

COUNCIL OF GOVERNORS

Tuesday 16th January 2018

9.00 – 10.00am
Governor Pre-Meeting

10.00 – 10.30am
Networking Session

10.30 – 12.30pm
Council of Governors Meeting

Business Continuity Room, Rikenel

Our Core Values

Seeing from a service user perspective

Excelling and improving

Responsive

Valuing and respectful

Inclusive, open and honest

Can do

Efficient, effective, economic and equitable

Council of Governors Meeting

Tuesday 16th January 2018
at 10.30 – 12.30pm
In the Business Continuity Room, Rikenel, Gloucester

AGENDA

Item	Time	Title and Purpose	Reference
1	10.30	Welcome and Apologies	Verbal
2		Declaration of Interests	Verbal
3		Minutes of the Previous Meeting held on 9 November 2017	Paper A
4		Matters Arising and Action Points	Verbal
5		Review of Meeting Evaluation Sheet	Paper B
Service Focussed Presentations and Information Sharing			
6	10.40	Chief Executive's Report	Paper C
7	11.00	Update on Joint Working with Gloucestershire Care Services	Verbal
8	11.10	National Patient Survey Results 2017	Paper D
9	11.25	Children and Young People's Services	Presentation
Formal Business and Exception Reporting			
10	11.50	Quality Report Audit Process & Quality Priorities for 2018/19	Paper E
Holding to Account			
11	12.00	Feedback from Governor Observation at Board Committees	Verbal
Membership and Governor Involvement			
12	12.10	Membership Activity Report	Paper F
13	12.20	Governor Activity	Verbal
Any other Business			
14	12.25	Any other business	Verbal
15		Date of Next Meetings Please see overleaf	Verbal
16	12.30	CLOSE	

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2018		
Tuesday 16 January	9.00 – 10.00am	10.30 – 12.30pm
Thursday 8 March	1.30 – 2.30pm	3.00 – 5.00pm
Tuesday 8 May	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 12 July	9.00 – 10.00am	10.30 – 12.30pm
Tuesday 11 September	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 8 November	1.30 – 2.30pm	3.00 – 5.00pm

Public Board Meetings

2018		
Tuesday 30 January	10.00 – 1.00pm	Business Continuity Room, Rikenel
Wednesday 28 March	10.00 – 1.00pm	Business Continuity Room, Rikenel
Thursday 31 May	10.00 – 1.00pm	Kindle Centre, Hereford
Thursday 26 July	10.00 – 1.00pm	Business Continuity Room, Rikenel
Wednesday 26 September	10.00 – 1.00pm	Business Continuity Room, Rikenel
Thursday 29 November	10.00 – 1.00pm	Kindle Centre, Hereford

Governor Visits to Trust Sites

Venue	Location	Date	Time
2018			
TBC			

Nomination & Remuneration Committee (*Committee members only*)

2018		
Monday 8 January 2018	4.00 - 5.00pm	Rikenel
Wednesday 21 February	4.00 - 5.00pm	Rikenel
Wednesday 25 April	4.00 - 5.00pm	Rikenel
Wednesday 27 June	4.00 - 5.00pm	Rikenel
Wednesday 29 August	4.00 - 5.00pm	Rikenel
Wednesday 24 October	4.00 - 5.00pm	Rikenel

TEAM CHARTER

This Team Charter is collectively agreed by Governors, Non-Executive Directors and Executive Directors. Our aim is everything we do is aligned to the Trust's purpose of "Making Life Better". Our actions, attitudes and behaviours will support the Trust's vision "To be the Provider and Employer of choice delivering sustainable, high quality, cost effective, inclusive services" and will be in line with Trust values described below.

Trust Values	We will
Seeing from a service user's perspective	We will work collectively "making life better" through ensuring the views of our service users and carers are represented in improving our services.
Excelling and improving	We will all take responsibility for this organisation and for working together. We will celebrate success and maximise best practice. We will ensure that debates, conversations and decisions benefit from both an expert and non-expert perspective.
Responsive	We will accept actions and targets and deliver on them individually and collectively in a timely manner. We will learn from our experiences. We will be flexible and adaptable.
Valuing and respectful	We will value differences and show respect to all those with whom we work and have contact. We will say what we feel openly and directly, and use language that demonstrates respect for other peoples' views. We will resolve conflict with sensitivity. We will respect rules of confidentiality.
Inclusive, open and honest	We all have a responsibility to bring our views and experiences to debates, and we will demonstrate that each person's views have equal value. We will encourage others to speak, we will listen to understand and be informed. We will give praise openly and publicly. Our feedback will be honest and delivered with courtesy and sensitivity.
Can do	We will always try to problem solve. We will be proactive, positive and look for opportunities and innovations. We are open and willing to change position and compromise.
Efficient, effective, economic and equitable	We will appropriately plan and prepare for events and meetings to make best use of our time and the time of others. We will check and challenge our own and others understanding in a timely and appropriate manner to enable the work of the Council of Governors and the Trust to be effective.

The Role of Governors

NHS Foundation Trusts share all the same values, quality and safety standards as NHS Trusts, but they are 'owned' by their members who elect a Council of Governors to represent the views of members, patients, staff, partner organisations and the public.

This means that the Council of Governors is an important link between our local communities and staff, and the Trust Board, which has the responsibility of running the organisation and preparing the Trust's strategy. The Council of Governors works alongside the Trust's Board of Directors to help local communities and staff have a greater say in the strategic direction of the Trust, and how services are developed and delivered by the Trust.

The main roles of Council of Governors as set out by the Government are to:

- Represent the interests of the people within their constituency or partner organisation, report feedback on our services and, wherever possible, how they could be improved.
- Hold Non-Executive Directors to account for the Board's performance.

In²gether, the Council of Governors fulfils these roles by:

- Meeting with service users, carers, members and the public in their local community or staff group, to listen to their experiences and ideas and to provide feedback to the Trust, especially if a particular issue is seen as a trend.
- Commenting for the membership on the Board's strategic direction and annual planning, before it is finalised.
- Participating in Trust initiatives to inform local communities, partner organisations and staff about the Trust's plans, and celebrate achievements.
- Questioning the Non-Executive Directors about the performance and effectiveness of the Board and its Committees.
- Conducting formal business such as:
 - Appointing and, if appropriate, removing the Trust Chair and the Non-Executive Directors.
 - Having a say in the appointment of the Chief Executive.
 - Approving the appraisal process for the Chair and Non-Executive Directors.
 - Appointing and, if appropriate, removing the Trust's External Auditors.
 - Receiving the Trust's annual report and accounts (once these have been laid before Parliament) in order to understand the Trust's performance.
 - Approving major transactions such as acquisitions, mergers or large tenders.

2GETHER NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

THURSDAY 9 NOVEMBER 2017

BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT: Nikki Richardson (*Deputy Chair*) Rob Blagden Jenny Bartlett
Vic Godding Jo Smith Katie Clark
Mervyn Dawe Jennifer Thomson Said Hansdot
Ann Elias Svetlin Vrabtchev Kate Atkinson
Hazel Braund Hilary Bowen

IN ATTENDANCE: Ingrid Barker, Joint Chair Designate
Maria Bond, Non-Executive Director
Marie Crofts, Director of Quality
Marcia Gallagher, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
Colin Merker, Deputy Chief Executive/Director of Service Delivery
Kate Nelmes, Head of Communications
Quinton Quayle, Non-Executive Director
Jonathan Vickers, Non-Executive Director

1. WELCOMES AND APOLOGIES

1.1 Apologies for the meeting had been received from Ruth FitzJohn, Lawrence Fielder, Mike Scott, Xin Zhao, Cherry Newton, Euan McPherson, Stephen McDonnell, Peter Lee and Bren McInerney.

2. DECLARATION OF INTERESTS

2.1 There were no new declarations of interest.

3. COUNCIL OF GOVERNOR MINUTES

19 September 2017

3.1 In relation to section 14 of the minutes, Mervyn Dawe recalled that Shaun Clee had advised the Governors that assurance had been received from NHSI that the appropriate communications had taken place centrally around the proposals and the Secretary of State was also supportive of the proposal. Mervyn asked that this be included in the minutes as an additional piece of assurance.

3.2 The minutes of the Council meeting held on 19 September 2017 were agreed as a correct record, subject to a typo at 2.1 and the suggested addition from Mervyn Dawe.

5 October 2017

3.3 The minutes of the Council meeting held on 5 October 2017 were agreed as a correct record.

4. MATTERS ARISING, ACTION POINTS AND EVALUATION FORM

- 4.1 The Council reviewed the actions arising from the previous meeting and noted that these were now complete.
- 4.2 Kate Nelmes, Head of Communications had been asked to consider the development of a briefing note to assist Governors in carrying out the key role of meeting with and engaging with constituents. This “Engagement Guide” was included in the papers and Governors agreed that this offered some helpful suggestions on how to increase engagement with members.

5. CHIEF EXECUTIVE’S REPORT

- 5.1 The Council noted the Chief Executive’s report to the Council of Governors, which was intended to draw Governors’ attention to key areas for awareness, information or for exploring further if of sufficient interest.
- 5.2 This briefing provided the Council of Governors with an update in relation to a number of issues since the Council meeting in September 2017, including:
- Joint Working with Gloucestershire Care Services
 - Finance Update
 - The achievement of ‘Disability Confident Leader’ status
 - Mulberry Ward at Charlton Lane celebrating gold in the Cheltenham in Bloom competition
 - Recognition of the hard work of Volunteers and Experts by Experience
 - The outcomes from the Service User Community Mental Health Survey 2017
 - 2gether Bid for the Time for Change Champions Fund

Finance Update

- 5.3 At the end of September (month 6) we had a surplus of £346k in line with plan. The month 6 forecast outturn was a £884k surplus in line with the Trust’s control total. A mid-year financial review had been carried out during September, and income and expenditure forecasts for the remainder of 2017/18 had been updated in light of performance to date and known changes from the assumptions that budgets were based upon. The review also provided a valuable insight of the potential recurring cost pressures that will need to be considered in the recurring financial position projections for budget setting in 2018/19. Marcia Gallagher advised that she had met with the Director of Finance in her role as Audit Committee Chair and had reviewed the mid-year review report with a fine tooth comb, noting that she was assured by the robust process that had been carried out to develop the report.
- 5.4 The Governors noted that agency spend at the end of September was £2.267m. On a straight line basis the forecast for the year would be £4.535m. This would be a reduction of £0.957m on last year’s expenditure level, but above the agency control total by £1.131m. Colin Merker advised however, that with a number of initiatives currently being implemented it was anticipated that we would be able to reduce agency usage further in year and our year end forecast was for a spend of £3.98m. The Governors were asked to note that a lot of focus had been placed on the reduction of agency staffing expenditure over the

past few years but it was important to note that the reduction of agency usage was also key to improving quality of care, not just financial.

- 5.5 Mervyn Dawe said that he fully supported the work taking place to reduce agency and was pleased to see that this was reducing. He agreed that high agency usage did impact on continuity of care and having people working within the Trust who had the knowledge of the unit, understood Trust policies and knew the patients and staff was very important.

2gether Achieves 'Disability Confident Leader' Status

- 5.6 The Council was happy to note that 2gether had achieved 'Disability Confident Leader' status. This status recognises the Trust for its commitment to ensuring people with a disability have the chance to fulfil their employment potential.

Mulberry Ward celebrates gold in Cheltenham in Bloom competition

- 5.7 Charlton Lane Hospital's Mulberry Ward is celebrating after its garden scooped gold in this year's Cheltenham in Bloom competition in the 'Community Project' category. The Ward also received an additional 'Outstanding Achievement' award, in recognition of "the staff's incredible efforts in creating a wonderful space for its patients".
- 5.8 Colin Merker said that winning gold was fantastic but the importance of recognising the positive impact of gardening on the recovery of patients was vital. Gardening enhances people's mood, helps them with physical activity and gives focus and distraction for patients experiencing distress with their mental health. The garden at Charlton Lane was a haven for both service users, their families and staff.
- 5.9 The Governors asked whether a message could be passed on to the staff at Mulberry Ward on behalf of the Council congratulating them on this fantastic achievement. Svetlin Vrabtchev also asked whether these achievements, such as the "Disability confident leader" status and the Mulberry Ward Garden could be included on the background screensavers on Trust computers which all staff would see. Kate Nelmes agreed to look into this further to see whether there was anything else that could be done to share good news stories across the Trust.

ACTION: Message of congratulations to be sent on behalf of the Council to the staff on Mulberry Ward on winning gold in the Cheltenham in Bloom 'Community Project' category.

ACTION: Kate Nelmes to explore whether it was possible to highlight Trust achievements and good news stories via the corporate background on Trust PCs

Service User Community Mental Health Survey Outcomes 2017

- 5.10 The Governors were informed that the Trust had received notification that the outcomes from the 2017 Community Mental Health service User survey would be published on Wednesday 15th November. Colin Merker said that the

outcomes were embargoed until then but we were anticipating that our performance will have improved between years and that our performance through comparison with other Trusts will also have improved. We expect our performance to maintain us as one of the best performing Trusts from a service user perspective and we expect that there will be a number of media articles about the survey outcomes on the day.

- 5.11 Colin Merker suggested that the outcomes be brought back to a future Council meeting and a full presentation provided to support wider discussion. Governors were asked whether they would like a small working group to be set up to support the development of the presentation. This would enable a number of colleagues to be briefed in detail so that they could act as expert points of reference to support Council in the presentation and wider discussion. The Council agreed that a working group would be helpful. Mervyn Dawe and Kate Atkinson volunteered to take part and an invite would be sent out to all Governors once a date had been confirmed, inviting participation.

ACTION: Small short-life Governor working group to be set up to receive a more detailed briefing on the outcome of the 2017 Service User Survey.

ACTION: Governors to be emailed asking for expressions of interest to participate in a short-life working group on the Service User Survey

- 5.12 The Governors once again thanked Colin Merker, as Deputy Chief Executive for producing a written Chief Executive's report in advance of the meeting, noting that Governors found it very helpful to receive this in advance to be able to read it and think about any questions they may wish to ask.

6. UPDATE ON JOINT WORKING WITH GLOUCESTERSHIRE CARE SERVICES

- 6.1 Colin Merker provided an update on progress with the joint working arrangements with GCS. A joint Chair, Ingrid Barker had been successfully appointed and the Governors welcomed the opportunity to meet Ingrid at this meeting. A Joint Working Group had been set up with senior representatives (NEDs and Executive Directors) from both 2gether and GCS and this group would be meeting in shadow form during December to start to progress the coming together arrangements.
- 6.2 Rob Blagden said that the Council of Governors were fully supportive of the proposals for joint working. However, Rob advised that he had arranged to meet Nikki Richardson separately to address some high level concerns and to get assurance from the NEDs on things such as the speed of the process and the potential fallout from the Chief Executive appointment process.
- 6.3 Marcia Gallagher said that it was appropriate to raise the issue of pace and how quickly the proposals were moving forward. However, she suggested that if the process was slowed down it would leave a lot of uncertainty within both organisations.
- 6.4 With regard to the Chief Executive appointment, Quinton Quayle said that the key was getting the right candidate for the job. This would be the judgement of the interview panel and it was hoped that an appointment could be made from

the 2 existing ring-fenced candidates. However, assurance was given that if this was not possible, the Trust was set up and ready to lead an external appointment process.

- 6.5 Mervyn Dawe raised the issue of morale within both 2gether and GCS and the need for consistent messages. He also asked about the costs of redundancy. Nikki Richardson advised that the cost of any redundancies had already been factored in and agreement had been reached that these costs would be covered jointly by both organisations. Nikki agreed that it was very important to ensure that the Trust continues to communicate with staff and gets across the true and accurate position of the work and developments taking place, noting that rumours were not helpful during such a period of change.
- 6.6 Mervyn Dawe asked whether it was fair to continue with the Chief Executive appointment at this time, given that Shaun Clee had been off sick and had not had the same opportunity to prepare for the interviews. Nikki Richardson said that this had been considered and advice had been sought from HR and Occupational Health alongside Shaun in making any decisions.
- 6.7 The Governors welcomed the opportunity to discuss the progress with the joint working arrangements, and the opportunity to meet to discuss particular matters of concern further outside the meeting.

7. REAPPOINTMENT OF NON-EXECUTIVE DIRECTOR & DEPUTY CHAIR

Nikki Richardson left the meeting at this point. Marcia Gallagher chaired this agenda item

- 7.1 Marcia Gallagher informed the Council that Nikki Richardson's first term of office would come to an end on 31 January 2018. One of the statutory roles of the Council of Governors is to oversee the recruitment and selection processes for the Trust Chair and Non-Executive Directors, including their reappointment.
- 7.2 The Council of Governors received a report for consideration which outlined Nikki's experience, past performance and attendance to assist in making their decision.
- 7.3 Marcia Gallagher said that Nikki was a valued and experienced Non-Executive Director who had the confidence of fellow Directors on the Board and who brought a clinical focus to the Board and its Committees. Nikki chairs the Governance Committee and is Vice Chair of the MH Legislation Scrutiny Committee. Nikki was also appointed as Deputy Trust Chair and Senior Independent Director on 1 December 2016.
- 7.4 The Council of Governors unanimously supported the recommendations set out within the report and happily approved the reappointment of Nikki Richardson as a Non-Executive Director for a further period of 3 years, from 1 February 2018. The Council also approved the reappointment of Nikki as Deputy Trust Chair, to continue until the end of her second term as a Non-Executive Director.

Nikki Richardson re-joined the meeting at this point.

8. HOLDING TO ACCOUNT – TRUST PERFORMANCE

- 8.1 The purpose of this item was to provide information on the Trust's approach to the monitoring and provision of assurance around performance. Maria Bond, Chair of the Delivery Committee presented this item to the Governors, setting out how she and other Non-Executive Directors seek and obtain assurance on the Trust's service delivery performance.
- 8.2 The Delivery Committee has been chaired by Maria Bond since October 2016 and it provides assurance to the Board that Trust services are being delivered efficiently, economically and effectively. The Committee monitors service delivery performance against statutory, contractual and Trust performance indicators and compares service delivery performance against external benchmarks. The Committee also requests and receives exception reports on areas of underperformance and/or performance variances.
- 8.3 The presentation provided an overview of some of the issues that the Committee has progressed over the past year.

CYPS Waiting Times Gloucestershire

The Trust was not able to meet the 4 week and 10 week local stretch performance thresholds so monthly focused reporting/scrutiny started to take place at the Delivery Committee. Changes in processes and systems took place, as well as staff practice, with whole team ownership of the issue. Waiting list targets were achieved and this is now being monitored as business as usual. 2gether is currently quoted as a model of best practice by the DoH and has the best service waiting times nationally.

IAPT (Improving Access to Psychological Therapies)

Issues regarding IAPT have been ongoing over the last 2 years and the Delivery Committee has received focused remedial action plans and monthly reporting/scrutiny. There have been significant improvements in; Waiting Times, Access Rates, Recovery Rates, Staff Productivity, Tools available to clinical managers and staff to see and understand their performance and areas requiring attention/improvement, patient outcomes and patient satisfaction. There have also been huge improvements in Commissioner understanding of how the service works/performs and the links to investment/commissioning needs.

Carers – Identifying and Supporting - Gloucestershire

This was a new performance measure for the Trust and low performance against the target was identified. It moved to monthly reporting/scrutiny, with the Delivery Committee questioning data quality and the performance threshold. The Trust gained commissioner agreement to change the unrealistic performance threshold and the service proposed a performance recovery plan. Performance is now being met against both indicators and performance monitoring has moved to business as usual. This was not a Herefordshire commissioner target; however, the learning has been shared with Herefordshire colleagues.

- 8.4 Maria Bond said that she was pleased to see Governor attendance at the Delivery Committee as this provided very helpful feedback to both Non-Executive Directors and Governors on observations from the meeting.
- 8.5 Each of the Committee meetings has a service presentation which highlight what services are proud of and see as best/innovative practice, what teams are struggling with and also include a typical patient journey/experience which helps Committee members understand how the team works. Maria Bond included an extract from the recent CYPS/CAMHS presentation received by the Committee.

9. MEMBERSHIP ACTIVITY REPORT

- 9.1 Kate Nelmes was in attendance to present this report which provided a brief membership update to inform the Council of Governors about information for members, Governor Engagement Events and information about membership (year to date).
- 9.2 It was noted that the Trust's newly formed Membership Advisory Group had met twice – once during July and once during September. An invitation was extended to all Trust members to join the group, and currently the group is comprised of three Governors, two members of Trust staff and two public members. The first meeting enabled us to set out our plans and suggestions for taking the group forward, while the second enabled us to focus on business such as reviewing the membership form and extending our membership, particularly among under-represented groups.
- 9.3 A number of opportunities have been taken to promote Trust membership at public events. The Communications team, Governors and Social Inclusion Team have attended the Gloucestershire Police Open Day, Polish Healthfest, NHS Herefordshire CCGs AGM, Homme House Horse Trials and a number of Freshers' Fairs among other events. We continue to promote membership via social media and recruit members through the Trust website.
- 9.4 E-flyers were issued to members on 20 September when we announced proposals to develop a business case for formally joining ²gether with Gloucestershire Care Services, and on 9 October when we announced the appointment of our Joint Chair, Ingrid Barker.
- 9.5 Plans to hold a Governor engagement event in the Forest of Dean on 10 October – World Mental Health Day – were put on hold temporarily. We are hoping to hold an event in the Forest of Dean, and one in Herefordshire, in the near future and discussions between the Communications Team and Governors continue.
- 9.6 The Governors noted that as of 30 September 2017, the Trust had 196 more public members than we had at the end of 2016/17. Membership now stood at 5551 Public members and 2138 Staff members.

10. KEY ISSUES FOR DISCUSSION FROM THE GOVERNOR PRE-MEETING

- 10.1 Rob Blagden advised that all issues discussed at the Governor pre-meeting had already been covered by items on the agenda.

11. GOVERNOR ACTIVITY

- 11.1 Ann Elias had attended the Audit Committee as one of the nominated Governor observers. She said that this had been a very interesting meeting and Marcia Gallagher; Chair of Audit had arranged a pre-meeting with herself and Mike Scott in advance. A further meeting was being arranged for Ann and Mike to meet with Marcia, the Director of Finance and the Trust's Auditors. Mike Scott, not in attendance at today's meeting, had also offered good assurance following his attendance at the Audit Committee.
- 11.2 Said Hansdot had attended the Polish Healthfest day held in Quedgeley alongside the Trust's Social Inclusion Team.
- 11.3 Mervyn Dawe had attended the September Board meeting and he said that he had been very impressed with the standard of debate and challenge at that meeting by Board members. He also added that the Board had received an excellent presentation on Rapid Tranquilisation and this was received and debated in a very open and transparent way.
- 11.4 Vic Godding had attended a recent meeting of the Stakeholder Committee (formerly the Service Experience Committee) which he said was an excellent meeting. Vic had also observed at the October Governance Committee.

12. ANY OTHER BUSINESS

- 12.1 Mervyn Dawe made reference to the Gloucestershire Community Nurses Fund and agreed to share more information with Marie Crofts.

13. DATE OF NEXT MEETINGS

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
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Council of Governors Action Points

Item	Action	Lead	Progress
9 November 2017			
5.9	Message of congratulations to be sent on behalf of the Council to the staff on Mulberry Ward on winning gold in the Cheltenham in Bloom 'Community Project' category.	Ruth FitzJohn	Complete
5.9	Kate Nelmes to explore whether it was possible to highlight Trust achievements and good news stories via the corporate background on Trust PCs	Kate Nelmes	It is possible to do this and the Communications Team will aim to do this next time we have some significant 'good news' for the whole Trust
5.11	Small short-life Governor working group to be set up to receive a more detailed briefing on the outcome of the 2017 Service User Survey.		Presentation to be received at the January 2018 Council meeting.
5.11	Governors to be emailed asking for expressions of interest to participate in a short-life working group on the Service User Survey		Due to time commitments it has not possible to arrange a short life working group in advance of the January meeting, however, Governors will have the opportunity to ask questions and seek further information and areas of assurance at that time.

2gether NHS Foundation Trust
EVALUATION OF COUNCIL OF GOVERNORS MEETINGS

Name...10 Governors.....

Date of Meeting ...9 November 2017.....

Please tick as appropriate:		Yes	No	Partial	N/A
Seeing from a service user's perspective					
1.	Did we consider relevant topics from a service user perspective? <i>If no, describe what we missed:</i>	10			
Excelling and improving					
2.	Did we hear both expert and non-expert perspectives in our meeting? <i>If no, please describe what we could have done to ensure other perspectives were heard:</i>	8		1	1
Responsive					
3.	Did we deliver on any targets or actions that were due?	10			
Valuing and Respectful					
4.	Did the language we use demonstrate respect for others?	10			
Inclusive, open and honest					
5.	Were the conversations at the pre-meeting open, inclusive and non-judgmental about the topics on the Council's agenda? <i>If no, what needs to be different:</i> <ul style="list-style-type: none"> • Very comprehensive 	10			
6.	Did you feel able to contribute to debate and decision making at the Council of Governors meeting? <i>If not please explain what prevented you from doing so:</i>	10			
Can do					
7.	Did we identify opportunities and innovations? <i>If we should have done but didn't, say what stopped us:</i>	9			1
Efficient, effective, economic and equitable					
8.	Did the agenda and papers arrive in plenty of time? (at least 4 working days before the meeting) <ul style="list-style-type: none"> • Electronic yes, paper no • HTA supporting report arrived a day before the meeting 	3	5	2	

	Please tick as appropriate:	Yes	No	Partial	N/A
9.	Were the agenda and papers i) Concise? ii) Informative? iii) Easy to follow? iv) At an appropriate level of detail? v) Clearly state the recommendations?	10			
10.	Were reports / papers presented concisely and succinctly?	9		1	
11.	Please list any reports which did not meet the above aims: • Performance – lengthy report received late			1	9
12.	Please list any reports you found particularly helpful and say why: • HTA Presentation – clear and focused on relevant issues				
13.	Were the items submitted to Council appropriate for the discussion / decision making?	10			
14.	Was the right amount of time spent debating the right issues? <i>If no, and too much time was spent debating a particular issue, which one?</i> • Overrun on agenda item 8 was necessary • More time is always needed	8		2	
15.	Were you clear about the facts, evidence, or points of view that were used to enable the Council of Governors to make decisions? <i>If no, how could we make this clearer:</i> • Confidential nature of contribution/discussion	9		1	
16.	Did the Council receive clear, well-thought through advice from Trust staff or Board members? <i>If not please indicate any areas where you would have liked more support/ advice/clarification:</i>	10			

Please amplify your answers or provide any other comments/concerns/future agenda items or training/development needs or ideas to improve the Council (please continue on back if necessary).

Best Aspect of Meeting:	Worst Aspect of Meeting:
<ul style="list-style-type: none"> • Being made aware of the Trust performance and targets • Being introduced to the future Joint Chair • NED HTA Presentation • Focus on organisational changes • Very well chaired • Felt contribution was listened to 	<ul style="list-style-type: none"> • Sorry to hear Chief Executive was sick • Chair's apologies (can't do it all) • No Director of HR present

Agenda Item 6

Enclosure

Paper C

Report to: Council of Governors – 16 January 2018
Author: Colin Merker, Acting Chief Executive
Presented by: Neil Savage, Director of Organisational Development

SUBJECT: CHIEF EXECUTIVE’S REPORT

Can this report be discussed at a public Council meeting?	Yes
If not, explain why	

This Report is provided for:			
Decision	Endorsement	Assurance	Information

1. I know it is a bit late in the day but I would like to wish all members of the Council a Happy New Year. We are looking forward to a year of continuing to build our relationships with the Council. We also whole heartedly wish a warm welcome to new Council members, who we believe will strengthen the Council overall and provide valuable new perspectives, skills and views that will be of mutual benefit to us all.
2. 2018 will be an exciting year for us all with us continuing to:
 - Support colleagues in Herefordshire and Gloucestershire in progressing our equally ambitious Sustainability Transformation Plans (STP) for both areas.
 - Step up the pace on our integration with Gloucestershire Care Services NHS Trust which offers many opportunities for strengthening our joint working and the services we can offer for people with both physical health and mental health care needs.
 - Complete our preparations for our next formal CQC inspection/rating of our services which we now know will be undertaken in February and March 2018.
 - Continuing to work with our service users and carers, so that we continue to make progress in improving the services we provide and see this reflected in our various service user, staff and stakeholder feedback and formal performance reporting/rating.
3. **Joint Working with Gloucestershire Care Services**
 Work is continuing between ourselves and Gloucestershire Care Services NHS Trust on the proposal to bring the two organisations together. Ingrid Barker, Joint Chair across both Trusts took up her post formally from 1st January 2018.

Governors will be aware that Shaun Clee has been unwell recently and during this extended period of ill health, Colin Merker, as the Deputy CEO, has taken on the role of Acting Chief Executive, to ensure we maintain strong leadership within the Trust senior team. Colin himself was due to retire in late January 2018 after more than 40 years in the NHS, but he has very helpfully agreed to stay on to provide senior leadership for as long as necessary and will work with us until Shaun’s health position becomes clear and the longer term appointment to the Joint Chief Executive

post and an appropriate induction and handover can be made. The interviews for the joint Chief Executive post have now been rearranged to take place on 21st February 2018.

We have set up a new joint group between the two Trusts to progress the planning and progress of our joint strategic proposal to 'merge'. This group is called the Strategic Intent Leadership Group (SILG). The Group is chaired by Ingrid Barker and includes Non-Executive and Executive Director representation from both Trusts. We have also agreed that a joint Programme Executive Management Group (PEMG) will sit below the SILG to deliver the detailed work programme required to achieve a successful merger. Both of these groups are beginning in January 2018 and a Project Director is currently being appointed to coordinate our joint work overall.

Our work will be driven by three main themes/workstreams, Transaction, Transition and Transformation.

- The **Transaction** workstream will deliver the formal business plan that we need to draw up to demonstrate that the proposed 'merger' makes sense and should be authorised. NHS Improvement has just issued new guidance about how transactions such as mergers and acquisitions are to be conducted and it would seem that the overall process could take around 14 months to complete. The SILG will be considering this guidance and we will discuss with NHS Improvement how flexible this new timeline might be. It may mean that our October 2018 target is less possible than we first thought, but we will keep you informed.
- The **Transition** workstream will look at issues relating to how we plan to bring the two Trusts together in readiness for becoming a single organisation, including how we can align our two cultures to get the best from both.
- The **Transformation** workstream will look at issues relating to 'the point' of our proposals, as it is about how we can develop new models of service to better provide integrated physical and mental health care for the people we provide care and support for. We anticipate that many colleagues from both Trusts will come together to help us co-produce our thinking alongside experts by experience while drawing on research and best practice from elsewhere, so that our proposals are realistic, sustainable and will make the difference we know we can offer the people of Gloucestershire and Herefordshire.

A further verbal update on progress with our joint working will be provided at the Council meeting.

4. Finance Update

At the end of October (month 7) we had a surplus of £430k in line with our planned surplus before impairments. The month 7 forecast outturn remains for an £884k surplus before impairment, in line with our agreed control total.

Agency spend at the end of October was £2.626m. On a straight line basis the forecast for the year would be £4.501m, which would be a reduction of £0.991m on last year's expenditure level, but above the agency control total by £1.097m. We estimate however, that with a number of initiatives currently being implemented we will be able to reduce agency usage further in year and our year end forecast is for a spend of £4.084m.

We completed a mid-year review of our financial position in October. Revenue budgets, capital expenditure, savings schemes, cash, balance sheet provisions and potential risks and opportunities have all been reviewed. The actions identified in the review are being implemented and we remain on track to meet our agreed financial control total. However, there remain a significant number of risks within our financial position which we remain mindful of as they will require strong leadership and support to successfully deliver.

5. Crisis Resolution Service (MHARS)

The contract for the 'Mental Health Matters' helpline has been finalised and the new service has been operational from November 2017. This service provides support to people who would normally access our Crisis teams but for which their needs do not require an acute response. Callers can be escalated to our Crisis Team for an urgent response if required.

Our S136 Triage service 'Mental Health Nurse in a Police Car' has increased its operational periods to 4 days per week from 2pm until midnight, Tuesday through to Friday. This service development appears to offer the opportunity to significantly reduce S136 detentions. The pilot will be reviewed in conjunction with the police during February 2018, before formalising a decision around future service provision and operational times.

6. Smoking Cessation

Monday 8th January 2018 has been set as the date for implementing smoking cessation in Herefordshire. Implementation planning meetings have been scheduled and a flyer has been created to promote the implementation date, and staff/service user/carer events have been held across Herefordshire. Signs and banners are being prepared to promote this initiative at our Herefordshire sites.

'Stoptober' (an NHS campaign to encourage people to stop smoking throughout the month of October) was supported with a number of events held across the Trust to provide people with information about quitting smoking.

It's now been six months since we started our smokefree journey in Gloucestershire, and to find out how staff feel about the introduction of our smokefree policy, a survey has been launched via our intranet. The findings of the survey will assist in the further implementation of smoking cessation in Gloucestershire and Herefordshire.

7. Believe in Gloucester Award

We are pleased to report that The Pied Piper Room for Children and Families at Wotton Lawn Hospital won the 'Best Community Project' category in the Believe in Gloucester awards 2017. The award was accepted by Nick Broady, Chair of the Pied Piper Appeal, which part-funded the room which was officially opened by HRH the Countess of Wessex earlier this year.

8. Veterans Mental Health Service

NHS England will shortly announce the providers of the forthcoming veterans' mental health complex treatment service (VMH CTS) that will launch on 1st April 2018. The Service will provide an enhanced service for veterans who have military service attributable complex mental health problems, many of whom will have experienced trauma, which has not been resolved earlier in their care/support pathway. Informed by the views of veterans and their families, the VMH CTS will focus on ex-service personnel who will benefit from the intensive provision of a range of mental health and social interventions. This may include (but is not limited to) support for substance

misuse, physical health, employment, accommodation, relationships and finances, as well as occupational and trauma focused therapies. The new service will be provided in a range of community settings across England to support consistent access to care and treatment. It will also work closely with the wider NHS, statutory bodies, local authorities and the third sector, including armed forces charities, to ensure the appropriate support is in place for patients and their families. This means having arrangements with partner organisations, especially those who provide crisis and in-patient care, to ensure that care is seamless and immediate action is taken on clinical needs and risks. We will be making contact with the provider(s) for our areas as they are identified so that we can ensure we create the links needed to support our veterans as best we can.

9. Congratulations to Andy

Andy Webb, our Criminal Justice Liaison Team Manager has been awarded a Commander's Commendation by Gloucestershire Police. The Commendation was awarded by Superintendent Tony Godwin of the Criminal Justice Department in 'recognition of excellence'.

The citation reads:

"This is awarded to Andy for his excellent contribution within the Criminal Justice and Liaison Team, who provide an embedded service within Compass House. Andy is recognised as a supportive leader and team member who goes above and beyond on a daily basis to support and guide the custody team. The custody team provide excellent personal and professional feedback on a regular basis. Andy is thanked for his ongoing support and superb contribution to keeping people safe." Our congratulations to Andy and his team.

10. CQC Inspection

We have been formally advised by the CQC that they will undertake a revalidation of our service ratings in February and March of this year. The arrangements will be different to the original inspection which involved some 70 inspectors visiting us for a week and visiting all of our core services.

The change in the CQC inspection programme provides for much smaller inspection teams, 3 – 4 people, to discreetly visit "targeted" services across a 10 week period before a core CQC Team of 6 or 7 inspectors visits us corporately to undertake a "well led" review of our leadership arrangements.

We have been working with staff across the Trust to support their responses to the areas that required further improvement and development following our previous comprehensive inspection in 2014.

We believe at a minimum that CQC colleagues will visit our core Learning Disabilities Inpatient Services and/or core Older Peoples Community Mental Health Services, as both of these were individually rated as requiring improvement.

We believe they will also visit 1 or 2 of our GOOD services to review their current ratings.

We believe that they will not visit our OUTSTANDING services as the revised format for CQC comprehensive inspections is now planned across years on an ongoing basis, and we understand that OUTSTANDING services will be inspected in 2019.

We continue to work on a number of things in preparation for our 2018 visit.

Agenda item 8

Enclosure No

Paper D

Report to: 2gether Council of Governors – 16 January 2018
Author: Lauren Wardman, Deputy Director for Engagement
Presented by: Jane Melton, Director for Engagement and Integration

SUBJECT: CQC Survey of people who use community mental health services - 2017 Results

This Report is provided for:

~~Decision~~

~~Endorsement~~

Assurance

Information

EXECUTIVE SUMMARY

- Enabling people to have positive experiences of NHS services which meet their needs and expectations is a key national strategic goal and an underpinning core value of 2gether NHS Foundation Trust.
- Quality Health has been commissioned by 2gether NHS Foundation Trust to undertake the 2017 national Community Mental Health Survey, which is a requirement of the Care Quality Commission.
- This paper outlines the Care Quality Commission's published results of the data analysis of the survey sample of people who use 2gether's services. The CQC makes comparison with all other English mental health Trust results of the same survey. Some qualitative data are used to illustrate areas for development.
- The sample of participants was drawn randomly from Herefordshire and Gloucestershire using a prescribed national formula.
- Results were published on 15th November 2017 on the CQC website.

Assurance

- Three mental health Trusts in England were classed as 'better than expected' across the entire survey - 2gether was named as one of these 3 Trusts.
- These results **represent a further improvement** when compared with our results from last years' service user feedback in the same survey.
- 2gether is categorised as performing 'better' than the majority of other mental health Trusts in 5 of the 10 domains:

- Together is categorised as performing 'about the same' as the majority of other mental health Trusts in the remaining 5 domains:
- Together has demonstrated a statistically significant improvement compared to the 2016 score for the question: 'In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?'. (2016: 3.6/10, 2017 5.5/10)
- Together is not categorised as performing 'worse' than the majority of other mental health Trusts for any of the domains or any of the specific questions.
- The development of an action plan will be undertaken with Locality Directors by January 2017.

Areas for development include:

1. Supporting people at times of crisis
2. Involving people in planning and reviewing their care
3. Involving family members or someone close, as much as the person would like
4. Giving people information about getting support from people with experience of the same mental health needs as them
5. Helping people with their physical health needs and to take part in an activity locally
6. Providing help and advice for finding support with finances, benefits and employment

RECOMMENDATIONS

The Council is asked to:

- Note the contents of this report

Corporate Considerations

<i>Quality implications:</i>	Service Experience Feedback through survey methodology provides one element of quality information and assurance. This information needs to be triangulated with other forms of service experience feedback including that presented in the quarterly Service Experience Report.
<i>Resource implications:</i>	Taking action to develop positive service experience in the areas where scores are lower may require additional or a realignment of resources
<i>Equalities implications:</i>	The demographic results of the survey show that a very small proportion of respondents were from Black, Asian and minority ethnic (BAME) groups. Work will continue to encourage people from our BAME communities to take part in the survey.

	A higher percentage of people over 65 years of age completed the 2gether survey (54%) compared with many other Trusts (national average 40%). This has occurred for several years and reflects the population demographic of Gloucestershire and Herefordshire. It is also understood that older people are more likely to complete a survey request of this nature.
<i>Risk implications:</i>	Feedback from service experience offers an insight into how services are received. The results will be publically available and it is important to offer assurance that the organisation is taking appropriate action to effect positive practice development. The reputation of the organisation, which may impact on uptake of services, could be at risk particularly where results are 'worse than other trusts'. However, it should be noted that the results suggest 'low risk' in this area.







WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Quality and Safety	P	Skilled workforce	P
Getting the basics right	P	Using better information	P
Social inclusion	P	Growth and Financial Efficiency	
Seeking involvement	P	Legislation and Governance	P
WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
Jane Melton, Director for Engagement and Integration	Date	Nov 2017

Where in the Trust has this been discussed before?		
Senior leaders were engaged in a presentation of preliminary results from Quality Health.		September 2017
Pre-publication notification of results at Executive Committee		November 2017
Notification of and link to the published results has been circulated for to all staff with acknowledgement of the dedicated effort to deliver best service experience.		November 15 th 2017
Notification of and link to the published results has been sent to Trust Governors.		November 15 th 2017
Presented at Trust Board meeting		November 30 th 2017

Explanation of acronyms used:	Care Quality Commission (CQC) Quality Health (QH) Red, Amber, Green (RAG)
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2017 CQC survey of people who use community mental health services

<p>The CQC survey</p> 	<p>The CQC checks whether mental health services are doing a good job. They send surveys to people who use community mental health services. The survey is sent to a sample of people from all over England. Not everyone who uses community mental health services will get a survey.</p>	
<p>This report</p> 	<p>Every year some of 2gether's service users are sent a survey. The survey asks what they think about 2gether's community mental health services. This report tells you what the results were for 2gether</p>	
<p>Overall</p> 	<p>2gether's community mental health services were classed as 'better than expected'. Only 2 other Trusts in England performed as well as 2gether. This is a very good result and is better than last year.</p>	
<p>Things we do well</p> 	<p>2gether is better than most other Trusts for:</p> <ul style="list-style-type: none"> - Organising people's care - Managing changes in who people see - Managing medicines - Helping with support and wellbeing - Overall care and services 	
<p>Things we are quite good at</p> 	<p>2gether is about the same as other Trusts for:</p> <ul style="list-style-type: none"> - The quality of its staff - Planning care - Reviewing care - Crisis care - People's overall experience 	
<p>Things we can do better</p> 	<p>2gether will work hard to get better at:</p> <ul style="list-style-type: none"> - Supporting people when they are in crisis - Involving people in planning and reviewing their care - Involving family members or someone close - Helping people to find support from people with the same problems - Helping people with their physical health and taking part in local activities - Giving help and advice with money and work 	

	Full assurance		Limited assurance
	Significant assurance		Negative assurance

CQC 2017 Survey of people who use community mental health service

RESULTS FOR GLOUCESTERSHIRE AND HEREFORDSHIRE

1. Background

- 1.1 The Care Quality Commission (CQC) requires that all mental health Trusts in England undertake an annual survey of patient feedback. ²gether NHS Foundation Trust has, for several years, commissioned Quality Health to undertake this work.
- 1.2 The 2017 survey of people who use community mental health services involved 56 providers in England, including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services.
- 1.3 The data collection was undertaken between February and June 2017 using a standard postal survey method. The sample was generated at random using the agreed national protocol for all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2016.
- 1.4 This year ²gether NHS Foundation Trust received one of the highest percentage response rates at 33% (national average of 26%).
- 1.5 Full details of this survey questions and results can be found on the following website: http://nhssurveys.org/Filestore/MH17_bmk_reports/MH17_RTQ.pdf




2. Scores for ²gether NHS Foundation Trust in 2017

- 2.1 The CQC results for the 2017 survey of people who use community mental health services were published on the 15th November 2017. ²gether's overall results are summarised in Table 1 below.

Table 1 – ²gether NHS Foundation Trust scores for the 2017 survey of people who use community mental health services



Key to Table 1

	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

- 2.2 ²gether is categorised as performing 'better' than the majority of other mental health Trusts in 5 of the 10 domains:
- *Organising care*
 - *Changes in who people see*
 - *Treatments (medicines)*
 - *Support and wellbeing*
 - *Overall views of care and services*
- 2.3 ²gether is categorised as performing 'about the same' as the majority of other mental health Trusts in the remaining 5 domains:
- *Health and social care workers*
 - *Planning care*
 - *Reviewing care*
 - *Crisis care*
 - *Overall experience*
- 2.4 ²gether obtained the highest score achieved by any Trust on 5 of the 32 evaluative questions:
- *Have you agreed with someone from NHS mental health services what care you will receive?*
 - *Were these treatments or therapies explained to you in a way that you could understand?*
 - *Do the people you see through NHS mental health services help you with what is important to you?*
 - *In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?*
 - *Overall experience*
- 2.5 ²gether has demonstrated a statistically significant improvement compared to the 2016 score for the question: 'In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?' (2016: 3.6/10, 2017 5.5/10). This suggests that actions which have been put in place to improve our performance in this area are having a positive impact on service user experience.
- 2.6 ²gether is not categorised as performing 'worse' than the majority of other mental health Trusts for any of the domains or any of the evaluative questions.
- 2.7 An infographic has been developed to share the results in a more accessible format for local stakeholders (Appendix 1).

3. Top areas for priority further development include:

- 3.1 ²gether scored well this year overall by comparison to other Trusts, being one of only three English mental health Trusts classed as 'better than expected'. However, there continue to be areas where further development and continued effort would enhance

the experience of people in contact with 2gether's services. For example, the results in the crisis care domain suggest that further work is required in this area.

3.2 It would appear from the CQC 2017 scores and information from a range of other service experience information (reported to Board quarterly) that actions being taken to enhance service experience over recent years are having a positive impact. However, areas for further development are evident and these will be reflected in the Action Plan (to follow).

3.3 The priority areas to undertake further work have been identified by considering where the scores suggest a lower degree of satisfaction overall. As such the following areas for further practice development are proposed:

- Supporting people at times of crisis

'Unfortunately I found crisis care very poor, on several occasions they forgot to phone me when they were meant to. On home visits they turned up extremely late and they didn't visit for very long.'

- Involving people in planning and reviewing their care

'My care was textbook. It didn't take in to account my personal needs at all.'

- Involving family members or someone close, as much as the person would like

'It would be nice for my daughter to be updated a little more regularly than she is, as they don't update her at all.'

- Giving people information about getting support from people with experience of the same mental health needs as them

'Finding someone to talk to is sometimes difficult.'

- Helping people with their physical health needs and to take part in an activity locally

'I have kidney failure from taking lithium in my youth. I was also taking dosulepin, which was not being removed because of the kidney failure. It did not show on any blood tests and was missed by the kidney specialist and the psychiatrist and many other specialists.'

'Maybe link with local activity centres/organisations that could help with social/physical improvements e.g. climbing centre/GL1.'

- Providing help and advice for finding support with finances, benefits and employment

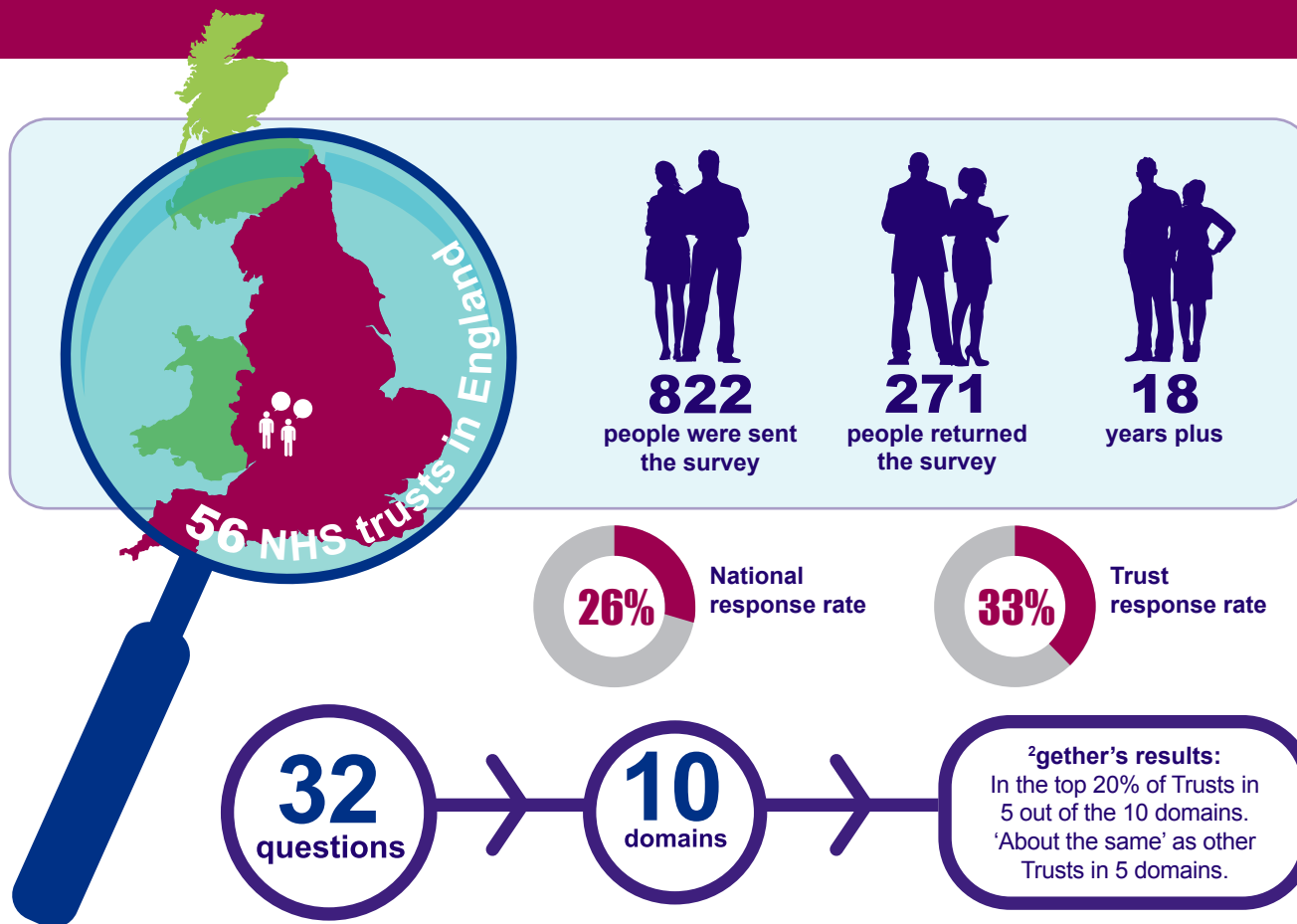
'Being diagnosed with a psychiatric illness is very confusing. There should be a welcome pack explaining services and processes available and also covering things like benefit entitlement.'

4. Next Steps

- 4.1 These results represent a further improvement when compared to our results from last years' service user feedback in the same survey. The results are a testament to the expert and dedicated effort that colleagues are making to understand need, involve and respond well to people who use our services and their carers.
- 4.2 There is a need to sustain the effort made to develop practice in the areas identified in previous years.
- 4.3 The development of an action plan will be undertaken with Locality Directors and Heads of Professions by January 2018.
- 4.4 The 2017 results have already been provided for all colleagues through a global email which celebrates our successes and thanks them for their dedication. Further cascade will be undertaken through Team Talk across Herefordshire and Gloucestershire. The results will be cascaded to Service Directors for sharing with Teams and for generating ideas for continued practice development. An infographic has been developed to share the local results in a more accessible format (Appendix 1)

'I am so extremely grateful for MH services, they saved my life'

2017 CQC Survey of people who use community mental health services Gloucestershire and Herefordshire



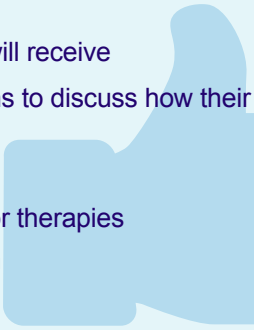
Results of 10 domains

Each domain compared to other trusts

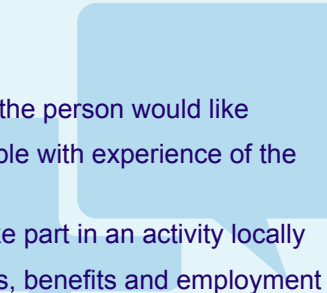
Better About the same Worse



Rated nationally as amongst the highest performing trusts for:




- Organising people's care
 - Involving people in agreeing what care they will receive
 - Formally meeting with people every 12 months to discuss how their care is working
 - Managing changes in who people see
 - Clearly explaining and reviewing treatments or therapies
 - Helping people with what is important to them
 - Seeing people enough to meet their needs
 - People's overall experience
- 

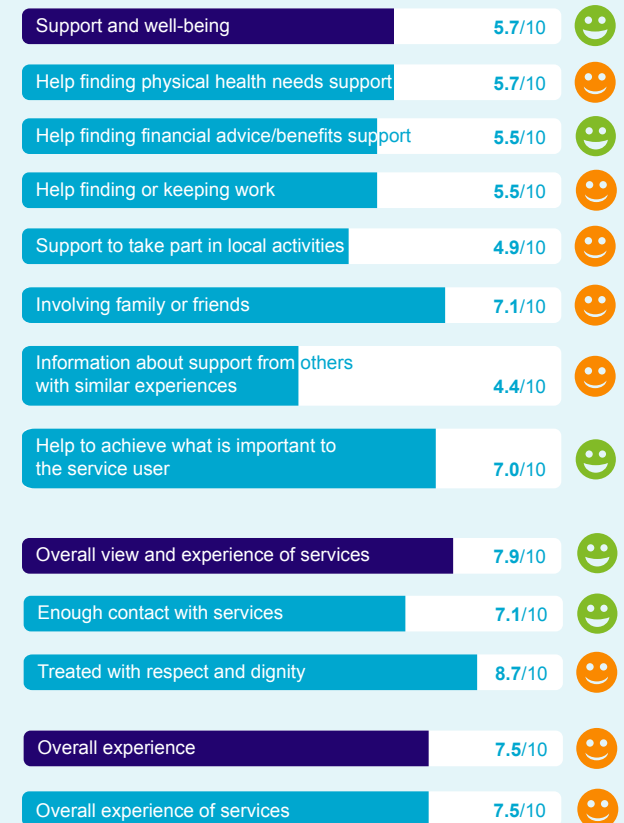
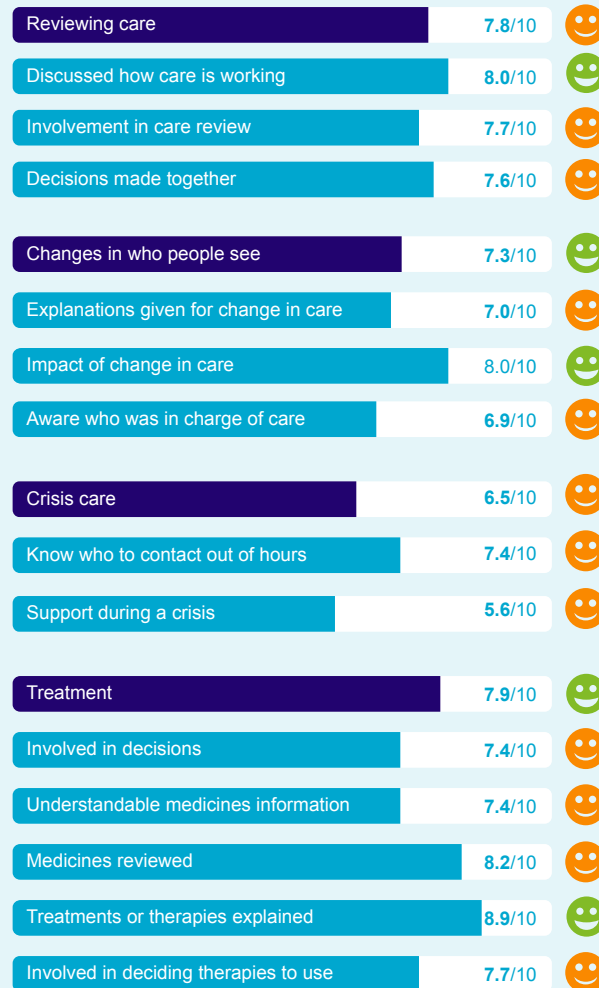
Areas for further focus:

- Supporting people at times of crisis
 - Involving people in planning and reviewing their care
 - Involving family members or someone close, as much as the person would like
 - Giving people information about getting support from people with experience of the same mental health needs as them
 - Helping people with their physical health needs and to take part in an activity locally
 - Providing help and advice for finding support with finances, benefits and employment
- 

Results for 32 questions

Each domain includes a number of questions. These are each compared to other trusts using this key:

 Better  About the same  Worse



Agenda Item **10**

Enclosure **Paper E**

Report to: Council of Governors – 16 January 2018
Author: Gordon Benson, Assistant Director of Governance & Compliance
Presented by: Gordon Benson, Assistant Director of Governance & Compliance

SUBJECT: **Quality Report Audit Process & Quality Priorities for 2018/19**

This Report is provided for:

Decision	Endorsement	Assurance	Information
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EXECUTIVE SUMMARY

Quarter 2 Quality Report

This is the Council of Governors review of the Quality Report priorities for 2017/18 and opportunity to agree the indicators for external audit purposes.

The quarterly report is in the format of the annual Quality Report format.

Assurance

- The report shows the progress made towards achieving targets, objectives and initiatives identified in the Annual Quality Report.
- Overall, there are 3 targets which are not currently being met:
 1. 1.2 – Personalised discharge care planning
 2. 2.1 – Numbers of service users being involved in their care
 3. 3.3 – Reduction in the use of prone restraint.
- There is limited assurance that target 3.1 – Reduction in the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years will be met.
- These targets will continue to receive considerable focus through operational management systems, wider work streams such as the Patient Safety Improvement Programme, and sub-committees such as the Positive & Safe Sub-Committee.

Improvements

- The data within relates to Quarter 2 and will, therefore, be subject to change throughout the year as the supportive evidence base grows.
- There have been sustained improvements across most User Experience targets and joint CPA reviews for service users who make the transition from children's to adult services.

- An Easy Read section is now routinely included within the Quality Report

A copy of Quarter 2 2017-18 Quality Report is included for information as Appendix 1.

The Quarter 3 report is currently being drafted. The Quarter 3 report will be more fully populated and also information on other quality improvements we have made to services.

Audit Recommendations 2016-17

The external assurance audit in 2016 -17 identified 6 recommendations. These are shown in Appendix 2, together with the Trust's management response and an update on progress made.

Audit Process 2017-18 Quality Report

NHS Improvement guidance is currently unavailable for the external assurance report which will be provided by KPMG; however, it is unlikely there will be significant changes in the Quality Report assurance requirements. Therefore, in keeping with previous guidance we are working on the assumption that one locally chosen Governor indicator will still be required in addition to two mandated indicators. On this basis the Governors are asked to give consideration to which of the indicators they would like subject to audit. This decision must be made no later than **31 January 2018** as KPMG will be completing initial testing during February – March 2018.

For information, the potential options for auditing are as follows:

Mandated Indicators:

- Minimising delayed transfers of care;
- Admissions to inpatient services had access to crisis resolution home treatment teams;
- 100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital;

Effectiveness:

- To increase the number of service users with a LESTER tool intervention, alongside increased access to physical health treatment;
- To improve personalised discharge care planning in:
 - a. Adult inpatient wards and;
 - b. Older people's wards.
- To ensure that joint Care Programme Approach reviews occur for **all** service users who make the transition from children's to adult services.

User Experience:

- Were you involved as much as you wanted to be in agreeing what care you will receive? > **92%**
- Do you know who to contact out of office hours if you have a crisis? >**74%**
- Has someone given you advice about taking part in activities that are important to

you? > **69%**

- Have you had help and advice to find support to meet your physical health needs if you needed it? > **76%**

Safety:

- Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years.
- Detained service users who are absent without leave (AWOL) will not come to serious harm or death.
- To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU) based on 2016/17 data.

2018-19 Quality Report Development

We are currently considering quality priorities for inclusion in the 2018-19 Quality Report working with colleagues within the organisation and externally. If the Council of Governors have suggestions for potential indicators, please can these be provided to the Director of Quality & Assistant Director of Governance & Compliance no later than **31 January 2018**.

RECOMMENDATIONS

The Council of Governors is asked to:

- A. Note the progress being made in the Quarter 2 Quality Report.
- B. Note the progress made against recommendations from the 2016-17 external audit process.
- C. Agree the indicators they would like subject to audit.
- D. Consider potential Quality Indicators/Quality Priorities for 2018/19 and provide this by 31 January 2018.

Corporate Considerations

<i>Resource implications:</i>	Collating the information has resources implications regarding collation and presentation of information.
<i>Equalities implications:</i>	This is referenced in the report
<i>Risk implications:</i>	Specific initiatives that are not being achieved are highlighted in the report.

WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?

Quality and Safety	P	Skilled workforce	P
Getting the basics right	P	Using better information	P
Social inclusion	P	Growth and financial efficiency	
Seeking involvement	P	Legislation and governance	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
	Date	

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
	Date	

Explanation of acronyms used:	
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1. CONTEXT

- 1.1 Every year the Trust is required by statute to produce a Quality Report, reporting on activities and targets from the previous year's Report, and setting new objectives for the following year.

To ensure appropriate oversight of the Quality Report, we produce an update for the Governance Committee every quarter, identifying progress or otherwise against the Report.

By carrying out this exercise on a regular basis, any deviation from the objectives, actual or potential, can be identified and rectified at an early stage rather than at the year's end.

2. AUDIT PROCESS

- 2.1 NHS Improvement guidance is currently unavailable for the external assurance report but it is proactive to prepare for the potential for Governors to choose an indicator to audit. The external audit process will commence in February/March 2018 with onsite testing completed in April/May 2018

3. 2018-19 QUALITY REPORT DEVELOPMENT

- 3.1 Currently there is development taking place on the quality priorities for inclusion in the 2018-19 Quality Report. This includes taking account of:
1. What commissioners are requesting
 2. CQUINs – quality payments

3. Patient Safety Improvement Programme
4. Discussions with clinicians and managers

3.2 The Governor Working Group in previous years has identified that a set of principles should be applied when identifying future quality priorities. These principles should have indicators that

a) seek to:

- find, celebrate, share and maintain good practice,
- determine where practice which can be improved

b) Be measureable across all geographical locations where services are provided, so that results can be both aggregated and individually compared for the purpose of internal benchmarking. Also where appropriate reflecting specific local requirements, a local indicator could be chosen.

c) Refer to historical data, where available to identify and show any change in quality over time.

d) In addition to identified measurable indicators, there should also be quality reporting on the outcome measures and indicators used in services to demonstrate effective interventions as well as other key quality measures such as the number of under 18 admissions into adult mental health inpatient units.

In considering this, applying the principles described above, the trust will consider drafting measureable indicators in the following areas for endorsement by the Board at its May 2018 meeting:

- Effectiveness
- User experience
- Safety

Quality Report 2017/18

CONTENTS

Part 1	Statement on Quality from the Chief Executive	3
	Introduction	3
Part 2.1	Looking ahead to 2018/19	3
	Priorities for Improvement 2017/18	3
Part 2.2	Statements relating to the Quality of the NHS Services Provided	3
	Review of services	3
	Participation in Clinical Audits and National Confidential Enquiries	3
	Participation in Clinical Research	3
	Use of the CQUIN payment framework	4
	Statements from the Care Quality Commission	6
	Quality of Data	7
Part 2.3	Mandated Core Indicators for 2017/18	8
Part 3	Looking Back: A review of Quality in 2017/18	12
	Introduction	12
	Summary	12
	Easy Read Summary	13
	<i>Effectiveness:</i>	15
	<i>User Experience:</i>	20
	<i>Safety:</i>	24
	Serious Incidents	30
	Duty of Candour	31
	Mortality Reviews	31
	NHS improvement Indicators & Thresholds for 2017/18	32
	Community Survey 2017	33
	Staff Survey 2017	33
	PLACE Assessment Results 2017/18	33
Annex 1	Statements from our partners on the Quality Report	33
Annex 2	Statement of Directors' Responsibilities in respect of the Quality Report	33
Annex 3	Glossary	33
Annex 4	How to Contact Us	36
	About this report	36
	Other Comments, Concerns, Complaints and Compliments	36
	Alternative Formats	36

Part 1: Statement on Quality from the Chief Executive

Introduction

This will be included at year-end

Part 2.1: Looking ahead to 2018/19

Quality Priorities for Improvement 2018/19

These will be developed during Quarter 4 under the following domains.

Effectiveness

User Experience

Safety

Part 2.2: Statements relating to the Quality of NHS Services Provided

Review of Services

This will be included at year-end

Participation in Clinical Audits and National Confidential Enquiries

This will be included at year-end

Participation in Clinical Research

This will be included at year-end

Use of the Commissioning for Quality & Innovation (CQUIN) framework

A proportion of 2gether NHS Foundation Trust's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between 2gether NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at <http://www.2gether.nhs.uk/cquin>

2017/18 CQUIN Goals

Gloucestershire

Gloucestershire Goal Name	Description	Goal weighting	Expected value	Quality Domain
1a (a) National CQUIN – Staff health and wellbeing	To achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on Health and Wellbeing	0.3	£72261	Effectiveness
1b National CQUIN – Staff health and wellbeing	Healthy food for NHS staff, visitors and patients		£72261	Effectiveness
1c National CQUIN - Staff health and wellbeing	Improving the uptake of flu vaccinations for front line staff		£72261	Safety
2 National CQUIN - Improving Physical Healthcare 3a	- To reduce premature mortality by demonstrating cardio metabolic assessment and treatment for patients with psychoses.	0.3	£173426	Effectiveness
2 National CQUIN - Improving Physical Healthcare 3b	- To reduce premature mortality - Improved communication with GPs		£43357	Effectiveness
3. Improving Services for people with mental health needs who present to A & E.	Care and management for frequent attenders to Accident and Emergency	0.3	£216783	Safety
4. Transitions out of Children and Young People's Mental Health Services.	To improve the experience and outcomes for young people as they transition out of (CYPMHS)	0.3	£216783	Effectiveness
5.Preventing ill health by risky behaviours – Alcohol and Tobacco	To offer advice and interventions aimed at reducing risky behaviour in admitted patients	0.3	£216783	Effectiveness

Herefordshire

Herefordshire Goal Name	Description	Goal weighting	Expected value	Quality Domain
1a (a) National CQUIN – Staff health and wellbeing	To achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on Health and Wellbeing	0.3	£17231	Effectiveness
1b National CQUIN – Staff health and wellbeing	Healthy food for NHS staff, visitors and patients		£17231	Effectiveness
1c National CQUIN - Staff health and wellbeing	Improving the uptake of flu vaccinations for front line staff		£17231	Safety
2 National CQUIN - Improving Physical Healthcare 3a	- To reduce premature mortality by demonstrating cardio metabolic assessment and treatment for patients with psychoses.	0.3	£41354	Effectiveness
2 National CQUIN - Improving Physical Healthcare 3b	- To reduce premature mortality - Improved communication with GPs		£10339	Effectiveness
3. Improving Services for people with mental health needs who present to A & E.	Care and management for frequent attenders to Accident and Emergency	0.3	£51693	Safety
4. Transitions out of Children and Young People's Mental Health Services.	To improve the experience and outcomes for young people as they transition out of (CYPMHS)	0.3	£51693	Effectiveness
5.Preventing ill health by risky behaviours – Alcohol and Tobacco	To offer advice and interventions aimed at reducing risky behaviour in admitted patients	0.3	£51693	Effectiveness

Low Secure Services

Low Secure Goal Name	Description	Goal weighting	Expected value	Quality Domain
Reduction in length of stay	Aim to reduce lengths of stay of inpatient episodes and to optimise the care pathway. Providers to plan for discharge at the point of admission and to ensure mechanisms are in place to oversee the care pathway against estimated discharge dates.	2.5	£45000	Effectiveness

The total potential value of the income conditional on reaching the targets within the CQUINs during 2016/17 is £2,219,300 of which we anticipate £2,219,300 will be achieved.

In 2015/16, the total potential value of the income conditional on reaching the targets within the CQUINs was £2,107,995 of which £2,107,153 was achieved.

2018/19 CQUIN Goals

These will be added at year-end.

Statements from the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. From April 2010, all NHS trusts have been legally required to register with the CQC. Registration is the licence to operate and to be registered, providers must, by law, demonstrate compliance with the requirements of the CQC (Registration) Regulations 2009.

2gether NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is to provide the following regulated activities:

- Assessment or medical treatment to persons detained under the Mental Health act 1983;
- Diagnostic and screening procedures;
- Treatment of disease, disorder or injury.

2gether NHS Foundation Trust has no conditions on its registration.

The CQC has not taken enforcement action against 2gether NHS Foundation during 2016/17 or the previous year 2015/16.

CQC Inspections of our services

2gether NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Care Quality Commission last undertook a planned comprehensive inspection of the Trust week commencing 26 October 2015 and published its findings on 28 January 2016. The CQC rated our services as GOOD, rating 2 of the 10 core services as “outstanding” overall and 6 “good” overall.



Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

The inspection found that there were some aspects of care and treatment in some services that needed improvements to be made to ensure patients were kept safe. However, the vast majority of services were delivering effective care and treatment.

The Trust developed an action plan in response to the 15 “must do” recommendations, and the 58 “should do” recommendations identified by the inspection and is managing the actions through to their completion.



A full copy of the Comprehensive Inspection Report can be seen [here](#).

Changes in service registration with Care Quality Commission for 2017/18

This will be included at year-end.

Quality of Data

This will be included at year-end.

Part 2.3: Mandated Core Indicators 2017/18

There are a number of mandated Quality Indicators which organisations providing mental health services are required to report on, and these are detailed below. The comparisons with the national average and both the lowest and highest performing trusts are benchmarked against other mental health service providers.

1. Percentage of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care

	Quarter 1 2016-17	Quarter 2 2016-17	Quarter 3 2016-17	Quarter 4 2016-17	Quarter 1* 2017-18
² gether NHS Foundation Trust	97.1%	97.2%	98.3%	99.2%	99.2%
National Average	96.2%	96.8%	96.8%	96.8%	96.7%
Lowest Trust	28.6%	76.9%	73.3%	84.6%	71.4%
Highest Trust	100%	100%	100%	99.4%	100%

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:

- During 2015/16 we reviewed our practices and policies associated with both our 7 day and 48 hour follow up of patients discharged from our inpatient services, the changes were introduced in 2016/17. This has strengthened the patient safety aspects of our follow up contacts.

The ²gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Clearly documenting follow up arrangements from Day 1 post discharge in RiO;
- Continuing to ensure that service users are followed up within 48 hours of discharge from an inpatient unit whenever possible.

2. Proportion of admissions to psychiatric inpatient care that were gate kept by Crisis Teams

	Quarter 1 2016-17	Quarter 2 2016-17	Quarter 3 2016-17	Quarter 4 2016-17	Quarter 1* 2017-18
² gether NHS Foundation Trust	98.9%	98.9%	99.4%	100%	100%
National Average	98.1%	98.4%	98.7%	98.8%	98.7%
Lowest Trust	78.9%	76%	88.3%	90%	88.9%
Highest Trust	100%	100%	100%	100%	100%

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:

- Staff respond to individual service user need and help to support them at home wherever possible unless admission is clearly indicated;

The ²gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Continuing to remind clinicians who input information into the clinical system (RiO) to both complete the 'Method of Admission' field with the appropriate option when admissions are made via the Crisis Team and ensure that all clinical interventions are recorded appropriately in RiO within the client diary.

* Activity published on NHS England website via the NHS IC Portal is revised throughout the year following data quality checks. Activity shown for Quarter 1 2017/18 has not yet been revised and may change. Quarter 2 data has not been published.

3. The percentage of patients aged 0-15 & 16 and over, readmitted to hospital, which forms part of the Trust, within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period

	Quarter 1 2016-17	Quarter 2 2016-17	Quarter 3 2016-17	Quarter 4 2016-17	Quarter 1 2017-18
2gether NHS Foundation Trust 0-15	0%	0%	0%	0%	0%
2gether NHS Foundation Trust 16 +	7%	5%	8%	6%	6.3%
National Average	Not available	Not available	Not available	Not available	Not available
Lowest Trust	Not available	Not available	Not available	Not available	Not available
Highest Trust	Not available	Not available	Not available	Not available	Not available

The 2gether NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust does not have child and adolescent inpatient beds;
- Service users with serious mental illness are readmitted hospital to maximize their safety and promote recovery;
- Service users on Community Treatment Orders (CTOs) can be recalled to hospital if there is deterioration in their presentation.

The 2gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Continuing to promote a recovery model for people in contact with services;
- Supporting people at home wherever possible by the Crisis Resolution and Home Treatment Teams.

4. The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

	NHS Staff Survey 2013	NHS Staff Survey 2014	NHS Staff Survey 2015	NHS Staff Survey 2016
2gether NHS Foundation Trust Score	3.46	3.61	3.75	3.84
National Median Score	3.55	3.57	3.63	3.62
Lowest Trust Score	3.01	3.01	3.11	3.20
Highest Trust Score	4.04	4.15	4.04	3.96

The 2gether NHS Foundation Trust considers that this data is as described for the following reasons:

- For the first time, all staff in post on 1 September 2016 were invited to take part in the survey, confidentially online. Previously the survey had only been sent to a random sample of **750** staff. The overall response rate was **40%**, equal to the previous year but **777** staff took the time to respond and give their views, a significant increase on the **298** responses in the previous year. The 2016 survey has provided the most accurate picture of the Trust obtained to-date.

- Staff have reported an increase in the level of motivation at work. Whilst the improved level of staff satisfaction is encouraging, the trust is very careful to also take note of feedback from colleagues who are less satisfied and where possible to address these concerns.

The 2gether NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Encouraging staff to report any incidents which affect patient and staff safety or morale in the workplace;
- Acting to make the best use of service user feedback and highlighting how this feedback is used;
- Promoting the health and wellbeing of Trust staff.

5. “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.

	NHS Community Mental Health Survey 2013	NHS Community Mental Health Survey 2014	NHS Community Mental Health Survey 2015	NHS Community Mental Health Survey 2016
2gether NHS Foundation Trust Score	8.7	8.2	7.9	8.0
National Average Score	Not available	Not available	Not available	Not available
Lowest Score	8.0	7.3	6.8	6.9
Highest Score	9.0	8.4	8.2	8.1

The 2gether NHS Foundation Trust considers that this data is as described for the following reasons:

- Across six of the ten domains in the survey our scores were reported as ‘About the Same’ as other trusts. In the other four domains people scored 2gether’s service as ‘Better than Others’, which is in the top 20% of similar organisations.

The 2gether NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Helping people with a focus on their physical health needs;
- Providing people with signposting, support and advice on finances and benefits;
- Help people with finding support for gaining or keeping employment;
- Signposting and supporting people to take part in activities of interest;
- Helping people to access peer support from others with experience of the same mental health needs;
- Ensure knowledge of contacts in time of crisis;
- Provision of information about new medicines.

6. The number and rate* of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.

	1 April 2016 – 30 September 2016				1 October 2016 – 31 March 2017			
	Number	Rate*	Severe	Death	Number	Rate*	Severe	Death
² gether NHS Foundation Trust	1,900	54.85	4	30	2,474	72.05	2	17
National	162,954	-	562	1240	157,141	-	538	1233
Lowest Trust	40	10.28	0	0	68	11.17	0	0
Highest Trust	6,349	88.97	50	84	6,447	88.21	72	100

* Rate is the number of incidents reported per 1000 bed days.

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:

- NRLS data is published 6 months in arrears; therefore data for severe harm and death will not correspond with the serious incident information shown in the Quality Report.

The ²gether NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services, by:

- Re-auditing its Incident Reporting Systems (DATIX) to improve the processes in place for the timely review, approval of, and response to reported patient safety incidents;
- Creating an additional part time DATIX Administrator post to enhance data quality checks and further promote timeliness of reporting. This post commenced in 2017/18.

Part 3: Looking Back: A Review of Quality during 2016/17

Introduction

The 2017/18 quality priorities were agreed in May 2017.
















The quality priorities were grouped under the three areas of Effectiveness, User Experience and Safety.







The table below provides a summary of our progress against these individual priorities. Each are subsequently explained in more detail throughout Part 3.

Summary Report on Quality Measures for 2016/2017

		2016 - 2017	2017 -2018
Effectiveness			
1.1	To improve the physical health of patients with a serious mental illness on CPA by a positive cardio metabolic health resource (Lester Tool). This will be used on all patients who meet the criteria within the inpatient setting and all community mental health teams. In accordance with national CQUIN targets we aim to achieve 90% compliance for inpatients and early intervention teams and 65% compliance for all other community mental health teams.	Achieved	Achieved
1.2	To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.	Achieved	Not achieved
1.3	To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services.	Not achieved	Achieved
User Experience			
2.1	Were you involved as much as you wanted to be in agreeing what care you will receive? > 92%	83%	88%
2.2	Do you know who to contact out of office hours if you have a crisis? > 74%	74%	86%
2.3	Has someone given you advice about taking part in activities that are important to you? > 69%	69%	89%
2.4	Have you had help and advice to find support to meet your physical health needs if you needed it? > 76%	76%	89%
Safety			
3.1	Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.	-	Achieved
3.2	Detained service users who are absent without leave (AWOL) will not come to serious harm or death. We will report against 3 categories of AWOL as follows; harm as a consequence of: 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped)	-	Achieved
3.3	To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU) based on 2016/17 data.	211	134

Easy Read Report on Quality Measures for 2017/2018

<p>Quality Report</p> 	<p>This report looks at the quality of 2gether's services.</p> <p>We agreed with our Commissioners the areas that would be looked at.</p>	
<p>Physical health</p> 	<p>We increased physical health tests and treatment for people using our services.</p> <p>We met the target.</p>	
<p>Discharge Care Plans</p> 	<p>Less people had all parts of their discharge care plan completed at the end of the quarter than previously.</p>	
<p>Care (CPA) Review</p> 	<p>Everyone moving from children's to adult services had a care review.</p> <p>We met the target.</p>	
<p>Care Plans</p> 	<p>82% of people said they felt involved in their care plan.</p> <p>This is less than the target (92%). We have not met the target. We are doing lots of work to get better at this.</p>	
<p>Crisis</p> 	<p>88% of people said they know who to contact if they have a crisis.</p> <p>This is more than the target (74%). We met the target.</p>	
<p>Activity</p> 	<p>81% of people said they had advice about taking part in activities.</p> <p>This is more than the target (69%). We met the target.</p>	
<p>Physical Health</p> 	<p>79% of people said they had advice about their physical health</p> <p>This is more than the target (76%). We met the target.</p>	

<p>Suicide</p> 	<p>There have been less suicides compared to this time last year.</p> <p>We have met the target. We are working hard to keep people safe.</p>	
<p>AWOL</p> 	<p>Inpatients who were absent without leave did not come to serious harm or death.</p> <p>We met the target.</p>	
<p>Face down restraint</p> 	<p>We have not reduced the number of face-down restraints this year.</p> <p>We have not met the target. We are doing lots of work to get better at this.</p>	

Key

			Full assurance
↑	Increased performance/activity		Significant assurance
↔	Performance/activity remains similar		Limited assurance
↓	Reduced performance/activity		Negative assurance

Effectiveness

In 2017/18 we remained committed to ensure that our services are as effective as possible for the people that we support. For the second consecutive year we set ourselves 3 targets against the goals of:

- Improving the physical health care for people with schizophrenia and other serious mental illnesses;
- Ensuring that people are discharged from hospital with personalised care plans;
- Improving transition processes for child and young people who move into adult mental health services.

Target 1.1 To increase the number of service users (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to physical health treatment

A two year Physical Health CQUIN was announced for 2017/19. This CQUIN includes all service users with an active diagnosis of psychosis (using the CQUIN specified ICD-10 codes) who were either an inpatient or who had accessed community services including; Assertive Outreach Team (AOT), Recovery Teams, Community Learning Disability Teams (CLDT's), Older Age Services (OP's) and Children and Young Persons Services (CYPS). The sample group has now been extended to include service users from both counties.

Following on from the Lester Tool training and implementation for staff in quarter one, the Trust has been able to provide ongoing support from the physical health facilitators. The cardio metabolic health screening is now embedded in practice for community and inpatient service users, local compliance audits are encouraging.

The quarter two target looked at collaboration with primary care clinicians with an aim to improve the flow of useful clinical information between secondary and primary care. The Trust was asked to identify and develop clear plans for aligning and cross checking SMI QOF and CPA registers.

We have identified key leads within both Herefordshire and Gloucestershire CCG's to help with this liaison. We are working closely with them to provide us with guidance on our next steps.

Within Herefordshire, we will aim to email all Practice Managers to raise the profile of the purpose of cross referencing the SMI QOF with CPA registers. This will be the first stage of creating links with primary care to facilitate this information sharing opportunity. We have liaised with Taurus Healthcare in order to gain support and understanding for the rationale of this CQUIN, and how we anticipate this will improve patient care and collaboration between primary and secondary care.

Within Gloucestershire the CCG's Locality Development and Primary Care Directorate has kindly offered to email all Practice Managers to raise the profile of the purpose of cross referencing the SMI QOF with CPA registers. This will be the first stage of creating links with primary care to facilitate this information sharing opportunity.

Alongside the CQUIN work, the Trust continues to increase access to physical health treatment for its' service users. Following the successful secondment of a general trained nurse working within the inpatient units in Gloucestershire, the matron is planning to advertise a substantive position for this role to continue. This will ensure patients to access services normally only available from a practice nurse at a GP surgery.

In April 2017 the Trust became “Smoke-Free”, and the benefit of this to both staff and service users continues to be evident. The Trust plans to hold a “Smoke free” event for the South West in February 2018.

We are currently meeting this target.

Target 1.2 To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.

Discharge from inpatient units to the community can pose a time of increased risk to service users. During 2016/17 we focused on making improvements to discharge care planning to ensure that service users are actively involved in shared decision making for their discharge and the self-management care planning process. Identical criteria are being used in the services across both counties as follows:

1. Has a Risk Summary been completed?
2. Has the Clustering Assessment and Allocation been completed?
3. Has the Pre-Discharge Planning Form been completed?
4. Have the inpatient care plans been closed within 7 days of discharge?
5. Has the patient been discharged from the bed?
6. Has the Nursing Discharge Summary Letter to Client/GP been sent within 24 hours of discharge?
7. Has the 48 hour follow up been completed?

We will also be looking to ensure that discharges summaries and medication information for service users discharged from hospital are sent to their GP within 48 hours of Discharge.

We are also including discharge care planning information from within our Recovery Units, as they too discharge people back into the community.

Results from the quarterly audit against these standards are seen below.

Gloucestershire Services

Criterion	Year End Compliance (2015/16)	Year End Compliance (2016/17)	Quarter 1 Compliance (2017/18)	Quarter 1 Compliance (2017/18)
Overall Average Compliance	69%	72%	73%	71%
Chestnut Ward	84%	85%	81%	87%
Mulberry Ward	75%	79%	73%	76%
Willow Ward	59%	71%	69%	65%
Abbey Ward	72%	75%	78%	83%
Dean Ward	79%	73%	69%	71%
Greyfriars PICU	50%	62%	62%	59%
Kingsholm Ward	75%	72%	69%	74%
Priory Ward	80%	80%	87%	76%
Montpellier Unit	50%	57%	67%	50%
Honeybourne	N/A	70%	70%	60%
Laurel House	N/A	65%	75%	80%

* Data for Honeybourne and Laurel House (Recovery Units) was not collected in 2015/16 – only hospital wards were audited to reflect comparable data across both Gloucestershire and Herefordshire.

Quarter 2 overall average compliance in Gloucester for these standards during this year is **71%** which is a **2%** reduction from the end of Quarter 1, it is noted that several inpatient areas have reduced in this area. There will be an increased focus on ensuring that these standards are met throughout the year.

Herefordshire Services

Criterion	Year End compliance (2015/16)	Year End Compliance 2016/17	Quarter 1 Compliance (2017/18)	Quarter 2 Compliance (2017/18)
Overall Average Compliance	N/A	74%	70%	66%
Cantilupe Ward	N/A	85%	78%	77%
Jenny Lind Ward	N/A	71%	71%	62%
Mortimer Ward	N/A	69%	64%	58%
Oak House	N/A	70%	67%	67%

Quarter 2 overall average compliance in Herefordshire for these standards during this year is **66%** which is a **4%** reduction from the end of Quarter 2, noting that three of the inpatient areas have further reduced in this area. There will be an increased focus on ensuring that these standards are met throughout the year.

Trustwide compliance for each of the individual criteria assessed is outlined in the table below. For future audits, services will focus on the criteria scoring an **AMBER** or **RED** RAG rating to promote improvement.

		%
1.	Has a Risk Summary been completed?	100%
2.	Has the Clustering Assessment and Allocation been completed?	81%
3.	Has the Pre-Discharge Planning Form been completed?	32%
4.	Have the inpatient care plans been closed within 7 days of discharge?	21%
5.	Has the patient been discharged from bed?	100%
6.	Has the Nursing Discharge Summary Letter to Client/GP been sent within 24 hours of discharge?	79%
7.	Has the 48 hour follow up been completed if the Community Team are not doing it?	93%

This target has not been met.

Target 1.3 To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services.

The period of transition from children and young people's services (CYPS) to adult mental health services is often daunting for both the young person involved and their family or carers. We want to ensure that this experience is as positive as it can be by undertaking joint Care Programme Approach (CPA) reviews between children's and adult services every time a young person transitions to adult services.

Results from 2016-17 transitions are also included below so that historical comparative information is available.

Gloucestershire Services

2016-17 Results

Criterion	Compliance Quarter 1 (2016/17)	Compliance Quarter 2 (2016/17)	Compliance Quarter 3 (2016/17)	Compliance Quarter 4 (2016/17)
Joint CPA Review	86%	100%	100%	N/A

2017-18 Results

During Quarter 2, there were 2 young people who transitioned into adult services, they had a joint CPA review.

Criterion	Compliance Quarter 1 (2017/18)	Compliance Quarter 2 (2017/18)	Compliance Quarter 3 (2017/18)	Compliance Quarter 4 (2017/18)
Joint CPA Review	100%	100%		

Herefordshire Services

2016-17 Results

Criterion	Compliance Quarter 1 (2016/17)	Compliance Quarter 2 (2016/17)	Compliance Quarter 3 (2016/17)	Compliance Quarter 4 (2016/17)
Joint CPA Review	33%	50%	100%	100%

2017-18 Results

Criterion	Compliance Quarter 1 (2017/18)	Compliance Quarter 2 (2017/18)	Compliance Quarter 3 (2017/18)	Compliance Quarter 4 (2017/18)
Joint CPA Review	100%	100%		

During Quarter 2, there were 2 transitions of young people into adult services, all of these had a joint CPA review.

To improve our practice and documentation in relation to this target, a number of measures were developed during 2016-17 as follows:

- Transition to adult services for any young person will be included as a standard agenda item for teams, to provide the opportunity to discuss transition cases;
- Transition will be included as a standard agenda item in caseload management to identify emerging cases;
- Teams are encouraged to contact adult mental health services to discuss potential referrals;

- There is a data base which identifies cases for transition;
- SharePoint report identifies those young people who are 17.5 years open to CYPS. Team Managers will monitor those who are coming up to transition and discuss in supervision.

We are currently meeting this target.

User Experience

In this domain, we have set ourselves 1 goal of improving service user experience and carer experience with 4 associated targets.

- Improving the experience of service users in key areas. This was measured through defined survey questions for both people in community and inpatient settings.

The Trust's **How did we do?** survey combines the NHS Friends and Family Test and the Quality Survey. The Quality Survey questions encourage people to provide feedback on key aspects of their care and treatment.

The two elements of the **How did we do?** survey will continue to be reported separately as Friends and Family Test and Quality Survey responses by county. A combined total percentage for both counties is also provided to mirror the methodology used by the CQC Community Mental Health Survey.

Data for Quality Survey (Quarter 1 - July to September 2017) results:

Target 2.1 Were you involved as much as you wanted to be in agreeing the care you will receive? > 92%

Question	County	Number of responses	Target Met?
Were you involved as much as you wanted to be in agreeing the care you receive?	Gloucestershire	28 (22 positive)	88% TARGET 92%
	Herefordshire	50 (47 positive)	
	Total	78 (69 positive)	

This target has not been met but response rates and outcomes have improved compared to Quarter 1 (82%).

Target 2.2 Have you been given information about who to contact outside of office hours if you have a crisis? > 74%

Question	County	Number of responses	Target Met?
Have you been given information about who to contact outside of office hours if you have a crisis?	Gloucestershire	27 (20 positive)	86% TARGET 74%
	Herefordshire	50 (46 positive)	
	Total	77 (66 positive)	

This target has been met.

Target 2.3 Have you had help and advice about taking part in activities that are important to you? >69%

Question	County	Number of responses	Target Met?
Have you had help and advice about taking part in activities that are important to you?	Gloucestershire	26 (20 positive)	89%
	Herefordshire	47 (43 positive)	
	Total	73 (63 positive)	TARGET 69%

This target has been met.

Target 2.4 Have you had help and advice to find support for physical health needs if you have needed it? > 76%

Question	County	Number of responses	Target Met?
Have you had help and advice to find support for physical health needs if you have needed it?	Gloucestershire	24 (21 positive)	89%
	Herefordshire	39 (35 positive)	
	Total	63 (56 positive)	TARGET 76%

This target has been met.

Quality survey targets were reviewed and refreshed in line with the launch of the **How did we do?** Survey. Three out of the four targets set have been exceeded. This is positive and suggests that, of those people who responded to the survey, most are feeling supported to meet their needs and explore other activities.

The one target that has not been fully achieved (Target 2.1) continues to receive a high percentage of positive responses. It is important to acknowledge that this target for 2016/17 was 78% and that this was consistently exceeded during this time. The increase in the target set for 2017/18 is demonstrative of our desire to consistently improve our services and although the target has not yet been met, the responses are more positive than the previous quarter

Friends and Family Test (FFT)

FFT responses and scores for Quarter 2

The FFT involves service users being asked “*How likely are you to recommend our service to your friends and family if they needed similar care or treatment?*”

Our Trust played a key role in the development of an Easy Read version of the FFT. Roll out of this version ensures that everybody is supported to provide feedback.

The table below details the number of combined total responses received by the Trust each month in quarter 2. The FFT score is the percentage of people who stated that they would be ‘extremely likely’ or ‘likely’ to recommend our services. These figures are submitted for national reporting.

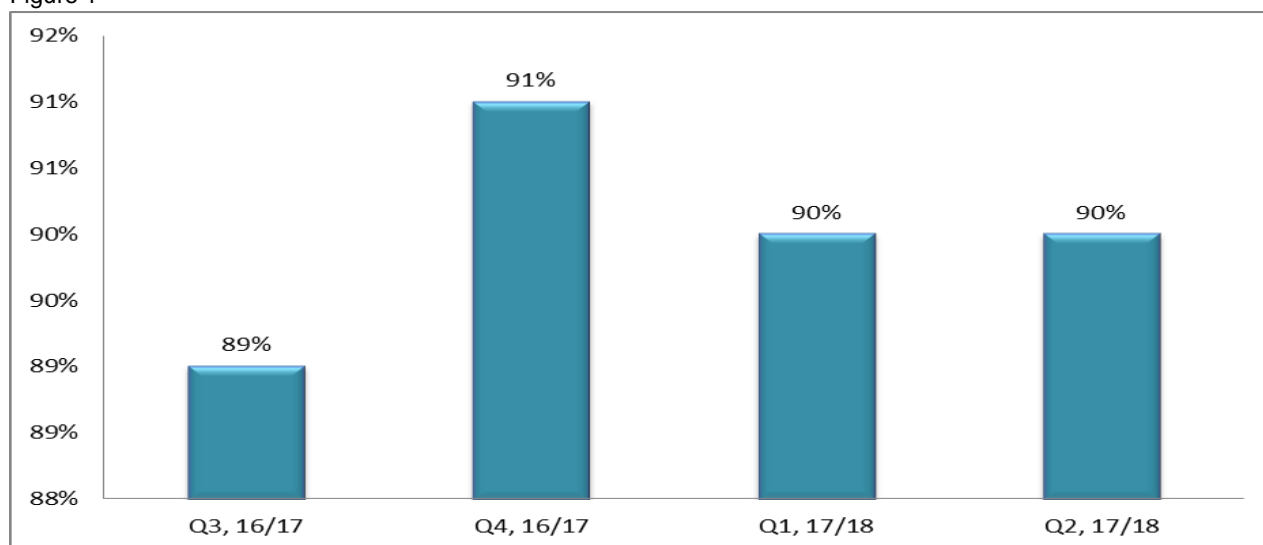
	Number of responses	FFT Score (%)
July 2017	152 (137 positive)	90%
August 2017	134 (117 positive)	87%
September 2017	337 (308 positive)	91%
Total	623 (562 positive) (last quarter = 617)	90% (last quarter = 90%)

The Quarter 2 response rates are slightly higher than the previous quarter. This is encouraging news, it is expected that this increase will continue as the new system continues to be embedded along with the planned introduction of SMS surveys in Quarter 3 2017/18.

The FFT score for Quarter 2 has remained consistent with that received in 2016/17. The Trust continues to maintain a high percentage of people who would recommend our services.

FFT Scores for 2gether NHS Foundation Trust for the past year. The following graph shows the FFT Scores for the past rolling year, including this quarter. The Trust receives consistently positive feedback.

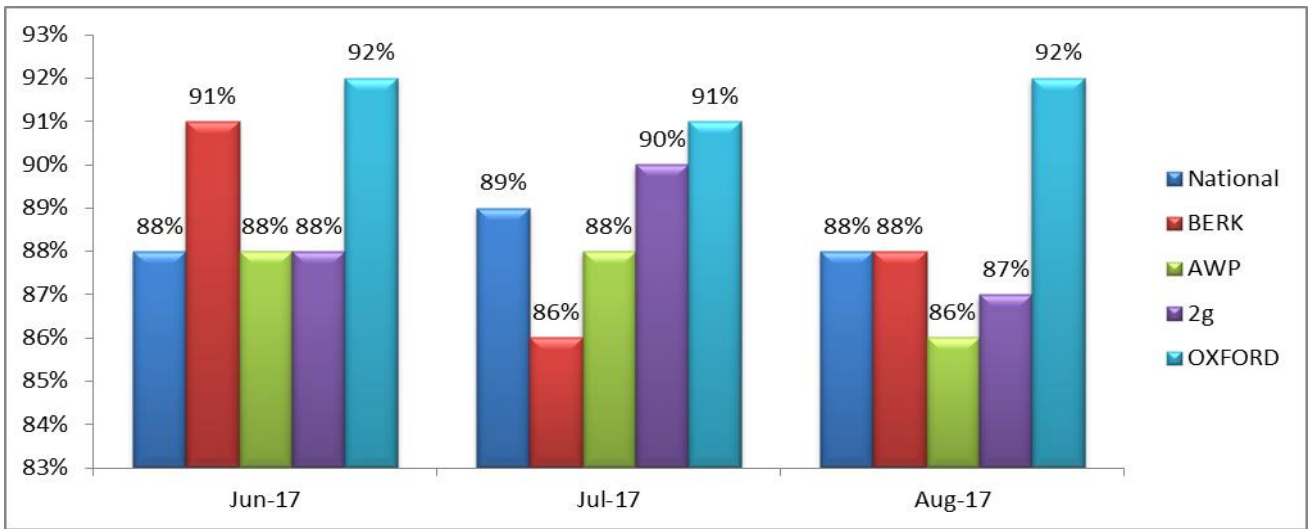
Figure 1



The FFT score for Quarter 2 has remained consistent with previous quarters. The Trust continues to maintain a high percentage of people who would recommend our services.

Friends and Family Test Scores – comparison between 2gether Trust and other Mental Health Trusts across England

The chart below shows the FFT scores for June, July, and August 2017 (the most recent data available) compared to other Mental Health Trusts in our region and the national average. Our Trust consistently receives a high percentage of recommendation in line with other Mental Health Trusts in the region (September 2017 data is not yet available).



2g – 2gether NHS Foundation Trust // AWP – Avon and Wiltshire Mental Health Partnership NHS Trust
 BERK – Berkshire Healthcare NHS Foundation Trust // OXFORD – Oxford Health NHS Foundation Trust

Safety

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure that we assess the safety of those who use our services as well as providing a safe environment for service users, staff and everyone else that comes into contact with us. In this domain, we have set ourselves 3 goals to:

- Minimise the risk of suicide of people who use our services;
- Ensure the safety of people detained under the Mental Health Act;
- Reduce the number of prone restraints used in our adult inpatient services:

There are 3 associated targets.

Target 3.1 Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.

We aim to minimise the risk of suicide amongst those with mental disorders through systematic implementation of sound risk management principles. In 2013/14, during which year we reported **22** suspected suicides, we set ourselves a specific quality target for there to be fewer deaths by suicide of patients in contact with teams and we have continued with this important target each year. Sadly the number increased and during 2016/17 we reported **26** suspected suicides. At the end of Quarter 2 2017/18 the number of reported suspected suicides was **14**, 3 less than at the end of the same quarter last year. This is seen in Figure 4.

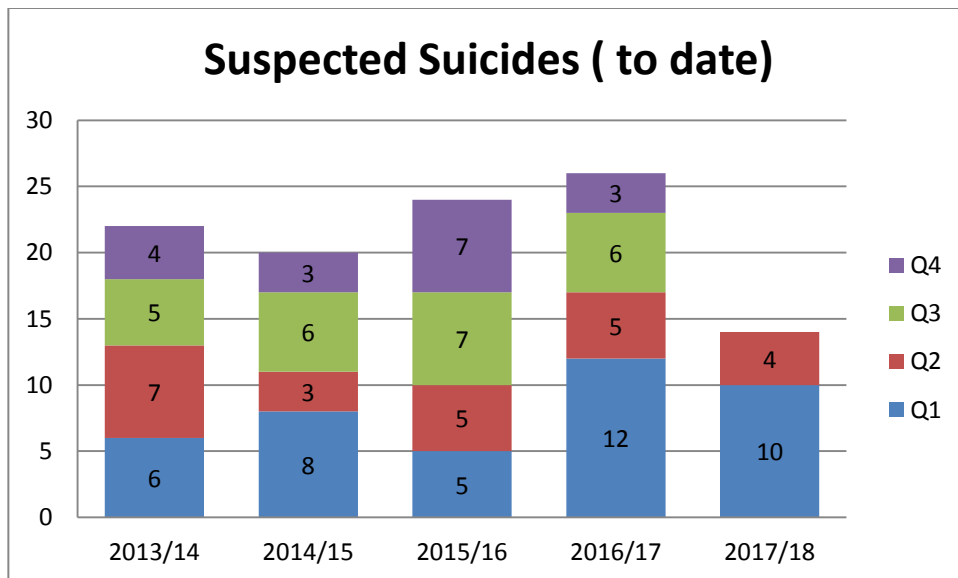


Figure 4

What we also know is that we are seeing more and more service users on our caseload year on year, so we are going to measure this important target differently this year. This will be as reported as a rate per 1000 service users on the Trust caseload. The graph in Figure 5 shows this rate from 2014/15 onwards for all Trust services covering Herefordshire and Gloucestershire, and we are aiming to see the median value (green line) get smaller. During both 2015/16 and 2016/17 the median value was 0.09. At the end of Quarter 2 2017/18, the median value remains at 0.09.

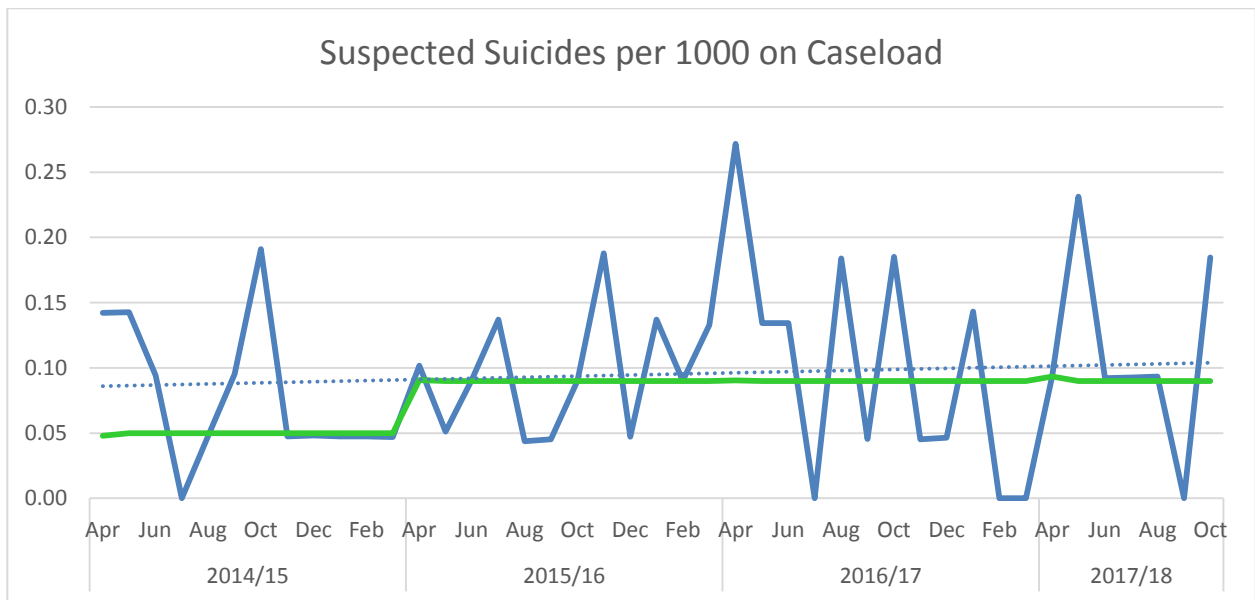


Figure 4

In terms of the inquest conclusions, these are shown in Figure 6 below. It is seen that the majority of reported suspected suicides are determined as such by the Coroner.

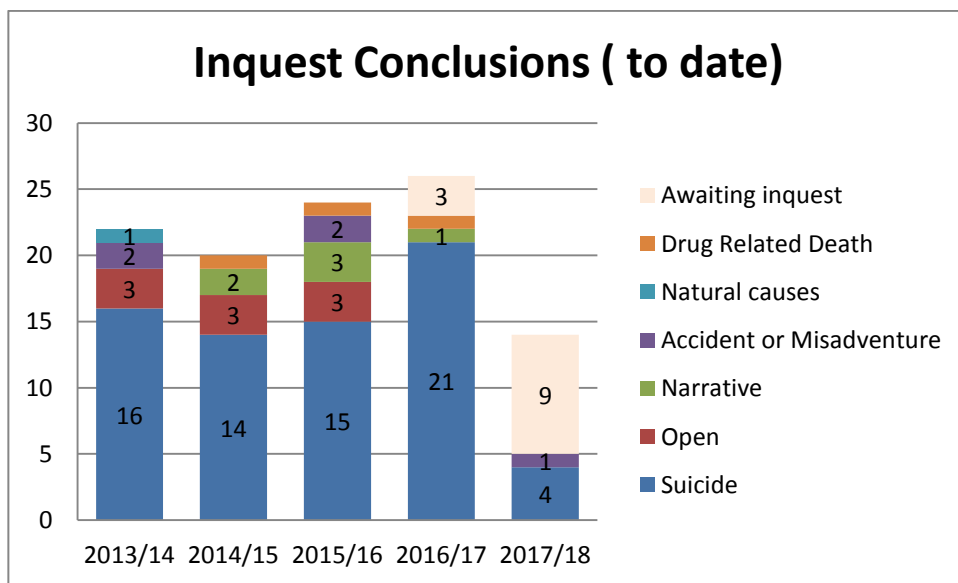


Figure 6

We are currently meeting this target.

Target 3.2 Detained service users who are absent without leave (AWOL) will not come to serious harm or death.

Much work has been done to understand the context in which detained service users are absent without leave (AWOL) via the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative. AWOL reporting includes those service users who:

1. Abscond from a ward,
2. Do not return from a period of agreed leave,
3. Abscond from an escort.

In 2015/16 we reported **114** occurrences of AWOL (83 in Gloucestershire and 31 in Herefordshire). Last year we reported **211** occurrences of AWOL (162 in Gloucestershire and 49 in Herefordshire) so there has been a considerable increase in the numbers of people who are AWOL year on year. There are a number of factors which influence this, including open wards, increased numbers of detained patients in our inpatient units, increased acuity, and on occasion, service users who leave the hospital without permission multiple times.

What we want to ensure is that no service users who are AWOL come to serious harm or death, so this year we are measuring the level of harm that people come to when absent. The charts below show the levels of harm from our reported AWOLs for each year from 2015/16 onwards.

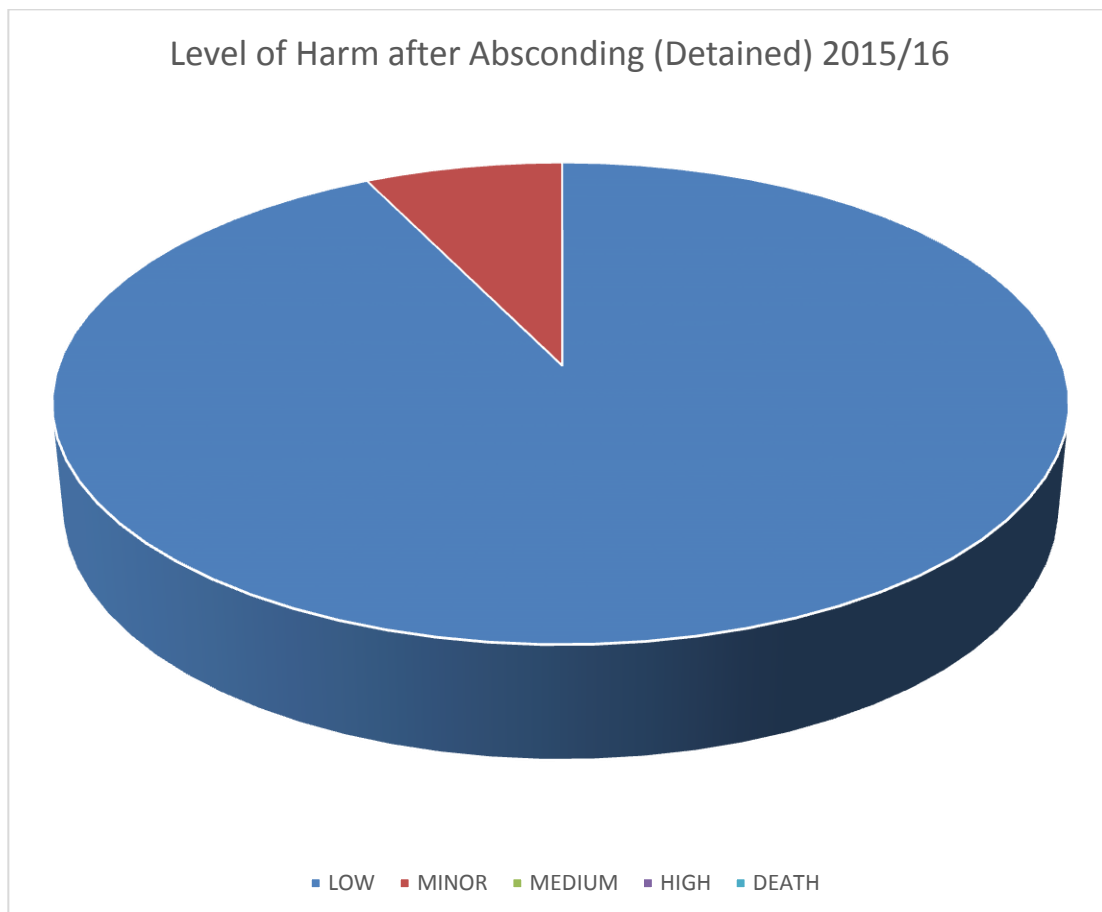


Figure 7

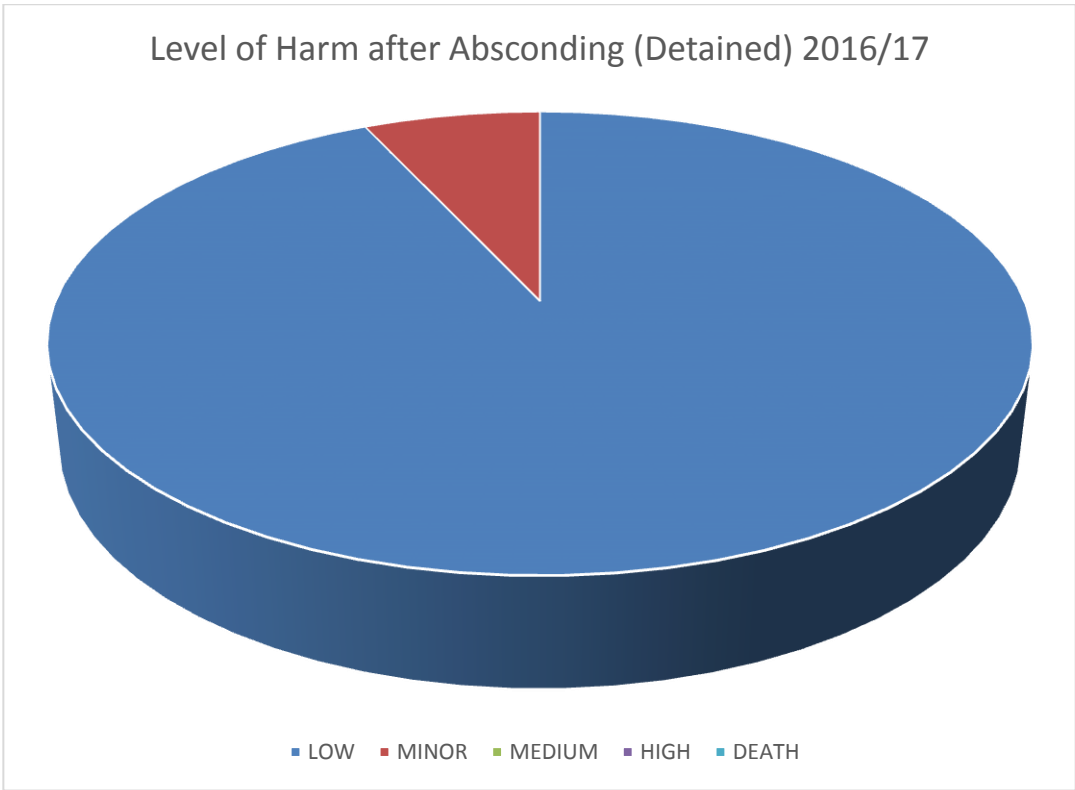


Figure 8

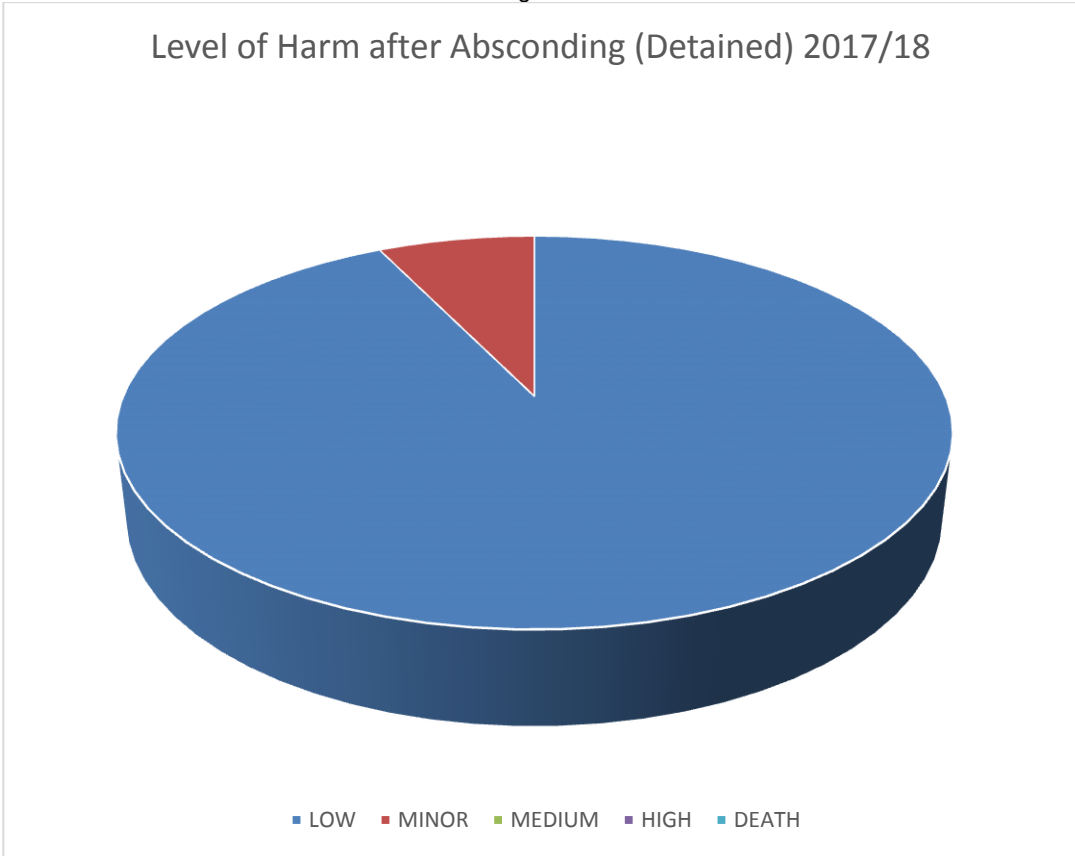


Figure 9

We are meeting this target.

Target 3.3 To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU)

During 2015/16, the Trust developed an action plan to reduce the use of restrictive interventions, in line with the 2 year strategy – Positive & Safe: developed from the guidance Positive and Proactive Care: reducing the need for restrictive interventions. This strategy offered clarity on what models and practice need to be undertaken to support sustainable reduction in harm and restrictive approaches, with guidance and leadership by the Trust Board and a nominated lead.

The Trust developed its own Positive & Safe Sub-Committee during 2015/16 which is a sub-committee of the Governance Committee. The role of this body is to:

- Support the reduction of all forms of restrictive practice;
- Promote an organisational culture that is committed to developing therapeutic environments where physical interventions are a last resort;
- Ensure organisational compliance with the revised Mental Health Act 1983 Code of Practice (2015) and NICE Guidance for Violence and Aggression;
- Oversee and assure a robust training programme and assurance system for both Prevention & Management of Violence & Aggression (PMVA) and Positive Behaviour Management (PBM);
- Develop and inform incident reporting systems to improve data quality and reliability;
- Improve transparency of reporting, management and governance;
- Lead on the development and introduction of a Trust wide RiO Physical Intervention Care Plan/Positive Behavioural Support.

As use of prone restraint (face down) is sometimes necessary to manage and contain escalating violent behaviour, it is also the response most likely to cause harm to an individual. Therefore, we want to minimise the use of this wherever possible through effective engagement and occupation in the inpatient environment. All instances of prone restraint are recorded and this information was used to establish a baseline in 2015/16. Overall, there were **121** occasions when prone restraint was used in our acute adult wards and PICU.

At the end of 2016/17, **211** instances of prone restraint were used as seen in Figure 8 which was an overall increase.

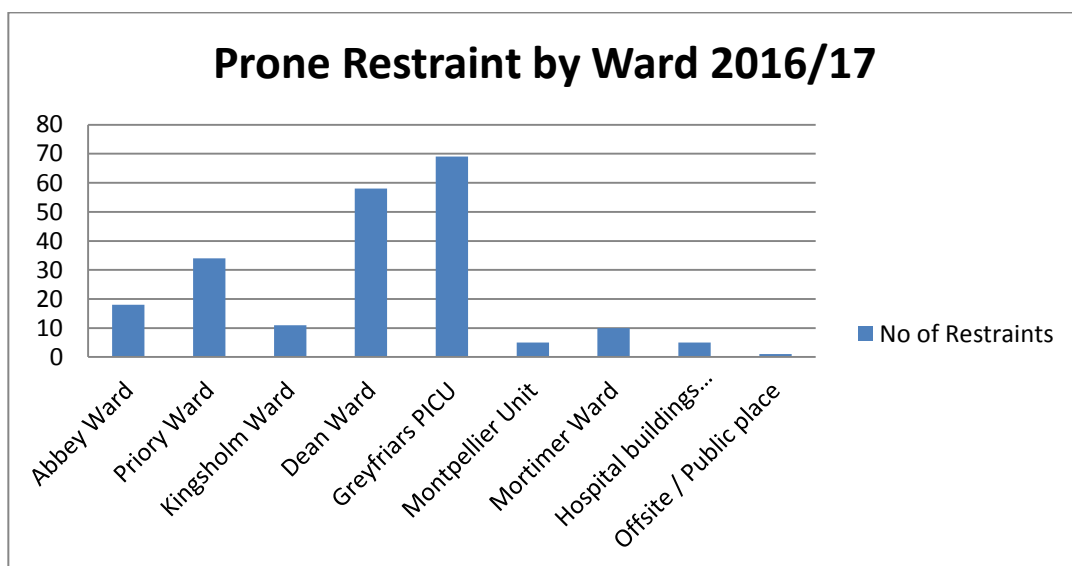


Figure 10

In terms of further developments to minimise the use of prone restraint, injection sites for the purpose of rapid tranquillisation have been reviewed. Historically, staff have been trained to provide rapid tranquillisation intramuscularly via the gluteal muscles, this necessitates the patient being placed into the prone restraint position if they are resistant to the intervention. New training is in the process of being rolled out to all inpatient nursing and medical staff to be able to inject via the quadriceps muscles. This requires the patient to be placed in the supine position which poses less risk. These important changes are being implemented during 2017/18 and it is anticipated that we will ultimately see a corresponding reduction in the use of prone restraint.

At the end of Quarter 1, **80** instances of prone restraint were used which saw a further increase, however, **54** prone restraints were reported in Quarter 2 which is 26 occurrences less than the previous quarter.

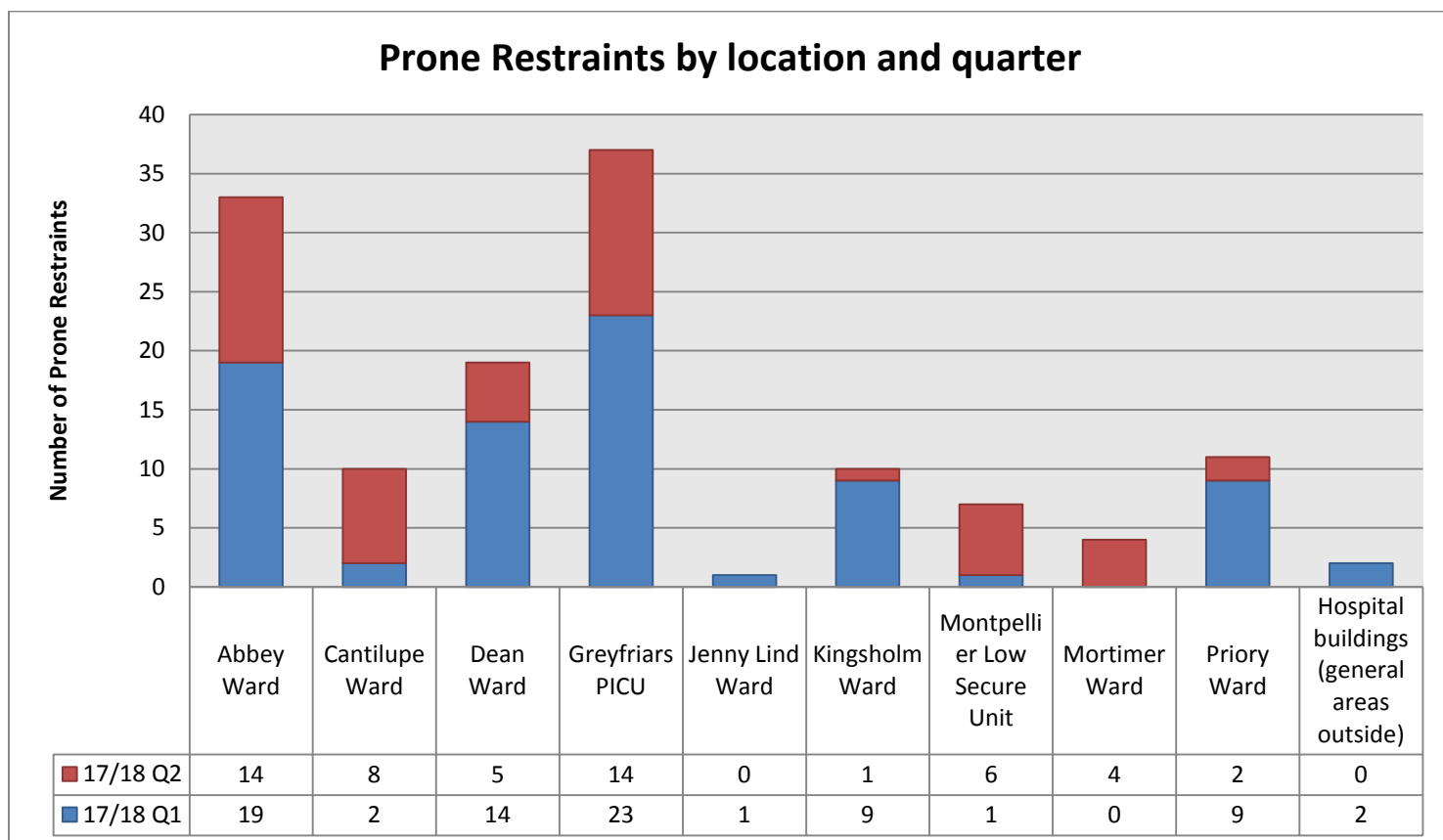


Figure 11

We have not yet met this target.

Serious Incidents reported during 2017/18

By the end of Quarter 2 2017/18, **28** serious incidents were reported by the Trust, **3** of which were subsequently declassified; the types of these incidents reported are seen below in Figure 10.

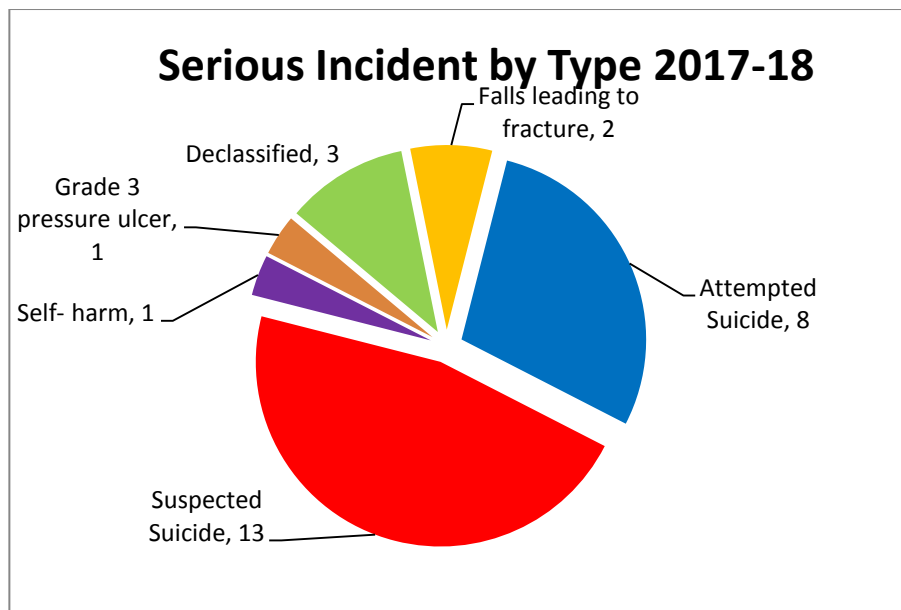


Figure 10

Figure 11 shows a 4 year comparison of reported serious incidents. The most frequently reported serious incidents are “suspected suicide” and attempted suicide which is why we continue to focus on suicide prevention activities in partnership with stakeholders. All serious incidents were investigated by senior members of staff, all of whom have been trained in root cause analysis techniques. To further improve consistency of our serious incident investigations we have seconded a whole time equivalent Lead Investigator for 12 months who commenced this important work in May 2017, and a further dedicated Investigating Officer is now available via the Trust’s Staff Bank. This arrangement will be reviewed during Quarter 4 2017/18.

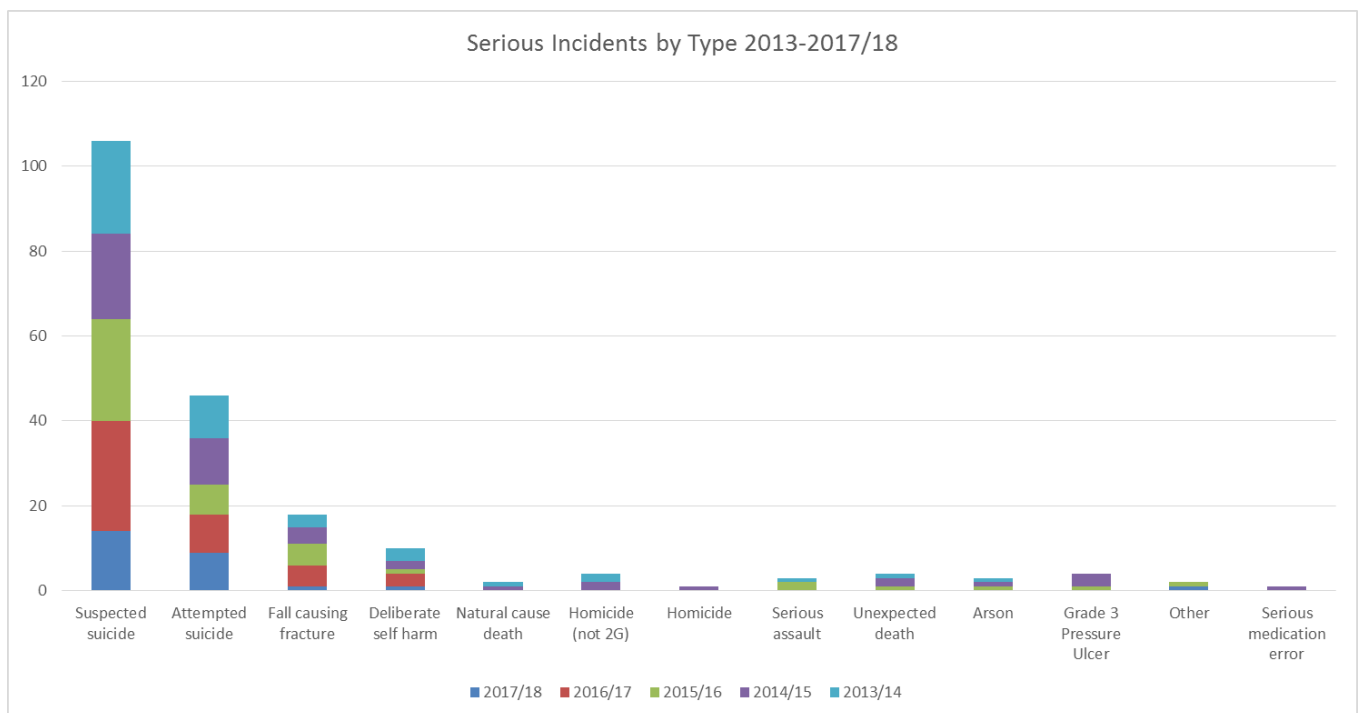


Figure 11

Wherever possible, we include service users and their families/carers to ensure that their views are central to the investigation, we then provide feedback to them on conclusion. During 2016/17 we engaged the Hundred Families organisation to deliver 'Making Families Count' training to 51 staff to improve our involvement of families and this will be explored further next year. During 2017/18 we will also be developing processes to provide improved support to people bereaved by suicide. The Trust shares copies of our investigation reports regarding "suspected suicides" with the Coroners in both Herefordshire and Gloucestershire to assist with the Coronial investigations.

There have been no Department of Health defined "Never Events" within the Trust during 2017/18. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Duty of Candour

The Duty of Candour is a statutory regulation to ensure that providers of healthcare are open and honest with services users when things go wrong with their care and treatment. The Duty of Candour was one of the recommendations made by Robert Francis to help ensure that NHS organisations report and investigate incidents (that have led to moderate harm or death) properly and ensure that service users are told about this.

The Duty of Candour is considered in all our serious incident investigations, and as indicated in our section above regarding serious incidents, we include service users and their families/carers in this process to ensure their perspective is taken into account, and we provide feedback to them on conclusion of an investigation. Additionally, we review all reported incidents in our Datix System (incident reporting system) to ensure that any incidents of moderate harm or death are identified and appropriately investigated.

To support staff in understanding the Duty of Candour, we have historically provided training sessions through our Quality Forums and given all staff leaflets regarding this. There is also a poster regarding this on every staff notice board.

During the CQC comprehensive inspection of our services, they reviewed how the Duty of Candour was being implemented across the Trust and provided the following comments in their report dated 27 January 2016.

"Staff across the trust understood the importance of being candid when things went wrong including the need to explain errors, apologise to patients and to keep patients informed."

"We saw how duty of candour considerations had been incorporated into relevant processes such as the serious investigation framework and complaints procedures. Staff across the trust were aware of the duty of candour requirements in relation to their role."

Our upgraded Incident Reporting System (Datix) has been configured to ensure that any incidents graded moderate or above are flagged to the relevant senior manager/clinician, who in turn can investigate the incident and identify if the Duty of Candour has been triggered. Only the designated senior manager/clinician can "sign off" these incidents.

Mortality Reviews

From 1 April 2016 the Trust has collected detailed information regarding the deaths of patients open to our services, and deaths within 6 months of their discharge from services in preparation for the "Single Framework for Reviewing Deaths in the NHS" requirement which was published in March 2017. To date, there is limited assurance that the data collected is of good quality. However, several

improvements have been made to both Datix and the technology available for collecting information relating to patient deaths.

An administrator has been employed in a full-time capacity from October 2016 to begin to complete initial screening of the reported patient death information and the categorisation of patient deaths within the Mazars categories of Expected Natural 1, Expected Natural 2, Expected Unnatural, Unexpected Natural 1, Unexpected Natural 2, and Unexpected Unnatural. The pro-forma review tool based on the Learning Disabilities Mortality Review Programme (LeDer) format will be utilised within the Datix system to assist with desktop reviews of healthcare records, and red flag indicators are being developed by the Clinical Directors involved with the mortality work to identify deaths which should be more closely investigated.

The 'active' review of patient information commenced from 1 April 2017 and our 'Learning from Deaths Policy' was approved by the Board and published in September 2017 in line with the requirements of the "National Guidance on Learning from Deaths". We will be publishing our mortality review data by Quarter 3 2017/18.

Sign up to Safety Campaign – Listen, Learn and Act (SUP2S)

2gether NHS Foundation Trust signed up to this campaign from the outset and was one of the first 12 organisations to do so. Within the Trust the campaign is being used as an umbrella under which to sit all patient safety initiatives such as the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative, the NHS Safety Thermometer, Safewards interventions and the Reducing Physical Interventions project. Participation in SUP2S webinars has occurred, and webinar recordings are shared with colleagues. A Safety Improvement Plan has been developed, submitted and approved. Monitoring of progress as a whole is completed every 6 months via the Trust Governance Committee, but each work stream has its own regular forum and reporting mechanisms.

Indicators & Thresholds for 2017/2018

The following table shows the metrics that were monitored by the Trust during 2016/17. These are the indicators and thresholds from NHS Improvement.

		2015-2016 Actual	2016-2017 Actual	National Threshold	2017-2018 Actual
1	Clostridium Difficile objective	0	3	0	0
2	MRSA bacteraemia objective	0	0	0	0
3	7 day CPA follow-up after discharge	95.63%	98%	95%	99%
4	CPA formal review within 12 months	99.35%	99%	95%	97%
5	Delayed transfer of care	1.02%	1.7%	≤7.5%	0.7%
6	Admissions gate kept by Crisis resolution/home treatment services	99.74%	99%	95%	100%
7	Serving new psychosis cases by early intervention teams	63.56%	71%	50%	74%
8	MHMDS data completeness: identifiers	99.57%	99.9%	97%	99.9%
9	MHMDS data completeness: CPA outcomes	97.42%	94.7%	50%	94.6%
10	Learning Disability – six criteria	6	6	6	6
11	EIP: Receipt of NICE approved care within 2 weeks	-	71.3%	50%	tbc
12	Improving access to psychological therapies - treated within 6 weeks of referral - treated within 18 weeks of referral		37.8%	75% 95%	58% 86%

Commissioner Agreed Developments

This will be included at year-end.

Community Survey 2016

This will be included at year-end.

Staff Survey 2016

This will be included at year-end.

PLACE Assessment 2016

This will be included at year-end.

Annex 1: Statements from our partners on the Quality Report

This will be included at year-end.

The Royal College of Psychiatrists

This will be included at year-end.

Annex 2: Statement of Directors' Responsibilities in respect of the Quality Report

This will be included at year-end.

Annex 3: Glossary

ADHD	Attention Deficit Hyperactivity Disorder
BMI	Body Mass Index
CAMHS	Child & Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care.

CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.
GriP	Gloucestershire Recovery in Psychosis (GriP) is ² gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
IAPT	Improving Access to Psychological Therapies
Information Governance (IG) Toolkit	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards.
MCA	Mental Capacity Act
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
Monitor	Monitor is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament.
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
NHS	The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE	The National Institute for Health and Care Excellence (previously National Institute for Health and Clinical Excellence) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NIHR	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.

NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
PBM	Positive Behaviour Management
PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
RiO	This is the name of the electronic system for recording service user care notes and related information within ² gether NHS Foundation Trust.
ROMs	Routine Outcome Monitoring (ROMs)
SIRI	Serious Incident Requiring Investigation, previously known as a “Serious Untoward Incident”. A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Report, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

Annex 4: How to Contact Us

About this report

If you have any questions or comments concerning the contents of this report or have any other questions about the Trust and how it operates, please write to:

Mr Shaun Clee
Chief Executive Officer
2gether NHS Foundation Trust
Rikenel
Montpellier
Gloucester
GL1 1LY

Or email him at: shaun.clee@nhs.net

Alternatively, you may telephone on 01452 894000 or fax on 01452 894001.

Other Comments, Concerns, Complaints and Compliments

Your views and suggestions are important us. They help us to improve the services we provide.

You can give us feedback about our services by:

- Speaking to a member of staff directly
- Telephoning us on 01452 894673
- Completing our Online Feedback Form at www.2gether.nhs.uk
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our Trust sites or from our website www.2gether.nhs.uk
- Using one of the feedback screens at selected Trust sites
- Contacting the Patient Advice and Liaison Service (PALS) Advisor on 01452 894072
- Writing to the appropriate service manager or the Trust's Chief Executive

Alternative Formats

If you would like a copy of this report in large print, Braille, audio cassette tape or another language, please telephone us on 01452 894000 or fax on 01452 894001.

Recommendations for improvement

Appendix 2

Indicator	Deloitte Recommendation	Management Response	Priority (H/M/L)	Update/Comments	Status
Delayed Transfers of Care	<p>Recommendation 1</p> <p>It is recommended that clinicians are reminded to clearly document the planned discharge date on the electronic patient record (RiO notes).</p> <p>We identified five cases in which the start date per the DTOC form was not supported by information included within RiO notes. In four of these cases this led to the inaccurate calculation of DTOC length.</p> <p>It is recommended that the Trust preforms data validation audits in the year ahead address the issues identified with DTOC.</p>	<p>This action is now delivered via daily bed management meetings and weekly DTOC meeting; it is the responsibility of the multi-professional team to provide clarification on DTOC status and the initiation date. It is the responsibility of the bed manager to ensure that planned discharge dates are recorded appropriately within RiO and correlate with the DTOC start date.</p> <p>Practice notice reminders will be cascaded via local management board and operational performance sub committees.</p> <p>Responsible Officer: Practice review: Leon Meek, Operational and Performance Lead Countywide. Data Quality: Chris Woon, Head of Information.</p> <p>Timeline: Practice notice June 2017</p> <p>Process for updating Council of Governors: Data Quality report July 2017</p>	M	<p>The processes as described in the management response are active and audited on a monthly basis by the bed management team. It is acknowledged that the audit process highlights anomalies within ward reporting which is subsequently addressed via the bed management and DTOC meeting. (it can be accepted that discrepancies arise in the national variation in DTOC criteria for adult Social Care and Adult Mental Health)</p>	Ongoing

<p>Delayed Transfers of Care</p>	<p>Recommendation 2</p> <p>It is recommended that clinicians are reminded to clearly document a reason for the delayed transfer of care (DTC) on the electronic patient record (RiO notes). We identified two cases in which the responsible party for the DTC per the DTC form was not supported by RiO notes.</p>	<p>This action is now delivered via daily bed management meetings and weekly DTC meeting; it is the responsibility of the multi-professional team to provide clarification on DTC status and the initiation date. It is now the responsibility of the bed manager to ensure the reason for DTC is captured within Rio. Practice notice reminders will be cascaded via the local management board and operational performance sub committees.</p> <p>Responsible Officer: Practice review: Leon Meek, Operational and Performance Lead Countywide. Data Quality: Chris Woon, Head of Information.</p> <p>Timeline: Practice notice June 2017</p> <p>Process for updating Council of Governors: Data Quality report July 2017</p>	<p>M</p>	<p>This action is active, ongoing and audited regularly via the bed management and DTC process. (we have found no anomalies at present, however as detailed above, it can be accepted that discrepancies arise in the national variation in DTC criteria for Adult Social Care and Adult Mental Health))</p>	<p>Ongoing</p>
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<p>Crisis Gatekeeping</p>	<p>Recommendation 3</p> <p>It is recommended that clinicians are reminded of the requirements for progress notes to be written with clarity and to validate notes. We identified three cases that were recorded as compliant, for which there was no evidence of CRHT contact prior to admission. In two of these cases, there was also no information available within RiO notes in support of CRHT contact.</p>	<p>It is acknowledged that there are occasions where incongruences in reporting do arise at the point of admission and characteristically occurs where individuals are restricted via mental health legislation and admission via this route displaces gatekeeping via locality crisis resolution teams. We are currently working with our Rio reporting Clinical Systems Manager to capture this route of admission. Practice notice reminders will be cascaded via the local management board and operational performance sub committees.</p> <p>Responsible Officer: Practice review: Leon Meek, Operational and Performance Lead Countywide. Data Quality: Ruth Wethey, Clinical Systems Manager</p> <p>Timeline: Practice notice September 2017</p> <p>Process for updating Council of Governors: Mid-year review and report September/October 2017</p>	<p>M</p>	<p>This route of admission is acknowledged and where identified as breaching via our reporting systems will require further audit for correction.</p> <p>We are actively working with our RiO Clinical Systems Team to capture this route of admission.</p>	<p>Ongoing</p>
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<p>Suicide Prevention</p>	<p>Recommendation 4</p> <p>It is recommended that staff are reminded of the importance of ensuring that dates are recorded accurately within the Serious Incidents database. We identified eight cases in which dates had been inaccurately recorded per the Serious Incidents Database. There is a risk that the Trust will fail to comply with regulatory requirements where dates have been recorded inaccurately within the Serious Incident Database.</p>	<p>Initial reports are calculated using an online date calculator based upon the date of reporting the incident on STEIS – 3 working days are added to that date for submission of the 72-h interim (initial) report. The dates of the final report due for submission to commissioners is calculated in the same way, wherein 60 working days are added to the date of reporting of the incident, and this date is cross checked against that provided by the STEIS system. All dates will be double checked by the Patient Safety Manager & Patient Safety Administrator. In addition, there is regular open dialogue with both clinical commissioning groups with regard to expected due dates for final reports, and the CCGs have raised no concerns regarding reporting deadlines. Given the active management of the serious incident process, the identified risk is acknowledged but is considered low</p> <p>Responsible Officer: Paul Ryder, Patient Safety Manager</p> <p>Timeline: June 2017</p> <p>Process for updating Council of Governors: Mid-year review and report September/October 2017</p>	<p>L</p>	<p>Initial reports continue to be calculated via an online date calculator.</p> <p>Any extensions to deadlines are negotiated with commissioners and no reporting breaches have been identified by commissioners to date during 2017/18.</p>	<p>Ongoing</p>
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<p>Suicide Prevention</p>	<p>Recommendation 5 It is recommended that clinicians are advised of the importance of maintaining a clear audit trail in respect of the Suicide Prevention Toolkit/Ligature Point Audits and all supporting information is saved on the Trust's L drive. From our testing of the Suicide Prevention Toolkit, we identified that for two sites selected (Charlton Lane and Stonebow Unit (Mortimer), although there was evidence available that the audit had been completed, information in respect of the auditor and the date that the audit was performed was not recorded. Additionally, from our testing of the ligature audits, we identified that for two sites selected (Wotton Lawn – Elmbridge Suite and Herefordshire Service – Oak House), again, although documentation was available that suggested that audits had been completed, a record of the auditor and the date that the audit had been completed had not been recorded.</p>	<p>Matron Managers and Community Services Managers will be issued with guidance regarding identification of the member of staff completing the suicide prevention toolkit/ligature audit and the date of completion</p> <p>Responsible Officer: Gordon Benson, Assistant Director of Governance & Compliance</p> <p>Timeline: June 2017</p> <p>Process for updating Council of Governors: Mid-year review and report September/October 2017</p>	<p>M</p>	<p>Matron Managers and Community Services Manager were sent an email on 25 May 2017 notifying them of this requirement.</p> <p>Community Suicide Prevention Toolkits have a front sheet detailing auditor and date.</p> <p>Inpatient audits incorporate wider ICP requirements, are dated monthly but do not identify the author as information is completed by from a variety of sources.</p> <p>PWC (Internal Audit) will be undertaking an audit of the Ligature Audit process during Quarter 4 2017/18</p>	<p>Complete</p>
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<p>Suicide Prevention</p>	<p>Recommendation 6</p> <p>It is recommended that Suicide Prevention Toolkit auditors are advised of the importance of ensuring that all relevant documentation is forwarded to Governance. From our testing of the Suicide Prevention Toolkit, we identified one case in our sample of three (Charlton Lane) in which only summary information was reported to Governance i.e. the completed checklist was not forwarded, therefore we were not able to gain assurance that checks had been completed in full.</p>	<p>Charlton Lane & Wotton Lawn currently submit the summary information taken from the ICP/Suicide Prevention Toolkit. Matron Managers will be required to submit the detailed ICP/suicide Prevention Toolkits for each ward.</p> <p>Responsible Officer: Gordon Benson, Assistant Director of Governance & Compliance</p> <p>Timeline: June 2017</p> <p>Process for updating Council of Governors: Mid-year review and report September/October 2017</p>	<p>L</p>	<p>The Assistant Director of Governance & Compliance now has access to CLC & WLH L drive folders containing the detailed ICP/suicide prevention toolkits and can check completeness from the source folder.</p>	<p>Complete</p>
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Agenda item 12

Enclosure No

Paper F

Report to: Council of Governors, 16 January 2018
Author: Kate Nelmes, Head of Communications
Presented by: Jane Melton, Director of Engagement and Integration

SUBJECT: Membership Report including Data Update

This Report is provided for:

Decision	Endorsement	Assurance	Information
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EXECUTIVE SUMMARY

This report provides a brief membership report to inform the Council of Governors about:

- * Information for members
- * Governor Engagement Events
- * Information about membership (year to date)

RECOMMENDATIONS

That the Council of Governors notes the content of this report.

Corporate Considerations

<i>Quality Implications:</i>	An active and representative group of members will assist the organisation to understand the experience of its service and contribute to the goal of inclusion and engagement.
<i>Resource implications:</i>	Membership activity requires continued resource to realise the benefits of a strong membership engagement and contribution.
<i>Equalities implications:</i>	Understanding the diversity of membership will assist to enable recruitment and retention of members to best effect.
<i>Risk implications:</i>	There are risks of marginalising certain groups within the local community if attention is not paid to membership demographics.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?	
Continuously Improving Quality	C
Increasing Engagement	C
Ensuring Sustainability	C

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
Jane Melton	Date	5 January 2018

Where in the Trust has this been discussed before?		
	Date	
What consultation has there been?		
	Date	

Explanation of acronyms used:	N/A
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1. Membership Activity and Development Plan

- 1.1 Our newly formed Membership Advisory Group has met twice – once during July and once during September 2017. A meeting planned for December was postponed due to the unavailability of group members due to other commitments. Currently the group is comprised of three Governors, two members of Trust staff and two public members. We plan on holding our next meeting in Herefordshire and hope to attract representation from Herefordshire, as this has not yet been achieved.

The first meeting enabled us to set out our plans and suggestions for taking the group forward, while the second enabled us to focus on business such as reviewing the membership form and extending our membership, particularly among under-represented groups.

- 1.2 We continue to promote membership at events, via social media and recruit members through the Trust website.

2. Information for Members




- 2.1 Our most recent membership newsletter was published in December. The next will be published in April or May.
- 2.2 We are planning to issue an E-flyer this quarter, to provide an update on our work with Gloucestershire Care Services, encourage members to consider volunteering and promote our events and services.

3. Governor Engagement Events

3.1 Our Herefordshire Governors are supporting a Carers event being held to coincide with Time to Talk Day (February 1). We hope to plan more Governor engagement events in the near future – particularly during Mental Health Awareness Week in May (14 to 20 May).

4. Information about Membership

Information about the membership of ²gether NHS Foundation Trust is provided in Tables 1, 2 and 3 below. The key to the colour coding in the tables is as follows:

-  More than 5% increase in members recruited
-  Public membership numbers remain approximately the same (within 5%)
-  More than 5% reduction in membership numbers

4.1 The headline message is that, as of 31 December 2017, we have 301 more public members than we had at the end of 2016/17.

Table 1: Public, Staff and total Membership Data as at 31 December 2017




Membership Type	End of 2016/17	31 Dec 2017	Direction compared to final 2016/17 figures	Change in membership numbers
Public Membership	5355	5656		+ 301 (5.6%)
Staff Membership	2088	2130		+ 42 (2%)
Total Membership	7443	7786		+ 343 (4.6%)

Table 2: Characteristics of Public Members by disability and gender at end December 2017




Membership characteristic	End of 2016/17	31 Dec 2017	Direction compared to final 2016/17 figures	Change in membership numbers
Disability (public membership only)	706	724		+ 18 (2.4%)
Men (public membership only)	1867	1908		+ 41 (2.2%)
Women (public membership only)	3488	3748		+ 260 (7.5%)

Table 3: Public Membership within each constituency

Constituency	End of 2016/17	31 Dec 2017	Direction compared to final 2016/17 figures	Change in membership numbers
Cheltenham	884	899	↑	+15 (1.7%)
Cotswolds	376	382	↑	+6 (1.6%)
Forest of Dean	557	582	↑	+25 (4.5%)
Gloucester	1406	1494	↑	+88 (6.3%)
Stroud	816	865	↑	+49 (6%)
Tewkesbury	596	620	↑	+24 (4%)
Herefordshire	355	414	↑	+59 (17%)
Greater England	365	400	↑	+35 (10%)
TOTAL public membership to date this year			↑	+ 301 (5.6%)