a copy of the presentation to all Board members.	Barry Ray	Completed.
1.8	**Chief Executive's Report** To circulate a copy of the NHS Benchmarking Network presentation to all Board members.	Barry Ray	Completed.
4.	**Strategy**		
4.1	**Capital Programme** To receive a further report at the Trust Board meeting on 30 May clarifying the following: • The Ligature Reduction Programme. • Plans to relocate services from Canning Crescent. • The on-going maintenance of in-patient wards.	Lisa Marsh	Report attached to agenda as Agenda Item 4.1

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

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Title:	Chief Executive's Report
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Public Board Meeting

Purpose of Report:

This is a regular report to the Board, intended to provide an update on recent Trust matters, since the last meeting held on 30 January, which include the following matters:

- Care Quality Commission's (CQC) Inspection
- Visit by Jim Mackey, Chief Executive of NHS Improvement
- Visit by Clinicians from Salten District Psychiatric Centre, Norway
- Visit by Representatives from Buurtzorg Healthcare Institute, Netherlands
- Visit by Pupils from Hendon School
- Redevelopment of St Ann's Hospital

Recommendations:

The Trust Board is asked to note the update on recent Trust matters since the last Trust Board meeting.

Sponsor:	Maria Kane, Chief Executive
Report Author:	Name: Maria Kane Title: Chief Executive Tel Number: 020 8702 6000 E-mail: maria.kane@beh-mht.nhs.uk
Report History:	Regular Report
Budgetary, Financial / Resource Implications:	No particular matters to highlight
Equality and Diversity Implications:	No particular matters to highlight
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	None.

List of Appendices:

- None

Report

1. Introduction

1.1 This report reflects Trust matters since the last Trust Board meeting held on 27 March 2017.

2. Board Membership Update

2.1 Simon Goodwin, Chief Finance and Investment Officer, will be leaving the Trust at the end of May.

2.2 David Stonehouse has been appointed as Interim Chief Finance and Investment Officer until a substantive appointment is made.

3. Care Quality Commission's (CQC) Inspection

3.1 The CQC have announced they will inspect Barnet, Enfield and Haringey Mental Health NHS Trust the week beginning 25 September 2017.

4. Visit by Jim Mackey, Chief executive of NHS Improvement

4.1 Jim Mackey, Chief Executive of NHS Improvement visited the Trust on 10 April, where he was informed about the Trust's background and the services provided. The visit followed a meeting of the Cavendish Square Group earlier in the year which discussed fair funding and parity of esteem for Mental Health Services, and that the Trust was under-funded relative to many of its neighbouring Trusts.

4.2 Jim Mackey was given an opportunity to see the Inpatient wards at St Ann's Hospital and was informed of the Trust's progress in seeking to re-development the St Ann's Hospital site.

5. Visit by Clinicians from Salten District Psychiatric Centre, Norway

5.1 The Trust received a delegation of twenty two Norwegian clinicians from the Salten District Psychiatric Centre who visited Enfield Mental Health Services for Older People in March. The group, including people from various disciplines including psychiatry, pharmacy and social work, wanted to understand how mental health services are configured in the UK, and in particular how the Trust was meeting the needs in the Acute Care Pathway.

5.2 The delegation was split up and undertook visits to the following services, which included visits to care homes and patients:

- Hawthorns Recovery Unit (Older Peoples' assessment and rehabilitation), Chase Farm Hospital, Enfield.
- The Oaks (Older People inpatient services), Chase Farm Hospital, Enfield.
- Somerset Villa, (Older People's step-down Inpatient), Chase Farm Hospital, Enfield.

5.3 There was lots of sharing of ideas and suggestions around the Trust and the Salten District Psychiatric Centre can work collaboratively. Particular areas of interest included the work of the Falls Collaborative and the use of electroconvulsive therapy. A reciprocal visit to Norway is being planned for 2018.

6. Visit by Representatives from Buurtzorg Healthcare Institute, Netherlands

6.1 The Trust hosted a delegation from the Buurtzorg Healthcare Institute on Thursday, 20 April. Buurtzorg is a pioneering healthcare organisation established 10 years ago with a

nurse-led model of holistic care that has revolutionised community care in the Netherlands. Following a productive discussion with Executive Directors and Clinical Directors, the following services were visited:

- Cardamom Ward, Forensic Medium Secure services (Male).
- Juniper Ward, Forensic Medium Secure services (Female).
- Enfield Memory Service, Warwick Day Centre.
- Magnolia Ward (Continuing Care), St Michael's Hospital, Enfield.
- District Nursing Service, Rowan Team, St Michael's Hospital, Enfield.
- Hawthorns Recovery Unit (Older Peoples' assessment and rehabilitation), Chase Farm Hospital, Enfield.
- The Oaks (Older People inpatient services), Chase Farm Hospital, Enfield.

6.2 The Trust is looking at ways in which to adopt the Buurtzorg methodology into clinical practice.

7. Visit by Pupils from Hendon School

7.1.1 The Trust continues to build on the relationship established with Hendon School in Barnet. For the last few years the school has been focusing on enabling its students to understand and empathise better with mental health.

7.1.2 Last year Hendon School ran the UK's first student led Mental Health Conference supported by the Trust. I signed a Charter around the mental health of young people, developed in conjunction with the pupils, that the Trust would work on early prevention training for young people.

7.1.3 Hendon School is now working on this year's Mental Health Conference taking place on 29 June where more school pupils from across London will be invited to share what they have been doing to improve mental health in their classrooms.

7.1.4 Students are developing a mobile phone App with the Trust and Middlesex University, which will be launched at the Conference. The App will show young people the range of services available in Barnet, and where to go for advice outside school.

8. Redevelopment of St Ann's Hospital

8.1 The Trust has recently appointed Integrated Health Projects (IHP) as its design and build partner for the new mental health inpatient facilities at St Ann's Hospital. This follows the decision by the Trust's original partner, Wilmott Dixon, to withdraw. A Panel of Trust representatives and external partners, including patient representation, appointed IHP from a strong field. IHP are a joint venture of Sir Robert McAlpine and Vinci contractors and are the same organisation currently designing and building the new Chase Farm Hospital in Enfield.

8.2 Detailed work developing the clinical design for the new inpatient facilities has now stared with IHP, with input from patients, carers and Trust clinical staff. In parallel, the Trust is developing an Outline Business Case (OBC), which will be submitted to NHS Improvement in early September to secure next stage approval. The Trust will then produce a Full Business Case (FBC) in early 2018 and, following final NHS Improvement approval, work on the new health facilities should commence by early summer 2018. The Trust will continue to engage with patients, carers, staff, and wider stakeholders as the redevelopment progresses.

9. Phoenix Wing

9.1 The Phoenix Wing, the Trust's Eating Disorders Inpatient Ward, has maintained its accreditation with the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) Quality Network for Eating Disorders, following a peer-review process. Accreditation demonstrates that services such as the Phoenix Wing are meeting national standards and best practice.

9.2 The Trust's Eating Disorders Service is one of the largest in the UK, providing specialist assessment and treatment to adults living in the catchment areas of north central London, north east London and some parts of Essex, covering a population of 5.5 million. Inpatient beds on Phoenix Wing are available to service users on a national basis.

9.3 A comprehensive range of treatments are provided by the service and include outpatient treatment and a day program, along with inpatient services on Phoenix Ward.

10. Strategy and Leadership Away Day

10.1 The Trust held a Strategy and Leadership Away Day with 100+ senior clinical and managerial leaders across the Trust on 18 May. The purpose of the Away Day was to provide an update on the Trust's priorities for the year ahead in the context of the bigger picture across the wider NHS and the North Central London (NCL) health sector.

10.2 Guest speakers were:

- Dr Navina Evans, Chief Executive of the East London Foundation Trust (ELFT), who provided a summary of ELFT's journey to achieving an 'Excellent' rating by the Care Quality Commission.

- Maxine Power, Chief Executive of Haelo, Salford Royal Foundation Trust's Innovation and Improvement Science Centre, who provided an update on the Trust's Improvement Programme and next steps.

11. Nurses' Conference – 'Proud to be Different'

11.1 The Trust held its annual Nurses' Conference on 18 May. The conference was held in partnership with Camden and Islington Mental Health Foundation Trust and Middlesex University and focused on mental health, and was aimed at all nurses and their colleagues who are interested in mental health, not just those working in specialist mental health services.

11.2 Speakers included Oliver Shanley (Regional Chief Nurse, London) and Emily Antilife (Deputy Director - Mental Health Strategy and Policy at Department of Health). Attendees also had a chance to attend a wide variety of workshops from perinatal mental health to a physical skills lab focused on diabetes.

12. Consultant's Conference – 'Finding Joy in Work'

12.1 The Trust held its annual Consultant's Conference on 19 May on the topic of 'Finding Joy in Work'. The conference received a number of presentations on topics which included creating a healthy working environment, creating great work space, and how does joy in work advance health care quality and safety.

13. Newly Qualified Practitioners

13.1 A cohort of newly qualified practitioners were presented with their certificates marking the end of their preceptorship earlier this month.

13.2 Preceptorship is a transitional period during which new registrants are offered support and guidance to cope with the anxieties associated with becoming a newly qualified practitioner.

13.3 The Trust's Preceptorship programme provides an overview of different aspects of care, based on current national strategies, covering accountability and responsibility, building and strengthening leadership, having the right staff, right skills and working in the right place. The practitioners were also given information on the Trust's Enablement programme and Quality Improvement programmes.

14. Mental Health Awareness Week – 8-14 May 2017

14.1 The theme of this year's Mental Health Awareness Week is 'Surviving or Thriving'. This ties into the Trust's Enablement approach, and the way in which the Trust helps the people who use our services live better, happier, and healthier lives.

14.2 To mark Mental Health Awareness Week, the Trust ran a number of events, which included the following events held at Wood Green Library:

- A stall provided in collaboration with Haringey Association for Independent Living (HAIL) and Haringey Adult Learning Service (HALS) providing information about mental health conditions, and signposting.

- Information about CHOICES, a service which offers support to children and young people in Haringey who are worried about their emotional wellbeing. This included information about bullying, family problems, anxiety, self-harm and more.

15. Dementia Awareness Week

15.1 Staff and patients on Cornwall Villa marked Dementia Awareness Week on 19 May. Activities included a Spring BBQ and the opening of the 'Jolly Villa' pop-up pub.

16. Outsider Gallery

16.1 The Outsider Gallery, located in Clarendon Road, Haringey, hosted 'CREW Part 2' (Creativity for Recovery, Enablement and Wellbeing), an exhibition of music, art and performance from Child and Adolescent Mental Health Service users.

17. Dragon's Den

17.1 The Dragon's Den is an opportunity for staff to seek funding for a project which will make a real difference to service users, carers and staff.

17.2 This year, the Trust has set aside £200,000 for ideas which will help improve both patient and staff wellbeing; to help make staff happier, fitter, and more fulfilled whilst at work.

18. IT Update

18.1 Following the global cyber-attack which affected 150 countries and one in five NHS trusts, confirmation has been received that the Trust was not directly affected.

18.2 The Trust is continuing to undertake due diligence in respect of a replacement of the Trust's IT provider.

19. Workforce Update

19.1 Recruitment

19.1.1 Since the last meeting of the Trust Board, the Trust has continued with its programme of recruitment in the European Union. There are currently three candidates in progress from the EU interviews.

19.1.2 A team went to Manila in the Philippines to undertake interviews week. Feedback from the panel on the calibre of candidates was very positive. There were in excess of 200 offers made, however it is expected that this number will reduce due to the attrition rates caused by the International English Language Test (IELTs), that candidates may choose to accept other offers of employment or may change their minds on relocating to the UK. In order to facilitate the best pass rate of the Nursing and Midwifery Council (NMC) Objective Structured Clinical Examination (OSCE) requirements for registration a sub group of the Recruitment project will designing a welcoming programme.

19.1.3 The Trust has attended two job fairs in London, namely the Health Sector Jobs Fair and the Royal College of Nursing Jobs Fair. The Trust will be attending an event with Hertfordshire University in May and another Health Sector Jobs event in June. The Trust is currently planning to hold a Recruitment Open Day on 29 June.

19.2 Learning at Work Week

19.2.1 The Trust held a Learning at Work Week during the week commencing 15 May, with the theme of 'Learning for Life and Wellbeing'. The event provided staff with the opportunity to find out about:

- ways to improve health and wellbeing from the Trust's Employee Assistance Programme provider, Care First.
- lessons from some of the successful Dragons' Den projects in preparation the 2017 Dragons' Den programme.
- The range of work and career development learning opportunities supported by the Trust.
- 'E-bites', 30 min workshops on specific areas of equality in clinical practice.

19.3 Employee of the Month

- The March employee of the month was awarded to Jeanette Keevash in the Enfield Complex Care Team. Jeanette was nominated for providing continued high standards of admin support to clinicians, and colleagues, and through dealing effectively, and with natural compassion, the many queries and complaints she receives from patients and families as part of her every day work.
- Nicky Wheeler, was April's Employee of the Month. Nicky was nominated by her peers for the quality of the work she produces in her role as the Early Intervention Team Administrator, located at Lucas House, Enfield.

20. Communications Update (1 March – 30 April 2017)

20.1 The Communications Team achieved the following outcomes in March and April:

- **Total News Value**: - £718,270
  This is the amount it would have cost the Trust if we had paid for advertising in the media which ran our stories.

- **Total number of stories**: 144
  This is the number of times Trust stories appearing in all media outlets.

- **Total News Reach**: 12.02 million
  The number of people who will have been exposed to our Trust PR initiatives, and/or interacted with them.

- **Total Items including Twitter**: 772
  This is the number of tweets, retweets, mentions and tags involving the Trust

- **Total Twitter Reach**: 395,590
  The number of people who have seen Trust tweets

- **Total Twitter Impressions**: 1.07million
  The number of people who will have been exposed to Trust tweets

20.2 The following stories have appeared in the press:

1. The Guardian – Tea, biscuits and classical music: Inside an ECT clinic
   Robert Tobiansky, The Trust's Electroconvulsive Therapy (ECT) Lead, met with a reporter from the Guardian to discuss the treatment, and to help breakdown the stigma surrounding it. ECT is used to treat patients with severe depression.

2. BBC news online and BBC TV Breakfast - Pets Therapy
   Katie is the Trust's 'Pets As Therapy' (PAT) dog. The Border Collie, belongs to Marianne Welsh, who works as the Trust's Senior Occupational Therapist in the Magnolia Unit, at St Michael's Primary Care Centre in Enfield. The Unit is an inpatient physical rehabilitation service for adults and older people. Katie's visits are a highlight for patients. The animal assisted therapy sessions have been running for just over a year now and there have been some remarkable results. Board members will recall that they received a presentation on the Pets As Therapy programme at a recent Board meeting.

3. Mental Health Today – Supporting Prisoners who have autism
   At HM Young Offenders Institute Feltham in London, cell curtains must remain open in daytime or inmates face being disciplined. This rule may sound straightforward, but it presents a real challenge if you're autistic and hyper-sensitive to light. The National Autistic Society has been working with staff from the Trust and Feltham to improve autism practice and lower offending rates.

4. North London Newspapers – Barnet students' glorious mural brightens up Enfield clinic
   Students spent a week creating a mural which has brightened the children's clinic at St Michael's Hospital in Enfield. Barnet and Southgate College art and design students took part in the refurbishment project as Trust staff, who run services on the site, wanted to make it more welcoming.

5. BBC World Service – The Outsider Gallery
   Dan Damon, from the BBC's World Services radio team, visited the Outsider Gallery which exhibits art and music by those with mental health issues. He explored the positive impact music therapy can have on people with Ben Wakeling and Jon Hall, who co-ordinate this work. The project is run by the Trust.

6. Better Care for LGBT service users – Ham & High print
   Barnet, Enfield and Haringey Mental Health NHS Trust launched a programme to provide better care for LGBT service users. Mary Sexton, the Executive Director of Nursing, Quality and Governance, opened the event underlining her personal commitment to ensure equality for LGBT service users.

7. North London Newspapers – Community led 'affordable homes for all' plan for Haringey hospital site
   The St Ann's Redevelopment Trust (StART), a community-led initiative, has unveiled their Masterplan for up to 800 new affordable homes to be built on the St Ann's Hospital site.

21. Visits

21.1 Since the last meeting of the Trust Board on 27 March, the Chief Executive has undertaken visits to the following Trust services:

- Beacon Centre, (Child and Adolescent Mental Health Tier 4 service),
- Brixton Prison
- Child and Adolescent Mental Health Services, Burgoyne Road, Haringey.
- Community Rehab Team, Springwell Centre, Barnet.
- Dorset Ward, Enfield
- Finsbury Ward (Male Acute Inpatient), St Ann's Hospital, Haringey.
- Haringey Assessment Ward (Male Acute Inpatient), St Ann's Hospital, Haringey.
- Older Peoples' Community Mental Health East and West Teams, Springwell Centre, Barnet.
- Phoenix Wing, Eating Disorders Service, St Ann's Hospital, Haringey.
- Suffolk Ward Enfield.
- Trent Ward, Barnet Acute Admissions.
- Wellbeing Clinic, Springwell Centre, Barnet.

22. Trust Seal

22.1 Since the last report, the Trust seal has been affixed to the following documents:

Seal no.	Description of the document	Date sealed	Names of those attesting Seal
231	Substance Misuse Contract with the London Borough of Enfield	23.03.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer
232	Substance Misuse Contract with the London Borough of Enfield	23.03.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer
233	Contract extension with Hewlett Packard	23.03.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer
234	Contract extension with Hewlett Packard	23.03.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer

Seal no.	Description of the document	Date sealed	Names of those attesting Seal
235	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	24.03.17	Simon Goodwin, Chief Finance and Investment Officer Andy Graham, Chief Operating Officer
236	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	24.03.17	Simon Goodwin, Chief Finance and Investment Officer Andy Graham, Chief Operating Officer
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238	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	24.03.17	Simon Goodwin, Chief Finance and Investment Officer Andy Graham, Chief Operating Officer
239	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	9.05.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer
240	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	9.05.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer
241	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	9.05.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer
242	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	9.05.17	
243	Deed of Variation re S106 agreement regarding Chase Farm Hospital with Royal Free London NHS FT and the London Borough of Enfield.	9.05.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer

Seal no.	Description of the document	Date sealed	Names of those attesting Seal
244	Deed of Variation to Deed of Indemnity for Chase Farm Hospital.	9.05.17	Maria Kane, Chief Executive Simon Goodwin, Chief Finance and Investment Officer

Ends.

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Chief Operating Officer Report
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Public Board Meeting
Purpose of Report: This is a regular report to update the Board on Trust operational matters. The report is to inform and update the Board on key operational priorities and progress of operational issues across Borough and Specialist Services.	
Recommendations: The Trust Board is asked to note progress made since the last report to the Trust Board on 27 March 2017.	
Report Sponsor:	Andy Graham, Chief Operating Officer
Comments / views of the Report Sponsor:	This section is to be completed by the above named Report Sponsor only. Report Sponsors are requested to set out their views in relation to the proposals within the report.
Report Author:	Name: Andy Graham Title: Chief Operating Officer Tel Number: 020 8702 6010 E-mail: andy.graham@beh-mht.nhs.uk
Report History:	Regular Report
Budgetary, Financial / Resource Implications:	Some cost reductions and productivity gains set out in this report.
Equality and Diversity Implications:	None.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	Links to the Board Assurance Framework summary (Trust Board agenda item).
List of Appendices: • None	

Report

1. Introduction

1.1. As introduction to this report, I will introduce the priorities that the Operational team will be working to in 2017 / 2018. These are derived from planning discussions with the Senior Operational team and were approved by the Board at the Board Workshop in April. Appraisal objectives for key leaders in the organisation including Clinical Directors will reflect the priorities set out in this report.

1.1.1 Finance – achieving a 4% cost improvement plan (CIP) target and reducing spend on inpatient care outside of the local area.

1.1.2 Physical Health Care – the team took a strong view that this will be a priority this year. Key elements will include delivering cardio-metabolic assessments for patients both in hospital and at home and also extending our focus on smoking cessation following the successful 'smoke free' implementation in our inpatient wards in January 2017.

1.1.3 Enablement – working more closely with our partner Third Sector organisations to shape our services on the enablement model, delivering the changes we have planned in adult acute mental health pathways in our three boroughs and opening a new intensive mental health rehabilitation ward at Chase Farm.

1.1.4 Being the very best we can be - and evidencing that, including extending accreditation programmes in our services and demonstrating to the Care Quality Commission (CQC) that the services we deliver are 'Good'.

1.1.5 Activity and productivity – Maintaining the excellent progress we made in activity in 2016 / 2017, being even more productive through the introduction of mobile technology, and delivering improvements in benchmarked performance in Enfield Community Services.

1.1.6 Working with our community to design the new St Anns hospital.

1.1.7 Investing in business development to ensure that the Trust is best placed to be the provider of choice in the new ventures we will pursue including bidding as the lead provider for devolved forensic and CAMH Tier 4 funding

1.2. The remainder of this report reflects local issues and highlights from our borough and specialist services.

2. Barnet Borough Services

2.1 The 24 May sees representatives from Barnet Community Services and the Trust Leadership team attending the HSJ awards ceremony where the Trust are part of the Reimagining Mental Health collaboration that has been shortlisted for the 'Value in Primary Care Award'. The Service is pleased that the work that has been done to support and further enhance the Adult Mental Health pathway service re-design has received such positive recognition. It has been a great example of how cross sector partnership working can improve service delivery and enhance the efficiency and quality of care provided.

2.2 Barnet are mid-way through the implementation of the Adult Locality Model of Delivery and are expecting completion of the changes for service users by the end of June. Barnet are tracking the progress of the changes for service users with due care and attention and, will, following June, seek to further connect Locality teams with the Primary Care infrastructure and build on the integration that is already present through the Reimagining process.

2.3 Barnet services are currently taking forward the implementation of an estates rationalisation programme which sees significant time and energy being focussed to ensure that office and outpatient areas are used more efficiently. To underpin this strategy, Barnet are also rolling out mobile technology trials in two areas – on-line supervision for psychology and trialling improved hardware through the Link working team.

2.4 The project is running to a tight time-frame and aiming to release efficiencies from November 2017. It is dependent on some capital investment to enable adjustments to be made to the room spaces that will be retained. Arrangements are being taken to ensure that services do not become inaccessible.

2.5 The Trust is actively engaging with the Barnet Child and Adolescent Mental Health Services (CAMHS) re-commissioning process and have formed a steering group to oversee the production of a partnership offering with the Trust as the lead provider. The Trust is engaging with prospective partners to establish interest and current capability. The role of the steering group is to make a recommendation as to whether the Trust pursues this contract, noting that the service specification and financial figures have not yet been confirmed.

2.6 Barnet acute service area is under accumulating pressure, with an influx of new patients being admitted representing significant financial and operational risks. A strategic and operational response plan is in place and significant focus is being applied to managing the inpatient workflow in this context. Looking back over the last year, the Barnet inpatient services have performed at a level that is, on key measures, showing better performance than Haringey but not as good performance as Enfield. We will be engaging with colleagues across other boroughs to learn from their success and also mobilising additional resources into the scene to assist with enabling safe throughput.

2.7 Barnet are doing well with Quality Improvement initiatives in the borough and are well embedded in the delivery of the Haelo methodology which is showing good progress in its areas of focus, which are in our Liaison services, the acute wards and PICU. The team are also rolling out UCL Improving Health training accessed through Fellow Dr Patricia McHugh and are intent on increasing leadership capability across our service areas over the coming year.

2.8 Barnet's key governance objectives this year include Improving Staff experience by creating a meaningful response to the Barnet Staff survey results and improving the physical health of service users.

3. Enfield Borough Services

3.1 Enfield will be holding their annual Team Leader's event, which aims to share objectives and high level messages from the Executive Management Team with staff across the Borough.

3.2 Enfield CAMHS Waits

3.2.1 Enfield CAMHS are working to reduce waiting times to first appointments and expect to see an impact of recent additional investment over the next two months**.**

3.3 Enfield IAPT (Improving Access to Psychological Therapies)

3.3.1 Enfield's IAPT service met both access and recovery targets in March; provisional data for April also shows both these targets being met. Contract negotiations for the 2017 / 2018 financial year continue without resolution to date. Discussions have begun in relation to the proposed move of IAPT from the St Michael's Hospital site to Chase Farm, but as yet there is no confirmed alternative estates plan.

3.2 Enfield Adult Care Pathway

3.2.1 A review of Enfield's Adult Mental Health services was undertaken in 2016 / 2017. Following consultation in March / April 2017 a new model of care was agreed to support the introduction of the main changes identified within the review which included:

- Improvement in service user experience by integration of community service provision for clients with psychosis, and complex mood and personality needs.
- Faster and more preventative response in a crisis to prevent the need for hospital admission.
- Improved collaborative relationships with Primary Care colleagues facilitated by Locality teams mapped against identified GP practices.

3.2.2 A series of work steams are now planned which will run throughout 2017 / 2018 to work through the changes in more detail. Key stakeholders will be invited to join the Trust in developing the pathway.

3.3 Mental Health Services for Older People

3.3.1 The Trust received a delegation of twenty two Norwegian clinicians from the Salten District Psychiatric Centre who visited Enfield Mental Health Services for Older People in March. The group, including people from various disciplines including psychiatry, pharmacy and social work, wanted to understand how mental health services are configured in the UK, and in particular how the Trust was meeting the needs in the Acute Care Pathway.

3.3.2 There was lots of sharing of ideas and suggestions around how the Trust and the Salten District Psychiatric Centre can work collaboratively. Particular areas of interest included the work of the Falls Collaborative and the use of electroconvulsive therapy.

3.4 Dementia Continuing Healthcare Beds Review

3.4.1 This review has progressed and the new provision commissioned by Enfield Clinical Commissioning Group (CCG), known as Bridgewood Home, was due to open during May 2017. It is likely that the Trust's long stay patients will transfer to the new provision in June / July 2017. Depending on individual needs, some patients will transfer to other care homes. Following the transfer of long stay patients, Cornwall Villa will be closed as a long stay unit for people with dementia.

3.5 Magnolia Ward

A rolling weekly contract has been agreed with Barnet CCG to provide additional five rehabilitation / step-down beds. During the first five weeks, occupancy has been above 90%.

3.6 Enfield CAMHS and Children's Services

3.6.1 Universal Children's services

The new North East London Foundation Trust Child Health Information Service (CHIS) Hub has not yet settled and the Health Visiting and School Nursing operational support is working hard to maintain the correct details of births, bloodspot results and immunisation reporting.

3.6.2 Health Visiting (HV)

Enfield is continuing to work with the Enfield Council to agree the correct budget for HV. The service has suspended recruitment of Health Visitors until this is resolved.

3.6.3 **School Nursing**

Funding from Enfield Council has reduced. Enfield has commenced work in order to offer a traded service to non-local authority schools (Academies).

The Immunisation Team is progressing well with delivering Enfield CCG's expectations. From September 2017, more funding will be available to deliver four and eight year olds the influenza vaccination. The money for this activity is currently with the CCG, additional recruitment to this team will be required to deliver the increased vaccine numbers.

3.6.4 **Family Nurse Partnership**

The Enfield Parent Infant Partnership (EPIP) service, a partnership involving CAMHS, HV and the voluntary sector, has been nominated for an award for Children and Young People services.

3. Haringey Borough Services

3.1 Inpatient services

3.1.1 Fairlands ward is piloting the Recovery Star care planning with improved outcomes.

3.1.2 There continues to be an improvement in the outcome of patients' experience on the Haringey Assessment Ward, which is in part due to recent initiatives i.e. providing a welcoming atmosphere and putting people at ease at the first Psychiatric Assessment; through better stability as a result of recent appointments of substantive staff and a reduction in the use of agency staff; no backlog of referrals and staff on track with processes and protocols. Recent in-house training workshops for Non medical staff have also led to improved quality Assessments.

3.1.3 A number of initiatives aimed at improving staff wellbeing and celebrating successes has improved team resilience when faced with pressures and challenges.

3.1.4 The Haringey Assessment Service is now using the Envoy Messenger system to manage 'Did Not Attend' (DNAs) and to communicate with service users.

3.1.5 One of the recent innovations in the Haringey inpatient wards has been the implementation of the Care Certificate Programme for Health Care Assistants to support their career development. The Care Certificate is a nationally recognised course for new and existing staff on Clinical Banding two to four, in all roles. There are sixteen standards that are studied and assessed, through a portfolio of work and verbal assessments. This has improved staff's knowledge, skills and confidence which has improved the quality of care given to patients. The Care Certificate training has also motivated a number of staff to apply for registered nurse training.

3.2 Community Services

3.2.1 **Agreement for additional funding for Kids Time project**

The Kids Time project is a co-operation between with Family Action, Early Help and Haringey Shed, which provides monthly workshops for families whereby one or both parents have mental health problems, using drama as a means to work through issues these families deal with. Referral of families is through the Trust's Adult Mental Health services.

3.2.2 **CAMHS Transformation**

The Trust has received confirmation of continued funding for 2017 / 2018 for a GP surgery project, additional Youth Offending Service (YOS) worker, clinical psychologist to provide post diagnostic support within the Child Development Centre to children diagnosed with autism, and participation in the Child House project for children who have been victims of sexual abuse.

3.2.3 **Early Intervention in Psychosis Service**

Since 1 April 2017 additional funding has been agreed to increase the consultant psychiatrist time from 0.5 whole time equivalent (wte) to 1.0 wte, to provide two additional care coordinators, a family therapist and a Cognitive Behavioral Therapist (CBT) in psychosis therapist. Whilst recruitment is taking place, the additional resources have already increased the capacity of the team and has shown initial positive results in managing the national standard.

3.2.4 **Adult Mental Health Pathway Review**

Staff consultation has taken place and the Way Forward Paper has been released. Staff engagement in this process has been excellent, and staff from the various teams affected continue to be engaged in the work streams to further work out the detail of the new locality teams. In addition, and as part of the Haringey CIP, work has started on the plans to relocate community services currently based at Canning Crescent to the St. Ann's Hospital site. Staff are expected to relocate during the calendar year, but is dependent on the release of buildings at St. Ann's Hospital which are in use by a neighbouring Trust.

4. Specialist Services

4.1 The Trust has submitted an application to be the lead provider of a consortium comprised of East London Foundation Trust, West London Mental Health Trust, Central, North West London Foundation Trust, and North East London Foundation Trust for the Wave 2 Secure New Models of Care (NMoC). The NMoC will see the total budget for secure services, including high, medium and low secure devolved to the Trust. Out of area patients will be repatriated into North London secure beds with a risk share / gain agreement in place between providers to distribute the current expenditure. The consortium will invest into step down pathways preventing new admissions and representations and will work to integrate operational and clinical pathways across the entire North London footprint.

4.2 The Trust has submitted an application to be the lead provider of a consortium comprised of Tavistock and Portman Foundation Trust and Whittington Health Trust for the Wave 2 Tier 4 CAMHS New Models of Care (NMoC). The NMoC will see the total budget for North Central London for Tier 4 CAMHS devolved to the Trust with the possibility to expand into Tier 4 low secure and Psychiatric Intensive Care Unit.

Implications

6. Budgetary / Financial Implications

6.1 There are no budgetary / financial implications as a direct result of this report.

7. Risk Management

7.1 There are no risk management implications as a direct result of this report.

8. Equality and Diversity Implications

8.1 None.

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Board Assurance Framework Report
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Public Board Meeting

Purpose of Report:

This report presents the Board Assurance Framework (BAF) which identifies the highest risks faced by the Trust in meeting its principal objectives.

At the last meeting on 27 March the Trust Board agreed new Aims and Objectives for 2017 / 2018. The BAF has been reviewed to ensure that risks to achieving the new Objectives have been articulated as well as the, controls, assurances, gaps in controls and assurances, and the mitigating actions to be taken. Board Leads have been consulted and have confirmed the Initial Risk score, Tolerable Risk score and Current Risk score for each risk falling within their remit.

The Trust Board is asked to note the following updates to the BAF:

- Risk 2 – 'CQC Compliance Actions' – the risk score has decreased from 16 (High) to 12 (Medium) reflecting evidence submitted to support the Quality Improvement Plan, with outstanding actions rolled over into the preparation plan for the forthcoming Chief Inspector of Hospitals Inspection commencing on 25 September 2017.

- Risk 7 – 'Budget Adherence' and Risk 8 – 'Liquidity' have been reset for 2017 / 2018 as these relate specifically to the 2017 / 2018 financial year.

- The Current Risk score for Risk 9 – 'New IT Contract' has decreased from 20 (Catastrophic) to 12 (Medium). This follows an extension of the existing IT contract which negated the original risk as stated. The risk has been restated to reflect the revised contract date and consequently the risk score has been reduced.

- Two risks (2 – 'CQC Compliance Actions' and 4 – 'Recruit and Retain Staff' are rated as 'High', whilst all other risks are rated as 'Medium'.

- Five risks (7, 8, 9, 11 and 12) have achieved or exceed their respective tolerable risk score. Five risks require a risk score movement of 3 or more to achieve their respective tolerable risk score.

Recommendations:

The Trust Board is asked to:

1. Note the new Board Assurance for 2017 / 2018 and the updates provided for each risk.

2. Note the changes to the risk score for the following risks:

- Risk 2 – 'CQC Compliance Actions' has decreased from 16 (High) to 12 (Medium) reflecting evidence submitted to support the Quality Improvement Plan, with outstanding actions rolled over into the preparation plan for forthcoming Chief Inspector of Hospitals Inspection.

- Risk 7 – 'Budget Adherence' and Risk 8 – 'Liquidity' have been reset for 2017 / 2018 as these relate specifically to the 2017 / 2018 financial year.

- Risk 9 – 'New IT Contract' has decreased from 20 (Catastrophic) to 12 (Medium) following a restating of the risk.

3. Identify any further actions which may be required to address or further mitigate risks, and any additional risks for inclusion in the BAF.

Sponsor:	Mary Sexton, Executive Director for Nursing, Quality and Governance
Comments / Views of the Report Sponsor:	The BAF sets out details of the 12 risks to meeting the Trust's organisational objectives and the progress being taken to mitigate these.
Report Author:	Name: Barry Ray Title: Trust Board Secretary Tel Number: 020 8702 4060 E-mail: barry.ray@beh-mht.nhs.uk
Report History:	Regular Report
Budgetary, Financial / Resource Implications:	The BAF contains risks which have a combination of resource and budgetary implications. All risks are mitigated and subject to regular review.
Equality and Diversity Implications:	None.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	This report presents the BAF outlining the key risks to achieving the Trust's organisational objectives.

List of Appendices:

- Appendix 1 - Board Assurance Framework

Report

1. Introduction

1.1 This report presents the Board Assurance Framework (BAF) for 2017 / 2018. The purpose of the BAF is to ensure that the Trust is monitoring and addressing the principal risks that would prevent the Trust achieving its organisational objectives, sets out the controls (or ways the risks are being mitigated) and the assurance the Board is receiving that these risks are being managed.

1.2 The BAF is a useful tool in ensuring that the Trust Board is focusing on the key risks that the Trust needs to mitigate. The BAF also forms a key part of the process used by Auditors to gain assurance that the Trust has adequate controls in place.

2. 2017 / 2018 BAF

2.1 Barnet, Enfield and Haringey Mental Health Trust agreed the following **Aims** and *Objectives* at the Trust Board meeting held on 27 March 2017:

1. Excellent care (coloured yellow)

1.1 Providing excellent care for our patients, evidenced in improving service user and carer feedback and meeting service and CQC requirements.

2. Happy staff (coloured purple)

2.1 Developing our staff to be the best they can be, to deliver excellent patient care

2.2 Increasing staff engagement, evidenced in improved Staff Survey results

3. Value for money services (coloured blue)

3.1 Providing the best outcomes for patients and meeting NHS requirements, within the resources available

2.2 Attached as Appendix 1 is the Trust's BAF for 2017 / 2018 outlining the key risks to achieving the above Objectives.

2.3 Each risk has been given a summary title, to make referencing each risk easier, whilst each risk has been described in line with best practice, which suggests that the risks should be structured along the lines of 'If X (being the risk) happens then Y (being the outcome) might occur'. The risk score is then a reflection of the probability multiplied by the severity of the risk occurring.

2.4 Each Board Lead has been consulted in the development of the 2017 / 2018 BAF, and have confirmed the Initial Risk score, Tolerable Risk score and Current Risk score for each risk falling within their remit.

2.5 Risk 7 - Budget Adherence and Risk 8 – Liquidity have been reset as these relate specifically to the 2017 / 2018 financial year. All other Risks have been carried over from 2016 / 2017.

2.4 Summary of Risks

2.4.1 Set out below is a summary of the 12 risks contained in the BAF for 2017 / 2018. The table highlights the 'Initial Risk' score, the 'Current Risk' score as a result of mitigating actions, and the 'Tolerable Risk' score which indicates the level of risk that the Trust is willing to accept or retain.

Risk		Initial Risk	Current Risk (30 May 2017)	Tolerable Risk
1.	**Regulatory Standards**	12	12	9
2.	**CQC Compliance Actions**	12	12	9
3.	**Learning from Serious Incidents**	20	12	9
4.	**Recruit and Retain Staff**	16	16	12
5.	**Development of the Trust's Culture**	20	12	9
6.	**Staff Engagement**	20	12	9
7.	**Budget Adherence**	15	12	12
8.	**Liquidity**	16	12	12
9.	**New IT Contract**	12	12	12
10.	**Estates Management**	16	12	9
11.	**Efficiencies through Enablement**	12	12	12
12.	**Performance Information**	20	12	12

2.5 BAF Heat Map

2.5.1 Set out below is a heat map showing the relative position of each of the risks contained in the BAF, and the direction of travel for any risk where there has been a change in the risk score.

RISK RATING MATRIX

Impact / Likelihood	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)					
Likely (4)			7, 8	4	
Possible (3)				2, 9 1, 3, 5, 6, 10, 11, 12	
Unlikely (2)					
Rare (1)					

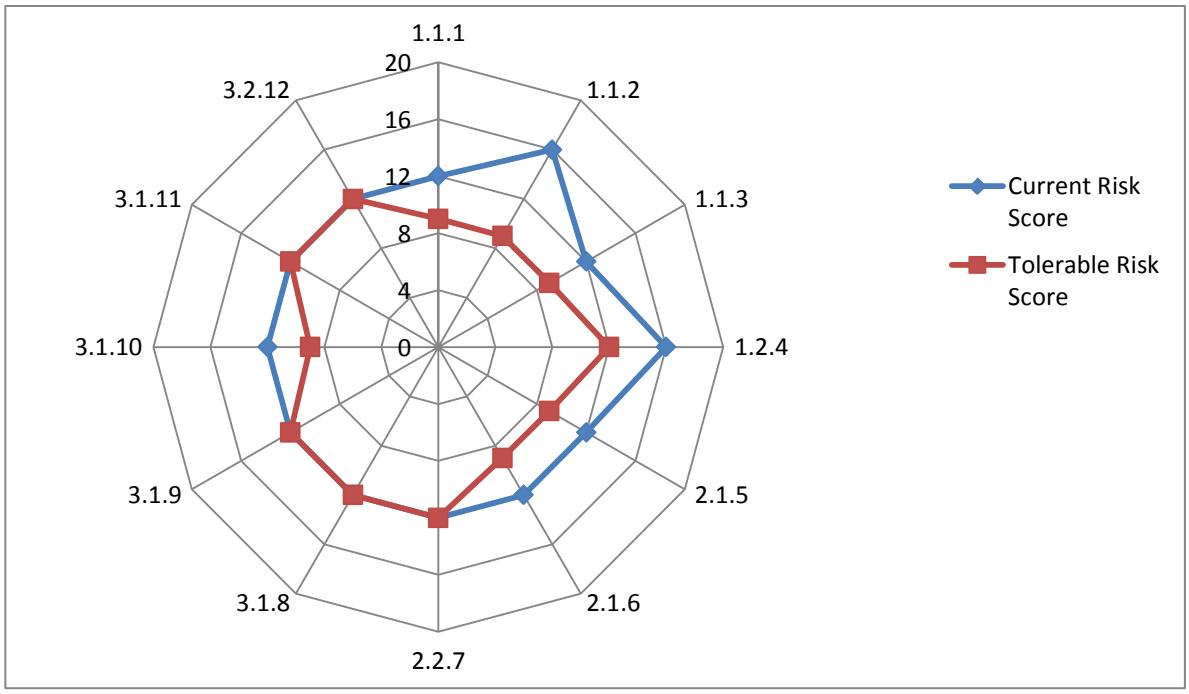
Impact Score x Likelihood Score = Risk Rating:

2.6 **Achievement of Tolerable Risk Score**

2.6.1 Tolerable risk scores have been set for each risk in order to determine the point at which risks become tolerable due to the mitigating actions and controls in place.

2.6.2 The difference between current risk score and tolerable risk score is demonstrated below:

2.6.3 Five risks (7, 8, 9, 11 and 12) have achieved or exceeded their respective tolerable score.



2.7 **'High Rated' Risks**

2.7.1 The Trust currently has just one risk rated as high are:

4. Recruit and Retain Staff

2.7.2 The relevant Board Lead will be available to provide a verbal update at the meeting on the steps being taken to mitigate these risks.

2.8 **Mitigating Actions**

2.8.1 Set out below is a table showing the mitigating actions being undertaken for each risk and an update on progress since the last meeting.

Risk	Action	Update since last reviewed by Trust Board	Board Lead	Deadline / Status
1.	Development of CQC Preparation programme	Preparation programme approved at QSC	MS	Completed
	Borough level plans in process of being agreed to support CIH preparation.		Clinical Directors	23/05/17
2.	Completion of 'Must Do' compliance actions and 'Should Do' actions contained in the Quality Improvement Plan (QIP) within the Trust's ability to deliver.	Al outstanding action now form part of preparation plan for forthcoming CIH Inspection.	EMT	Dates set out in the QIP

Risk	Action	Update since last reviewed by Trust Board	Board Lead	Deadline / Status
3.	New procedures and reporting requirements required for deaths from 1.4.17.		JB / MSW	1.4.17 Overdue
	Appointment of a new Non Executive Director to the Trust wide 'Serious Incident Review Group'.		JB	1.4.17 Overdue
4.	Review of recruitment plans and Staff Survey plans by the Workforce Sub-Committee	Recruitment plans updated at 6 weekly Recruitment meetings and Workforce Sub-Committee	MV	Ongoing
5.	Communications campaign to highlight sources of support	Promoting Dignity at Work Advisors and employee assistance programme	MV	Ongoing
	Training for managers and staff in handling inappropriate behaviours	Programme of workshops is in development – will be a managers' session and one for staff	MV	Ongoing
6.	Management Development courses developed and being implemented at different levels across the Trust	Two programmes – New and Aspiring Manager and Experienced Middle Manager – were launched in 2016 and have received positive feedback. A strategic leadership programme is under development, in collaboration with Middlesex University	MV	Ongoing
	Development of communication channels across the Trust as well as introduction of staff networks e.g. Better Together, LGBT	Successful launch of work around improving LGBT staff and service user experience within the Trust. Better Together Network has launched a series of "listening lunches" which enable staff to hear from senior colleagues about their career pathways and how they took opportunities to progress	MV	Ongoing
7.	The Trust is exploring other avenues to help reduce cost, for example closer collaboration with other London Mental Health Trusts regarding procurement. The Trust is currently involved in the NHS Improvement's Financial Improvement Programme, and an interim Turnaround Director has been appointed and substantive appointments have been made to the PMO, and are in discussions with other Trusts about the possibility of other services being provided on the St Ann's Hospital site.	The Trust's Procurement function is now led by NELFT with a joint Head of Procurement. CIPs are fully identified for 2017/18 and the PMO are closely monitoring delivery.	EMT	Ongoing
	The Trust is part of the pilot cohort for Lord Carter's review of productivity and efficiency and is optimistic that there will be early learning that will lead to savings.	Requested datasets have been submitted and a response is expected in early June.	SG	Ongoing
8.	Financial management systems and processes rigorously applied.	Ongoing	SG	Ongoing
9.	Undertake discussions with HPE to provide extended exit support	Set out in BAF entry	JD	Completed
	Undertake due diligence checks on the Atos/UCLH contract	Set out in BAF entry	JD	31.05.17
	Finalise contract with new Managed Print provider	Set out in BAF entry	JD	31.05.17
	Finalise & agree Transition plan with all suppliers (inc. HP)	Set out in BAF entry	JD	31.05.17

Risk	Action	Update since last reviewed by Trust Board	Board Lead	Deadline / Status
10.	Preparations for marketing of surplus land at St Ann's	CBRE, the Trust's agents, appointed and ready. Discussions with Haringey Council on process and next steps.	AW	September 2017
	Design work on new MH facilities	IHP appointed as new design and build contractor and design work underway.	JM	September 2017
	Application for final Planning approval from Haringey Council	Planning application will be developed with IHP.	AW	September 2017
	Commencement of building works at St Ann's Hospital	Dependant on NHSI approval of OBC (Oct – 2017) and FBC (Feb - Mar 2018).	AW	March 2018
11.	Commissioners have met and will not invest in transformation during 2016/17 (31/10/15).	Being raised through the STP process.	AG	On hold
	Proposals being developed to work with Third Sector partners to secure the benefits of Enablement.	New model in collaboration with Third Sector agreed and evaluation group established.	AG	Completed
12.	Activity recording will be queried at team level and teams where under-recording is an issue will be supported to improve.	New plans have been agreed with CCGs, so we expect recorded activity levels to come out closer to targets.	Alex Manya	Ongoing
	Having agreed the CCG planned activity trajectories for 2017/18, we will now be comparing the actual values each month against these figures and escalating underperformance greater than 3% across a borough	While month 1 data are still provisional at the time of this report, we expect to see a brief reduction in the amount of adult, community mental health activity in Barnet due to the transition to the new teams. The extent of this reduction over Q1 will inform the need for a pricing review of contacts – for example, we expect the new Primary Care Link Working Team to record fewer contacts than the former Assessment Service, as they are spending more time working proactively with GPs to prevent referrals that could be more appropriately managed in primary care.	Alex Manya	For review in July

Implications

3. Budgetary / Financial Implications

3.1 The BAF contains risks which have a combination of resource and budgetary implications. All risks are being mitigated and subject to regular review via the controls and assurances identified for each risk.

4. Risk Management

4.1 This report sets out details of the key risks faced by the Trust in meeting its organisational objectives which have been identified as part of a regular review process. A failure to operate a risk management system would expose the organisation to the risk of inadequate governance arrangements and inadequate management and mitigation of the key risks that may hinder the Trust from achieving the organisational objectives.

5. Equality and Diversity Implications

5.1 None.

Ends.

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Board Assurance Framework

2017 / 2018

Presented to Trust Board on 30 May 2017

1. Background

1.1 The Trust Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the organisational objectives. Assurance may be gained from a wide range of sources, but where ever possible it should be systematic, supported by evidence, independently verified, and incorporated within a robust governance process. The Trust Board achieves this, primarily through the work of its Committees, through use of Audit and other independent inspection and by systematic collection and scrutiny of performance data, to evidence the achievement of the objectives.

2. Strategic Aims and Organisational Objectives:

2.1 Barnet, Enfield and Haringey Mental Health Trust agreed the following **Aims** and *Objectives* for 2017 / 2018 at the Trust Board meeting held on 27 March 2017, as follows:

1. Excellent care (coloured yellow)

1.1 Providing excellent care for our patients, evidenced in improving service user and carer feedback and meeting service and CQC requirements.

2. Happy staff (coloured purple)

2.1 Developing our staff to be the best they can be, to deliver excellent patient care

2.2 Increasing staff engagement, evidenced in improved Staff Survey results

3. Value for money services (coloured blue)

3.1 Providing the best outcomes for patients and meeting NHS requirements, within the resources available

3. Definitions

Category	Definition
Objective	The organisational objective to which the risk refers to.
Risk	What could prevent the objective from being achieved?
Board Lead	The relevant Executive Director(s) with overall responsibility for mitigating the identified risk.
Lead Committee	The relevant Committee within the Trust with responsibility for overseeing the identified risk.
CQC Domains	The five domains of the Care Quality Commission's (CQC) inspection framework (safe; effective; caring; responsive; well-led)
CQC Outcomes	Links to the 28 Outcomes which the CQC checks for compliance in relation to essential standards of quality and safety.
Initial Risk Score	Initial consideration of the risk based on the Probability x Likelihood (5 x 5) matrix (see Risk Rating matrix below).
Current Risk Score	An assessment of the risk based on the Probability x Likelihood (5 x 5) matrix following consideration of the controls, assurances and progress to mitigate the risk.

Tolerable Risk	The level of risk that the Trust is willing to accept or retain.
Controls	The controls (or systems) in place to assist in addressing the risk.
Assurances	Sources of information (usually documented) which serve to assure the board that the controls are having an impact, are effective and comprehensive.
Gaps in Assurances	What further sources of assurance are required.
Mitigating Actions	Additional actions required to assist in mitigating the risk.
Current performance	An outline on the progress made to mitigate the risk.

The Controls and the assurances have been grouped together to indicate the relevant sources of assurances for the respective controls.

4. Risk Rating Matrix

4.1 The overall risk ratings below are calculated as the product of the Probability and the Severity Score.

IMPACT SCORE				
LEVEL	**INJURY / HARM**	**SERVICE DELIVERY**	**FINANCIAL / LITIGATION**	**REPUTATION / PUBLICITY**
5. CATASTROPHIC	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	International adverse publicity/reputation irreparably damaged.
4 Major (HIGH)	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
3 Moderate (MEDIUM)	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
2 Minor (LOW)	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
1 (Insignificant)	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	

LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

RISK RATING MATRIX					
Impact / **Likelihood**	**1**	**2**	**3**	**4**	**5**
5	**5** (LOW)	**10** (MEDIUM)	**15** (HIGH)	**20** (CATASTROPHIC)	**25** (CATASTROPHIC)
4	**4** (LOW)	**8** (MEDIUM)	**12** (MEDIUM)	**16** (HIGH)	**20** (CATASTROPHIC)
3	**3** (LOW)	**6** (MEDIUM)	**9** (MEDIUM)	**12** (MEDIUM)	**15** (HIGH)
2	**2** (LOW)	**4** (LOW)	**6** (MEDIUM)	**8** (MEDIUM)	**10** (MEDIUM)
1	**1** (LOW)	**2** (LOW)	**3** (LOW\)	**4** (LOW)	**5** (LOW)
Impact Score x Likelihood Score = Risk Rating:					

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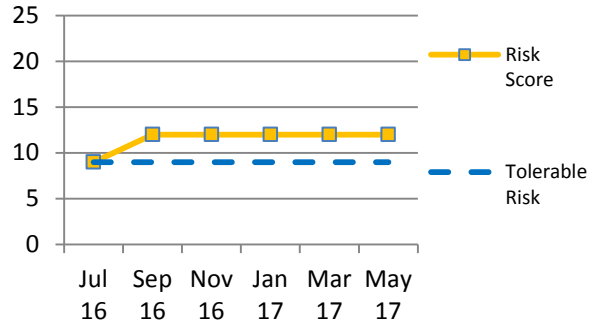
Board Assurance Framework – Provide Excellent Services for Patients

Objective:			1.1 - Providing excellent care for our patients, evidenced in improving service user and carer feedback and meeting service and CQC requirements.	**Board Lead:**	Mary Sexton	**Date of review:**	May 2017
				Lead Committee	Quality and Safety	**Date of next review:**	July 2017
Risk ID:	**1**	**Risk:**	**Regulatory Standards** - If services consistently do not meet regulatory core standards in respect of essential standards for quality and safety, this will impact on the quality of care given to patients.	**CQC Domain:**	Caring / Effective / Responsive / Safe / Well-led	**CQC Outcomes:**	4 - Care and welfare of people who use services

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	3 x 4 = **12**
Previous Risk Score:	3 x 4 = **12**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 3 = **9**
Direction of travel:	⇔



Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

Indicator	Feb	Mar	Apr	17/18 Target
Number of Never Events	1	0	0	0
Formal Complaints received	2	6	13	
Overall Patient Satisfaction	88%	89%	90%	80%
Overall Carer Satisfaction	91%	92%	91%	80%
Nursing Vacancy Rate	15.1%	15.7%	16.9%	10%
Staff Turnover (total)	13.0%	13.2%	13.0%	15%
Proportion of staff compliant with individual mandatory training requirements	80.8%	85.3%	84.9%	85%

Rationale for current score:

The Risk Score remains the same as there remains a medium likelihood of a high impact on the risk as there remains variation in regulatory compliance due to environmental and affordability issues.

The Trust continues to implement a Quality Improvement Plan in response to the Chief Inspector of Hospital's inspection which identified 'Must Do' compliance actions for the Trust to address, and 'Should Do' actions for the Trust to consider, which resulted in the current risk score. Additional investment discussions have not yet delivered additional funding to address Child and Adolescent Mental Health Services (CAMHS) ~~and returners from leave~~. Wait to treatment. St Ann's development remains a risk.

The CQC intelligent monitoring report, published in February 2016, identified seven out of 72 indicators which were rated as at risk.

Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. Quality Strategy 2016 – 2019 (agreed by the Trust Board on 25.01.16), which aims to address quality issues for patients	• Quality metrics reported to every meeting of the Quality and Safety Committee and Trust Board via the Integrated Performance Dashboard Report and the Clinical, Quality and Safety Report (I). • Patient feedback via complaints & claims, as reported in the KPIs reported to every Trust Board meeting (I). • Safety Thermometer data submitted and reviewed quarterly (I). • Safe Staffing Report to every meeting of the Trust Board (I). • Appraisal / revalidation in place across all Trust teams (I). • Trust Values have been reviewed and new Values agreed at the Quality and Safety Committee on 4.07.16 on behalf of the Trust Board. 'Living Our Values' workshops being rolled out across the Trust (I).
2. Quality Account, which details the quality priorities for the Trust:	• Quality Account priorities considered by Quality and Safety Committee on 3.05.16 and Trust Board on 13.06.16 (I). • Six monthly update reports to the Quality and Safety Committee (I) and Joint Performance and Quality (E) meetings. • Quality metrics reported to every meeting of the Quality and Safety Committee and Trust Board via the Integrated Performance Dashboard Report (I).

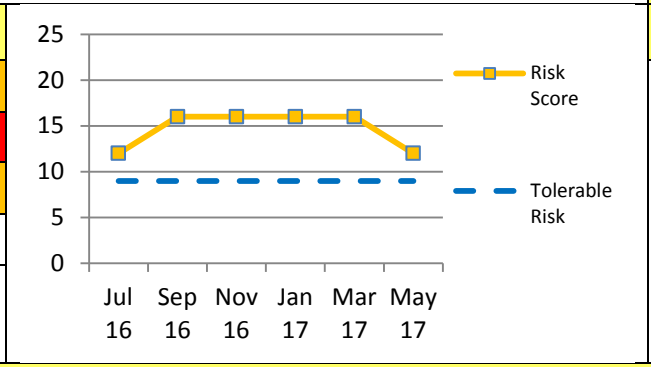
<table>
<tr><td></td><td>• External Audit review of the Quality Account, confirmed that it has been produced in line with national guidance and meets in full the statutory requirements for Quality Accounts, considered at the Quality and Safety Committee on 5.9.16 (E).</td></tr>
<tr><td>3. Statutory Committees in respect of Safeguarding, Health and Safety and Infection Control.</td><td>• Safeguarding Annual Report 2015 / 2016 considered at Quality and Safety Committee on 4.07.16 and by the Trust Board on 18.07.16 (I).
• Infection Control Annual Report considered at Quality and Safety Committee on 4.07.16 and by the Trust Board on 18.07.16 (I).
• Annual Health and Safety Report considered at Quality and Safety Committee on ~~3.05.16~~ 8.05.17 and the Trust Board on ~~31.05.16~~ 30.05.17 (I).</td></tr>
<tr><td>4. Skill Mix Review.</td><td>• Trust receives Safe Staffing report at each Trust Board meeting (I).
• SafeCare module implemented which will allow for real time acuity / dependency data (I).</td></tr>
<tr><td>5. CQUIN and Contract monitoring process.</td><td>• Twice yearly CQUIN report considered by Quality and Safety Committee (last considered on 03.05.16) (I).
• CQUIN delivery monitored through meetings of the Integrated Performance Meeting (I).</td></tr>
<tr><td>6. Quality impact review process of all CIP plans.</td><td>• All CIPs have a Quality Impact Assessment in place and key milestones tracked through to delivery and monitored via the Integrated Performance Meeting (I).</td></tr>
<tr><td>7. Serious Incident Groups at Team / Borough Level</td><td>• All Serious Incidents scrutinised and action plans in place to address learning (I).</td></tr>
<tr><td>8. Borough Level Clinical Governance meetings.</td><td>• All key clinical governance indicators reviewed and actions agreed to address any variations (I).</td></tr>
<tr><td>9. Raising Concerns at Work Policy.</td><td>• Details of raising concerns issues reported to the Quality and Safety Committee and Trust Board (I).
• Two Independent Freedom to Speak Up Guardians appointed – commencing 3/4/17.</td></tr>
<tr><td>10. Patient Experience Committee.</td><td>• Regular feedback report on the work of the Patient Experience Committee reported to every meeting of the Quality and Safety Committee (I).
• Engagement and Involvement Strategy considered by Quality and Safety Committee on 03.05.16 and the Trust Board on 31.05.16. Borough level action plans in place to deliver strategy (I).
• Friends and Family Test and ‘You said, we did’ identifies actions taken (I).
• Patient Experience and Complaints Annual Report considered at Quality and Safety Committee (last considered on 4.7.16) (I).</td></tr>
<tr><td>Gaps in controls and assurances: (What additional controls and assurances should we seek?)</td><td>Mitigating actions: (What more should we do?)</td></tr>
<tr><td>1. Preparation programme required for the CQC Inspection
~~1.~~2. Borough level plans to be completed to support the CIH</td><td>
<table>
<tr><th>Action</th><th>Update since last reviewed by Trust Board</th><th>Lead</th><th>Deadline</th></tr>
<tr><td>~~Independent Freedom to Speak Up Guardian to be appointed.~~</td><td>~~Two Independent Freedom to Speak Up Guardians have been appointed.~~</td><td>~~MS / MV~~</td><td>~~Completed~~</td></tr>
<tr><td>Development of CQC Preparation programme</td><td>Preparation programme approved at QSC</td><td>MS</td><td>Completed</td></tr>
<tr><td>Borough level plans in process of being agreed to support CIH preparation.</td><td></td><td>Clinical Directors</td><td>23/05/17</td></tr>
</table>
</td></tr>
<tr><td>Current performance: (With these actions taken, how serious is the problem?)</td><td>Additional Comments:</td></tr>
<tr><td></td><td>The CQC have notified that they will be undertaking a re-inspection of the Trust in the week commencing 25 September.

Linked to the Clinical, Quality and Safety Report presented to each meeting of the Trust Board.</td></tr>
</table>

Board Assurance Framework – Provide Excellent Services for Patients

Objective:			1.1 - Providing excellent care for our patients, evidenced in improving service user and carer feedback and meeting service and CQC requirements.	**Board Lead:**	Mary Sexton	**Date of review:**	May 2017
				Lead Committee	Quality and Safety	**Date of next review:**	July 2017
Risk ID:	**2**	**Risk:**	**CQC Compliance Actions -** Failure to evidence progress against compliance actions against regulated activity may place people who use services at risk of unsafe care and will result in enforcement or other regulatory actions.	**CQC Domain:**	Caring / Effective / Responsive / Safe / Well-led	**CQC Outcomes:**	Regulations 9, 10, 15, and 18

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	3 x 4 = **12**
Previous Risk Score:	4 x 4 = **16**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 3 = **9**
Direction of travel:	⟺



Performance Update

Type of Recommendation	Number of Actions	Current Status of Recommendations		
		Red	Amber	Green
Must Do	72	3	41	28
Should Do	208	12	106	90

Correct as at 5 January 2017.

Rationale for current score:

The Risk Score has reduced reflecting evidence submitted to support the QIP, with outstanding actions rolled over into the preparation plan for forthcoming CIH Inspection. There is therefore a medium likelihood with a high impact that the risk will occur.
~~The Risk Score remains the same as there remains a high likelihood of a high impact on the risk as there are a number of 'Must Do' actions that require investment in order to be delivered.~~

The Trust has developed a Quality Improvement Plan in response to the CQC's Chief Inspector of Hospital's inspection which took place 30 November – 4 December 2015. The inspection focussed on the Trusts 11 core services, giving each a rating; five were rated as 'good', with one 'outstanding'. The CQC have identified 'Must Do' compliance actions for the Trust to address, and further 'Should Do' actions for the Trust to consider, which resulted in the current risk score. The Trust continues to implement its Quality Improvement Plan ensuring that evidence of compliance is in place. ~~As at 5 January there remained 3 'Must Do' actions and 12 'Should Do' actions for which little or no evidence had yet been submitted.~~ Two must do actions remain outstanding in relation to St Ann's redevelopment and CAMHS waiting times to treatment.

The Trust's ability to deliver the Quality Improvement Plan, is in part, dependent on additional resources to address environmental and other service related issues. To date only partial funding has been agreed with commissioners to address psychology workforce in Enfield and the Psychiatric Intensive Care Unit. Outstanding are Child and Adolescent Mental Health Services (CAMHS) and returners from leave. Discussions are on-going with commissioners. The remaining 'must do' risk relates to the environment at St Ann's which is dependent on the St Ann's redevelopment.

The Trust's Eating Disorder service (Phoenix Ward) was inspected in early March 2016. The CQC has notified the Trust of a number of compliance actions that the Trust needs to address. A plan is being agreed

Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. The Quality Assurance programme to support the delivery of the Trust Quality Improvement Plan.	• Quality Improvement Plan reported to every meeting of the Quality and Safety Committee and Trust Board. Last reported to the Quality and Safety Committee on ~~6.03.17~~8.05.17 (I). • Internal audit of the Quality Improvement Plan completed, and presented to the Quality and Safety Committee on 4.3.17. • Designated monitoring Committees have been required to review those actions allocated and ensure these are included in their respective work plans (I).

<table>
<tr><td></td><td>• Bi-monthly commissioner led Quality Review Group to review progress against the plan (E). Formal discussions have taken place with Commissioners regarding funding to deliver plan (E).</td></tr>
<tr><td>2. Internal Peer Assessment Programme which mirrors CQC inspections.</td><td>• Twice yearly Thematic Review of Service Peer Reviews considered by the Quality and Safety Committee (last considered on 7.11.16).</td></tr>
<tr><td>3. Quality Review Week, to provide evidence of progress made and inform practice.</td><td>• Quality assurance monitoring in place and variations from standards are being actively addressed at team and Borough level.
• Quality Review Week held in the week commencing 23 January 2017.
• Results of the Quality Review Week presented to the Quality and safety Committee on 6.3.17 (I)</td></tr>
<tr><td>Gaps in controls and assurances: (What additional controls and assurances should we seek?)</td><td>Mitigating actions: (What more should we do?)</td></tr>
<tr><td>• Internal Audit opinion on the Trust's Quality Improvement Plans.
• Successful achievement of 'Must Do' compliance actions and 'Should Do' actions contained in the Quality Improvement Plan (QIP)</td><td>
<table>
<tr><th>Action</th><th>Update since last reviewed by Trust Board</th><th>Lead</th><th>Deadline</th></tr>
<tr><td>Completion of 'Must Do' compliance actions and 'Should Do' actions contained in the Quality Improvement Plan (QIP) within the Trust's ability to deliver.</td><td>AI outstanding action now form part of preparation plan for forthcoming CIH Inspection.</td><td>EMT</td><td>Dates set out in the QIP</td></tr>
</table>
</td></tr>
<tr><td>Current performance: (With these actions taken, how serious is the problem?)</td><td>Additional Comments:</td></tr>
<tr><td>An Analysis of the Quality Review Week will be undertaken and used to provide on areas of strengths and areas of weakness to be addressed in each ward / service visited.</td><td>The Trust's Quality Improvement Plan was submitted to the CQC on 29 April 2016 for consideration. Meetings have been held with the Director of Quality for each CCG and NHS England to discuss and agree the Commissioner's ownership of the Quality Improvement Plan. The Plan requires £2 million investment to implement in full.

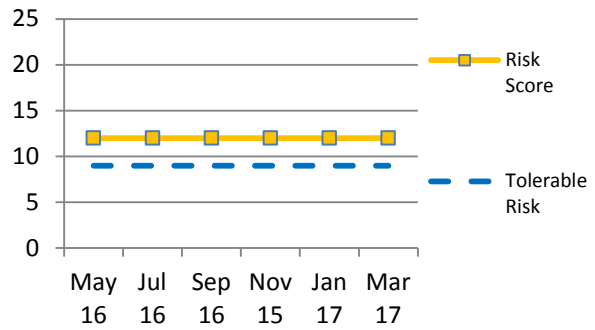
Regular meetings are held with the CQC to provide an update on progress made. The CQC have notified the Trust that the CQC will be undertaking a re-inspection of the Trust in the week commencing 25 September.

Linked to Risk 1959 on the Corporate Risk Register.</td></tr>
</table>

Board Assurance Framework – Provide Excellent Services for Patients

Objective:			1.1 - Providing excellent care for our patients, evidenced in improving service user and carer feedback and meeting service and CQC requirements.	**Board Lead:**	Jonathan Bindman	**Date of review:**	May 2017
				Lead Committee	Quality and Safety	**Date of next review:**	July 2017
Risk ID:	**3**	**Risk:**	**Learning from Serious Incidents -** Failure to ensure that the Trust learns from serious incidents, including Board Level Panel Inquiries and Independent Reviews, will impact on the quality of care given to patients.	**CQC Domain:**	Effective / Responsive / Safe	**CQC Outcomes:**	16 - Assessing and monitoring the quality of service provision. 20 - Notification of other incidents

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	4 x 5 = **20**
Previous Risk Score:	3 x 4 = **12**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 3 = **9**
Direction of travel:	⟺



Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

Indicator	Feb	Mar	Apr	17/18 Target
Never events	1	0	0	0

Rationale for current score:

The Risk Score remains the same due to the fact that although current processes are now well embedded evidence of sharing learning is not evident in all areas. In addition, new requirements concerning the reporting of deaths come into effect on 1.4.17 and the Trust will require a further period to assure our response. This has a medium likelihood of having a high impact on the risk.

Evidence of action plans is now collected by the Patient Safety team and Boroughs. Serious Incidents (SIs) are not closed and filed until all evidence is available that actions have been completed. These are reported at Deep Dive meetings for each Borough. Reports detail how many SIs remain outstanding and timelines due.

Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. Management of Incidents Policy. 2. Updated processes to ensure reporting and investigation of all deaths.	• Regular Serious Incidents reports to the Quality and Safety Committee, Trust Board and, Deep Dive Meetings which includes moderate and serious incidents (I) and includes data on deaths. • Regular reports quarterly to the Joint Performance and Quality meeting with commissioners (E). • Monthly quality feedback from the North East London Commissioning Support Unit's (NELCSU)'s North Central London Serious Incident Panel Meeting (E). • A Summary of SI data presented to the Quality and Safety Committee (reported on six-monthly basis, last reported on 7.11.16). • Internal Audit Report conducted by RSM into 'Incidents and Learning Lessons' concluded that there was partial assurance, but all recommendations now completed and final action, revision of Management of Incident Policy, ratified at the Quality and Safety Committee on 4.6.16 (I). • Reporting of all deaths, and review by the Patient Safety Team of all reports. ~~though additional requirements are expected for inpatient deaths from 1.4.17(I)~~ • Care and Mortality Review Group (CMRG) established from 1.4.17 led by Medical Director reviews all deaths reported on the Datix and agrees level of investigation required..

3. Compliance with the statutory Duty of Candour.	• Regular Serious Incidents reports to the Quality and Safety Committee and Deep Dive meetings (I). • Duty of Candour issues reported to the Trust Board via the Clinical, Quality and Safety report (I). • 'Evidencing Compliance with the Duty of Candour' report considered at the Quality and Safety Committee on 6.7.15 (I). • Duty of Candour incorporated into Serious Incident report submitted to the Quality and Safety Committee (last reported on 7.11.16) (I). • Regular report to the Joint Performance and Quality (JP&Q) meeting with commissioners (E). • Part 1 compliance has been 100% and part 2 compliance 96%
4. Serious Incident Review Groups	• Borough and Specialist Serious Incident Review Groups established and meeting monthly. ~~last met on 9.3.17 (I)~~. • Trust wide Serious Incident Review Group established and meets quarterly ~~(Trust Board 25.01.16)~~ (I).
5. Datix system for the recording of all incidents.	• Datix reports considered by each Service Line at Deep Dive meetings (I). • Datix incidents reports reviewed by Borough Governance Facilitator at a minimum of weekly (I). • Datix reports re incident reporting to Quality and Safety Committee (I)

Gaps in controls and assurances: (What additional controls and assurances should we seek?)

1. Review of existing procedures and reporting requirements to comply with the new requirements concerning the reporting of deaths ca~~o~~me into effect on 1.4.17, reported to Quality and Safety Committee 8.5.17.
~~1.~~2. Requirements for structured judgement reviews in guidance but no agreed methodology for mental health.
~~2.~~3. Appointment of a new Non Executive Director to the Trust wide 'Serious Incident Review Group'.

Mitigating actions: (What more should we do?)

Action	Update since last reviewed by Trust Board	Lead	Deadline
New procedures and reporting requirements required for deaths from 1.4.17.		JB / MSW	1.4.17
Appointment of a new Non Executive Director to the Trust wide 'Serious Incident Review Group'.		JB	1.4.17

Current performance: (With these actions taken, how serious is the problem?)

1. Borough Serious Incident Review Groups are established and governance structures are now established which these groups report to are reviewing SI reports and recommendations. Borough Governance structures have been reviewed at Trust Wide SI Assurance Group and are considered to be functioning well. However evidence of learning and consequent improvements in delivery of care remains difficult to quantify
2. A programme of Berwick Learning Events has been developed for 2016 / 2017, which reflects issues identified in the recent CQC inspection. Events are also taking place at Borough and at Team level. Wide programme of learning established trust wide
3. The Trust has established a Trust wide 'Serious Incident Review Group' which is having oversight of the Borough SI panels. Membership includes one Non Executive Director and representation from each Borough and Specialist Service and Patient Safety Team.
4. Trust has been ranked 127th out of 230 by NHS England March 2016 with a significant concern with regards openness and sharing lessons.
5. A total of 7,595 incidents reported for Qs 1, 2 & 3 – a 49% increase in reporting.
6. The total number of 'serious' incidents reported and declared for 2016 / 2017 is 63 to year date.

Additional Comments:

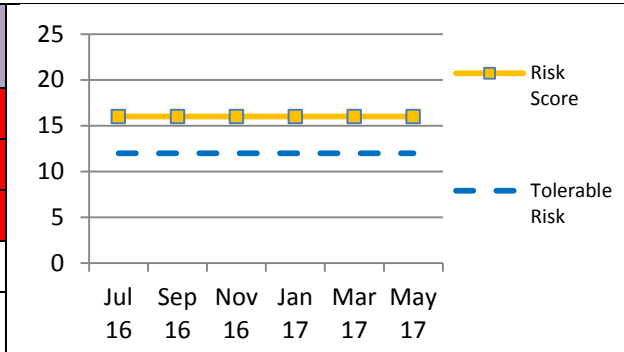
A meeting has been held with NELSCU and the Trust is working with our commissioners to resolve identified issues including receiving late information requests from NELSCU which delay closure of SI's. It has been recognised by commissioners there has been improvements in both quality of reports and completion of reports on time.

A 'never event', administration of insulin through a non-insulin syringe, took place in February 2017. The patient was not affected. A Board level Panel Inquiry is in progress.

Board Assurance Framework – Develop our Staff

Objective:			2.1 - Developing our staff to be the best they can be, to deliver excellent patient care	**Board Lead:**	Mark Vaughan	**Date of review:**	May 2017
				Lead Committee	Workforce Sub-Committee	**Date of next review:**	July 2017
Risk ID:	**4**	**Risk:**	**Recruit and Retain Staff -** If the Trust is unable to recruit and retain sufficient levels of staff or staff with appropriate skills and capability to meet the needs of changing services, this will result in a continued dependency on the need for temporary staffing which impacts on the quality of care delivered and financial sustainability of the Trust.	**CQC Domain:**	Effective / Safe / Well-led	**CQC Outcomes:**	12 - Requirements relating to workers. 13 - Staffing

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	4 x 4 = **16**
Previous Risk Score:	4 x 4 = **16**
Current Risk Score:	4 x 4 = **16**
Tolerable Risk:	3 x 4 = **12**
Direction of travel:	⟺



Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

Indicator	Feb	Mar	Apr	17/18 Target
Agency as a % of Employee expenditure	6.4%	5.8%	3.9%	10%
Bank as a % of Employee expenditure	10.3%	8.8%	9.5%	7%
Total vacancy rate (% established posts without staff members in place)	9.9%	9.8%	11.3%	10%
Nursing Vacancy Rate	15.1%	15.7%	16.9%	10%
Staff Turnover (Total)	13%	13.2%	13%	15%

Rationale for current score:

The Risk Score remains the same as there remains a high likelihood and a high impact on the risk. Despite marked improvements in vacancies and temporary staffing, the risk score is not being reduced at present as the risk of increased levels of vacancies remains high.

The Trust continues to undertake a range of recruitment activities which has led to a declining trend in vacancy levels, albeit at a slower pace than desired. Vacancy levels had dropped to 9.8% in March and would have reduced further to 9.3% except for an increase in establishment in April 2017 in various medical and nursing roles. ~~with total vacancy levels to 9.~~ 9% in February and Nursing ~~vacancy levels to 15.~~ 1%. ~~The Trust continues to undertake a range of recruitment activities which has led to a declining trend in vacancy levels, albeit at a slower pace than desired with total vacancy levels to 9.9% in February and Nursing vacancy levels to 15.1%. Work is nearly complete in relation to validation of vacancies, particularly the medical establishment. This has resulted in medical vacancies against the corrected establishment declining to 7.8%. Reporting on the same will be made available through the Integrated Performance Meeting and the Improvement and Delivery Board.~~

There are a range of initiatives underway to support the recruitment campaigns. Apart from the continued campaign to address nursing vacancies, the international recruitment campaign has begun. Interviews in the Philippines resulted in over 200 offers in various roles, including disctrict and community nursing. Interviews on skype with candidates in the EU are continuing, though the response from EU applicants has been far more limited than anticipated. Rotation programmes for newly qualified nurses have been designed and are currently being advertised. It is hoped that the rotation programmes will attract and retain nursing staff. ~~have started to take place. A panel of three clinical managers will visit the Philippines at the end of March for further recruitment.~~ In addition, work is underway with clinical leads to develop competency frameworks ~~and rotation plans~~ that will also support the retention of nursing staff.

A large number of process improvements have been made to improve the time to hire, including expediting of Occupational Health clearance, using text messages to maintain contact with candidates and simplifying the recruitment process for internal transfers. Further changes are being implemented, including an amendment of the ID checking process to address related delays. An SLA has also been agreed with recruiting managers to ensure that there are clear agreed timelines shortlisting and interviewing. These changes have had the effect of reducing the time taken by the recruitment team to complete pre-employment checks to 2.8 calendar weeks in April 2017 (reducing from 5.2 weeks in April 2016) and an overall time to hire to 11.8 calendar weeks (reducing from 14.9 weeks a year ago). These timescales and improvements ~~though this~~ will remain under regular review to ensure that improvements are sustained. ~~An SLA has also been agreed with recruiting~~

~~managers to ensure that there are clear agreed timelines shortlisting and interviewing.~~

Spend on agency has declined since June 2016 and is now half its earlier level. It reflects a ~~in February~~ trend for declining bookings since the second quarter of 2016. The trend isindicative of medical and non-medical bookings. The increase in bank spend was expected as an increasing number of agency bookings are being replaced with bank and substantive roles.

Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. Policies, including Learning and Development and Training Plan, Workforce Development and Study Leave Policy, including arrangements for Performance Development Framework. 2. Reviewing the Recruitment Policy in collaboration with NCL STP. 3. A Service Level Agreement for the recruitment service to improve accountability and transparency. 4. Rolling recruitment advertising for a range of posts including bank nurses and HCAs, RGNs and RMNs with standardised job descriptions and assessment processes has resulted in a regular recruitment cycle. 5. TRAC recruitment software package has been fully implemented including the OH functionality. This has resulted in improved tracking and monitoring of OH clearances. 6. Monitoring of time to hire data to ensure that appropriate pressure is maintained on the pace of recruitment 7. Training for first-line managers to improve their knowledge of workforce policies (including recruitment, disciplinary etc) has been launched and is expected to improve their skill in dealing with employee matters. 8. Vacancy Control Panel, led by Executive Directors, meeting weekly since July 2016 to review all recruitment and non-urgent temporary staffing requests. 9. Fortnightly recruitment project team meetings with representation from all the boroughs is allowing clear oversight of nursing recruitment as well as share good practice within the Trust. 10. There has been an increased level of engagement with universities to recruit newly qualified nurses and mental health workers and the launch of rotation programmes for newly qualified nurses. 11. Good practice e-rostering meetings are taking place regularly with each division and key performance indicators are reviewed with ward management teams. Particular focus has been placed on the management of leave and unused hours to ensure that rosters are appropriately managed. 12. Electronic exit interview monitoring and feedback is shared with boroughs for change and remedial action. 13. A career development framework (including rotational programmes) has been launched to help retain nurses within the organisation. A competency framework is due to be launched in the first quarter of the year. 14. The Haelo model for continuous improvement commenced in November and uses a collaborative improvement methodology to support a reduction in agency usage through improved recruitment, consolidation of leadership skills and improved retention. 15. Standardised pay rates for bank work were implemented in June (effective January 2016) and have made our bank work more competitive. The rates will remain under review to ensure that this remains the case. 16. The Trust is collaborating with the NCL STP on the recruitment and retention workstream. This includes the consideration of harmonising of pay rates for temporary staff, as well as standardised employment contracts which will increase the flexibility and scalability of the workforce across the region. 17. A “Buddy” scheme is to be launched to support all new starters with their integration into the team and the Trust	• Workforce KPIs and compliance, including appraisals, revalidation, compliance with mandatory training, staff turnover and vacancies reported to every meeting of the Quality and Safety Committee and Trust Board via the Integrated Performance Dashboard Report (I). • Regular reports to the Workforce Compliance Committee, which reports to each meeting of the Quality and Safety Committee (I). • Reporting on Time to Hire data on a monthly basis to the Integrated Performance Meetings and the Improvement and Delivery Board (I).
Gaps in controls and assurances: (What additional controls and assurances should we seek?)	**Mitigating actions:** (What more should we do?)
1. Monitoring the effectiveness of HR policies may not give sufficient assurance. 2. Effective and timely management information available on vacancy rates.	

Action	**Update since last reviewed by Trust Board**	**Lead**	**Deadline**
Review of recruitment plans and Staff Survey plans by the Workforce Sub-Committee	Recruitment plans updated at 6 weekly Recruitment meetings and Workforce Sub-Committee	MV	Ongoing

Current performance: (With these actions taken, how serious is the problem?)	**Additional Comments:**
The Trust commenced a concerted effort to recruit to vacancies in early 2016. This has borne fruit with a heightened focus on the volume of recruitment as well as its quality and pace. Various administrative systems and processes have been standardised to ensure that the necessary pace is achieved and maintained. This has, in addition, been with support from the quality improvement team.	• The TRAC IT system was implemented in 2015. • Staff Survey Action Plan presented to the Trust Board on 27.03.17 and communicated widely, supported with local borough plans. Linked to Risk 1593 on the Corporate Risk Register.

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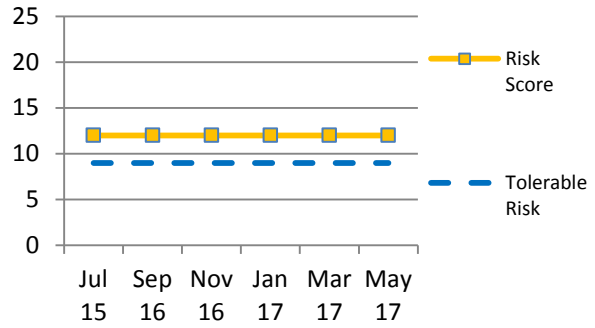
Board Assurance Framework – Develop our Staff

Objective:			2.2 - Increasing staff engagement, evidenced in improved Staff Survey results	**Board Lead:**	Mark Vaughan	**Date of review:**	May 2017
				Lead Committee:	Workforce Sub Committee	**Date of next review:**	July 2017
Risk ID:	**5**	**Risk:**	**Development of the Trust's Culture -** If the Trust fails to develop an open, people-focused and values-based organisational culture this will result in concerns not being effectively reported, inconsistent compliance with best practice, inability to attract / retain staff and deliver change programmes.	**CQC Domain:**	Well-led	**CQC Outcomes:**	14 - Supporting workers

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	4 x 5 = **20**
Previous Risk Score:	3 x 4 = **12**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 3 = **9**
Direction of travel:	⟺



Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

Indicator	2014	2015	2016	Average (MH)
Overall staff survey engagement indicator (score out of 5)	3.69	3.83	3.81	3.80
Ability to contribute to improvements at work	74%	74%	75%	74%
Recommend the Trust as a place to receive treatment or work	3.45	3.65	3.69	3.71
Motivated and engaged in work	3.89	4.01	3.94	3.04
Confidence and security in reporting unsafe practice	3.45	3.70	3.65	3.71

Rationale for current score:

The current risk score reflects the results in the 2016 Staff Survey. There remains a medium likelihood of a high impact on the risk.

The Trust is working with clinical divisions and corporate areas to develop an action plan to address the main issues of concern e.g. discrimination and bullying and harassment.

Following approval of refreshed values in 2016, we have run over 80 staff engagement sessions – Living our Values – to help bring the values to life. Feedback from the sessions is informing a behavioural framework which is in development.

~~An action plan was developed following the results of the 2015 Staff Survey, which continues to be implemented.~~

~~The Trust approved revised Values at the Quality and Safety Committee meeting held on 4.07.16 which was reported to the Trust Board on 18.07.16. The Trust launched a Trust-wide engagement process, consisting of a series of workshops for staff to help embed the values and identify values-based behaviours. Over 20 sessions have been held so far and have been very very well received.~~

~~The annual national Staff Survey was launched in September and closed in December. The Trust is awaiting the results of the 2016 Staff Survey, likely to be published in February.~~

<table>
<tr><td>Controls: (What are we currently doing about the risk?)</td><td>Assurances: (How do we know if the things we are doing are having an impact?)
(Key: I = Internal / E = External)</td></tr>
<tr><td>1. Staff Survey Action Plan 2015, including actions to improve staff engagement.
2. Staff Concerns and the Disclosure of Information - “Whistleblowing” Policy, which supports staff in being able to raise concerns.
3. Whistleblowing Policy and Freedom to Speak Up Champion provides point of contact to raise concerns.
4. Recruitment of staff willing to be dignity at work advisors to support staff
5. Refreshing our wellbeing and equalities fora to increase staff engagement
6. Developing staff networks which give opportunities for shared learning, input to policy</td><td>• Regular reports to the Workforce Sub-Committee, which reports to the Quality and Safety Committee (I).
• Workforce KPIs, including appraisals, revalidation, compliance with mandatory training, staff turnover and vacancies (I).
• Staff Survey results (E).
• Friends and Family Test (I).
• Freedom to Speak Up update considered at Trust Board on 26.09.16 (I).
• Two Independent Freedom to Speak Up Guardians have been appointed (I).
• 25 Dignity at Work Advisors have been trained to provide support to staff (I).</td></tr>
<tr><td>Gaps in controls and assurances: (What additional controls and assurances should we seek?)</td><td>Mitigating actions: (What more should we do?)</td></tr>
<tr><td>1. Staff confidence in using sources of support for reporting concerns</td><td>
<table>
<tr><th>Action</th><th>Update since last reviewed by Trust Board</th><th>Lead</th><th>Deadline</th></tr>
<tr><td>Communications campaign to highlight sources of support</td><td>Promoting Dignity at Work Advisors and employee assistance programme</td><td>MV</td><td>Ongoing</td></tr>
<tr><td>Training for managers and staff in handling inappropriate behaviours</td><td>Programme of workshops is in development – will be a managers’ session and one for staff</td><td>MV</td><td>Ongoing</td></tr>
</table>
</td></tr>
<tr><td>Current performance: (With these actions taken, how serious is the problem?)</td><td>Additional Comments:</td></tr>
<tr><td>The national staff survey results provide the year on year trend. In the meantime the work to engage staff and make them more aware of the overall quality and performance of the Trust continues, as does the work set out in the staff survey action plan to improve working life in the Trust. The Board will receive a presentation on the key findings of the 2016 survey at the March Board.

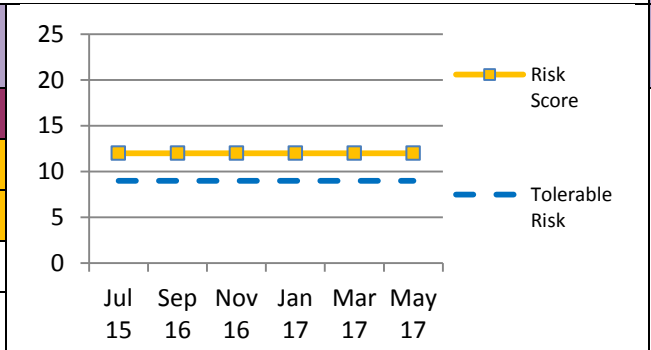
The final “living our values” sessions will take place in April 2017. Take-up has been good (over 1,200 staff so far) and feedback very positive. Staff feedback from sessions is being developed into a new behavioural framework, intended to illustrate positive, constructive behaviours and will be integrated to our workforce process from induction to performance management.</td><td>The Workforce Sub-Committee monitors the Staff Survey results and Values survey, and the agreed action plans.</td></tr>
</table>

Board Assurance Framework – Develop our Staff

Objective:			2.2 - Increasing staff engagement, evidenced in improved Staff Survey results	**Board Lead:**	Mark Vaughan	**Date of review:**	May 2017
				Lead Committee	Workforce Compliance Sub Committee	**Date of next review:**	July 2017
Risk ID:	**6**	**Risk:**	**Staff Engagement -** If the Trust fails to engage effectively with staff through robust communication, appraisals and the development of personal development plans, this will affect their ability to deliver excellent care and maintain professional standards.	**CQC Domain:**	Well-led	**CQC Outcomes:**	14 - Supporting workers

Risk Rating: (Likelihood x impact):

Initial Risk Score:	4 x 5 = **20**
Previous Risk Score:	3 x 4 = **12**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 3 = **9**
Direction of travel:	⇔



Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

Indicator	Feb	Mar	Apr	17/18 Target
% of staff who have completed mandatory training	81%	85.3%	84.9%	90%
% of staff who have received an appraisal	78.3%	95%	tbc	90%

Rationale for current score:

The Risk Score remains the same as compliance with mandatory training remains below the Trust's target~~s~~. This has a medium likelihood of having a high impact on the risk. Discussions at Deep Dive meetings in each of the clinical divisions ensures that mandatory training remains a priority for managers.

The appraisal cycle for 2017 began in April with all appraisals to be completed by 30 June (with the exception of new starters, staff on maternity leave, career break, external secondment or suspension). It is too early to determine the level of appraisal returns at this stage. The appraisal paperwork has been refreshed and will be published by the end of March. Appraisal training workshops have been scheduled for April and May, to coincide with the annual appraisal window for 2017 / 2018.

Mandatory training compliance continues to improve, albeit slowly. We continue to provide a range of options to enable staff to become compliant including face-to-face training, e-learning, quizzes and bespoke sessions where requested. There remains a risk that staff will not maintain compliance but controls in place will ensure that staff and their managers are aware when this occurs. There is online access for all staff to see their own and their team's compliance.

The Trust has scheduled 10 more Living our Values sessions in June, following which we will launch our new behavioural framework which identifies values-based behaviours. ~~The remaining "Living our Values" sessions will be held in April, following which we will develop a behavioural framework to help embed the values in everything that we do. Feedback from the sessions has been overwhelmingly positive.~~

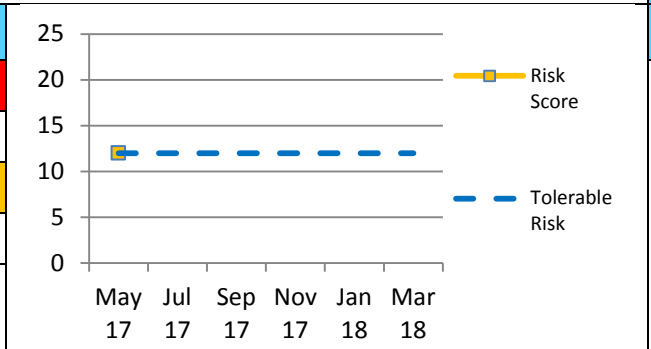
Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. Workforce Development and Study Leave Policy, including arrangements for Performance Development Framework and appraisals. 2. Training Panel processes for the agreement of training. 3. Recording appraisals on Electronic Staff Record 4. Booking and recording course attendance on Electronic Staff Record	• Workforce KPIs, including appraisals, revalidation, compliance with mandatory training, staff turnover and vacancies (I). • Regular reports to the Workforce Compliance Sub Committee, which reports to the Quality and Safety Committee (I). • Staff survey 2016 results show small improvements in some areas though there are some areas

<table>
<tr><td>5. Regular updates on training opportunities through Trust communication channels</td><td>(particularly around behaviours) that remain a concern. The Board will receive a presentation on the key results at the March Board (E).
• Workforce Information Reporting Engine Database (WIRED) IT system which shows levels of compliance from Trust-wide to individual level (I).</td></tr>
<tr><td>6. Mandatory training validation and compliance plan.
7. Mandatory Training Policy</td><td>• Mandatory training report considered at Quality and Safety Committee on 7.3.16, and the Workforce Sub-Committee; also reviewed at Joint Staff Committee (I).
• Mandatory training matrix reviewed in line with national best practice reported to the Quality and Safety Committee on 4.07.16 (I).
• Annual Workforce report considered at Trust Board (I).
• Monthly data quality checks (I).
• Monthly DNA reports submitted to managers for remedial action (I).</td></tr>
<tr><td>8. Medical Revalidation Plan.</td><td>• Annual Organisational Audit submitted to NHS England (I).
• Quarterly reports submitted to NHS England (I).
• Annual Report to Trust Board on 26.09.16 (I).
• Higher Level Responsible Officer’s Inspection Report (E).</td></tr>
<tr><td>9. Nursing Revalidation.</td><td>• Registered nurses revalidation readiness report considered at Quality and Safety Committee 6.07.15 (I).
• Nurse revalidation audit undertaken in May 2016 (I).</td></tr>
<tr><td>Gaps in controls and assurances: (What additional controls and assurances should we seek?)</td><td>Mitigating actions: (What more should we do?)</td></tr>
<tr><td>1. Lack of management skills and knowledge
2. Lack of effective communications across the Trust</td><td>
<table>
<tr><th>Action</th><th>Update since last reviewed by Trust Board</th><th>Lead</th><th>Deadline</th></tr>
<tr><td>Management Development courses developed and being implemented at different levels across the Trust</td><td>Two programmes – New and Aspiring Manager and Experienced Middle Manager – were launched in 2016 and have received positive feedback. A strategic leadership programme is under development, in collaboration with Middlesex University</td><td>MV</td><td>Ongoing</td></tr>
<tr><td>Development of communication channels across the Trust as well as introduction of staff networks e.g. Better Together, LGBT</td><td>Successful launch of work around improving LGBT staff and service user experience within the Trust. Better Together Network has launched a series of “listening lunches” which enable staff to hear from senior colleagues about their career pathways and how they took opportunities to progress</td><td>MV</td><td>Ongoing</td></tr>
</table>
</td></tr>
<tr><td>Current performance: (With these actions taken, how serious is the problem?)</td><td>Additional Comments:</td></tr>
<tr><td>The 2016 annual national Staff Survey closed in December. The Trust achieved a response rate of 53% which was a significant increase on the 2015 rate (38%). The results were published on 7 March 2017.</td><td>Due to legislative changes affecting mandatory training, the Trust reviewed the mandatory training matrix to ensure that there is a robust training needs analysis and that refresher training periods are in line with national best practice. This was reported to and agreed by the Quality and Safety Committee on 4.07.16. This resulted in staff being required to undertake additional elements of mandatory training, which has had a negative effect on mandatory training compliance.</td></tr>
</table>

Board Assurance Framework – Meet our financial and other targets

Objective:			3.1 - Providing the best outcomes for patients and meeting NHS requirements, within the resources available	**Board Lead:**	Simon Goodwin	**Date of review:**	May 2017
				Lead Committee:	Finance and Investment	**Date of next review:**	July 2017
Risk ID:	**7**	**Risk:**	**Budget Adherence -** If the Trust fails to deliver the Budget for 2017 / 2018 the Trust will not be able to meet its Control Total or be financially sustainable going forward.	**CQC Domain:**	Well-led	**CQC Outcomes:**	26 - Financial position

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	3 x 5 = **15**
Previous Risk Score:	
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 4 = **12**
Direction of travel:	⇔



Relevant Key Performance Indicators: (taken from the Financial Performance Report)

Indicator	Apr	17/18 YTD £000's	17/18 Forecast £000's
Budget – surplus / (deficit)	(926)	(926)	(4,616)
Actual performance – surplus / (deficit)	(870)	(870)	(4,616)
Variance to budget – Favourable / (adverse)	56	56	0

Rationale for current score:

The Risk Score has been set at 12 (a medium likelihood with a high impact). The budgeted deficit includes unidentified income of £4.5m which was intended to be met through increased funding from the CCGs. This is unlikely to be forthcoming, even with the impending Pricing Review. The Trust plans to bridge the gap on a non-recurrent basis from profit on disposal of estate; however this is subject to risk around whether the sales will occur during this financial year. The Trust has this year included a reserve for private bed usage, and so far expenditure has not exceeded the reserve. Agency spend continues to reduce; however there continues to be over spends from use of additional Bank staff over and above establishment.

The Trust has a Budgeted Deficit for 2017 / 2018 of £4.6m. This is equal to the Control Total imposed by NHS Improvement. The Trust is managing a number of financial risks (articulated in the monthly Financial Performance Report), which in aggregate threatens achievement of the budgeted deficit. The Trust is engaged in a Pricing Review of its contracts with the CCGs. In addition the established Programme Management Office is now fully staffed and working closely with the Service Lines to plan and monitor CIP delivery.

Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. Standing Financial Instructions (SFI) providing framework of financial controls. 2. Reservation of Powers to the Board and Delegation of Powers. 3. Full suite of financial policies and procedures, in line with best NHS practice. 4. Controls for approving bank and agency staff usage to reduce costs associated with the use of temporary staffing.	• SFI and Reservation of Powers considered annually by the Audit Committee and approved by the Trust Board (Last considered by the Audit Committee on 14.11.16 and approved by the Trust Board on 28.11.16) (I).
5. Efficiency plan in place to achieve c.£8.3m ~~c.£4m~~ of savings. 6. Monthly Integrated Performance Meetings to review Service Line performance, risks and opportunities. 7. Monthly review of financial performance of each Service Line. 8. Fortnightly meetings of the Improvement and Delivery Board which includes CIP delivery ~~8.~~9. Service Line Recovery Plans to address top 3 over spending areas	• Financial Performance Report considered at all meetings of the Trust Board and Finance and Investment Committee (I). • Current financial position and actions taken to deliver cost control and CIP saving~~gn~~s discussed fortnightly and Improvement and Delivery Board

<table>
<tr><td>Gaps in controls and assurances: (What additional controls and assurances should we seek?)</td><td>Mitigating actions: (What more should we do?)</td></tr>
<tr><td>No significant gaps in controls and assurances identified, as evidenced by extant Internal Audit reports and the Statement of Internal Control.</td><td>
<table>
<tr><th>Action</th><th>Update since last reviewed by Trust Board</th><th>Lead</th><th>Deadline</th></tr>
<tr><td>The Trust is exploring other avenues to help reduce cost, for example closer collaboration with other London Mental Health Trusts regarding procurement. The Trust is currently involved in the NHS Improvement's Financial Improvement Programme, and an interim Turnaround Director has been appointed and substantive appointments have been made to the PMO, and are in discussions with other Trusts about the possibility of other services being provided on the St Ann's Hospital site.</td><td>The Trust's Procurement function is now led by NELFT with a joint Head of Procurement. CIPs are fully identified for 2017/18 and the PMO are closely monitoring delivery.</td><td>EMT</td><td>Ongoing</td></tr>
<tr><td>The Trust is part of the pilot cohort for Lord Carter's review of productivity and efficiency and is optimistic that there will be early learning that will lead to savings.</td><td>Requested datasets have been submitted and a response is expected in early June.</td><td>SG</td><td>Ongoing</td></tr>
</table>
</td></tr>
<tr><td>Current performance: (With these actions taken, how serious is the problem?)</td><td>Additional Comments:</td></tr>
<tr><td>There is a substantial gap between income and expenditure for 2017 / 2018 and beyond. The Trust has submitted a two year plan to achieve the control total set by NHS Improvement, but this is dependent on additional income of £12m over 2 years, from commissioners.

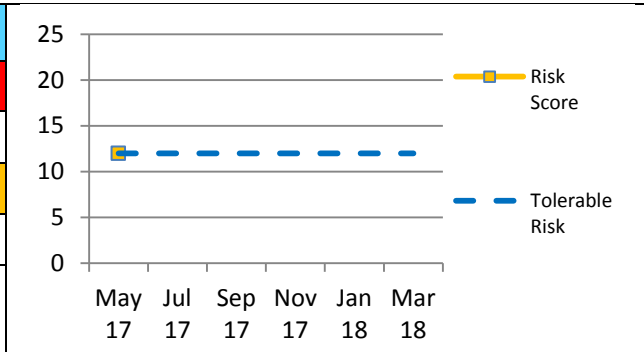
The main emphasis, as set out in the Carnall Farrar report, commissioned by the CCGs, is around system wide working and better alignment of income with expectations around service provision. This has now moved on to include a pricing review as part of the STP and 17/19 contracting round.

The Trust is actively participating in the sector wide 5 year Sustainability and Transformation Plan.</td><td>Linked to the Financial Performance Report.</td></tr>
</table>

Board Assurance Framework – Meet our financial and other targets

Objective:			3.1 - Provide the best possible outcomes for patients, meeting national and local NHS requirements within the resources available - evidenced by meeting agreed targets	**Board Lead:**	Simon Goodwin	**Date of review:**	May 2017
				Lead Committee:	Finance and Investment	**Date of next review:**	July 2017
Risk ID:	**8**	**Risk:**	**Liquidity -** If the Trust does not manage its Liquidity position then the Trust will be unable to pay its creditors and staff.	**CQC Domain:**	Well-led	**CQC Outcomes:**	26 - Financial position

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	4 x 4 = **16**
Previous Risk Score:	
Current Risk Score:	4 x 3 = **12**
Tolerable Risk:	3 x 4 = **12**
Direction of travel:	⟺



Relevant Key Performance Indicators: (taken from the Financial Performance Report)

Indicator	**Apr**
Liquidity Ratio (Days)	-32.6
Net Cash Flow - surplus / (deficit) (£000's)	861
Current Cash Balance - surplus / (deficit) (£000's)	1,720

Rationale for current score:

The Risk Score remains the same as the Trust is now reliant on cash support from the Department of Health. The Trust has received cash support since quarter 4 in 2016/17 and the process to apply for and access cash is now in place and working well. The Trust has access to £9.5m of cash support in 2017/18 and this figure was calculated taking into account that £50 oof the Trust's income target is currently not cash backed.

~~The Trust has applied for cash support and recived £3.5m in February and requested £6.5m for March.~~

Controls: (What are we currently doing about the risk?)

1. Standing Financial Instructions (SFI) providing framework of financial controls.
2. Reservation of Powers to the Board and Delegation of Powers.
3. All financial policies and procedures.
4. Monthly cash flow monitoring.
5. Monthly review of financial performance of each Service Line.
6. Monthly Integrated Performance Meeting to review Service Line performance, risks and opportunities.

~~6.~~7. Monthly reports to service lines on outstanding debt

~~7.~~8. Ongoing discussions with NHS Improvement.

~~8.~~9. Process in place for receipt of cash support and to date £10m has been requested and received.

~~9. The Trust has applied for cash support and received £3.5m in February and has requested £6.5m for March.~~

Assurances: (How do we know if the things we are doing are having an impact?)
(Key: I = Internal / E = External)

- Financial Performance Report considered at meetings of the Trust Board and Finance and Investment Committee (I).
- SFI and Reservation of Powers considered annually by the Audit Committee and approved by the Trust Board (Last considered by the Audit Committee on 14.11.16 and approved by the Trust Board on 28.11.16) (I).
- Regular report to the Finance and Investment Committee on the Trust's cash flow position.

<table>
<tr><td>Gaps in controls and assurances: (What additional controls and assurances should we seek?)</td><td>Mitigating actions: (What more should we do?)</td></tr>
<tr><td>1. Delegated expenditure budgets currently exceed expected income which is unsustainable.
2. Commissioning income doesn't adequately reflect activity risk.
3. Lack of a joined up plan for Mental Health and Community Health across the North Central London Sector.</td><td>
<table>
<tr><th>Action</th><th>Update since last reviewed by Trust Board</th><th>Lead</th><th>Deadline</th></tr>
<tr><td>Financial management systems and processes rigorously applied.</td><td>Ongoing</td><td>SG</td><td>Ongoing</td></tr>
</table>
</td></tr>
<tr><td>Current performance: (With these actions taken, how serious is the problem?)</td><td>Additional Comments:</td></tr>
<tr><td>The Trust is applying the recently approved national controls re agency nursing. These are not expected to have a significant impact on the cost base, but will help to an extent.

The main emphasis, as set out in the Carnall Farrar report, commissioned by the CCGs, is around system wide working and better alignment of income with expectations around services.

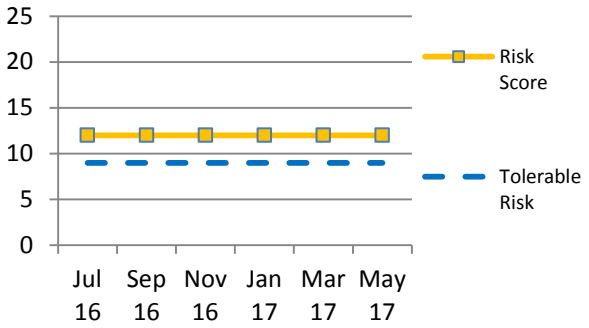
Whilst the Sustainability and Transformation Plan (STP) process is expected to resolve individual Trusts' sustainability issues over the medium term, the Trust has a short to medium term cash requirement which needs to be resolved.

The Trust has received advance payments from commissioners to delay the need for cash support and therefore interest payments. Debt collection processes are being improved and creditor payments reviewed. However, with these actions the Trust will still need cash support.</td><td>Linked to the Financial Performance Report.</td></tr>
</table>

Board Assurance Framework – Meet our financial and other targets

Objective:			3.1 - Providing the best outcomes for patients and meeting NHS requirements, within the resources available	**Board Lead:**	Simon Goodwin / Maria Kane (John Mills / Andrew Wright)	**Date of review:**	May 2017
				Lead Committee:	Estates Sub Committee	**Date of next review:**	July 2017
Risk ID:	**10**	**Risk:**	**Estates Management -** Failure to modernise the Trust's estate may result in a failure to realise the potential estate cost reductions and detrimentally impact on the quality and safety of services, poor patient outcomes and affect the patient experience.	**CQC Domain:**	Safe / Well-led	**CQC Outcomes:**	10 - Safety and suitability of premises.

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	4 x 4 = **16**
Previous Risk Score:	3 x 4 = **12**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 3 = **9**
Direction of travel:	⟺



Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

Annual PLACE Inspection (undertaken between February and June)**:**	**National Average 2015**	**BEH 2015**	**National Average 2016**	**BEH 2016**
Cleanliness	97.57%	98.75%	98.10%	99.20%
Food	88.49%	92.51%	88.20%	92.80%
Privacy, Dignity and Wellbeing	86.03%	89.11%	84.20%	85.71%
Condition, Appearance and Maintenance	90.11%	93.93%	93.40%	96.31%
Dementia	74.51%	83.19%	75.30%	87.34%

Rationale for current score:

The Risk Score remains the same as there remains a medium likelihood of a high impact on the risk as there remain environmental which are dependent on the redevelopment of the St Ann's Hospital site.

- Work continues to take place to improve the environment for service users of wards at St Ann's, and the implementation of the Trust Wide prioritised ligature mitigation plan.
- Planned maintenance work continues to take place in line with the Estates Strategy and maintenance programmes.
- The Trust's Strategic Outline Case (SOC) for the redevelopment of St Ann's Hospital has been approved by NHS Improvement and it is now moving to the next stage.

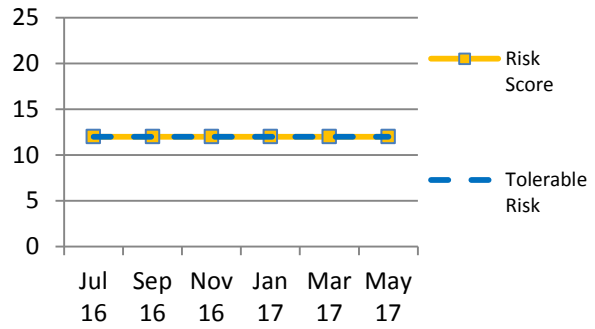
Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. Estates Strategy, which sets out how the Trust will achieve the desired facilities that best accommodate the services provided in the most cost effective way.	• Confirmation from the CQC that the Estates actions in the Quality Improvement Plan have been delivered (E). • HealthWatch Enfield's Patient Led Assessments of the Care Environment (PLACE) - Summary report of 2016 inspection. Annual PLACE Survey reported to the Trust Board on 26.09.16 as part of the Clinical, Quality and Safety Report (E). • Asbestos Register and Management Action plan reported to the Health and Safety Committee (I). • Compliance with the Legionella Water Management Policy, reported to the Health and Safety Committee (I). • Estates and Facilities KPIs (I). • Services provided at Baytree House relocated to Somerset Villa. Baytree House has been marketed; decision to sell Baytree House is with the Trust Board (I).

2. Adherence to the Estates and Facilities work programme. 3. Delivery of agreed NCL Estates Strategy.	• Estates and Facilities KPIs (I).
4. Implementation of the re-development of the St Ann's Hospital site to provide new mental health inpatient facilities.	• Following a competitive process, Integrated Health Projects (IHP) have been appointed as the ~~SOC approval, the next stage involves appointing a~~ new design and build contractor for the new mental health facilities, following Wilmott Dixon's decision to withdraw. ~~An appointment is due by early April 2017. Following this,~~ Work is now underway ~~will progress~~ on developing the detailed clinical design for the new inpatient facilities, obtaining final Planning approval, developing the surplus land sale strategy and developing the OBC, all due by September 2017.
5. Ligature Mitigation Work Plan.	• Summary of Highest, Medium and Low Risk areas following Review of In-Patient Ligature Risk Assessments considered by the Quality and Safety Committee on 5 May 2015 (I). • Update report presented to the Quality and Safety Committee on ~~17.01.17~~8.05.17 (I).
Gaps in controls and assurances: (What additional controls and assurances should we seek?)	**Mitigating actions:** (What more should we do?)
1. Approval of St Ann's redevelopment business case by NHS Improvement by September 2017. 2. Approval of Application for final Planning approval from Haringey Council.	<table><tr><th>Action</th><th>Update since last reviewed by Trust Board</th><th>Lead</th><th>Deadline</th></tr><tr><td>Preparations for marketing of surplus land at St Ann's</td><td>CBRE, the Trust's agents, appointed and ready. Discussions with Haringey Council on process and next steps.</td><td>AW</td><td>September 2017</td></tr><tr><td>Design work on new MH facilities</td><td>~~Will commence in April, once new design and build contractor appointed.~~IHP appointed as new design and build contractor and design work underway.</td><td>JM</td><td>September 2017</td></tr><tr><td>Application for final Planning approval from Haringey Council</td><td>Planning application will be developed with IHP.~~new design and build contractor, once appointed~~.</td><td>AW</td><td>September 2017</td></tr><tr><td>Commencement of building works at St Ann's Hospital</td><td>Dependant on NHSI approval of OBC (Oct –2017) and FBC (Feb - Mar 2018).</td><td>AW</td><td>~~May~~ March 2018</td></tr></table>
Current performance: (With these actions taken, how serious is the problem?)	**Additional Comments:**
A five year programme (2015 – 2020) for mitigating ligature risks is in the process of being implemented. Approximately ~~£500k~~£700k was programmed in year one and two, with a further expenditure of ~~£2M~~£1.2M over the following ~~four~~ three years.	Ligature programme linked to Risk 1592 on the Corporate Risk Register.

Board Assurance Framework – Provide Excellent Services for Patients

Objective:		3.1 - Providing the best outcomes for patients and meeting NHS requirements, within the resources available	**Board Lead:**	Andy Graham	**Date of review:**	May 2017
			Lead Committee		**Date of next review:**	July 2017
Risk ID:	**11**	**Risk:** **Efficiencies through Enablement -** If the Trust fails to deliver operational and financial efficiencies through Enablement this will affect the sustainability of the Trust.	**CQC Domain:**	Effective / Safe / Well-led	**CQC Outcomes:**	1 – Respecting and involving people. 4 - Care and welfare of people. 26 - Financial position

Risk Rating: (Likelihood x impact):	
Initial Risk Score:	3 x 4 = **12**
Previous Risk Score:	3 x 4 = **12**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 4 = **12**
Direction of travel:	⇔



Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

Indicator	Feb	Mar	Apr	17/18 Target
Percentage of people in receipt of Community Mental Health services who are in settled accommodation	77%	77%	76%	70%
Percentage of people in receipt of Community Mental Health services who are engaged in structured occupations, including actively seeking work, parenting and running a home	23%	23%	22%	20%

Rationale for current score:

The Risk Score remains the same as there remains a medium likelihood of a high impact on the risk as the Trust has not received additional funds to support transformation and will therefore need to deliver within current resources. Other priorities may distract from the delay of the enablement programme. Partner agencies may disengage to pursue other priorities, e.g. financial uncertainty.

Controls: (What are we currently doing about the risk?)

1. Enablement Board re-established.
2. Consultation with staff undertaken.
3. Rehabilitation inpatient project established- due to open January 2018.
4. Adult Mental Health Pathway changes delivered in Barnet and in progress in Enfield and Haringey.

~~1. Enablement Board is now integrated with the Improvement and Delivery Board.~~
~~2. Engagement of all key internal and external stakeholders.~~
~~3. Planned programmes of major changes (a. Adult Mental Health Pathway and b. Rehabilitation)~~
~~4. Develop and support Enablement Project Managers.~~
~~5. Enablement Project Plan.~~
~~6. Borough based partnerships established.~~
~~7. Rehabilitation Service Working Group established.~~

Assurances: (How do we know if the things we are doing are having an impact?)
(Key: I = Internal / E = External)

- Regular reports providing an update to the Trust Board (I).
- Regular reports to the Improvement and Delivery Board (I).
- Enablement project communications campaign (I).
- ~~Adult Mental Health Pathway Review complete in Barnet and underway in Enfield and Haringey (I).~~
- Regular meetings of the Enablement Board (I).
- Project plans in place for adult pathway review in each borough and rehabilitation project.

Gaps in controls and assurances: (What additional controls and assurances should we seek?)

1. Approval of transformation funding by Clinical Commissioning Groups.
2. Involvement of Third Sector partners.

Mitigating actions: (What more should we do?)

Action	Update since last reviewed by Trust Board	Lead	Deadline
Commissioners have met and will not invest in transformation during 2016/17 (31/10/15).	Being raised through the STP process.	AG	On hold
Proposals being developed to work with Third Sector partners to secure the benefits of Enablement.	New model in collaboration with Third Sector agreed and evaluation group established.	AG	Completed

Current performance: (With these actions taken, how serious is the problem?)

The Trust is currently implementing and monitoring a number of Enablement pilot projects. The Enablement programme is being independently evaluated, the outcome of which will be reported to the Trust Board in due course.

Service Line Enablement Managers and Project managers have been appointed.

The Trust has recruited eight Community Engagement workers in place with lived experience.

Additional Comments:

The Trust is developing an ambitious change programme to ensure that all clinical services are delivering Enablement based care to patients. This is supported by commissioners, local authorities and other stakeholders although funding has not been agreed. The initial proposals have been widely communicated with stakeholders and feedback has been positive.

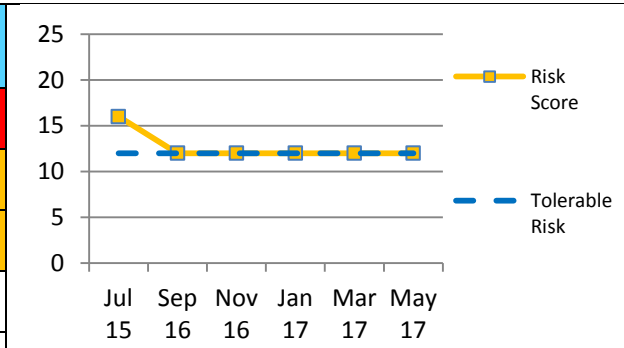
Linked to Risk 1547 on the Corporate Risk Register.

Board Assurance Framework – Meet our financial and other targets

Objective:			3.1 - Providing the best outcomes for patients and meeting NHS requirements, within the resources available	**Board Lead:**	Andy Graham (Alex Manya)	**Date of review:**	May 2017
				Lead Committee:	Performance Improvement	**Date of next review:**	July 2017
Risk ID:	**12**	**Risk:**	**Performance Information -** If the Trust fails to ensure reliable, accurate, timely or complete clinical or management information this may impair decision-making, the optimal use of resources to deliver safe patient care efficiently, and the Trust's ability to evidence this to commissioners in line with contractual requirements.	**CQC Domain:**	Well-led	**CQC Outcomes:**	16 - Assessing and monitoring the quality of service provision. 21 - Records

Risk Rating: (Likelihood x severity):

Initial Risk Score:	4 x 5 = **20**
Previous Risk Score	3 x 4 = **12**
Current Risk Score:	3 x 4 = **12**
Tolerable Risk:	3 x 4 = **12**
Direction of travel:	⇔



Top Relevant Key Performance Indicators: (taken from the Performance and Quality Dashboard Report)

	Qtr 4			Qtr 4	
	Jan	**Feb**	**Mar**	**Apr**	**May**
Activity Recording - Percentage variance from contracted activity plan (CCG Contracted Activity)	5.5%	9.0%	16.8%	-0.2%	
Patient FFT - Mental Health Response Rate	8%	8.50%	7.4%	10%	

Rationale for current score:

The Risk Score remains the same. The likelihood of information being incomplete has reduced through the new controls which continue to prove effective via the assurances described. However, the expectation of commissioners is now based on this increased recording, the maintenance of which has been a challenge in the past. Under recording of contacts will also have a more direct impact on funding from April, so potential severity remains the same despite the baselines having been reset.

While CCG plans have been reset according to previous years, the Adult MH Pathway Reviews and associated changes are likely to present some variation this year. Most of the work will remain the same, despite being delivered by a restructured service, and should not impact activity levels. There will however be some areas in which the nature of the work itself has changed, and the number of contacts will change as a result. This will require regular review throughout the year to ensure expectations for the activity levels of teams such as the Barnet Primary Care Link Workers are adjusted to reflect the new approach.

~~While the in-month variance from plan has seen peaks and troughs, the year-to- December variance from planned activity is +4%. Given that the plan was partly based on previous years' activity data, which is known to have been underreported; a 4% increase is roughly what should be expected as we approach the end of the year.~~

The existing controls focus on manual validation and scrutiny. While these are adequate to reduce the risk, we are planning their phased replacement and augmentation with more efficient, automated validation checks as part of the database redesign project.

Controls: (What are we currently doing about the risk?)	**Assurances:** (How do we know if the things we are doing are having an impact?) (Key: I = Internal / E = External)
1. Performance Improvement Committee meets on a bi-monthly basis to review the Integrated Performance and Quality & Safety Dashboard Report and the Corporate Risk Register prior to consideration by the Quality and Safety Committee and Trust Board.	• Regular feedback report on the work of the Performance Improvement Committee presented to every meeting of the Quality and Safety Committee (I). • Increased activity recording is now more in line with expectations, based on the

2. Integrated Performance and Quality Dashboard Report which presents performance information across a number of KPIs. 3. Validity and completeness of information is being monitored as part of Borough level performance reporting. 4. Further controls include scrutiny at the new Performance Improvement Committee and the Integrated Performance Meetings. 5. Productivity information is being produced weekly. Some evidence that IT is impacting negatively on recording is being addressed through Open Rio functionality and a 12-month project to improve information reporting. 6. Funding for a data warehouse, improved database infrastructure and reporting has been secured through CAMHS Future in Mind transformation. We have started the project, in collaboration with NELFT, which will provide a repository of validated, replicable data for use in all retrospective reporting. 7. We have a dedicated 'Activity Improvement Coordinator' whose role it is to offer dedicated validation and support to teams throughout the trust. Any apparent under recording is now cross referenced with ESR staffing data and discrepancies are queried within the month, prior to reporting.	team-level delivery plans and analyses scrutinised at the activity recording working group (I). • Integrated Performance and Quality & Safety Dashboard Report presented to every meeting of the Quality and Safety Committee and Trust Board (I). • Bi-Monthly Data Quality Improvement Meetings (I). • Data Quality (validity) is part of 16/17 and 17/18 contracts. Data is scrutinised by the CCGs via the NELCSU (E). • Integrated Performance Meeting with each Borough and Specialist Team (I).

Gaps in controls and assurances: (What additional controls and assurances should we seek?)	**Mitigating actions:** (What more should we do?)
1. The replicability of performance information (i.e. the ability to reproduce the same, validated information from a source that integrates all of our key systems) is jeopardised by the absence of a static reporting data warehouse.	

Action	**Update since last reviewed by Trust Board**	**Lead**	**Deadline**
Activity recording will be queried at team level and teams where under-recording is an issue will be supported to improve.	~~Activity recording continues to be monitored against team-level delivery plans.~~ New plans have been agreed with CCGs, so we expect recorded activity levels to come out closer to targets.	Alex Manya	Ongoing
Having agreed the CCG planned activity trajectories for 2017/18, we will now be comparing the actual values each month against these figures and escalating underperformance greater than 3% across a borough	While month 1 data are still provisional as the time of this report, we expect to see a brief reduction in the amount of adult, community mental health activity in Barnet due to the transition to the new teams. The extent of this reduction over Q1 will inform the need for a pricing review of contacts – for example, we expect the new Primary Care Link Working Team to record fewer contacts than the former Assessment Service, as they are spending more time working proactively with GPs to prevent referrals that could be more appropriately managed in primary care.	Alex Manya	For review in July

Current performance: (With these actions taken, how serious is the problem?)	**Additional Comments:**
The information presented to our board is increasingly complete and reliable, and the likelihood of misleading information being reported is low. With routine, operational validation and multiple points of scrutiny, the impact of minor data inaccuracies would be minimal. The Board and Committee level performance report for 2016/17 calculates key indicators directly from RiO data extracts. This applies to the borough-level reports as well as the Trust Board view, so performance is unavoidably reflective of the information recorded in our clinical systems.	The 'live' nature of the reporting database is less of a problem for board-level decision making than it is for retrospective analyses and CCG assurance. In17/18 we plan to implement a read-only database, providing access to reports that will remain static.

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Integrated Quality and Performance Report
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Restricted to Board members until approved
Report Author:	Name: Alex Manya Title: Assistant Director of Information and Performance
Report Sponsor:	Name: Andy Graham Title: Executive Chief Operating Officer
Comments / views of the Report Sponsor:	None.

Overview of the report:

This report provides a summary of performance against the (draft) Key Performance Indicators (KPIs) for 2017-18.

Key issues to bring to the attention of members:

Highlights and exceptions for the April 2017 reporting period:

- Annual CPA reviews were 15 cases short of the target (out of over 2,000 people on the CPA). This was the combined result of the team changes following the adult pathway review in Barnet and the sickness within the Barnet Community Rehabilitation Team. It is expected that these issues will be resolved in May.

- The number of Enfield CAMHS clients on the waiting list has been reducing steadily since the Trust committed additional resource to deal with the issue (to be supported by £247k agreed with ECCG). While the waiting list is reducing, the need to prioritise cases according to risk, rather than length of time waited, meant that the percentage having waited over 13 weeks increased slightly. All clients who have waited over 13 weeks now have appointments booked and will all be seen by the end of June.

- Barnet's adult inpatients experienced a high number of delayed transfers, with 54% of the lost bed days being attributed to delays in securing placements or care packages. Weekly partnership calls continue to seek solutions locally, while the Trust engages with London-wide initiatives to reduce delays.

- In the Podiatry Service, waiting times for non-urgent, MSK foot referrals have started to improve following the recruitment of a locum. Referrals to the service remain high compared to previous years,

Key supporting documents:
None.

Decisions / actions required:

The Trust Board is asked to:

1. Receive and comment on the structure and content of the amended 2017-2018 report;
2. Receive assurance on the work to improve those areas of quality and performance which require action, and note those areas of improvement during the last month;
3. Confirm where additional investigation and assurance is required on the basis of the data contained in the report

Likely onward reporting:	This report is for approval by the Trust Board prior to publication.
Report History:	This is a monthly report, produced in this format since April 2016 and updated to reflect current KPI requirements this month.
Implications of the decision / actions:	The performance improvement activity will be guided by comments and feedback from the Board in relation to future reports.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	As the main performance report of the Trust, this report relates to Risk 11 of the Board Assurance Framework – "If the Trust fails to ensure reliable, accurate, timely or complete clinical or management information". **Performance against these metrics provides assurance to the Board that the Trust is providing excellent services for patients.**

List of Appendices:

- None

Trust Performance Scorecard

	2016/17						2017/18			
	Qtr 3			Qtr 4			Qtr 1	Trend	Target	April Comments
	Oct	Nov	Dec	Jan	Feb	Mar	Apr			
Safe										
CPA Acute & PICU % of patients followed-up 7 Days after discharge	99.1%	100.0%	99.3%	100.0%	99.2%	98.0%	100.0%		95%	
Care Programme Approach: % of patients reviewed in the last 12 months	95.6%	97.0%	96.5%	96.2%	96.3%	95.6%	94.3%		95%	Annual CPA reviews were 15 cases short of the target (out of over 2,000 people on the CPA). This was the combined result of the team changes following the adult pathway review in Barnet and the sickness within the Barnet Community Rehabilitation Team. It is expected that these issues will be resolved in May.
Inappropriate use of inpatient beds.	0	0	0	0	0	0	0		0	
Number of Never Events	0	0	0	0	1	0	0		0	
136 Suite – inappropriate use	0	0	1	0	1	0	0		0	
Adult Acute Inpatient Risk Assessments - % Current (From sample)	98%	96%	97%	95%	97%	96%	96%		90%	
New CAMHS referrals receiving 2 contacts before turning 18, with <6 week wait time between contacts										
CAMHS Waiting Lists - Percentage of GP referrals waiting over 13 weeks (snapshot taken on last working day)	12.1%	6.2%	9.2%	8.0%	8.7%	6.3%	10.2%		0%	The number of Enfield CAMHS clients on the waiting list has been reducing steadily since the Trust committed additional resource to deal with the issue (to be supported by £247k agreed with ECCG). While the waiting list is reducing, the need to prioritise cases according to risk, rather than length of time waited, meant that the percentage having waited over 13 weeks increased. All clients who have waited over 13 weeks now have appointments booked and will all be seen by the end of June.
CAMHS waiting list snapshot (last day of month)	503	513	573	791	993	1206	1084			
Effective										
% PbR Cluster Reviews completed on time	89.8%	90.2%	88.1%	88.2%	87.6%	85.9%	86.8%		85%	
% Patients gate kept by the Crisis Resolution and Home Treatment Team	95.8%	98.2%	100%	100.0%	100.0%	100.0%	100.0%		95%	
% Admissions that are emergency readmissions within 28 days of previous discharge	1.0%	0.8%	0.8%	1.4%	0.8%	2.9%	1.6%		5%	
Falls resulting in severe injury or death	0	0	0	1	0	2	0		0	
Grade 3 or 4 pressure ulcers	1	2	2	0	1	1	2		1	Incidents reported via datix are being investigated and can take time for the final position to be validated. This can result in the retrospective amendment of figures reported in prior months, but the two cases in April relate to the Eagle and Rowan District Nursing Teams.
Formal Complaints received	2	5	3	8	2	6	13		-	25 day compliance figures are one month in arrears as the 25 working day period is not yet complete for the current month. Datix is a live system so figures are expected to change as complaints are reviewed and re-categorised. Minor changes to the figures are to be expected.
Complaints: Response in time	100%	100%	100%	50%	100%	75%	tbc		90%	
Caring										
Patient Survey - Information provided	88%	85%	87%	88%	90%	91%	90%		80%	
Patient Survey - involved in decisions	87%	86%	86%	84%	85%	86%	88%		80%	
Patient Survey - treated with dignity	94%	93%	92%	93%	93%	93%	94%		80%	
Overall Patient Satisfaction	89%	85%	86%	87%	88%	89%	90%		80%	
Overall Carer Satisfaction	90%	92%	93%	89%	91%	92%	91%		80%	
Patient FFT - Mental Health Overall Score	83%	86%	84%	87%	86%	85%	85%		80%	

Trust Performance Scorecard

	2016/17						2017/18			
	Qtr 3			Qtr 4			Qtr 1	Trend		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr		Target	April Comments
Patient FFT - ECS Overall Score	97%	91%	99%	98%	97%	98%	99%		90%	
Responsive										
DToC - % All Occupied Bed Days (OBDs) due to delayed transfers	5.55%	6.65%	7.27%	10.77%	12.65%	10.80%	12.08%		7.5%	Enfield continued to see a relatively low rate of delay in April, and Haringey improved to 15% of all bed days (from 19% in March).
DToC - % Adult OBDs due to delayed transfer of care	5.21%	4.62%	5.56%	12.52%	16.81%	12.71%	15.23%		5%	Barnet's adult inpatients experienced high delays, with 54% of the lost bed days being attributed to delays in securing placements or care packages. Weekly partnership calls continue to seek solutions locally, while the Trust engages with London-wide initiatives to reduce delays.
DToC - % Older People's OBDs due to delayed transfer of care	6.2%	12.0%	11.9%	6.4%	2.7%	5.8%	4.5%		20%	
DToC - Number of Patients delayed in the month	18	23	22	28	34	32	36		30	
Let's Talk (Enfield IAPT) % of people treated within 18 weeks of referral	99.0%	100.0%	99.3%	98.9%	100.0%	100.0%	99.4%		95%	
Let's Talk (Enfield IAPT) % of people treated within 6 weeks of referral	91.0%	97.3%	96.6%	95.9%	95.9%	92.1%	93.9%		75%	
Let's Talk (Enfield IAPT) number entering treatment each month.	463	531	437	527	485	550	464		441	
Let's Talk (Enfield IAPT) Recovery Rate	46.2%	50.6%	49.3%	43.1%	47.9%	57.5%	50.3%		50%	
EIP % of people treated within 2 weeks	66.7%	68.2%	64.7%	64.7%	47.4%	65.2%	64.3%		50%	
CAMHS FEP cases treated within 2 weeks	3	4	2	1	0	1	0			
CRHT GP Response Times - 4 hours	100.0%	100.0%	98.3%	100.0%	100.0%	98.5%	98.0%		95%	
Liaison Service - N. Mid 1-hour response time for A&E referrals	84.2%	85.6%	85.0%	84.5%	84.6%	88.4%	85.4%		95%	Limited staffing resources to work out of hours and multiple referral continues to impact on the ability to assess all referrals within the 1 hour target. The Liaison service at the North Middlesex has attracted STP funding to begin in 2018/19.
Liaison Service - Barnet 1-hour response time for A&E referrals	94.0%	88.3%	92.1%	87.1%	93.9%	88.1%	94.5%		95%	Despite the improved performance in April, the measure remains volitlie and performance is largely down to the number of multiple referrals received at times when nursing staff are able to see them all within the 1 hour target.
Well Led										
Proportion of staff compliant with individual mandatory training requirements	82%	77.1%	79%	78.0%	80.8%	85.3%	84.9%		90%	Additional courses, workbooks and e-learning are in place to meet demand. An improvement plan is in place.

Trust Performance Scorecard

	2016/17 Qtr 3 Oct	Nov	Dec	Qtr 4 Jan	Feb	Mar	2017/18 Qtr 1 Apr	Trend	Target	April Comments
Sickness/absence rate %	3.6%	3.5%	3.4%	3.6%	3.7%	3.2%	3.3%		3.5%	Sickness absence continues to be monitored with boroughs, and with support from OH. The policy is currently under review. The Bradford score is now being used to monitor absence. This will particularly highlight intermittent absence that is most disruptive to teams. This is expected to introduce further rigour into the process.
Agency as a % of Employee Spend (Financial - agency spend as a percentage of staffing spend)	6.6%	7.9%	6.8%	7.7%	5.1%	5.8%	3.9%	↓	10%	There has been a steady decline in agency bookings since June 2016. Agency spend and booking volumes have halved in this period. Areas of high non-clinical spend are being reviewed with the respective services. All long term bookings in the Trust are being reviewed with a view to convert them to bank or substantive appointments. Further improvements are expected in the next month. This will result in an increase in bank spend and volumes as a higher proportion of bookings are converted to bank.
Bank as a % of Employee Spend (Financial - bank spend as a percentage of staffing spend)	8.6%	8.5%	8.3%	8.4%	8.8%	8.2%	9.5%	↑	7%	
Total vacancy rate (% established posts without staff members in place)	12.4%	11.5%	12.4%	10.3%	9.9%	9.8%	11.3%	↑	10%	There has been an increase to the budgeted establishment (58.71 fte), this is due to the Finance budget review and setting for the new year and the TUPE transfer of 2 services (Estates and Enfield Drug Service under Specialist). Vacancies would have reduced to 9.3% had there been no increase in establishment. Recruitment to vacancies remains on track alongside continued engagement with the boroughs. Vacancy % Rate for overall Inpatient Services is currently 11.3%, whereas Community Services is currently 13.6%.
Nursing Vacancy Rate	16.3%	16.5%	17.1%	15.8%	15.1%	15.7%	16.9%	↑	10%	There has been a further increase to the to the budgeted establishment under N&M roles resulting in an increase in the vacancy rate. An on-boarding group has been set up to plan the intake of the Philippine recruits. A weekly reporting process has also been set up with the agency supporting Philippine recruitment to ensure that the 200 successful candidates from the campaign are tracked. Advertising at various events as well as social media is underway. Registered Nurse Vacancy % Rate for Inpatient Services is currently 13.2%, whereas Community is currently 21.7%. Further work is being done with the community teams to look at dedicated recruitment campaigns.
Medical vacancy rate	14.9%	8.4%	12.7%	12.7%	7.8%	8.7%	7.5%	↓	10%	There has been a reduction in medical vacancies linked to a decline in the medical establishment. Recruitment to vacancies continues in collaboration with the boroughs.
Time to hire (mean number of days from advert start to provisional start date)	104	100	96	86	95	89	83	↓	-	A range of process improvements have been introduced in recruitment. These continue to remain under review to ensure that they are sustained. The team have remained within the employment checks target of 4 weeks and were able to achieve 2.8 calendar weeks in April. There will now be an increased focus on supporting recruiting managers with completing shortlisting and interviewing within agreed timescales. Though the target of 77 calendar days has not been achieved, there is confidence that this can be achieved with a quicker turnaround in shortlisting and interview timescales
Staff Turnover (Total)	13.2%	13.5%	13.4%	13.5%	13.0%	13.2%	13.0%	↓	15%	
- Staff turnover (Unplanned)	9.6%	10.0%	9.9%	10.0%	9.4%	10.2%	9.9%	↓	11%	
- Staff turnover (Planned)	3.6%	3.5%	3.5%	3.5%	3.6%	3.0%	3.1%	↑	5%	
Percentage of exit interviews where the trust was described as a good place to work	60.3%	59.7%	60.1%	60.7%	60.7%	60.7%	61.2%	↑	-	
Staff FFT - Overall score: % would recommend as a place to work	59%			58%				↓	50%	
Staff FFT - Overall score: % would recommend as a place for care	60%			65%				↓	55%	

Enablement

Percentage of people in receipt of Community Mental Health services who are in settled accommodation	76%	77%	77%	77%	77%	77%	76%	↓	70%	
Percentage of people in receipt of Community Mental Health services who are engaged in structured occupations, including actively seeking work, parenting and running a home	26%	26%	26%	23%	23%	23%	22%	↓	20%	

Trust Performance Scorecard

	2016/17						2017/18			
	Qtr 3			Qtr 4			Qtr 1	Trend		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr		Target	April Comments
Activity and Efficiency										
Activity Recording - Percentage variance from CCG contracted activity plan (MH Community Activity)	3.8%	14.2%	6.9%	5.5%	9.0%	16.8%	-0.2%		±3%	
Activity Recording - Percentage variance from CCG activity plan (ECS Contracted Activity)							3%		3%	
Adults - Mean length of acute inpatient stay on discharge (Untrimmed)	34	37	42	32	37	34	33		35	
Adults - Median length of acute inpatient stay on discharge (Untrimmed)	23.5	27	20	18.5	24	19.5	23		28	
Adults - percentage people on the acute inpatient caseloads that have had stays of over 100 days	13.4%	13.3%	14.5%	14.0%	15.7%	15.5%	14.3%		25%	
Older People - Mean length of acute inpatient stay (Untrimmed)	39.1	29.8	42.0	74.6	40.7	26.7	66.2		40	
Older People - Median length of acute inpatient stay (Untrimmed)	23	31	23	27	43	21	31		40	
Mental Health DNA Rates (Excluding CRHTs)	7.2%	7.7%	7.2%	7.2%	7.0%	7.1%	8.2%		10%	
- Mental Health DNA Rates - Adults	8.3%	9.4%	8.3%	8.1%	8.1%	8.5%	9.4%		11%	
- Mental Health DNA Rates - Older Adults	2.6%	2.6%	2.4%	2.8%	2.4%	2.4%	2.2%		4%	
- Mental Health DNA Rates - CAMHS	8.2%	8.0%	9.1%	8.9%	8.7%	7.7%	10.7%		10%	The increase in the DNA rate in April is a trend linked to the Easter period and a time when family miss appointments without notification.
Memory Clinic: Average No of weeks from Referral to Diagnosis	7	5	5	5	4	4	8			Combined ref to ass and ass to diagnosis
Enfield Community Services										
District Nursing										
% of urgent referrals responded to within 4 hours	100%	100%	100%	-	-	-	-		90%	
% of referrals responded to within 48 hours	100%	100%	100%	100%	100%	100%	100%		90%	
% of urgent referrals to OOH nursing responded to within 4 hours	100%	100%	100%	-	-	-	-		90%	
Community Physio										
% of urgent referrals seen within 5 working days	100%	100%	67%	100%	100%	100%	100%		90%	
% of routine referral seen within 8 weeks	82%	84%	81%	80%	90%	98%	99%		90%	
Physio MSK										
% of urgent referral seen within 5 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		90%	

Trust Performance Scorecard

	2016/17 Qtr 3 Oct	Nov	Dec	Qtr 4 Jan	Feb	Mar	2017/18 Qtr 1 Apr	Trend	Target	April Comments
% of patients whose first appointment is within 13 weeks	65%	69%	89%	92%	98%	99%	99%	↓	90%	
Podiatry										
% of non-urgent referrals assessed within 13 weeks	90%	76%	66%	60%	72%	58%	76%	↑	90%	Podiatry is reporting a modest improvement in routine access from 58% to 76%. The service is currently recruiting and has two vacancies which are now partly covered by agency staff. Podiatry have been experiencing a year-on-year increase in referral demand. Referrals were up 3.9% in 2016/17 compared to 2015/16 levels. The service was top nationally in the last national benchmarking report for face-to-face contacts per staff member. For year 2016/17, contacts are up 7.3% against the 2015/16 data that was used for the national benchmarking report.
% of urgent referrals responded to within 48 hours	None	100.0%	100.0%	100.0%	None	100.0%	100.0%	→	90%	
Safeguarding Children and Young People										
% up to date with required Level 1 & 2 safeguarding Training	94%	95%	96%	95%	97%	96%	97%	↑	80%	
% up to date with required Level 3 Safeguarding training	86%	88%	88%	89%	91%	91%	93%	↑	80%	
% of Health Visitor child protection supervision sessions completed within 3 months timescale	100%	100%	100%	100%	100%	91%	100%	↑	90%	
% of School Nurse child protection supervision sessions completed within the previous term	100%							→	100%	
Children Looked After										
% health assessments carried out by the specialist nurses within timescale	100%	100%	100%	100%	100%	75%	88%	↑	95%	One Looked After Child is currently missing from their placement, as soon as they return an appointment will be booked. Another Looked After Child did not attend sessions booked within the timescale and is being followed up. The third exception has an appointment booked for 15/05/17
New-born Health Visiting										
% of new birth assessments carried out between 10-14 days	97%	97%	97%	99%	99%	99%	97%	↓	95%	
SaLT - Early Years Drop-In										
% Referrals (following drop-in assessments) for specialist interventions, that are seen within 13 weeks	94%	88%	100%	100%	100%	90%	94%	↑	75%	
Children's Physio (MSK)										
% Routine referrals for initial Physio assessment seen by 13 weeks	100%	100%	100%	100%	98%	100%	100%	→	85%	
Children's Occupational Therapy										
% Complex referrals for initial OT assessment seen by 13 weeks	100%	100%	100%	88%	100%	100%	100%	→	95%	

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Trust Board

Finance Report to 30th April 2017

Contents

Appendices

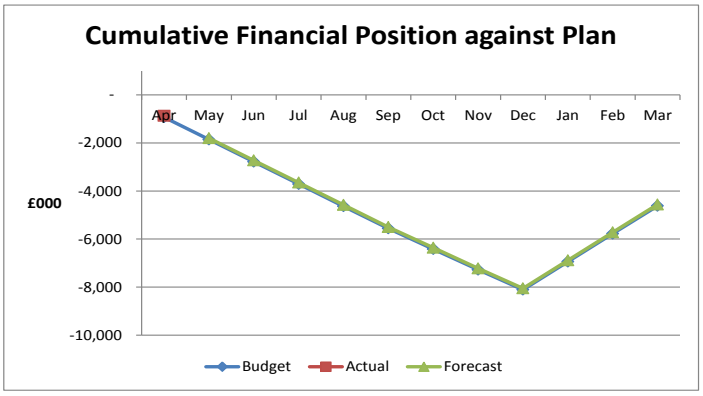
1. Financial Performance Overview

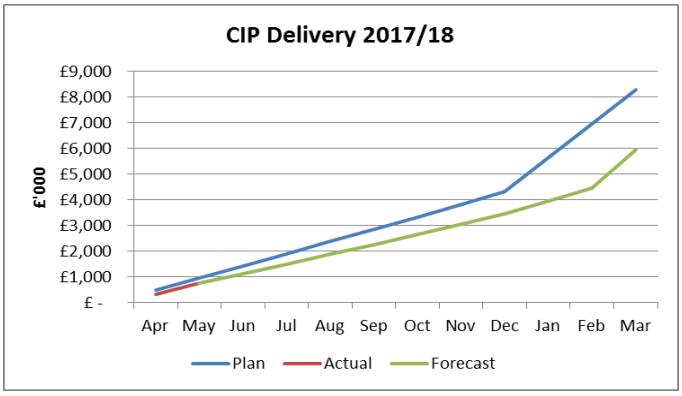
Achievement of Forecast

	£000		
	Budget	**Actual**	**Variance**
Month 1	(926)	(870)	56
Year to Date	(926)	(870)	56
Forecast	(4,616)	(4,616)	0

Budget/Actual - Surplus/(Deficit)
Variance to Budget - Favourable/(Adverse)

- Financial performance at the end of month 1 is a deficit of £870k against a planned deficit of £926k.
- Forecast outturn is of a £4.6m deficit.





- The actual deficit is better than plan by £56k in month.
- The forecast is of a £4.6m deficit. The trust's control total is £4.6m, which includes Sustainability and Transformation Funding (STF) of £1.1m. This is a challenging target as 2016/17 outturn was a £12.3m deficit.
- £4.3m income is unidentified and profiled to quarter 4.
- An average of 12 private beds per night were used during April, down from 15 in March. The cost was £193k, which was offset by reserves;
- The continued use of private beds is the most significant expenditure risk to the trust.

Cost Improvement Programme (CIP)

- CIP performance is worse than plan by £161k in month;
- The trust's savings target is £8.3m of which is all identified. Of the identified schemes, £6m have firm plans in place for delivery;
- Of £8,280k identified CIP, £3,842k is classified as green, £3,208k is amber and £1,231k is red.

Key Areas of Risk

- Increased use of private beds, however the forecast assumes that the current level of usage continues.
- Unidentified income of £4.3m which is budgeted but profiled to the final quarter of the year.

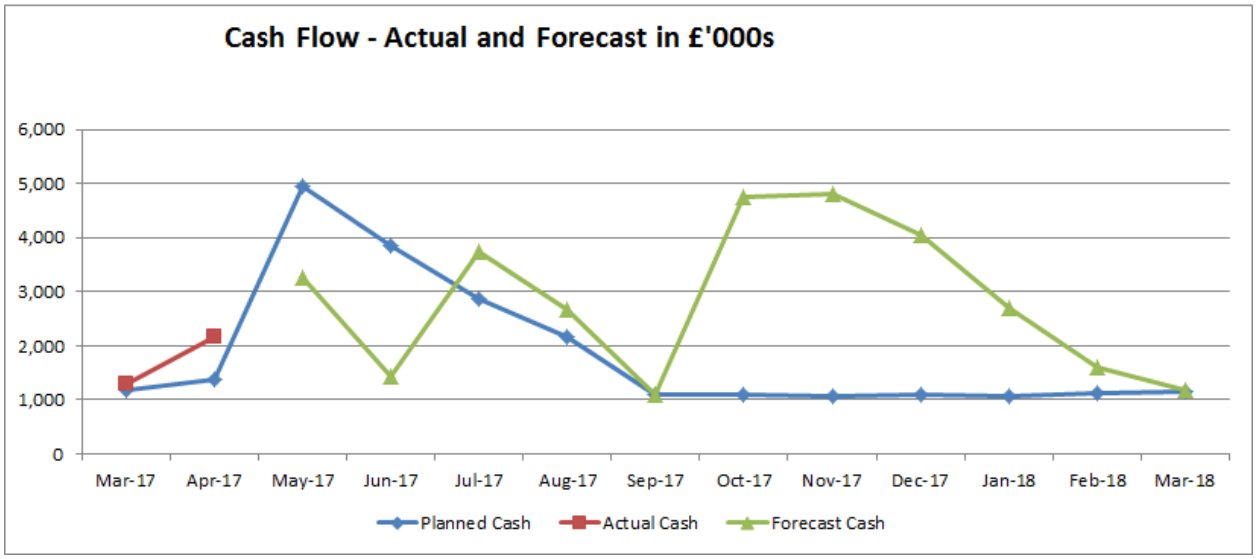
Actions to achieve the Forecast Outturn

- Bed management continues to be closely monitored at the fortnightly Improvement and Delivery Board, with targets for beds now in place for each borough.

Cash

- Required Cash support is forecast to be £9.5m in 2017/18.

- The lag between forecast cash and planned cash during the year in the graph below is largely due to forecast delays in receiving cash for fixed asset disposals and from specific debtors.



Single Oversight Risk Rating

- The Trust scores 3 against the new NHS Improvement Single Oversight Risk Assessment Framework for both year to date and forecast outturn. This is detailed in section 7 of this report.

2. Financial Summary Year to Date - Income and Expenditure

The table below shows the values for planned and actual performance against the budgeted deficit of £4.6m submitted to NHS Improvement in April, and £1.1m STF and £4.3m unidentified income.

Annual Budget £000's		Month 1 Budget £000's	Month 1 Actual £000's	Month 1 Variance £000's	YTD Month 1 Budget £000's	YTD Month 1 Actual £000's	YTD Month 1 Variance £000's	Forecast Outturn £000's
196,568	Patient Care Income	16,025	15,911	(114)	16,025	15,911	(114)	196,568
7,860	Non Patient Care Income	705	715	9	705	715	9	7,860
(155,541)	Pay	(13,011)	(12,426)	585	(13,011)	(12,426)	585	(155,541)
(40,488)	Non Pay	(3,561)	(3,958)	(397)	(3,561)	(3,958)	(397)	(40,508)
8,399	**EBITDA**	**158**	**241**	**84**	**158**	**241**	**83**	**8,379**
-4%	EBITDA %	-1%	-2%		1%	2%		4%
-	Profit / (loss) on disposal of assets	-	-	-	-	-	-	
-	Fixed Asset Impairments	-	-	-	-	-	-	
(6,350)	Depreciation and Amortisation	(529)	(561)	(32)	(529)	(561)	(32)	(6,350)
(6,282)	PDC Dividend	(524)	(498)	26	(524)	(498)	26	(6,282)
(383)	Interest payable	(32)	(53)	(21)	(32)	(53)	(21)	(383)
-	Interest Receivable	-	1	1	-	1	1	
(4,616)	**Surplus / Deficit**	**(926)**	**(870)**	**56**	**(926)**	**(870)**	**56**	**(4,636)**
-	Fixed Asset Impairments removed	-	-	-	-	-	-	
(4,616)	**Surplus / Deficit excluding impairments**	**(926)**	**(870)**	**56**	**(926)**	**(870)**	**56**	**(4,636)**

Summary: The Trust's financial performance at the end of month 1 is a deficit of £870k against a budgeted deficit of £926k, which is favourable to plan by £56k.

Income

Total income is worse than plan by £104k in month;

Patient care income is £114k worse than plan in month 1. Shortfalls against budget were -

- Block income is shown as underachieved by £155k in month as CQUIN is not guaranteed in 2017/18. 50% of CQUIN has been invoiced and is in the trust's position, the balance is not as it is dependent the achievement of targets;
- Enfield cost and volume income is £43k underachieved due to a £23k shortfall in Respiratory activity and £20k shortfall Continuing Care bed income (where only one bed is being commissioned);
- Haringey CAMHs Transformation funding is £23k lower than budget, contract values are being confirmed with commissioners. Expenditure budget values will be adjusted if income is confirmed to be lower than planned;

This shortfall was partly offset by overachieved income –

- Enfield other clinical income was £60k better than plan, including £35k additional income relating to the Community Crisis Response service, Learning Disabilities and PACE (offsetting additional expenditure) and £10k CAMHS waiting list,
- Non Contractual Activity income is better than budget by £15k in month 1.

Non patient care income is better than plan by £9k in month.

- Estates income overperformed on car parking by £5k in month. Additionally, an unbudgeted invoice to Rethink for dilapidations improves the Estates position.

Pay

- The monthly pay bill was £585k better than plan in month;
    - £1m additional funding was added to budgets in month 1 from non demographic growth funding, creating 13.35 wte new posts in Early Intervention Services, 3 wte clinical psychologists and 4 wte associate mental health workers. These posts were vacant and £84k in month budget contributes to the underspend;

- £1.234m salary replacement funding for nurse trainees was been allocated in month 1, £303k of which related to month 1.

- The main pressure on pay budgets continues to be over spends on wards due to additional staffing for 1-1 observations and to cover sickness:
  - Barnet wards – over spent by £84k;
  - Enfield Older People's wards (including Magnolia) – over spent by £119k in month;

Non Pay

- Non Pay is underspent by £397k in month;
- There is an over spend of £193k in month relating to private bed usage and £211k in month shortfall against planned CIPs;
- £297k of pay reserves were released in month.

Other Expenditure

- Relates to the PDC dividend, depreciation and interest payable and receivable and is £5k better than plan in month;
- Depreciation is £32k adverse in month. There were a number of capital additions in Quarter 4 2016/17 which increase the monthly charge.

Forecast Outturn

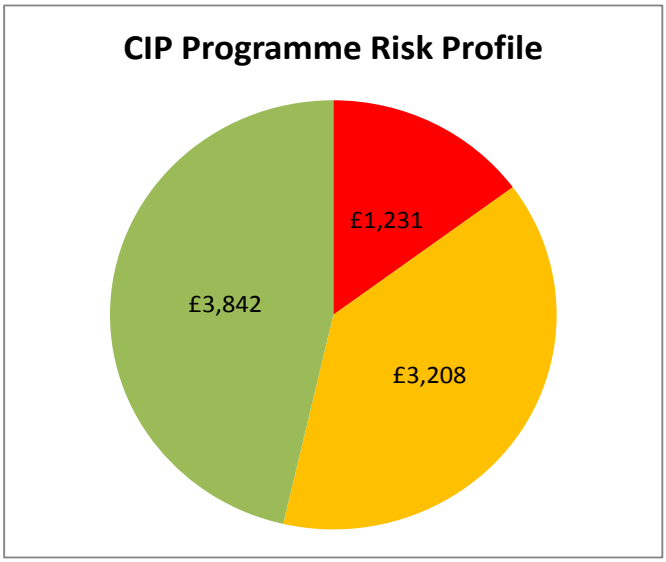
- The trust is forecasting a £4.6m deficit.
- The trust's control total is £4.6m, which includes Sustainability and Transformation Funding (STF) of £1.1m. This will be received dependent on the trust meeting its control total.
- £4.3m of income is income is unidentified and profiled to quarter 4 in budgets.

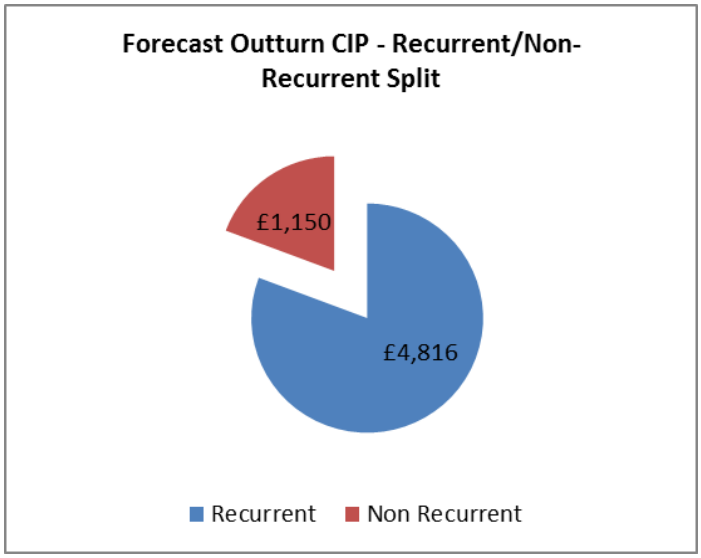
3. Cost Improvement Programme Monitoring

2017/18

The table below shows the performance against the CIP target at month 1.

	Month Plan	Month Achieved	Variance	Plan YTD	Achieved YTD	Variance	Full Year Plan	Forecast Outturn	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Barnet	67	38	(29)	67	38	(29)	1,068	544	(524)
Enfield	139	49	(90)	139	49	(90)	2,302	1,276	(1,027)
Haringey	45	7	(38)	45	7	(38)	838	167	(671)
Specialist Services	34	20	(14)	34	20	(14)	1,630	347	(1,283)
Corporate	153	182	29	153	182	29	1,821	2,182	361
Estates	39	21	(18)	39	21	(18)	619	350	(269)
Trust wide	8	8	0	8	8	0	0	1,100	1,100
Total	**484**	**324**	**(161)**	**484**	**324**	**(161)**	**8,280**	**5,966**	**(2,313)**





The CIP target for 2017/18 is £8.3m or 4%. Each Service Line has been given a target equivalent to 4% of their expenditure budget. None of the clinical Service Lines have yet identified sufficient schemes to meet their CIP target, and currently this is forecast to be mitigated through non-recurrent profit on disposal of estate. A minimum of £1m profit on disposal will definitely occur in 2017/18. In addition, Corporate savings are forecast to be above target due to savings from the IT contract re-procurement.

The vast majority of CIP under-achievement shown in month 1 is due to activity information not yet being available (i.e. for overseas visitors and ADHD) or awaiting re-deployment of staff as a result of restructuring (Adult Mental Health Pathway reviews in Enfield and Haringey).

The forecast outturn relates to schemes that have begun to deliver savings in year or there is sufficient assurance that savings will be delivered due to there being detailed plans in place.

Each borough has a large estates scheme that will begin delivering savings in this financial year, with the full year effect realised in 2018/19. These are planned to start delivering savings during the second half of the financial year.

<u>Barnet</u>
Barnet have identified £903k of their £1,068k CIP target. Of their identified plans all are forecast to meet target except for the £350k ADHD CIP which is £29k behind plan in month. The activity plan is still awaiting agreement by the CCG,

however a new substantive Consultant has been appointed who has started work. Further recruitment has been approved, and it is anticipated that income will be generated later in the year.

The estates scheme is progressing as follows;

- Notice has been given with effect from 30 November 2017;
- Plans are expected to be finalised for service moves by the end of May, along with the final anticipated savings and costs;
- Savings are anticipated to be higher than currently included in the programme and should mitigate the unidentified element of the target.

Enfield

Enfield have identified £1,841k of their £2,302k CIP target. Of the identified plans, £49k was met against a Month 1 target of £139k. The shortfall in month is due to activity information not yet being available for overseas visitors and Magnolia beds, along with the unidentified element of the CIP target. The Forecast outturn is currently £1,276k against the £2,302k target.

The estates schemes are progressing as follows:

- Notice has been given on one NHS Property Services lease, and plans are in place for moves;
- A decant date of mid December has been agreed for the first phase of the St Michaels move;
- Final proposals for the re-location of services are to be completed by mid June;
- Stakeholder consultation plan to be agreed.

Haringey

Haringey have identified £624k of their £838k CIP target. £300k annual CIP for overseas visitors is not currently being forecast as activity information is not yet available.

The estates scheme is progressing as follows:

- The destination accommodation is now likely to be available earlier than anticipated, and depending on timescales for refurbishment and moves the savings may be higher than in the plan;
- Finalised floor plans and requirements are to be provided to Estates by w/c 26 May;
- Service user event to be held on 31 May.

Specialist Services

- Specialist Services have identified £635k of their £1,630k CIP target. £20k of the £34k April plan was achieved.
- £230k of the £635k identified plan is scheduled to begin in the second half of the year.
- The Specialist Services plan includes a number of business development projects that are subject to the successful outcome of a tender process and are therefore inherently risky.

Estates

- Estates have identified £469k of their £619k CIP target.
- £31k of the £39k month 1 target was met.

Corporate and Trustwide

- £1.9m savings are planned to derive from NHS Mail and Hewlett Packard IT contract changes.
- Trustwide, £1m CIP will be made from the profit on disposal of Baytree House.

4. Balance Sheet

Annual plan		Opening B/Sheet	YTD plan	YTD Actual	YTD Variance	Year end forecast	Forecast variance
207,036	**Total Non-Current Assets**	203,763	204,863	201,541	(3,322)	205,721	(1,315)
	Current Assets						
92	Inventories	88	92	28	(64)	88	(4)
22,823	Receivables	12,380	18,907	12,246	(6,661)	18,401	(4,422)
1,160	Cash at Bank & in Hand	1,303	1,374	2,253	879	1,173	13
0	Non-Current Asset held for sale	1,720	1,705	1,720	15	0	0
24,075	**Total Current Assets**	**15,491**	**22,078**	**16,247**	**(5,831)**	**19,662**	**(4,413)**
	Current Liabilities						
(29,733)	Payables	(21,724)	(32,136)	(21,146)	10,990	(24,329)	5,404
(498)	Loan, Current portion	(498)	(498)	(498)	0	(498)	0
(1,122)	Other current liabilities	(2,227)	(1,122)	(2,393)	(1,271)	(39)	1,083
(31,353)	**Total Current Liabilities**	**(24,449)**	**(33,756)**	**(24,037)**	**9,719**	**(24,866)**	**6,487**
199,758	**Non-Current Assets/Liabilities**	**194,805**	**193,185**	**193,751**	**566**	**200,517**	**759**
(27,173)	Borrowings	(18,167)	(18,171)	(18,167)	4	(27,170)	3
(1,526)	Creditors > 1 Year	(1,741)	(1,577)	(1,558)	19	(1,686)	(160)
(28,699)	**Total Non-current**	**(19,908)**	**(19,748)**	**(19,725)**	**23**	**(28,856)**	**(157)**
							0
171,059	**Total Assets Employed**	**174,897**	**173,437**	**174,026**	**589**	**171,661**	**602**
	Taxpayers and Others Equity						
147,814	Public dividend capital	147,814	147,814	147,816	2	147,814	0
(56,160)	Retained Earnings	(52,634)	(53,782)	(53,507)	275	(55,870)	290
79,405	Revaluation Reserve	79,717	79,405	79,717	312	79,717	312
171,059	**TOTAL**	**174,897**	**173,437**	**174,026**	**589**	**171,661**	**602**

Non-Current Assets: The YTD variance of £3.3m arises from three factors:

- Land and Buildings were revalued at the year end by the District Valuer Service resulting in a decrease in the opening position compared with plan.
- The 16/17 capital programme was underspent as fewer additions were made in March 2017 than previously forecast, resulting in a reduced opening position.
- There has been a slippage in the 17/18 capital programme YTD.

Cash: The cash position at month end is £0.9m higher than planned due to higher than expected recovery of debt and the underspend of capital in March 2017.

Current Receivables: Current receivables are £12.2m at 30th April 2017, £6.6m below plan. This is mainly due to higher than expected recovery of debt and the reciprocal settlement of offsetting debtors and creditors.

Assets held for disposal: Baytree House has been vacated and marketed for disposal as part of the estates rationalisation plan. In accordance with accounting standards this has been reclassified as an asset held for disposal at the lower of its carrying value and fair value.

Total Current Liabilities: Current liabilities (authorised invoices, accruals and deferred income) are £10.9m lower than the planned level. This is mainly due to lower the reciprocal settlement of offsetting debtors and creditors, the slippage in capital expenditure and other timing differences.

5. Monthly Actual and Rolling 12 month Cash Flow Forecast at 30th April 2017

Monthly Actual and Rolling 12 month Cash Flow Forecast at 30 April 2017

	Actual M01 17/18	Forecast M02 17/18	Forecast M03 17/18	Forecast M04 17/18	Forecast M05 17/18	Forecast M06 17/18	Forecast M07 17/18	Forecast M08 17/18	Forecast M09 17/18	Forecast M10 17/18	Forecast M11 17/18	Forecast M12 17/18	Forecast M01 18/19	Forecast M02 18/19
Receipts from Operations														
NHS SLA Income Receipts	12,183	13,983	13,983	13,383	13,383	13,383	13,383	13,383	13,383	13,383	13,383	13,383	12,848	12,848
Other Clinical Income	567	567	567	567	567	567	567	567	567	567	567	567	544	544
Receipts from Local Authorities	1,095	1,095	1,095	1,095	1,095	1,095	1,095	1,095	1,095	1,095	1,095	1,095	1,051	1,051
Research, Education and Training	366	366	366	366	366	366	366	366	366	366	366	366	351	351
Other Non Clinical Income	743	743	743	743	743	743	743	743	743	743	743	743	713	713
VAT	350	443	235	235	235	235	235	235	235	235	235	235	226	226
Total Receipts from Operations	**15,304**	**17,197**	**16,989**	**16,389**	**16,389**	**16,389**	**16,389**	**16,389**	**16,389**	**16,389**	**16,389**	**16,389**	**15,733**	**15,733**
Operating Payments														
Monthly Payroll (Net pay)	(6,601)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)	(6,600)
Statutory & Other Deductions from payroll	(5,131)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)	(5,200)
Non Pay	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,700)	(4,512)	(4,512)
Total Payments on Operations	**(16,432)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,500)**	**(16,312)**	**(16,312)**
Net Cashflow from Operations	(1,128)	697	489	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(579)	(579)
Other:														
PDC dividend						(2,979)						(2,978)		
Loan repayment						(249)						(249)		
Interest Paid					(27)	(297)		(4)			(27)	(286)		
Capital Expenditure	(59)	(400)	(400)	(500)	(500)	(500)	(650)	(650)	(650)	(850)	(850)	(1,491)	(300)	(400)
Non recurrent income				3,100										
Interim Support received		1,000				3,100					1,200	4,200		
Interest Received														
Movement in Creditors	552	306	(1,211)	609	(584)	1,106	(202)	345	219	1,342	1,771	6,818	(200)	500
Movement in Debtors	1,500	(500)	(700)	(800)	181	(1,500)	4,600	498	500	(1,567)	(3,067)	(5,166)	1,000	500
Other Movements	(4)	(6)	(4)	(5)	(4)	(144)	(4)	(5)	(736)	(155)	(5)	(1,171)	(4)	(4)
Net Movements in Other items	1,989	400	(2,315)	2,404	(934)	(1,463)	3,744	184	(667)	(1,230)	(978)	(323)	496	596
Net Cash flow Movement in Month	861	1,097	(1,826)	2,293	(1,045)	(1,574)	3,633	73	(778)	(1,341)	(1,089)	(434)	(83)	17
Bal b/fwd	1,303	2,164	3,261	1,435	3,728	2,683	1,109	4,742	4,815	4,037	2,696	1,607	1,173	1,090
Bal C/fwd	**2,164**	**3,261**	**1,435**	**3,728**	**2,683**	**1,109**	**4,742**	**4,815**	**4,037**	**2,696**	**1,607**	**1,173**	**1,090**	**1,108**
Original plan bal c/fwd	1,374	4,951	3,851	2,872	2,154	1,084	1,107	1,058	1,088	1,075	1,113	1,160		
Actual/Forecast Variance against plan	790	(1,690)	(2,416)	856	529	25	3,635	3,757	2,949	1,621	494	13		
Closing cash balance before 17/18 cash support	2,164	2,261	435	2,728	1,683	(2,991)	642	715	(63)	(1,404)	(3,693)	(8,327)		
Cumulative 17/18 cash support	0	1,000	1,000	1,000	1,000	4,100	4,100	4,100	4,100	4,100	5,300	9,500		
Closing cash balance after 17/18 cash support	2,164	3,261	1,435	3,728	2,683	1,109	4,742	4,815	4,037	2,696	1,607	1,173		

Monthly Actual and Rolling 12 Month Cash Flow Forecast (cont.)

The cash flow forecast and forecast cash balances are based on the 2017/18 financial plan submitted to the NHSI in April 2017. The cash position at 30th April 2017 was £2.3m, £0.9m above the 2017/18 plan mainly due to higher than expected debt recovery and the underspend of capital in March 2017.

Due to the Trust continuing to operate at a deficit position the Trust is forecast to require cash support of £9.5m from NHSI in 2017/18. The Trust will receive £1.0m of cash support in May 2017 followed by a further £3.1m in September 2017, £1.2m in February 2018 and £4.2m in March 2018.

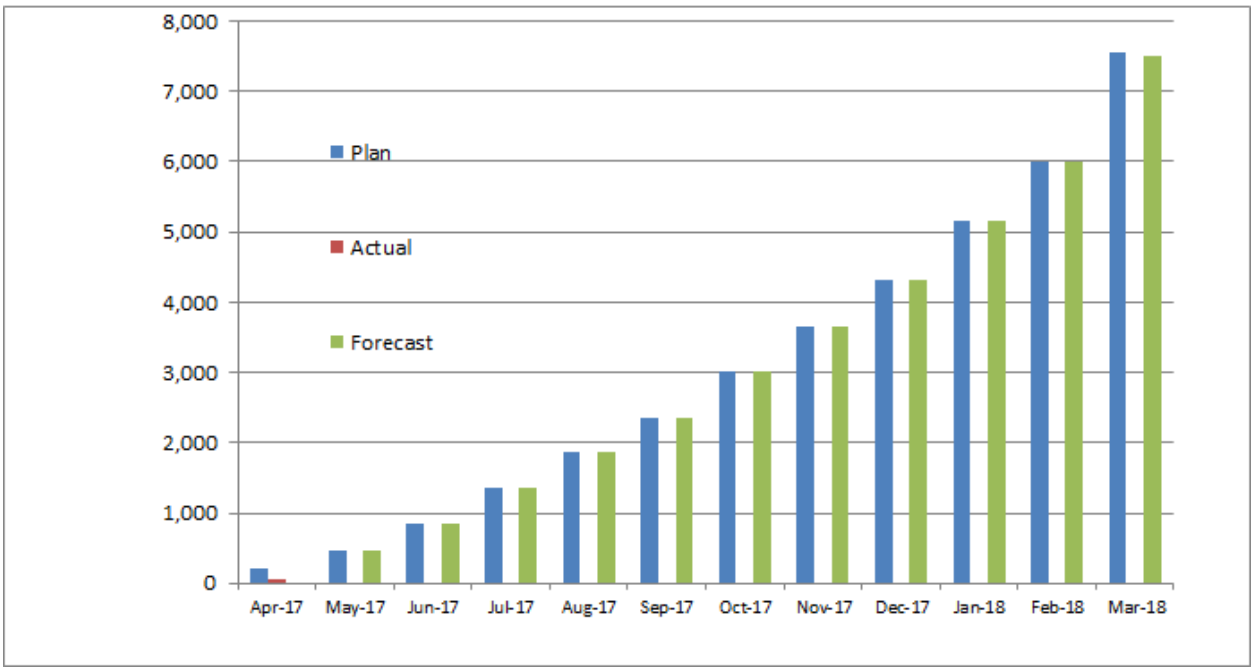
This plan reflects anticipated movements in debtors and creditors based on historical performance. This cash position will continue to be closely monitored with potential variances being identified as soon as possible and appropriate actions implemented. The underlying position of cash support being required due to the I&E deficit position impacting on cash reserves remains the same in the longer term.

6. Capital Expenditure

Plan	Description	Month Actual	Month Variance	YTD Actual	YTD Variance	Year end forecast	Forecast variance
£000	**Projects**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
53	Statutory Compliance Projects	0	(1)	0	(1)	53	0
569	Risk Management Projects	1	(15)	1	(15)	569	0
403	Backlog Maintenance Projects	16	5	16	5	403	0
2,730	Information Technology Projects	28	(48)	28	(48)	2,730	0
1,000	St Ann's redevelopment	3	(25)	3	(25)	1,000	0
1,857	Estates Strategy Implementation	7	(45)	7	(45)	1,857	0
1,602	Other Projects	4	(41)	4	(41)	1,602	0
(663)	Contingency	0	18	0	18	(663)	0
7,551	**Total**	**59**	**(151)**	**59**	**(151)**	**7,551**	**0**
	Funding						
6,732	Depreciation (non cash)	561	0	561	0	6,732	0
0	Borrowings	0	0	0	0	0	0
1,720	Asset sales	0	0	0	0	1,720	0
(901)	Working capital	(502)	(151)	(502)	(151)	(901)	0
7,551	**Total**	**59**	**(151)**	**59**	**(151)**	**7,551**	**0**

The capital programme approved by the Board in March 2017 was for a total expenditure of £7,550k, although individual projects identified in the paper totalled £8,213k, leaving unidentified reductions of £663k required. This reduction will be identified as part of the review of the capital programme by the Capital Review Group.

At the end of April capital expenditure is £151k under plan for the year to date. This underspend is due to the changes to the components and phasing of the capital programme compared with the original plan and will be reversed during the year.



7. Single Oversight Risk Rating

Financial Criteria	Metric	NHSI Risk Ratings					
		Year to Date			Full Year Forecast		
		Actual	Rating	RAG	Score	Rating	RAG
Continuity of Services	Liqudity Ratio (Days)	-32.6	4	●	-42.0	4	●
	Capital Servicing Capacity (times)	0.0	4	●	0.1	4	●
Financial Efficiency	I&E Margin (%)	-0.1	4	●	-0.1	4	●
	variance from I&E Margin (%)	0.0	1	●	0.0	1	●
	Agency spend	0.3	3	●	0.2	2	●
Weighted Risk Rating			**3**	●		**3**	●

As reported in the September 2016 board report, NHSI have issued a new Single Oversight framework with effect from 1 October 2016. This includes a Use of Resources ("UoR") rating to replace the current Financial Sustainability Risk Rating. The new UoR contains the existing 4 metrics but also has an additional metric relating to agency spend. All 5 metrics have equal weighting and the new ratings are still on a 1-4 range but with 1 now representing the best outcome and 4 the worst. Currently the Trust's FOT position results in a rating of 3. If the final deficit were to be worse than plan this rating would change to a 4. NHSI have stated that the new UoR ratings calculated in 2016/17 will not be used to identify any concerns or consequent support needs at providers in 2016/17. Instead they will be reviewed and used to consider how best to introduce them formally, with detailed definitions and thresholds if appropriate, in 2017/18. On this basis a FOT rating of 3 would potentially raise comment but not automatically lead to further measures.

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Clinical, Quality and Safety Report
Report to:	Trust Board
Date:	May 2017
Security Classification:	Public Board Meeting
Purpose of Report: 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.	
Recommendations: 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.	
Report Sponsor:	Mary Sexton, Executive Director of Nursing, Quality and Governance
Comments / views of the Report Sponsor:	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.
Report Author:	Name: Mary Sexton Title: Executive Director of Nursing, Quality and Governance Tel Number: 020 8702 3032 E-mail: mary.sexton2@beh-mht.nhs.uk
Report History:	Regular Report
Budgetary, Financial / Resource Implications:	None
Equality and Diversity Implications:	None
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	Action taken will assist in delivering our objective of 'Providing excellent services for patients'.
List of Appendices: 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.

1.2 The CQC have formally written to the Trust confirming that they will be undertaking a full comprehensive inspection in relation to the 8 core services in Mental Health. This will take place week commencing 25 September 2017.

1.3 The CQC are still in discussion as to whether they will re-inspect Enfield Community teams at the same time or not. They will confirm this in due course.

1.4 The Quality and Safety Committee has reviewed and agreed the overarching preparation programme. Localised plans have been developed to support staff in preparing for the forthcoming inspection.

2. CQC MHA monitoring visits and actions

2.1 Paprika Ward – 27/01/17

2.1.1 Overall 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.

2.1.2 Our response detailed the arrangements by which appropriate staffing levels are monitored and maintained, and highlighted that the suggested amendments made by the CQC to the Trust's rights monitoring form are not supported by the Code of Practice.

2.2 Derwent Ward – 31/01/17

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

2.2.2 Our response detailed the arrangements by which appropriate staffing levels are monitored and maintained.

2.3 Trent Ward – 27/02/17

2.3.1 The visit was positive. The commissioner highlighted that not all care plans were up to date and containing evidence of patient participation, and that capacity assessments were sometimes being recorded using the RiO form and sometimes in the progress notes. The commissioner raised a concern that a statutory treatment certificate had not been completed authorising treatment for a particular patient.

2.3.2 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. The clinical director has reminded medical staff that mental capacity assessments should always be recorded using the RiO form. In respect of the concern that a statutory treatment certificate was not in place for a particular patient, our response clarified that no such certificate was required for that patient on the day of the visit.

3. Supporting Staff – Nursing Initiatives

3.1 Preceptorship Development

3.1.1 The 2016/17 cohort of newly qualified practitioners (NQPs) were presented with their certificates marking the successful completion of their preceptorship on 21 April. The Trust Preceptorship programme has given the new registrants an overview of the different aspects that shape the care that we provide as an organisation, based on current national strategies which are themed around accountability and responsibility, building and strengthening leadership, having the right staff, right skills and working in the right place. The new registrants were introduced to initiatives such as Enablement, Quality Improvement and Haelo. The occasion also marked an important hallmark in the preceptees' professional lives, which involves providing high standard and compassionate care as autonomous practitioners in an often very challenging environment.

3.1.2 Some of our preceptees are currently 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. The 20 participants selected together with their clinical facilitators and managers are being given the support required during this project. There have been 4 workshops organised for the preceptees (participants) to better understand the pilot and to explore their general expectations. In respect of career progression to use of the passport.

3.1.3 The next group of registrants will commence September/October 2017.

3.1.4 An Accreditation proposal for our Preceptorship module has been submitted to Middlesex University. The Preceptorship Lead is working with Middlesex University and the Trust Learning and Development Department to finalise the funding for this project

3.2 **Mentorship Development**

3.2.1 Mentor update sessions are in place. The uptake of these sessions has improved. 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.

3.2.2 The Trust Mentor register remains live and shows an accurate picture with regards to mentorship. A relatively new system is in place that identifies staff 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 status 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 much easier and achievable in a timely and realistic manner.

3.3 **Student support**

3.3.1 The new Trust Student Welcome Pack is now in place and has been useful in providing students with vital piece of information regarding their placement.

3.3.2 There are student support groups being held across sites and these are well attended. Students have found these sessions both informative and supportive. In Enfield, the newly established way of running the student groups has been successful as it makes the sessions reachable to all students irrespective of where they are allocated for their placements. A new cycle of sessions has been implemented until June 2017 and this programme is circulated to all managers/team leaders. We are encouraging practitioners from different services to contribute to the sessions. New student supports groups in

Edgware have been established, which have been well attended. These sessions are overseen and supported by the Trust Nurse Education Team.

3.3.3 There is a structured approach to the recruitment of final year students who are undertaking their placements with our Trust. The current support involves giving them an overview of our Preceptorship Programme and supporting them with the completion of their PAD (Practice Assessment Document). There are specific forums organised to meet with the final year students across sites.

3.4 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 workshops as and when required. The workshop recently facilitated at the Aylesbury Young Offenders Prison was attended by around 10 staff who are due to revalidate. 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 organising the Reflective Reading Club (RRC). The RRC is run monthly across sites and is particularly helpful 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 or article of interest for reflection. Participants earn 1.5 hours of 'individual learning' CPD points which can be used towards their 35 hours of CPD requirements of their revalidation. The feedback received so far is very encouraging and staff have positively verbalised their satisfaction that such an opportunity is in place.

3.5 Recruitment of International Nurses

3.5.1 The Trust is aiming to recruit a number of international nurses from the Philippines. The On- Board sub committee meets every week to discuss, review and plan the arrival of the international nurses. The Preceptorship/Mentorship co-coordinator attends this subcommittee to assist in preparing the nurses for their objective structured clinical examination (OSCE). The other responsibility of the preceptorship co-ordinator alongside other departments is to ensure there is a joint approach to identifying on-going support and training needs for the international recruits.

3.6 Working with Partners

3.6.1 The Preceptorship Leads are working closely with both Middlesex and Hertfordshire Universities in the assessment of students in their OSCE. We have also encouraged clinicians from different services to be part of these events and they have welcomed this opportunity.

3.6.2 The Trust has been involved with the recruitment of student nurses at both Middlesex and Hertfordshire Universities.

4. Infection Prevention and Control

4.1 There were no outbreaks of infections during this reporting period.

4.2 There was no mandatory reportable healthcare associated infection for this reporting period.

4.3 The infection control audits monitor compliance with the "Hygiene Code" and Hand Hygiene. The cleanliness audits monitor compliance against the "National Standards of Cleanliness" specifications. All 49 elements are checked and results shared with teams to address any variation for required standard.

4.1 Infection Control Training

4.1.2 Infection control training uptake improved in the period from March to April compared to January and February 2017. Uptake at the end of April was at 88.5% compared to 85.5% at the end of February, against a Trust target of 90%.

4.1.2 The Trust ran two table-top exercises on pandemic flu with Enfield Health in March 2017 as part of its pandemic flu business continuity plan, and NHS England (London) Emergency Planning Response and Resilience requirements. The training sessions were held in District Nursing Services. 15 team leaders/senior managers participated. No outstanding issues were identified.

4.2 Hand washing audit results and discussions

4.2.1 The hand washing audit monitors compliance with the hand washing policy and the dress code policy. The audit checks for compliance on the following; are staff washing their hands before and after delivering an episode of care, their hand washing technique, and are staff bare below the elbows when performing clinical activities.

4.2.2 Audits are carried out monthly in inpatient areas and quarterly in outpatient services. The compliance target is 90% and all areas apart from Sage ward, Haringey CRHT, and Enfield OP CMHT scored above 90%. These variations were due to non-compliance with dress code and poor hand washing technique which has been addressed with the staff who failed.

4.3 Inpatient Hygiene Assurance Audit

4.3.1 The Hygiene Assurance Audit assesses the following areas for compliance: Bathroom/showers, Bedrooms, Clinical room, Domestic room, Kitchen, Laundry room, Sluice room, Store room, Toilets, and Common areas. The compliance target is 90% and all areas have been compliant except Dorset Ward which had some environmental issues currently being actioned by Estates.

4.4 Patient-Led Assessment of the Care Environment 2017/18

4.4.1 PLACE inspections are self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered in both the NHS and independent/private healthcare sector in England. These voluntarily assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments. The PLACE programme aims to promote a range of principles established by the NHS Constitution through focussing on the areas which matter to patients, families and/or carers.

4.4.2 **Training**: Training was provided in house to both trust staff and external stakeholders HealthWatch and Hail. Communication issues led to external stakeholders not receiving timely information about training sessions; the issues have been addressed and additional training was offered at a time convenient to our stakeholders.

4.5 PLACE Assessments 2017/2018:

4.5.1 **Notification**: The Trust has received five notifications in 2017/18 to assess the Trust's five main sites i.e. Chase Farm site, St Ann's site, Edgware site, St Michael's site and

Springwell Centre. All five sites were assessed as per PLACE requirements and the collated data will be sent to Department of Health for analysis.

4.5.2 The Trust has been assessed on six categories i.e. cleanliness, food, privacy, dignity and wellbeing, condition, appearance and maintenance of building facilities, dementia and disability. An action plan to address the identified issues or areas of non-compliance will be devised following the assessments and will be further addressed on receipt of the formal rating and reports due summer 2017.

4.5.3 **What went well in 2017/2018:** The Trust scored well in the food category in all the five sites inspected in 2017/18. Food was assessed on three categories (taste, texture and temperature). The Trust was awarded full scores on temperature on all sites inspected. The Trust also scored well on signage and access under the dementia domain at Chase Farm site (Dementia wards). The Dementia wards appear to be benefiting from the new signage commissioned through 2016/2017 PLACE Assessments Action plans. The Trust was awarded full marks on the PLACE process by the Patient Assessor.

4.5.4 **What did not go well in 2017/2018**: One ward failed on odour on one of our dementia wards. The problem is in the process of being addressed. Outside signage at Chase farm was awarded a score of qualified pass around the Forensic area and this will be addressed through the 2017/2018 action plan which will be devised following completion of the formal PLACE Assessments. St Ann's site was awarded most of the fails. This was on three of six domains assessed (cleanliness, dementia (floors and signage) and condition and appearance. All areas of non-compliance will be addressed through the action plan and monitored via the Environmental Operational Action Group (EOAG) and the ICC.

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 and varied. We remain committed to safeguarding all our service users, their families and carers. Our Safeguarding Strategy and associated three year work plan reflects our commitment and drive to ensure effective safeguarding is a shared responsibility both at a local level and with partner agencies.

5.2 Over the past 12 months key achievements have been made and the majority of key aims identified in year one of the work plan have been achieved. The work plan for year 2 of the strategy is under development.

5.3 We have been successful in securing funding from NHS England to pilot a domestic abuse project which aims to demonstrate the need for Independent Domestic Violence Advisors (IDVA) in mental health settings. The project has been branded as the LINKS working with Safelifes and Solace Women's Aid. Our IDVA has been in post since January 2017 and early indications show that the number of referrals for domestic abuse services is increasing.

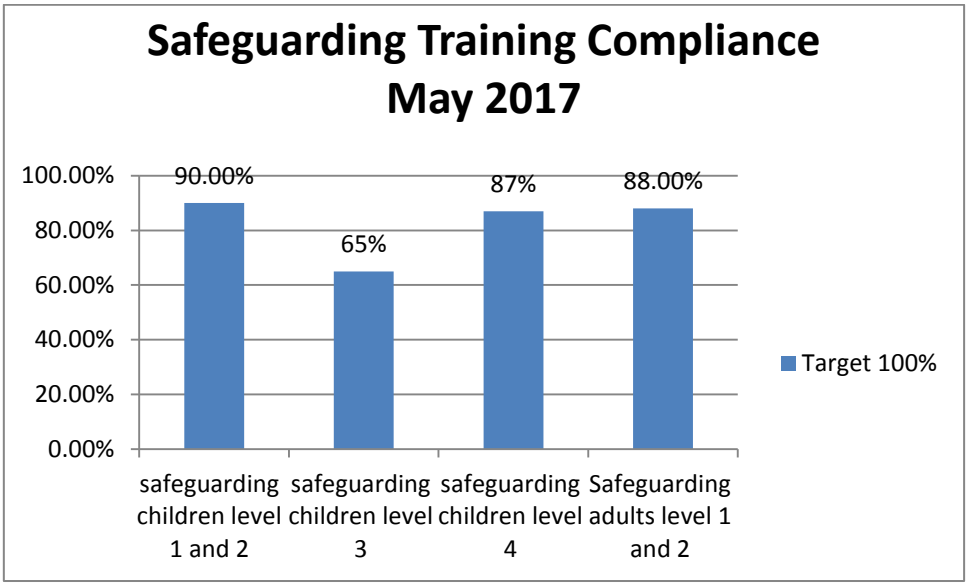
5.4 Safeguarding is most effectively delivered through strategic and multi-agency arrangements with partners working collaboratively The Trust remains committed to partnership working and we are contributing to a number of Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adult reviews across the three boroughs. The Integrated Safeguarding Committee has oversight of the reviews and subsequent actions for the organisation.

5.5 Despite changes in personnel within the safeguarding team we have remained compliant with statutory requirements such as Section 11 of the Children Act. A new safeguarding children lead commenced in post in April 2017 (Celia Jeffreys) and the current post holder for the safeguarding adult lead leaves her post at the end of June. This post is currently being recruited to.

5.6 We have raised the profile of PREVENT cross the organisation and Healthwrap3 training is included for all staff at Corporate Induction (current compliance 72%). Over the past 12 months we have contributed to 53 Channel Panel enquiries where there are concerns about possible radicalisation. Our commitment to working in partnership with the local Channel Panels has been recognised as good practice by the CCG's and reported back to NHS England.

5.7 During the last year we have improved our oversight of safeguarding activity and now have a clearer understanding of the type of referrals and alerts raised. Neglect and financial abuse have remained the highest category of abuse recognised by staff for adults at risk. Emotional abuse is well recognised by staff working with children. Our data has revealed that there are areas of low reporting and there is a clear need to raise awareness of less well understood categories such as hoarding, trafficking and child sexual exploitation.

5.8 We continue to show on-going commitment to ensuring that staff receive appropriate safeguarding training and compliance has remained high. In line with the Intercollegiate Document for Safeguarding children 2014 we have expanded the group of staff who require level 3 training and this has affected the compliance rate. The graph below shows the all safeguarding training compliance for May 2017.



Level 3 safeguarding adult training has recently been designed in line with the awaited final version of the Intercollegiate Document for Safeguarding Adults at Risk. This is not yet being reported on WIRED however training records are being retained

6. Patient and Carer Experience

6.1 Friends and Family Test (FFT)

6.1.1 Table 1 below shows a summary of the FFT results from April 1 2016 to March 31 2017 and the FFT results for the same period by Borough. 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 12 months.

Trust FFT Returns 2016-17									
Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Trust	87%	4%	10922	5809	3695	638	229	159	392
Summary	**87%**	**4%**	**10922**	**5809**	**3695**	**638**	**229**	**159**	**392**

Barnet FFT Returns 2016-17									
Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Barnet	86%	3%	2982	1448	1122	194	48	53	117
Summary	**86%**	**3%**	**2982**	**1448**	**1122**	**194**	**48**	**53**	**117**

Enfield FFT Returns 2016-17									
Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Enfield	92%	2%	4780	2996	1420	142	54	42	126
Summary	**92%**	**2%**	**4780**	**2996**	**1420**	**142**	**54**	**42**	**126**

Enfield (Community Services) FFT Returns 2016-17									
Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Enfield - Community	97%	0%	2825	2102	627	25	7	4	60
Summary	**97%**	**0%**	**2825**	**2102**	**627**	**25**	**7**	**4**	**60**

Haringey FFT Returns 2016-17									
Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Haringey	79%	2%	1447	709	439	142	20	16	121
Summary	**79%**	**2%**	**1447**	**709**	**439**	**142**	**20**	**16**	**121**

Specialist Services FFT Returns 2016-17									
Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
Specialist	80%	9%	1713	656	714	160	107	48	28
Summary	**80%**	**9%**	**1713**	**656**	**714**	**160**	**107**	**48**	**28**

Table 1: FTT responses September 2016 – March 2017

6.1.2 The lowest performing Borough is Haringey whose overall results are 1% less than the Trust benchmark of 80%. The Borough of Haringey submits the lowest number of surveys and only account for 12% of the total surveys submitted across the Trust. The highest performing Borough is Enfield at 97%, these results are reflective of the extremely positive results received by community services in particular. The total number of surveys completed in the Borough of Enfield accounts for over 50% of the total number of surveys completed as a Trust.

6.1.3 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.

6.1.4 The free text from all the surveys submitted is shared via the Borough Deep Dives.

6.1.5 Work has begun to support clinical services to use feedback given effectively and this includes, work with the clinical team on a Haringey inpatient ward, Enfield and Haringey CAMHS services and the team on the continuing care ward in Barnet.

6.2 Patient and Carer Experience Survey

6.2.1 An average of 800 responses are received monthly with overall satisfaction rates demonstrating minimal fluctuation across the period April 1 2016 to March 31 2017 and a small improvement as we move forward into 2017/18. Work is on-going with staff to try addressing the number of returns. This includes work completed to redesign the surveys used for the children and young people services in Enfield which is now being shared in Haringey and the introduction of a 'postcard' survey in the well-being services in Barnet.

6.2.2 **Table 2** shows the satisfaction rate from service /user carer surveys received 1 April 2016 to date.

6.3 Complaints

6.3.1 **Table 3** below gives an overview of the Trust's complaints activity from April 1 2016 to March 31 2017 broken down by type of complaint recorded and Borough.

Trust Complaints by Type and Borough 2016-17

	Barnet	Enfield	Haringey	Specialist Services	Total
Formal Complaint	43	56	66	30	195
Informal Complaint	57	50	41	21	169
Issues or Concerns	14	219	69	9	311
Total	114	325	176	60	675

6.3.2 The significant number of recorded issues and concerns in Enfield are thought to reflect the longstanding use of the services of a patient experience advisor across the services in this Borough. Recent changes in recording methods for this role account for the figure and make comparison at this conjecture difficult. This will improve over the next financial year as the new reporting mechanisms are embedded.

6.3.3 Other services such as the Forensic service use external advocacy services to manage issues and concerns as they arise which make comparisons difficult. It has been agreed in the future that these reports will be requested and reviewed at the Deep Dive.

6.3.4 Table 4 shows the formal and informal complaints by subject type.

Top 5 Trust Complaints by Borough and Subject 2016-17					
Borough	Accommodation	Attitude	Clinical Care	Communication	Delays
Barnet	0	19	56	17	2
Enfield	26	20	111	97	21
Haringey	2	8	73	63	6
Specialist Services	5	8	20	16	0
Total	**33**	**55**	**260**	**193**	**29**

6.3.5 Clinical care and communication remain consistently at the top and this is the same for all areas.

6.3.6 Table 6 shows compliance rate of response to complaints across the Trust at 3 days (acknowledgement) and 25 days (final response)

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		
18	9	21	22	14	18	12	17	10	22	18		n/a	181
94%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	93%	100%	99%
72%	100%*	95%*	91%*	64%	94%*	92%	93%*	90%*	76%*	80%	53%	90%	87%*

6.3.7 The 25 day response rate to formal complaints is an area for improvement with on-going work. The March compliance rate was impacted on significantly by 5 complaints breaching in Barnet during the reorganisation of the services. Work has been completed with senior management staff to understand the reason for the this and the learning for future reorganisations. All 5 complaints have been dealt with and the new timeframes agreed with the complainants met. 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.

8. Psychological Therapies

8.1 Trust Wide Update

8.1.1 Project Future

8.1.2 The case study as an example of best practice has now gone live in the May Bulletin which can be sourced through the link below. The Sustainability Development Unit (SDU) is funded by, and accountable to, **NHS England** and **Public Health England** to work across the NHS, public health and social care system.

http://www.sduhealth.org.uk/resources/case-studies.aspx

8.1.3 Another highlight for this service is that subject to references, the judges of the 2017 Charity Awards have decided to shortlist MAC-UK/Project Future for the **Healthcare and medical research** category as finalists. The awards ceremony is being held on the 8 June 2017 when the winner will be announced.

civilsociety.co.uk

All shortlisted charities will be featured in the June issue of Charity Finance magazine

8.2 **New posts in Acute Care**

8.2.1 As part of the Trust's action plan following the concerns raised by the CQC that we must improve the quality, culture and therapeutic offer within inpatient services, three new clinical psychologist posts, one for each borough, have been funded to strengthen the psychology input to acute care. The remit of the posts will be to work with ward teams to bring cultural and system change by developing a more engaged clinical approach to more effectively incorporate and reflect Trust values. The aim will be to improve the culture of care by introducing the Psychologically Informed Environment (PIE) approach to enhance engagement and collaboration to improve the experience of both working on, and being cared for, in an inpatient service.

8.2.2 The proposal is for the psychologists to support ward staff to plan and embed a sustainable quality improvement programme. Best evidence supports utilising approaches drawing on models such as Positive Behavioural Support (PBS) and Safewards with a view to reducing levels of violence and aggression. The Safewards approach targets conflict (aggression, self-harm, suicide, absconding, substance use and medication refusal) and need for containment (required medication, seclusion, restraint, special observations etc) by identifying flashpoints that trigger conflict, and providing effective interventions to manage these to prevent escalation. PBS is a psychologically driven approach to work systematically and collaboratively with service users to reduce risk and find more effective means to achieve what they are seeking.

8.2.3 We hope that the appointed psychologists will form a Safewards intervention group to design and implement, together with ward managers and service user representatives, a methodology for embedding Safewards principles and practices into all inpatient wards. They will aim to identify staff from each ward to train and support to become PBS champions.

8.2.4 The psychologists will provide support with psychological formulation to help inform individual care planning, and offer reflective practice groups with a view to enhancing psychological mindedness within the ward team. Barnet and Haringey have recruited to their posts; the advert is going out again to recruit to the Enfield position which did not recruit in the first round of interviews due to unsuitability of candidates who were not appointable.

8.4 **Psychology Review**

8.4.1 As part of the process of the Psychology Workforce review, the Trust Lead has completed and submitted the London Benchmark report for senior banded posts across London Mental health Trusts. This report provides a snapshot aerial view of the benchmark data from all London Trusts, and serves to initiate a discussion around how BEH senior leadership compares within a wider context of all London Trusts whilst considering a psychology workforce review. This report has been submitted to the PMO, clinical directors and to the relevant members on the Board.

8.5 **Haringey Update**

9. Allied Health Professionals (AHP)

9.1 AHP Leadership Development Programme Band 7 and Band 8

9.1.1 The third cohort of this programme sponsored by HEENCEL will be presenting their work based service improvement projects on the 20th and 27th July. There is continued interest in the programme providing colleagues with development opportunities via taught sessions, 360 peer review and one to one mentoring. A fourth cohort is being commissioned by the HEENCEL AHP Network.

9.2 Health Education England North Central East London (HEENCEL) funded Allied Health Profession Projects.

HEENCEL funded BEHMHT projects update:

9.2.1 Developing the unregistered AHP support roles, The SWAP Part II project.

9.2.2 **Achievements**

- March 2017 Draft Terms of reference produced
- Steering Group membership identified.
- Briefing papers produced
- First Steering group Meeting held on the 9th of March
- Terms of reference agreed.
- Work with Organisational Development in reviewing and identifying AHP Assistants on the Electronic Staff Record system. Prior to this activity 45 colleagues had been identified in fact there are 69 with new job opportunities arising.
- Meeting held with Middlesex University Accreditation Lead to understand the process.
- The second Steering group meeting was held on the 20th April 2017.
- The SWAP report was circulated to the Steering Group Members. A SWAP II Stages of Evaluation paper was shared along with a revised SWAP II Outline project plan.

9.2.3 **Benefits**

- The Steering group membership includes representatives from the following organisations and in differing roles. Allied Health Associates, BEHMHT, Health Education England NCEL AHP Network, Middlesex University, Royal Free Hospitals Trust.
- The number and diversity of the roles has been captured.
- Regular bi-monthly meetings with the ESR Lead Office will take place to ensure the data captured remains accurate.
- The Trust is able to see the spread of AHP Assistants across the four service line Directorates. One borough does not have any AHP Assistant posts.
- All the Identified AHPA's have been added to the Trusts AHP Bulletin circulation list.
- BEHMHT already have accredited courses with Middlesex University. There is the ability for Steering Group members to assist in this process due to their experience in undergoing the process for another programme.

9.2.4 **Do next**

- Identify what the accredited certificate should be called. AHP support workforce colleagues are being contacted for comments.

- Scoping workshops to be set up in early June.
- Development of a bespoke programme planned at Level 4 10-20 credits.
- Start working on the requirements of the accreditation process.
- The current plan is to go to the Middlesex University Accreditation Board in September 2017.

9.2.5 Ensuring there is sufficient understanding of the mental health effects on underlying physical health conditions.

9.2.6 **Achievements**

- March 2017 Draft Terms of reference produced
- Steering Group membership Identified.
- Briefing papers produced
- First Steering group Meeting held on the 9th of March 2017
- Terms of reference agreed.
- Draft staff survey produced for comments from the Steering group members. This is to form a baseline for the project.
- Comments have been received and the survey tested with members of the Steering Group.
- Second Steering Group meeting held on the 20th April 2017
- Final comments provided for survey changes. Time frame for the survey to be completed, agreed as two weeks.

9.2.7 **Benefits**

- The Steering group membership includes representatives from the following organisations and in differing roles. Allied Health Associates, BEHMHT, Health Education England NCEL AHP Network, Middlesex University, Royal Free Hospitals Trust.

9.2.8 **Do next**

- The base line survey needs to be set up on BOS (*The online survey tool designed for Academic Research, in Education and Public Sector organisations*) the level of access has been agreed as 10 users. Once this is in place the survey will be circulated to all AHP colleagues within the Trust.
- Once the data has been captured further work can be carried out identifying in detail where and how AHPs are currently providing holistic service user interventions.

9.3 Trust Allied Health Professions Annual Conference

9.3.1 The date has been set for the third AHP Conference to be held on the 1 November 2017.

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Safe Staffing Levels
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Public Board Meeting

Purpose of Report:

This report provides an overview of nurse staffing for BEHMHT inpatient wards for March 2017 to April 2017 across all Boroughs/Specialist Services.

The data demonstrates both the planned level of staff and the actual level achieved. Borough teams continue to flex their approach in respects to staffing across wards and the use of temporary staff to support acuity/dependency and special observations has ensured that staffing levels have remained safe throughout the reporting period.

A range of quality, safety and patient experience indicators are included alongside the safe staffing data to give assurance of staffing impact against patient safety and experience indicators.

In addition, the report outlines key actions being taken to support staff and ensure safety across inpatient wards.

Recommendations:

The Trust Board is asked to note this nurse staffing report and the actions being taken to ensure all inpatient wards are safely staffed.

Report Sponsor:	Mary Sexton, Executive Director of Nursing, Quality and Governance
Comments / views of the Report Sponsor:	Vacancy levels remain variable across all wards even with the recent initiatives in respects to recruitment; there has been some improvement in substantive staffing levels I remain concerned regarding substantive vacancy levels. Recruitment and retention of skilled staff is essential and a robust whole system approach is required. Further assurance is required with respect to recruitment activity and outcomes regarding the Trust's active recruitment into vacancies to continue the momentum and address innovatively long standing vacancies in hard to fill areas. Overall, the wards have met their planned number of hours worked for registered and care support staff; they continue to address the challenge of securing staff at times with the use of temporary staff, at times of an opposite grade.

	Agency spend continues to be addressed and only named agency's that have been approved are utilised. A mandate has been given to reduce agency staff this financial year. To address this new Bank has been established to ensure that we are able to address short term staffing issues and an investment in the training of bank staff to address the quality of temporary staff with compliance in mandatory training. Sickness continues to require robust management to ensure a consistent workforce to meet all quality and patient experience indicators. Occupational Health support actively being sought by managers in respect of staff sickness.
Report Authors:	Name: Mary Sexton Title: Executive Director of Nursing, Quality and Governance Tel Number: 020 8702 3032 E-mail: mary.sexton2@beh-mht.nhs.uk Name: Ben Opoku Title: Non-Medical Education Lead Tel Number: 020 8702 5963 E-mail: bernard.opoku@beh-mht.nhs.uk
Report History:	Regular Report.
Budgetary, Financial / Resource Implications:	Numerous financial implications associated with safe staffing including; - costs associated with purchasing of electronic IT solution to record and track staff usage - costs associated with use of temporary staffing or savings from reduced usage - costs associated with use of agency staff or savings from reduced usage
Equality and Diversity Implications:	The planning of staff is taken into account across all Trust services and is compliant within our Equality and Diversity duty.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	Links to all Trust objectives and regulatory standards
List of Appendices: • Appendix 1 and 2 – Barnet, Enfield, Haringey and Specialist Service Indicator Data Sets	

Report

1. Introduction and Background

1.1 This report provides the Trust position in relation to safe staffing indicators for all of the Trust's inpatient wards.

1.2 This work has included the daily monitoring and robust management of planned and actual staffing of both registered and unregistered staff across all in-patient areas. The analysis allows for the emerging challenges to be addressed in a timely manner to ensure the delivery of planned staffing levels, to support the provision of safe and high quality care to service users and improved patient experience.

1.3 It is acknowledged that staffing indicators and fill rate analysis alone do not give adequate assurance of patient safety, high quality care and positive patient experience. It is the triangulation of key patient safety, quality and experience measures, alongside staffing data that informs the Board that staffing data is being considered, measured and analysed in relation to key patient safety, quality and experience indicators. Borough service lines continue to identify areas of concern, which are addressed in robust ways to enable clinicians and service management teams to have greater integrated intelligence to drive improvements in patient care.

1.4 It is acknowledged that this triangulated and integrated intelligence alone cannot provide definitive indicators, but it can give a steer and indication on possible areas of risk and allows wards and teams to share best practice in respects to how they may have achieved more positive outcomes.

1.5 The key indicators currently being measured alongside staffing fill rates are:

- Patient Experience : Family and Friend Test (FFT) and Patient Experience Survey
- Complaints and Concerns of Service Users: formal and informal complaints
- Clinical incidents: Overall Datix Incidents, Moderate Incidents and Serious Incidents
- Overall vacancy rates of each ward
- Overall sickness rates of each ward

2. Indicators

2.1 Patient Experience: The Trust continues to carry out local real time patient experience feedback, using an online survey system. Data is collected using various methods which include electronic tablets and paper surveys. The frequency of service user surveys varies across wards and teams, and is dependent upon the speciality of the ward/department and the length of stay of the service user group, and can vary from weekly to three monthly. In addition, the Family and Friends Test (FFT) give an indication of service user experience.

2.2 Complaints and Concerns: Complaints of both a formal and informal nature give an indication of patient satisfaction, and continue to be both monitored and reported through local governance structures and Trust wide Deep Dive meetings. All formal complaints are evidenced using actions plans to ensure that lessons learnt can be tracked and appropriate assurance given that areas of concern have been addressed. It is recognised that we need to capture, replicate and celebrate with staff the positive comments and compliments. The patient experience team is now providing details of open text comments received via The Patient Experience Survey as well as compliments data at the Deep Dive Meetings.

2.3 Clinical Incidents: It is acknowledged that improved reporting of incidents is viewed as positive. It is understood that a richness of data/intelligence in respect of incidents, trends and patterns allows organisations to develop approaches to address emerging themes ensuring that we respond in a timely manner. This learning from incidents assists in the development of improved services specifically informed by patient information with an

aspiration to ensure there is co-design and development of services with patients, including internal and external user and carer groups

2.4 Vacancy Rates: We have previously acknowledged that in some clinical areas/wards there are vacancy levels that exceed the Trust target. The teams are committed to ensuring that this is addressed and that vacancy levels are reduced through active recruitment. We understand that the use of temporary staff can have a negative impact on patient and staff experience with regards to lack of continuity and consistency of staff. A bank recruitment drive commenced to improve continuity and consistency within the temporary workforce and includes; encouraging current agency staff to opt into the bank with competitive rates, additional funds for holidays and mandatory training. This drive to develop the bank of temporary staff addresses the decrease in agency usage.

2.5 We are developing a robust recruitment and retention plan as part of a whole systems approach through rigorous interviewing processes to obtain the right people with the right skills who demonstrate BEHMHT values and behaviours. We have developed our preceptorship programme aimed to better support newly trained staff into the clinical area and ensure staff are enabled to be the best that they can be.

3. Fill Rate

3.1 Table 1 gives an indication of overall fill rate between January 2016 and April 2017 across all inpatient wards, which shows little variance between both Registered and Care staff during this period. Wards continue to use temporary staff resources where needed due to clinical demands and to address the staff vacancies. Temporary staff who are identified as being familiar with the clinical setting are sort to ensure continuity and more positive patient experience and risk management.

3.2 Some wards continue to meet their fill rate compliance with the use of temporary staffing; both bank staff and agency staff. As described above, the focus now is to strengthen bank arrangements and reduce the use of agency.

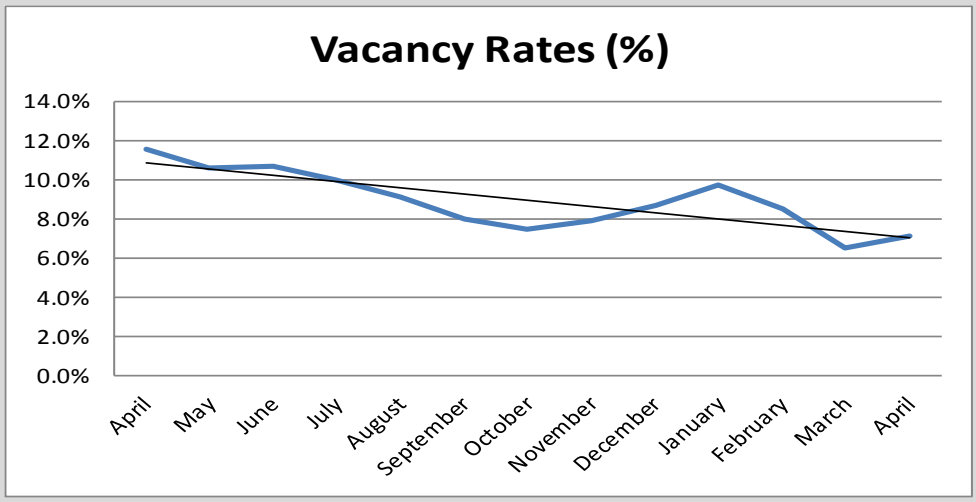
Table 1

		Registered Nurses Average Fill Rates - DAY (%)	Registered Nurses Average Fill Rates - NIGHT (%)	Care Staff Average Fill Rates - DAY (%)	Care Staff Average Fill Rates - NIGHT (%)
2016	January	101	100	100	100
	February	101	100	100	102
	March	101	103	101	102
	April	100	101	101	101
	May	102	101	99	100
	June	102	101	99	100
	July	100	101	100	101
	August	100	102	101	100
	September	101	101	102	103
	October	103	101	101	103
	November	102	102	102	103
	December	100	101	102	104
2017	January	103	101	104	103
	February	98	97	99	98
	March	99	101	102	102
	April	98	100	101	101

4. Vacancy Factor

4.1 The overall vacancy rate for our inpatient wards has continued to improve to 7.1% in April compared to 8.1% in February 2017 (Table 2).

Table 2

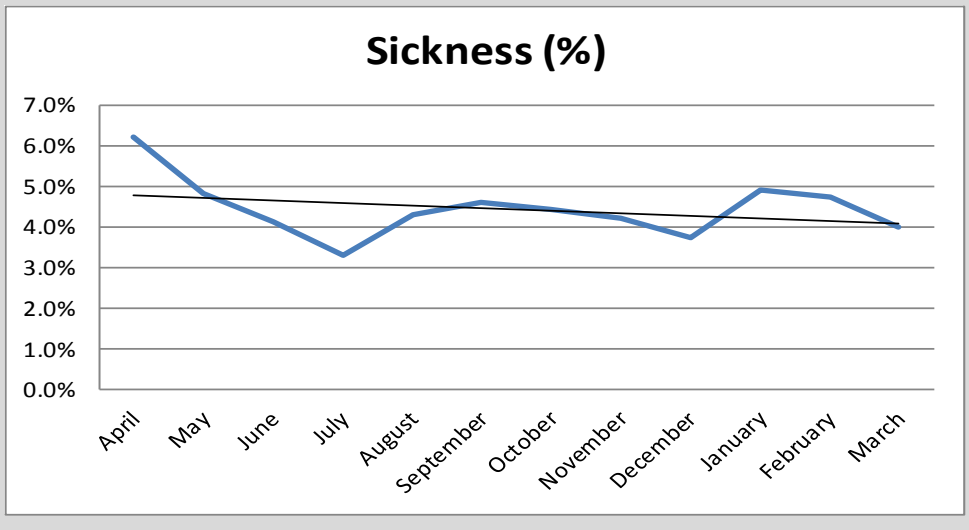


4.2 The focus on recruitment and retention needs to continue to ensure that vacancies across in-patient wards are minimised and trajectories are considered for each of the wards as part of the retention of staff and the proactive management of the number of staff who have expressed their intention to retire.

5. Sickness Rate

5.1 Overall sickness rates across in-patient wards continue to be under the last 12months' peak of 6.1% in May 2016. The overall sickness rate for March 2017 is 4% a decrease of 0.7% from February 2017 rates. Whilst some areas appear to have proactive approaches to the management of sickness, this needs to be seen across all clinical areas and reiterated in managerial supervision of staff. A robust process in addressing sickness and absence indicates to staff our duty of care to them and to the patients who use our services. Where sickness is addressed robustly this can be learnt best practice across the trust.

Table 3



6. Barnet Borough

6.1 Barnet Borough has presented a mixed picture in respect to vacancies across inpatient services. Thames ward's vacancy rate increased slightly, whilst Ken Porter's rate increased significantly to 15.4% in April 2017 from 7.7% in February 2017. Avon ward's rate on the other hand improved very significantly to -16.0% in April 2017 from 21.7% in February 2017. Formal vacancy and recruitment groups have been established and continue to look at ways to address the challenge that vacancies pose to the service.

6.2 Barnet Borough has presented a better picture in respect to sickness rates across inpatient services for this reporting period. All wards showed an improvement in sickness rates except Ken Porter and Thames which showed 5.3% and 2.6%, an increase of 0.5% and 0.9% respectively from the February rates (Please see Appendix 2).

6.3 Fill rates indicate that the staffing deficiencies have been met through temporary staffing which we continue to carefully monitor from a continuity, quality and safety perspective.

6.4 The Patient Experience Survey and FFT data within the Barnet inpatient wards shows considerable variation in relation to both; engagement with the surveys and the feedback received. Across March and April 2017; Trent and Thames ward's Patient Experience Survey and FFT feedback continues to be positive. Avon and Ken Porter ward Patient Experience Survey scores are below the 80% benchmark and the FFT suggest satisfaction rates could be improved significantly.

6.5 Four formal complaints were received within the Barnet Borough inpatient wards between March 2017 and April 2017.

7. Enfield Borough

7.1 Enfield Borough has presented a mixed picture in respect to vacancies across inpatient services. Across March and April 2017, Cornwall Villa, Dorset, Magnolia, Oaks and Suffolk wards have seen significantly high increases in vacancy rates, whilst Somerset Villa (formally Bay Tree House) and Sussex has remained unchanged since February 2017. Silver Birches rates decreased massively to -19.3% in April 2017 from 33.3% in February 2017.

7.2 Enfield Borough has presented a mixed picture in respect to sickness rates across inpatient services. For March 2017, Cornwall Villa, Dorset, Magnolia, Silver Birches and Suffolk wards have seen improvement in sickness rates, Somerset Villa (formally Bay Tree House) rate increased whilst the Oaks has remained unchanged since February 2017 (Please see Appendix 2).

7.3 Fill rates indicate that the staffing deficiencies have been met through temporary staffing which we continue to carefully monitor from a continuity, quality and safety perspective.

7.4 The Patient Experience Survey and FFT data within the Enfield Borough inpatient wards shows considerable variation in relation to both; engagement with the surveys and the feedback received. A number of the wards Patient Experience Survey percentages do not meet the Trust 80% benchmark and FFT data suggest satisfaction rates could be improved significantly. Areas of potential concern include: Cornwall Villa, Sussex and The Oaks. It is noted that Silver Birches and The Oaks did not submit data for March 2017 whilst Cornwall Villa have not submitted Patient Experience Survey and FFT data since September 2016, limiting assurance. The Deep Dive meetings will continue to discuss patient experience indicators and agree actions to address. The senior managers are aware and are addressing within the respective teams.

7.5 Six formal complaints were received within the Enfield Borough inpatient wards between March 2017 and April 2017.

8. Haringey Borough

8.1 Both Fairland and Haringey ward has no vacancies for the period March 2017 to April 2017, whilst Finsbury wards vacancy rate remains unchanged since February 2017 at 8%.

8.2 Fairland and Finsbury wards have seen decreasing sickness rates in March 2017 compared to February 2017 rates, whilst Haringey ward's rate has remained unchanged for the same period.

8.3 Fill rates remain strong across all three wards.

8.4 The Patient Experience Survey and FFT data within the Haringey Borough inpatient wards shows considerable improvement in relation to both; engagement with the surveys and the feedback received. It is noted that, Fairland and Finsbury wards did not submit Patient Experience Survey and FFT data for March 2017.

8.5 Three formal and two informal complaints were received within the Haringey Borough inpatient wards between March 2017 and April 2017.

9. Specialist Services

9.1 Specialist Services has presented a mixed picture in respect to vacancies across inpatient services. Across a number of the wards there continues to be concerns in relation to vacancy rates, notably; Beacon Centre, Devon, and Sage wards. During the period from March 2017 to April 2017 vacancy rates continue to maintain and/or improve across the wards within the Specialist Services, with the exception of Devon and Sage wards which have significantly high and increasing vacancy rates that have remained unchanged across March 2017 to April 2017 at 26.7% and 23.1% respectively.

9.2 Sickness rates have either maintained or decreased across almost all of the wards, with the exception of Derwent and Severn wards which have seen some increase from February 2017 to March 2017. Both Derwent and Sage wards saw an increase of 4% from February 2017 rates.

9.3 For this reporting period, the Patient Experience Survey and FFT data within majority of the Specialist Services inpatient wards shows considerable improvement in relation to both; engagement with the surveys and the feedback received. The Patient Experience Survey and FFT data within the Specialist Services inpatient wards shows considerable variation in relation to both; engagement with the surveys and the feedback received. It is noted that across March 2017 to April 2017 Beacon and Phoenix Patient Experience Survey percentages do not meet the Trust 80% benchmark and FFT data suggest satisfaction rates could be improved significantly. Fennel ward did not submit Patient Experience Survey and FFT data for March 2017. The Deep Dive meetings will continue to discuss patient experience indicators and agree actions to address.

9.4 Three complaints (two formal and one informal) were received within the Specialist Services between March 2017 and April 2017.

10. Community Staffing Levels

10.1 Unlike inpatient settings, there is no mandatory requirement for the Trust to publish information about the nurse staffing levels in our community care settings, however the key staffing indicators measured for inpatient's safe staffing levels is currently being rolled out to all community teams to enable the inclusive of the staffing capacity and capability of our community teams in the Safe staffing levels report to the board.

10.2 The registered and unregistered nursing staff establishment in community team budgets are currently being reviewed to establish the accurate vacancy levels within the teams. This review was expected to be completed by April 2017. Finalised data is being awaited from Finance and once ESR system is updated, the accurate vacancy levels within the teams would be reported on.

10.3 The overall vacancy rate for registered and unregistered nurses in our community teams for March 2017 is 21.1%, an increase of 2.4% from February 2017 rates. However this increase may not be a true reflection of what is in practice due to the reorganisation within Barnet Borough still in transition. Therefore until budgets and staff in posts are confirmed, some cost centre may appear to have either inflated % vacancy rates or showing a minus figure.

10.4 Overall sickness rates across community teams have decreased to 2.1% in March 2017.

11. Recruitment and Resourcing

11.1 **Recruitment Surgeries**
The Trusts recruitment team hold a succession of recruitment surgeries across all boroughs on a 4 – 6 weekly basis. The purpose of the surgeries is to meet with borough managers to identify hard to fill recruitment 'hot spots' and any associated recruitment issues.

11.2 **In-patient Staffing Recruitment**
The Trust aims to recruit to all inpatient staff vacancies and reduce the reliance on temporary staffing. There are several recruitment initiatives in place to fill vacancies across the Trust.

12. Summary

12.1 Safe staffing reports continue to be incorporated into existing governance structures, namely Borough Deep Dive meetings, and will be incorporated into future borough based governance structures. This has allowed greater discussion and understanding of the data presented and analysed to ensure that the safe staffing agenda and associated quality and safety indicators are understood and acted upon to enhance safety in the clinical areas.

12.2 Safe staffing reports are made available to commissioners; promoting transparency and providing assurance in relation to the Trust monitoring of safe staffing in the context of a range of workforce, quality and patient experience indicators.

12.3 There is a need to ensure that the focus on recruitment is maintained to respond to the persistent staffing challenges that we face. The agency cap on spend can only be achieved and sustained if we accelerate substantive recruitment to all vacant posts. As well as recruit more external candidates for our Nurse Bank. Further work is also required in relation to the management of vacancies and sickness, with any lessons learnt and successful innovations shared within and across the service lines.

13. Outcomes, Service Delivery and Performance Issues

13.1 To improve the understanding of workforce, their deployment and reduction in the reliance upon temporary staffing.

13.2 To improve understanding at a borough service line level of the areas of risk in respects to safe staffing, including interrelated and contributory factors.

13.3 To improve management of the workforce to maximise stability and consistency and enhance patient experience, quality and safety.

13.4 To consider and scope the requirements of the service areas and match this to current and future capacity.

13.5 To consider the investment in staff at all levels to assist in recruitment and retention activity.

Implications

14. Budgetary / Financial Implications

14.1 Financial costs associated with the procurement of electronic IT solutions to record and track staff usage.

14.2 A reduction in the reliance on temporary staff, and associated savings.

15. Risk Management

15.1 Consistency in high calibre, well trained and competent staff will contribute to risk reduction and improved quality of care and patient experience. Investment in staff development will also assist in retaining high quality staff and assist in the recruitment of staff in the future.

16. Equality and Diversity Implications

16.1 None

Ends.

APPENDIX 1

Barnet - March 2017

			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
Edgware Community Hospital	Avon	Psychiatric Intensive Care Unit	100.0%	100.0%	118.2%	100.0%	51%	66%	3	0	28	1	0	-12.0%	7.8%
Edgware Community Hospital	Thames Ward	Adult Mental Illness	100.0%	100.0%	100.0%	100.0%	88%	92%	0	0	30	0	0	0.0%	2.6%
Edgware Community Hospital	Trent Ward	Adult Mental Illness	100.0%	100.0%	100.0%	100.0%	69%	82%	0	0	27	0	1	0.0%	1.7%
Barnet General Hospital	Ken Porter	Adult Mental Illness, Old Age Psychiatry	99.2%	131.9%	100.0%	150.0%	75%	79%	0	0	8	0	0	11.5%	5.3%

Enfield - March 2017

			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Michael's Hospital	Magnolia Ward	General Medicine, Rehabilitation	100.9%	100.9%	97.8%	104.8%	96%	100%	0	0	32	1	0	11.8%	5.4%
Chase Farm Hospital	Dorset	Adult Mental Illness	105.4%	125.8%	100.0%	117.7%	84%	89%	1	0	16	0	0	5.6%	0.8%
Chase Farm Hospital	Suffolk Ward	Adult Mental Illness	96.4%	101.3%	100.0%	101.5%	75%	82%	0	0	38	0	0	3.2%	2.0%
Chase Farm Hospital	Sussex Ward	Adult Mental Illness	100.0%	98.8%	100.0%	100.0%	76%	79%	1	0	7	0	0	12.3%	5.3%
Chase Farm Hospital	Somerset Villa (Formerly Bay Tree House)	Old Age Psychiatry	95.1%	99.2%	100.0%	100.0%	87%	60%	0	0	8	0	0	26.5%	7.0%
Chase Farm Hospital	The Oaks	Old Age Psychiatry	99.5%	97.3%	100.0%	100.0%	-	-	0	0	46	0	0	18.7%	0.6%
Chase Farm Hospital	Cornwall Villa	Old Age Psychiatry	102.1%	98.2%	101.9%	103.7%	-	-	0	0	9	0	0	11.5%	2.9%
Chase Farm Hospital	Silver Birches	Old Age Psychiatry	102.4%	95.4%	100.0%	98.7%	-	-	0	0	6	0	0	-13.9%	3.3%

Haringey - March 2017

			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Ann's Hospital	Fairlands	Adult Mental Illness	108.6%	100.0%	101.5%	93.3%	-	-	2	1	21	0	0	0.0%	4.5%
St Ann's Hospital	Finsbury	Adult Mental Illness	100.0%	100.0%	100.0%	98.7%	-	-	0	0	21	0	0	8.0%	8.7%
St Ann's Hospital	Haringey Ward	Adult Mental Illness	100.0%	103.2%	100.0%	101.6%	92%	100%	0	1	20	0	0	-10.2%	1.5%

Specialist - March 2017

			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
Chase Farm Hospital	Cardamom	Forensic Psychiatry	76.3%	119.8%	100.0%	100.0%	100%	89%	1	0	4	0	0	11.5%	1.9%
Chase Farm Hospital	Blue Nile House	Forensic Psychiatry	95.1%	119.8%	100.0%	100.0%	99%	100%	0	0	4	0	0	2.2%	1.9%
Chase Farm Hospital	Fennel	Forensic Psychiatry	97.6%	102.0%	100.0%	100.0%	-	-	0	0	7	0	0	2.6%	3.5%
Chase Farm Hospital	Juniper	Forensic Psychiatry	98.4%	100.4%	100.0%	100.0%	97%	100%	0	0	11	0	0	2.7%	3.7%
Chase Farm Hospital	Mint	Forensic Psychiatry, Learning Disability	98.1%	98.4%	100.0%	100.0%	92%	100%	0	0	3	0	0	-2.1%	1.2%
Chase Farm Hospital	Paprika	Forensic Psychiatry	97.7%	100.0%	100.0%	100.0%	90%	83%	0	0	12	0	0	-8.1%	3.2%
Chase Farm Hospital	Sage Ward	Forensic Psychiatry	96.6%	100.0%	100.0%	100.0%	96%	88%	0	0	14	0	0	17.3%	0.0%
Chase Farm Hospital	Devon Ward	Forensic Psychiatry	97.9%	99.3%	100.0%	100.0%	97%	100%	0	0	9	0	0	26.7%	5.9%
Chase Farm Hospital	Tamarind Ward	Forensic Psychiatry	97.7%	100.0%	100.0%	100.0%	94%	88%	0	0	13	0	0	4.4%	9.5%
Chase Farm Hospital	Severn	Forensic Psychiatry	97.6%	97.7%	100.0%	103.2%	97%	86%	0	0	8	0	0	4.0%	9.7%
Chase Farm Hospital	Derwent	Forensic Psychiatry	100.0%	114.4%	100.0%	100.0%	94%	92%	0	0	15	0	0	-13.0%	8.6%
Edgware Community Hospital	Beacon Centre	Child and Adolescent Psychiatry	100.0%	100.0%	100.0%	100.0%	74%	67%	0	0	30	0	0	24.4%	4.1%
St Ann's Hospital	Phoenix	Adult Mental Illness	100.0%	100.0%	99.6%	100.0%	59%	54%	0	0	37	0	0	14.1%	2.2%

Barnet - April 2017

			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
Edgware Community Hospital	Avon	Psychiatric Intensive Care Unit	100.0%	100.0%	98.5%	100.6%	63%	63%	0	0	24	0	0	-16.0%	tbc
Edgware Community Hospital	Thames Ward	Adult Mental Illness	100.0%	100.0%	100.0%	100.8%	88%	91%	1	0	33	0	0	1.5%	tbc
Edgware Community Hospital	Trent Ward	Adult Mental Illness	100.0%	100.0%	98.4%	99.0%	92%	87%	0	0	22	0	0	0.0%	tbc
Barnet General Hospital	Ken Porter	Adult Mental Illness, Old Age Psychiatry	95.6%	151.4%	93.3%	193.3%	78%	85%	0	0	20	0	0	15.4%	tbc

Enfield - April 2017

			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Michael's Hospital	Magnolia Ward	General Medicine, Rehabilitation	73.5%	99.2%	100.0%	100.0%	100%	100%	2	0	26	0	0	11.8%	tbc
Chase Farm Hospital	Dorset	Adult Mental Illness	102.2%	106.7%	100.0%	98.4%	85%	95%	1	0	14	0	0	5.6%	tbc
Chase Farm Hospital	Suffolk Ward	Adult Mental Illness	100.0%	95.6%	100.0%	96.9%	82%	100%	0	0	33	0	0	3.2%	tbc
Chase Farm Hospital	Sussex Ward	Adult Mental Illness	100.0%	98.6%	100.0%	96.9%	76%	81%	1	0	9	0	0	12.3%	tbc
Chase Farm Hospital	Somerset Villa (Formerly Bay Tree House)	Old Age Psychiatry	100.0%	101.4%	100.0%	100.0%	87%	80%	0	0	3	0	0	26.5%	tbc
Chase Farm Hospital	The Oaks	Old Age Psychiatry	115.9%	96.6%	106.6%	96.6%	58%	67%	0	0	30	0	0	22.0%	tbc
Chase Farm Hospital	Cornwall Villa	Old Age Psychiatry	92.4%	102.3%	100.0%	100.0%	-	-	0	0	17	0	0	17.7%	tbc
Chase Farm Hospital	Silver Birches	Old Age Psychiatry	128.9%	83.6%	100.0%	100.0%	94%	100%	0	0	17	0	0	-19.3%	tbc

Haringey - April 2017

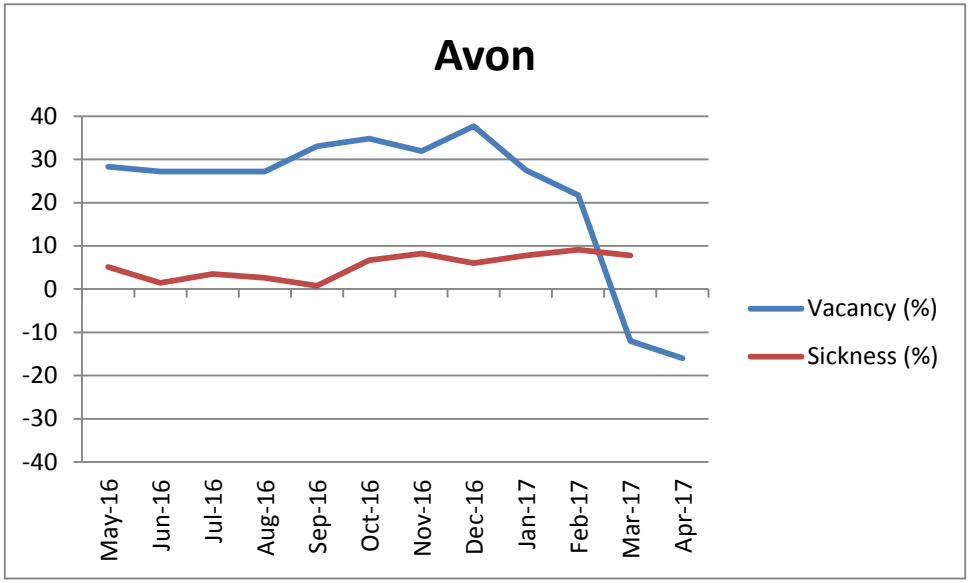
			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Ann's Hospital	Fairlands	Adult Mental Illness	103.3%	96.4%	100.0%	93.2%	98%	98%	0	0	26	0	0	0.0%	tbc
St Ann's Hospital	Finsbury	Adult Mental Illness	100.0%	100.0%	100.0%	95.7%	97%	100%	1	0	27	0	0	8.0%	tbc
St Ann's Hospital	Haringey Ward	Adult Mental Illness	100.0%	100.0%	100.0%	95.2%	88%	83%	0	0	4	0	1	-6.1%	tbc

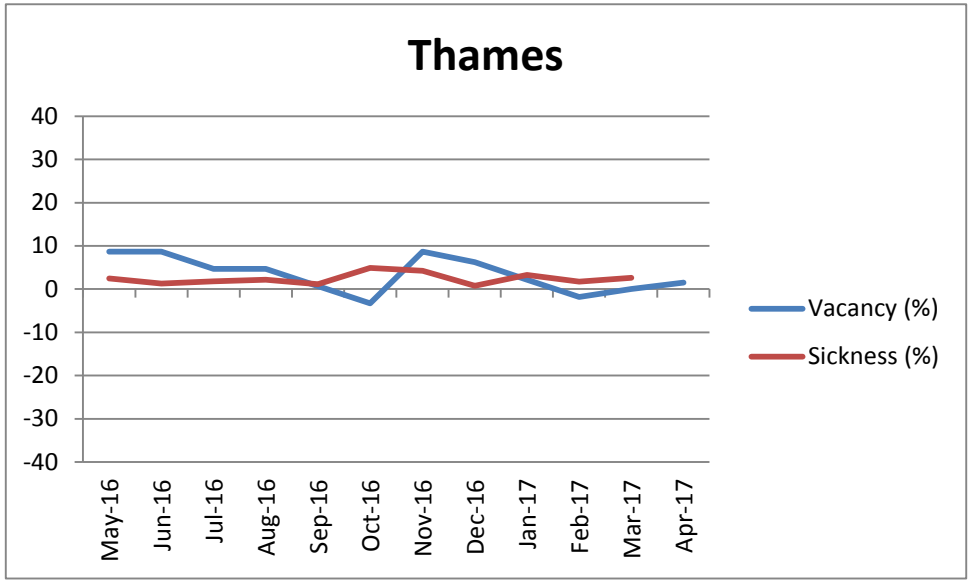
Specialist - April 2017

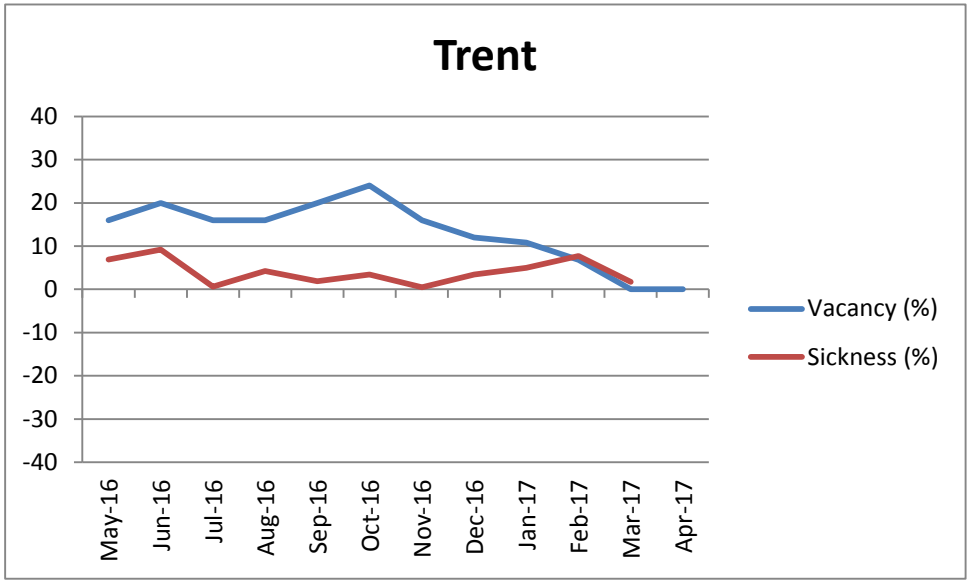
			Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
Hospital site name	Ward name	Speciality	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
Chase Farm Hospital	Cardamom	Forensic Psychiatry	87.8%	105.4%	100.0%	103.3%	100%	100%	0	0	15	0	0	6.7%	tbc
Chase Farm Hospital	Blue Nile House	Forensic Psychiatry	97.2%	96.5%	112.1%	89.7%	100%	100%	0	0	0	0	0	-2.2%	tbc
Chase Farm Hospital	Fennel	Forensic Psychiatry	95.9%	104.0%	100.0%	98.3%	85%	43%	1	0	11	0	0	4.6%	tbc
Chase Farm Hospital	Juniper	Forensic Psychiatry	97.5%	97.2%	100.0%	98.5%	81%	70%	0	0	7	0	0	2.7%	tbc
Chase Farm Hospital	Mint	Forensic Psychiatry, Learning Disability	100.6%	98.9%	102.7%	100.8%	81%	83%	0	0	5	0	0	2.1%	tbc
Chase Farm Hospital	Paprika	Forensic Psychiatry	99.2%	100.0%	100.0%	100.0%	96%	93%	0	0	11	0	0	-12.0%	tbc
Chase Farm Hospital	Sage Ward	Forensic Psychiatry	99.1%	99.7%	100.0%	98.9%	93%	50%	0	0	20	0	0	23.1%	tbc
Chase Farm Hospital	Devon Ward	Forensic Psychiatry	97.9%	99.3%	100.0%	100.0%	100%	100%	0	0	8	0	0	26.7%	tbc
Chase Farm Hospital	Tamarind Ward	Forensic Psychiatry	97.6%	100.7%	100.0%	100.0%	97%	100%	0	1	20	0	0	8.6%	tbc
Chase Farm Hospital	Severn	Forensic Psychiatry	95.9%	96.9%	95.0%	110.0%	100%	100%	0	0	17	0	0	4.0%	tbc
Chase Farm Hospital	Derwent	Forensic Psychiatry	100.0%	99.5%	98.3%	100.0%	98%	92%	0	0	19	0	0	-8.0%	tbc
Edgware Community Hospital	Beacon Centre	Child and Adolescent Psychiatry	100.0%	98.0%	100.0%	102.0%	78%	75%	0	0	40	0	0	21.4%	tbc
St Ann's Hospital	Phoenix	Adult Mental Illness	100.0%	100.0%	100.0%	100.0%	55%	25%	0	0	19	0	0	10.3%	tbc

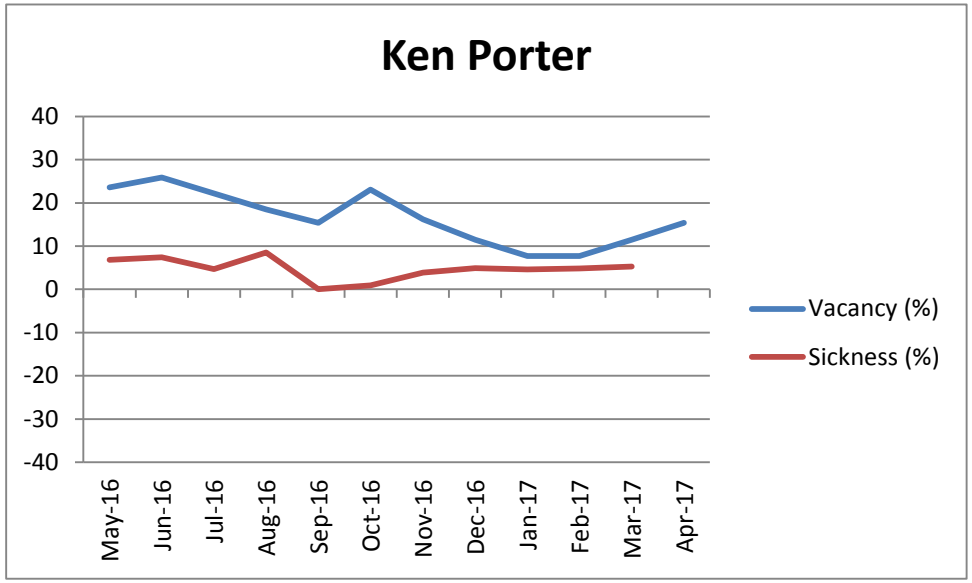
APPENDIX 2

BARNET









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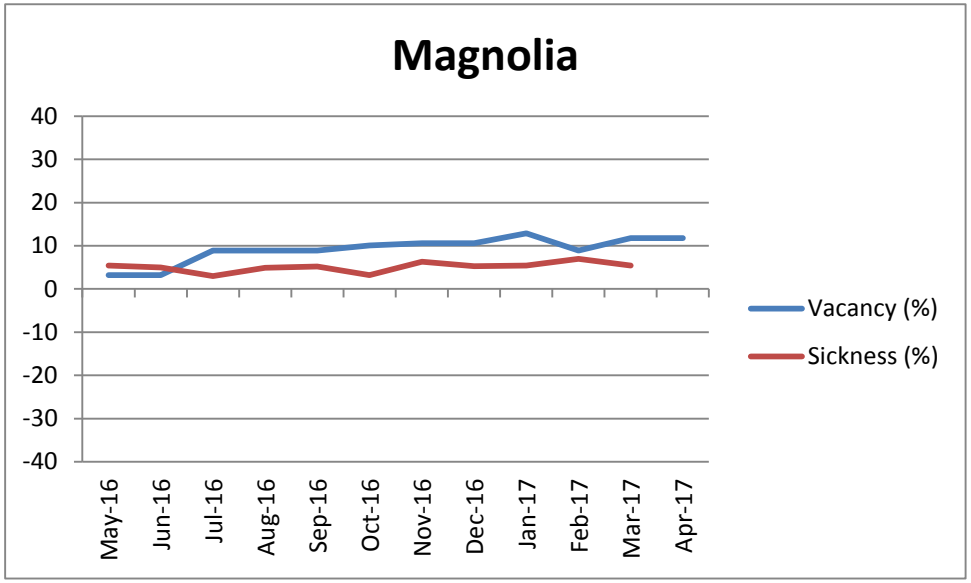
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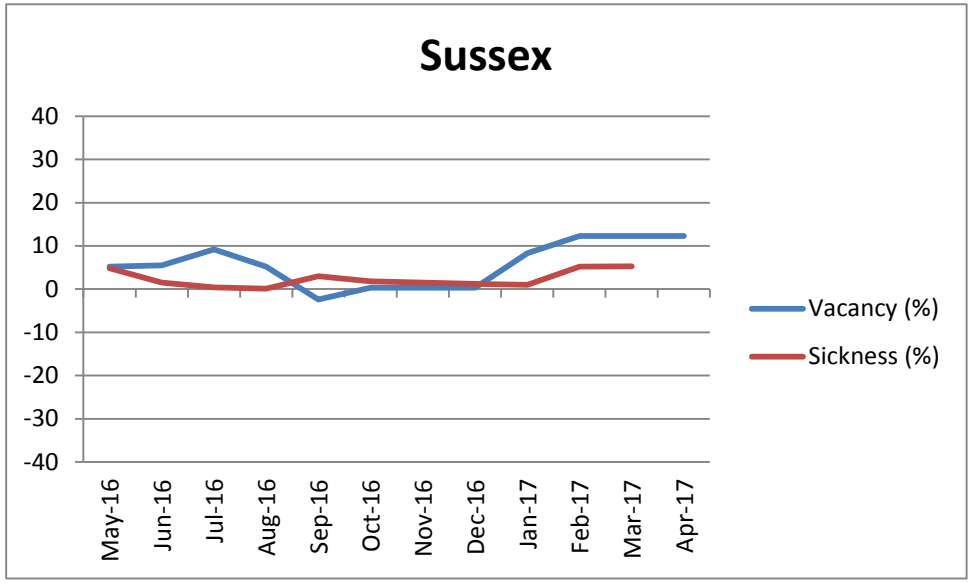
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Vacancy (%)
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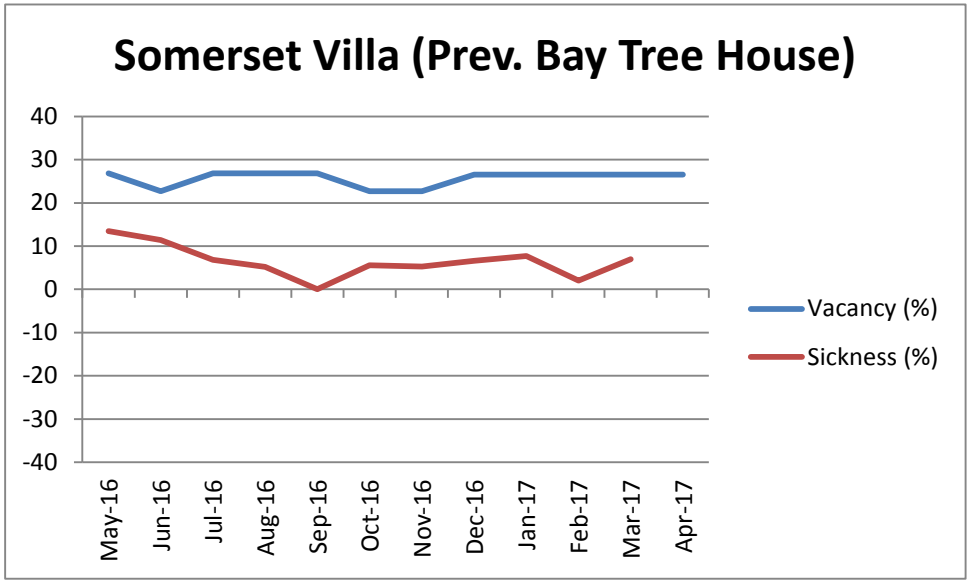
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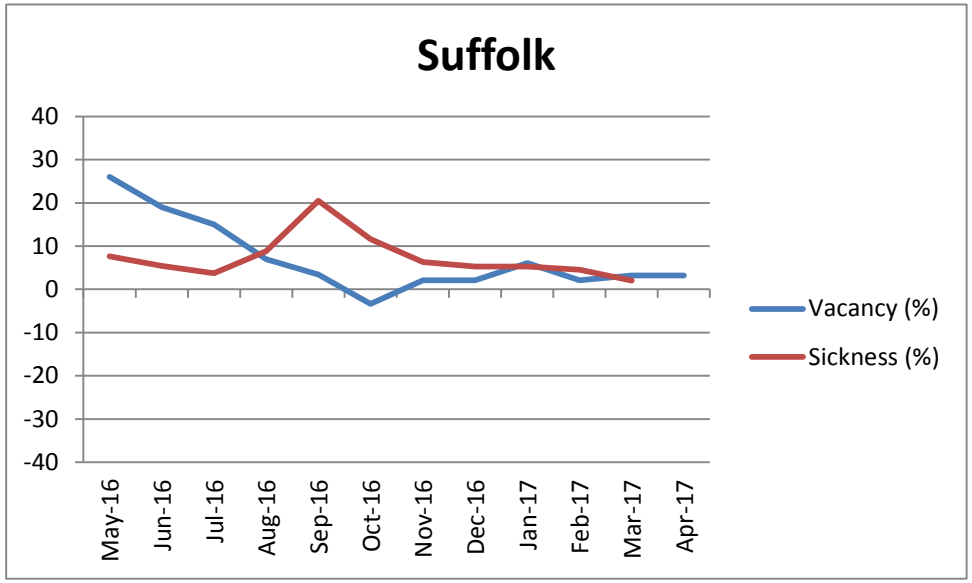
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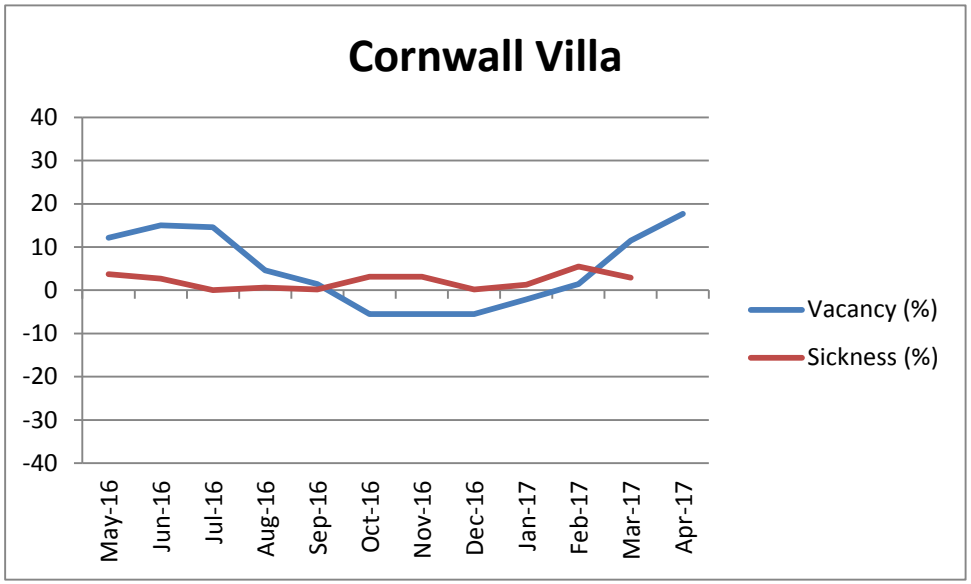
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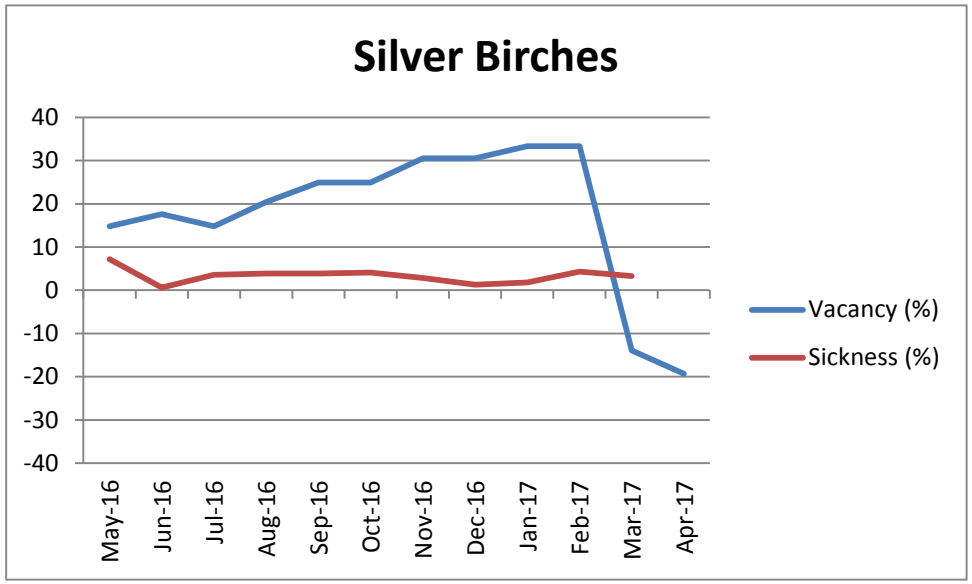
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Vacancy (%)
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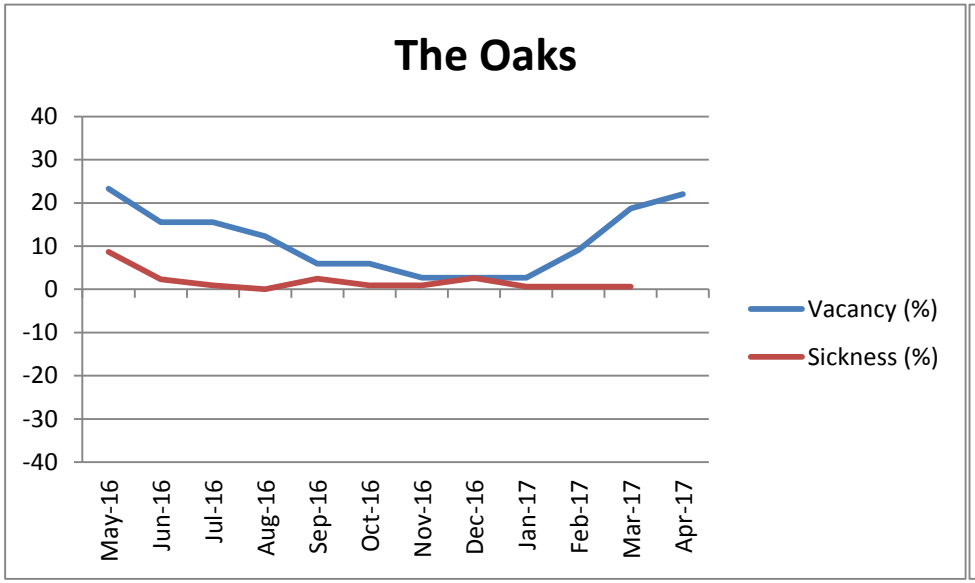
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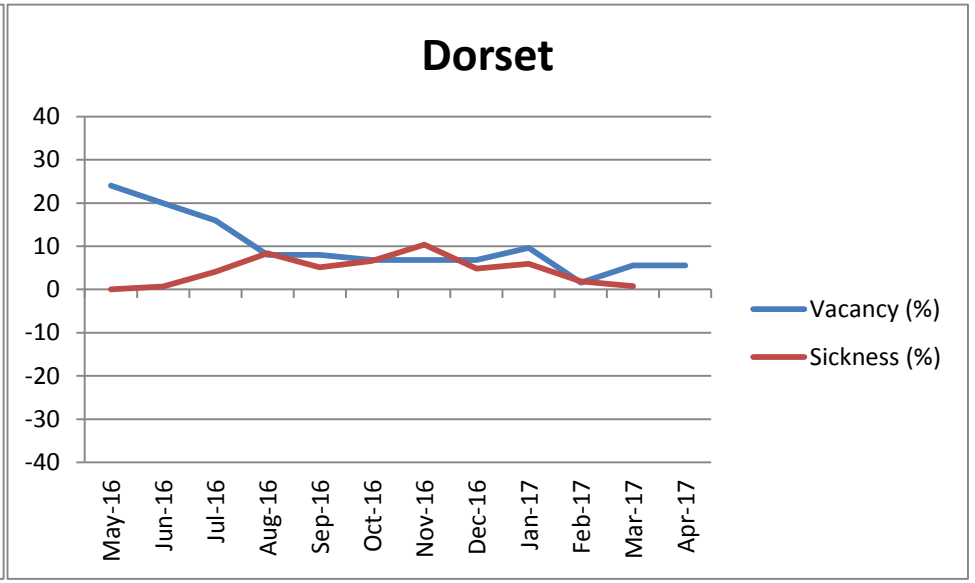
Sickness (%)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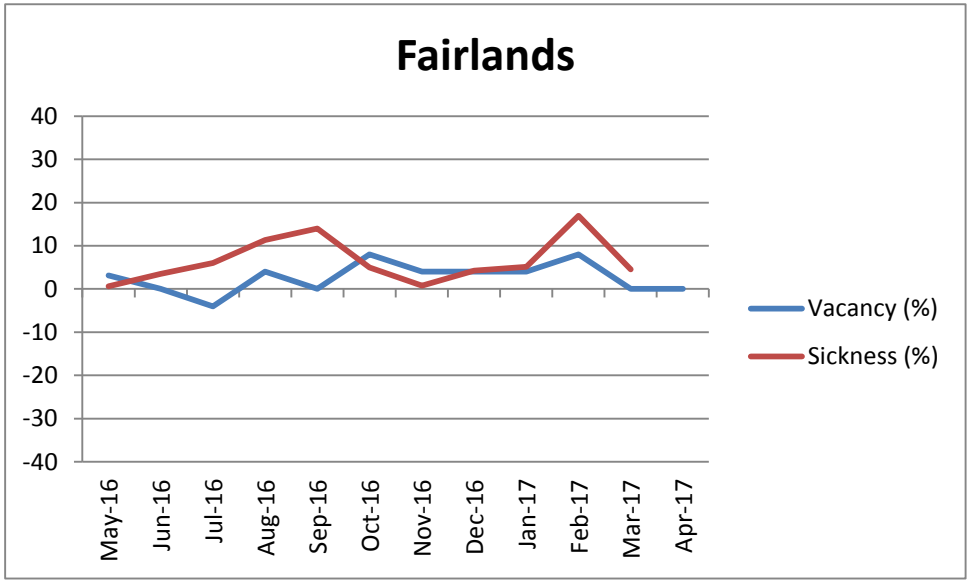
Vacancy (%)
Sickness (%)

HARINGEY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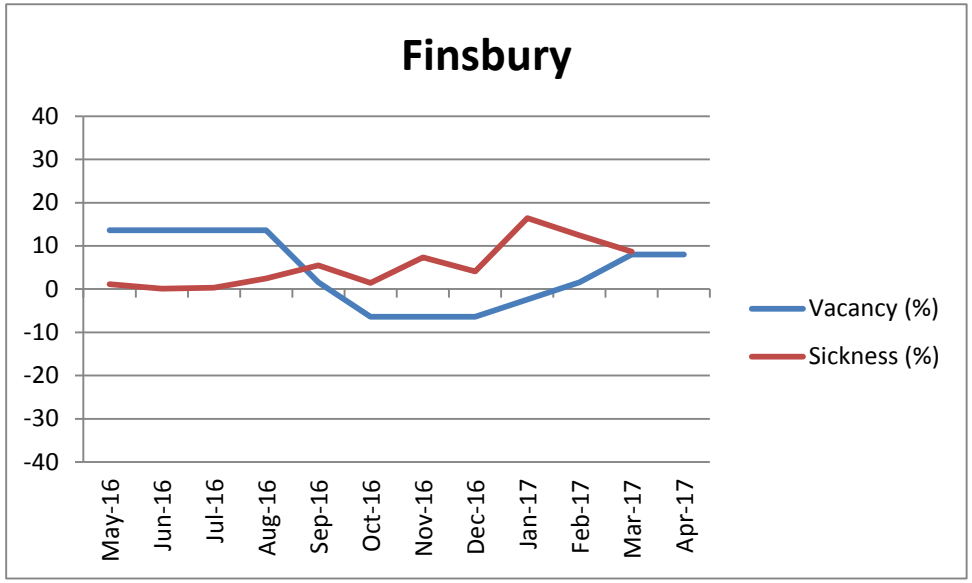
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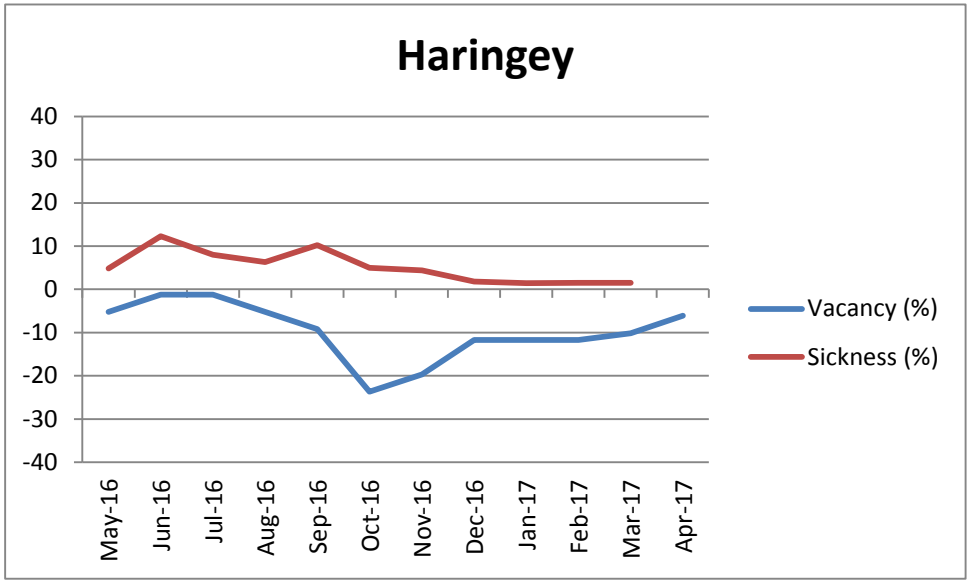
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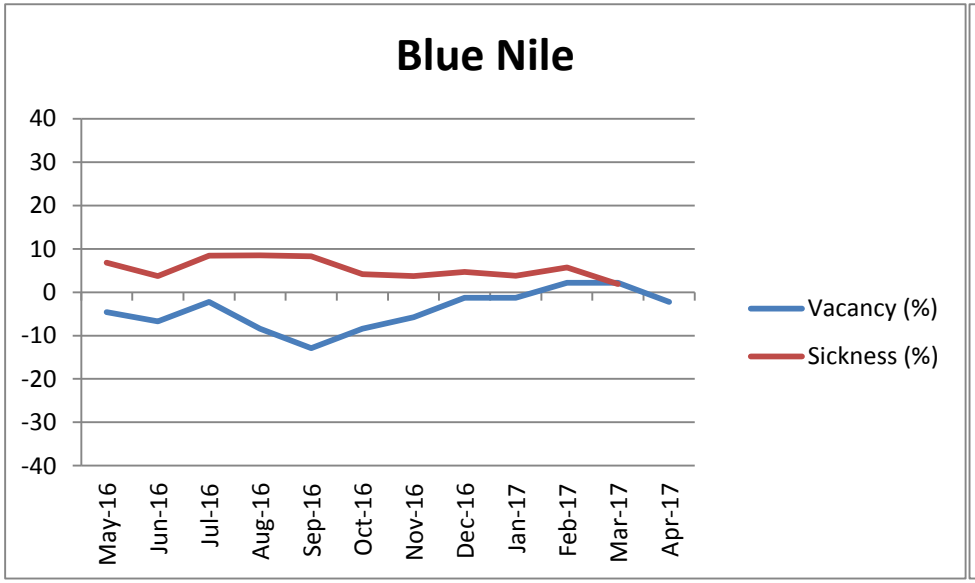
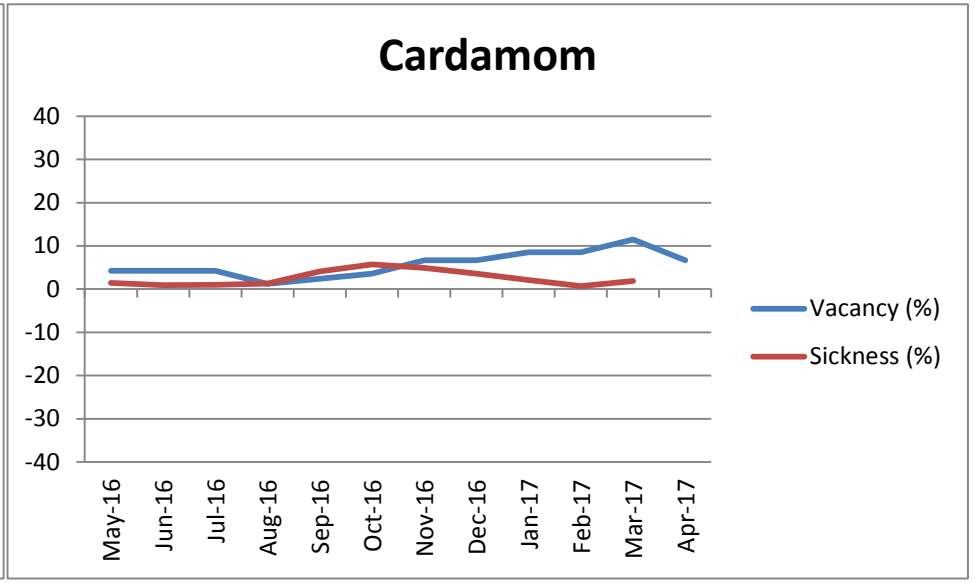
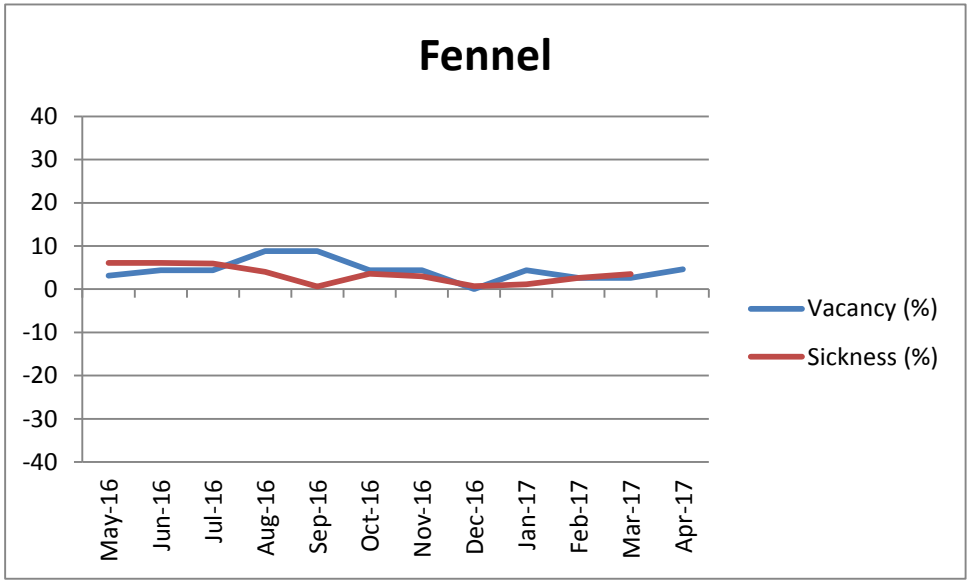
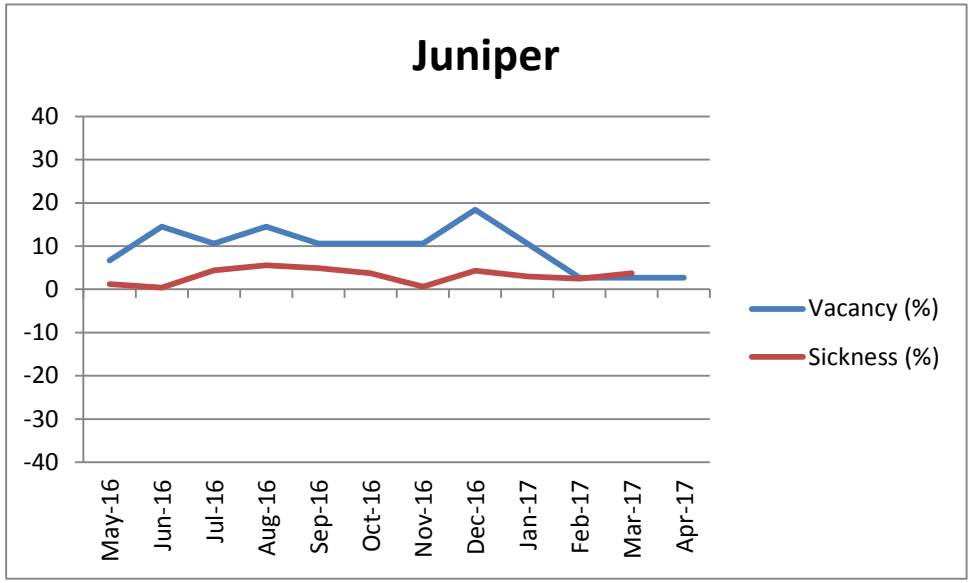
Vacancy (%)
Sickness (%)

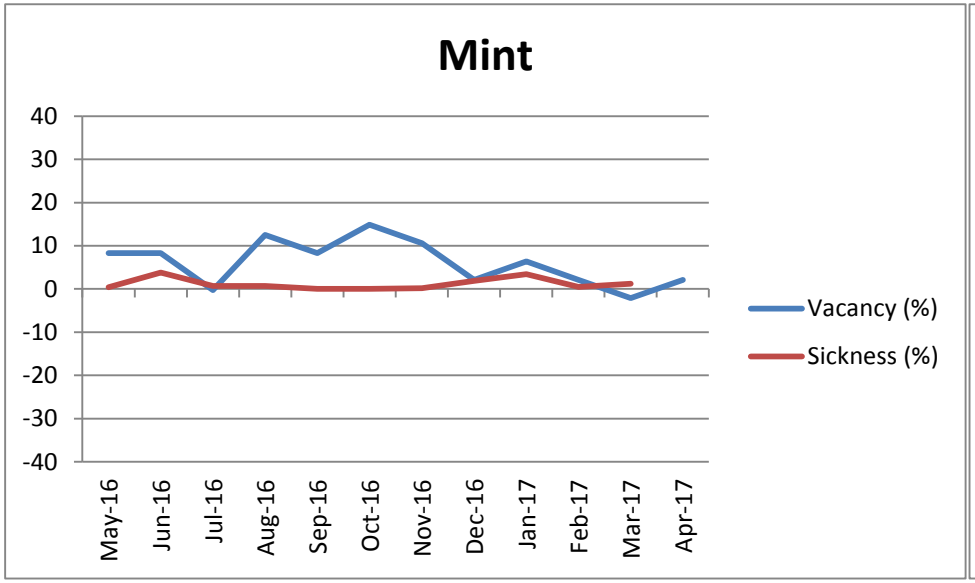
SPECIALIST SERVICES







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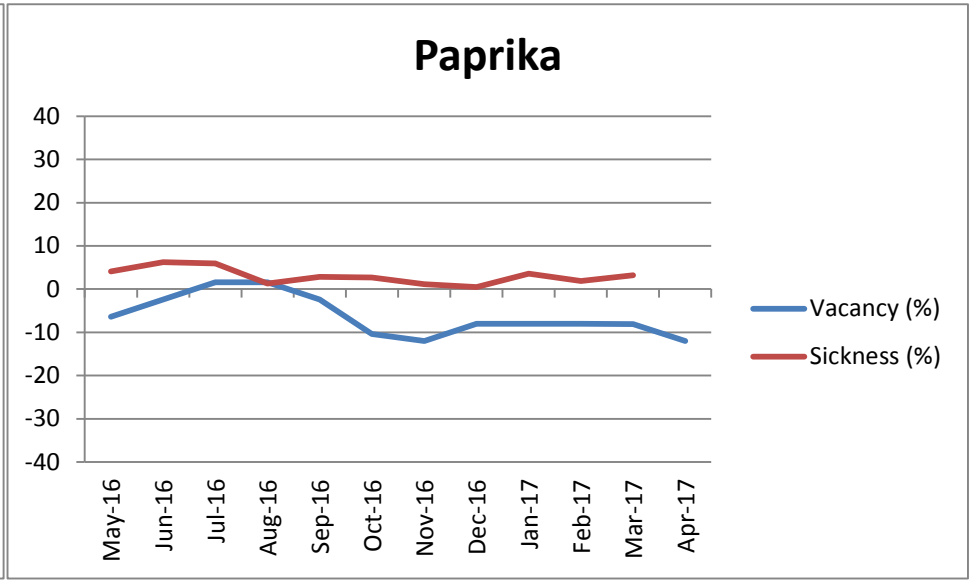
Vacancy (%)
Sickness (%)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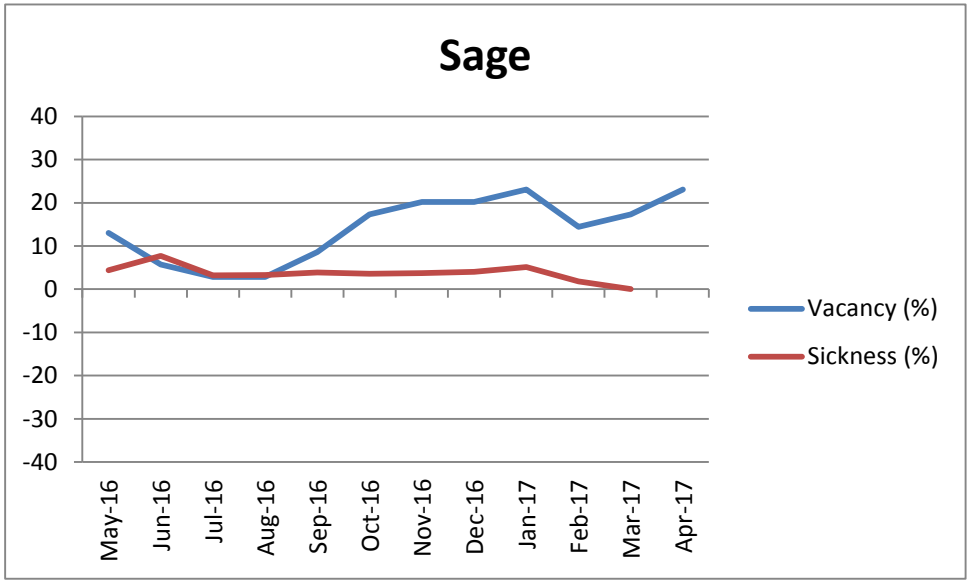
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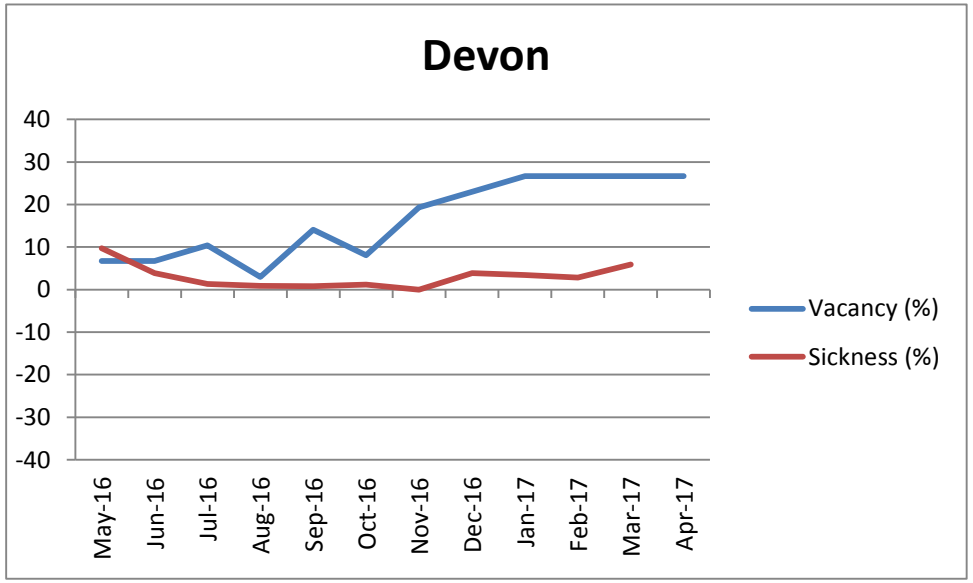
Sickness (%)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Vacancy (%)
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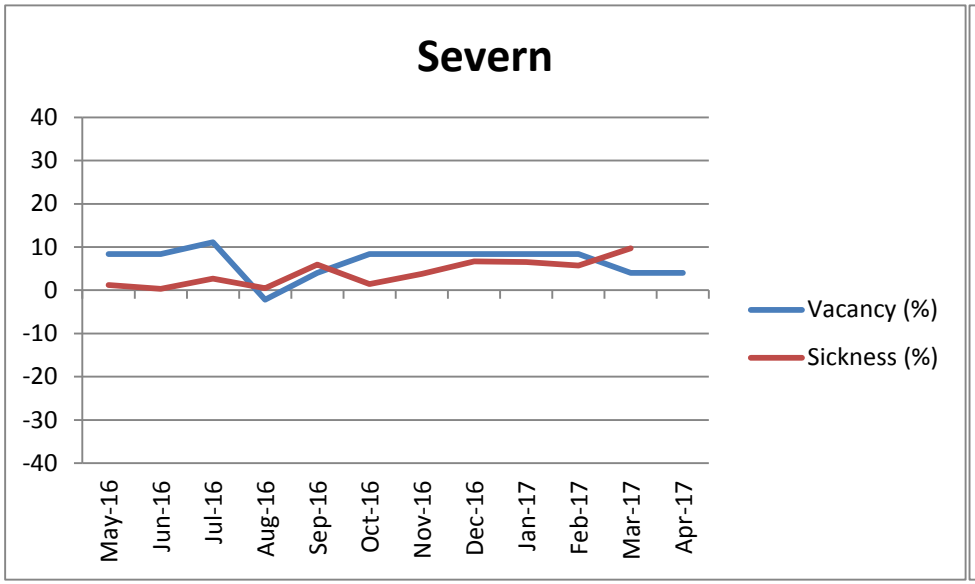
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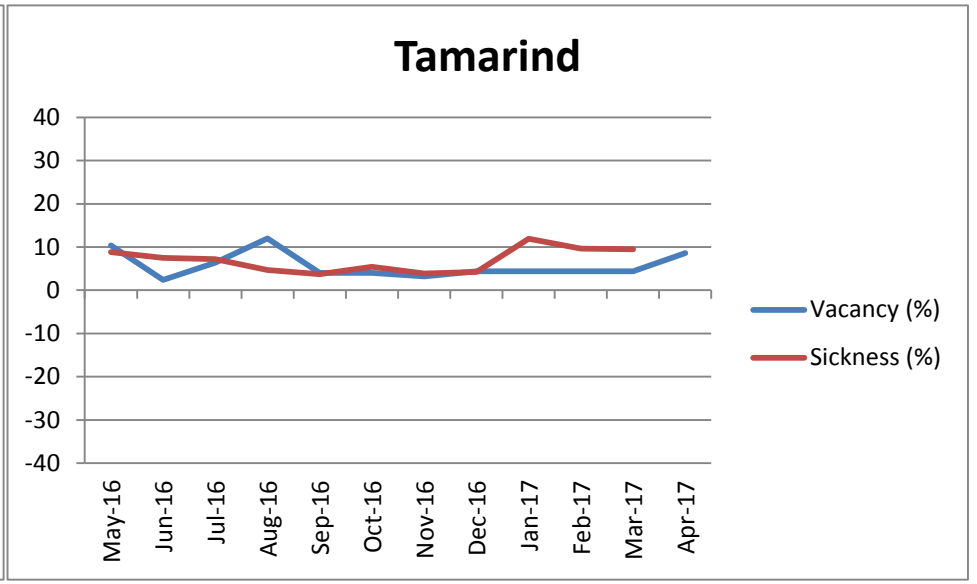
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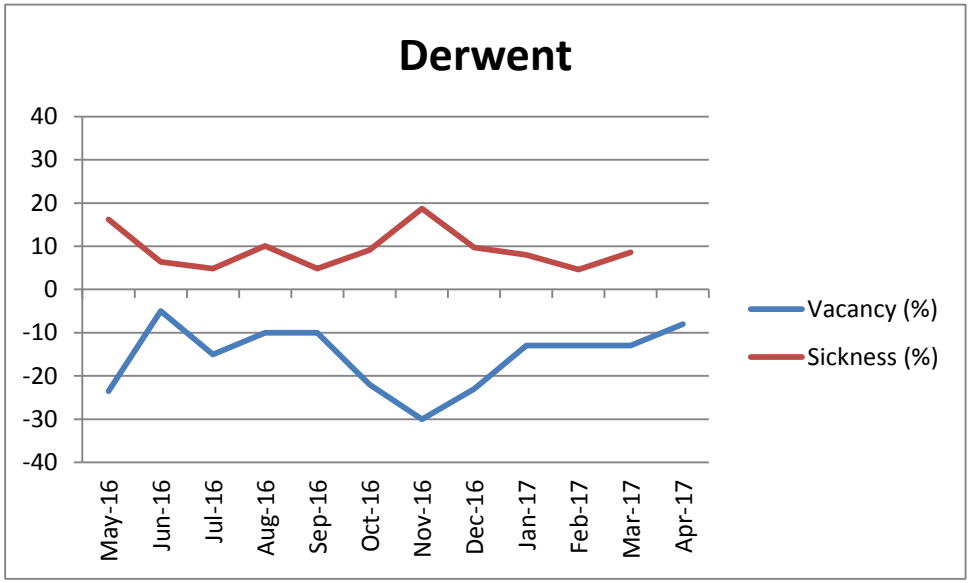
Vacancy (%)
Sickness (%)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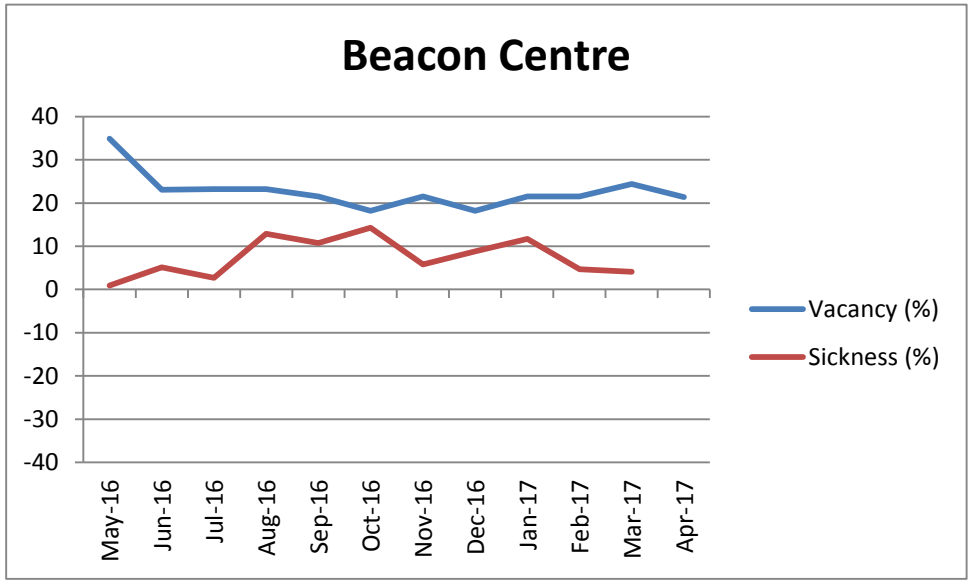
Vacancy (%)
Sickness (%)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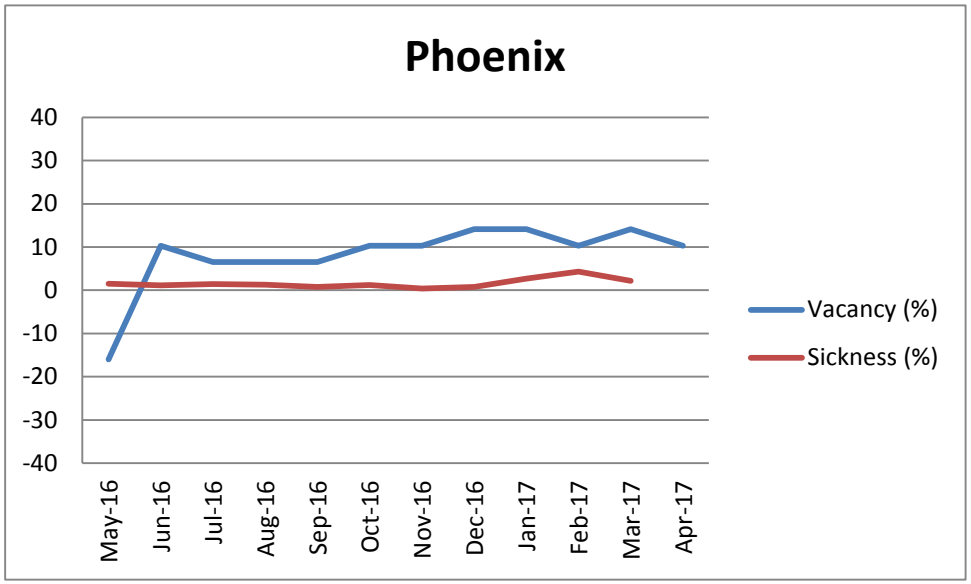
Vacancy (%)
Sickness (%)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Apr-17
Vacancy (%)
Sickness (%)

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Medical Director's Report
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Public Board Meeting

Purpose of Report:

This is the seventh Medical Directors Board Report.

It includes:

- Smokefree
- New projects and initiatives for 2017
- New trainees contract and rota issues
- Medical Management
- Visits and clinical engagement
- External engagement and activities
- Clinical Work

Recommendations:

The Trust Board is asked to:

1. Note the report.

2. Note that no breaches of the working hours agreed in the new contract for trainee doctors have been reported in the first three months of the implementation of the contract (February-April).

Sponsor:	Maria Kane, Chief Executive
Report Author:	Name: Jonathan Bindman Title: Medical Director Tel Number: 020 8702 4888 E-mail: jonathan.bindman@beh-mht.nhs.uk
Report History:	Regular Report
Budgetary, Financial / Resource Implications:	Smoking cessation training continues to be funded from existing budgets, and other costs of smokefree are noted in the report.
Equality and Diversity Implications:	No particular matters to highlight
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	The associated risks are managed through the Risk Register and Board Assurance Framework.

List of Appendices:

- None

Report

1. Introduction

1.1 This report describes the work of the Medical Director, principally since the last Board Meeting on 27 March 2017.

2. Smokefree

2.1 The implementation of the smokefree policy is raising some risk and challenges which require addressing. There has been an increase in incidents of fire setting on inpatient wards, with six incidents being reported between 29.1.17 and 2.5.17, compared with one in a similar period prior to smokefree implementation on 17th January. All fires were small and quickly controlled without injury, but they demonstrate persistent possession of lighters and smoking materials within wards. One fire was in NLFS, where smokefree is well established, but the other five fires were distributed across 4 wards on two sites and it is a reasonable assumption that the smokefree policy has incentivised some service users to hide smoking materials and avoid confiscation, and a response is needed. The Fire safety Advisor has recommended to the Health and Safety Committee that smoke detection should be extended to toilets and bathrooms, and that mandatory fire awareness training should be increased, and he is preparing a business case for this, but there is also a need for actions concerning ward policy and practice around identifying service users who are likely to seek to evade the smokefree approach, engaging with them, and also searching in a targeted manner.

2.2 We are now reporting data to the drugs and Therapeutics Committee concerning the use of NRT. Over comparable periods of 5 months to the end of November 2016, and from December 2016 to the end of April 2017 (including the run up to smokefree implementation as well as the post-implementation period), the costs were about £500 per borough before smokefree and £4000 since (£11848 in total for three boroughs); this can be used to estimate that the total cost will be around £28000 per year, or an increase of £24000. In the NLFS, NRT cost declined after an initial rise at smokefree implementation but this cannot be assumed within acute services with higher levels of patient turnover. While this is a cost pressure, I regard it as evidence of delivery of a highly effective physical health care intervention. It is a small amount within the overall pharmacy budget and likely to be offset by other changes such as the continued fall in paliperidone use.

3. Objectives and initiatives for 2017/18

I have now agreed my objectives for the coming year with the Chief Executive, and will include brief updates on progress with these in my reports:

3.1 Suicide Strategy: At our Berwick event on 4th May, representatives of all our borough public health departments presented their Local Suicide Action Plans (LSAPs) to an audience of 100 which included a range of Trust staff but also commissioners and the MD of the Tavistock and Portman NHS FT. The LSAPs are rather variable in scope and detail, and this supports the view that a provider suicide prevention strategy will be a useful addition. I presented on the national suicide prevention strategy, and a recent House of Commons Health Subcommittee report describing its limitations (and noting the variability of public health led LSAPs, which must compete for resource with many other priorities). A key learning point form the day was the way that Haringey public health have co-produced their strategy together with a carers group, emphasising the value of including service users and carers wherever possible. Table work enabled the audience to contribute their views on the priorities for our strategy, and Rachel Gibbons the Trust Suicide lead and I will be presenting our analysis of this at the Patient Safety Conference on 15th June.

3.2 **Enablement**: I look forward to taking on a new role in refreshing our enablement strategy. I am currently working with Jackie Liveras and others to develop the specification for a tender to commission a suitable third sector partner to help us work with service users and carers to co-produce more enabling ways of working within our teams, and I will be chairing a new Enablement Board which will bring together the diverse range of enablement projects already underway, and drive new clinical models of care in all areas of our work.

3.3 **Physical Health Care:** I have now presented my report to the Quality and Safety Committee and this has also been discussed with the executive management team. I will now take the actions forward together with Andy Graham and the CDs.

3.4 **Chief Clinical Information Officer (CCIO):** We have now appointed Dr. Shyamal Mashru to the role of Chief Clinical Information Officer. This is a one day a week role initially, and he will be providing input to the mobile working strategy, with supervision from me and John Davidson.

3.5 **Clinical Leadership:** I have had two opportunities recently to speak on the subject of 'Joy in Work'. At the Trust Strategy and Leadership Awayday on 18th May I linked this to preparation for the forthcoming CQC visit, and to the Trust objective 'Happy Staff', as the extent to which staff enjoy their work and are able to express this is likely to have an impact on the way in which inspectors (and service users) experience our services. Research suggests that some of the factors which influence job satisfaction are also closely related to our Trust values. I was able to give an extended version of my presentation at the Consultant Conference on 19th May, at which 'Joy in Work' was the theme for the whole day. This is the fifth consultant conference Brian Douglas and I have organised, using funds from the St. George's Grenada Medical School collaboration. After an introduction from Maria Kane, Clare Gerada spoke to us about 'healthy working environments', and a presentation on 'great workplaces' from Charles Fair expanded on the research into key factors in happiness in the workplace. Supervision by managers is often perceived negatively by staff, a key point which was also noted at the Strategy and Leadership Awayday as a possible area for addressing staff survey responses about perceived bullying. Other presentations were on the use of dramatherapy techniques in helping staff to deliver compassionate care, the importance of resilience in maintaining the ability to enjoy work, and ways in which leadership can contribute to joy at work. A key factor in maintaining our satisfaction at work is attention to physiological needs, and this has been addressed at Guy's and St. Thomas's and elsewhere by a 'HALT' campaign which helps staff to recognise the importance of avoiding being 'Hungry, Angry, Late and Tired' at work, and taking necessary breaks; this is now appearing on our screensavers.

3.6 **Medical Management:** Up to date job plans are now in place for over 90% of medical staff, and we are extending our 'challenge sessions' with CDs to review the job plans of all Staff Grade and Associate Specialist (SASG) doctors. It has been noted at the Local Negotiating Committee, which I attended on 9th May, that the Trust is now a signatory of the BMA's SASG Charter, and we have appointed Dr. Ken Courtenay as the SASG tutor. Improving SASG doctors' access to CPD and to opportunities to progress to the consultant grade are key elements of the Charter which we are addressing, and SASG doctors attend our consultant conference among other opportunities. We have received no reports of any braches to the working time rules in the new contract for medical trainees in the first three months of full implementation (February to April).

4. External engagement and activities

4.1 I continue to work with colleagues at Camden and Islington and Tavistock and Portman NHS FTs on the development of the new NCL Perinatal Service, and we have recently received approval from the Royal College of Psychiatrists for the job description for the new consultant post to cover our boroughs. We will be appointing and starting the full service as soon as possible.

4.2 I attended the meeting of the London-wide Mental Health Medical Directors Group on 8th May, at which we agreed a joint approach to proposed changes to mortality reporting, led by Kevin Cleary of ELFT; Paul Farrimond and I will have an opportunity to discuss this more widely when we present on the trust response to the Learning From Deaths guidance at a workshop at the NHS Providers Quality Conference on 8th June.

4.3 On the same theme I attended a workshop on 9th May led by NHSE on the subject of 'Improving Investigation Capability' in NCL. This was an opportunity for commissioners and providers from across NCL to discuss together the considerable resource which is put into SI investigations and the associated reporting and governance structures, and the difficulty of evidencing the learning and improvement which results. We offered our service as a site for proposed quality improvement initiatives. An action which should result is that we should in future be able to submit SI reports with recommendations but without an action plan, which can then be developed over a more realistic time scale by boroughs and directorates; pressure to deliver an action plan within the tight overall timescale was accepted as contributing to unsatisfactory plans and unhelpful cycles of challenge by the commissioning support unit. It is also clear that SI investigation practice varies widely; among practice elsewhere which we can learn from is the common use of 72, rather than 24, hour reports after incidents. We noted opportunities for improved communication and shared learning across local providers and we will organise a joint learning event with the Whittington.

4.4 The National Clinical Director for Mental Health at NHS England and NHS Improvement, Tim Kendall, continues to run monthly telephone meetings which I attend. On 5th April the subject was 'the Workforce Challenge' and on 3rd May the theme was MH5YFV and Future in Mind, the national strategy for CAMHs services, of particular relevance as I attended a meeting organised by Maria Kane for the Cavendish Group later the same day on the subject of developments in CAMHs. I will be developing my understanding of clinical developments in CAMHs over the next few months. I continue to work with Barnet colleagues to resolve significant difficulties in the acute and crisis pathway in Barnet, and attended a meeting with Barnet and Hertfordshire commissioners and Barnet liaison staff at Barnet Hospital on 23rd May, at which some progress was made.

4.5 I attended the STP Health and Care Cabinet on 10th May, at which Helen Petterson introduced herself and there was a useful discussion on the way forward for the STP; some concern was noted by clinicians at the reduced ambition for transforming clinical pathways since the capped expenditure process carried out by the STP, which has also impacted the plans developed by the mental health workstream.

5. Clinical Work

8.1 I continue to see patients in Barnet. The services were restructured from 1.4.17 and I am now consultant for the Personality Disorder Service, though much of my current work involves making safe and effective transfers of care for those of my 80 outpatients who are not remaining with the team. We are developing the operational policy for the new team, which should involve a 'hub and spoke' model of support to locality teams, with direct patient contact focused more on patients who are actively engaged in therapy with the team.

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Research and Development Activity 2016-2017
Report to:	Trust Board
Date:	30 May 2017
Purpose of Report: This report provides an update on Research and Development (R&D) activity within the Trust for 2016/2017 and sets out the strategic direction.	
Recommendations: The Board is asked to note the report and consider the strategic direction.	
Report Sponsor:	Jonathan Bindman, Medical Director
Comments / views of the Report Sponsor:	
Report Author:	Name: Dr Ilyas Mirza Title: Director R&D Tel Number: 020 8702 3156 E-mail: ilyas.mirza@beh-mht.nhs.uk
Budgetary, Financial / Resource Implications:	R&D continues to generate income for the Trust through recruitment into external studies. Increase in number of clinical academics will benefit the Trust's services and reputation. Board is asked to note the proposal for collaboration with the NIHR Biomedical Research Centre to develop clinical academic posts.
Equality and Diversity Implications:	None.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	Action taken will assist in delivering our core strategic aims of: 1. To provide excellent services 2. To develop our staff. 3. To be clinically and financially sustainable.
List of Appendices: • Appendix 1 - Studies into which BEH patients have been recruited during 2016 • Appendix 2 - Publication list for 2016	

Report

1. Background

1.1 NHS Constitution (2009) stated that *"Research is a core part of the NHS. Research enables the NHS to improve the current and future health of the people it serves."* In 2010 the government White Paper 'Equity and Excellence: Liberating the NHS' also makes extensive reference to the importance of conducting research and the use of research evidence.

1.2 The government's 'Plan for Growth' (2011) identified a key role for health research, and the 'Government Response to the NHS Future Forum' (2011) agreed that research and innovation by academia, charities, businesses and the NHS are vital to the continuous improvement of quality in the NHS.

1.3 The NIHR distributes £280m a year of research funding via 15 Clinical Research Networks (CRNs), the local one being the North Thames CRN (NT CRN). Research support services (including research governance) are also provided through local structures, the one for north, east and central London being called 'NoCLOR' (www.noclor.nhs.uk), which supports the Trusts R&D committee and provides training and support for research staff.

1.4 In 2014 NIHR produced a document 'Key Characteristics of a Research Engaged Trust' highlighting how a Trust could ensure that research has a high profile. By this definition, BEH-MHT is a Research Engaged Trust.

Characteristics of a Research Engaged Trust

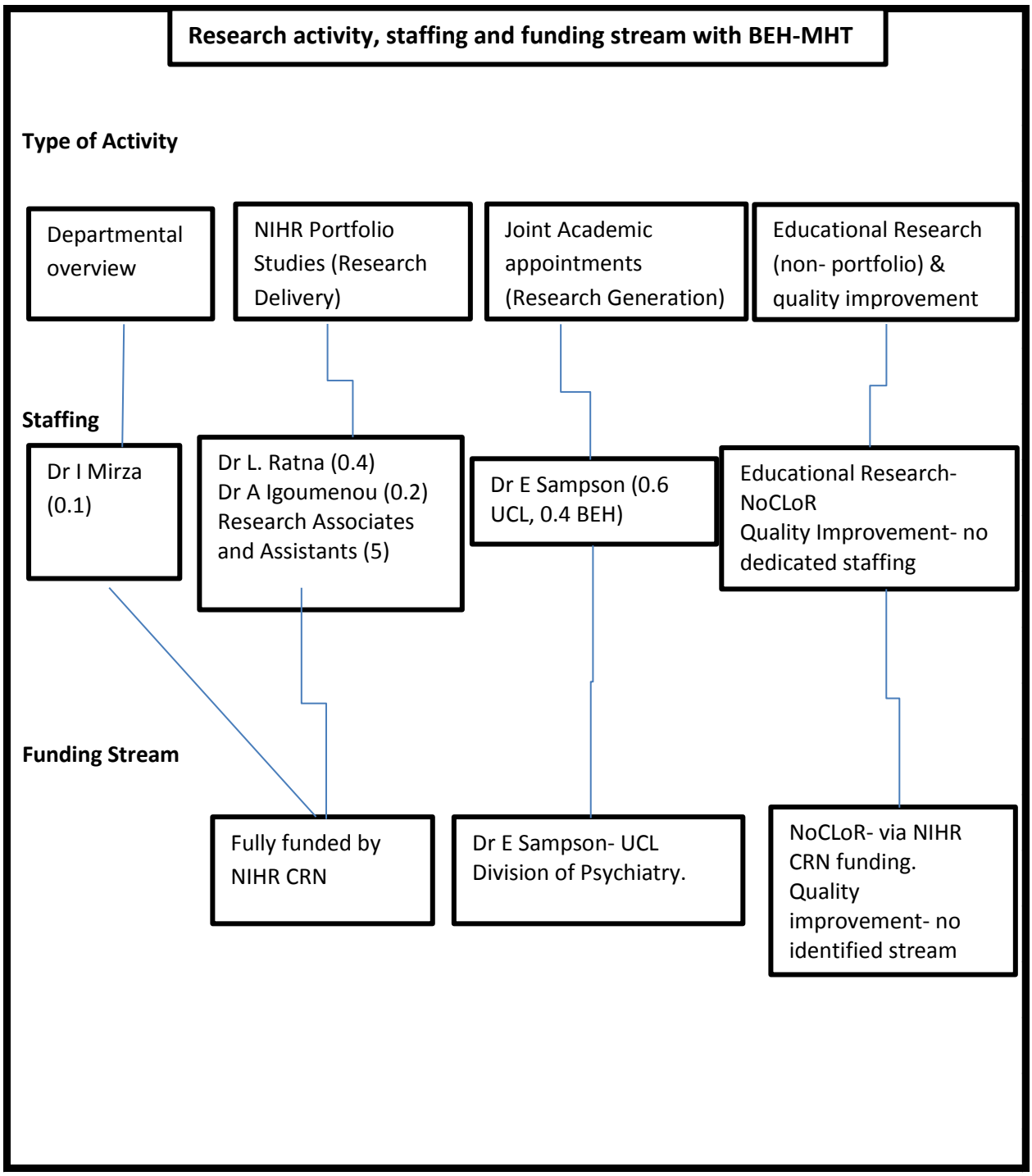
- CEO & Board Commitment
- Dedicated Research Lead at Board level
- Industry engagement
- Participants recruited into funded studies
- Patient & Public Involvement
- Engagement with Research Networks
- Level of External research funding

1.5 This paper describes research activity within BEH in 2016-2017 and makes proposals for further development.

2. Current Research Activity (see figure below)

2.1 **Areas of "research" activity.** Current research activity within the Trust falls into three main areas.

The first is recruitment into research studies which are designed and led from other organisations, mainly in academic Departments of Psychiatry **(NIHR Portfolio Studies research delivery).** The second is research conducted by staff within the Trust, usually **with joint academic appointments,** who are able to design research projects and obtain external grant funding **(research generation to delivery).** Third, small projects are carried out within the organisation by **trainees** of various disciplines, under supervision from Trust staff. This research is an essential part of various professional trainings, and it requires some support from the staff of the R&D department. **(oversight of educational research projects).**



2.2 R&D Departmental Staff

The Department is led by Dr. Ilyas Mirza (0.1 wte). It has a full complement of staff with two Band 6 clinical studies officer (research associate level), and three Band 5 clinical studies officers (research assistant level). Senior staff involved in the work of the R&D department over the last year consisted of one jointly funded academic role (Elizabeth Sampson with UCL), and Dr Lawrence Ratna for NIHR portfolio (external studies). Changes within staff include appointment of Dr Artemis Igoumenou for a period of 2 years (0.2 FTE) by NIHR and Dr Paul Robinson moved to an honorary role supervising UCL MSc students in Eating disorders.

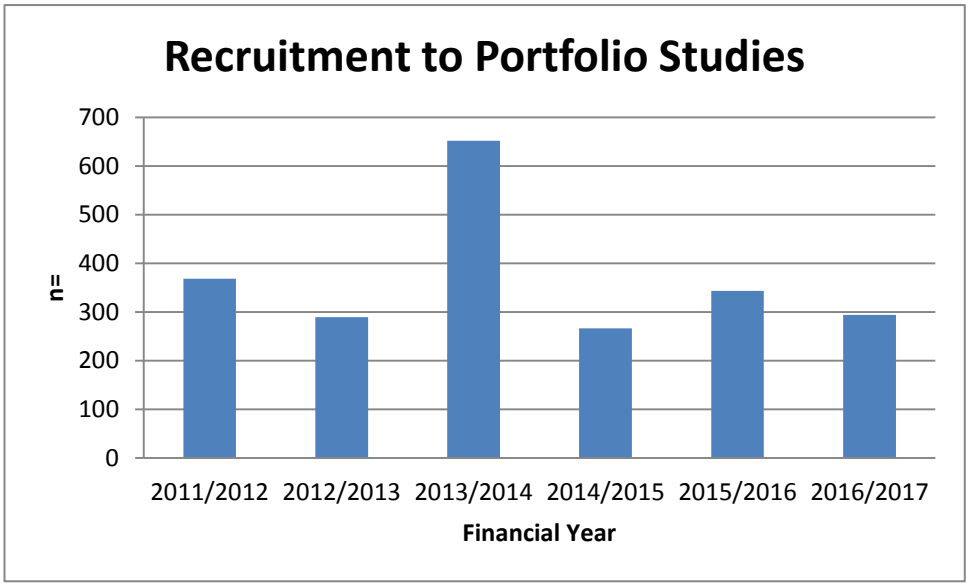
2.3 Recruitment into external studies

2.3.1 This is the greater part of the work of the BEH R&D department.. The recruitment into externally funded studies is led principally by Dr. Lawrence Ratna (0.4). Additional funding was received for 2 PAs following a competitive bid to enable Dr Artemis Igoumenou to support recruitment and develop a Forensic research portfolio. Dr Ratna and the clinical studies officers staff carry out all the functions involved in recruiting patients into academic studies, including liaising with suitable services to identify patients, meeting with the patients to obtain consent to participation, and conducting the necessary tests or measures (though actual clinical interventions will be carried out by the services or researchers from the project teams).

2.3.2 A list of studies recruited into in 2016 is shown in **appendix 1**. The number of patients recruited is shown in the chart. Payment is received for each patient recruited from the NT CRN.

2.3.3 Recruitment for **2016/17 was 294** from **27** studies. This figure is likely to increase as it can take 6-8 weeks for data to be cleaned and consolidate figures. NIHR has recognised the arbitrary nature of setting yearly targets and is working to refine this measure. For now it has decided to set a 3 year rolling target of 388/ year for BEH to be reviewed yearly depending on the study pipeline and time to first person recruited.

Barnet Enfield And Haringey Mental Health Trust Recruitment Figures for NIHR Portfolio Studies



2.4 Research Capacity within the Trust

2.4.1 In 2016, academics employed by the Trust have continued to contribute to research thereby improving services, developing staff and enhancing the reputation of the Trust.

2.4.2 **Dr Elizabeth Sampson** is the only jointly funded University academic. She is a Clinical Reader at UCL (0.6wte) and a consultant in the BEH Liaison Psychiatry Service (0.4wte) at North Middlesex Hospital. She is the deputy head of the Marie Curie Palliative Care Research Department in the Division of Psychiatry at UCL and leads their research on dementia and frail older people. She is also Postgraduate Tutor for the Division of Psychiatry at UCL. She is an investigator in 7 studies listed as Portfolio-adopted studies in the appendix 1 and holds a further 5 national grants from the NIHR and ESRC. She has published 17 papers in international peer reviewed journals during 2016. Her linked

academic and clinical work on the care of older people in acute hospital settings has been highlighted by the Alzheimer's Society in its "Care and Cure" magazine and the Royal College of Physicians Commentary magazine. She is also on the 2016-2017 Lancet Commission for Dementia Care and worked on the 2016 Royal College of Physicians National Audit of the Care of the Dying in Hospitals, representing the needs of people with dementia. In 2016 she also appeared on BBC Radio 4's Today Programme to speak on end of life care in dementia (March) and BBC News to speak about the growing number of deaths from dementia (December).

2.4.3 **Dr. Artemis Igoumenou** is an NIHR funded Portfolio Research Lead at BEH (0.2wte) and a consultant in the BEH Specialist Service (0.6wte) at HMYOI Aylesbury and HMP Grendon/Springhill. She is an investigator in 10 studies listed as Portfolio-adopted studies in the appendix 1. She has published 4 papers in international peer reviewed journals in 2016 and has participated in 4 funding applications. She is a member of the NHIR HTA Mental Health Panel. She is a visiting lecturer at Queen Mary University of London and a research collaborator at University of Oxford. She is the research lead for the London Prison Psychiatry Network. She has presented in numerous national and international conferences.

2.4.4 The Department is the main London NHS host site for a NIHR Health Technology Assessment Multicentre Trial of a group psychological intervention for postnatal depression in ethnic minority population delivered at both primary care and at a population, thus opening up other opportunities for collaboration with others.

2.4.5 The Department contributed to 2 EU grants focusing on mental health and violence; one looking at it from a European and other from a Global perspective. We are awaiting feedback on submissions. Most of the intellectual contribution from BEH site to write up these grants was provided by Dr Artemis Igomenou.

2.4.6 Over the last financial year, the department expressed interest in 6 Industry Trials and was successful in winning one bid. Dr Lawrence Ratna and Dr Lorna Richards were involved in the successful bid.

2.4.7 A number of other staff also contributed to 26 published papers while working in clinical roles. This is given in **appendix 2**.

3. Benefits of Research to the Trust

3.1 As the examples above illustrate, R&D can bring to the Trust a number of benefits, including tangible ones (income, staff training, delivery of innovative treatments).

3.2 **Reputation amongst clinical service commissioners**: Research activity and research active staff, are contributors to reputation which although difficult to measure can clearly have an important impact in ensuring commissioners are committed to the future of the organisation, and that they fund specific developments. The relatively well funded services in London Trusts such as C&I, ELFT and SLaM clearly owe a significant amount to their academic reputations. Opportunities exist for the Trust to develop academic research within the framework of Biomedical Research Centre.

3.3 **Learning and Development:** Research contributes to teaching within the Trust, and research active clinicians participate regularly in academic meetings.

3.4 **Making new treatments available:** Involvement in pharmaceutical studies makes new treatments and information on them available to BEH clients at a much earlier stage and free to the Trust, costly examinations such as MRIs carried out at no cost to the trust and it offers an additional layer of care to treatment resistant poor prognosis cases who tend to get referred to research studies.

3.5 Research activity thus contributes to improvements in the quality of services. Other intangible benefits to the organisation of an active research department include recruitment and retention of staff, and related improvements in patient experience.

4. Finances

4.1 The R&D department is funded in arrears by North Thames Clinical Research Network, and the final 16/17 payments have not been received. However, on the basis of figures at the end of March, total expenditure of £355479 was within the budget set of £371285. Reduced expenditure has resulted from Dr Paul Robinson leaving his post to work in an honorary capacity and income has been generated by the Dementia team through industry work. There is potential to further increase income through research grants and industry trials.

5. Proposals for Development

5.1 The R&D Department's strategy is being updated. We have begun preliminary work and continue to engage with stakeholders. The strategy sets specific objectives for research support, research delivery, and income generation. Developing new clinical academic posts in fields such as community and affective, rehabilitation and forensic mental health in collaboration with the NIHR Biomedical Research Centre should be a priority. Such new posts will serve to develop a critical mass required to support meaningful research and innovation within the organisation.

5.2 Biomedical Research Centre and development of Clinical Academic posts

5.2.1 Biomedical Research Centres are NIHR funded centres to support experimental medicine research by investing in staff posts, equipment, facilities and training. The aim is to turn innovations in basic science into treatments and therapies that have a direct effect on patients. Our local National Institute for Health Research Biomedical Research Centre (BRC) is a partnership between University College London Hospitals NHS Foundation Trust (UCLH) and UCL (University College London).

5.2.2 Our BRC's third term (2017-2022) began in April this year with total funding of £111.5 million in funding from the National Institute for Health Research for this period. Its Mental Health theme is led by Prof Rob Howard.

5.2.3 I met with Prof Howard on 3rd May 2017 with Dr Liz Sampson. Prof Howard informed us that the university component of clinical academic posts funding may be available from the BRC. In return, BRC requires assurances from Trust Boards of their full commitment to improving research capacity and capability within their Trusts.

5.2.4 BRC is also focussing on improving uptake of Industry Trials, a key priority for NIHR. Our Trust is one of the few Trust's in London recruiting to such trials. Therefore, collaborative work in this area requires further consideration.

5.3 Nursing Research:

5.3.1 The Department has two members of staff with nursing backgrounds who hold research doctorates. Dr Bete Mulugeta is currently a Research Associate. He is not funded specifically to develop nursing research but presents an opportunity for improving mental health nursing research and practice development. The department is actively looking for opportunities to fund Dr Mulugeta as a nursing clinical academic as this will improve patient care within the Trust. Suggestions from the Board would be welcome.

5.3.2 Dr Artemis Igoumenou (Consultant Forensic Psychiatrist,) was also trained and worked as a nurse before completing medicine. She is currently funded by NIHR to improve research participation and recruitment in the Trust. She has a research doctorate and research, teaching and supervision experience. She is supporting Dr Mulugeta in improving mental health nursing research and practice development.

6. Conclusions and way forward

6.1 The Trust meets the criteria for a 'research engaged Trust'. It has a small but effective R&D department which has recruited to targets set by the NTCRN over the last 4 years into a range of mainly externally developed studies making the department financially sustainable. It has a good reputation for its work with the research support organisation NoCLoR.

6.2 Following reorganisation over the last 2 years, R&D department has attracted high quality staff. Having a small workforce to deliver recruitment over the large area covered by the Trust remains a challenge.

6.3 Further work is required to improve the level of external research funding to the Trust. Collaboration with Biomedical Research Centre in developing Clinical Academic posts and improving research generation is an opportunity. It carries minimal financial risk to the Trust, and is likely to have a significant impact on research and patient care, thereby improving the reputation of the Trust.

Appendix 1

Studies into which BEH patients have been recruited during 2016

Dementia and Neuro-degeneration studies

DeNDRoN studies	
Caregiver Hope	This research aims to find out whether carers feel an obligation to take on the role of carer, and whether they are willing and prepared for this role, and how this changes over time. We are looking at how this affects carer outcomes, for example anxiety and depression. We are also interested in finding out what helps carers feel prepared for the different aspects of the care role and how they cope.
DREAMS START	The aim of this study is to assess the feasibility and acceptability of DREAMS: START, an intervention providing carers with strategies to manage dementia related sleep difficulties. The study is a randomised controlled trial comparing the intervention, which 2 out of 3 participants will receive, to treatment as usual (TAU). The intervention will consist of 6 manual-based sessions delivered by a psychology graduate, who will work collaboratively with the carer to develop individualised strategies on topics including light, activity and routine, with carers encouraged to try out strategies between sessions. The person with dementia will be asked to wear an Actiwatch (which measures sleep, movement and light) for 2 weeks at baseline and a 12 week follow up.
IDEA	This study will develop a psychological intervention based on behavioural activation to prevent depressive symptoms arising or worsening in people with early-stage dementia. The secondary objective is to assess the feasibility and acceptability of the intervention via a feasibility Randomised Controlled Trial (RCT) to inform a future fully powered RCT of clinical effectiveness. The study is being run by University College London (UCL).
Late onset of Depression	This study aims to establish whether depression with onset above 55 years is associated with other motor, non-motor and imaging markers of prodromal PD. Although final proof of its predictive value for clinical PD will require further follow-up, the present study will provide important information on the abnormalities seen at the earliest stages of PD indicative of later diagnosis of PD.
SHAPED: Hallucinations in Parkinson's Disease, Eye Disease, and Dementia	This is a non-clinical study to examine the impact of visual hallucinations in people with eye disease, dementia, and Parkinson's disease, and needs and experiences of how people manage these symptoms on a day to day basis. From this, the aim is to create guidelines that will give people more information on how to manage visual hallucinations, as well as inform NHS practices and policy in relation to visual hallucinations. The main research centre is King's College London.
Research Studies suitable for all people with a diagnosis of Mild Cognitive Impairment	
NI & Amyloid Imaging Study	To investigate NI & Amyloid build up in patients with MCI, using PET and CT imaging.
Research Studies open to all patients and carers	
Brains for Dementia Research (BDR)	The aim is to invite people diagnosed with a memory impairment (or dementia) to participate in monitoring of memory, thinking and behaviour, as well as donating brain tissue upon death. We also invite those who do not have a memory impairment to take part as normal tissue is essential for comparison. Volunteers will be required to be assessed every year.

Mental Health Research Network

A feasibility trial of Power Up	This study aims to develop UCL's Power Up, a smartphone app to empower young people in CAMHS to make their voice heard and to participate more in decisions around their care. The project will involve two phases: Development Phase -Developing UCL's Power Up according to the views and ideas expressed by young people, their parents/ carers, and clinicians in Patient and Public Involvement (PPI) sessions.
BPD/ASPD and emerging PD - a computational neuroscience approach**)**	In this computational psychiatry framework, the study team used a number of two person social exchange paradigm as critical approximations to the interpersonal difficulties experienced by both BPD and ASPD patients to investigate shared and distinct computational processes and their underlying neural correlates.
Building Resilience and Recovery through Enhancing Cognition and quality of LIfe in the early Psychoses (ECLIPSE) - Study 9: Implementation of Remediation into Early Intervention Services	A new psychological treatment known as cognitive remediation (CRT) can improve both cognitive and functional recovery, including social relationships, work and studying. The ideal time to provide CRT is when a patient is being seen by the Early Intervention Services (for young people experiencing psychosis for the first time, and during the first three years following this first episode) as it is well known that it is more effective for younger people and may have larger effects on functioning if the intervention happens at the earliest opportunity. Thus this study aims to investigate whether it is feasible to incorporate CRT into routine NHS Early Intervention Services (EIS) for treating non-affective psychosis.
Benemin- (In follow-up)	Recent research has found that recovery from early psychosis is improved by taking a well-known antibiotic called minocycline. The aim of this research is to confirm the benefit of minocycline and to understand how it works using brain imaging and computer tasks.
Community Navigators Study	The aim of this study is to develop and test the feasibility and acceptability of a programme of support for people with significant depression and anxiety who use mental health services.
Developing and testing a tool to measure Therapeutic Engagement (TE)	This project will pilot-test a developed nurse and service user sensitive indicator (questionnaire) that measures TE and provides quantifiable data for statistical analysis. The tool will assist in: (1) recognising and quantifying nursing activity and therapeutic interactions (2) identifying the level of engagement of SUs in the monitoring and enhancement of their treatment and care. The aim of the study is to pilot-test the questionnaires.
DNA variation in adults with learning disability	The study is analysing genetic differences in those over 18s with Learning Disabilities and mental health problems. The study aims to identify genes which influence treatment response and prognosis.
Early-onset obsessive-compulsive disorder	The present study will seek to establish a neuropsychological profile of adolescent OCD. To that end, several tasks, each designed to assess different cognitive processes, will be administered to adolescents with OCD.
ECLIPSE Study 2: Comparison of acceptability between CRT methods	The main aim of current study (Study 2) is to compare the service users' and staff's acceptability between methods of

	implementation of cognitive-remediation therapy in Early Intervention Services (intensive CRT, independent CRT, group CRT).
ECLIPSE Study 5: Organisational climate: Quantitative staff survey	Early Intervention Services (intensive CRT, independent CRT, group CRT).
ESMI	Effectiveness of Services for Mothers with Mental Illness (ESMI) is a programme of research funded by the National Institute for Health Research (NIHR) to examine the effectiveness and cost-effectiveness of perinatal psychiatry services.
EpAID- (follow-up)	The EpAID clinical trial is the first cluster randomised controlled trial to test possible benefits of a nurse led intervention in adults with epilepsy and ID. This research will have important implications for ID and epilepsy services.
Genetic Research into Childhood Onset Psychosis	The goal of this project is to recruit a cohort of individuals in the UK that have been diagnosed with a psychotic illness at age 13 or younger and to identify genetic variants that contribute to or cause the psychiatric illness.
HAUS Study -¬ Phase II	The HAUS study will test an intervention of targeted distribution of HIV self-sampling kits (SSK) during routine engagement with community services.
Homicide by patients with schizophrenia: a case-control study	Aims to examine socio-demographic, criminological and clinical characteristics and clinical care of people with schizophrenia who commit homicide compared with control cases with schizophrenia who do not commit homicide.
INTERACT: Therapist Survey and Delphi study	INTERACT is a new 6 year programme of research that will develop and evaluate a new intervention that will integrate the use of online CBT materials with therapist led CBT for depression. It will blend high intensity therapy with innovative use of technology to maintain the effectiveness of face-to- face CBT.
INTER-STAARS	The study is specifically aimed to test the efficacy of early attentional control training in babies with a parent and/or an older sibling with attention deficit disorders
LonDownS cohort	An integrated study of cognition and risk for Alzheimer's Disease in Down Syndrome. The aim of this study is to investigate the variations in the development of AD and their developmental origins.
Low-intensity intervention for people with personality disorder	Personality disorder is a long-term condition characterised by difficulties in relationships, poor mental health and social exclusion. People with personality disorder have high levels of contact with health services but the care they receive is frequently poor. We will interview patients, carers and front-line staff about their experiences of what is most helpful and present this information to an expert panel who will help us generate guidelines on how low intensity interventions are best delivered.
MBT for Antisocial Personality Disorder	This study aims to establish the usefulness of mentalization-based treatment (MBT) in helping violent men with a diagnosis of antisocial personality disorder (ASPD) to control their aggressive behaviour. It is led by Professor Peter Fonagy at University College London.
Molecular Genetics of Adverse Drug Reactions: From candidate genes to	The purpose of this study is to identify patients with different types of adverse drug reactions as a result of

genome wide association studies	taking antipsychotic medication (Clozapine). Researchers are aiming to use DNA obtained from blood or saliva samples to identify genetic factors determining these adverse reactions and to develop genetic tests which can help in predicting individual sensitivity in the future.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	As the UK's leading research programme in this field, the Inquiry produces a wide range of national reports, projects and papers – providing health professionals, policymakers, and service managers with the evidence and practical suggestions they need to effectively implement change.
OBSERVA	An observational post-authorisation safety specialist cohort event monitoring (SCEM) study to monitor the safety and utilisation of asenapine (Sycrest®) in the mental health trust setting. The study hopes to gain additional information on possible adverse events in users of asenapine by including large numbers of patients in a routine clinical practice setting
Outcome Evaluation of Liaison and Diversion Schemes	Liaison and Diversion (L&D) services aim to identify people experiencing mental health problems and learning disabilities (among other vulnerabilities) as they pass through the criminal justice system (CJS) to ensure their health and other needs are known about and that they are referred to services to address their needs.
PANDA	This study is designed to refine the indications for the use of antidepressants in people with depression. The aim is to carry out a double – blind randomised placebo – controlled trial in order to investigate the severity and duration of depressive symptoms that are associated with a clinically important response to sertraline in people with depression.
Planning and Evaluation Methodologies for Mental Healthcare Buildings	The project examines the environmental mechanisms that influence the social and personal milieu of psychiatric space, considering how the environmental needs of the mentally ill are met by healthcare facilities. The research will use space syntax methods in combination with a patient focused model for the evaluation of psychiatric environments to study a range of mental healthcare facilities in community settings.
PPIP 2	An observational cohort study, recruiting patients with acute Psychosis symptoms to identify the prevalence of antibodies to neuronal membrane targets. This four year study includes a pilot.
REACT Trial	An online randomised controlled trial to evaluate the clinical and cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder:
rTMS for anorexia	The proposed study is a randomised control trial comparing treatment with repetitive Transcranial Magnetic Stimulation (rTMS) to sham (placebo) rTMS treatment in individuals with Anorexia Nervosa, using a number of neuroimaging measures to explore the neural mechanisms underlying the treatment effect of rTMS. In particular, this study will examine the impact of rTMS on both brain functioning (by analysing connectivity within neural networks during rest and task performance) and brain structure/composition in Anorexia Nervosa.

Research into Antipsychotic Discontinuation and Reduction-Recruitment Study (RADAR)	A preparatory to compare a gradual strategy of antipsychotic reduction (antipsychotic minimisation) with maintenance (continuous) treatment in people with schizophrenia or recurrent psychotic episodes. The current study aims to assess the proportion of people with recurrent psychosis or schizophrenia who would be eligible and willing to enter a controlled trial such as the one proposed.
Screening Antipsychotic-Induced Movement Disorders (SCANMOVE)	Antipsychotic-induced movement disorders (AIMDs) may occur as acute or chronic manifestations following treatments with antipsychotics in 10%-30% of patients with psychosis.
SHARED	This study looks at using guided self-help interventions such as videos and written materials for patients with eating disorders.
Sudden death in psychiatric in-patients and the relationship with psychotropic drugs	PRIMARY: To establish the number and rate of sudden death (SUD) in psychiatric inpatients. SECONDARY: To establish the characteristics of patients who die suddenly and carry out a case-control study identifying independent risk factors for SUD.
TB Reach 5	The study team have pioneered the use of Virtually Observed Therapy (VOT) with the pan London Find &Treat TB outreach service (but without the use of a dedicated smart phone app) in socially complex cases in London and found it to be highly acceptable to patients. This study is in collaboration with the University of San Diego to use their VOT app in a randomised controlled trial comparing the effectiveness of VOT versus Direct Observed Therapy in UK patients eligible for DOT.
Use of patient experience data in inpatient mental health services	Mental health care experiences tend to be worst in inpatient units, which are expensive to run and can be unwelcoming, disturbed and frightening places. Self-harm, suicide and violence occur, and there are persistent ethnic inequalities in experiences of care. We are confident that our findings about best practice in collecting and using patient experience data will be applicable in other healthcare settings.
Validation of risk assessments for patients from MSS (VoRAMSS)	The validation of new risk assessment instruments for use with patients discharged from medium secure services: a prospective cohort follow-up study aiming to validate new violence risk assessment tools with a sample of patients discharged from medium secure pathways.

Appendix 2

Publications 2016

1. Closs SJ, Dowding D, Allcock N, Hulme C, Keady J, **Sampson EL**, Briggs M, Corbett A, Esterhuizen P, Holmes J, James K, Lasrado R, Long A, McGinnis E, O'Dwyer J, Swarbrick C, Lichtner V. Towards improved decision support in the assessment and management of pain for people with dementia in hospital: a systematic meta-review and observational study. Southampton (UK): NIHR Journals Library; 2016 Oct. PMID: 27786433

2. **Courtenay, K**., Jaydeokar, S.(2016). Challenging behaviour in people with intellectual disabilities: The assessment and intervention team. European Psychiatry, 33.

3. Davies N, Mathew R, Wilcock J, Manthorpe J, **Sampson EL**, Lamahewa K, Iliffe S. A co-design process developing heuristics for practitioners providing end of life care for people with dementia. BMC Palliat Care. 2016 Aug 2;15:68. doi: 10.1186/s12904-016-0146-z. Erratum in: BMC Palliat Care. 2016;15:77. PMID: 27484683

4. Dein, K. E., Williams, P. S., Volkonskaia, I., Kanyeredzi, A., Reavey, P. and Leavey, G. (2016) 'Examining professionals' perspectives on sexuality for service users of a forensic psychiatry unit', International Journal of Law and Psychiatry, 44, pp. 15.

5. Dowding D, Lichtner V, Allcock N, Briggs M, James K, Keady J, Lasrado R, **Sampson EL**, Swarbrick C, José Closs S. Using sense-making theory to aid understanding of the recognition, assessment and management of pain in patients with dementia in acute hospital settings. Int J Nurs Stud. 2016 Jan;53:152-62. doi: 10.1016/j.ijnurstu.2015.08.009. Epub 2015 Aug 31. PMID: 26363705

6. Harrison Dening K, King M, Jones L, Vickestaff V, **Sampson EL**. Advance Care Planning in Dementia: Do Family Carers Know the Treatment Preferences of People with Early Dementia? PLoS One. 2016 Jul 13;11(7):e0159056. doi: 10.1371/journal.pone.0159056. eCollection 2016. Erratum in: PLoS One. 2016;11(8):e0161142. PMID: 27410259

7. Jones, L., Candy, B., Davis, S., Elliott, M., Gola, A., Harrington, J., Kupeli, N., Lord, K., Moore, K., Scott, S., Vickerstaff, V., Omar, Z., King, M., Leavey, G., Nazareth, I. and **Sampson, EL**. (2016) 'Development of a model for integrated care at the end of life in advanced dementia: A whole systems UK-wide approach', Palliative medicine, 30(3), pp. 279.

8. **Kripalani, M.** (2016). Treatment is necessary! *The British journal of psychiatry: the journal of mental science,* 208 (4), p. 398.

9. Kupeli N, Leavey G, Moore K, Harrington J, Lord K, King M, Nazareth I, **Sampson EL**, Jones L. Context, mechanisms and outcomes in end of life care for people with advanced dementia. BMC Palliat Care. 2016 Mar 10;15:31. doi: 10.1186/s12904-016-0103-x. PMID: 26965309

10. Kupeli N, Leavey G, Harrington J, Lord K, King M, Nazareth I, Moore K, **Sampson EL**, Jones L. What are the barriers to care integration for those at the advanced stages of dementia living in care homes in the UK? Health care professional perspective. Dementia (London). 2016 Mar 1. pii: 1471301216636302. [Epub ahead of print] PMID: 26935834

11. La Frenais F., Stone P., **Sampson E.L**. (2016) Analgesic prescribing in care home residents: How epidemiological studies may inform clinical practice. Pain Management, November 2016, vol./is. 6/6(561-568), 1758-1869;1758-1877

12. Lautenbacher S, **Sampson EL**, Pähl S, Kunz M. Which Facial Descriptors Do Care Home Nurses Use to Infer Whether a Person with Dementia Is in Pain Pain Med. 2016 Dec 29. pii: pnw281. doi: 10.1093/pm/pnw281. [Epub ahead of print] PMID: 28034977

13. Lichtner V, Dowding D, Allcock N, Keady J, **Sampson EL**, Briggs M, Corbett A, James K, Lasrado R, Swarbrick C, Closs SJ. The assessment and management of pain in patients with dementia in hospital settings: a multi-case exploratory study from a decision making perspective. BMC Health Serv Res. 2016 Aug 24;16(1):427. doi: 10.1186/s12913-016-1690-1. PMID: 27553364

14. **Mirza, I., Kripalani, M.** (2016). Secure services for patients should be needs based and locally available. *Psychiatrist*, 40(3), pp. 163-164.

15. Murphy E, Froggatt K, Connolly S, O'Shea E, **Sampson EL**, Casey D, Devane D. Palliative care interventions in advanced dementia. Cochrane Database Syst Rev. 2016 Dec 2;12:CD011513. doi: 10.1002/14651858.CD011513.pub2. Review. PMID: 27911489

16. Oosterman, J.M., Zwakhalen, S., **Sampson, E.L**., Kunz, M. (2016). The use of facial expressions for pain assessment purposes in dementia: A narrative review. *Neurodegenerative Disease Management,* 6(2), pp. 119-131.

17. **Robinson P.,** Hellier J., Barrett B., Barzdaitiene D., Bateman A., Bogaardt A., Clare A., Somers N., O'Callaghan A., Goldsmith K., Kern N., Schmidt U., Morando S., Ouellet-Courtois C., Roberts A., Skarderud F., Fonagy P. (2016) The NOURISHED randomised controlled trial comparing mentalisation-based treatment for eating disorders (MBT-ED) with specialist supportive clinical management (SSCM-ED) for patients with eating disorders and symptoms of borderline personality disorder Trials, November 2016, vol./is. 17/1(no pagination), 1745-6215

18. **Sampson EL,** Lodwick R, Rait G, Candy B, Low J, King M, Petersen I. Living With an Older Person Dying From Cancer, Lung Disease, or Dementia: Health Outcomes From a General Practice Cohort Study. J Pain Symptom Manage. 2016 May;51(5):839-48. doi: 10.1016/j.jpainsymman.2015.12.319. Epub 2016 Feb 16. PMID: 26891605

19. **Sampson EL,** Vickerstaff V, Lietz S, Orrell M. Improving the care of people with dementia in general hospitals: evaluation of a whole-system train-the-trainer model. Int Psychogeriatr. 2017 Apr;29(4):605-614. doi: 10.1017/S1041610216002222. Epub 2016 Dec 21. PMID: 27998325

20. Saini G, **Sampson EL,** Davis S, Kupeli N, Harrington J, Leavey G, Nazareth I, Jones L, Moore KJ. An ethnographic study of strategies to support discussions with family members on end-of-life care for people with advanced dementia in nursing homes. BMC Palliat Care. 2016 Jul 7;15:55. doi: 10.1186/s12904-016-0127-2. PMID: 27388766

21. Schmidt, U., Ryan, E.G., Bartholdy, S., Renwick, B., Keyes, A., O'Hara, C., McClelland, J., Lose, A., Kenyon, M., Dejong, H., Broadbent, H., Loomes, R., Serpell, L., Richards, L., **Johnson-Sabine, E.,** Boughton, N., Whitehead, L., Bonin, E., Beecham, J., Landau, S., Treasure, J. (2016). Two-year follow-up of the MOSAIC trial: A multicenter randomized controlled trial comparing two psychological treatments in adult outpatients with broadly defined anorexia nervosa. *International Journal of Eating Disorders,* 49(8), pp.793-800.

22. **Tareen, A** & Tareen, K. (2016) Mental Health Law in Pakistan. BJPsych International, 13 (3), 67-69.

23. Trigwell, P., **Kustow, J.** (2016). A multidimensional framework for routine outcome measurement in liaison psychiatry. (FROM-LP) *Psychiatrist*, 40(4), pp. 192-194.

24. Amador S, Goodman C, Robinson L, **Sampson EL;** SEED Research Team.. UK end-of-life care services in dementia, initiatives and sustainability: results of a national online survey. BMJ Support Palliat Care. 2016 Oct 14. pii: bmjspcare-2016-001138. doi: 10.1136/bmjspcare-2016-001138. [Epub ahead of print] PMID: 27742606

25. White N, Leurent B, Lord K, Scott S, Jones L, **Sampson EL.** The management of behavioural and psychological symptoms of dementia in the acute general medical hospital: a longitudinal cohort study. Int J Geriatr Psychiatry. 2017 Mar;32(3):297-305. doi: 10.1002/gps.4463. Epub 2016 Mar 27. PMID: 27019375

26. Zainal, K. A., Renwick, B., Keyes, A., Lose, A., Kenyon, M., DeJong, H., Broadbent, H., Serpell, **L., Richards, L., Johnson-Sabine, E.,** Boughton, N., Whitehead, L., Treasure, J., Schmidt, U. and Mosaic, M. O. S. A. I. C. g. (2016) 'Process evaluation of the MOSAIC trial: treatment experience of two psychological therapies for out-patient treatment of Anorexia Nervosa', *Journal of eating disorders,* 4, pp. 2.

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Mental Health Law Committee – Annual Report
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Restricted to Board members
Purpose of Report: To provide an update to the Board on the work of Mental Health Law Committee since its last annual report in May 2016, with a view to providing assurance on the appropriate implementation by the Trust of the Mental Health Act and Mental Capacity Act. To review and recommend to the Board the Mental Health Law Committee's terms of reference, membership, attendance and proposed work plan for 2017/18.	
Recommendations: The Trust Board is asked to note the content of the report and consider any appropriate follow up actions required.	
Report Sponsor:	Paul Farrimond, Non-Executive Director
Comments / views of the Report Sponsor:	• The committee has continued to meet quarterly to provide assurance to the Board despite difficulties in being quorate. • The annual audit cycle is exhibiting an improvement in compliance • We continue to take note of CQC changes to ensure that our compliance is in line with current thinking • The Associates act on behalf of the Non-Executive Directors through delegated authority and we have worked to maintain a high standard of decision-making • We have monitored changes in the law which impacts on the Mental Health Act and Mental Capacity Act and ensured that the Trusts responses are appropriate to those changes
Report Author:	Name: Michael Chalmers Title: Mental Health Law Manager Tel Number: 020 8702 710 E-mail: michael.chalmers@beh-mht.nhs.uk
Report History:	Annual Report
Budgetary, Financial / Resource Implications:	The Mental Health Law Committee monitors trends in the use of compulsory powers, which are necessarily attended by trends in the resources required to safely facilitate, administer and monitor their operation.

Equality and Diversity Implications:	In line with the principles underlying the Act, MHL Committee oversees all mental health law related activity, monitoring the impact of mental health law on black and minority ethnic patients (BME) and communities within the context of Delivering Race Equality (DRE).
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	The Care Quality Commission (CQC) expects, and legislation requires, that there is Board level accountability for all standards in the regulatory framework. It is a key objective for the Trust to ensure that such accountability exists.
List of Appendices: • None	

Report

1. Introduction

1.1 The purpose of this report is to provide the Board with a comprehensive update on the work of the Mental Health Law Committee over 2016/17, and to recommend to the Board the Committee's terms of reference, membership and work plan for 2017/18.

2.2 In order to inform consideration of the appropriateness of the current membership, and whether any other actions may be indicated in respect of ensuring appropriate representation at meeting, an attendance report for current members at Committee meetings in 2016/17 is included.

2. Annual review of Mental Health Law Committee activity

2.1 Terms of reference, membership & reporting to the Board

- The Committee discussed attendance, representation, terms of reference and conflicts of interest in order to ensure satisfactory assurance to the Board on the composition and operational effectiveness of this sub-committee.

- The Committee reviewed and approved its work plan for the year, to ensure that all key mental health law monitoring requirements are addressed appropriately.

- The Committee discussed the previous year's annual report to the Board, and agreed actions for the Chair to take key reports to the Board in addition to his regular verbal updates from Committee meetings.

2.2 Implementation of the law

- The Committee reviewed the legal and procedural developments concerning police powers and places of safety under the MHA (primarily the Policing and Crime Bill 2017 and "Mental Health Crisis Care for Londoners") and oversaw actions taken by the Mental Health Law Manager to support the integration of these developments into the Trust's policies, environmental and staffing arrangements.

- The Committee maintained oversight of clinical policies and protocols revised in line with the new MHA Code of Practice but approved by other committees, receiving for notification: the Seclusion and Long-Term Segregation Policy and Inter-Agency Joint MHA Protocol.

- The Committee was regularly apprised of updates in mental health and capacity law, including:

    - the Law Commission's Deprivation of Liberty Project – aimed at producing draft legislation to replace the Deprivation of Liberty Safeguards (DoLS);
    - the Ministry of Justice's consultation on proposed changes to the composition of tribunal panels, including the Mental Health Tribunal;
    - changes in the way the responsible bodies for funding Section 117 aftercare are identified when detained patients are discharged from hospital;
    - the clarification of the legal status of AHM decisions and the personal liability of AHM panel members, arising from the *South Staffordshire* case.

- The Committee regularly reviewed the minutes of its two sub-committee meetings: the Associate Hospital Managers Sub-Committee and the Inter-Agency Mental Health Law Monitoring group, keeping up to date with key issues and actions, and retaining a strategic oversight of the work and functioning of those groups.

- The Committee oversaw (either directly, or through the minutes of the Inter-Agency Mental Health Law Monitoring Group) work to facilitate improved working relationships between the Trust and strategic partners in the multi-agency implementation of mental health law, including:

    - the review, development and ratification of a new Inter-Agency MHA Joint Protocol, providing detailed guidance on the multi-agency implementation of the MHA, to which all local NHS, police and local authority organisations are signatories;
    - the multi-agency procedures and review arrangements relating to the consolidation of the Trust's place of safety estate on the Chase Farm site;
    - the approval of a new Place of Safety Operational Protocol, providing guidance on the lawful and effective operation of the Trust's place of safety suites;
    - the progress of a multi-agency Mental Health Assessment Support Action Plan aimed at resolving thematic practice issues identified in respect of the multi-agency implementation of mental health law;
    - the joint monitoring of performance data relating to the multi-agency implementation of mental health law, including:
        - a comprehensive annual report on the multi-agency implementation of Section 136 of the MHA;
        - audits providing assurance of the improved accuracy of data collection by the Trust's places of safety in relation to the multi-agency implementation of Section 136;
        - a report analysing the likely impact on Trust services of the forthcoming legal changes affecting detentions in places of safety;
        - quarterly reports benchmarking performance data on the multi-agency implementation of Section 136 against other London mental health trusts.

- The Committee oversaw developments in the day-to-day implementation and administration of the Mental Health Act, including:
    - significant developments to the mental health law functionality of the RiO system and the exclusive adoption of this improved functionality by clinical services;
    - updates to the Trust's bespoke MHA administration database, enabling more accurate monitoring by administrative and clinical staff of various MHA requirements and deadlines, and increasing the scope of corporate reporting;
    - the strengthening of information governance safeguards in the mental health law department's administration processes, in light of an information governance incident;
    - the substantive appointment of the Mental Health Law Manager and the plans to review the department's staffing structure and propose a permanent settlement of its establishment.

2.3 Training

- The Committee approved the Trust's regular mental health law training programme, delivered through workforce development, comprising bi-monthly "Mental Health Act and Code of Practice" and "Mental Capacity Act and Deprivation of Liberty Safeguards" sessions alternating between the main hospital sites.

- The Committee noted that since January 2016 the Mental Health Law Manager has been providing "Mental Capacity Act and Deprivation of Liberty Safeguards" training on the Trust's mandatory level 2 safeguarding day.

- The Committee oversaw the provision of the Trust's annual Mental Health Law Conference, aimed primarily at senior clinicians and Associate Hospital Managers, which took place at the Royal Chace Hotel on 2nd November 2016. The Committee was pleased to note very positive feedback from this event.

- The Committee approved plans to lengthen the regular AHM Sub-Committee meetings to facilitate the inclusion of training.

2.4 Care Quality Commission

- The Committee reviewed feedback and action plans from every CQC Mental Health Act monitoring visit, discussed key themes and discuss strategies to raise standards and effectively monitor progress.

- The Committee reviewed the CQC's annual "Monitoring the Mental Health Act" report for 2015/16 and a companion report produced by the Mental Health Law Manager comparing areas of concern reported nationally by the CQC against themes of CQC feedback from MHA visits to the Trust.

- The Committee considered the CQC's annual "Monitoring the Mental Health Act" "Monitoring the Deprivation of Liberty Safeguards" reports for 2014/15, and benchmarked local data and patterns against the national picture.

- The Committee oversaw the completion of mental health law components of the Trust's action plan arising from the CQC's CIH inspection of the Trust in late 2015.

- The Committee oversaw the dissemination and implementation of guidance from the Care Quality Commission relating to the completion of statutory MHA treatment certificates by approved clinicians, and reviewed the CQC's letter to the medical director in relation to the SOAD service and a summary of his response.

2.5 Associate Hospital Managers

- The Committee approved the implementation of a new meeting schedule for the AHM Sub-Committee, moving from two to three meetings per year and extending each meeting to facilitate the inclusion of training sessions within each meeting.

- The Committee oversaw the development and implementation of a new AHM agreement required in order to formalise the AHMs' relationship with the Trust and to facilitate the remuneration of AHMs net of tax through the Trust's payroll system as required by HMRC.

- The Committee oversaw the appointment for a four-year term of two new AHM representatives, who will represent the AHMs at Mental Health Law Committee and facilitate the AHM forum at AHM Sub-Committee meetings.

- The Committee regularly discussed issues and concerns expressed by Associate Hospital Managers through their representatives on the Committee, and oversaw actions aimed at addressing issues raised.

- The Committee oversaw action to begin the process of recruiting new Associate Hospital Managers, to increase both the number of active associates and the diversity of the cohort.

- The Committee agreed the introduction of service use feedback forms for AHM and MHT hearings, aimed at obtaining structured feedback on service users' perceptions of the procedural fairness of AHM and MHT hearings.

- The Committee discussed and supported the continuing work of the London Mental Health Act Network, whose recent projects include the formulation of standardised training materials for AHMs working across London, and the review of essential standards for the conduct of Associate Hospital Managers reviews in line with the new MHA Code of Practice.

2.6 Service users, carers and advocacy

- The Committee has a standing agenda item for service user representatives to raise issues or concerns from the perspective of service users in relation to the implementation of mental health law, during the past year service user representation at Committee has been limited and no issues have been raised by representatives in attendance.

- The Committee regularly discussed issues relating to the provision of the Independent Mental Health Advocacy service. Voiceability, the IMHA service provider, was only represented at one Committee meeting during the past year, at which an issue relating to the provision of information by the Trust with IMHA referrals was raised and resolved by the Mental Health Law department.

2.7 Monitoring and reports

- The Committee regularly discussed a wide range of audits and reports in relation to the practical application of the Mental Health Act across the Trust, identified patterns and key themes and oversaw actions taken by services to address variations in practice identified. Amongst internal audit reports reviewed were:
    - annual MHA activity comparison report;
    - annual s.136 activity report;
    - annual MHA holding powers report;
    - annual MHA appeals and reviews report;
    - annual MCA/DoLS report;
    - annual s.4 emergency MHA applications report;
    - MHA rights audit reports;
    - the quality of reports submitted for AHM hearings audit;
    - AHM renewal hearing audit;

- audit on the provision of AMHP assessment reports by local authorities;
- equalities monitoring of the application of the MHA within the Trust (both as part of many of the reports listed above, and through a dedicated annual MHA Equalities Report)

- The Committee noted that MHA rights audits are now provided by the Mental Health Law Department to each borough's monthly SMG meeting, in order to facilitate operational monitoring and action planning in relation to trends and variations in compliance within and between services.

3. Terms of reference and membership

MENTAL HEALTH LAW COMMITTEE

Name of Committee:	Mental Health Law Committee
Chair:	The Chair of the Committee shall be a Non-Executive Director with MHA responsibility, appointed by the Trust Board.
Other Members :	In addition to the Chair of the Committee the membership of the Committee shall include: • A second Non-Executive Director • Two MHA Associate Hospital Managers • Executive Director of Nursing, Quality and Governance • Medical Director • Mental Health Law Manager • Borough / Service Line Representatives • Local LSSA Mental Health Service Managers / Leads • Service User Representatives • Representatives of the Trust's IMHA and IMCA service providers. The Board will review Committee membership annually as part of the Committee Effectiveness Review. Additional members may be co-opted as required. Other Directors or Officers of the Trust may attend by invitation.
Quorum:	Four members to include: • one Non-Executive Director • one Executive Director • one MHA Associate Hospital Manager • the Mental Health Law Manager or representative

Deputies:	A member of the committee may appoint a named deputy to attend a particular meeting in their place. A deputy should be nominated only in exceptional circumstances, for a particular meeting and not as a way of a committee member regularly avoiding attendance at a committee meeting. On each occasion the member should approach the Committee Chairman, cc the Mental Health Law Manager, to ask agreement for the named deputy to attend in their stead, to count towards the quorum and to have full voting rights. If it appears that the meeting will have a minority of full members, the Chairman will confer with the Mental Health Law Manager as to whether the meeting should be re arranged.
Frequency of Meetings:	Meetings to be held quarterly, with additional meetings to be convened as required.
Inputs:	Inter-Agency Mental Health Law Monitoring Group Care Quality Commission Associate Hospital Managers Service User Representatives Mental Health Law Department
Outputs:	The confirmed minutes of each meeting to be presented to the next available meeting of the Trust Board. The Chair of the Committee to provide an oral or written report to the next available meeting of the Trust Board. Annual committee review and annual report by Chair to the Trust Board (May). Ratification of MHL Policy Scrutiny response
Frequency of Review of the Committee's terms of reference:	The terms of reference of the Committee shall be reviewed by the Trust Board at least annually.
Committee Secretary:	Mental Health Law Manager

3.1 Purpose

3.1.1 The Mental Health Law Committee is a sub-committee of the Trust Board.

3.1.2 The overall aim is to provide assurance to the Board on all matters relating to the functions of Hospital Managers (MHA Associate Hospital Managers) and all aspects of the Mental Health Act 1983, its subsequent amendments and the Mental Capacity Act 2005.

3.1.3 The Committee will monitor, review the adequacy of the Trust's processes for administering the Mental Health Act and guiding professionals in relation to the Mental Capacity Act, and formally submit an annual report on its activities and findings to the Trust Board.

3.1.4 The Mental Health Act Code of Practice provides that:

"Organisations (or individuals) in charge of hospitals retain responsibility for the performance of all hospital managers' functions exercised on their behalf and must ensure that the people acting on their behalf are competent to do so. The organisation (or individual) concerned should put in place appropriate governance arrangements to monitor and review the way that functions under the Act are exercised on its behalf. Many organisations establish a Mental Health Act steering or scrutiny group especially for that task, and whilst recognising that the Act is a legal framework for the delivery of care, also monitor and review via clinically-focussed forums. Ideally, such forums should have representation from the Board or registered manager."

MHA Code of Practice (2015) – paragraphs 37.10 & 37.11

The Mental Capacity Act 2005 provides that:

"It is the duty of a person to have regard to any relevant code if he is acting in relation to a person who lacks capacity and is doing so in [….] a professional capacity."

Mental Capacity Act 2005 s.42(4)(e)

3.2 Duties

3.2.1 To oversee all the duties of the Hospital Managers as set out in Chapter 30 of the Mental Health Act Code of Practice. This will include:

- the scheme of delegation of Mental Health Act duties
- to make recommendations to the Board regarding the Trust's MHA compliance
- to approve the appointment/reappointment of Associate Hospital Managers
- to approve Mental Health Act policies
- to give direction to the tri-annual AHM Sub-Committee meeting
- to review the CQC's Mental Health Act visit summaries and resulting action plans
- to approve the Trust's Mental Health Act training framework

3.3 Objectives

3.3.1 To ensure that the statutory duties of the Trust Board under the Mental Health Act (1983) and subsequent amendments are exercised reasonably, fairly and lawfully, and to oversee the provision of guidance to Trust staff in implementing the Mental Capacity Act with regard to its Code of Practice. To satisfy itself of this, the committee will:

- be assured that procedures to inform detained patients and nearest relatives about the applicable provisions of the Mental Health Act (1983) and of their rights are in place and operating properly
- regularly receive and consider relevant statistical information relating to compulsory admission and detention of patients (including data regarding ethnicity, age and gender)
- to monitor the application of the Mental Health Act (1983) as amended by the Mental Health Act (2007) and Mental Capacity Act (2005) against local and national benchmarks and relevant CQC regulatory standards as detailed in the appendices to CQC Handbook for Mental Health Service Providers
- to ensure that appropriate arrangements are in place and are operating satisfactorily, for the completion and review of relevant legal documentation relating to the compulsory admission and detention of patients and automatic referrals to the Mental Health Tribunal
- to ensure the organisation supports the CQC Mental Health Act Reviewers in visits to Trust facilities and that it responds appropriately to any reports following such visits
- to provide information to the Trust Board relating to Associate Hospital Managers' Hearings and Mental Health Tribunals, including issues relating to the service provision
- to commission a programme of training and on-going development for MHA Associate Hospital Managers
- to recommend to the Trust Board the appointment of new MHA Associate Hospital Managers (MHA Associate Members)
- to ensure a process is in place to maintain high standards and to review the competencies of MHA Associate Hospital Managers
- to audit the process and outcomes of Mental Health Act hearings/appeals
- to ensure appropriate processes are in place to check the quality of relevant documentation through planned and random auditing and checking
- to consider comments and recommendations relating to Serious Untoward Incidents and complaints involving people detained under the MHA or subject to the provisions of the Mental Capacity Act (2005)
- to take account of the delegated functions in respect to Approved Mental Health Professionals (AMHPs) within the context of secondment agreements with relevant local authorities

4. Member attendance 2016/17

Present	Apologies Sent	No apologies

Members	May	July	Oct	Feb
Paul Farrimond (Chair, Non-Exec Director)				
Charles Waddicor (Non-Exec Director)				
Mary Sexton (Executive Director of Nursing, Quality and Governance)				
Jonathan Bindman (Medical Director)				
BEH Specialist Representative	Alex Acosta-Armas	Alex Acosta-Armas	Alex Acosta-Armas	Alex Acosta-Armas
BEH Enfield Representative	Jane Cushion	Jane Cushion	Jane Cushion	Jane Cushion
BEH Barnet Representative	Peter Dutton	Peter Dutton	Peter Dutton	Peter Dutton
BEH Haringey Representative	Katrin Edelman	Katrin Edelman	Katrin Edelman	Katrin Edelman
Michael Chalmers (Mental Health Law Manager)				
AHM Representative	Bakhtiar Hormoz	Bakhtiar Hormoz	Bakhtiar Hormoz	Bakhtiar Hormoz
AHM Representative	Alison Abbey	Alison Abbey	Alison Abbey	Joe Baird
Haringey Local Authority	Victor Mabena	Victor Mabena	Victor Mabena	Victor Mabena
Barnet Local Authority	Karen Morrell	Karen Morrell	Gillian Robinson	Karen Morrell
Enfield Local Authority	Claire Duignan	Claire Duignan	Claire Duignan	Claire Duignan
Voiceability	John Tuitt		Luke Mitchell	Luke Mitchell
Haringey Mental Health Support Association (SU)	Nuala Kiely	Nuala Kiely	Pat Devereaux	Pat Devereaux
Barnet Voice for Mental Health (SU)	Jose Grayson	Jose Grayson	Jose Grayson	Jose Grayson
Enfield Mental Health Users (SU)				

5. Proposed Committee work plan for 2017/18

Agendum	May 2017	Jul 2017	Oct 2017	Feb 2018
MHA / DoLS Reporting				
- Annual MHA Activity Comparison	X			
- Annual MCA / DoLS report		X		
- Annual Section 136		X		
- Annual MHA Equalities			X	
- MHA Rights	X	X	X	X
- MHA Holding Powers	X			
- MHA Emergency Applications			X	
- MHA Capacity Assessments				X
- AMHP Assessment Reports				X
Policy Reviews				
- Reports for MHA Hearings		X		
- Mental Capacity Act			X	
- Deprivation of Liberty Safeguards			X	
Training Programmes				
- Mental Health Act & CoP				X
- Mental Capacity Act & DoLS				X
Associate Hospital Managers				
- Hearing Issues / Feedback	X	X	X	X
- Report Feedback Forms		X		
Care Quality Commission				
- Review of Visits and Actions	X	X	X	X
- Annual Review of Visits				X
Annual MHLC report to the Board	X			
Review of MHLC membership, terms of reference and work plan	X			

6. Conclusions

6.1 The Mental Health Law Committee continues to meet quarterly to review standards and progress made in relation to the mental health law governance agenda, in line with a comprehensive annual work plan. However, the Committee has faced challenges in maintaining quoracy and in attracting representation from service user organisations and statutory advocacy providers, which has had a negative impact on the Committee's effectiveness.

6.2 The Committee continues to review a wide range of performance and equalities data in respect of the application of mental health law across the Trust, enabling the formulation and tracking of targeted actions to address variations. The Committee was pleased to note through its annual reporting cycle examples of improved compliance as a result of previous Committee actions, and the increasing integration of MHA performance monitoring into the borough operational governance meetings. The key performance monitoring reports reviewed at each Committee meeting are now taken to the Board by the Chair.

6.3 Close attention continues to be paid to developments in the CQC's areas of focus and visit methodology to ensure that the mental health law audit programme and governance arrangements effectively anticipate and address all regulatory priorities. The Committee Chair continues to serve as a member of the CQC's MHA expert reference group.

6.4 The relationship between the Associate Hospital Managers and the Trust has been put on a firm legal footing through the new AHM Agreement, and arrangements for their remuneration now meet the requirements of HMRC. In the next financial year the Committee will oversee the recruitment and induction of a new intake of AHMs, with view to increasing the size and diversity of the cohort.

6.5 The AHM Sub-Committee meetings have been very well attended. The addition of an extra meeting per year and the extension of each meeting to including training have been welcomed by the Associates, and the regular attendance of Executive Directors to update attendees on the wider business of the Trust has made a significant difference to the positive spirit and level of engagement at the meetings.

6.6 The two AHM representatives are making a vital and proactive contribution to improving practices in relation to AHM hearings: providing strong representation for the AHMs at the Mental Health Law Committee meetings and steering group, chairing the regular AHM forum meetings which precede each AHM Sub-Committee meetings, and providing invaluable support and to both the Associates and the Trust's executive staff in identifying and resolving practice concerns.

6.7 Committee priorities for the forthcoming year include: maintaining close oversight on the implementation of Section 136 in light of the extensive legal and procedural changes arising from the Policing and Crime Bill 2017 and "Mental Health Crisis Care for Londoners" as well as the consolidation of the Trust's place of safety estate to the Chase Farm site, analysis of the impact of proposed changes to the legislative framework around deprivations of liberty. detailed monitoring of the impact of increasing use of MHA compulsory powers on BME groups, and evaluation of service user feedback in relation to the process of appeals and reviews of detention.

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Title:	Health, Safety Annual Report 2016 / 2017
Report to:	Trust Board
Date:	30 May 2017
Security Classification:	Restricted to Committee Members
Report Author:	Name: John Kalejaye Title: Interim Health and Safety Advisor
Report Sponsor:	John Mills - Director of Estates and Facilities
Comments / views of the Report Sponsor:	This report provides an update on Health and Safety activity in the Trust for 2016 / 2017 and how this has ensured compliance with statutory and regulatory requirements.

Overview of the report:

The Health and Safety at Work Act 1974 and other health and safety legislation provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work. Adherence to statutory and regulatory requirements will not only ensure compliance with the law, but will also promote staff, service users and visitor safety. This is consistent with Trust objectives to provide excellent care, working together and being positive.

The report provides analysis of health and safety performance for the year April 2016 to March 2017, and is structured on the Health and Safety Executive model of managing health and safety – Plan, Do, Act, Check.

Key issues to bring to bring to the attention of members:

This report outlines:

- Objectives for 2016 / 2017 and how they were met in accordance with Plan, Do, Act, Check health and safety management system.
- Comprehensive information in relation to fire safety data, health and safety training and mandatory training compliance.
- How issues highlighted by CQC visit of December 2015 were addressed and improvements made e.g. lone working awareness.
- Measures that the Trust has put (and is putting) in place to reduce violence against staff, which is the main category for RIDDOR reports to the Health and Safety Executive.
- Action taken by the Trust in 2016 / 207 to promote staff well-being and reduce stress, which is a feature of the Boorman Review 2009 and an area of focus from the Health and Safety Executive.
- Information in relation to provision of PREVENT training to staff (statutory requirement since July 2015).
- Flu vaccination update showing a high increase of vaccinations administered 2016 / 2017 compared to 2015 / 2016 (27.9%).
- Health and Safety training report in relation to mandatory training, levels of compliance, and actions taken to increase compliance levels.

Key supporting documents: None, but links to references.	
Decisions / actions required: The Trust Board is asked to approve the Health and Safety Annual Report 2016 / 2017.	
Likely onward reporting:	None
Report History:	This is an annual report as required by the legislation.
Implications of the decision / actions:	Adherence to health and safety standards and regulations is both a statutory and NHS requirement. This ultimately improves patient, staff and visitor safety. Failure to adhere to standards and regulations is likely to jeopardise staff, service user or visitors' health and safety. This could make the Trust liable to prosecution and even imprisonment of individual should individual culpability be posed.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	Providing a safe care and work environment is the cornerstone of Trust activity. Adherence to all relevant legislation and guidance, as well as Trust policies will help promote Trust objectives of excellent care and positive staff.
List of Appendices: None	

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

HEALTH AND SAFETY

ANNUAL REPORT

2016/17

Compiled by
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1. Introduction

This report provides analysis of the standard of health and safety throughout our Trust for the financial year 2016-2017.

The Health and Safety at Work Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

In particular it requires organisations to provide and maintain:

a. A Health and Safety Policy;
b. A system to manage and control risks in connection with the use, handling storage and transport of articles and substances;
c. A safe and secure working environment, including provision and maintenance of access to and egress from premises;
d. Safe and suitable plant, work equipment and systems of work that are without risks;
e. Information, instruction, training and supervision as is necessary;
f. Adequate welfare facilities.

The legislation is enforced by the Health and Safety Executive (HSE) who have far reaching powers to ensure health and safety in organisations.

The Trust fulfils its legal responsibility for health and safety by:

- Employing a team of professionals to provide advice and support to managers and staff
- Offering and facilitating a range of classroom and work based health and safety training
- Measuring compliance with health and safety policies through Health and safety support visits, corporate and borough health and safety reports
- Consulting, in various ways, with the workforce in relation to health, safety and welfare.

The team of professionals employed for health and safety are:

- Head of Non Clinical Risk
- Health & Safety Advisor, Interim in place covering maternity leave of substantive member of team
- Fire Safety Advisor.

The team is responsible for:

a. Advising managers, safety representatives and staff on matters of health and safety at work;
b. Developing, implementing health and safety policies and procedures to improve the management of health and safety across the Trust;
c. Developing and delivering bespoke health and safety training courses as appropriate
d. Providing information and corporate data analysis in respect of Trust-wide health and safety compliance.

Health and Safety underpins our Trust objectives:

Our Trust Values and Objectives for 2016/17 were to:

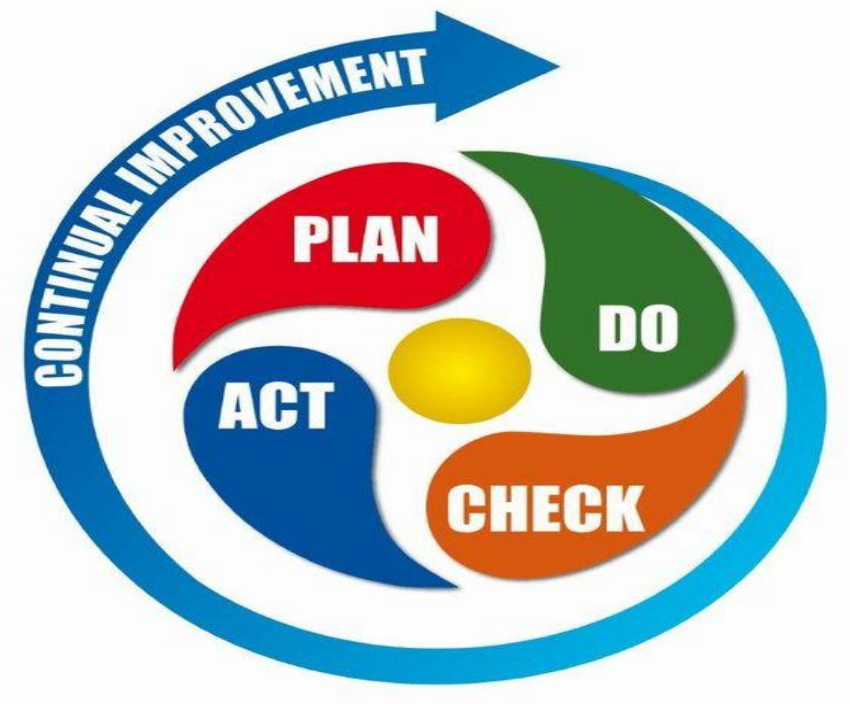
- Compassion
- Respect
- Working together
- Being Positive
- Provide excellent services for patients
- Develop our staff
- Meet our financial and other targets

Our Health & Safety Objectives 2016/17 were to:

- Review and improve the risk assessment and audit tool
- Revise health and safety training packages to improve staff competency
- Integrate health and safety to daily working, liaising with statutory agencies
- Complete risk assessments and ensure risk registers are updated by teams
- Review and implement fire risk assessments and fire drills as in CQC improvement plan
- Assess how well the risks are being managed across the Trust through safety inspection and audit
- Consultation and engagement with staff side.
- Timely communication and promotion of Health and Safety information.
- Support staff wellbeing by providing outdoor gym.

The Health and Safety Team report to the Health & Safety Committee which in turn reports to the Trust Quality & Safety Committee, a sub-committee of the Trust Board.

This report provides analysis of health and safety performance across the Trust for the year April 2016 to March 2017 and is structured using the HSE model of managing health and safety as described in HSG65, the four elements are: Plan, Do, Act, Check.



2. Plan.

Objective for 2016-17	Status
Review and improve the risk assessment and audit tool for team risk assessment, health and safety audit, moving and handling audit and lone working audit.	✓

2.1 A review of the team risk assessment tool was carried during the last financial year. The assessment tool was migrated from Meridian software to the DATIX, risk management system used by the Trust. This has streamlined the team risk assessment with the team risk register by having all risk in one system which was a suggestion by line managers. The migration was successful and all 135 teams have moved into the new system. Feedback from managers will be acted upon to continue to improve the assessment tool for next year.

Audit tools for health and safety audit, moving and handling and lone working have been reviewed and are now easier to complete for staff. The lone working audit was reviewed to comply with CQC regulatory standard. The annual health and safety audit has been reviewed to comply with Health and Safety Executive (HSE) guidelines.

3. Do

Objective for 2016-17	Status
Revise health and safety training packages to further develop health and safety training to improve staff competency.	✓

3.1 Health and Safety knowledge and competency play a very important role in controlling health and safety risks. The Health and Safety Team introduced 'toolbox talk' training tailoring course content to cover the specific needs of departments in locations and times convenient for staff. This aligns with the Trust objective and value of developing staff and supporting staff to be the best that they can be. The Trust used to face significant challenges in getting ward staff trained. 'Staff not receiving health and safety training in the last 12 months' is one if the key findings from last NHS staff survey and was also included in the Trust CQC report of March 2016. Through collaboration with ward managers and careful planning we have been able to overcome these challenges. The health and Safety team organised 'Pop-up' training in collaboration with the team managers/leaders across our wards and community teams. See attendance figure below.

3.2 'Personal Safety' courses were provided to staff throughout 2016/2017 to increase staff awareness of personal safety issues and to give them the confidence to deal with scenarios they might encounter in Trust premises or while out in the community. Three courses were provided with 30 staff attending in 2016/17. This training augmented and complements prevention and management of challenging behaviour training. Courses are bespoke and adapted to suit needs of individual team.

3.3 'Pop up' Health and Safety Training Attendance.

Display screen & low risk manual handling	Environment and waste management	General H&S Training	Electrical Safety at Work	Personal Safety Training	Slip and Trip Training	Total	% of Staff
184	284	26	130	30	90	744	25%

4.

Objective for 2016-17	Status
Integrate health and safety to daily working, liaising with statutory agencies to ensure our Trust meets legal obligations.	✓

4.1 Workstation Risk Assessment

The assessment is to analyse workstations to reduce risk of injury especially to the back. It is also used to provide information and training to staff on good sitting posture and taking break away from screen.

4.2 Workstation Risk Assessment 2016/17

	Enfield	Barnet	Haringey	Specialist	Total 2016/17	Total 2015/16
Number of Display Screen Assessments	53	10	30	6	109	121
Number of Disability Assessments	2	1	1	0	4	3

There was 9.9% reduction in workstation assessments carried out in 2016/17 compared to 2015/16. This can be attributed to strict restriction put in place for furniture procurement.

4.3 Safety 'Walk Around'

Safety 'walk around' is a partnership between the safety team and employees to focus on safety improvement. This is done by observing work activities to understand the overall effectiveness of safety procedures. The goal is not only to monitor compliance with safety guidelines but to evaluate the overall safety of work activities. It provides an opportunity to identify problems, share ideas and provide immediate feedback on safety issues without taking responsibility from the managers. Health and safety problems are jointly identified and can often be resolved on the spot by ideas and solutions proposed by staff. Advice and support are offered to managers to have a safe care and working environment. Below are sample of findings:

4.4 Safety Inspection Report

ENFIELD			
	Safety issue	**Risk factor**	**Action taken**
1	Blockade of fire exit doors with cleaning trolleys.	Risk of people being trapped inside building in the event of fire	Fire Safety Advisor promptly escalated the issue to relevant managers and this has since stopped.
2	Overloading of socket	This can cause fire.	Staff advised not to overload the socket. Overloaded plugs removed.
3	Uneven floor	This cause slips and trips.	Hazard tape placed on uneven floor.
4	Overfilled non-clinical waste bin	This can lead to infection.	Bin cleared. Issue raised with Estates and Facilities.
5	Unapproved electrical appliance in workplace.	This can overload the electrical system and cause fire.	Staff advised not to bring unapproved appliances to work. Articles published on Take 2 to advise all staff.
6	Various housekeeping issues.	This can cause slip and trip.	Teams advised to de-clutter. Article published on Take 2 to educate all staff.

4.5 Safety Inspection Report

BARNET			
	Safety issue	**Risk factor**	**Action taken**
1	Workstation	Broken chairs in office.	New chairs ordered by Team Leader
2	Housekeeping issues	Open food containers in offices which can generate vermin.	Team Leaders to remind staff of the need for food containers to be kept covered

4.6 Safety Inspection Report

HARINGEY			
	Safety issue	**Risk factor**	**Action taken**
1	Workstation	Lack of workstations in nursing office.	Re-arrangement of the nursing office to create space for the new workstations
2	Overloading of socket	This can cause fire.	Staff advised not to overload the socket. Overloaded plugs removed

4.7 Safety Inspection Report

SPECIALIST			
	Safety issue	**Risk factor**	**Action taken**
1	Lack of hot water signs on water boilers in wards.	Due to vulnerability of patients this can lead to scalding and the Trust would be liable.	Hot water signs put on all water boilers that patients have access to.

4.8 Security

- The Trust Head of Non-Clinical Risk attended regular meetings with police safer neighbourhood teams in all three boroughs to discuss and resolve local policing issues. The Trust also sent representation to London wide and specialist local security management meetings where regional and national NHS security issues were discussed. Attendance at these meetings ensures the Trust comply with NHS Security management Framework and awareness of latest developments in security issues.
- During 2016/2017 it was announced that NHS Protect which leads on security issues within the NHS would cease to exist in the new financial year 2017/2018. Training of Local Security Management Specialists which has up to now been provided by NHS Protect will transfer to the private sector. It is not clear at present how other security management functions will be managed in the future.
- In the last financial year, teams and departments within the trust reviewed and updated their team risk assessments and risk register regarding security. In 2016/2017, security capital works listed below were approved and work completed following review of team risk assessments and updates to the risk register. The transfer of risk assessment and risk register to DATIX has streamlined the risk assessment process and is more user friendly for staff.

I. Security mirrors fitted to wards to aid visibility, particularly in identified 'blind–spots'- £64,700
II. Improving security fencing at the Beacon centre to help prevent absconds - £13000
III. Upgrade of key tracker system Camlet 3 Chase Farm hospital - £19,000
IV. Upgrade of access control system Camlet 3 Chase Farm Hospital - £14,500
V. Security policy reviewed and updated in Feb. 2017

- Security self-review tool submitted to NHS Protect. November 2016
- Reporting of physical assault return submitted to NHS Protect. May 2016.
- Returns to statutory bodies like Health and Safety Executive and London Fire Service were completed on time.

4.9 The Heath Safety Welfare Committee meets four times in a year. The committee has representation from the Boroughs and teams, risk management team staff, Occupational Health provider and staff side. Health and Safety is a standing agenda item at local and Trust wide clinical governance meetings thus ensuring that the health and safety agenda remains at the fore front of all our Trust discussions. Boroughs and Specialist Services have been reminded to ensure they have representation at meetings.

5 Check

Objective for 2016-17	Status
Complete risk assessments and ensure risk registers are updated by teams, review and implement ligature risk plan.	

5.1 Team Risk Assessment 2016/17

The team risk assessment is a proactive activity to identify and manage work-related risk across the Trust. Hazards are identified, the teams evaluate the risk impact, its probability of occurring and control measures designed to mitigate or eliminate risk. It is a legal requirement under the Management of Health & Safety at Work Regulations 1999 to undertake risk assessments. The migration of the assessment tool to Datix has been completed. 135 teams completed the assessment. This has streamlined the team risk

assessment with team risk register. Feedback from managers will be acted on to improve the assessment tool for next year.

The data from this year's team risk assessment cannot be compared to last year due to migration of data to the new software.

Risk by Subtype and Ranking.

Risk	Low risk	Moderate Risk	Significant Risk	Percentage of Moderate Risk to All Risk
Staffing	122	11	0	8%
Building Maintenance	118	9	0	7%
Stress	115	8	1	6%
Violence & Aggression	120	4	0	3%
Slips, trips and falls	125	2	0	2%

5.2 Risk Assessments

The risks with the highest risk score for 2016/2017 are:

1. Staffing.
2. Violence and aggression.
3. Stress.
4. Building maintenance.
5. Slips, trips and fall. (Mainly elderly services in Enfield where elderly wards are based).

5.3 Staffing

Control measures in place**.**

- The Trust continues to undertake a range of recruitment activities with total vacancy levels at 9.9% against Trust 10% target.
- International recruitment campaign has begun in EU and the Philippines. Recruitment in Europe commenced in March 2017 through Skype. A total of two hundred and eight (208) offers have already been made.
- There has been an increased level of engagement with universities to recruit newly qualified nurses and mental health workers with 40 newly qualified nurses successfully recruited in August to October 2016.
- The Safecare staffing software has been launched to support the identification of gaps in rotas indicating shortages in advance.
- Training for first-line managers to improve their knowledge of workforce policies (including recruitment, disciplinary etc) was launched April 2016. Since then, it has been amalgamated into the Trust leadership programme and is expected to improve their skill in dealing with employee matters.
- Electronic exit interview monitoring is now in place and feedback from the interviews is being shared with boroughs to inform changes and remedial action. The data is shared with boroughs every month and it is presented at senior managers meeting. The information is also included in workforce report to boroughs.

5.4 Violence and Aggression

Control measures in place:-

- Staff undertake training to identify early sign of violence. (Clinical training and Prevention/Management of Challenging Behaviour (PMCB)). By the end of 2016/17, 716 out of 916 staff attended Break Away Training representing 79%, 2380 out of 2944 staff attended Conflict Resolution Training representing 80%, 393 out of 452 staff attended 5 day Restrictive Intervention Training representing 86% and 64 out of 74 staff attended 3 day Restrictive Intervention Training representing 86%.
- Staff are issued with personal alarm based on team/departmental risk assessment. All in-patient areas are equipped with sophisticated alarm system or nurse-call system in accordance with NHS buildings design guidance and healthcare building specification.
- Employee Support Assistance run by Care First provides independent support for victim of bullying and harassment.
- Staff assaulted or injured at work are contacted by the non-clinical risk team to make them aware of the support avenues the Trust offers. This include liaison with police and crown prosecution service if necessary.
- Staff were encouraged to report all instances of physical and verbal abuse through DATIX. Incident reporting has been included in mandatory health and safety training from April 2016. Also, screensavers and information on 'Take 2' have been published reminding staff of the importance of reporting incident through Datix.
- 6 service users have been cautioned or prosecuted for assaulting staff or damage to property in 2016/2017.
- Regular monthly meeting with police in all 3 boroughs to identify local crime trends and put in place remedial measures.
- Meeting with clinicians to discuss prolific and repeat assault by patient and preventative measures that may be put in place to minimise re-occurrences.
- Employee support assistance run by Care First provides independent support for victims of bullying and harassment. Utilisation of the service has increased from 3.9% in 2015/16 to 7.3% in 2016/17.

5.5 Stress

Control measures in place.

i) Trust Employee Assistance Scheme that provides counsel to staff. This includes legal counselling. Staff can access the service using telephone, online and face-to-face session.
ii) Occupational Health and Wellbeing support is provided by contacting the Occupational Health Service.
iii) Independent anti-bullying and harassment service provided.
iv) Post-traumatic stress counselling provided by Care First and staff can access the service using telephone, online and face to face session close to their home or workplace.
v) The Trust has a robust policy on stress and zero tolerance for bullying and harassment.
vi) 24 Dignity at Work Advisors have been appointed to help defend the dignity of their colleagues by listening to their experiences and taking them through the options.

5.6 Building Maintenance

Control measures in place:

1) The Trust has appointed a design partner (P22 Partner) and project manager to oversee redevelopment of St. Ann's. It is anticipated that the Trust will obtain an outline business case by October/November 2017.

2) The Trust has online helpdesk where team can enter request for maintenance and repair.

3) The Trust has highly trained maintenance team who are deployed to carry out maintenance work.

4) Where maintenance work or repair cannot be done in-house, approved and qualified contractors are invited to carry out the works.

Some of the work carried out across the Trust in 2016/2017	Cost
i) Fire safety upgrade across the Trust	**£25,577**
ii) Disability Discrimination Act (DDA) upgrade works in St Ann's Hospital and Chase Farm Hospital. This includes works to improve access for wheelchair users.	**£20,003**
iii) Safety upgrades to Lucas House lift and installation of telephone in the lift. This is in response to lift entrapment in the building.	**£16,766**
iv) Flooring and paving upgrade works for prevention of slips and trips across the Trust.	**£17,906**
iv) Clinical Room cooling	**£33,505**
v) Security mirrors to various wards	**£64, 722**
vi) Legionella works to Fairlands Ward	**£10,855**
vii) Alteration to paving in Finsbury Ward garden	**£5,955**
viii) Pigeon proofing roof of Camlet 3	**£6,157**

5) Where Managers identify the need for capital expenditure of more than £5000, bids can be made to Capital Review Group for funding.

5.7 Slips, Trips and Fall

Control measures in place:

- Slips and trip training provided for staff by Physiotherapist and Health and Safety Advisors. 44 staff working in elderly in-patient wards were trained by Physiotherapist while 46 staff working in other wards were trained by Health and Safety Advisor.
- Cleaning regime in place to make floor safe for patient, staff and visitors.

5.8 Medium and High Manual Handling Team Risk Assessments 2016/17

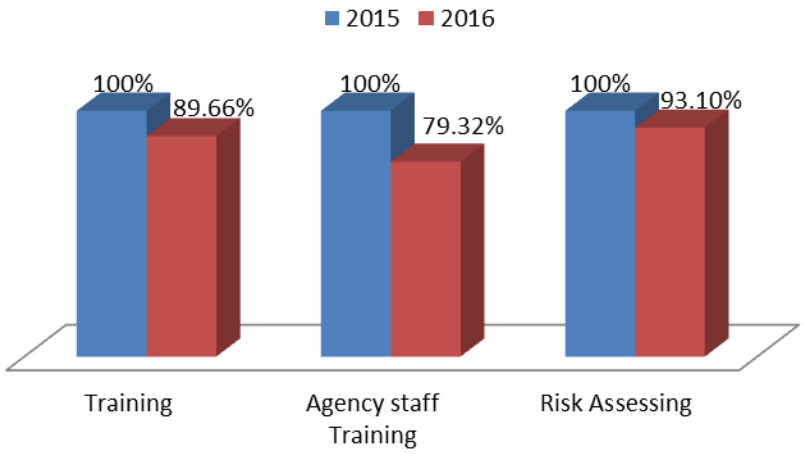
The manual handling audit is a structured process of collecting information on the efficiency, effectiveness and reliability of the manual handling arrangement and drawing up plans for corrective action.

Manual Handling Team Risk Assessment Return			Percentage of change.
	2015/2016	**2016/2017**	
Wards	20	28	↑40%
Community Teams	31	45	↑45%

The table above shows more teams completed the manual handling assessment in 2016/17 compared to 2015/16. Twenty Eight (28) wards completed it in 2016/17 compared to 20 wards in 2015/16, an increase of 40%. Also, 45 community teams completed it in 2016/17 compared to 31 in 2015/16, an increase of 45%.

5.9 Summary of Findings Manual Handling Audit

Manual Handling Team Risk Assessment



The 3 major issues identified by staff are:

1) Training 89.6%, ↓10.34% decrease compared to 100% in 2015/16. – Staff on wards to attend and comply with manual handling training update. This may be because manual handling training has only just been made compulsory for Specialist Service staff whereas in the past it was not.

2) Agency Staff Training, 79%, ↓20.68% decrease compared to 100% in 2015/16 – Staff are not sure of evidence of manual handling training by agency staff, although all agency staff are required to have moving and handling training prior to working with Trust.

3) Risk Assessing before task 93%, ↓7% decrease compared to 100% in 2015/16 – There are guidelines on manual handling assessment for staff to comply with manual handling assessment of patients.

Control measures in place.

i) Training programme in place with an increase in sessions being made available for staff by Learning and Development (L&D).

ii) Agency staff are required to have moving and handling as part of the contract the Trust has with the recruitment agencies.

iii) In line with the skills for health and core skills training framework all clinical facing staff are required to undertake either moving and handling high risk or medium risk training. The frequency is every 3 years and training is offered face to face (f2f) or E-learning. This has started from April 2016.

iv) L&D has been working with the Health and Safety Advisor to deliver drop in moving and handling training from April 2016. This is done at their workplace to utilise staff time more effectively saving them to travel to training sessions at the Trust main sites.

v) E-learning for low risk moving and handling has been launched and is in operation.

5.10 Ligature Reduction Programme

A Trust ligature reduction programme has been agreed and is in place. A plan has been approved for 2015-2020 to ensure the high risks of taps, windows and doors are addressed across the Trust. This has been communicated in Trust communication bulletins and emails to the managers of the affected areas. The Trust board has recently reviewed the five year ligature plan for St Ann's Hospital due to planned redevelopment of St Ann's Hospital.

Instalment of anti-ligature windows planned for Fairlands, Finsbury and Haringey wards at St Ann's Hospital during 2016/17 has slipped from the ligature reduction plan. This was as a result of the Trust indicative timeline to obtain an outline business case for the redevelopment of the site by October/November 2017. Ligature reduction work on other Trust sites went ahead as planned. Thames ward at Edgware had anti-ligature sanitary ware fitted during 2016/17 and is having anti-ligature windows fitted at present (expected completion date is first week in May 2017). The expected spend on ligature reduction works for 2016/17 is £277,000.

5.11 Drug Zero Tolerance Campaign

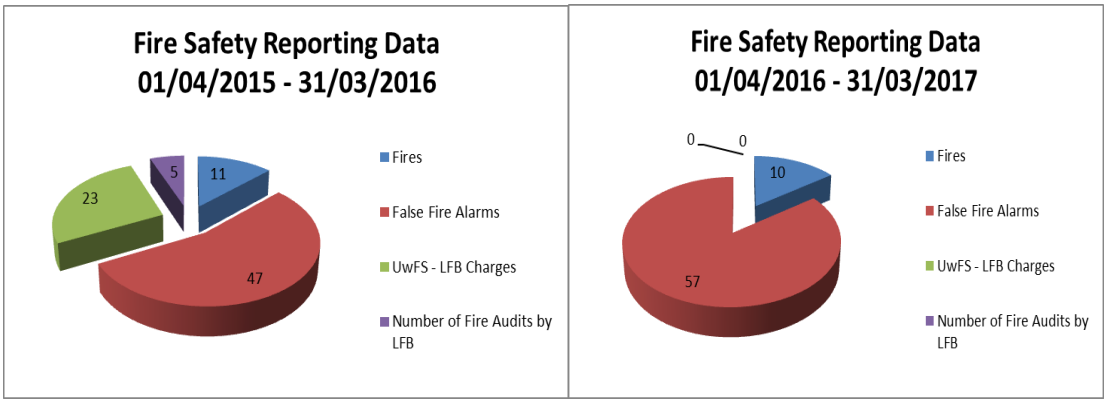
As part of the Trust's zero tolerance to drugs' campaign, dogs trained to sniff out tobacco and drugs were deployed on wards where there were allegations or evidence of patients taking drugs. These drugs dogs operations took place on all 3 main hospital sites on 7 occasions throughout the year and positive feedback was received from staff and indeed patients in relation to the deterrent effect of this activity. In all seven sessions, evidence of drugs/tobacco consumption was found and contraband confiscated.

6.0

Objective for 2016-17	Status
Review and implement fire risk assessments and fire drills in medium and low risk areas as in CQC improvement plan ensuring reduction in false call outs.	✓

6.1 There were 10 fires, classed as small in 2016/17, a reduction of one compared to 2015/16 in our Trust premises over the past 12 months. All fires were extinguished by our Trust staff using the fire fighting equipment provided. No significant or serious injury was suffered by any patient, members of staff or visitor.

6.2 The graphs below demonstrate the fire safety data comparison for the Trust for the last two years 2015/16 and 2016/17.



6.3 In 2016/17 there was an increase in the number false fire alarms compared to the previous year, 57 compared to 47 in 2015/16 in Trust premises. The London Fire Brigade were called to 5 of the 57 false alarms, a reduction from 23 attendances to false alarm calls in the previous year. However, there were no charges from the London Fire Brigade as a result of the call outs. (A charge will only apply when the LFB attend the tenth false alarm at the same site within 12 months) representing a saving of £8,997.60 compared to last year.

7 Act

Objective for 2016-17

Status

Ensure timely communication and promotion of Health and Safety. Design, use and the Trust intranet and health and safety page to communicate to staff.

Health, Safety and Welfare information and Guidance was published in the Trust's publications such as: Trust Matters, Take Two, desktop screensaver and intranet pages. Information on slips and trips, electrical safety, heat wave, safe driving, lone working, moving and handling, sharps and needle, gas safety were published in Trust media for staff.

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8

Objective for 2016-17

Status

Assess how well the risks are being managed across the Trust through safety inspection and audit. Engage and consult with staff and their representative to improve health and safety in the Trust.

8.1 The Trust has a legal obligation under the Health and Safety at Work Act 1974 and Management of Health and Safety Regulations 1999 to provide a safe work and care environment. Safety inspection and audit is required to see whether the Trust is meeting these obligations to staff, service users, visitors and contractors. It is systematic checking of working and care environment and procedure to ensure they meet required standards. It allows for problems to be identified and remedial measures put in place before they become more serious or result in an incident or accident.

The health and safety team places great importance on worker involvement and consultation, which has proved to be key factor to improving health and safety in the Trust. This is done through engagement with staff during safety 'walk around'. Staff representatives also attend the Health and Safety Committee meeting. In order to meet the requirements set out in Health and Safety (Consultation with Employees) Regulation 1996, the annual safety audit was done with UNISON representatives.

Findings from the audit have been sent to managers and are being acted upon.

9.0

Objective for 2016-17

Status

Monitor and investigate accident and incident. Review and share learning from incidents and accidents. Review plans, policy and risk assessments to see if they need updating.

9.1 Review of Lone Working Procedure

Lone working procedure is one of the areas requiring improvement identified by CQC in their last visit (M17 CQC Action plan). A review of local lone working procedure was carried out for community teams across the Trust. This was to make staff aware of risks presented by lone working, to identify the responsibilities each staff has and to put in place procedures which would minimise risks. This was not intended to raise anxiety unnecessarily, but to give staff a framework for managing potentially risky situations.

New local lone working procedures were completed for the teams. Managers also had one to one training in managing lone working. All staff working in the community have been provided with mobile phones. Staff identified to be high risk have tracking devices provided for quick response whilst in danger. All these have helped staff and managers in establishing and maintaining safe lone working practices, recognising and reducing risk and a clear understanding of responsibilities.

Also, lone working awareness has been added to health and safety induction training for new staff joining the Trust. The main purpose of this is to integrate new employees into the Trust and make them understand the lone working system and procedures. This allows for foundation of safety culture and conduct to be established from the start. Establishing this foundation and expectation for new staff give them knowledge, information and training prior to starting their jobs.

Lone Working Awareness Training 2016/2017

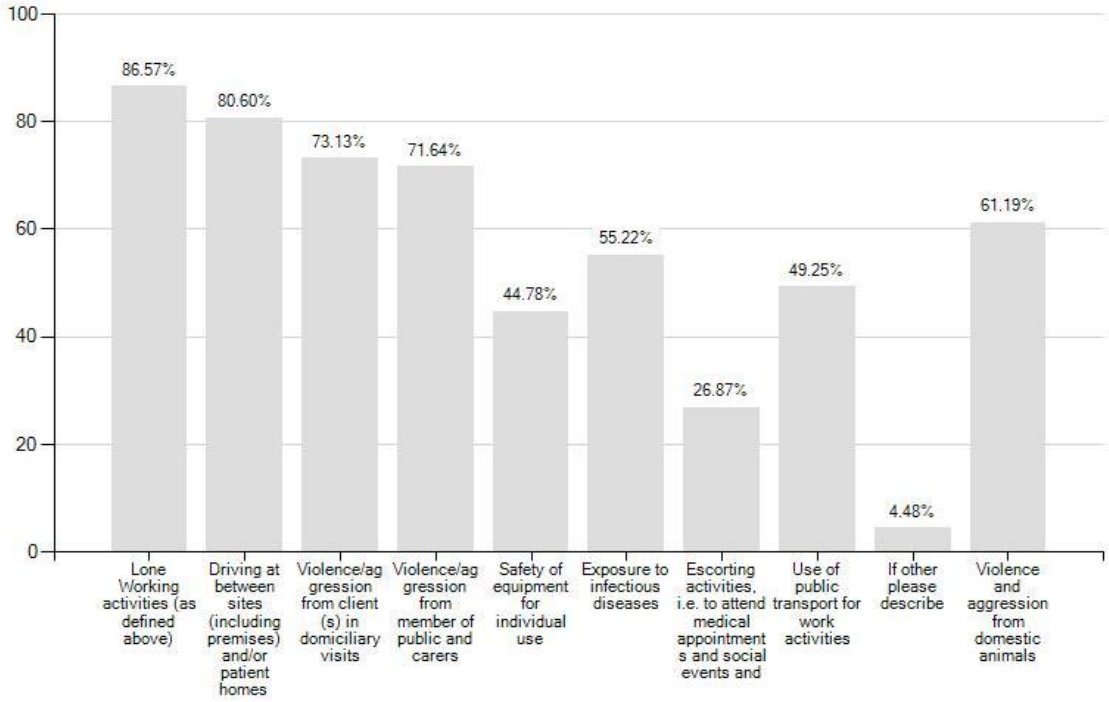
Training	Enfield	Haringey	Barnet	Total	% of Staff Trained
Lone Working Awareness	161	126	208	495	
Managing Lone Working (for Managers)	37			37	
Lone Working Awareness. (Induction Training)				639	
Total staff trained.	**1,171**				**39.8%**

9.2 Lone Working Audit

The Trust is aware of having appropriate arrangements in place to help lone workers identify, avoid or control the risks in lone working. A comprehensive audit of the procedural arrangements for the management of lone working against best practice and the degree to which these standards are achieved in practice was carried out by 69 teams in the Trust. The audit evaluates the current situation and outline how current arrangements can be enhanced to ensure the safety of staff. The lone working audit cannot be compared to last year due to review and amendment of the questionnaire.

9.3 Summary of Lone Working Audit

9.4 Main Risks in Lone Working



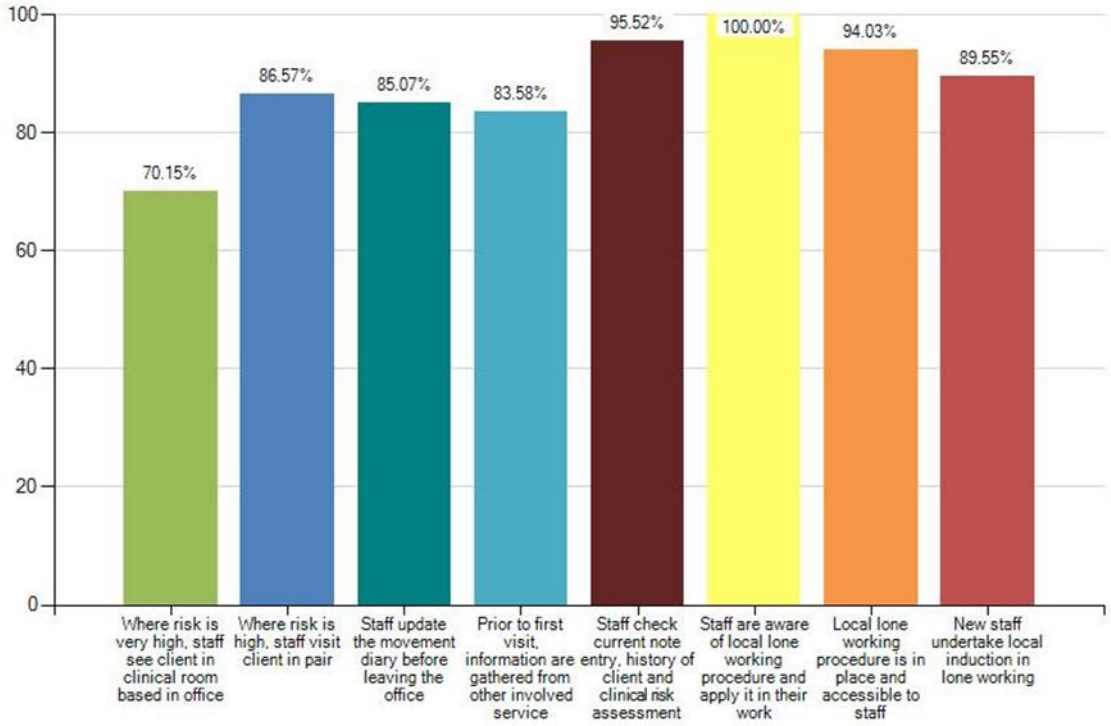
The main risks identified by teams are;

- Driving between sites including premises and patient home is the highest risk rated 80% by teams. Road safety information was published on 'Take 2' in June to educate staff on road safety. Also, road safety information was put on health and safety page on the trust intranet.
- Violence and from client in domiciliary homes 73%, violence and aggression from public and carers 71.64% and violence and aggression from domestic animals are other risks rated by staff. Staff received training to identify early signs of violence and aggression and how to deal with difficult situations.

  The training below was completed by staff in 2016/17 in order to give them skills to prevent and manage challenging behaviour.

- PMCB 5 Day – 412 staff members completed.
- PMCB 3 Day Refresher – 73 staff members completed.
- PMCB older people – 29 staff members completed.
- Breakaway - 336 staff members completed.
- Where risks are high, staff are advised to see high risk clients in Trust premises or see client in pairs.

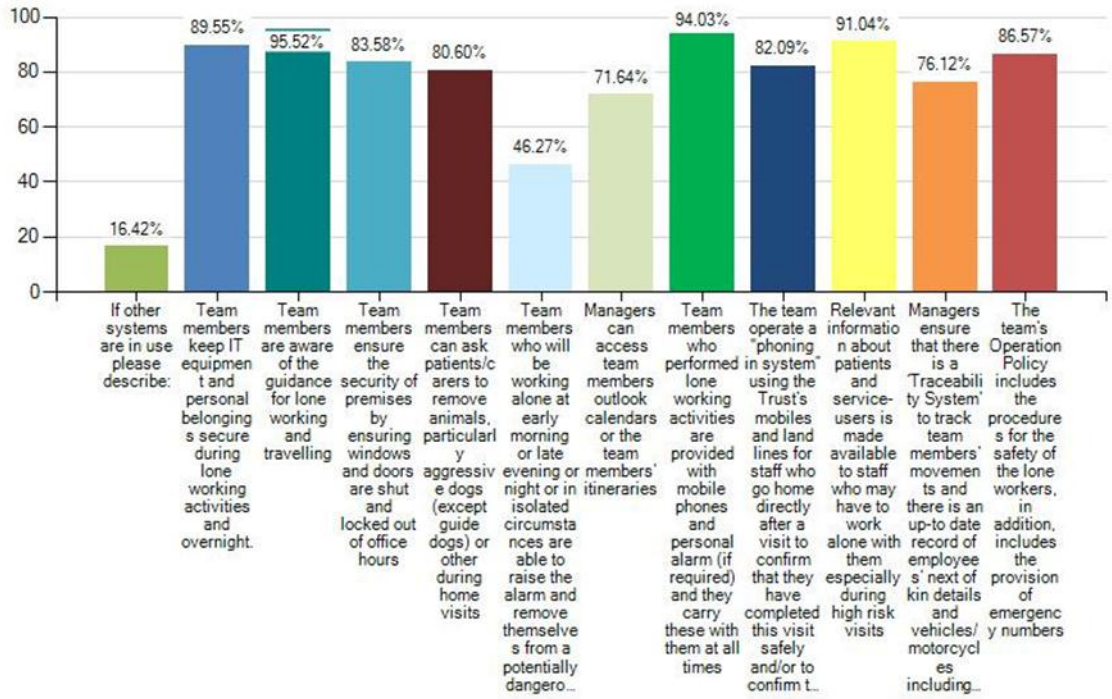
9.5 Risk Assessment Undertaken in Relation to Lone Working



Findings from the audit show staff engage in good practices which are;

- 'Staff are aware of local lone working procedure in place and apply it in their work' has score of 100% and 'local lone working in place and accessible to staff' with score of 94%. The Health and safety advisor has trained 37 managers in managing lone working. They have subsequently put in place robust local lone working in place to ensure safety of safety of staff doing lone working.
- 'Staff check current note entry, history of client and clinical risk assessment' score of 95.5%. This helps staff to decide whether to see client in their homes, at trust premises or whether to see client in pair.

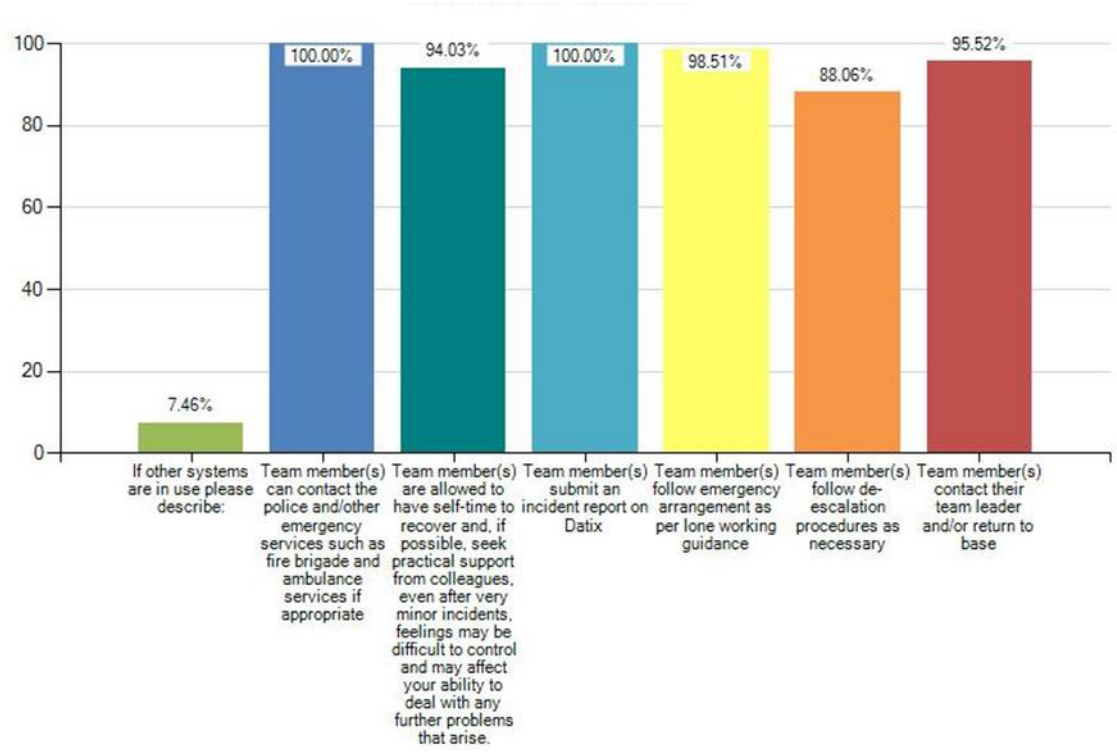
9.6 Communication/Information System/Protocol Implemented for Safety of Lone Worker



Findings from the audit show good practices in communication/information protocol implemented by teams;

- 'Team members who performed lone working activities are provided with mobile phones/personal alarm to carry with them at all times' has score of 94%. Personal alarms were issued to staff based on risk assessment. However, all staff undertaking lone working are expected to have mobile phone.
- 'Phone in system' is used by teams to update their movement to colleagues and has score of 82%. This is important to staff safety especially when there is change in their itinerary.
- The team members are aware of guidance for lone working and travelling has score of 95%. Information on safe driving was put on 'Take 2' in June and 1171 staff were trained in 2016/17 in lone working.
- However, the risk of working alone in the morning or late in the evening in isolated building is scored low at 46%. Assurance has been given by the Trust Local Security Management Specialist that all Trust buildings have secured access and most have either security/intruder alarm or CCTV monitoring and in some cases both. Staff have always been advised through personal security training and information on health and safety page not to open doors to unknown persons. Security training is also part of mandatory health and safety training.

9.7 Reporting of Incident/Accident During Lone Working



Findings from the audit show good practices

- Team members submit incident report on Datix.100%
- Team members can contact police/emergency service. 100%. Mobile phones have been given to staff to make this possible.
- Team members contact their manager and/or return to base. 95.5%
- Team members follow emergency arrangement as per lone working. 98%

9.8 Emergency Planning Drill

A live major incident and emergency planning exercise was carried out in October 2016 in two of the low secure forensic wards. This evacuation was based on a fire scenario, and was attended by the London Fire Brigade in order that partnership working between trust staff and fire fighting personnel could be tested. The exercise was a success in that all patients, staff and visitors evacuated to a place of safety without any casualties. Feedback from all participants indicated that this exercise was valuable in terms of testing partnership working. Contact with NHS England (London) was established using the Page One Email and Texting Facility and lessons learnt during this exercise will be incorporated in to future live training exercises.

The major incident/emergency assurance submission to NHS England in late 2017 resulted in the trust being given an assurance ranking of 'partially compliant'. Work has started to address areas of improvement that will move the trust score to a 'substantially compliant'. Main areas requiring improvement were review and update of documentation and specific training for senior managers. High risk in-patient areas have drafted their own business continuity plans to reflect their particular circumstances.

Training in major incident and emergency planning continues to be provided to all staff attending induction and over the last year 639 staff have attended, with a further 54 Enfield Health (ECS) staff attending dedicated or targeted training sessions. A half day 'Strategic leadership in a crisis training course was provided to Directors and Senior Managers operating at strategic (Gold) and tactical (Silver) Command level in February 2017. 18 strategic and tactical level managers attended.

9.9 Peer Review

NHS is the fifth largest employer in the world. The massive size of the NHS including 56 NHS mental health trusts provides an opportunity for inter-organisational learning and relationship. Peer review was conducted with three other NHS mental health trusts to learn from them and improve our health and safety management system.

Good practices identified in these Trusts are safety champions in each team, health and safety lead in each borough, health and safety training for Directors and Assistant Directors and detailed risk assessment tool. All of these will be incorporated into our health and safety management system and work plan for 2017/18 financial year. Also, good practices from our Trust like 'toolbox training', safety folders, detailed health and safety report writing, safety 'walk around', communication of health and safety information and outdoor gym for staff were well received and are being adopted by these Trusts.

Three mental health Trust benchmarked were:

i) East London NHS Foundation Trust. (Currently ranked outstanding by CQC)

ii) Kent and Medway Partnership Trust. (Currently ranked required improvement by CQC but highly rated by HSE)

iii) Oxleas NHS Foundation Trust. (Chosen because of serious incident they had)

10.

Objective for 2016-17

Status

Monitor accidents and incident investigations and statistical analysis using Trust incident reporting system (Datix).Ensure correct RIDDOR incident reporting is provided to the HSE (over seven days and major injury incident reporting).
Reduction in RIDDOR incident for the financial year

10.1 RIDDORS

A total of 52 RIDDORS were reported to the HSE, a drop of 5 or 8.7% from the previous year (2015 / 2016)

The table below compares classification of RIDDORS 2015 / 2016 and 2016 / 2017.

CATEGORY	2015 / 2016	2016 / 2017	Percentage Change.
Violence towards staff (assault)	38	36	↓5.2%
Staff slips / trips / falls	4	4	↓0%
Moving / handling / injuries	4	0	↓100%
Other	11	12	↓9%
Total	**57**	**52**	**↓8.7%**

Violence towards staff accounted for 36 of the 52 RIDDORS (or 70%) a 3% increase from 2015/16. Avon Ward at Edgware recorded the highest number of RIDDORS as a result of violence(4), with Fairlands Ward, Finsbury, Sussex and Mint all recording 3 RIDDORS each.12 occurred on forensic wards with 24 occurring on acute/elderly/community or adolescent wards.

There has been a reduction in RIDDORS from four to zero occurring as a result of moving and handling injuries. This may be because of the Trust increasing the amount of moving and handling training courses so that staff do not have lengthy waits to book on a course. There has also been renewed emphasis on learning from incidents being discussed at team meetings.

Violence and aggression towards staff is still a significant cause of injury, illness and absence in the NHS. In 2015/2016 the NHS reported 70,555 physical assaults on its staff, of which 46,107 were in mental health / learning disability Trusts. BEHMHT reported 583 physical assaults during 2015/2016 (the latest year for which figures are available at present). The Trust figures translates as 201 assaults per 1000 staff which is marginally higher than the 191 assaults per 1000 staff reported in mental health/LD Trusts nationally.

10.2 Measures that the Trust is putting in place to reduce violence are as follows:

- Training staff in the 'Prevention and Management of Challenging Behaviour' which incorporates conflict resolution techniques, breakaway techniques and restrictive interventions. Compliance figures for conflict resolution as at 31/03/17 was 80.84%, breakaway techniques was 78.17%, and Prevention and Management of Challenging Behaviour was 87% (older person version 86%).

- Victims of physical assault are contacted personally by phone, e-mail or visit to ascertain their well-being, and to be offered moral support.

- The Head of Non-Clinical risk advises victims of physical assault on how to report assaults to the police, and the workings of the criminal justice system.
- Meetings with local police officers occur in all 3 boroughs where local crime trends and patterns are discussed, as well as the need and emphasis on partnership working to reduce or eliminate crime.
- Drug dogs have been brought on to acute and forensic wards 7 times over the last year to detect possession of controlled drugs. No significant quantities of drugs were found, but the dogs certainly disrupted illegal drug activity on the wards for a period of time leading to a calmer time with less assaults.

- The Trust has published articles in Take 2 and Trust Matters on security related guidance and issues.

- Assaults for the year 2016 / 2017 compiled by the Police Service (Home Office), The British Crime Survey and the NHS Protect are not available at present so it is not possible to measure Trust violence statistics against a national picture.
- Encouraging staff to work with the Trust to report assault on them to the police (although there may be clinical circumstances where is not appropriate for example service users who have severe mental illness and who are judged to lack capacity).

11. Promoting Staff Wellbeing

The Boorman Review, produced in 2009, highlights the importance of prioritising staff health and well-being within the NHS (Boorman, 2009). A healthier, happier staff will provide excellent services for patients which is one of the objectives of the Trust. The first recommendation in the report is for NHS organisations to provide staff with sport and physical activity challenge that will support their health and wellbeing.

The Trust has long been committed to supporting the health and wellbeing of staff; this has traditionally comprised of an occupational health service and provision of a counselling service for pastoral support. We recognise the importance of supporting the wellbeing of staff so that we can continue to provide high quality and effective care to the people who use our services. This means that we need to create and maintain a working environment that encourages and develops staff and provide opportunities that enable staff to make choices that support their wellbeing.

In 2015/16 we commenced and in 2016/17, we will continue a programme of activities to enhance the health and wellbeing of staff (Wellbeing Report, 2016/17). This will include:

- Further publicity of our employee assistance programme which includes health and wellbeing support
- Action on absence

- Promoting the value of our cohort of Dignity at Work Advisors and aligning their work with the wider wellbeing agenda
- Embedding our Trust values and working with staff to identify behaviours aligned with those values
- Developing a programme of activity to encourage increased physical activity amongst staff and improve physical health

The Trust's aim is to keep staff well, provide support for managers and provide a range of activities that are relevant and engaging for our staff. As well as having a compelling case for supporting current staff, we hope that evidence of our commitment to wellbeing will contribute to retaining our highly skilled and experienced staff and encourage new staff to join us. The programme of activity has been and will continue to be delivered through working in partnership with staff via our Wellbeing Forum. The staff and wellbeing CQuIN will form the basis for our work in this area, both meeting and exceeding the targets and providing a basis for engagement with staff on improvements.

The health and safety advisor led a successful bid to the Trust's Dragons' den innovation fund to purchase and install an outdoor gym at the St Ann's site in July 2016.

11.2 Health and Safety Executive's Management Standards and the National Staff Survey

The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. The table below provides data from the 2014 to the 2016 surveys in relation to these standards.

HSE Management Standard	Staff Survey indicator	2014	2015	2016	2016 Sector
Overall stress	Q9c	40%	36%	37%	39%
Role: whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles	3a. I always know what my work responsibilities are.	85%	87%	89%	↑85%
Support: this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues	How satisfied are you with the following areas of your job? The support I get from my immediate manager	74%	76%	74%	↓72%
	How satisfied are you with the following areas of your job? The support I get from my work colleagues	80%	78%	80%	↑85%
Change: how organisational change (large or small) is managed and communicated in the organisation	4c. I am involved in deciding on changes introduced that affect my work area / team / department.	59%	57%	56%	↓55%
	4d. I am able to make improvements happen in my area of work.	63%	64%	62%	↑58%
Demands: this includes issues such as workload, work patterns and the work environment	4e. I am able to meet all the conflicting demands on my time at work.	x	46%	47%	43%
	4f. I have adequate materials, supplies and equipment to do my work.	53%	57%	56%	↓57%
	4g. There are enough staff at this organisation for me to do my job properly.	31%	31%	34%	↑31%
Relationships- this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour	Q15b and Q15c: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from: managers / team leaders, other colleagues?	25%	24%	17%	↓13%

Our Trust is taking a long term approach to addressing the issues from its national staff survey findings.

11.3 The Wellbeing Forum

Our Trust has an active staff wellbeing forum which is chaired by a member of staff rather than a director which met regularly in 2015/16. It has organised events for staff and has been promoting staff health and wellbeing activities. The Forum is an exercise in grassroots organisation, with staff bringing forward their own ideas for how things can be improved.

11.4 EAP Service

An employee assistance programme (EAP) is an employee benefit that helps employees with personal problems and/or work-related problems that may impact their job performance. Our Trust has subscribed to an EAP since 2010 as a part of the offer we make to current and potential employees to demonstrate its commitment to employee wellbeing. The EAP service is free and confidential, providing advice, assessments, short-term counselling, referrals, and follow-ups online, by phone and face-to-face. The following table lists the most common concerns raised via phone and face to face contacts and the 'Top Five'.

	The top work-related		**Top Personal**
1.	Work related – Emotional (include cases such as stress and anxiety in the work place)	1.	Emotional health
2.	Changes at work	2.	Physical health Relationships
3.	Bullying and harassment by managers Disciplinary Grievance General performance Physical health Workplace environmental conditions	3.	Family
		4.	Bereavement

The Trust is rated just below the sector average for staff feeling work-related stress made them unwell in past 12 months (Q9c – 37% against a median for comparable trusts of 39%). There are hotspots, evidence from the EAP and internal polling that it is an issue in some areas. The Trust's strategy going forward will be to take a long-term approach to address some of the cultural and environmental factors which can contribute to stress.

In 2015/16 the average utilisation rate of the EAP service in 2015/16, (number of staff using the telephone, online and face-to-face assistance/total workforcex100) for our Trust was

3.9%; this was under the expected range of 4-8% for organisations with EAPs. Over the course of 2016-17, activities to promote the service have increased utilisation to 7.3%. The ambition for 2017-18 is to get to 8%.

12. PREVENT

PREVENT is one of the four P's that comprise the UK's counter terrorism strategy, the other P's being Prepare, Protect and Pursue. The aim of Prevent is to stop people from becoming terrorists or supporting violent extremism and the concept applies equally to all terrorists groups across the political, religious and racial spectrum. As Europe's biggest employer, the NHS has a vital role to play in the delivery of the Prevent agenda by training staff to identify vulnerable individuals who may be susceptible to radicalisation. Staff can then escalate concerns to safeguarding leads and line managers, so that appropriate interventions can be put in place to divert individuals away from extremism. Recent terror attacks across Europe have emphasized the importance of early intervention in trying to prevent terrorist activity, with the focus on intervention in the pre-criminal space i.e. before crimes have been committed. Prevent is therefore about supporting vulnerable persons who may be susceptible to radicalisation. It is therefore clearly a 'Safeguarding 'concern.

Since July 2015 the Counter Terrorism and Security Act has required certain public bodies to provide Prevent training to employees. Also, to have 'due regard' of the need to prevent vulnerable people from being drawn into terrorist activity as outlined in Section 26 of the Act . The trust has therefore been providing 'Prevent' training sessions to all staff attending induction since September 2015. In the last financial year 2016/2017, 639 trust staff have received this training. A total of 1184 staff have received this training thus far.

Under the PREVENT agenda, certain areas of the UK are designated as priority areas from where people have travelled overseas to join ISIS, Al Qaeda, Al Muhajiroun and other extremist groups. Enfield and Haringey have both been designated as tier 2 priority areas and Barnet as tier 3 (lower risk).

The trust has continued over the last year to send regular representation to 'Channel panels' in Barnet, Enfield and Haringey boroughs . 'Channel panels' are multi-agency panels chaired by the local authority where vulnerable individuals susceptible to radicalisation are discussed and appropriate interventions agreed to divert them away from extremism. There has been over the last year close working and liaison between trust staff and Metropolitan Police Prevent Engagement and counter terrorism officers , both at regular Channel Panels and also sector and network meetings.

13. Flu Vaccine Uptake

13.1 The Department of Health recommends that in addition to patients who are 65 and over and those with clinical at-risk factors, the influenza vaccination should be provided to all healthcare workers in direct contact with patients. The objective of the campaign is to protect healthcare workers, to reduce the transmission of influenza to their patients and to avoid disruption to health services.

The Trust offers all its employees, the opportunity to be vaccinated with the inactivated influenza vaccine and not just those who have front line contact with patients.

The number of frontline staff was extracted from Electronic Staff Record at the end of September 2016. The Trust had 2937 staff as at September 2016, and 2260 members of staff were front line staff. Nine hundred and seventy two (972) which represent 43% of staff

received the vaccine. This is an improvement on 2015/16 uptake of 27.9%, and 26.9% in 2014/15. Table 13.2 shows uptake by borough from October 2016 to February 2017 (Flu Vacine Campaign Report 2016/17).

13.2 Flu vaccine uptake in eligible staff group by borough from October 2016 to February 2017

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

14. Mandatory Training Compliance

14.1 Due to legislative changes affecting mandatory training, a revised training matrix was approved by the Quality and Safety committee in July, thus increasing the requirements for this measure (Training Report, 2016/17). Additional courses, workbooks and E-learning are in place to meet the demand. The trust changed the mandatory training compliance target to 90% from 31-Oct-16 and this has impacted on the overall compliance which reduced to **85.21%** as at 31-Mar-17 (see Appendix 1).

14.2 Health and Safety Compliance Report

In table 1 below is the Health and Safety compliance from Q1, 30-Jun-15 until Q4, 31-Mar-17

Trust target 85% *90%	Quarter 1 30-Jun-15	Quarter 2 30-Sep-15	Quarter 3 30-Dec-15	Quarter 4 31-Mar-16	Quarter 1 27-Jun-16	Quarter 2 23-Sep-16	Quarter 3 31-Dec-16	Quarter 4 31-Mar-17
Health & Safety	83%	83%	90%	88%	85%	85%	86%	89%
Moving and Handling medium risk	48%	43%	77%	54%	60%	76%	72%	74%
Moving and Handling high risk	51%	61%	84%	75%	77%	77%	80%	81%

*** 90% target from 31-Oct-16**

14.3 Outcomes, Service Delivery and Performance Issues Health and Safety Training

As part of the mandatory training policy all staff are required to complete health & safety aligned to the skills for health and core skills training framework. The frequency is every three years and training is offered face to face (f2f) on Induction and ((f2f) or E-learning for existing staff. In terms of compliance health & safety in Q1 and 2 the compliance rate was 83% (2% below the trust target). However, in Q3 increased to 90% (5% above the trust target) and reduce to 88% (3% above the trust target) as at 31-Mar-2016. The compliance for health and safety as at Q1 (27-Jun-16) was 85% and remained the same in Q2 (23-Sep-16) but increased by 1% (31-Dec-16) still 4% below the 2016-17 trust target of 90% and increased by 3% to 89%. There are sufficient course places to meet the demand.

14.4 Moving and Handling Medium and High Risk

In line with the skills for health and core skills training framework all clinical facing staff are required to undertake either moving and handling high risk or medium risk training. The frequency is every 3 years and training is offered face to face (f2f) or E-learning.

In terms of compliance moving and handling the percentage compliance is below the 2016-17 trust target of 90% by (9% for high risk) and (16% for medium risk).

14.5

Trust Target 90% wef 31-Oct-16	Total number of staff as at 31-Mar-2017	Total number of staff compliant as at 31-Mar-17	% Compliance as at 31-Mar-17	Trust Target 90% % Compliance as at 31-Dec-16	Variance
Fire Awareness	3008	2526	83.98%	70%	⇧
Health and Safety	3008	2669	88.73%	86%	⇧
Infection Control	3008	2686	89.30%	86%	■
Resuscitation Level 2 - Adult and Paed BLS and AED	336	236	70.24%	61%	⇧
Resuscitation Level 2 - Adult BLS and AED	1208	786	65.07%	50%	⇧
Breakaway	910	710	78.02%	72%	⇧
Conflict Resolution	2930	2373	80.99%	72%	⇧
Resuscitation Level 3 - Immediate Life Support	476	269	56.51%	36%	⇧
Moving and Handing (Medium Risk)	142	105	73.94%	72%	⇧
Moving and Handing (High Risk)	239	194	81.17%	80%	⇧

Commentary

Since the last quarter Fire awareness has increased to 83.98% (due to legislative changes the frequency is every 2 years) health and safety is 1.27% short of the 90% target, infection control increased and only 0.30% away of reaching the 2016-17 trust target of 90%. Whilst the life support areas, moving and handling and breakaway are (amber) have all increased since the last quarter but still below the target. Of most concern is the immediate life support (ILS) level 3 however more courses are being sourced to meet the demand as long as all staff attend their respective courses.

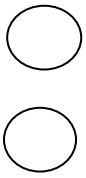
14.6 Activities to improve compliance and review of the mandatory training matrix

Since the last quarter the Trust continue to provide alternative ways to encourage staff to become compliant by using quizzes/workbook such as fire safety, equality and diversity, information governance (IG) and conflict resolution (non-clinical only) to all those who were non-compliant or about to become non-compliant. The feedback so far has been positive and has proved a popular way to increase mandatory training compliance.

15. Moving Forward 2017/18

Annual Plan

Framework 'Plan, Do, Check, Act'	Objective	RAG
1. Plan	**A. Policies and Audit** Review, revise and ensure the Trust's Health, Safety and Risk Management Policies are up to date and aligned with current legislation, contact details and good practice using the Trust Intranet	
	Audit health and safety practices in the Trust ensuring action plans in place to address any gaps	
	B. Competence Develop and assess Health, Safety and Welfare training packages for different teams in the Trust. e.g. wards, community and admin teams.	
2. Do	Review, revise and implement risk assessment process to ensure engagement and completion of risk assessments on time	
	Organise specific health and safety training for Directors and Assistant Directors subject to funding.	
	Review and implement fire risk assessments and fire drills in high and medium risk areas as in CQC Improvement Plan ensuring reduction in false call outs	
	Organise and establish health and safety structure in all boroughs and teams in the Trust with Health and Safety Lead for each borough and Safety Champion in each high risk team. This is subject to funding.	
	Review and update information on the Trust Health and Safety web page	
	Ensure, in conjunction with occupational health and infection control campaigns for sharps awareness, flu and reducing violence and aggression occur across our Trust	
	Support 5% increase in DATIX reporting of non-clinical incidents through induction mandatory training.	
3. Check (Measuring performance /auditing)	**Passive:** Monitor accident and incident investigations and statistical analysis, of themes and trends using Datix and Audit information to ensure lessons learnt and shared.	
	Liaise with Workforce Development and Nursing colleagues to develop support package for staff who have been assaulted. Advising them of police functions, crown prosecution functions and Trust support.	

4. Act (Measuring performance /auditing)	**Active:** Audit the outcomes of training and incident reporting to ensure compliance with health and safety legislation and guidelines. Audit compliance that all teams are completing, reviewing and updating their risk registers.	

14. Conclusion

This report highlights the significant amount of work that has been undertaken during 2016/2017 to support and improve the management of health and safety in the Trust. The Health and Safety team will continue to build on this with the restructuring of health and safety management within the Trust for an effective health and safety management.

Reference List:

1) Boorman, S. (2009). [online] Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf [Accessed 10 Apr. 2017].
2) Wellbeing Report 2016/2017: Worforce Development, Barnet Enfield and Haringey Mental Health Trust.
3) Training Report 2016/17: Worforce Development, Barnet Enfield and Haringey Mental Health Trust.
4) Flu Vacine Campaign Report 2016/17: Infection Control, Barnet Enfield and Haringey Mental Health Trust.