Quality Report 2016/17

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Introduction

"To improve engagement with service users and carers, we will continue to build upon our commitment to the 'Triangle of Care' programme. We are also introducing a new method of gathering service user and carer feedback."

Our Trust has a clear focus on three strategic priorities. The first and most important to my colleagues and I is 'Continuous Quality Improvement'.

Quality and the pursuit of providing high quality services runs throughout everything we do on a daily basis, for every team, department and service. It is only by focussing on quality that we can achieve our overall purpose of Making Life Better for our communities, service users and carers.

This report outlines the quality standards either set nationally or that we have set for ourselves, how we monitor performance against those standards, our main quality achievements during 2016/17 and the priorities we will focus upon in the coming 12 months.

In summary, our main quality initiatives this year included:

- measures focussed on improving the physical health of our service users;
- improving care planning, discharge and transition processes;
- enhancing the perinatal mental health care pathway;
- risk reduction (in the form of improving transitions from children's' to adult services, reducing opportunity for detained patients to be absent without leave, suicide prevention activities and improved inpatient discharge planning); and
- including and involving service users and carers.

Whilst we have continued to make strong progress, we have not achieved every target we set out to and the reasons for that are many, varied and complex. These priorities will continue to be the focus of our attention in 2017/18, as we recognise their importance for the health and wellbeing of our communities.

One of our main initiatives for 2017/18 is our move to becoming 'Smokefree'. This will go a long way towards helping service users, carers and staff to quit smoking and improve their physical health. We also hope to build on our most successful flu vaccination programme, in which 77 per cent of staff and service users were vaccinated for the 2016/17 flu season.

To improve engagement with service users and carers, we will continue to build upon our commitment to the 'Triangle of Care' programme. We are also introducing a new method of gathering service user and carer feedback.

For safety, we have a number of initiatives planned for the coming year. These include the continued embedding of our new Mental Health Acute Response Service, work with the media to encourage responsible reporting of suicides or suspected suicides and awareness raising of a new 'app' to help people at risk of suicide.

Our comprehensive CQC inspection in October 2015 continues to inform many of our quality initiatives. Our overall outcome was 'good', however we are ambitious and there were some areas for

further development. While the vast majority of these areas have been fully addressed, there are still some issues we continue to work on, with the aim of improving still further.

The content of this report has been reviewed by the people who pay for our services (our commissioners), the Health and Care Scrutiny Committees of our local authorities and Healthwatch. Their views on this report are included on page 56. The report is also subject to review by our external auditor.

In preparing our Quality Report, we have used 'best endeavours' to ensure that the information presented is accurate and provides a fair reflection of our performance during the year. The Trust is not responsible, and does not have direct control for all of the systems from which the information is derived and collated. The provision of information by third parties introduces the possibility that there is some degree of error in our performance, although we have taken all reasonable steps to verify and validate such information.

As Chief Executive, I confirm that to the best of my knowledge the information within this document is accurate.

On behalf of our Trust, I am privileged to present this Quality Report, containing many significant achievements and an outline of our areas of focus for the coming year. I will work with my colleagues, Board, Governors, communities and partner organisations to strive for continued quality improvements during 2017/18.

Shaun Clee
Chief Executive
[2]gether NHS Foundation Trust

Date: 24 May 2017

Part 2.1: Looking ahead to 2017/18

Quality Priorities for Improvement 2017/18

This section of the report looks ahead to our priorities for quality improvement in 2017/18.

We have developed our quality priorities under the three key dimensions of **effectiveness, user experience** and safety and these have been approved by the Trust Board following discussions with our key stakeholders.

Following feedback from service users, carers and staff, our Governors and commissioners as well as Herefordshire and Gloucestershire Healthwatch, we have identified 7 goals and 10 associated targets for 2017/18. These targets will be measured and monitored through reporting to the Trust Governance Committee with the period of time varying from monthly, quarterly or annually dependent upon what we measure, and the frequency of data collection.

How we prioritised our quality improvement initiatives

The quality improvements in each area were chosen by considering the requirements and recommendations from the following sources:

Documents and organisations:

- Our 2017/18 Business Plan;
- The 2017/18 NHS England Mandate;
- NHS England: Five Year Forward View;
- NHS England: Next Steps on the NHS Five Year Forward View. March 2017;
- Care Quality Commission (via CQC Comprehensive Inspection at our sites in October 2015);
- NHS Outcomes Framework 2016-17;
- Department of Health, with specific reference to 'No health, without mental health' (2011) and 'Mental health: priorities for change (January 2014);
- Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. Department of Health 2015;
- NHS England: Commissioning for Quality & Innovation (CQUIN) Guidance for 2017-2019. November 2016;
- NHS Improvement;
- National Institute for Health & Care Excellence publications including their quality standards;
- Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives. Department of Health 2016;

- National Confidential Inquiry into Suicide & Homicide by People with Mental Illness: Making Mental Health Care Safer, Annual Report and 20-year Review October 2016;
- Gloucestershire Sustainability Transformation Plan (STP); and
- Herefordshire & Worcestershire STP.

The feedback and contributions have come from:

- Healthwatch Gloucestershire;
- Healthwatch Herefordshire;
- Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) and Council colleagues;
- Herefordshire Overview and Scrutiny Committee and Council colleagues;
- Gloucestershire Clinical Commissioning Group;
- Herefordshire Clinical Commissioning Group;
- Internal assurance and Internal Audit reports;
- NHS South of England Mental Health Patient Safety Improvement Programme;
- Trust Governors; and
- Trust clinicians and managers.

Effectiveness

Goal	Target	Drivers
Improving the physical health care for people with serious mental illness.	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.	To support NHS England's commitment to reduce the 15-20 year premature mortality in people with psychosis and improve their safety through improved assessment, treatment and communication between clinicians. We wish to continue to improve the physical health for those people in contact with our services. There is historical data available for year on year comparison.
Ensure that people are discharged from hospital with personalised care plans.	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 .	To ensure effective discharge from our inpatient services and enhance communication with both service users and primary care services. There is historical data available for year on year comparison.
Improve transition processes for child and young people who move into adult mental health services.	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.	As we did not achieve this in 2016/17 we wish to continue to support this as a key quality priority during 2017/18 to further improve our transition processes.

User Experience

Goal	Target	Drivers
Improving the experience of service user in key areas. This will be measured though defined survey questions for both people in the community and inpatients	2.1 Were you involved as much as you wanted to be in agreeing the care you receive? > 92% **Target :** To achieve a response 'Yes' for more than **92%** of the people surveyed.	Questions 2.2 – 2.4 are areas relating to patient experience where we wish to improve following the 2016 Care Quality Commission (CQC) national community mental health survey results.
	2.2 Have you had help and advice to find support to meet your physical health needs if you have needed it? > 76% **Target :** To achieve a response 'Yes' for more than **76%** of the people surveyed.	
	2.3 Do you know who to contact out of office hours if you have a crisis? >74% **Target :** To achieve a response of 'Yes' for more than **74%** of the people surveyed.	
	2.4 Has someone given you advice about taking part in activities that are important to you? > 69% **Target :** To achieve a response of 'Yes' for more than **69%** of the people surveyed.	

Safety

Goal	Target	Drivers
Minimise the risk of suicide of people who use our services.	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.	Gloucestershire Suicide Prevention Strategy and Action Plan. Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives. We have historical data available for year on year comparison. This is a variation on our previous suicide reduction indicator.
Ensure the safety of people detained under the Mental Health Act.	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)	NHS South of England Patient Safety Improvement Programme. It is a high risk area with historical data available for year on year comparison. We have historical data available for year on year comparison. This is a variation on our previous AWOL indicator.
Minimise the risk of harm to service users within our inpatient services when we need to use physical interventions	3.3 To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU) based on 2016/17 data. During 2016/17 we reported **211** such incidents.	Positive and safe: reducing the need for restrictive interventions. April 2014 As we did not achieve this in 2016/17 we wish to continue to support this as a key quality priority during 2017/18 to promote restraint reduction. There is historical data available for year on year comparison.

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

Review of services

The purpose of this section of the report is to ensure we have considered the quality of care across all our services which we undertake through comprehensive reports on all services to the Governance Committee (a sub-committee of the Board).

During 2016/2017, the ²gether NHS Foundation Trust provided and/or sub-contracted the following NHS services:

Gloucestershire

Our services are delivered through multidisciplinary and specialist teams. They are:

- One stop teams providing care to adults with mental health problems and those with a learning disability;
- Intermediate Care Mental Health Services (Primary Mental Health Services & Improving Access to Psychological Therapies);
- Specialist services including Early Intervention, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services; Eating Disorders, Intensive Health Outcome Team and the Learning Disability Intensive Support Service;
- Inpatient care.

Herefordshire

We provide a comprehensive range of integrated mental health and social care services across the county.

Our services include:

- Providing care to adults with mental health problems in Primary Care Mental Health Teams, Recovery Teams and Older People's Teams;
- Children and Adolescent Mental Health care;
- Specialist services including Early Intervention, Assertive Outreach and Crisis Resolution and Home Treatment;
- Inpatient care;
- Community Learning Disability Services;
- Improving Access to Psychological Therapies.

²gether NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services through a systematic plan of quality reporting and assurance that is considered by the Trust's Governance Committee and the Board.

The income generated by the NHS services reviewed in 2016/17 represents 93.3% of the total income generated from the provision of NHS services by the ²gether NHS Foundation Trust for 2016/17.

Participation in Clinical Audits and National Confidential Enquiries

During 2016/17 two national clinical audits and three national confidential enquiries covered NHS services that ²gether NHS Foundation Trust provides.

During that period, ²gether NHS Foundation Trust participated in 50% national clinical audits and 100% of confidential enquiries of the national clinical audits and national confidential enquiries which we were eligible to participate in.

The national clinical audits and national confidential enquiries that ²gether NHS Foundation Trust was eligible and participated in during 2016/17 are as follows:

National Clinical Audits

Clinical Audits	Participated - Yes/No	Reason for no participation
Prescribing Observatory for Mental Health	No	The Trust is not a member of the Observatory.
Early Intervention in Psychosis audit	Yes	N/A

National Confidential Enquiries

National Confidential Enquiries	Participated - Yes/No	Reason for no participation
Confidential Enquiry into Maternal and Child Health	Yes	N/A
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	N/A
Sudden Unexplained Death Study	Yes	N/A

The national clinical audits and national confidential enquiries that ²gether NHS Foundation Trust participated in, and for which data collection was completed during 2016/2017 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Topic	Trust Participation		National Participation	
	Teams	Submissions	Teams	Submissions
Early Intervention in Psychosis	Early Intervention Service	Information not available*	Information not available*	Information not available*

*This information has not been provided by the Royal College of Psychiatrists

The report of 1 national clinical audit was reviewed in 2016/17 and ²gether NHS Foundation Trust intends to take the following action to improve the quality of healthcare provided.

- Continued focus on the physical health of people diagnosed with schizophrenia via Target 1.1 2016/17 - to increase the number of service users with a LESTER tool alongside increased access to physical health treatment.

Participation in National Confidential Enquiries

	% cases submitted	
Confidential Enquiries	²gether	National Average
Confidential Enquiry into Maternal and Child Health	Information not published	Information Unavailable
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	99%	98%
Sudden Unexplained Death Study	Information unavailable	Information unavailable

Local Clinical Audit Activity

Within our services there is a high level of clinical participation in local clinical audits, demonstrating our commitment to quality across the organisation. All clinically led local audits are reported to the Quality & Clinical Risk Committee in summary form to ensure that actions are taken forward and learning is shared widely. The table below shows the status of the audit plan at the end of the year. During this process we internally identified a significant number of recommendations to further improve our practice as part of our commitment to continuous improvement.

Clinical Audits	2015/16 audit programme	2016/17 audit programme
Total number of audits on the audit programme	168	168
Audits completed (at year end)	75	95
Audits that are progressing and will carry forward	49	31
Audits taken off the programme for specific reasons4	4	42

The reports of **95** local clinical audits were reviewed by the provider in 2016/17 and [2]gether NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Building on the review of key clinical policies **Assessment and Care Management CPA** and **Assessing and Managing Clinical Risk and Safety** undertaken in 2016, the Trust has continued to implement and embed these principles into policies and practice. There have been a number of audits carried out throughout the year to provide assurance and actions plan were developed to support improvements in compliance throughout the year. This action continues from last year;
- The Trust has continued to review and develop its training programme to all staff (clinical and non-clinical) in line with the learning that is established from the clinical audit programme. This has, and will continue, to drive the constant review and evaluation of training modules and their contents. This action also continues from last year.

Specific examples of change in practice that have resulted from clinical audits are:

- [2]gether no longer considers the use of 'PO/IM' (Oral/Intramuscular) prescriptions, in which the professional dispensing or administering a drug is given discretion about which route to use from a single prescription, acceptable. This is due to the risk of mishaps, and as such, this prescription should no longer be accepted. In February 2016 an audit was carried out looking specifically at the prescription of PRN sedative medication. The key finding of the initial audit was that 39% of prescriptions for PRN sedative medication took the form of 'PO/IM', giving a compliance of only 61% prescribed in line with new expectations. A re-audit was then carried out in May 2016, again making a cross-sectional analysis of prescription charts in Wotton Lawn and Charlton Lane Hospitals, with the audit criterion being that no prescription for PRN sedative medication should be prescribed as 'PO/IM'. The key finding of the re-audit was that only 10% of prescriptions for PRN sedative medication now take the form of 'PO/IM', giving a much improved compliance of 90% prescribed in line with new expectations.
- CG43 Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults re audit. This re-audit was conducted as part of the Trusts rolling programme of Quality Assurance 2015 – 2016 in order to assess how the organisation is performing against the NICE guidance CG43. Data collection took place during April to June 2016 and was carried out by a health and exercise practitioner across inpatient services in the Trust. A total of 203 patients were included in the audit. The compliance increased from 74% to 85% since the previous audit carried out in 2015 and provided assurance that:
  - Patients had undergone a physical examination
  - That an Essence of Care screening tool had been used
  - A MUST screening Tool assessment had been completed
  - Service users with a BMI greater than 30 had received a health and exercise or physiotherapy intervention.

A re-audit will occur in July 2017 to monitor ongoing compliance with this guidance.

Participation in Clinical Research

Research Activity in [2]gether in 2016-17

The number of patients receiving relevant health services provided or subcontracted by [2]gether NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee 308.

This participation was from across 23 different studies. This level of recruitment is slightly less than the previous year's total of 354 participants, and reflects a drop in the number of research studies that have been registered and opened to recruit participants in Trust services.

In 2016/17, the Trust registered and approved 27 studies. Of these studies, 19 were based in mental health services and 1 in dementia services. The remaining studies were made up from 5 "generic and cross-cutting themes" studies (often academic studies involving staff participants) and 2 neurological studies. This also included 8 National Institute for Health Research (NIHR) portfolio studies and 5 of the studies were service evaluations.

Growing 2gether Research

Our research team has performed well in a national key performance indicator of recruiting to time and target for open research studies, as well as supporting a number of activities that help to grow research across the counties of Gloucestershire and Herefordshire. We continue to seek new ways to expand our service, and have recently received funding from the Clinical Research Network West Midlands to fund a full-time Research Nurse post for Herefordshire in 2017/18, and plan to expand our activity across this region.

In August 2016 we held an official opening for the Fritchie Centre; a new development for the organisation to expand our research activity to include commercial and academic research for clinical trials involving medicines. The Research Centre is a team base for both the Research Team and the Managing Memory Service, and we are working towards an integrated service where researchers work collaboratively with clinicians, offering research opportunities to service users and carers.

Alongside our research centre, a new partnership has been formed to carry out research into Alzheimer's disease and dementia. The pioneering programme, between our Trust and the Cheltenham-based charity Cobalt Health, will ensure that research into the illness is undertaken in Gloucestershire and Herefordshire. The research results will contribute towards improving standards of care and treatment locally, and also to the wider research environment nationally and internationally. Cobalt has also undertaken to fund Research Nurse posts at the centre to exclusively support the development and opening of clinical trials for dementia.

We have had additional funding from the Clinical Research Network West of England for a Research Nurse to deliver a development project to integrate the secondary care and primary care interface for research studies. We are working closely with three GP surgeries as part of a pilot to increase opportunities for patients to take part in dementia research and the Join Dementia Research database, a national register for people wanting to be part of ementia research.

Seeking new research opportunities

The availability of research through the National Institute of Health Research (NIHR) and local portfolios fluctuated throughout 2016/17. We are pleased to report a partnership with Queen Mary University, London, who have now received a 5 year NIHR programme grant for a research study aiming to help people with chronic depression. We continue to work collaboratively with partners through the Clinical Research Network West of England to support programme grant applications in other areas of interest.

Currently we have 23 approved NIHR studies recruiting or active in Gloucestershire and Herefordshire, an increase on the 2 open at this time last year. We continue to develop a rolling programme of studies open across the range of our services, as new studies come on to the NIHR portfolio.

Research 2gether strategy

Our Research 2gether Strategy 2016 - 2020 enters its second year and continues to work towards our vision to be a world class centre of practice-based research and development to help make life better. One development from this strategy will be the adoption and roll out of an 'opt-out' research programme that will enable us to offer research opportunities to more people using our services so that they are routinely offered information about research studies.

Research Studies

Examples of the portfolio of activity for 2016/17 are listed below.

Mental Health

- SCIMITAR - Smoking Cessation Intervention for Severe Mental Ill Health Trial: a definitive randomised evaluation of a bespoke smoking cessation service;
- The MILESTONE Study: Improving Transition from Child to Adult Mental Health Care;
- PPiP – Prevalence of neuronal cell surface antibodies in patients with psychotic illness;
- DPIM Polymorphisms in Mental Illness: investigating genetic factors involved in schizophrenia, bipolar disorder, alcoholism and autism and exploring possible treatment options;

[1] Data reported by the West of England Comprehensive Research Network, WoE CRN, from 1 April 2016 to 27 March 2017)

[2] The Viewpoint survey was about national attitudes to mental illness and accounted for nearly 60% of the total research recruitment for 2014/15).

- Molecular Genetics – Bipolar Disorder Research Network;
- REACT – An online randomised controlled trial to evaluate the clinical and cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit (REACT);
- Autism Cohort - Learning about the lives of adults on the autism spectrum;
- ESMI - The Effectiveness and cost-effectiveness of Mother and Baby Units versus general psychiatric Inpatient wards and Crisis Resolution Team services (ESMI).

Dementias and Neurodegenerative Disease

- DAPA – Dementia and Physical Activity research programme;
- VALID - Valuing Active Life in Dementia: a randomised controlled trial of Community Occupational Therapy in Dementia (COTiD-UK);
- IDEAL: Improving the experience of dementia and enhancing active life; the IDEAL longitudinal research study;
- MADE: Minocycline in Alzheimer's Disease Efficacy, a clinical trial;
- MAS: Using Patient Reported Outcome Measures (PROMs) to Improve Dementia Services: Evaluation of Memory Assessment Services;
- MS PAIPMS – Primary progressive multiple sclerosis survey;
- Caregiving HOPE: How obligations, preparedness and eagerness influence wellbeing.

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 2016/17 and for the following 12 month period are available electronically at:

www.2gether.nhs.uk/cquin

2016/17 CQUIN Goals

Gloucestershire

Gloucestershire Goal Name	Description	Goal weighting	Expected value	Quality Domain
Young Peoples Transitions	This CQUIN will improve outcomes in young people transitioning from [2]gether Young People's Services to Adult Mental Health Services.	.80	£564256	Effectiveness
Perinatal Mental Health	This CQUIN will focus on quality improvement across the perinatal mental health pathway to promote integration, knowledge and skills of staff and improve outcomes for women and families.	1.7	£1199044	Effectiveness

2016/17 CQUIN Goals

Herefordshire

Herefordshire Goal Name	Description	Goal weighting	Expected value	Quality Domain
1a (b) National CQUIN – Staff health and wellbeing	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues	.25	£41100	Effectiveness
1b National CQUIN – Staff health and wellbeing	Healthy food for NHS staff, visitors and patients	.25	£41100	Effectiveness
1c National CQUIN - Staff health and wellbeing -	Improving the uptake of flu vaccinations for front line staff	.25	£41100	Safety
3 National CQUIN Improving Physical Healthcare	- To reduce premature mortality - Improved communication with GPs	.25	£41100	Effectiveness
Local CQUIN1 personalised relapse prevention plans for adults	Personalised relapse prevention plans for adults accessing services, specifically Assertive Outreach Team and Early Intervention Service	0.52	£85488	Safety
Local CQUIN2 personalised relapse prevention plans for Children and Young People	Personalised relapse prevention plans for young people accessing services, specifically children and young people accessing and using CAMHS services	0.52	£85488	Safety
Local CQUIN 3 Frequent attenders	Care and management for frequent attenders to WVT Accident and Emergency	0.46	£75624	Safety

2016/17 CQUIN Goals

Low Secure

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.

2017/18 CQUIN Goals

CQUIN goals for 2017/18 reflect the nationally agreed two year scheme and are intended to deliver clinical quality improvements and drive transformational change in line with the Five Year Forward View and NHS Mandate. These include:

National CQUINs applicable to Gloucestershire and Herefordshire mental health services

- CQUIN 1 – NHS Staff Health and Wellbeing;
- CQUIN 2 - Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI);
- CQUIN 3 – Improving Services for people with mental health needs who present to A & E;
- CQUIN 4 – Transitions out of Children and Young People's Mental Health Services;
- CQUIN 5 – Preventing ill health by risky behaviors – alcohol and tobacco.

Low Secure Services

- Reduction in length of stay.

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.

[2]gether 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.

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

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

CQC inspections of our services

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

The CQC 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.

Overall rating	Inadequate	Requires improvement	Good	Outstanding

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.

	Safe	Effective	Caring	Responsive	Well led	Overall
Community-based mental health services for older people	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Outstanding ☆	Good	Good	Good	Outstanding ☆	Outstanding ☆
Wards for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Requires improvement	Good

A full copy of the Comprehensive Inspection Report can be seen at:

www.cqc.org.uk/provider/RTQ

Changes in service registration with Care Quality Commission for 2016/17

There have been no requests to change our registration with the CQC this year.

Quality of Data

Statement on relevance of Data Quality and actions to improve Data Quality

Good quality data underpins the effective provision of care and treatment and is essential to enabling improvements in care. [2]gether NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data (Month 11 data is reported below, as this was the only available information at the date of publication).

- The patient's valid NHS number was: 99.7% for admitted patient care (99.3% national); and 99.9% for outpatient care (99.5% national);

- The patient's valid General Practitioner Registration Code was: 100% for admitted patient care (99.9% national); and 100% for outpatient care (99.8% national).

[2]gether NHS Foundation Trust has taken the following action to improve data quality building on its existing clinical data quality arrangements:

- During 2016/17 the Trust has continued to progress data quality improvement. Based on the work undertaken in previous years to provide automated reports, we have continued the early warning report for Senior Managers so they are alerted to any identified gaps;

- "Masterclasses" have continued to take place across all areas of the Trust. These have focused on educating staff how to use the new Assessment and Care Management clinical audit dashboard which ensures the right data is entered, at the right time. This method enables effective management of data quality through awareness, training and support and moves away from the labor intensive data quality management through list generation;

- As a result of the Masterclass series and the successful pilot of more intuitive "Team Sites" a platform that brings many data sources together into one place, teams can manage their individual and team data quality more effectively. The Trust is continuing to roll this out across all areas with full implementation completed by June 2017;

- Once the rollout has completed a series of 'deep dives' throughout 2017/18 and the following years will be completed, reviewing all aspects of service performance and data quality focusing on Service Specific Reporting" and "Demand and Capacity".

Information Governance Toolkit

Ensuring that patient data is held securely is essential, as such the Trust complies with the NHS requirements on Information Governance and assesses itself annually against the national standards set out in the Information Governance Toolkit which is available on the Health & Social Care Information Centre website:

http://systems.hscic.gov.uk/infogov

[2]gether NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 85% and was graded green. The Trust scored 84% in 2015/16.

The Toolkit has been the focus of regular review throughout the year by the Information Governance and Health Records Committee, and the Information Governance Advisory Committee. In this year's assessment of 45 key indicators:

- 25 key indicators were at level 3;
- 19 key indicators were at level 2;
- 1 key indicator was deemed not relevant.

The Toolkit has been the subject of an audit by the Trust's Internal Auditor, which produced a classification of low risk.

The Trust's efforts will remain focussed on maintaining the current level of compliance during 2017/18 and ensuring that the relevant evidence is up to date and reflective of best practice as currently understood, and that good information governance is promoted and embedded in the Trust through the work of the Information Governance and Health Records Committee, the IG Advisory Committee and Trust managers and staff.

Clinical Coding Error Rate

[2]gether NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/2017 by the Audit Commission.

Part 2.3: Mandated Core Indicators 2016/17

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 3 2015-16	Quarter 4 2015-16	Quarter 1* 2016-17	Quarter 2* 2016-17	Quarter 3* 2016-17
[2]gether NHS Foundation Trust	97.2%	98.10%	97.1% 9	7.2% 9	8.3%
National Average	96.9%	97.2%	96.2%	96.8%	96.7%
Lowest Trust	50%	80%	28.6%	76.9%	73.3%
Highest Trust	100%	100%	100%	100%	100%

[2]gether 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.

[2]gether 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 3 2015-16	Quarter 4 2015-16	Quarter 1* 2016-17	Quarter 2* 2016-17	Quarter 3* 2016-17
[2]gether NHS Foundation Trust	100%	98.4%	98.9%	98.9%	99.4%
National Average	97.5%	98.2%	98.1%	98.4%	98.7%
Lowest Trust	61.9%	84.3%	78.9%	76%	88.3%
Highest Trust	100%	100%	100%	100%	100%

[2]gether 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;

[2]gether 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 Quarters 1, 2 & 3 2016/17 has not yet been revised and may change. Quarter 4 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 4 2015-16	Quarter 1 2016-17	Quarter 2 2016-17	Quarter 3 2016-17	Quarter 4 2016-17
[2]gether NHS Foundation Trust 0-15	0%	0%	0%	0%	0%
[2]gether NHS Foundation Trust 16+	6%	7%	5%	8%	6%
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

[2]gether 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 recalled to hospital if there is deterioration in their presentation.

[2]gether 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
[2]gether 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

[2]gether 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.

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.

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

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.

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 October 2015 –31 March 2016				1 April 2016 – 30 September 2016			
	Number	Rate*	Severe	Death	Number	Rate*	Severe	Death
[2]gether NHS Foundation Trust	1,371	39.01	1	5	1,900	54.85	4	30
National	146,325	-	501	1167		-	562	1240
Lowest Trust	25	14.01	0	0	40	10.28	0	0
Highest Trust	5,572	85.06	51	91	6,349	88.97	50	84

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

[2]gether 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.

[2]gether NHS Foundation Trust has taken the following actions to improve this score 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 will commence in 2017/18.

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

Introduction

The 2016/17 quality priorities were agreed in May 2016.

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

		2015 - 2016	2016 - 2017
Effectiveness			
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.	Achieved	Achieved
1.2	To improve personalised discharge care planning in: a) Adult inpatient wards and; b) Older people's wards.	Achieved	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
User Experience			
2.1	Were you involved as much as you wanted to be in agreeing what care you will receive? **> 78%**	78%	83%
2.2	Were you involved as much as you wanted to be in decisions about which medicines to take? **> 73%**	73%	77%
2.3	Do you know who to contact out of office hours if you have a crisis? **>71%**	71%	81%
2.4	Has someone given you advice about taking part in activities that are important to you? **> 48%**	48%	83%
Safety			
3.1	Reduce the numbers of deaths by suspected suicide (pending inquest) of people in contact with services when comparing data from previous years.	24	26
3.2	Reduce the number of detained patients who are absent without leave (AWOL) when comparing data from previous years. Reported against 3 categories of AWOL as follows:		
	1. Absconded from an escort	13	23
	2. Did not return from leave	23	53
	3. Absconded from a ward	78	135
		114 total	211 total
3.3	To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU) based on 2015/16 data.	121	211
3.4	**95%** of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care.	90%	95%

Quality Report 	This report looks at the quality of [2]gether's services. We agreed with our Commissioners the areas that would be looked at.	
Physical health 	We increased physical health tests and treatment for people using our services. We met the target.	↑
Discharge Care Plans 	More people had a discharge care plan at the end of the year than previously. We met the target.	↑
Care (CPA) Review 	Not everyone moving from children's to adult services had a care review. We have not met the target. We are working on this and are getting better.	↓
Care Plans 	83% of people said they felt involved in their care plan. This is more than last time (78%). We met the target.	↑
Medicines 	77% of people said they felt involved in choosing their medications. This is more than last time (73%). We met the target.	↑
Crisis 	81% of people said they know who to contact if they have a crisis. This is more than last time (71%). We met the target.	↑
Activity 	83% of people said they had advice about taking part in activities. This is more than last time (48%). We met the target.	↑
Suicide 	Sadly there have not been less suicides compared to this time last year. We have not met the target. We are working hard to keep people safe.	↓

AWOL 	The number of inpatients who were absent without leave has increased. We have not met the target. We are doing lots of work to get better at this.	↓
Face down restraint 	We have not reduced the number of face-down restraints this year. We have not met the target. We are doing lots of work to get better at this.	↓
Follow up 	We saw 95% of people within 48 hours of discharge from hospital. This is more than last time (90%).	↑

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

Effectiveness

In 2016/17 we remained committed to ensure that our services are as effective as possible for the people that we support. 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.

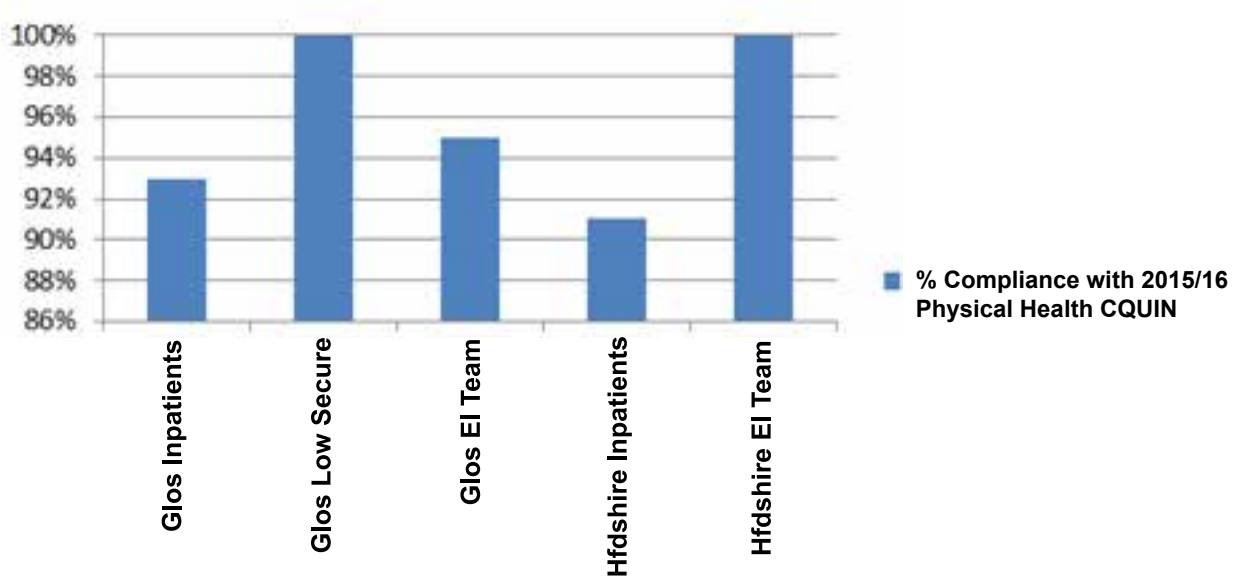
Target 1.1 - To increase the number of service users (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to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

There is a long established association between physical comorbidity (the presence of multiple illnesses) and mental ill health. People with severe and enduring mental health conditions experience reduced life expectancy compared to the general population. People with Schizophrenia and Bipolar disorder die on average, 20 to 25 years earlier than the general population, largely because of physical health problems. These include coronary heart disease, diabetes, respiratory disease, greater levels of obesity and metabolic syndrome.

In 2014/15 the Trust introduced the LESTER screening tool within the inpatient services as part of the National Physical Health Commissioning for Quality and Innovation (CQUIN) payment framework. The LESTER tool is a way of identifying service users at risk of cardiovascular disease and implementing interventions to reduce any risk factors identified. Specific areas covered in the tool are, diabetes, high cholesterol, high blood pressure, increased body mass index, smoking, diet and exercise levels, and substance and alcohol misuse.

In 2015/16 the National Physical Health CQUIN was repeated within the inpatient services and was extended to include the Early Intervention teams within Herefordshire and Gloucestershire. We successfully achieved full compliance with this CQUIN and using the same methodology for both the inpatients and community teams, the Trust achieved overall 93% compliance (see Figure 1).

Figure 1 - % Compliance with 2015/16 Physical Health CQUIN



This year 2016/17 the Physical Health CQUIN has been adapted slightly to continue to build on the good work already in place. The sample group has now been extended to include both inpatients and patients from all community mental health teams who have a diagnosis of psychosis and are on CPA. (This year the CQUIN only relates to Herefordshire, however internal audits continue within Gloucestershire to ensure standards are maintained trust wide).

In order to support this work a substantial Lester Tool training programme for both inpatient areas and community mental health teams has been undertaken by the Physical Health Facilitator. The training department have also facilitated a one day Physical Health Awareness course, designed to complement the Lester tool training and increase staff awareness of coronary heart disease, chronic obstructive pulmonary disease and diabetes. All teams currently working with the Lester tool have an allocated 'lead' professional who receives regular feedback regarding progress in implementing and completing the Lester tool.

Within quarter three, the Trust ensured that the clinical training plan was fully rolled out to all necessary medical, inpatient and community teams. The medical doctor's induction programme also included a section on the Lester tool. The roll out of the screening programme within the community teams highlighted the need for a standardisation of physical health equipment needed as a minimum to undertake the screening.

A "Physical Health Clinic" has been established at the community base in Hereford to enable staff to complete the Lester tool in a suitable environment; however staff are also able to screen patients at home if they are unable to attend the clinic. Documentation has been highlighted as an issue nationwide, in that physical health information (screening details and interventions offered) are currently documented in multiple locations within the Electronic Patient Record RiO. The Trust received access to 'open RiO' in May 2015 which enabled us to make changes to the Electronic Patient Record. Work has taken place to streamline where Physical Health information is recorded within the RiO system. This will improve the way in which information can be audited and fed back to the clinicians. This system has now gone live and staff are now familiar with the new pages within RiO. Feedback from staff, so far, has been positive and appears to reduce the need for duplication of data.

We are currently awaiting the results of the National audit of inpatients, early intervention and community mental health teams. These results are due to be published later this month; however we are confident that we will have met the threshold needed for 100% payment for this CQUIN.

Work continues to revise and update the Physical Health information pages within the Trust intranet. It is hoped to be a central point for obtaining information regarding the Lester tool, along with general physical health information, updates, audits and quality improvement projects.

A Physical Health Awareness Day was held for both patients and staff in February 2017. This was considered to be a huge success with over a hundred people attending and leaving positive feedback. Plans are being made to combine this event next year with a similar event held in Gloucester for people with learning difficulties.

To support the improvement in service user's physical health, the Trust will become "Smoke Free" in April 2017, and plans are in place to ensure this transition takes place smoothly, enabling service users to both quit and abstain from smoking across all Trust sites. The annual Flu vaccination programme was successfully rolled out across the Trust, with the Trust obtaining 77% of staff and patients immunised this year. A ten month secondment for one of our Physical Health Facilitators to provide support for staff and patients at Wotton lawn hospital has been approved. It is hoped this will improve standards of care with regards to wound care, diabetes and health screening.

This target has been met.

Target 1.2 - To improve personalised discharge care planning in: a) Adult inpatient wards and; b) Older people's wards.

Discharge from inpatient units to the community can pose a time of increased risk to service users. During 2015/16 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.

There were different criteria in use across Gloucestershire and Herefordshire at this time due to audit criteria being influenced by the West Midlands Quality Review which resulted in a differing set of standards within Herefordshire.

This year 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 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)
Overall Average Compliance	**69%**	**72%**
Chestnut Ward	84%	85%
Mulberry Ward	75%	79%
Willow Ward	59%	71%
Abbey Ward	72%	75%
Dean Ward	79%	73%

* 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.

Overall average compliance in Gloucester for these standards during this year is 72% which is a 3% improvement from last year.

Herefordshire Services

Criterion	Year End compliance (2015/16)	Compliance Quarter 1 (2016/17)	Year End compliance (2016/17)
Overall Average Compliance	**N/A**	**70%**	**74%**
Cantilupe Ward	**N/A**	77%	85%
Jenny Lind Ward	**N/A**	65%	71%
Mortimer Ward	**N/A**	72%	69%
Oak House	**N/A**	67%	70%

There is no 2015/16 data for Herefordshire. This is due to the audit criteria changing from the original set of questions which were influenced by the West Midlands Quality Review. As the audit widened to the whole Trust across two counties, the criteria within the audit changed to reflect the standards outlined within the clinical system in relation to discharge care planning. Quarter 1 data therefore provided the baseline information and it is seen that year end average compliance increased from 70% to 74%.

Of the seven individual criteria assessed, overall compliance has improved in both counties in all areas except in the following:

1. Has the Pre-Discharge Planning Form been completed?
2. Have the inpatient care plans been closed within 7 days of discharge?

Services will, therefore, be focusing on these elements to promote improvement next year.

This target has 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.

Gloucestershire Services

During Quarter 1, there were 7 young people who transitioned into adult services, of these 7, 6 (86%) had a joint CPA review.

All young people received input from the relevant services but this is not clearly documented within RiO.

Compliance improved in Quarter 2, 5 young people were transitioned from CYPS to adult services. All of these (100%) had a joint CPA review with CYPS and adult services staff present.

In Quarter 3, there were 4 young people who transitioned from children's to adult services. All of these (100%) had a joint CPA review with CYPS and adult staff present. This was the second successive quarter with 100% compliance which needs to be maintained.

During Quarter 4 there were no transitions of young people into adult services.

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

Herefordshire Services

During Quarter 1, there were 3 young people who transitioned into adult services, of these 3, 1 (33%) had a joint CPA review. All young people received input from the relevant services but this is not clearly documented within RiO.

In Quarter 2, there were 2 young people who transitioned into adult services, of these 1 (50%) had a joint CPA review. The one young person who did not receive a joint CPA review was having their care coordinated by a new member of staff who was unfamiliar with process.

In Quarter 3, there were 2 young people who transitioned from children's to adult services. All of these (100%) had a joint CPA review with CYPS and adult staff present. This was the first quarter with 100% compliance which now needs to be maintained.

During Quarter 4 there were 4 transitions of young people into adult services, all of these had a joint CPA review.

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%

To improve our practice and documentation in relation to this target a number of measures have been developed 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.

As the target was not met, this will continue as a quality priority during 2017/18.

We have not met 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 though defined survey questions for both people in community and inpatient settings.

The Quality Survey provides people with an opportunity to comment on key aspects of the quality of their treatment. It is available as a paper questionnaire and an online survey. In order to encourage more feedback and increase response rates our Trust is launching a new survey for 2017/18 known as "How did we do?" The Quality survey and Friends and Family Test will be combined in this survey to streamline feedback.

The responses for the Quality Survey and Friends and Family Test will continued to be reported separately.

A combined total percentage for both counties is provided for these questions to mirror the methodology used by the CQC Community Mental Health Survey, as this does not differentiate by county.

Cumulative data for Quality survey 2016/17 results:

Target 2.1 - Were you involved as much as you wanted to be in agreeing what care you will receive? > 78%

Questions	Treatment Setting	Sample Size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 1 Were you involved as much as you wanted to be in agreeing what care you will receive? > 78%	Inpatient	32	25	17	13	
	Community	118	95	45	43	83%
	Total Responses	150	120	62	56	

This target has been met.

Target 2.2 - Were you involved as much as you wanted to be in decisions about which medicines to take? > 73%

Questions	Treatment Setting	Sample Size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 2 Were you involved as much as you wanted to be in decisions about which medicines to take? > 73%	Inpatient	32	23	17	13	
	Community	96	73	41	34	77%
	Total Responses	128	96	58	47	

This target has been met.

Target 2.3 - Do you know who to contact out of office hours if you have a crisis? >71%

Questions	Treatment Setting	Sample Size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 3 Do you know who to contact out of office hours if you have a crisis? > 71%	Inpatient	24	19	16	11	
	Community	110	86	44	42	81%
	Total Responses	134	105	60	53	

This target has been met.

Target 2.4 - Has someone given you advice about taking part in activities that are important to you? > 48%

Questions	Treatment Setting	Sample Size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 3 Has someone given you advice about taking part in activities that are important to you? > 48%	Inpatient	31	25	17	17	
	Community	77	59	42	37	**83%**
	Total Responses	108	84	59	54	

This target has been met.

Friends and Family Test (FFT)

FFT responses and scores for Quarter 4

Service users are asked "How likely are you to recommend our service to your friends and family if they needed similar care or treatment?", and have six options from which to choose:

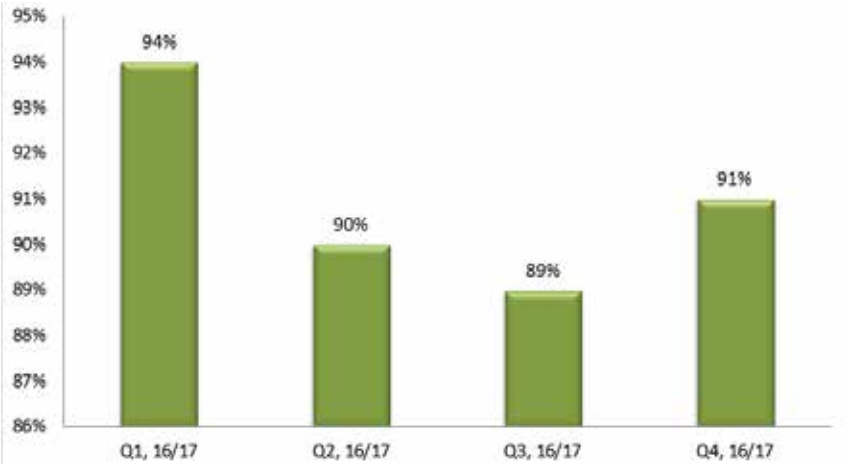
1. Extremely likely
2. Likely
3. Neither likely nor unlikely
4. Unlikely
5. Extremely unlikely
6. Don't know

The table below details the number of responses received each month; the FFT score is the percentage of people who chose either option 1 or 2 - they would be extremely likely/likely to recommend our services.

	Number of responses	FFT Score (%)
January 2017	312	90%
February 2017	228	90%
March 2017	200	95%
Total	**740 (Q3 = 1,100)**	**91% (Q3 = 89%)**

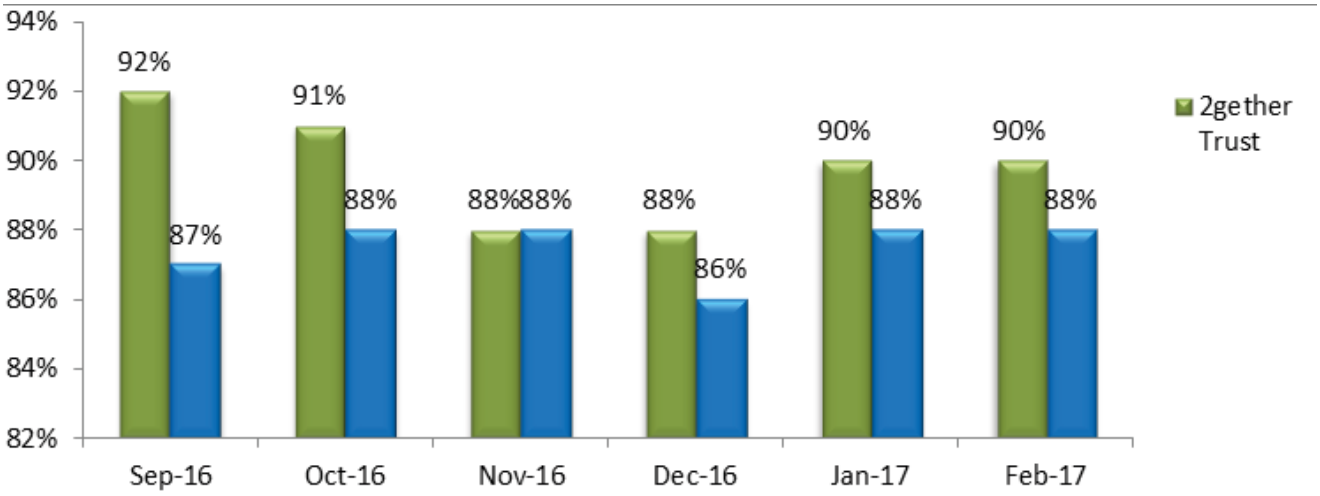
Friends and Family Test Scores for ²gether for the past year

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



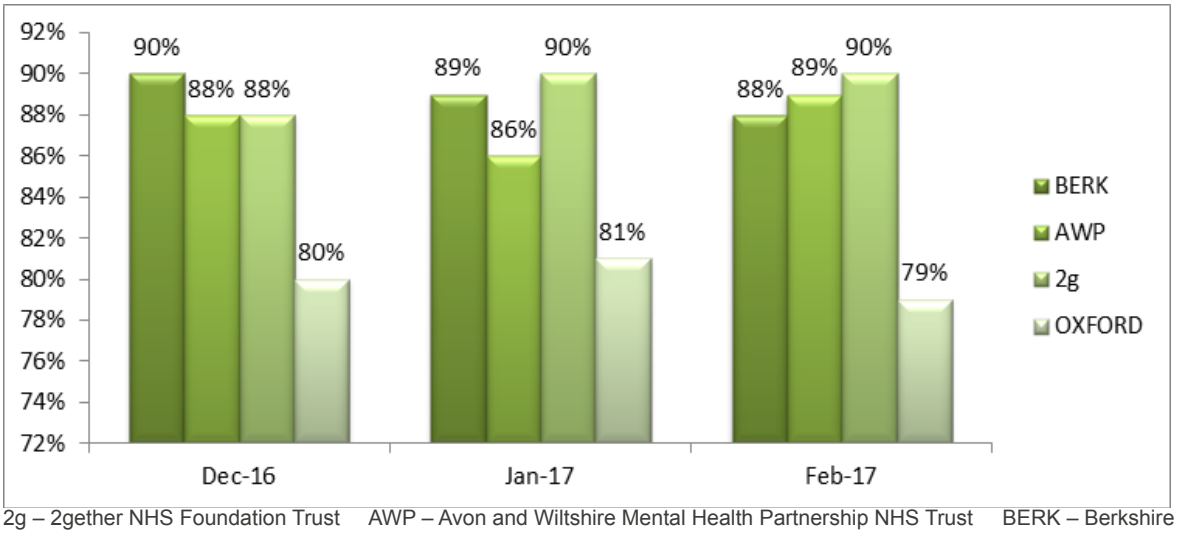
Friends and Family Test Scores – comparison between ²gether and other Mental Health Trusts across England

Figure 3 shows the FFT Scores for the past six months, including this quarter. The Trust receives a consistently high percentage of recommendation scores (March 2017 data for England is not yet available).



Friends and Family Test Scores – comparison between ²gether and other Mental Health Trusts in the NHSE South Central Region

The following graph shows the FFT Scores for December 2016, January and February 2017 (the most recent data available). The Trust receives a consistently high percentage of feedback. (March 2017 data for the region is not yet available).

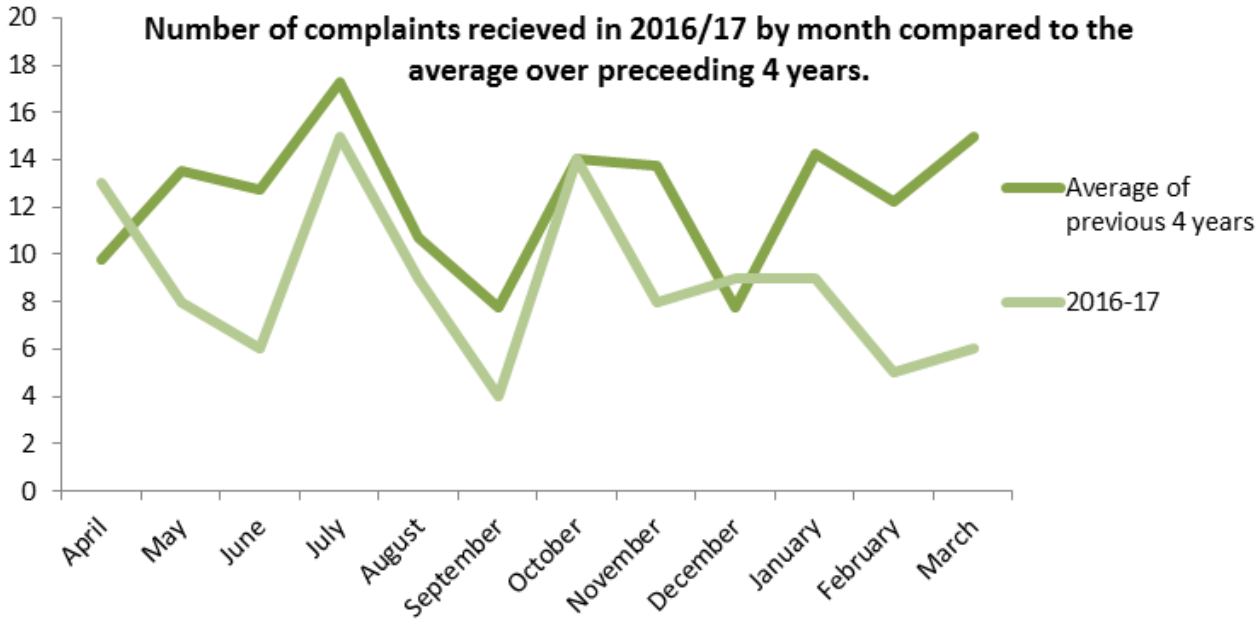


2g – 2gether NHS Foundation Trust AWP – Avon and Wiltshire Mental Health Partnership NHS Trust BERK – Berkshire Healthcare NHS Foundation Trust OXFORD – Oxford Health NHS Foundation Trust

Complaints

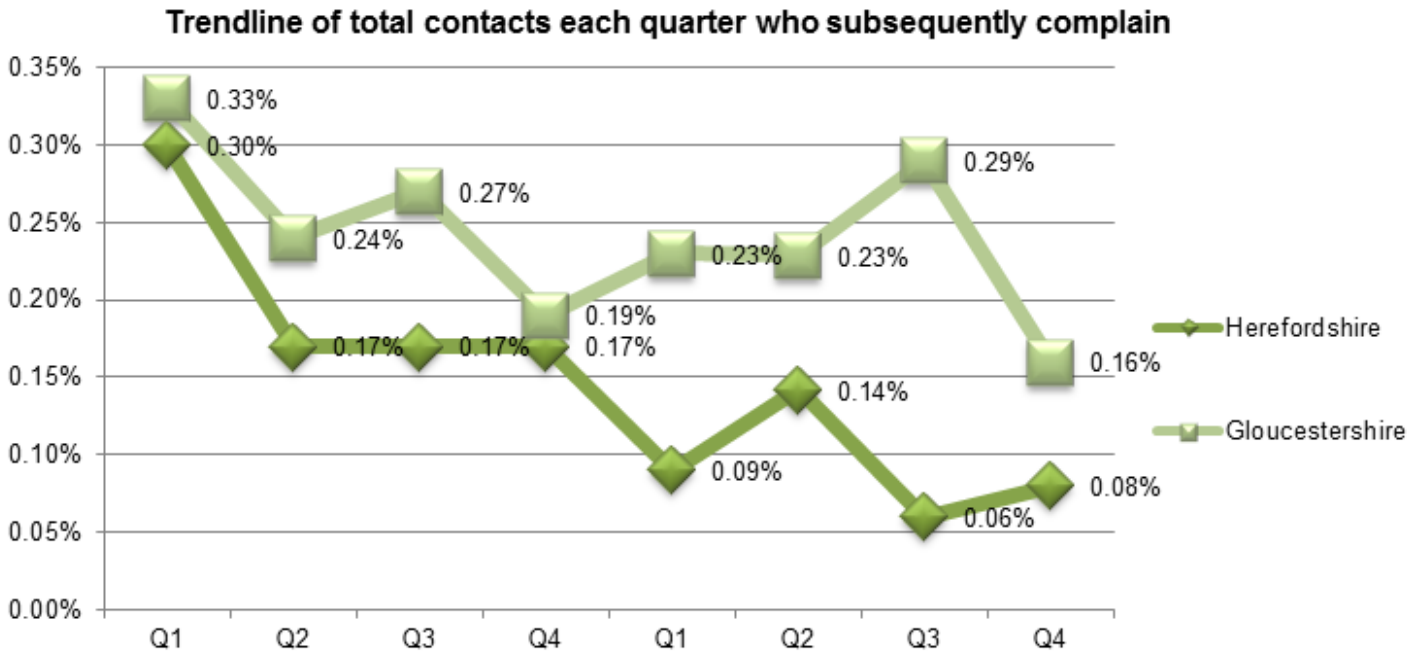
Between 1 April 2016 and 31 March 2017 the Trust received 106 formal complaints, a reduction in actual number from the previous year. However, Figure 5 below (The numbers of complaints received by ²gether in 2016/17 by month compared to the average over preceding 4 years) provides a trend line suggesting that the numbers of complaints received has been relatively consistent in relation to the number of people seen over a period of three years.

Figure 5



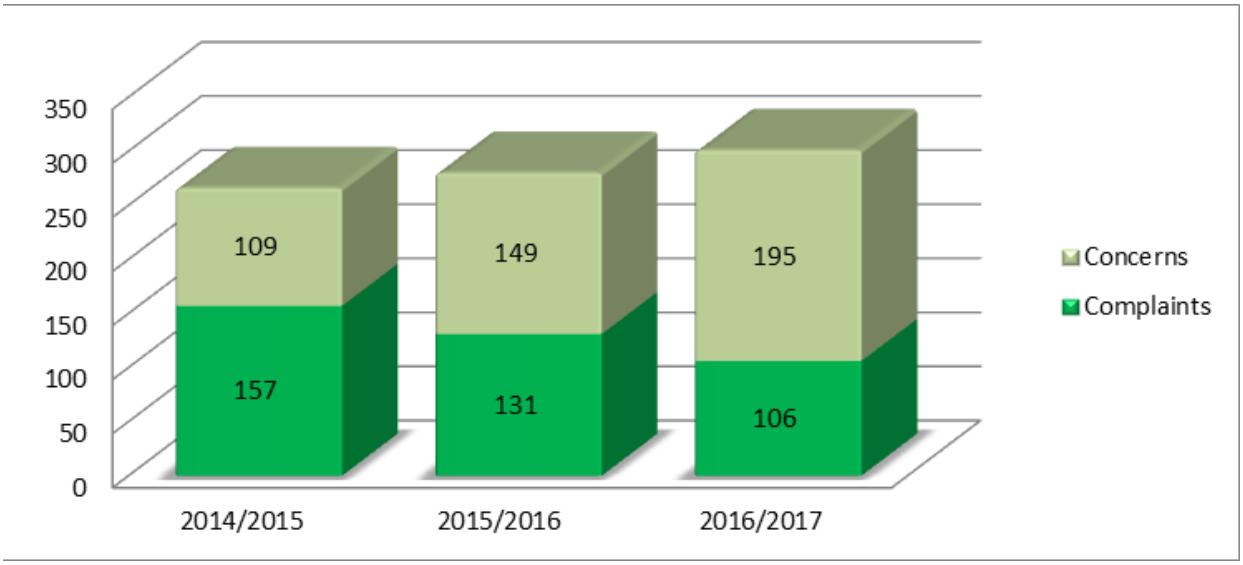
When the numbers of complaints are measured against the number of individual contacts within our services the percentage of complaints is very low (trend line shown for 2015/16 and 2016/17 in Figure 6).

Figure 6



People who raise concerns or complain about ²gether NHS Foundation Trust are contacted by our Service Experience Department. The aim of this is to clarify issues with people and to identify the outcomes being sought from the complaint. The complaint process is explained and the opportunities for informal resolution are also explored. This year increasing numbers of concerns were dealt with by local resolution in a timely manner reducing the need for the formal complaints process.

Comparison of formal complaints and concerns 2015/16 and 2016/17



A continuous year on year improvement in written acknowledgement of complaints within the expected three day timeframe has been demonstrated. 99% (105) of complaints were acknowledged within the three day time standard this year.

People are encouraged to seek an independent investigation of their complaint via the Parliamentary Health Services Ombudsman (PHSO) if they are not satisfied with the outcome of 2gether's investigation or if they feel that their concern remains unresolved. On average the PHSO uphold a third of cases referred from organisations across the country.

This year the PHSO requested information about 7 complaints, a reduction from the 11 requested the previous year. The Ombudsman took 5 of these cases forward for review and investigation. This is fewer than last year, although it represents 5% of complaints received during 2016/17, which is the same percentage as last year. Five cases remain open with the PHSO (one from 2014/15) and four have been closed. Of the latter, one related to a complaint received in 2013/14 and this was partially upheld by the PHSO. An action plan was created by our Trust to address the areas of the complaint that were upheld. The action plan was implemented and completed in November 2016, the complaint was then closed.

Building on developments from 2015/16, the Service Experience Department have continued to focus on and progress complaint resolution this year in the following areas:

- Review and triage of the complaint at point of contact from complainants to attempt to resolve concerns in a timely and responsive way;
- Tailored training sessions lead by our Complaints Manager to support our staff to carry out quality, impartial and transparent complaint investigations;
- Sustained embedding and adjustment to the Datix information system used to record all Complaint data and activity. This ensures that all relevant service experience information and data is captured allowing themes and trends to be monitored;
- Review of the standards for quarterly audit of complaints from our Trusts Non- Executive Directors (NEDS) to ensure impartial review of best practice used;
- Continued review, development and implementation of the processes to resolve complaints;
- Development work with directorate leads to assure that learning from complaints and concerns is shared and embedded in practice.

The quarterly Service Experience Report to the Trust Board outlines in detail the themes of complaints, the learning and the actions that have been taken. Learning from complaints, concerns, compliments and comments is essential to the continuous improvement of our services.

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 4 goals to:

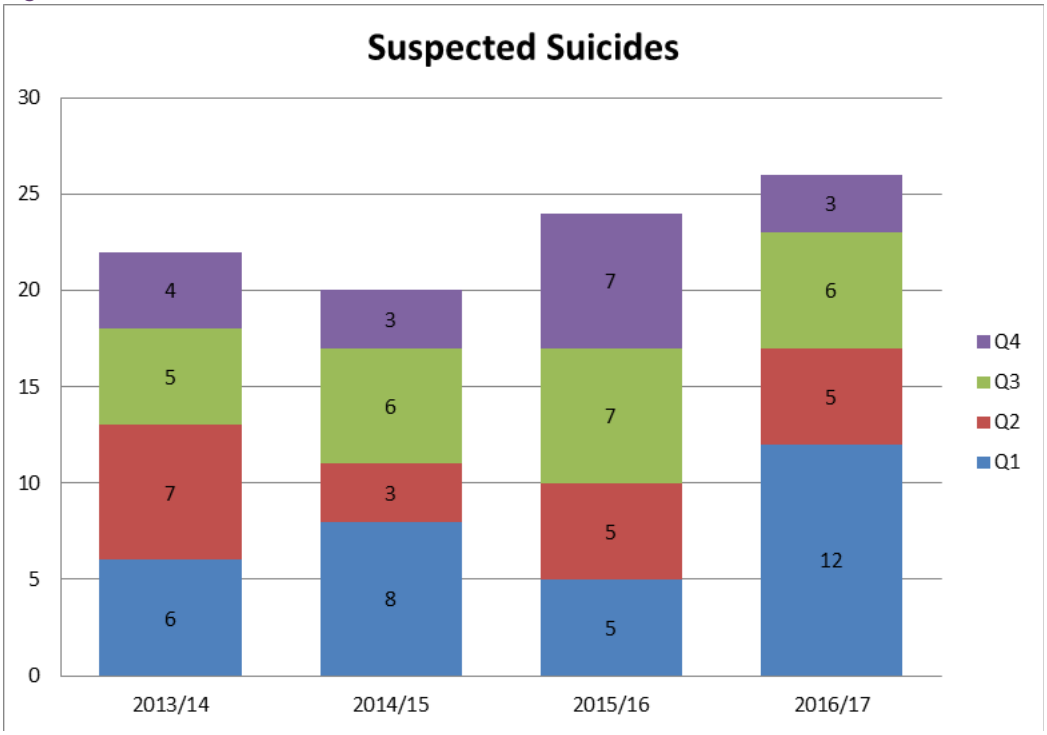
- Minimise the risk of suicide of people who use our services;
- Ensure the safety of people detained under the Mental Health Act;
- Reduce the number of prone restraints used in our adult inpatient services:
- Ensure we follow people up when they leave our inpatient units within 48 hours to reduce risk of harm.

There are 4 associated targets.

Target 3.1- Reduce the numbers of deaths relating to identified risk factors of people in contact with services when compared data from previous years.

We aim to minimise the risk of suicide amongst those with mental disorders through systematic implementation of sound risk management principles. In 2013/14 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. Last year we reported 24 suspected suicides, this year has seen a further rise in these tragic incidents and at the end of the year we reported 26 suspected suicides. It is not clear why higher numbers of suspected suicides were reported in Quarter 1.

Figure 8



This information is provided below in Figures 9 & 10 for both Gloucestershire and Herefordshire services separately. It is seen that greater numbers of suspected suicides are reported in Gloucestershire services. There is no clear indication of why the difference between the two counties is so marked, but it is noted that the population of people in contact with mental health services in Gloucestershire is greater, and the overall population of Gloucestershire is a little over three times that of Herefordshire (based on mid -2015 population estimates).

Figure 9

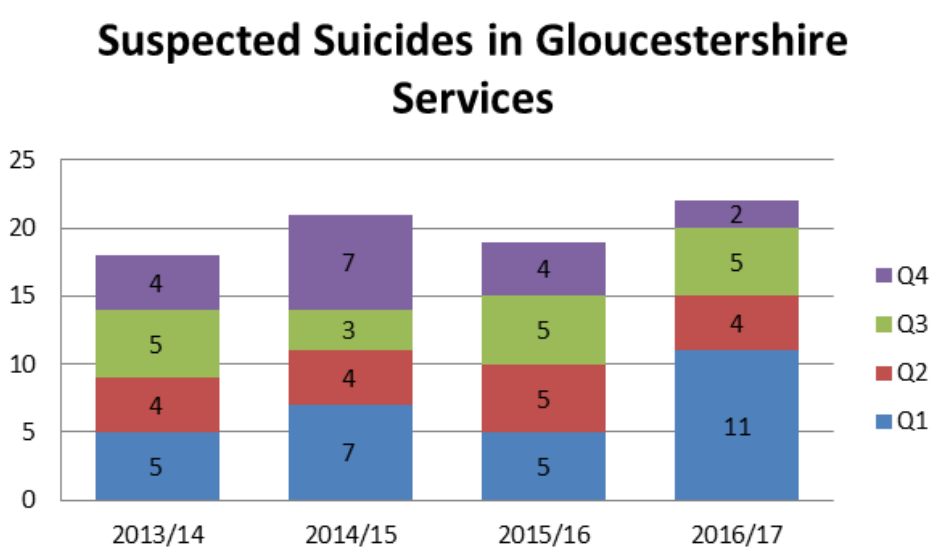
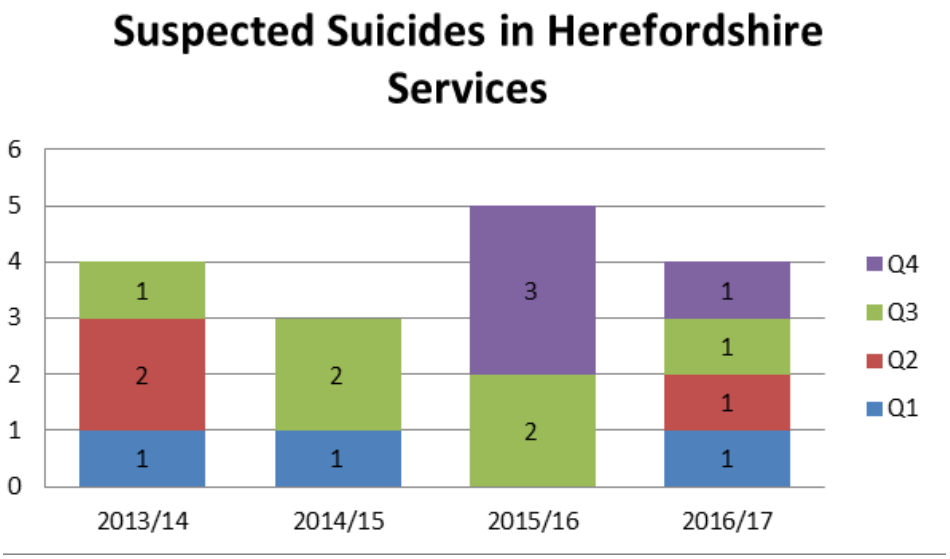


Figure 10



Whilst we report all deaths which appear to be as a consequence of self-harm as suspected suicide, ultimately it is the coroner who determines how a person came by their death. Figure 11 provides the number of suicide, open and narrative conclusions following an inquest being heard for the same cohort of service users. The outcome of inquests for each county is subsequently provided in Figures 12 & 13.

Figure 11

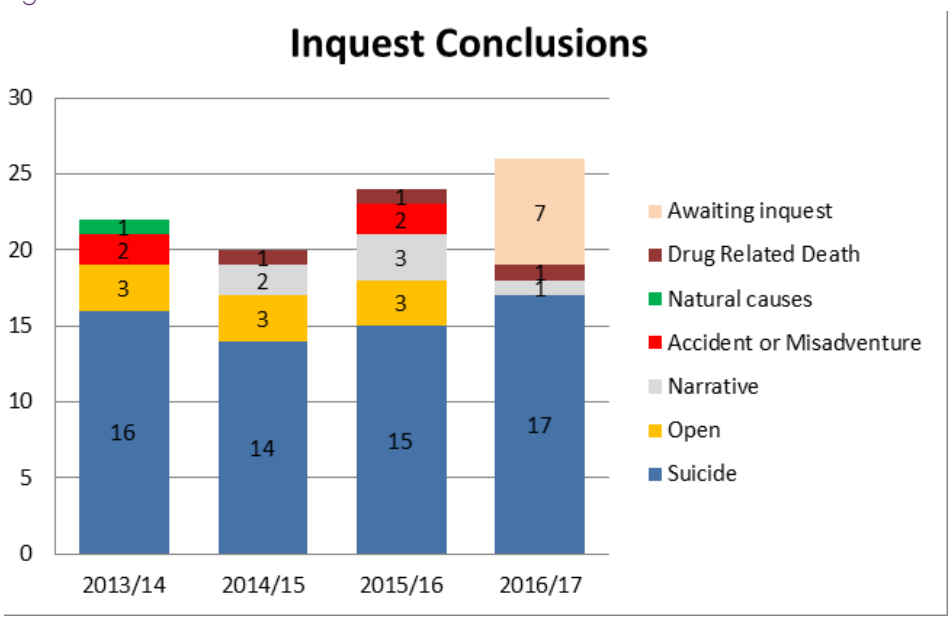


Figure 12

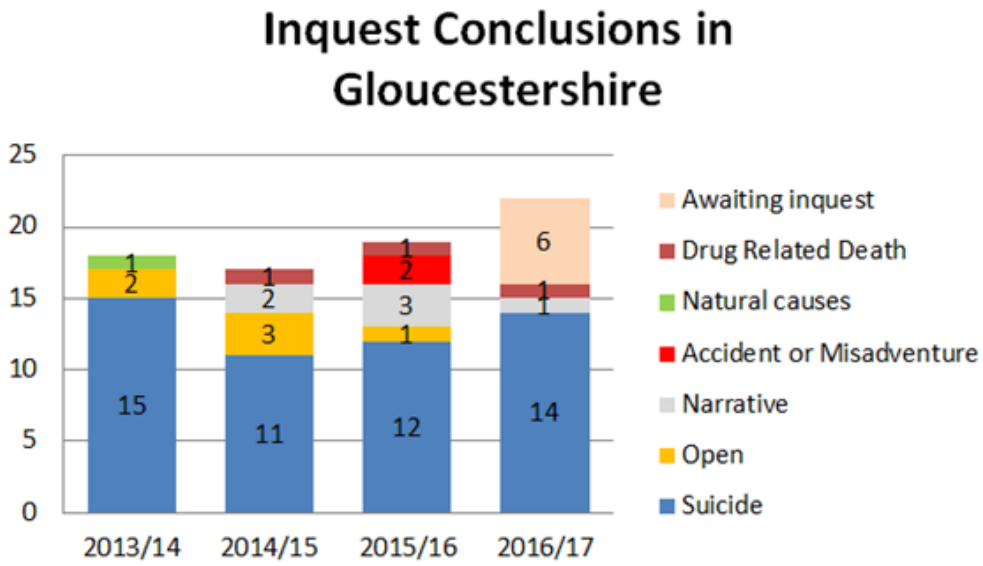
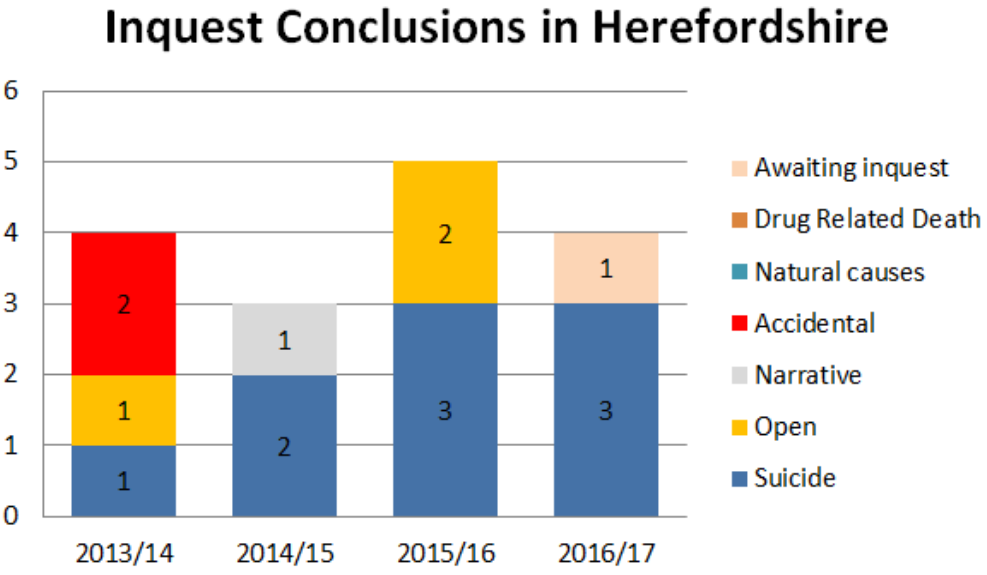


Figure 13



As well as clinical risk assessment training for frontline staff, the Trust also implements the nationally developed Suicide Prevention Toolkit on a monthly basis within all its inpatient units and within the community teams which report the most suspected suicides, these being Recovery and Crisis Teams. There were 2 consecutive months when the North Recovery Team did not complete the toolkit due to staffing issues; all other areas undertook the exercise.

Additionally, inpatient units undertake annual ligature audits to identify and remove, where possible, potential ligature points. This occurred on each inpatient unit except Hollybrook who did not undertake the audit due to the building work occurring on the site throughout the year. Hollybrook will be renamed Berkeley House from April 2017 and a ligature audit will be undertaken during 2017/18.

The Trust has active input into the Gloucestershire Suicide Prevention Partnership Forum, which works to improve the lives of people and carers in Gloucestershire, by focussing action on suicide and self-harm prevention. The Gloucestershire Suicide Prevention Strategy can be accessed at:

www.gloucestershire.gov.uk/suicide-prevention

A number of “Task and Finish” groups are operational, these consider:

- Suicide Hotspots;
- Self-Harm;
- Media reporting;
- Suicide and self-harm in children and young people.

Whilst there is currently no similar forum in Herefordshire, Herefordshire CCG are in discussion with Herefordshire Public Health regarding the need to

formalise countywide arrangements for a suicide prevention strategy.

This year has seen the continuation of number of interagency activities including the following:

- Joint annual [2]gether/SOBS Conference in June 2016, this year focusing on children and young people's mental health issues;
- Continued joint working between [2]gether and Gloucester Constabulary in supporting people in the aftermath of being bereaved by suicide, this model is being adopted by an increased number of trusts and constabularies nationally. [2]gether and Gloucestershire Constabulary presented the model at the Zero Suicide Collaborative annual conference;
- ASIST training for both statutory and voluntary sector organisations being funded via Public Health Gloucestershire;
- Continued delivery of Mental Health First Aid Training;
- Continued multi-agency working regarding frequent attenders (self-harm) at Emergency Departments in both Herefordshire & Gloucestershire;
- Continuation of the Gloucestershire Rethink Mental Illness Self harm helpline to 7 evenings per week from 5-10pm and launch of the associated website in September 2016;
- Implementation of the Mental Health Acute Response Service;
- 48 Hour follow up from an inpatient unit remains a key quality target;
- Leadership of Gloucestershire wide, multi-agency forum to tackle stigma;
- Research poster developed and presented at a Royal College of Psychiatrists event in response to the local hypothesis that the suicide rate reduced during the Olympics;
- An initial comparison of both local and [2]gether suicide data against the National Confidential Inquiry 20 Year Review. This will inform further suicide prevention work in the Trust during 2017/18;
- Development and launch in January 2017 of the "Stay Alive" app (Gloucestershire & Herefordshire) for iPhone & Android smartphones. This will be trialed by small number of services initially using small "tests of change" in line with improvement methodology. As further improvements are made these can be added to the app on a quarterly basis. General awareness raising of the app will be scheduled for April 2017 following local trials;
- An additional "task & finish" group of the Gloucestershire Suicide Prevention Partnership Forum was set up in January 2017 to progress establishing a Suspected Suicide Early Alert System similar to that developed in County Durham. This group consists of representatives from Public Health Gloucester, Gloucestershire Constabulary, [2]gether, HM Coroner for Gloucester and Gloucestershire SOBS.

We have not met this target.

Target 3.2 - Reduce the number of people who are absent without leave from inpatient units who are formally detained.

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.

During 2015/16 114 episodes of AWOL were reported with the overall target being met, but there was an increase of 9 incidents where service users absconded from a ward. Therefore, we want to continue with this indicator as a quality priority during 2016/17. A breakdown of the 3 categories of AWOL for each county showing the year-end figures for 2015/16 and the quarterly figures for 2016/17 are seen over the page.

Herefordshire

	Total 2015/16	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17	Quarter 4 2016/17
Absconded from a ward	23	15	9	7	9
Did not return from leave	4	2	1	1	0
Absconded from an escort	4	2	0	2	1
Totals for year	**31**			**49**	

Gloucestershire

	Total 2015/16	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17	Quarter 4 2016/17
Absconded from a ward	55	20	36	24	15
Did not return from leave	19	9	16	14	10
Absconded from an escort	9	3	9	3	3
Totals for year	**83**			**162**	

A total of **211** episodes of AWOL were reported during 2016/17.

The increase in reported AWOL incidents has prompted a local review to better understand the context and detail about this increase. Several sources of data have been requested and explored and the findings are summarised below:

- Revisions to the Trust's incident reporting system (Datix) were implemented from 1 April 2016 meaning that the reporting of AWOL is quicker and easier than previously, and this may have impacted as "better reporting". Data quality has also improved as a result.

- The number of people who are formally detained in inpatient units has increased slightly by 3% overall across the Trust this year. Whilst this is not significant, it is noteworthy.

- There are no significant changes reported as modes of absconding. Leaving a hospital is reported more than other categories. The detail of absences from the Wotton Lawn Hospital has been reviewed closely by the Hospital Matron during Quarter 4 and it has been identified that Priory Ward which hosts local people from Gloucester city, reports higher levels of absconding around meal times and bed times implying that people who are much nearer their home leave the hospital around their customary daily habits. Increased vigilance has been implemented on this ward around these times.

- Throughout the year, no reported AWOLS have resulted in severe harm, or death.

- As part of the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative, it was reported that one other Trust had identified that reduced length of stay correlates with reduced reported AWOLS. This has been explored using data from our information team and although some minor changes in length of stay were noted, overall this is largely unchanged.

We will continue to promote the use of "leave cards". These are cards given to patients, along with a conversation on what the expectations of returning from leave are as agreed. For example, planned leave arrangements can be documented on the back of the credit card sized "leave card", explicitly showing the time due to return and a prompt to contact the ward team if unable to return by the agreed time. The hospital/ward contact numbers are provided on the other side of the cards also.

There has been increased receptionist cover at the Stonebow Unit since September 2016 to include week day evenings and weekend/bank holiday cover in addition to office hours. Staff report this as being helpful. A time delay on reception doors is also being considered.

There will be a continued focus on positive engagement within our inpatient services to reduce the number of occasions where detained patients abscond from the ward environment. We will use coproduction to understand in more detail why patients abscond from the ward and what we can put in place to support them.

We have not met this target.

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

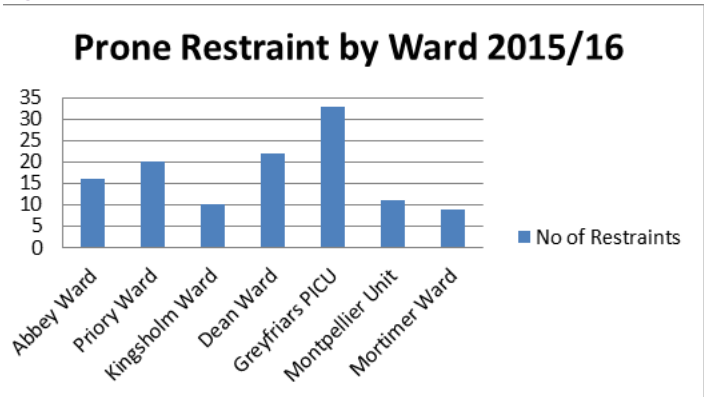
This is a new target for 2016/17. During 2015/16, the Trust developed an action plan to reduce the use of restrictive interventions, in line with the 2 year strategy – Positive & Safe: developed from the guidance Positive and Proactive Care: reducing the need for restrictive interventions. This strategy 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.

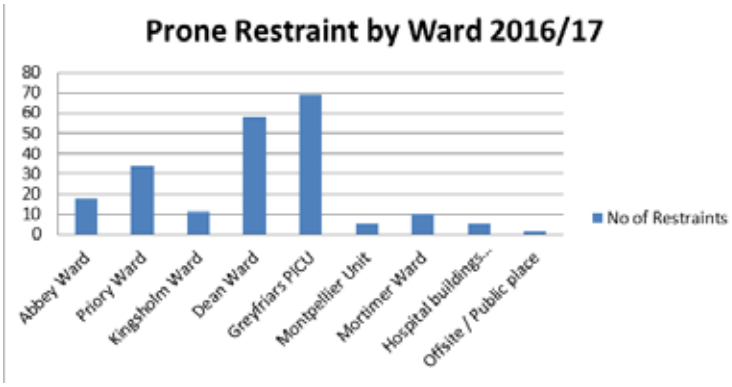
As use of prone restraint (face down) is sometimes necessary to manage and contain escalating violent behaviour, it is also the response most likely to cause harm to an individual. Therefore, we want to minimise the use of this wherever possible through effective engagement and occupation in the inpatient 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 and the breakdown of this information by month is shown in Figure 14.

Figure 14



At the end of 2016/17, 211 instances of prone restraint were used as seen in Figure 15 which is an overall increase this year.

Figure 15

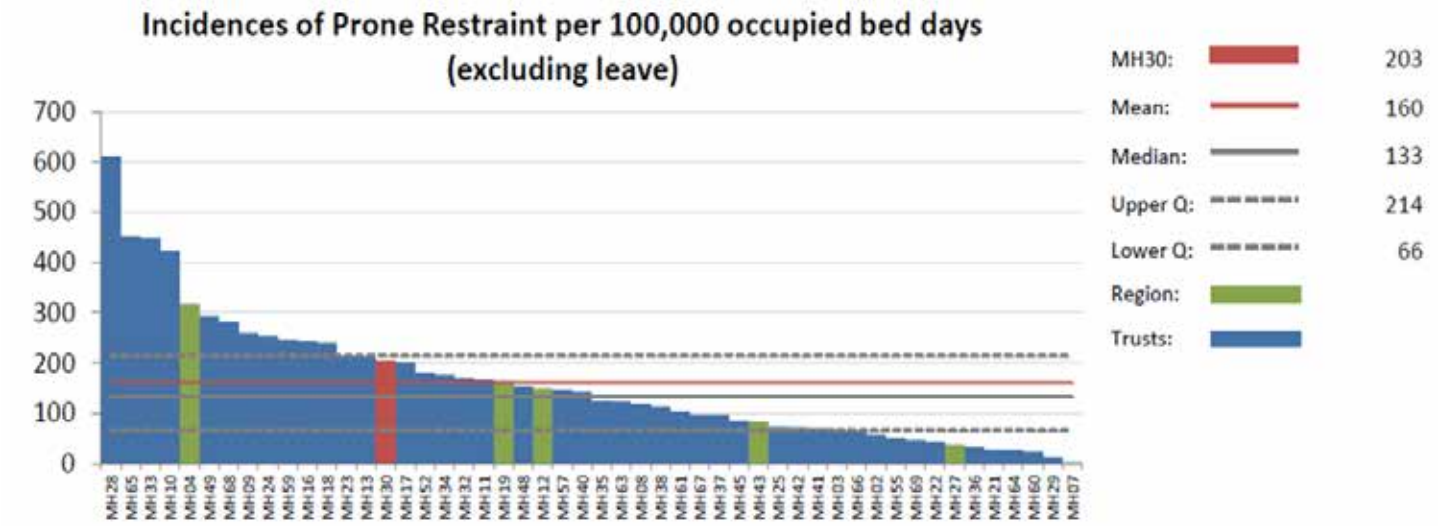


Analysis of the data during April – September 2016 identified that not all of these incidents are, in fact, episodes of prone restraint, rather the application of precautionary holds for individuals who place themselves face down whilst holding items being used for the purpose of self-harm. These precautionary holds are fleeting and the person is released as soon as the item has been safely removed. A new category of “Precautionary/Non-Standard Hold” was, therefore, added to DATIX for more accurate reporting.

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 will be implemented during 2017/18 and it is anticipated that we will see a corresponding reduction in the use of prone restraint.

Each year, the Trust engages in the NHS Mental Health Benchmarking exercise, which all English NHS Trusts who are providers of secondary mental health services participate in. This enables individual organisations to compare trends and benchmark themselves against the national data. Figure 16 below shows that the Trust reports incidences of prone restraint slightly above the national average.

Figure 16



We have not met this target.

Target 3.4 - 95% of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care

This is a local target and one which we first introduced in 2012/13. The national target is that 95% of CPA service users receive follow up within 7 days[2].

Discharge from inpatient units to community settings can pose a time of increased risk of self-harm for service users. The National Confidential Inquiry into Suicides and Homicides[3] recommended that 'All discharged service users who have severe mental illness or a recent (less than three months) history of self-harm should be followed up within one week'

One of the particular requirements for preventing suicide among people suffering severe mental illness is to ensure that follow up of those discharged from inpatient care is treated as a priority and that care plans include follow up on discharge. Although the national target for following up service users on CPA is within 7 days, in recognition that people may be at their most vulnerable within the first 48 hours, we aim to follow up 95% of people within these 2 days. This has been an organisational target for many years, and the cumulative figures for each year end are seen in the table below.

During 2015/16 we took the opportunity to review our practices and policies associated with both our 7 day and 48 hour follow up of patients discharged from our inpatient services. Whilst the adjustments we have undertaken have strengthened the patient safety aspects of our follow up contacts, introducing these changes have led to an impact on our in year performance, in comparison to our previous year's performance against these performance standards. In the case of our 48 hour local stretch target, our 2015/16 organisational performance fell to 90% (Herefordshire services followed up 91% (25 breaches) of people discharged from inpatient care and Gloucestershire services have followed up 90% (83 breaches) which is below our stretch target.

We are confident that the practice changes we introduced have strengthened the patient safety aspects of this measure and that our performance in both our 7 day and 48 hour follow ups will ultimately return to being well above the national performance requirement and our local stretch target.

At the end of 2016/17, Herefordshire services followed up 96% (11 breaches) of people discharged from inpatient care and Gloucestershire services followed up 95% (39 breaches). This gives an overall organisational compliance of 95%. Each of these breaches were reviewed to establish if there were any themes and trends, and the learning from this review will be used to promote practice.

[2] Detailed requirements for quality reports 2014/15: Monitor, February 2015

[3] Five year report of National Confidential Inquiry into Suicide and Homicide by people with mental illness Department of Health – 2001

	Target	2012-13	2013-14	2014-15	2015-16	2016-17
Gloucestershire Services	>95%	89%	95%	95%	90%	95%
Herefordshire Services	>95%	70%	95%	92%	91%	96%

This target has been met.

Serious Incidents reported during 2016/17

By the end of 2016/17, 43 serious incidents were reported by the Trust, 1 of which was subsequently declassified; the types of these incidents reported are seen below in Figure 17.

Figure 17

Serious incidents by type 2016/17

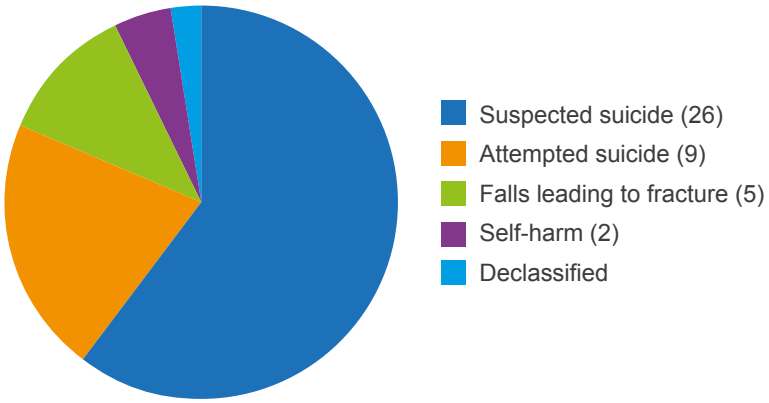
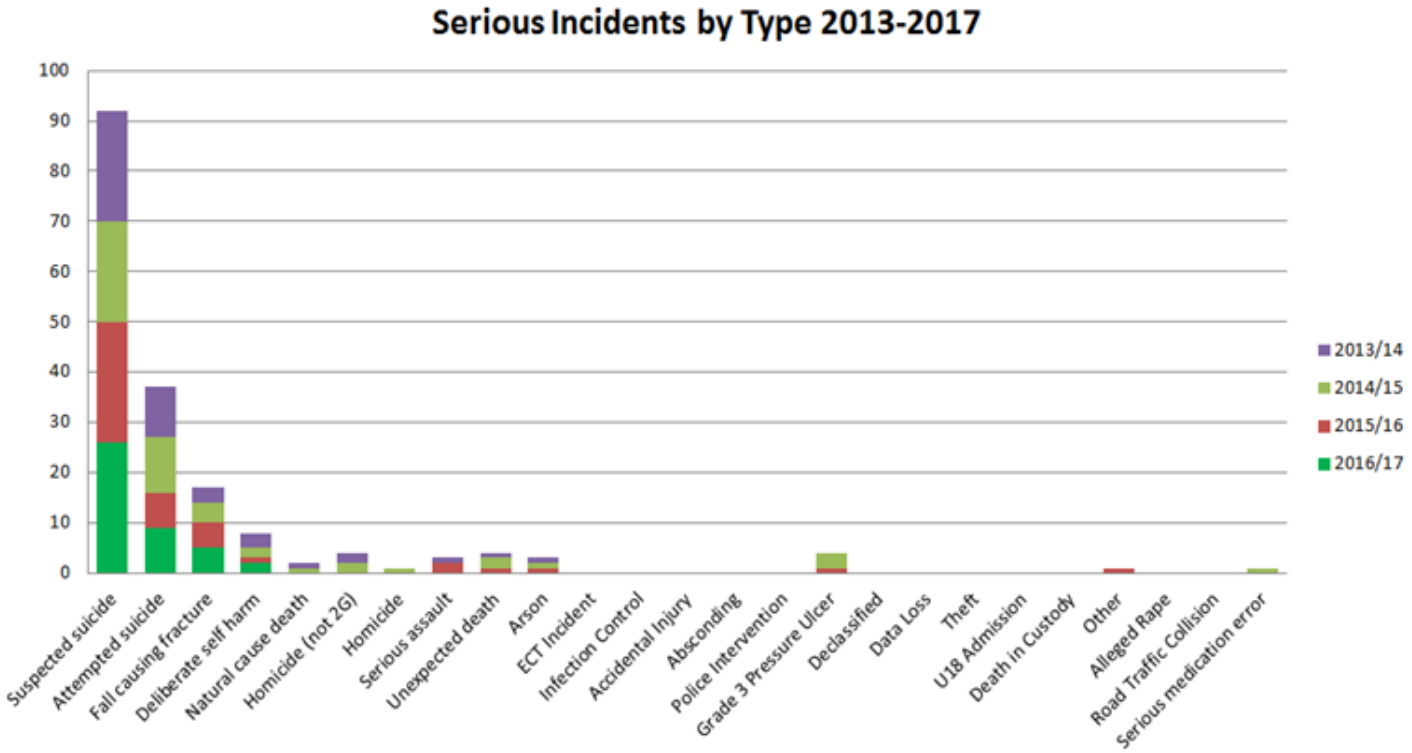


Figure 18 shows a 4 year comparison of reported serious incidents. The most frequently reported serious incidents are “suspected suicide” and attempted suicide which is why we continue to focus on suicide prevention activities in partnership with stakeholders. All serious incidents were investigated 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 will commence this important work in May 2017, and we are in the process of appointing further dedicated Investigating Officers via the Trust’s Staff Bank. This arrangement will be reviewed during Quarter 4 2017/18.

Figure 18



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. In 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 2016/17. 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. An unused Datix module is being developed to contain this work.

The 'active' review of patient deaths will commence from 1 April 2017 and it is anticipated that we will be reporting to Board within the requirements of the "National Guidance on Learning from Deaths", with policy development and publication by Quarter 2 2017/18 and data publication by Quarter 3 2017/18.

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

[2]gether 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 2016/2017

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

		2014-2015 Actual	2015-2016 Actual	National Threshold	2016-2017 Actual
1	Clostridium Difficile objective	3	0	0	**3**
2	MRSA bacteraemia objective	0	0	0	**0**
3	7 day CPA follow-up after discharge	97.73%	95.63%	95%	**98%**
4	CPA formal review within 12 months	97.1%	99.35%	95%	**99%**
5	Delayed transfer of care	0.06%	1.02%	≤7.5%	**1.7%**
6	Admissions gate kept by Crisis resolution/home treatment services	99.57%	99.74%	95%	**99%**
7	Serving new psychosis cases by early intervention teams	100%	63.56%		**71%**
8	MHMDS data completeness: identifiers	99.71%	99.57%	97%	**99.9%**
9	MHMDS data completeness: CPA outcomes	97.06%	97.42%	50%	**94.7%**
10	Learning Disability – six criteria	6	6	6	**6**
11	EIP: Receipt of NICE approved care within 2 weeks	-	-	50%	**71.3%**
12	Improving access to psychological therapies - treated within 6 weeks of referral - treated within 18 weeks of referral			75% 95%	**37.8%** **86.1%**

Commissioner Agreed Developments

There have been a number of innovative developments during the year which now form part of our commissioned services, these include:

- **Gloucestershire Mental Health Acute Response Service (MHARS).** The Urgent Response Team is located with, and works alongside the emergency services to advise on and respond to incidents taking place anywhere in the county, where it is suspected that mental health has played a part. The intention is to provide a quicker service for people experiencing mental health crisis or distress so they can get the right response at the right time in the right place.

- **Wellbeing House**. Alexandra Wellbeing House opened in spring 2017. This is a partnership venture between ²gether, Swindon MIND and Gloucestershire CCG, and provides an alternative to an inpatient admission for when a person is feeling overwhelmed and needs somewhere peaceful and away from everyday life to recover from an episode of distress.

- **Gloucestershire Perinatal Service**. The team is in the process of being formed following a successful bid for £1.5million of Government funding during 2016/17. This will see improved care and outcomes for women with mental health problems during pregnancy and in the postnatal period.

- **Community Dementia Nurse Pilot**. We are working collaboratively with primary care and Gloucestershire Care Services colleagues to enable one of our Community Dementia Nurses to create better working relationships throughout the healthcare system and achieve better outcomes for people with dementia. This forms part of the work being carried out through the Sustainability and Transformation Plan agenda.

- **Gloucester City Primary Mental Health (PMH) Specialist Nurse Pilot.** We are working with Gloucester City GPs to pilot two specialist PMH nurse posts to work alongside GPs in practices. This is a developmental role exploring the opportunities and benefits that can be offered from a Mental Health Nurse working at a GP Practice level.

Community Survey 2016

The CQC published results of an independent survey taken in 2016 that tested the experience of service users who use Trust community services. The published results compare ratings about ²gether NHS Foundation Trust's services with the results of other mental health trusts.

²gether NHS Foundation Trust received a relatively high percentage response rate (compared with others in the country) to the questionnaire at 33% returned. Full details of this survey questions and results can be found on the CQC website:

www.cqc.org.uk/provider/RTQ/survey/6

No significant differences were noted between the results for Herefordshire and Gloucestershire. 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 Trust's service as 'Better than Others' which is in the top 20% of similar organisations. The results are tabulated below together with the scores out of 10 for ²gether NHS Foundation Trust calculated by the CQC.

²gether's scores compared with scores of other trusts

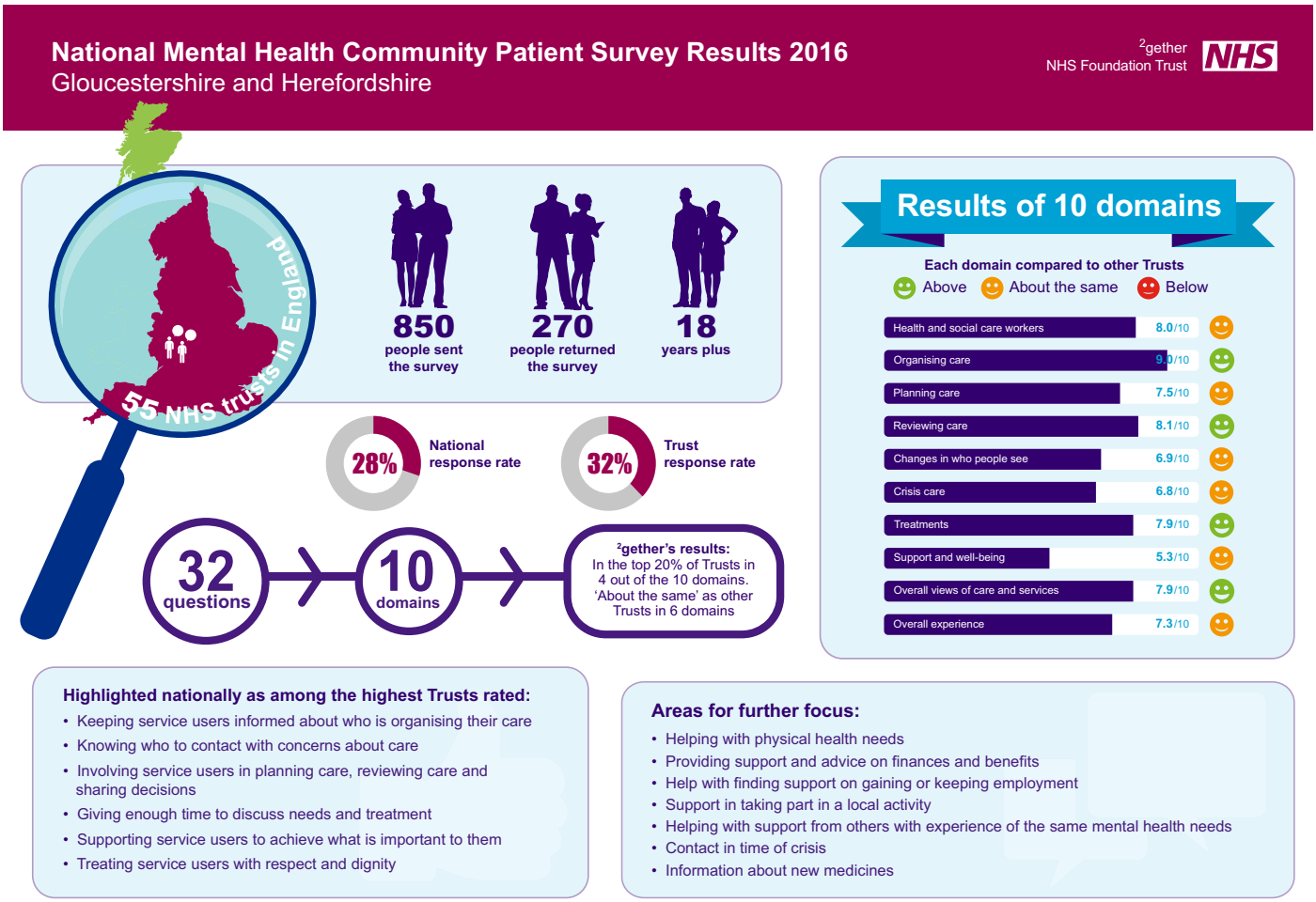
Score (out of 10)	Domain of questions	How the score relates to other trusts
8.0	Health and Social Care workers	Same as others
9.0	Organising Care	Better than others
7.5	Planning care	Same as others
8.1	Reviewing Care	Better than others
6.9	Changes in who people see	Same as others
6.8	Crisis care	Same as others
7.9	Treatment	Better than others
5.3	Support and Wellbeing	Same as others
7.9	Overall view of care and services	Better than others
7.3	Overall	Same as others

In 12 out of the 32 evaluative questions, ²gether NHS Foundation Trust received particularly favourable results compared with other Trusts rated in the CQC Survey. These questions are illustrated in the infographic.

The results have been considered further for areas where improvements will be sought. These include:

- 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

The Trust has also produced an infographic summarising the key messages from the CQC Survey and this can be seen below.



Staff Survey 2016

High levels of staff engagement and satisfaction are priorities for 2gether NHS Foundation Trust.

As part of this, each year the Trust is able to use information from the annual NHS Staff Survey to improve this. Although staff have a variety of ways to feedback on their experiences at work, the NHS Staff Survey provides the most in-depth analysis of how our staff view the Trust as an employer and as a provider of mental health and learning disability services. The responses to each of the questions asked are grouped into 32 Key findings, progress against which can be measured year on year.

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.

Overall staff engagement has again increased with the result being derived from three Key Findings:

KF1 – Staff recommendation of the Trust as a place to work or receive treatment
KF4 – Staff motivation at work
KF7 – Staff ability to contribute towards improvements at work.

The Trust score was 3.89 (from a possible 5) and was higher than the national average for Mental Health/Learning Disability Trusts.

The results of the 2016 Survey showed the Trust to be better than average in 18 Key Findings, average in 10 Key Findings and worse than average in 4 Key Findings when compared with the national average. This represents a favourable comparison with the previous year when the Trust was reported to be better than average in 18, Key Findings, average in 13 and worse than average in one Key Finding.

There were no statistically significant changes to any of the Key Findings but there were improvements show in 19 of them, 12 worsened slightly and one Key finding showed no change.

It has been encouraging to note that the number of staff recommending the organisation as a place to work or receive treatment had increased and was higher than the national average. Staff motivation at work also remains above the national average. After a disappointing score last year, the percentage of staff reporting good communication between senior managers and staff had improved although remains slightly below the national average. It has however been disappointing to see that whilst the reporting of near misses and incidents have been diligently reported, colleagues have been less likely to report incidences of bullying and harassment.

The Staff Survey results are also used to inform progress against the Workforce Race Equality Standard (WRES), introduced in 2014. Four of the nine WRES indicators are taken from the survey. An average of 88% of staff reported that there were equal opportunities for career progression and promotion, slightly above the national average.

It is not possible to compare responses from Black and Minority Ethnic (BME) staff with last year's results as the response rate from BME colleagues last year was too low to include. However for 2016, the results from BME and White staff were broadly similar. 30% of white and 30% of BME staff reported experiencing harassment from patients and members of the public, both below the national average but still of concern. 25% of white staff experienced harassment from other staff while 21% of BME staff reported the same.

Nationally, levels of bullying and harassment remain unacceptably high but as a Trust we continue to work to eliminate this kind of behaviour. Over the last 12 months we have increased the number of Dignity at Work Officers and we continue to promote our confidential online dialogue system known as Speak in Confidence as part of the range of measures introduced to offer support to staff.

Following analysis and discussion of the survey outcomes, the Trust's resultant action plan will be focussing on encouraging staff to report such incidences as these are unacceptable and against our values. Emphasis will also be put on making the best use of service user feedback and highlighting how such feedback is used. The third element of the action plan will focus on promoting the health and wellbeing of our staff. To complement the Trust actions, our service localities will utilise the survey to define priorities that will be addressed locally.

PLACE Assessment 2016

In April 2013, Patient Led Assessments of the Care Environment (PLACE) were introduced in England.

PLACE are self-assessments carried out voluntarily that involve local people who go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness, general building maintenance, Dementia friendly environments and for the first time this year a disability domain has been added. PLACE focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job. It is only concerned about the non-clinical activities.

PLACE is now in its fourth year and the 2016 assessments took place between February and June 2016 with the results being seen in the tables below.

Domain:	1		2		3	4	5	6
Site Name	**Cleanliness**	**Food Overall**	Organisational Food	Ward Food	**Privacy, Dignity and Wellbeing**	**Condition Appearance and Maintenance**	**Dementia**	**Disability** new domain for 2016
Overall 2gether Trust Score:	**99.54%**	**90.85%**	90.34%	90.65%	**95.63%**	**97.62%**	**95.43%**	**91.04%**
HOLLYBROOK	**100.00%**	**95.11%**	92.13%	100.00%	**100.00%**	**99.58%**	**N/A**	**100.00%**
WESTRIDGE	**100.00%**	**82.73%**	91.53%	55.56%	**94.12%**	**100.00%**	**N/A**	**93.65%**
CHARLTON LANE	**99.72%**	**93.16%**	93.37%	92.88%	**93.15%**	**99.28%**	**98.07%**	**93.92%**
WOTTON LAWN	**100.00%**	**94.14%**	89.18%	99.49%	**96.91%**	**98.17%**	**N/A**	**87.23%**
HONEYBOURNE	**99.21%**	**91.58%**	94.31%	88.28%	**96.55%**	**99.58%**	**N/A**	**100.00%**
LAUREL HOUSE	**100.00%**	**95.17%**	91.53%	100.00%	**100.00%**	**100.00%**	**N/A**	**100.00%**
STONEBOW UNIT	**99.89%**	**79.76%**	87.21%	70.72%	**95.89%**	**93.82%**	**92.17%**	**90.10%**
OAK HOUSE	**92.26%**	**N/A**	N/A	N/A	**86.49%**	**91.12%**	**N/A**	**84.62%**
National Average MH/LD	97.80%	89.70%	86.60%	91.90%	89.70%	94.50%	82.90%	84.50%

At or above MH/LD national average Below England MH/LD average

The Trust has achieved very positive results placing us above the national average for Mental Health and Learning Disability settings in all six domains. This demonstrates how we are improving the quality of the non-clinical services to our patients.

A Disability domain has been added for the first time this year, with the Trust scoring above the upper interquartile (top 25%) compared with other UK Healthcare establishments.

Cleanliness has improved to 99.54% this year which places us above the UK national average for all healthcare establishments.

As a result of the PLACE outcomes and scores, the Trust has developed a comprehensive action plan for each unit, highlighting areas for improvement and resolution; owned by the unit managers under the Matrons. Progress against these action plans is monitored by the Patient Environment Action Groups (PEAG) and supported by the Estates and Facilities Department.

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Annex 1: Statements from our partners on the Quality Report

Gloucestershire Health and Care Overview and Scrutiny Committee

On behalf of the Health and Care Overview and Scrutiny Committee I welcome the opportunity to comment on the ²gether NHS Foundation Trust Quality Account 2016/17.

Members from the HCOSC and the Children and Families Overview and Scrutiny Committee (CFOSC) share concerns with regard to the provision of mental health services to children and young people in the county. Members believe that early intervention is important, and can better support health and wellbeing outcomes. Members therefore welcome the willingness of the Trust to engage with and support the scrutiny workshops on this matter. Elected members have found these sessions to be very beneficial and will be following up on this work in the new council.

The committee notes that the Trust has still not met the targets relating to the numbers of deaths by suspected suicide (pending inquest) of people in contact with services when comparing data from previous years. Elected members are aware that the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness is investigating suicide by children and young people in England. This work is being undertaken in two phases. The second phase of this work is due to be published in 2017, and will include recommendations for services. The county council's Student Mental Health Task Group has asked the Gloucestershire Suicide Prevention Partnership Forum (GSPPF) to consider the recommendations from this report and inform the HCOSC and CFOSC of their findings. I anticipate that these committees will wish to discuss this work with the Trust as part of the work to review the Gloucestershire Suicide Prevention Strategy.

The committee congratulates the 2gether NHS Foundation Trust on being rated as one of the top two mental health trusts in the country, based on service user's ratings in the National Community Mental Health Patient Survey (Adults) 2016. Members welcome the opening of the Wellbeing House and look forward to hearing, in due course, if this facility is making a difference.

Members particularly welcome the productive partnership working with the Emergency Services on the delivery of the Mental Health Acute Response Service (MHARS); and the successful bid for funding to provide a perinatal service in Gloucestershire.

I would like to thank the Trust for its continued willingness to work with and inform committee members, in particular, Jane Melton, Ruth FitzJohn and Shaun Clee.

Iain Dobie, Chairman
Gloucestershire Health Overview and Scrutiny Committee

Healthwatch Herefordshire Response to 2gether NHS Foundation Trust Annual Quality Accounts 2016-17

Healthwatch Herefordshire is pleased to have been a partner of 2gether over the past year. We still strongly support the Triangle of Care initiative and with our partner organisation HCS continue working with 2gether to ensure that this is implemented throughout the Herefordshire services as soon as possible. Regular board reports tracking this progress would be helpful.

Another initiative we strongly support is the need to tackle higher than expected suicide rates in the county, we look forward to plans being rapidly developed and implemented in Herefordshire.

Disappointing progress with access to and the effectiveness of IAPT is an area which needs serious and urgent attention. Early intervention services are strongly supported and we look forward to improvement in this.

Once again Healthwatch Herefordshire thanks 2gether Trust for its open and supportive culture and its continued collaboration with Healthwatch in working towards delivering excellent mental health services for the people of Herefordshire.

Ian Stead
Board Member - Healthwatch Herefordshire

Healthwatch Gloucestershire comments on the 2gether Foundation Trust's Quality Statement 2016/17

Healthwatch Gloucestershire welcomes the opportunity to comment on 2gether NHS Foundation Trust's quality account for 2016/17. Healthwatch Gloucestershire exists to promote the voice of patients and the wider public with respect to health and social care services. As of April 1st 2017 Healthwatch Gloucestershire came under a new provider and we are therefore unable to comment on the previous year's activity as it relates to work carried out under the previous Healthwatch Gloucestershire contract. However, we look forward to developing relationships with the Trust over the coming year and working with them to ensure the patient voice is heard.

It is good to see that the Trust has a clear focus on continuous quality improvement with a view to making life better for communities, service users and unpaid carers. In addition, the input of service user experience into the priorities for the coming year is welcomed and ensures that the Trust remain user-focused.

We are pleased to see the ongoing commitment of the Trust to improve the physical health of patients under their care and note that a health awareness event for patients and staff is to be held in Gloucestershire in the coming year.

Last year The Trust set a target to improve the process for children and young people who transition from child to adult mental health services. In particular, they aimed to ensure that joint care programme approach reviews were carried out for all of those who were transitioning. The Trust did not achieve this aim so we are pleased to see that this remains a priority and we will be monitoring progress over the coming year.

We welcome the prioritisation of user experience by the Trust and note the positive results achieved by the Trust on the CQC national community mental health survey and the proposed introduction of the 'How did we do?' survey. Healthwatch Gloucestershire would be happy to work with the Trust over the coming year to ensure that the voice of service users continues to be used to improve services provided by the Trust.

We are concerned to see that a greater number of suspected suicides are reported within Gloucestershire compared with Herefordshire. We acknowledge however that the population of people in contact with services is higher in Gloucestershire and that the service is configured differently to reflect commissioning requirements. We also note the work being carried out by the Trust to improve outcomes for patients including their continued partnerships working with external agencies.

The Trust's target to reduce prone restraints by 5% year on year was not met; in fact, there was a significant increase in reported incidents. The Trust established a baseline for its target based on the number of instances of prone restraint it had recorded in 2015/16 We note that analysis of the data for 2016/17 identified that a proportion of the incidents recorded as prone restraint were in fact the application of fleeting, precautionary holds for individuals who hold themselves face down, and that consequently a new category of "precautionary non-standard hold" has been added to the incident reporting system. We note the work being carried out by the Trust to reduce the instances of prone restraint and would like to see a reduction in recorded incidents (from baseline) during 2017/18.

Work by the Healthwatch network has shown that people often find the complaints process stressful we are therefore pleased to see that an increasing number of concerns raised by patients are dealt with by local resolution without need for a formal complaints process. We acknowledge also the work being carried out to improve the consistency of serious incident investigations. We welcome the involvement of service users in these investigations and welcome the plans to provide improved support for those bereaved by suicide.

Healthwatch Gloucestershire look forward to developing the relationship with The Trust over the coming year and working with them to ensure that the experiences of patients, their families and unpaid carers are heard and taken seriously.

Dr. Sara Nelson
Healthwatch Gloucestershire

NHS
Herefordshire
Clinical Commissioning Group

Herefordshire CCG response to 2gether NHS Foundation Trust Quality Accounts

Herefordshire Clinical Commissioning Group (CCG) welcomes the opportunity to provide comments on the Quality Report prepared by 2gether NHS Foundation Trust (2gNHSFT) for 2016/17. The report is easy to read and understandable given that it has to be considered by a range of stakeholders.

Within the past year Herefordshire Health and Social Care partnerships have faced varied challenges, 2gNHSFT has worked together with partnership organisations, including the CCG to face the challenges whilst striving to deliver improved quality of care and outcomes for the residents of Herefordshire.

The 2016/17 Quality Report demonstrates some of the challenges, concerns and opportunities that the Trust has faced. Herefordshire CCG continues to regularly attend the Trust Quality Committee meetings and contribute constructively at the Contract Quality Review Forum.

The CCG acknowledge 2gNHSFT's continuing focus on patient and carer experience and the delivery of high quality of care, which underpins all clinical work delivered by the Trust, the results of this focus is demonstrated in the outcomes from the Friends and Family test with over 90% of respondents reporting they would recommend 2gNHSFT and the increasing number of staff who would do the same. The links between poor mental health and poor physical health have been long established.

The work 2gNHSFT has undertaken to improve the physical health of their patients is to be commended and also contributes to improving the patient's experience of services provided by the Trust.

The CCG notes that the Trust did not reach its targets of:

- Ensuring that all services users making the transition from childhood to adulthood had joint Care Programme Approach reviews.
- Reducing the number of patients who were Absent without Leave (AWOL)
- Reducing the number of prone restraints

The CCG will monitor these aspects of care to ensure that the practice changes undertaken by the Trust support improved outcomes.

We were pleased to note there continues to be a high level of 2gNHSFT engagement in both national and local clinical audits and research as well as participation in national confidential enquiries.

The CCG reviews 2gNHSFT's incident responses on a regular basis and find robust systems and processes in place with evidence of duty of candour has been undertaken in each report and evidence that learning is embedded within the wider Trust workforce.

We are aware that 2gNHSFT are actively engaged in partnership working with the Local Authority, other statutory partners and voluntary sector bodies in Herefordshire through many fora. We are confident that this engagement will continue throughout 2017/18.

The CCG endorses all 2gNHSFT's priorities for improvement as contained in this report in the expectation that they will lead to improved delivery against effectiveness, service user experience and safety, supporting improved outcomes for service users.

Following a review of the information presented within this report, coupled with commissioner led reviews of quality across all providers, the CCG is satisfied with the accuracy of the report. This recognises the Trust commitment to quality and demonstrates transparency, honest assessment and further development which mirror the aspirations of commissioners.

Lynne Renton, Deputy Chief Nurse
Herefordshire CCG

NHS
Gloucestershire
Clinical Commissioning Group

NHS Gloucestershire CCG Comments in Response to 2gether NHS Foundation Trust Quality Report 2016/17

NHS Gloucestershire Clinical Commissioning Group (CCG) welcomes the opportunity to provide comments on the Quality Report prepared by 2gether NHS Foundation Trust (2gNHSFT) for 2016/17 in line with NHS Improvement guidance 'Detailed requirements for quality reports for foundation trusts 2016/17' published February 2017.

The past year has continued to present major challenges across both Health and Social care in Gloucestershire and we are pleased that 2gNHSFT have worked jointly with partnership organisations, including the CCG during 2016/17 to deliver a system wide approach to maintain, further develop and improve the quality of commissioned services and outcomes for service users and carers. We wish to acknowledge the Trust's contribution and commitment to the development of the Sustainability and Transformation Plan for Gloucestershire (STP).

Following the comprehensive CQC inspection during October 2015, where the overall outcome was rated as 'good', the CCG has continued to work with the Trust to monitor the implementation of the CQC action plan developed to address areas identified for further improvement. We were pleased to note the good progress in closing down these actions and recognise the focus and commitment of management and staff in addressing the necessary quality improvements. However we note there remain some areas for further development and improvement, and the CCG will continue to work with the Trust to address these in 2017/18.

The 2016/17 Quality Report is easy to read and understandable given that it has to be considered by a range of stakeholders with varying levels of understanding. The report clearly identifies how the Trust performed against the agreed quality priorities for improvement for 2016/17 and also outlines their priorities for improvement in 2017/18.

The CCG endorses the quality priorities included in the report whilst acknowledging the very difficult financial and partnership challenges 2gNHSFT have to address in the future, particularly in the implementation and delivery of the Gloucestershire STP. We are pleased to note progress and achievement against these quality priorities, and will continue to work with the Trust where targets have not been met.

We commend the Trust for good progress and achievement against the mandated core indicators 2016/17. The CCG were pleased to note the continued improvement of physical healthcare for people with schizophrenia and other serious mental illnesses in 2016/17, whilst recognising the commitment of staff to further improve the physical health and wellbeing outcomes for patients in 2017/18. We recognise the challenges for the Trust in becoming "Smoke Free" in April 2017, and also the extensive work undertaken to successfully roll out the annual Flu vaccination programme across the Trust whilst achieving 77% of staff and patients immunised.

Given the local CQUIN in relation to Young Peoples Transitions 2016/17, we were disappointed that the target to ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services was not met and will continue to work with the Trust on this quality priority for 2017/18. We acknowledge the extensive work undertaken by the Trust and progress to date against the Gloucestershire Improving Access to Psychological Therapies (IAPT) recovery plans. This remains a high priority for the CCG, and we will continue to work with 2gNHSFT in 2017/18 to improving access to IAPT services to meet national targets.

2gNHSFT did not achieve the target for reducing the number of deaths relating to identified risk factors of people in contact with services in 2016/17 when compared to data from previous years. We recognise that the number of suicides reported was in line with national reporting trends and that minimising the risk of suicide continues to be a priority for the Trust in 2017/18. The CCG note the Trust continues to be an active member of the Gloucestershire Suicide Prevention Partnership

Forum (GSPPF) and is working in partnership with other key stakeholders in Gloucestershire to reducing stigma around suicide and self-harm.

The Trust also failed to meet the target to reduce the number of people who are absent without leave (AWOL) from inpatient units who are formally detained. However the CCG recognise that the Trust has undertaken a great deal of work to understand the context in which detained service users are AWOL via the NHS South of England Patient Safety & Quality Improvement Mental Health Collaborative. We welcome that the Trust will have a continued focus in 2017/18 on positive engagement within their inpatient services to try and reduce the number of occasions where detained patients abscond from the ward environment.

The Trust has demonstrated continued improvement in service user and carer experience of mental health services provided, and we welcome the focus on improvement of the experience of service users in transition from children and young people's mental health service to adults. We also note a reduction in the actual number of complaints from the previous year. However the Trust has demonstrated that the numbers of complaints received has been relatively consistent in relation to the numbers of people seen over a period of three years, and report a continuous year on year improvement in written acknowledgement of complaints within the expected three day timeframe.

The CCG are pleased to note the Trust's focus on continuing improvement in identified priorities for effectiveness, service user experience and safety in 2017/18. We note achievement of targets in 2016/17, and whilst there are a number of areas where targets were partially or not achieved, the CCG are content that the Quality Report provides a balanced view.

The CCG also acknowledge the Trust's commitment to the 'Sign up to Safety Campaign' and all the patient safety initiatives such as the continued involvement in the NHS South of England Improving Patient Safety and Quality in Mental Health Collaborative, the NHS Safety Thermometer, Safewards interventions and Reducing Physical Interventions project to focus improvement on ways of working, and thereby improving the patient's experience of services provided by the Trust. We welcome the development of the Trust's Safety Improvement Plan and will continue to work with the Trust to improve the safety of patients.

The CCG acknowledge [2]g's continued strong focus on service user and carer experience and quality of caring, which demonstrates a joint commitment to delivering high quality, compassionate care, and also dignity and respect with which service users are treated. This is demonstrated in the results of the CQC Community Survey 2016 where [2]gNHSFT received particularly favourable results compared with other Trusts rated in the CQC Survey. We are pleased to note that the Trust are continuing to improve engagement with service users and carers and will continue to build upon their commitment to the 'Triangle of Care' programme.

The CCG also wish to acknowledge the Trust has achieved very positive results in the Patient Led Assessments of the Care Environment (PLACE) 2016 and were placed above the national average for Mental Health and Learning Disability settings in all six domains.

We recognise that the Trust's response rate to the Staff Survey 2016 saw an increase from 298 responses in 2015 to 777 staff responses in 2016, and overall staff engagement has again increased. We note the Trust score was higher than the nation average when compared to other Mental Health and Learning Disabilities Trusts.

We were pleased to note there continues to be a high level of clinical participation in local clinical audits, and also a positive increase in activity in relation to Clinical Research.

The CCG note that from 1 April 2016 the Trust was required to collect detailed information regarding the deaths of patients open to their services, and deaths within six months of their discharge from services in preparation for the 'Single Framework for Reviewing Deaths in the NHS' requirement published.

March 2017. However there is limited assurance in relation to data quality and we note several improvements have been made in both Datix and available technology for collecting information relating to patient deaths. The CCG will work with the Trust to monitor progress against these requirements in 2017/18.

[2]gNHSFT need to be in a strong position to manage both present and future challenges. The CCG will continue to work with the trust to deliver mental health and learning disabilities services that provide best value with a clear focus on providing high quality, safe and effective care for the people of Gloucestershire.

Gloucestershire CCG wish to confirm that to the best of our knowledge we consider that the 2016/17 Quality Report contains accurate information in relation to the quality of services provided by [2]gNHSFT.

During 2017/18 the CCG wish to work with [2]gNHSFT, all stakeholders and the people of Gloucestershire to further develop ways of receiving the most comprehensive reassurance we can regarding the quality of the mental health and learning disability services provided to the residents of Gloucestershire and beyond.

Dr Marion Andrews-Evans
Executive Nurse & Quality Lead
NHS Gloucestershire CCG

Herefordshire Health and Care Overview and Scrutiny Committee

I have noted the report and commend you for the successes over the past year.

The report raises a number of points that I would welcome further information on in relation to Herefordshire and to see improvements on meeting targets in the next quality report as described below:

- You'll be aware that the Herefordshire HSCOSC recently heard the outcomes of a task and finish review of mental health services for children and young people. One of the points that came up was regarding the transition from children's to adult services and in particular a recommendation that the upper age limit for children' services to be 25. I also note that targets for transition described on pages 30 and 31 have not been met. I would like to know more about developments to ease the transition and to align age groups with other services for children and young people.

- Page 7, point 2.2 refers to help and advice around physical health. How does this relate to age groups?

- Initiatives to support smoking cessation are commendable in terms of over-all physical health of services users and health outcomes, but it should be recognised within this that smoking can be a source of comfort or a handrail for some people with emotional difficulties during recover and to attempt smoking cessation during this time may be a big ask.

- Page 23 points 1.3, 2.4, where there are under achievements, why are they so, and how are they being addressed. How does quality compare between Herefordshire and Gloucestershire?

- Regarding complaints – I would like to see more information about the nature of complaints and comparisons between Herefordshire and Gloucestershire. I am not convinced by the friends and family test as there is one provider and therefore no choice!

- Regarding safety (Page 38) goals could also include a longer period of support beyond 48 hours, and as well as follow-ups, include a goal about ensuring people know who to contact if they feel they need support when they leave inpatient services. Page 46 gives a target of 95% follow-ups within 48 hours and I'd like to see this set at 100%. I'd like to understand why it wasn't clear why there were high numbers of suspected suicides in quarter 1.

- I'd welcome development of a suicide prevention forum for Herefordshire, and to see an update on the trial of the "stay alive" app

- P49 indicators regarding IAPT show an improvement is required, and shown separately for both counties, although this is a good example of how the split data is helpful to see

- P49 references to service developments and pilots for Gloucestershire would be welcomed as equivalents in Herefordshire if they prove successful in Gloucestershire

As services within Herefordshire develop and become more embedded I would welcome more detail in relation to Herefordshire services and for some of the statistics to be more defined for Herefordshire for the next quality report.

I would like to take this opportunity to thank you and your colleagues for your engagement with the health and social care overview and scrutiny committee. The council adopts constitutional arrangements this month which will include a change to the scrutiny arrangements to better align to our service structure and forward plan. I hope that we will see your continued contact with the two new scrutiny committees for adults and children's services in the coming year.

Cllr PA Andrews
Chair, Herefordshire Health and Care Overview and Scrutiny Committee

The Royal College of Psychiatrists

Statement of Participation in National Quality Improvement Projects managed by The Royal College of Psychiatrists' Centre for Quality Improvement

2gether NHS Foundation Trust

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
MSNAP: Memory Services National Accreditation Project	Gloucester Memory Service	Accredited	107
PLAN: Psychiatric Liaison Accreditation Network	None	N/A	74
QNCC ED: Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services) Eating Disorders	Eating Disorder Service	Participating but not yet undergoing accreditation	18
QNLD: Quality Network for Learning Disability Wards	None	N/A	40
QNOAMHS: Quality Network Older Adults Mental Health Services	Chestnut Ward Willow Ward Cantilupe Ward Jenny Lind Ward Mulberry Ward	Accreditation deferred Accreditation deferred Accredited Accredited as excellent Participating but not yet undergoing accreditation	67
AIMS-WA: Working Age Adult Wards	Mortimer Ward, Stonebow Unit Hospital Dean Ward, Wotton Lawn Hospital Kingsholm Ward, Wotton Lawn Hospital Priory Ward, Wotton Lawn Hospital	Accreditation suspended for this service Accredited Accredited as excellent Accredited as excellent Accredited as excellent	136
ECTAS: Electro Convulsive Therapy Accreditation Service	Stonebow (Hereford) Wotton Lawn (Gloucester)	Accredited Accredited as excellent	101
EIP Self-Assessment (English Teams only): EIP GRIP (Gloucestershire) N/A Self-Assessment (English Teams only)	GRIP (Gloucestershire) Herefordshire Early Intervention Service	N/A N/A	153
Perinatal: Perinatal In-Patient & Community Settings	None	N/A	43

The Royal College of Psychiatrists (continued)

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
QNCC: Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services)	None	N/A	32
QNFMHS: Quality Network for Forensic Mental Health Services	The Montpellier Unit (LSU)	Accreditation not offered by this network	125
QNIC: Quality Network for Inpatient CAMHS (Child and Adolescent Community Mental Health Services)	None	N/A	127
QNPMHS (Prison): Quality Network for Prison Mental Health Services	None	N/A	40
AIMS PICU: Psychiatric Intensive Care Units	Greyfriars PICU	Accredited as excellent	38
AIMS Rehab: Rehabilitation Wards	Honeybourne Recovery Unit	Accredited as excellent	65
	Laurel House	Accredited as excellent	
HTAS: Home Treatment Accreditation Service	Cheltenham Crisis Resolution and Home Treatment Team	Accredited	49
	Gloucester Crisis Resolution and Home Treatment Team	Accredited	
	Stroud and Cirencester Crisis Resolution and Home Treatment Team	Accredited	
QED: Quality Network for Eating Disorder Services	None	N/A	32
APPTS: Accreditation Project for Psychological Therapy Services	None	N/A	22
CofC: Community of Communities	None	N/A	8
MS-AT: Assessment Triage	None	N/A	5
EIPN: Early Intervention in Psychosis Network	None	N/A	5
QNLD : Quality Network for Learning Disability Wards	None	N/A	1
ACOMHS: Accreditation for Community Mental Health Services	None	N/A	12

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

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

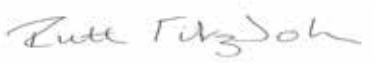
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to April 2017
  - papers relating to Quality reported to the Board over the period April 2016 to April 2017
  - feedback from Gloucestershire commissioners dated 15 May 2017
  - feedback from Herefordshire commissioners dated 15 May 2017
  - feedback Governors dated 17 January 2017
  - feedback from Herefordshire Healthwatch dated 2 May 2017
  - feedback from Gloucestershire Healthwatch dated 15 May 2017
  - feedback from Gloucestershire Overview and Scrutiny Committee dated 28 April 2017
  - feedback from Herefordshire Overview and Scrutiny Committee dated 15 May 2017
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2017
  - the 2016 national patient survey
  - the 2016 national staff survey
  - the Head of Internal Audit's annual opinion over the trust's control environment dated 17 April 2017
  - CQC inspection report dated 28 January 2016
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with MHs Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board.

Signed:



Chair **Date: 24 May 2017**

Signed:

Chief Executive **Date: 24 May 2017**

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 2gether'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.
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.
QRP	The Quality and Risk Profile is a monthly compilation by the CQC of all the evidence about a trust they have in order to judge the level of risk that the trust carries to fulfil its obligations of care
RiO	This is the name of the electronic system for recording service user care notes and related information within 2gether 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**.

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