Quality Report 2015/16

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Part 1: Statement on Quality from the Chief Executive

Introduction

"The first Trust in the country to be awarded an 'Outstanding' rating for crisis and place of safety services, and our adult acute inpatient and psychiatric intensive care services."

I am privileged to present, on behalf of the Trust Board and all Trust colleagues, our Quality Report for 2015/16.

As a Trust Board we have set three key strategic priorities for ourselves, the first and most important of which is 'Continuous Quality Improvement'. Only by focussing on continuous improvement can we continue to strive to achieve the quality of services which each of us would wish for a member of our own family. It is also one of the principal ways in which we strive to deliver our overall purpose of Making Life Better for our communities, our service users and carers.

Through this report you will learn how we monitor quality, how we seek to continuously improve quality, our main quality achievements during 2015/16 and what we will focus upon in the coming 12 months.

To summarise, our main quality initiatives this year included:

- measures focussed on improving the physical health of our service users;
- 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
- improving access to services.

We will continue to focus on many of these again in 2016/17 in recognition that these are all areas which impact greatly on the people we serve. We will also seek to build upon our commitment within 'The Triangle of Care' - supporting colleagues to work with families, including the needs of young carers. As a part of our contribution to a national initiative, we will also look to reduce the number of prone restraints used in our inpatient services, in acknowledgement of the associated potential risks and the distress this can cause.

The quality of services we provide is a continual focus of each and every Trust colleague. This year we were able to look at the quality of services we provide from an additional external perspective when we were subject to a comprehensive inspection by the Care Quality Commission (CQC). Having the CQC comprehensive inspection team with us seemed comparable to showing visitors around your home town - you see things differently.

When we received the inspection report, which rated our Trust as Good overall, we were reassured and recognised ourselves within it – both in the areas where we were found to be outstanding and those areas where we need to further improve.

We were pleased to note the many examples of good practice and care we are providing, and the fact that we were the first Trust in the country to be awarded an 'Outstanding' rating for crisis and place of safety services, and our adult acute inpatient and

psychiatric intensive care services. This is entirely due to the talented, committed and caring staff we employ as well as the collaboration and support of our commissioners and partners. Where improvements were suggested or recommended we took steps to either make those improvements immediately or set in place the mechanisms for sustainable improvements to be made in the near future.

CQC inspections provide additional focus and raise the profile of quality, however continued openness and transparency on quality is of paramount importance to our Trust. We openly discuss quality through our Trust Board meetings and when our Council of Governors meet. Both of these gatherings are held in public and, wherever we can appropriately do so, we share details of these discussions publicly on our website. We also invite regular feedback and discussion from our service users and carers, as well as the communities we serve, through regular events and a wide range of other methods. Full details of the feedback we receive and how we use that feedback in a continuous cycle of improvement is contained within this report.

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 119. 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 services, I am proud to present the achievements contained within this report and determined to work with my colleagues, our Board, Governors, communities and partners to continue to Make Life Better with continued quality improvement throughout 2016/17.

Shaun Clee
Chief Executive
[2]gether NHS Foundation Trust

Date: 25 May 2016

Part 2a: Looking ahead to 2016/17

Quality Priorities for Improvement 2016/17

This section of the report looks ahead to our priorities for quality improvement in 2016/17.

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 11 associated targets for 2016/17.

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 2016/17 Business Plan: The NHS England Business Plan 2016-2017;
- The Government's mandate to NHS England for 2016-17;
- Care Quality Commission (via Intelligent Monitoring Reports and 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;
- Internal assurance inspections;
- Monitor;
- King's Fund report on Quality Accounts;
- National Institute for Health & Care Excellence publications including their quality standards;
- Preventing suicide in England: two years on. Second annual report on the cross-government outcomes strategy to save lives. Department of Health 2015;
- National Confidential Inquiry into Suicide & Homicide by People with Mental Illness: Annual Report July 2015.

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's Governors;
- Trust clinicians and managers.

Effectiveness

Goal	Target	Drivers
Improving the physical health care for people with serious mental illness.	1.1 To increase the number of service users (all inpatients and all Serious Mental Illness/Care Programme Approach 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.	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.	This was CQUIN for our Herefordshire services in 2015/16, but equally applicable to Gloucestershire services. We wish to continue to support this as a key quality priority during 2016/17 to ensure effective discharge from our inpatient 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.	We wish to build on previous years CQUINs to further improve our transition processes.

User Experience

Goal	Target	Drivers
Improving the experience of service user in key areas. This will be measure 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 what care you will receive? > 78% **Target :** To achieve a response 'Yes' for more than **78%** of the people surveyed. 2015 Local survey score = 78%	Questions 2.2 – 2.4 are areas relating to patient experience where we wish to improve following the 2015 Care Quality Commission (CQC) national community mental health survey results.
	2.2 Were you involved as much as you wanted to be in decisions about which medicines to take? > 73% **Target :** To achieve a response 'Yes' for more than **73%** of the people surveyed. 2015 Trust score = 73%	
	2.3 Do you know who to contact out of office hours if you have a crisis? >71% **Target :** To achieve a response of 'Yes' for more than **71%** of the people surveyed. 2015 Trust score = 71%	
	2.4 Has someone given you advice about taking part in activities that are important to you? > 48% **Target :** To achieve a response of 'Yes' for more than **48%** of the people surveyed.	

Safety

Goal	Target	Drivers
Minimise the risk of suicide of people who use our services	3.1 Reduce the numbers of deaths by suicide (pending inquest) of people in contact with services when comparing data from previous years. During 2015/16 reported **24** deaths from suspected suicide which is higher than the previous 2 years, therefore we aim to reduce the number of deaths from suicide in 2016/17.	Gloucestershire Suicide Prevention Strategy and Action Plan Preventing suicide in England: Two years on. First annual report on the cross-government outcomes strategy to save lives. It is a high risk area with historical data available for year on year comparison.
Ensure the safety of people detained under the Mental Health Act.	3.2 Reduce the number of detained patients who are absent without leave (AWOL) when comparing data from previous years. We will report against 3 categories of AWOL as follows: 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped) There were **125** total reported occurrences during 2014/15 and our target was to report fewer than 110 occurrences. During 2015/16 we reported **114** incidents and met the overall target but saw an increase of **9** incidents where service users left the hospital.	NHS South of England Patient Safety Improvement Programme It is a high risk area with historical data available for year on year comparison.
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 2015/16 data. During 2015/16 we reported **127** such incidents.	Positive and safe: reducing the need for restrictive interventions. April 2014 There is historical data available for year on year comparison.
Ensure we follow people up when they leave our inpatient units within 48 hours to reduce risk of harm.	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. The national target is that 95% CPA service users receive follow up within 7 days).	During 2014/15 this percentage was **94%** and this reduced to **90**% in 2015/16. There is historical data available for year on year comparison.

Part 2b: Statements relating to the Quality of NHS Services Provided

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 2015/2016, the [2]gether 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; 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 and Substance Misuse Services (Until December 2015);
- Inpatient care;
- Community Learning Disability Services;
- Improving Access to Psychological Therapies.

[2]gether 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 2015/16 represents 94.5% of the total income generated from the provision of NHS services by the [2]gether NHS Foundation Trust for 2015/16.

Participation in Clinical Audits and National Confidential Enquiries

During 2015/16 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 2015/16 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 2015/2016 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 2015/16 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	98%	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 Governance Committee in summary form to ensure that actions are taken forward and learning is shared widely. The table below show the status of the audit plan at the end of the year. During this process we internally identified 375 recommendations to further improve our practice as part of our commitment to continuous improvement.

Clinical Audits	**2014/15 audit programme**	**2015/16 audit programme**
Total number of audits on the audit programme	122	168
Audits completed (at year end)	67	75
Audits that are progressing and will carry forward	30	49
Audits taken off the programme for specific reasons	25	44

The reports of 75 local clinical audits were reviewed by the provider in 2015/16 and ²gether 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 2013/ 2014, the Trust has now implemented and embedded these principles into polices and practice. There have been a number of audits carried out throughout the year to evidence improvements made 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:

- Following a Quality Improvement Project on inpatient wards in Gloucestershire, a re-audit of Capacity and Consent to Hospital Admission found significant improvement in documentation of capacity and consent for admission and treatment in Gloucestershire. Following the audit a number of further steps have been taken to improve recording of Capacity and Consent. To support implementation of the Trust wide Mental Capacity Act (MCA) policy, there is also MCA page on intranet with associated links to documents. A Mental Health Legislation Mandatory Read briefing document was posted on the intranet in November 2015 which includes guidance on the use of the MCA. Discussions have been held with the MCA Lead in Herefordshire to discuss what has worked well in Gloucestershire to help improve practice in Herefordshire;

- Following completion of a re-audit on NICE TA98 Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents & CG72 Attention deficit hyperactivity disorder - Diagnosis and management of ADHD in children, young people and adults it was identified that there were areas of concern around record keeping/documentation and dual diagnosis. To address these concerns, four recommendations were made in the action plan to develop an ADHD referral pathway. Review of RiO documentation to adapt questionnaires and charts for blood pressure, pulse, weight, height and side effect profile. To devise ADHD checklist/proforma to go onto RiO and to provide a series of training programme on ADHD in Children and adolescent with Intellectual disability disorders.

Internal peer review assurance visits:

- The Trust has undertaken 14 peer review assurance visits during 2015/16 covering both community and inpatient services. During this process a number of team specific recommendations were made and individual services have developed agreed Specific, Measurable, Achievable, Realistic and Time Limited (SMART) action plans to address these recommendations.

Participation in Clinical Research

Research Activity in 2gether in 2015-16

The number of patients receiving relevant health services provided or subcontracted by 2gether NHS Foundation Trust in 2015/2016 that were recruited during that period to participate in research approved by a research ethics committee 275.

This participation was from across 21 different studies[1]. This level of recruitment is less than the previous year's total of 482 participants. The difference was due to 2gether's involvement in a 2014/15 study which had an unusually large response[2].

In 2015/16, the Trust registered and approved 32 studies. Of these studies, 13 were based in mental health or dementia services. The remaining studies were made up from local, commercial (as a patient identification centre/PIC) or student studies. We currently have 5 service evaluation, and 11 educational research projects initiated and co-ordinated by Trust staff or students.

Leadership for 2gether's Research portfolio

Our dedicated team consists of the Head of Research and Development, two Research Nurse Practitioners and one Assistant Research Practitioner, working across mental health and dementia services in both Gloucestershire and Herefordshire. 2gether continues to offer clinical leadership at the West of England Clinical Research Network (WoE CRN) for the speciality of dementia. This year we were also delighted to welcome an Honorary Professorial Consultant Physician and Principle Investigator to the team who brings a wealth of experience in dementia research and leadership.

The Trust is pleased to be a member of the Gloucestershire Research and Development Consortium. We continue to work strategically with our Gloucestershire Health Community partners, and co-commission support from the skilled research specialists based at Gloucester Hospitals NHS Foundation Trust.

Seeking new research opportunities

The availability of research through the National Institute of Health Research (NIHR) and local portfolios fluctuated throughout 2015/16. The Research Team regularly scan the national portfolio for new studies that are open to new sites and proactively make contact with study teams. Currently we have 21 approved NIHR studies recruiting or active in Gloucestershire, an increase on the 13 open at this time last year. We continue to develop a rolling programme of studies open across the range of our services.

2gether is not currently recruiting to any commercial-sponsored research projects, and this has been identified as an area for development.

Research 2gether strategy

In January 2016, the Trust Board approved our Research 2gether Strategy 2016 – 2020. This co-developed document outlines our bold vision to be a world class centre of practice-based research and development to help make life better. The strategy focuses on the Research 2gether values of people, partnerships, innovation and leadership, and features a number of work streams that include strengthening internal and external partnerships, developing clinical research leadership, and finding creative and innovative ways to increase research opportunities for and with service users and carers.

[1] Data reported by the West of England Comprehensive Research Network, WoE CRN, from 1 April 2015 to 14 March 2016)

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

A Research Centre for ²gether's practice based research

During the year we have been developing a clinical trials facility at The Fritchie Centre, on our Charlton Lane Centre site in Cheltenham. This purpose built centre provides us with high quality facilities that will enable us to host clinical trials, making us an attractive prospect for partnership work in research and to commercial sponsors looking to host studies.

Future Developments

The National Institute of Health Research has been re-organised into streamlined clinical research networks. ²gether is represented at the regional forum (WoE CRN) by our Head of Research and Development who is also, responsible for leading the implementation of the Trust's Research Strategy Action Plan.

Nationally, there appears to be a reduction in studies investigating mental health practice and an increase in the number of dementia related studies. We are pursuing ways to influence partnerships with the academic establishments where research is designed to ensure that research reflects the future needs of clinical services.

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
- **QUEST** - Quality and Effectiveness of Supported Tenancies (QuEST)
- **LonDownS** - The London Down Syndrome Consortium (LonDownS): an integrated study of cognition and risk for Alzheimer's Disease in Down Syndrome
- **Autism Cohort UK** – Learning about the lives of adults on the autistic spectrum
- **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

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

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

A proportion of ²gether NHS Foundation Trust's income in 2015/16 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 CQUIN goals for 2015/16 are available electronically at:

www.2gether.nhs.uk/cquin

2015/16 CQUIN Goals

Gloucestershire

Gloucestershire Goal Name	Description	Goal weighting	Expected value	Quality Domain
Acute Kidney Injury	AKI is a sudden reduction in kidney function. It is not a physical injury to the kidney and usually occurs without symptoms. In England over half a million people sustain AKI every year with AKI affecting 5-15% of all hospital admissions. As well as being common, AKI is harmful and often preventable, thus representing a major patient safety challenge for health care. This CQUIN is concerned with demonstrating that 90% of patients have Early Warning Scores (EWS) within 12 hours of admission to Charlton Lane Hospital.	.10	£66160	Safety
Improving Physical Healthcare	The purpose of this CQUIN is twofold. Firstly, to improve the physical health of service users who are classed having a severe mental illness (SMI) receiving high levels of support. Secondly, to improve the flow of useful clinical information between secondary and primary care.	.35	£231560	Effectiveness
Delirium Screening	Delirium is linked to dementia and frailty; it can be an unrecognised factor in a change or deterioration of a patient with dementia with significant impact upon their physical and mental health. This CQUIN monitors the development, and use of a delirium screening and assessment tool.	.30	£198480	Effectiveness
Triangle of Care	This CQUIN monitors the implementation of the six standards identified in the Triangle of Care best practice guide to achieve better collaboration and partnership with carers. The six key standards are: 1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter. 2. Staff are 'carer aware' and are trained in carer engagement strategies. 3. Policy and practice protocols regarding confidentiality and sharing information are in place. 4. Defined posts responsible for carers are in place.	.20	£132320	User experience

Gloucestershire Goal Name	Description	Goal weighting	Expected value	Quality Domain
	5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway. 6. A range of carer support services are available.			
Young Peoples Transitions	This CQUIN will improve outcomes in young people transitioning from 2gether Young People's Services to Adult Mental Health Services.	.80	£529277	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.	.75	£496200	Effectiveness

2015/16 CQUIN Goals

Herefordshire

Herefordshire Goal Name	Description	Goal weighting	Expected value	Quality Domain
Improving Physical Healthcare	The purpose of this CQUIN is twofold. Firstly, to improve the physical health of service users who are classed as having a severe mental illness (SMI) receiving high levels of support. Secondly, to improve the flow of useful clinical information between secondary and primary care.	.25	£40900	Effectiveness
Personality Disorder	This CQUIN is concerned with demonstrating that improvements have been made to services for people with personality disorders by ensuring service delivery which is consistent with regional strategy.	1.0	£163600	User Experience
Crisis Contingency Planning	This CQUIN is concerned with preventing patients from having a relapse and encouraging service users to maintain their mental health at home by having a personalised crisis contingency plan.	.25	£40900	Effectiveness
Inpatient Discharge Planning	This CQUIN is about developing patient centred discharge care plans (based on a self-management recovery outcome approach) for use at the point of discharge from inpatients admissions.	.25	£40900	Effectiveness
IAPT Vulnerable Service Users	This CQUIN is about assessing ease of access for vulnerable service users and assessing the service user's experiences once it has been successfully accessed.	.75	£122700	Effectiveness

2015/16 CQUIN Goals

Low Secure

Low Secure Goal Name	Description	Goal weighting	Expected value	Quality Domain
Improving Physical Healthcare	The purpose of this CQUIN is twofold. Firstly, to improve the physical health of service users who are classed as having a severe mental illness (SMI) receiving high levels of support. Secondly, to improve the flow of useful clinical information between secondary and primary care.	.25	£4500	Effectiveness
Mental Health Carer Involvement Strategies	This CQUIN continues the theme of the Carer Involvement Strategies developed during 2014/15 and requires providers to evaluate the effectiveness of the strategies.	.25	£4500	User Experience
Collaborative Risk Assessments	This CQUIN requires the provision of an education and training package for patients and qualified staff around collaborative risk assessment and management.	1	£18000	User Experience
Smoking Cessation	This CQUIN focuses on supporting service users in secure services to stop smoking.	1	£18000	Safety

The total potential value of the income conditional on reaching the targets within the CQUINs during 2015/16 is £2,107,995 of which we anticipate £2,107,153 will be achieved.

In 2014/15, the total potential value of the income conditional on reaching the targets within the CQUINs was £2,056,500 of which £2,053,407 was achieved.

2016/17 CQUIN Goals

CQUIN goals for 2016/17 have been drafted with Gloucestershire and Herefordshire Clinical Commissioning Groups and NHS England (for the provision of low secure mental health NHS services).

These include:

National CQUINs applicable to Herefordshire mental health services

- Staff health and wellbeing;
- Physical health care.

Gloucestershire (Local)

- Young people's transitions;
- Perinatal mental health;

Herefordshire (Local)

- Crisis contingency planning for Early Intervention and Assertive Outreach services;
- Crisis contingency planning for Child and Adolescent Mental Health Services;
- Frequent attenders at Emergency Department.

Low Secure

- 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.

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

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

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

The CQC has not taken enforcement action against 2gether NHS Foundation Trust during 2015/16 or the previous year 2014/15.

CQC Inspections of our services

2gether NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2015/16.

The Care Quality Commission 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.

	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

2gether NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

- The Trust has developed an action plan in response to the **15** "must do" recommendations, and the **58** "should do" recommendations identified by the inspection.

2gether NHS Foundation Trust has made the following progress by 31 March 2016 in taking such action:

- Setting up a Project Group to manage all actions through to their conclusion.

Changes in service registration with Care Quality Commission for 2015/16

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.

2gether NHS Foundation Trust submitted records during 2015/16 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% for admitted patient care (99.2% national); and 99.4% for outpatient care (99.4% 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).

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

- During 2015/16 the Trust has continued to progress data quality improvement. Based on the work undertaken in previous years to provide automated reports, we have introduced a new early warning report for Senior Managers so they are alerted to any identified gaps;
- A successful series of "Masterclasses" have taken place across all areas of the Trust. These have focused on educating staff on how to enter the right data, at the right time and how to effectively manage data quality through the use and interpretation of data that is available to them;
- As a result of the Masterclass series, a review of the current data quality systems was initiated. This has led to the design of a more intuitive "Team Sites" platform that aims to bring many data sources together into one place to help teams manage their individual and team data quality more effectively. This was trialed during Quarter Four and will be rolled out to all teams throughout 2016/17.

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

2gether NHS Foundation Trust Information Governance Assessment Report overall score for 2015/16 was 84% and was graded green. This is the same as in 2014/15

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:

- **23** key indicators were at level 3;
- **21** 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 2016/17 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

2gether NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015/2016 by the Audit Commission.

Part 3: Looking Back: A Review of Quality during 2015/16

Introduction

The 2015/16 quality priorities were agreed in May 2015 and published in last year's Quality Report, and can be accessed through the following link:

www.2gether.nhs.uk/files/Quality%20Report_2014_15.pdf

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 2015/2016

		2014 - 2015	2015 - 2016
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
1.2	To improve personalised discharge care planning in: a) Adult inpatient wards and; b) Older people's wards.	-	Achieved
1.3	To increase the number of vulnerable people who are able to access the IAPT service "Let's Talk" (Improving Access to Psychological Therapies).		Achieved
1.4	To develop a measureable data set to improve the experience of service users who make the transition from children and young people's services to adult services.	-	Achieved
User Experience			
2.1	Have you been offered a written or printed copy of your care plan? >72.5%	**72.5%**	**71%**
2.2	Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you? >65%	**65%**	**86%**
2.3	In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs? >58%	**58%**	**79%**
2.4	Have you been given advice about taking part in local activities? >51%	**51%**	**81%**
Safety			
3.1	Reduce the numbers of deaths by suicide (pending inquest) of people in contact with services when comparing data from previous years.	**20**	**24**
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 2. Did not return from leave 3. Absconded from a ward	**27** **30** **69** **126 total**	**13** **23** **78** **114 total**
3.3	**95%** of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care.	**94%**	**90%**

Effectiveness

In 2015/16 we remained committed to ensure that our services are as effective as possible for the people that we support. We set ourselves 4 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;
- Ensuring appropriate access to psychological therapy;
- 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 to implement 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. The Trust was also involved in the NHS Improving Quality, as a national physical health pilot site. This was a 2 year project which focused on improving physical health outcomes for service users.

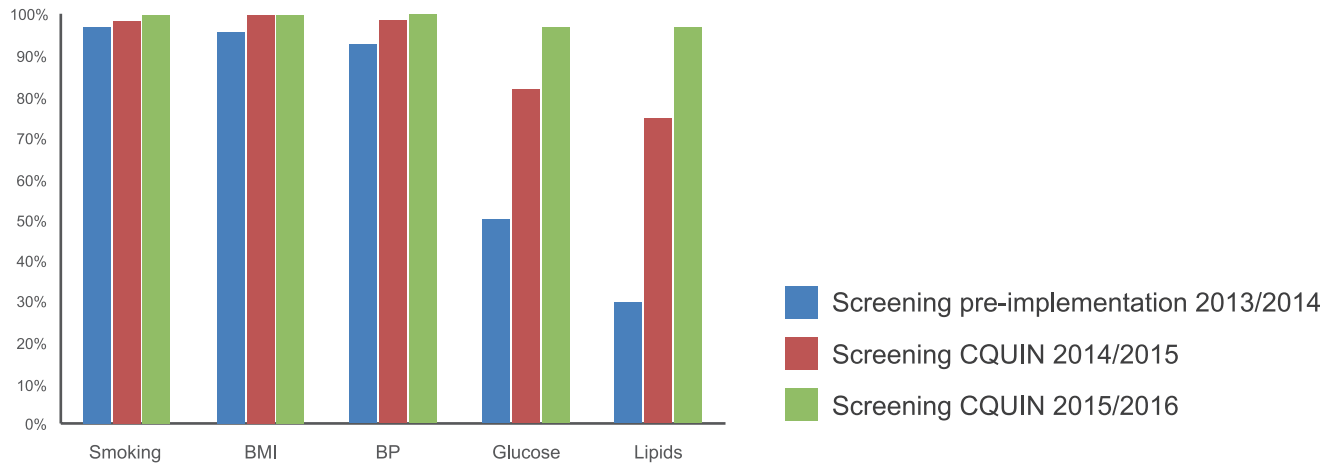
As part of the project the Trust submitted an audit of 100 patients to the College Centre for Quality Improvement. Results demonstrated that improvements were required for collecting blood lipids and blood glucose screening as part of delivery of the LESTER tool.

Figure 1 demonstrates continued improvements in these areas over the last two years, with small improvement in the areas already well screened.

In 2015/16 the National Physical Health CQUIN was repeated within the inpatient services and has been extended to include the Early Intervention teams, in Herefordshire and Gloucestershire. The inpatient services have been externally evaluated by the Royal College of Psychiatrists, based upon a sample of 100 patients who spent time as an inpatient within our Trust between the 1 August 2015 and 30 September 2015. This data was submitted in November 2015 and is being reviewed by the Royal College of Psychiatrists.

An audit of our Early Intervention teams has been undertaken in Quarter 4 and included all service users accepted onto the team caseload, as well as patients who have a Care Programme Approach review within the audit period. The data will be submitted to the Clinical Commissioning Group to be assessed locally.

Figure 1



In order to support this work a training programme for all inpatient areas and including the Early Intervention teams has been undertaken by the Physical Health Facilitator. This has been ward-based using a cascade methodology upon the needs of the ward areas.

The training department have designed a one day Physical Health course, designed to increase staff awareness of coronary heart disease, chronic obstructive pulmonary disease and diabetes and how these relate to the Lester Tool.

The LESTER tool is now embedded within the doctors Induction Programme. The training focuses on the role of the medical teams to support the LESTER tool.

All teams currently working with the LESTER tool have an allocated 'lead' professional who receives regular feedback regarding progress in implementing the LESTER tool. The ward lead professionals have played a key role in ensuring any advice is acted upon.

The National Physical Health CQUIN has only applied to service users with a diagnosis of psychosis. Within our inpatient services in order to widen the group of service users who receive the LESTER tool screening, all categories of the LESTER tool have been embedded within a nursing tool known as the Essence of Care.

This tool is completed for all service users within 72hrs of admission. The Essence of Care guides the clinician to identify 'high risk' areas, and then prompts clinician's to use the LESTER tool care plan interventions. Junior doctors' work with the nursing staff to open LESTER care plans if the service user is screened as high risk and to consider if a referral needs to be made to a specialist or GP.

The Physical Health Policy has been reviewed to include the LESTER tool. The policy aims to identify roles and responsibilities of each professional. A minimum standard introduced for all service users being offered Blood Glucose and Lipids screening on admission to inpatient services.

Working with community teams is ongoing. One of the Assertive Outreach Teams (AOT) have designed their own tools (based on the LESTER tool), utilising the skills of the Health and Exercise practitioner to provide lifestyle interventions. It is anticipated to roll out the learning from this AOT team to the other AOT teams across the Trust in time.

As part of the NHS Improving Quality pilot site project work which identified that screening for blood glucose and cholesterol needed to be improved. The Trust has worked with the Clinical Skills Department at Gloucester Royal Hospital to facilitate venepuncture training for wards and teams.

Within Recovery Teams, current caseload sizes would restrict the capacity of teams to complete a robust and sustainable physical health check. In the longer term, the option to expand to the highest risk patient groups, for example, patients accessing the clozapine clinic to be considered.

Work has been undertaken in community teams to standardise physical health equipment as a minimum. Work needs to progress further with teams as this would support the expansion of the LESTER tool in Community teams.

The Trust has introduced a new letter used by Consultants Psychiatrists at service user reviews within community teams. The letter has a set paragraph requesting the GP conduct a physical health check annually, to include all elements of the LESTER tool. With a request to share any findings with the Trust to inform care plans accordingly. The letters will be continued to be embedded into practice.

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 the Trust to make changes to the Electronic Patient Record. Work is underway to streamline where Physical Health information is recorded within the Electronic Patient Record RiO system. This will improve the way in which information can be audited and fed back to the clinicians.

A physical health intranet page is now available for all staff with a wide selection of information about the Lester tool, as well as recent Quality Improvement projects and audits.

Members of the Physical Health Clinical Expert Reference Group supported a physical health event hosted at Wotton Lawn in January 2016. The event was well attended by patients and staff. External providers included independence Trust, Stop Smoking Service, Slimming World, Sexual Health clinic and dentists. The Trust's Working Well and the Dietician were present.

The Trust has commented on the Department of Health improving the physical health and wellbeing of people with mental health problems actions for mental health nurses.

We have met this target.

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. Throughout 2015/16 we will be focusing 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.

By the end of the year we aim to have established a robust model to include the following information:

1. Risk Management Care Plan (RMCP) to identify high risks which may be potential 'triggers' informing possible service user deterioration.
2. Documentation to detail appropriate intervention strategies to inform relapse/contingency/pre-crisis planning with inclusion of a named health care co-ordinator.
3. Documentation regarding the involvement or relevant other services in the discharge process.
4. Documentation to confirm printed copies of personalised care plan shared with service user, GP, inpatient (if transferred) or community mental health team, care home/nominated other/carer and GP.

It should be noted that the models differ between Herefordshire and Gloucestershire to reflect commissioning requirements.

During Quarter 1 a baseline audit was undertaken in both Gloucestershire and Herefordshire services to establish compliance against different models. The sample in Herefordshire included services users at Mortimer Ward, Stonebow Unit (adult inpatient ward) and Oak House (adult recovery unit) and used the Recovery Star as the basis for the model.

The sample in Gloucestershire included service users at comparable units; Priory Ward, Wotton Lawn Hospital (adult inpatient ward) and both Honeybourne and Laurel House (adult recovery units); the model used was the Trust's current Discharge from Inpatients Policy.

An audit cycle was then established for each county at differing intervals and the results are seen in the tables below.

The table below shows compliance in Herefordshire services against the audited Recovery Star model.

Service	Compliance Quarter 1 2015-2016	Compliance Quarter 2 2015-2016	Compliance Quarter 3 2015-2016	Compliance Quarter 4 2015-2016	Average compliance for year
Overall Compliance	73% (91/125)	68% 32/47)	N/A	83% (283/342)	75% (406/514)
Jenny Lind Ward	N/A	68% (32/47)	N/A	96% (54/56)	83% (86/103)
Mortimer Ward	52% (34/65)	N/A	N/A	79% (209/266)	73% (243/331)
Cantilupe*	N/A	N/A	N/A	N/A	N/A
Oak House	95% (57/60)	N/A	N/A	100% (20/20)	96% (77/80)

*No service users on Cantilupe Ward met the criteria for inclusion in the audit.

Within Herefordshire it was necessary to demonstrate the development of an adult personalised discharge care plan in as part of the CQUINS 2015-2016 for the Trust.

The Quarter 4 audit demonstrates an improvement over previous audits.

The discharge care plan was developed and improved upon over the course of 2015-16. Service users wanted a more concise and straight forward document to read and understand. By Quarter 4 a simplified document was developed that was positively received.

As a result of developing this care plan the Personal Safety Plan has been developed and incorporated into the Crisis, Relapse and Contingency Planning on RiO, reflecting the elements of the care plan created for the CQUIN.

Average compliance for the year for each ward will be used as the baseline to improve upon during 2016-17.

The table overleaf shows compliance in Gloucestershire services against the audited Discharge from Inpatients Policy.

Service	Compliance Quarter 1 2015-2016	Compliance Quarter 2 2015-2016	Compliance Quarter 3 2015-2016	Compliance Quarter 4 2015-2016	Average compliance for year
Overall Compliance	73% (138/189)	83% (1153/1385)	78% (1017/1298)	75% (712/950)	79% (2988/3774)
Chestnut Ward	N/A	86% (60/70)	91% (86/95)	84% (62/74)	87% (208/239)
Mulberry Ward	N/A	82% (183/224)	82% (70/85)	75% (83/110)	80% (336/419)
Willow Ward	N/A	77% (61/79)	59% (40/68)	59% (37/63)	66% (138/210)
Abbey Ward	N/A	87% (279/322)	86% (243/284)	72% (113/158)	83% (635/764)
Dean Ward	N/A	91% (218/240)	78% (258/330)	79% (169/215)	82% (645/785)
Greyfriars PICU	N/A	69% (43/62)	62% (31/50)	50% (13/26)	63% (87/138)
Kingsholm Ward	N/A	79% (110/139)	73% (112/153)	75% (55/73)	76% (277/365)
Priory Ward	75% (106/141)	81% (196/242)	77% (169/219)	80% (173/217)	79% (644/819)
Montpellier Unit	N/A	43% (3/7)	57% (8/14)	50% (7/14)	51% (18/35)
Honeybourne	64% (23/36)	N/A	N/A	N/A	64% (23/36)
Laurel House	75% (9/12)	N/A	N/A	N/A	75% (9/12)

In April 2015, discharge care planning was considered within Priory Ward, Honeybourne and Laurel House to ascertain compliance against the policy. Subsequent audits in following quarters looked at a wider sample of wards and inpatient settings to achieve the same aim. It should be noted that the findings from Quarter 1 to subsequent quarters looks at different samples and, as such, are difficult to directly compare.

Overall compliance from Quarter 1 to Quarter 4 increased by **2%** with the highest level of compliance being achieved in Quarter 2 (83%).

From Quarter 2 to Quarter 4 Discharge Care Planning was considered in all wards in Wotton Lawn Hospital and Charlton Lane. Overall compliance over this period decreased from **83%** to **75%**.

There were some notable areas where compliance was particularly high, these being completion of Risk Summaries, patient being discharged from bed and Nursing Discharge Summary letter being sent to the GP within 24 hours of discharge.

The findings of these audits are being reviewed by the hospital sites and action plans will be developed to ensure that there is an improvement in compliance in future audits.

Average compliance for the year for each ward will be used as the baseline to improve upon during 2016-17.

Whilst there is variable compliance with these standards at differing points in the year, the models have now been developed and established within the two counties, with associated action plans being developed

We have met this target.

Target 1.3 To increase the number of vulnerable people who are able to access the IAPT service "Let's Talk" (Improving Access to Psychological Therapies).

The Improving Access to Psychological Therapies (IAPT Service) in Herefordshire and Gloucestershire provides psychological treatments based on a Cognitive Behavioural Treatment model to patients experiencing anxiety and depression. Treatment includes provision of appropriate books and literature, telephone based interventions, courses and individual face to face therapy.

We wanted to increase the numbers of people access the service from defined vulnerable service user groups, and we have identified this people as follows:

- Parental mental health. (we have defined this as parents experiencing mental health problems, with a particular emphasis in those in the perinatal period who are defined as at particular risk of mental health issues)
- Older people
- Carers
- People with literacy issues
- Veterans and their families
- People with long term conditions.

This target was a CQUIN for our IAPT service in Herefordshire, but the same approach was adopted in our Gloucestershire service.

The following tables show the numbers of people from within these groups at the end of the year. It is important to note that a service user may sit within more than one identified vulnerable group e.g. they may be veteran and have a long term condition.

Each service developed a detailed action plan for each cohort of service users which was implemented from December 2015.

Cohort	Herefordshire			
	Q1	Q2	Q3	Q4
Parental mental health	24	31	22	35
Older people	34	52	45	47
Carers	1	2	2	7
People with literacy issues	Not available*	8	5	5
Veterans and their families	18	20	7	3
People with long term conditions	121**	71	160	142

*This information was not currently flagged on IAPTus (the electronic system for recording service user care notes and related information for those accessing IAPT) during Quarter 1

** This figure has been adjusted from 334 as previously reported, as it has been established that some "double counting" of service user contacts was included in earlier reports.

It is seen that in Herefordshire at Quarter 1 there were **198** people in this cohort in contact with the service and at Quarter 4 this figure increased to **239**.

Cohort	Gloucestershire			
	Q1	Q2	Q3	Q4
Parental mental health	184	208	240	286
Older people	256	342	250	193
Carers	6	5	12	6
People with literacy issues	Not available	34	5	12
Veterans and their families	58	64	49	44
People with long term conditions	746	884	1106	1091

It is seen that in Gloucestershire at Quarter 1 there were **1250** people in this cohort in contact with the service and at Quarter 4 this figure increased to **1632**.

We have met this target.

Target 1.4 To develop a measureable data set to improve the experience of service users who make the transition from children and young people's services to adult services.

The period of transition from children and young people's services 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.

During 2014/15 there was a CQUIN for Herefordshire Child & Adolescent Mental Health Services (CAMHS) to capture and act upon feedback from young people. This identified a number of findings which has influenced practice within the county. The good practice findings included:

- Discussing transition with young people up to a year prior to their 18th birthday and documenting these discussions;
- Liaising with adult teams if transition to adult mental health services is indicated at approximately 6 prior to the transition period.
- Inviting adult teams to Care Programme Approach reviews 3-6 months prior to transition
- Identifying those young people with complex needs who need to follow the Herefordshire Transition Policy;
- Considering ways that the Children & Young Peoples - Improving Access to Psychological Therapy (CYP-IAPT) Participation Group can help reduce stigma;
- Using supervision to check that transition planning is taking place where required.

This information has been shared with Gloucestershire Children and Young Peoples Services (CYPS) to help inform ongoing service developments.

The numbers of young people in Herefordshire who transition to adult mental health services are still very small, but no service users refused a transition to adult mental health services where it was clinically indicated. To assist with process, an Adult Mental Health Team Psychologist provided support to young people undergoing transition to adult teams during Quarter 3, this was really beneficial and the team are considering how this can be continued in the future.

The Wellbeing Ambassadors (young people who are involved in CYP-IAPT Participation in Herefordshire) are actively working on reducing stigma and hosted a conference in October called 'Shout Out for Wellbeing'.

Within Gloucestershire CYPS, an initial data set was drafted in Quarter 1 to include the following quantitative information:

1. Completed transitions
2. Cases in transition
3. Did not attend (DNA) CYPS
4. Did not attend (DNA) Adult Services

Additionally, a further four criteria relating to lifestyle and self-management were also agreed:

1. Adherence to Care Plan
2. Engagement in Intervention
3. Compliance with Prescribed Medication
4. In Education or Employment/Not in Education, Employment or Training

This data set has subsequently been agreed for use in both counties, therefore the target has been met.

The “Your Transition Plan” was reviewed and ratified by the CYPS Children and Young People’s Board on 23 July 2015. “Your Transition Plan” aims to ensure that the “voice” of the young person is clearly heard and documented along the transition of care pathway.

The plan is underpinned by best practice guidelines as well as the principles within the “Ready, Steady, Go” pathway model. The service is also in the process of creating a Top Tips sheet for clinical staff so that all areas are considered as transition planning begins.

Clinical practice was assessed and measured against policy for young people who have recently transitioned or are in the process of transitioning to adult mental health services. A gap analysis was completed through discussion with care co-ordinators and a review of RiO documentation.

Wider discussions with clinicians experienced in supporting young people through the transition (CYPS and adult mental health staff) have informed both the gap analysis and the action plan. A review of the Policy for the Transition of Care from Children & Young People Services to Adult Services is underway with contribution from both CYPS and Adult Mental Health services. Policy development will ensure/guide quality of collaborative transitions between CYPS and adult services.

Reference to transitions has been embedded into statutory & mandatory training which aims to raise awareness of the policy and process and a checklist/flowchart has been developed and implemented which guides process in line with policy. Both aim to ensure seamless and well planned transitions from CYPS to adult mental health services.

To further consider best practice both Herefordshire CAMHS and Gloucestershire CYPS are participating in the Milestone Project. This is a research study which looks at how to improve the transition process and experience for young people moving into adult mental health services in the United Kingdom and across Europe.

We have 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 user in key areas. This was measured though defined survey questions for both people in the community and inpatients

Local surveys using the same questions have been implemented in our community and inpatient settings using a paper based survey method.

This has been across the Trust in both Gloucestershire and Herefordshire, and below are the cumulative responses to the returned service user questionnaires at year end.

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.

Target 2.1 Have you been offered a written or printed copy of your care plan? <73%

Questions	Treatment Setting	Sample size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 1 Have you been offered a written copy of your care plan or a letter about your care?	Inpatient	147	118	18	11	
	Community	250	170	147	100	71%
	Total Responses	397	288	165	111	

This target has not been met.

Target 2.2 Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you? >65%

Questions	Treatment Setting	Sample size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 2 Does [2]gether Trust staff help you to feel hopeful about things that are important?	Inpatient	138	110	12	12	
	Community	224	196	117	104	86%
	Total Responses	362	306	129	116	

This target has been met.

Target 2.3 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs? >58%

Questions	Treatment Setting	Sample size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 3 Have you been given advice with finding support for any physical health needs that you may have?	Inpatient	57	51	14	9	
	Community	204	147	116	102	79%
	Total Responses	261	198	130	111	

This target has been met.

Target 2.4 Have you been given advice about taking part in local activities? >51%

Questions	Treatment Setting	Sample size Glos	Number 'yes' Glos	Sample size Hereford	Number 'yes' Hereford	Total % giving 'yes' answer
Question 4 Have you been given advice about taking part in activities that are important to you?	Inpatient	56	42	13	8	
	Community	213	167	133	121	81%
	Total Responses	269	209	146	129	

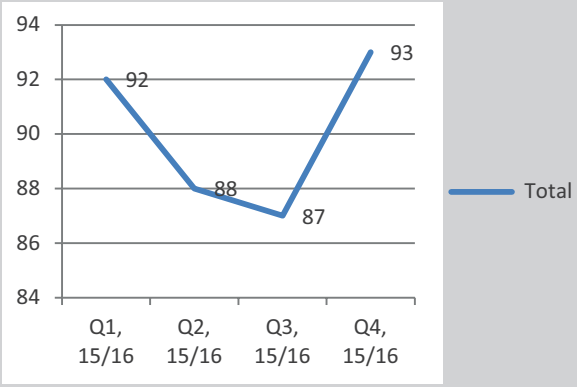
This target has been met.

Friends and Family Test

The Friends and Family Test question asks people to rate whether they would recommend the service should their friends or family require care.

The following six-point response scale is used to answer the question: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know

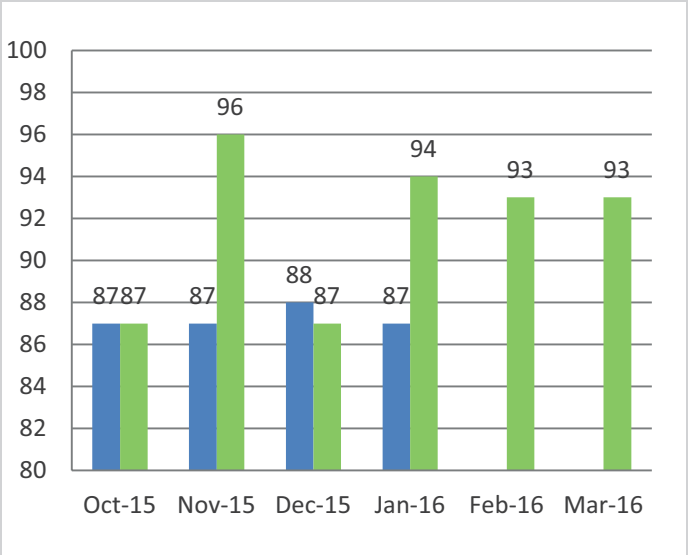
The standard way to report the findings is by calculating the percentage of people who state that they would either be 'Extremely Likely' or 'Likely' to recommend the services of the Trust. Findings are provided in the tables below to illustrate local results and comparisons with figures from other similar organisations.

²gether NHS Foundation Trust Friends and Family Test responses in Quarter 4 2015/16	**Percentage likely to recommend ²gether's services in Q4 2015/16**	**Overall % scores for the Friends and Family Test for ²gether by quarter year in 2015/16**
January 2016 **48 responses**	94%	
February 2016 **111 responses**	93%	
March 2016 **399 responses**	93%	
Total responses in Q4 2015/16 = 558	**93%**	

The results of the Friends and Family Test are reported routinely in ²gether's quarterly Service Experience report to the Board. During the year 2015/16 the data have consistently suggested that over 87% of people would recommend ²gether's services (above). Further work is being undertaken to enhance the experience of using ²gether's services.

²gether Trust Scores (in green) compared with national average for mental health trusts (in blue) for Friends and Family Test

(at time of writing no average scores had been published for February or March 16)

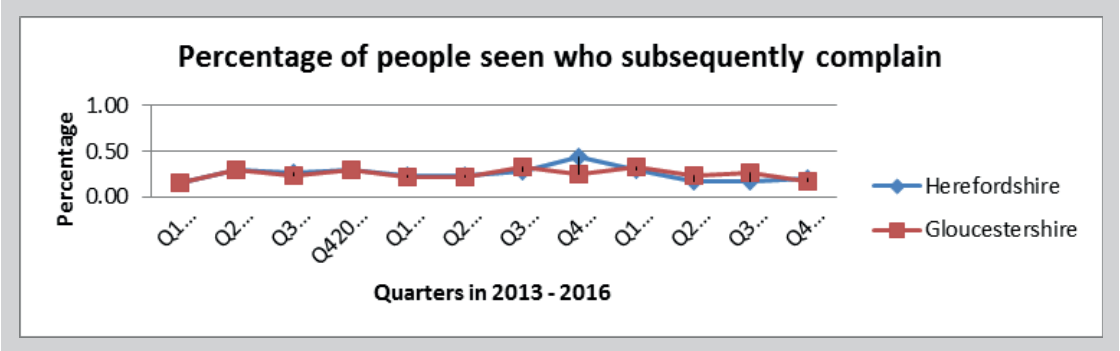


Complaints

Between 1 April 2015 and 31 March 2016 the Trust received 131 formal complaints, a reduction in actual number from the previous year.

However, Figure 2 below (numbers of complaints received as a percentage number of people seen over a three year period, by quarter year) 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 2



People who raise a new concerns or complaint 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.

A continuous year on year improvement in written acknowledgement of complaints within the expected three day timeframe has been demonstrated. **99% (130)** 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.

This year the PHSO requested information about **11** complaints. The Ombudsman took **7** of these cases forward for review and investigation. This is the same number as last year and represents **5%** of complaints received overall in 2015/16.

3 of the cases referred this year and **1** referred the previous year have been closed following investigation by the PHSO. None of the cases referred to the PHSO were upheld.

On average the PHSO uphold a third of cases referred from organisations across the country.

Further development of ²gether's complaint process has included:

- Awareness raising activity with colleagues in clinical services to encourage the earliest possible response to complaints or concerns;
- Continued offer to meet with people who complain to seek local resolution;
- Advising people when delays in responses are expected and mitigating action to improve response times.
- Updating the Trust's Complaint Policy to reflect changes in practice and national guidance.
- Working with colleagues across the Trust to review and improve dissemination of learning from complaints to ensure service user feedback is considered 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.

Protecting service users from further harm whilst they are in our care is a fundamental requirement.

We seek to ensure we assess the safety of those who use our services as well as providing a safe environment for service users, staff and everyone else that comes into contact with us. In this domain, we have set ourselves 3 goals to:

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

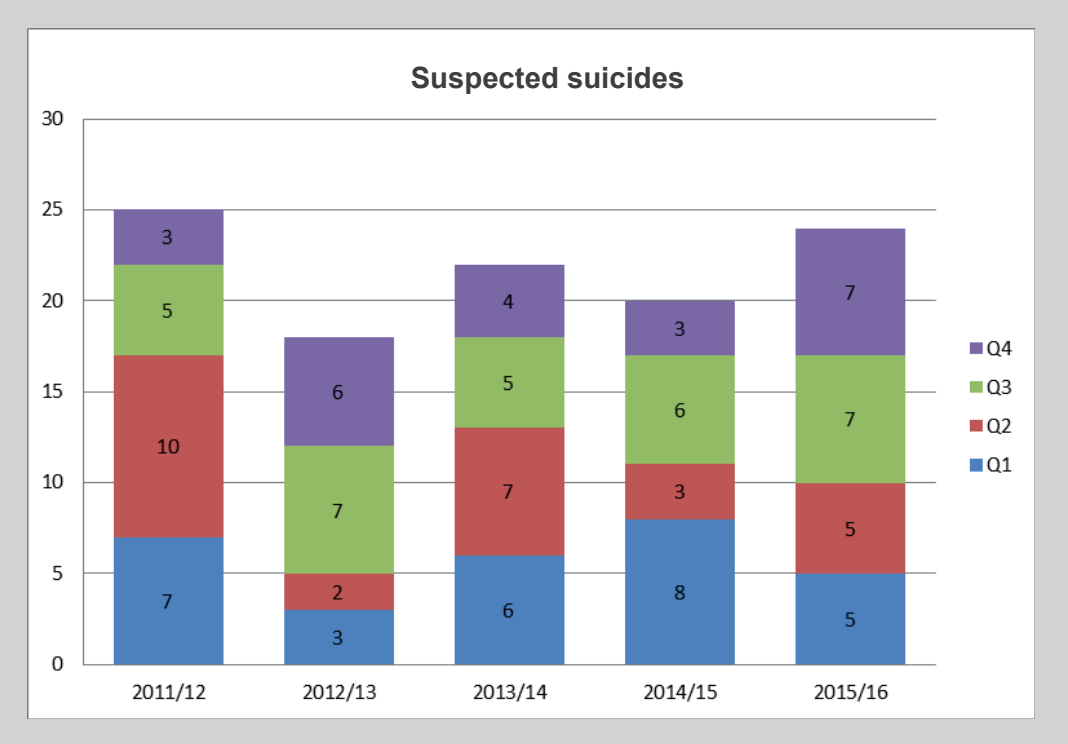
There are 3 associated targets.

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.

In that year we reported **22** suspected suicides, which was **4** more than in 2012/13 and did not meet the target. During 2014/15 we reported **20** suspected suicides which was lower than the previous year. This year we reported **24** suspected suicides, **4** more than last year, therefore we did not meet the target.

Figure 3



This information is provided in Figures 4 & 5 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 services in each county are configured differently to reflect individual commissioning requirements.

Figure 4

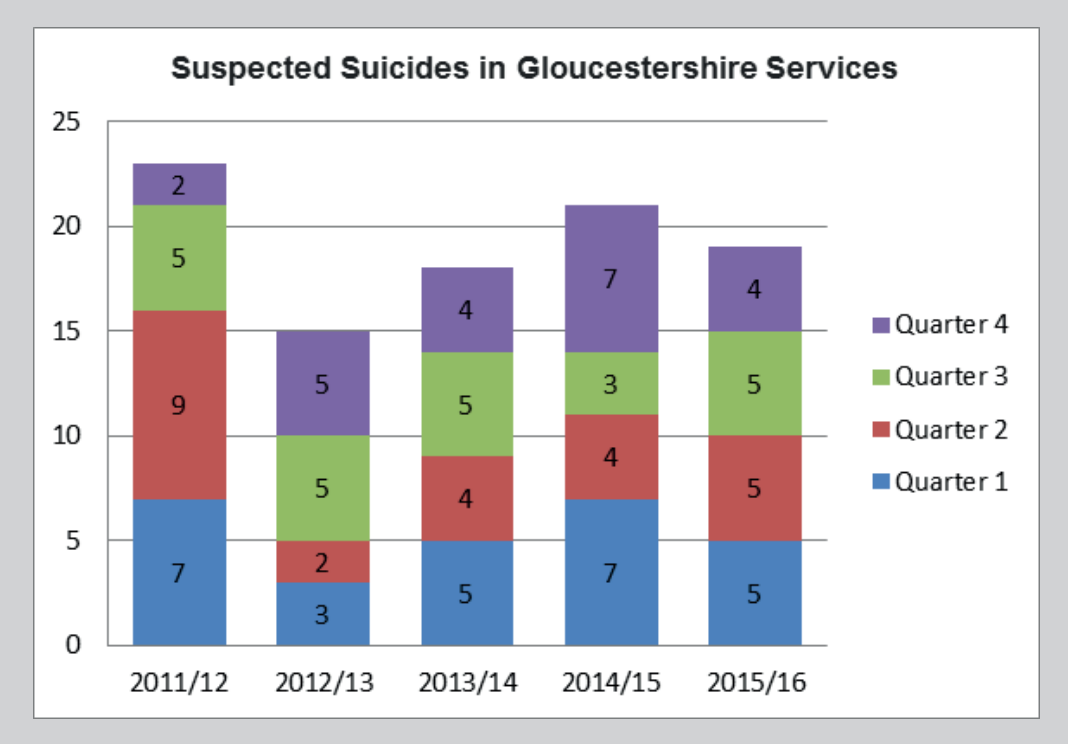
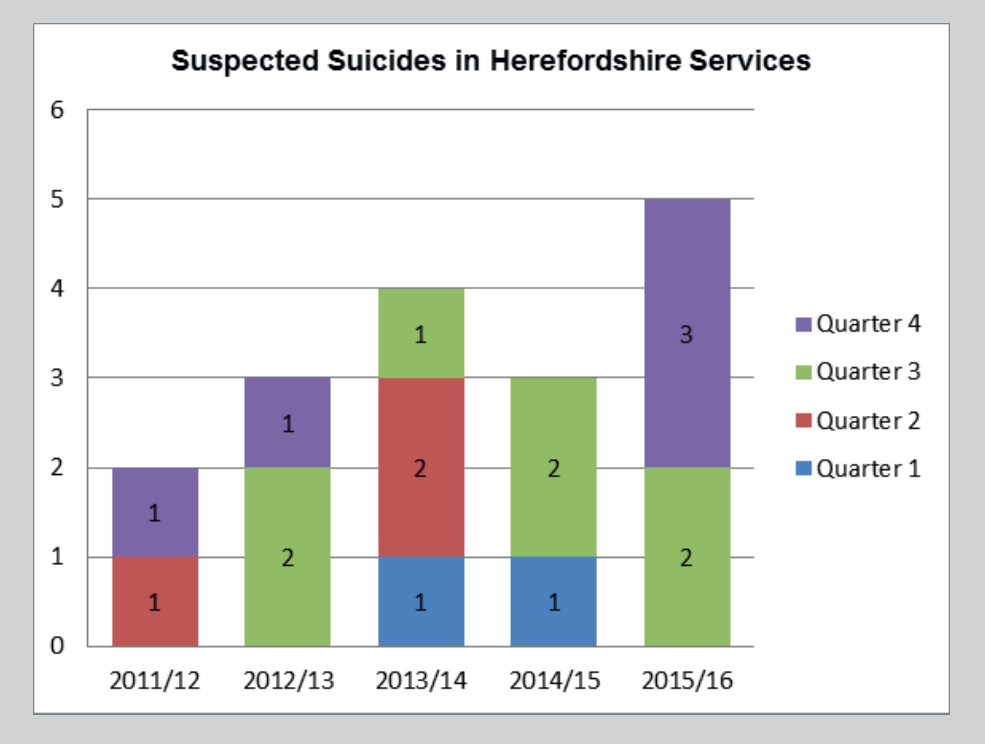


Figure 5



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 6 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 7 & 8.

Figure 6

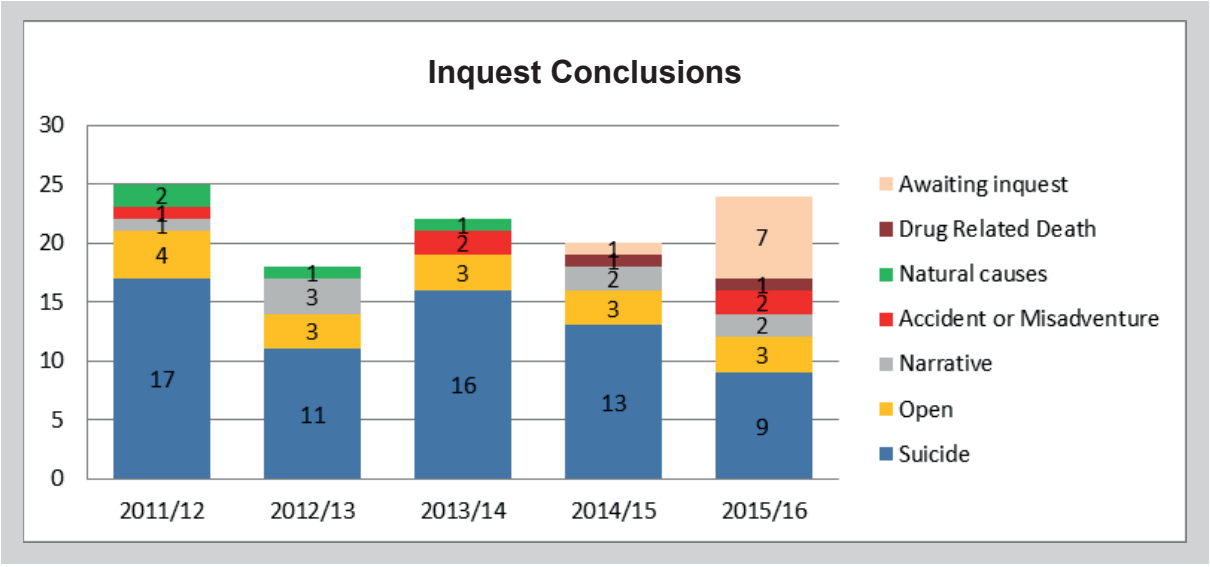


Figure 7

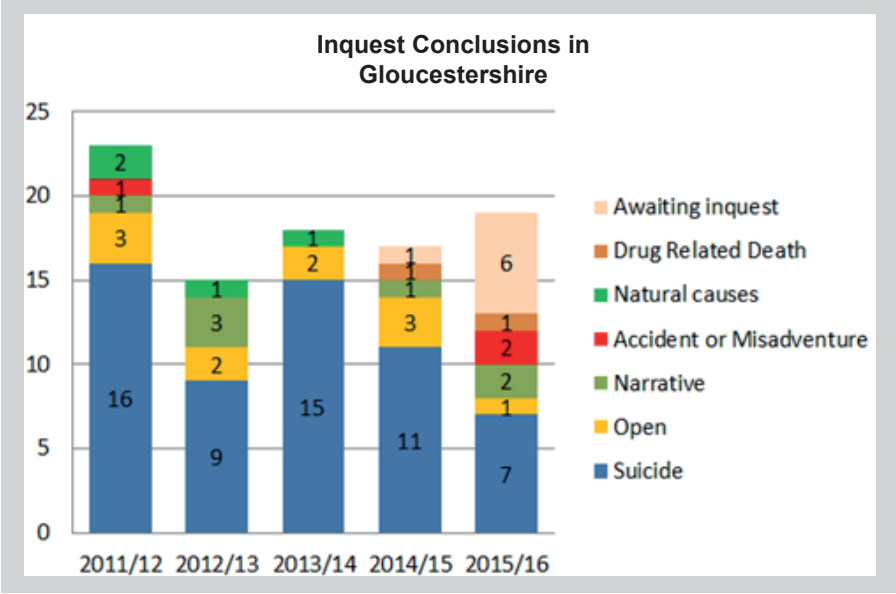
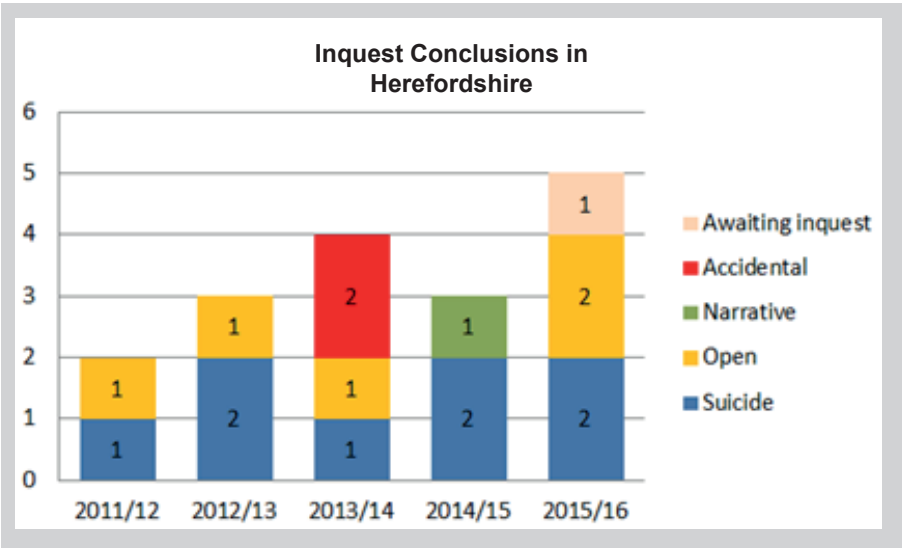


Figure 8



The Trust is an active member of the Gloucestershire Suicide Prevention Partnership Forum (GSPPF). This Forum brings together key stakeholders in the county to develop and deliver a countywide suicide prevention strategy and action plan and contribute to reducing the stigma around suicide and self-harm.

We did not meet 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 Mental Health Patient Safety Improvement Programme. AWOL reporting includes those service users who:

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

In previous years, the Quality Report has only reported on the total number of detained patients reported as being absent without leave, without providing a breakdown of each of the 3 categories above.

This year, we will focus on each of these 3 categories using the 2014/15 data as a baseline. The table below shows the past two years reported total incidents by quarter.

	2013/14	2014/15
Quarter 1	23	20
Quarter 2	25	39
Quarter 3	24	35
Quarter 4	38	32
Totals for year	**110**	**126**

Further analysis of the 2014/15 information by county against the 3 categories shows the following trend.

Herefordshire

	2014/15
Absconded from a ward	24
Did not return from leave	4
Absconded from an escort	11
Totals for year	**39**

Gloucestershire

	2014/15
Absconded from a ward	42
Did not return from leave	22
Absconded from an escort	10
Totals for year	**74**

Additionally, the system that we use to report incidents of AWOL, Datix, has the following incidents logged against “other place”, “public place”, “reception” and “service user’s home address”. It has not been possible to identify which county these incidents occurred in.

	2014/15
Absconded from a ward	3
Did not return from leave	4
Absconded from an escort	6
Totals for year	**13**

During 2015/16 the following 114 episodes of AWOL have been reported and, as such, the overall target has been met, but there has been 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.

Herefordshire

	Quarter 1 2015/16	Quarter 2 2015/16	Quarter 3 2015/16	Quarter 4 2015/16	Total 2015/16
Absconded from a ward	5	7	9	2	23
Did not return from leave	2	0	1	1	4
Absconded from an escort	1	0	1	2	4
Totals for year	**8**	**7**	**11**	**5**	**31**

Gloucestershire

	Quarter 1 2015/16	Quarter 2 2015/16	Quarter 3 2015/16	Quarter 4 2015/16	Total 2015/16
Absconded from a ward	4	13	19	19	55
Did not return from leave	2	9	6	2	19
Absconded from an escort	1	3	3	2	9
Totals for year	**7**	**25**	**28**	**23**	**83**

Regarding the category "Did not return from leave" the team on Mortimer Ward, Stonebow Unit in Hereford tested out, and now use "Leave Cards". These are credit card sized cards which are issued to service users at the time of agreeing periods of leave.

The leave arrangements are discussed with the service users together with the expectations of returning to the ward. These arrangements are documented on the back of 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.

Since July 2015, the Abbey Ward team at Wotton Lawn Hospital in Gloucestershire have also been piloting "Leave Cards". Feedback from services users going on leave has been positive in that the cards are helpful.

Based on the pilot, it has recently been agreed that the Abbey Ward Leave Card will be reproduced for all wards at Wotton Lawn Hospital bar changing the ward name and relevant contact details for use. This is in development. The Abbey Ward Leave Card is seen below.

Interventions that have not been measured but that may impact on reducing AWOL through increased engagement are the Safewards Interventions. At Wotton Lawn Hospital and the Stonebow Unit, staff and service users, have chosen a selection of interventions for implementation to make inpatient areas more peaceful places, improve engagement, enhance relationships, and increase safety. On visiting the wards, these interventions are visually evident and both staff and services users are positive regarding their implementation.

Staying true to the Safewards model is very important in terms of being able to evaluate in time and this is not quantifiable as numerical measurement. More information can be found at:

www.safewards.net

Overall we have met this target but seen a small increase in the numbers of service users who has absconded from ward. This will, therefore, remain a quality priority during 2016/17.

Target 3.3 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 established as a quality target in 2012/13. The national target is that 95% of CPA service users receive follow up within seven days[4].

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[5] 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 seven 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 two days. This has been an organisational target for two years, and the cumulative figures for each year end are seen in the table below.

In 2014/15 Herefordshire services followed up **92%** (**21** breaches) of people discharged from inpatient care and Gloucestershire services have followed up **95%** (**44** breaches), this gave an organisational compliance figure of **94%**.

During 2015/16 we have taken the opportunity to review our practices and policies associated with both our seven 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 in year organisational performance has fallen to **90%** which is below our stretch target.

[4] Detailed requirements for quality reports 2014/15: Monitor, February 2015
[5] Five year report of National Confidential Inquiry into Suicide and Homicide by people with mental illness Department of Health – 2001

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

Therefore, at the end of 2015/16 our Herefordshire services followed up **91%** (**25** breaches) of people discharged from inpatient care and Gloucestershire services have followed up **90%** (**83** breaches). As we have not met this important target we will continue with this as a quality priority during 2016/17.

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

We did not meet this target.

Serious Incidents reported during 2015/16

At the end of 2015/16, 45 serious incidents were reported by the Trust, and the types of incidents reported are seen in Figure 9. However, 2 incidents were subsequently declassified as serious incidents bring the actual total to 43.

Figure 10 shows a five year comparison of reported serious incidents. The most frequently reported serious incidents are “suspected suicide” and attempted suicide which is why we will continue into 2016/17 with a target to reduce suicide of people in contact with services.

All serious incidents are investigated by a senior member of staff who has been trained in root cause analysis techniques. Wherever possible, 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. We also share copies of our trust 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 2015/16. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Figure 9 - Serious Incident by Type 2015 -2016

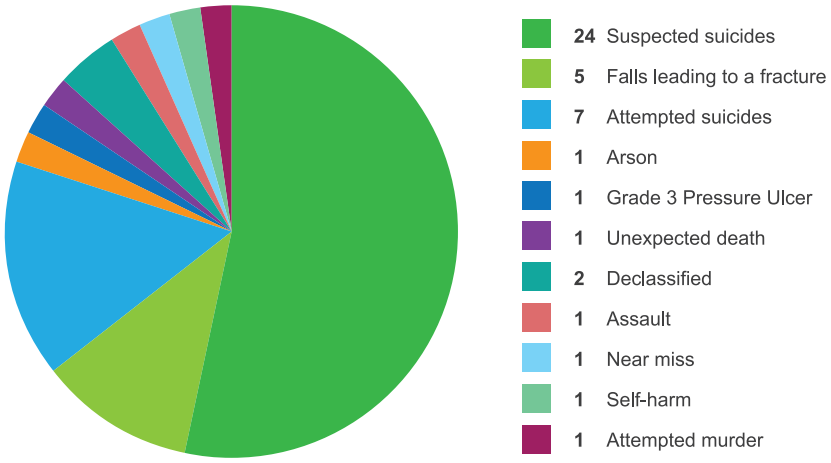
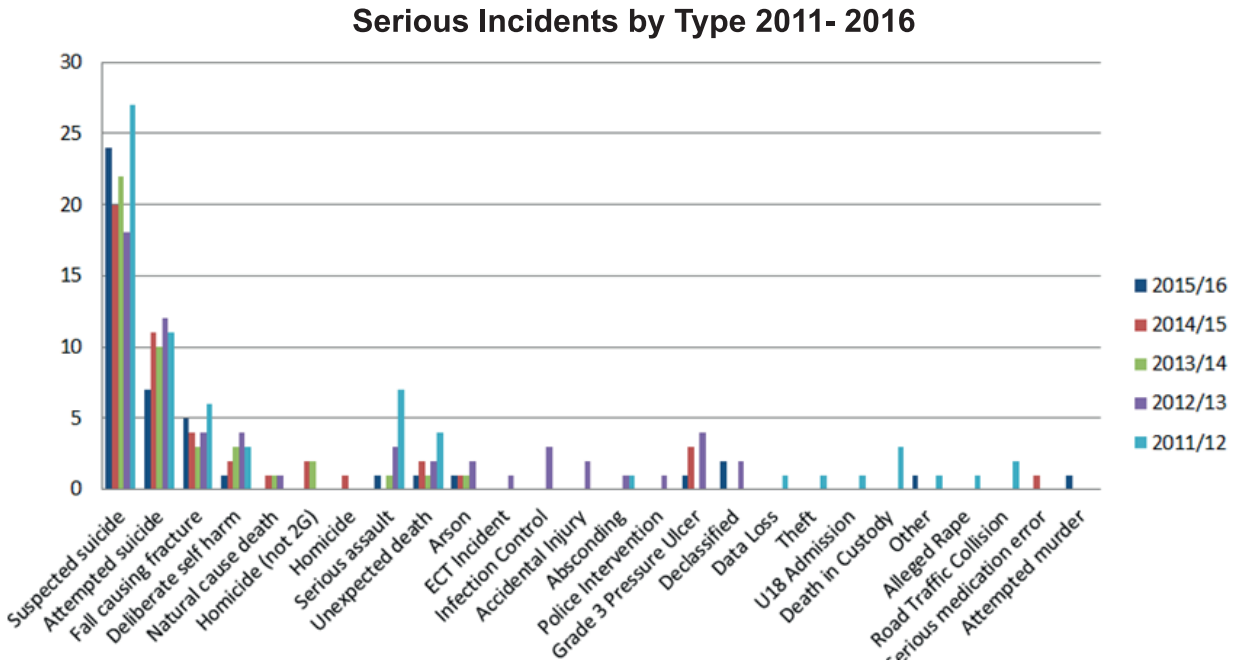


Figure 10 - Serious Incident by Type 2011-2016



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 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 in 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."

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 South of England Improving Patient Safety and Quality in 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 six months via the Trust Governance Committee, but each work stream has its own regular forum and reporting mechanisms.

Indicators & Thresholds for 2015/2016

The following table shows the ten metrics that were monitored during 2015/16. These are the indicators and thresholds from Monitor and follow the standard Department of Health national definitions. Note that some are also the Trust Quality targets, and some may have more stretching targets than Monitor require as a threshold.

		2013-2014 Actual	2014-2015 Actual	National Threshold	2015-2016 Actual
1	Clostridium Difficile objective	1	3	0	0
2	MRSA bacteraemia objective	0	0	0	0
3	7 day CPA follow-up after discharge	99.1%	97.73%	95%	95.63%
4	CPA formal review within 12 months	96.4%	97.1%	95%	99.35%
5	Delayed transfer of care	0.12%	0.06%	≤7.5%	1.02%
6	Admissions gate kept by Crisis resolution/home treatment services	99.1%	99.57%	95%	99.74%
7	Serving new psychosis cases by early intervention teams	100%	100%	50	63.56%
8	MHMDS data completeness: identifiers	99.7%	99.71%	97%	99.57%
9	MHMDS data completeness: CPA outcomes	80.6%	97.06%	50%	97.42%
10	Learning Disability – six criteria	6	6	6	6

Mandated Quality Indicators 2014-2015

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 4 2014-15	Quarter 1 2015-16	Quarter 2 2015-16	Quarter 3 2015-16	Quarter 4* 2015-16
[2]gether NHS Foundation Trust	97.3%	98.4%	97%	99.3%	95.20%
National Average	97.2%	97%	96.8%	97.3%	97.2%
Lowest Trust	93.1%	88.8%	83.4%	90%	93.1%
Highest Trust	100%	100%	100%	100%	100%

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

- During 2015/16 we have taken the opportunity to review our practices and policies associated with both our seven 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. Our seven day performance has fallen to just over 95% in Gloucestershire and just over 96% in Herefordshire which are lower than our previous year's performance, but still above the national performance requirement of 95 %. We are confident that the practice changes we have introduced have strengthened the patient safety aspects of this measure and that our future years performance in both our 7 day and 48 hour follow ups will return to being well above the national performance requirement and our local stretch target as in previous years.

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

- Clearly documenting follow up arrangements from Day 1 post discharge in RiO;
- Ensuring 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 4 2014-15	Quarter 1 2015-16	Quarter 2 2015-16	Quarter 3 2015-16	Quarter 4* 2015-16
²gether NHS Foundation Trust	100%	99.5%	98.6%	100%	100%
National Average	98.1%	96.3%	97%	97.9%	98.1%
Lowest Trust	59.5%	18.3%	48.5%	73%	59.5%
Highest Trust	100%	100%	100%	100%	100%

* Activity published on NHS England website via the NHS IC Portal is revised throughout the year following data quality checks. Activity shown for Quarter 4 2015/16 has not yet been revised and may change.

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

- Staff respond to individual service user need and help to support them at home wherever possible unless admission is clearly indicated;
- During 2015/16, crisis teams also gate kept admissions to older people's services beds within Gloucestershire.

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

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

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

	Quarter 1 2015-16	Quarter 2 2015-16	Quarter 3 2015-16	Quarter 4 2015-16
²gether NHS Foundation Trust 0-15	0%	0%	0%	0%
²gether NHS Foundation Trust 16 +	10%	7%	10%	6%
National Average	Not available	Not available	Not available	Not available
Lowest Trust	Not available	Not available	Not available	Not available
Highest Trust	Not available	Not available	Not available	Not available

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

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

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

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

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

	NHS Staff Survey 2012	NHS Staff Survey 2013	NHS Staff Survey 2014	NHS Staff Survey 2015
²gether NHS Foundation Trust Score	3.19	3.46	3.61	3.75
National Median Score	3.54	3.55	3.57	3.63
Lowest Trust Score	3.06	3.01	3.01	3.11
Highest Trust Score	4.06	4.04	4.15	4.04

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

- The National Staff Survey does not report directly on this question but does report on 'Staff recommendation of the trust as a place to work or receive treatment'. This key finding is derived from the responses to three linked questions relating to care of patients, recommending the organization as a place to work and being happy with the standard of care provided by the organisation. The response to the component questions was more positive in 2015 than in the previous three surveys indicating increasing satisfaction with the trust as a place to receive treatment and to work as perceived by staff. The 2015 survey also shows the trust score continues to move ahead of the median score for other like-type trusts;

- The National Staff Survey results continues to be complemented by the introduction of the Staff Friends and Family Test that has now been in operation since April 2014 giving staff the opportunity to voice their opinion on the trust as an employer and provider of care, confidentially in three questionnaires during the year. In the most recent survey held in March 2016, 85% of respondents said they would be likely or extremely likely to recommend the trust to friends and family as a place to receive care or treatment;

- The staff survey showed an increase in the percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver;

- 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:

- Administering the National Staff Survey entirely online in 2015 in response to staff feedback;

- Publicising the Staff Friends and Family Test results widely in each quarter (excluding Quarter 3 which corresponds with the National Staff Survey). This has continued to prove to be a popular medium for staff to feedback how they perceive the trust as an employer and provider of care. Close monitoring of feedback from these regular surveys highlight areas where not only improvements can be made but also to celebrate success;

- Using the Trust's intranet, known as ²getherNet to provide a more accessible resource for staff. This is the main method of communication throughout the Trust and development continues with feedback from staff. Work is continuing to ensure easy access to information relating to support available for the health and wellbeing of staff and of a range of benefits available locally for colleagues;
- Increasing the visibility of senior managers including a regular programme of site visits by Executive and Non-Executive Directors.

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 2012	NHS Community Mental Health Survey 2013	NHS Community Mental Health Survey 2014	NHS Community Mental Health Survey 2015
²gether NHS Foundation Trust Score	8.4	8.7	8.2	7.9
National Average Score	Not available	Not available	Not available	Not available
Lowest Score	8.2	8.0	7.3	6.8
Highest Score	9.1	9.0	8.4	8.2

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

- The survey results for this set of questions are broadly similar to the previous three years when compared with the national scores. In fact, in relation to previous years, ²gether's scores are nearer the higher scores nationally. There is still work to do to enhance service experience and some of the actions being taken are reflected in the points below.

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

- Ensuring that people are involved in the development and review of their plan of care including decisions about their medication
- Understanding people's individual interests and circumstances beyond health care
- Signposting and supporting individuals to other agencies for social engagement
- Ensuring that service users are provided with information about who can be contacted out of office hours should they need support in a crisis
- Providing information about getting support from people who have experience of similar mental health needs

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 2014 – 31 March 2015				1 April 2015 – 30 September 2015			
	Number	Rate	Severe	Death	Number	Rate*	Severe	Death
²gether NHS Foundation Trust	1,309	34.58	0	8	1,464	39.61	1	6
National	135,995	-	500	941	144,850	-	492	992
Lowest Trust	4	4.83	0	0	8	6.46	0	0
Highest Trust	5,852	92.53	122	74	6,723	83.72	74	95

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

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

- NRLS data is published six months in arrears; therefore data below for severe harm and death will not correspond with the serious incident information shown in the Quality Report;
- The Trust is in the highest 25% of reporters and it is believed that organisations that report more incidents usually have a better and more effective safety culture.

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

- Re-auditing its Incident Reporting Systems (DATIX) to improve the processes in place for the timely review, approval of, and response to reported patient safety incidents.
- Appointing a Datix Systems Manager, upgrading the Trust's DATIX system and making the Incident Reporting Form more "user friendly";
- Setting up a DATIX User Group.

Community Survey 2015

The CQC published results of an independent survey taken in 2015 that tested the experience of service users who use ²gether's community services. The published results compare ratings about ²gether's services with the results of other mental health trusts.

²gether NHS Foundation Trust received one of the highest percentage response rate in the country to the questionnaire at 38% 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 most of the ten domains in the survey our scores were reported as 'About the Same' as other trusts. The results are tabulated below together with the scores out of 10 for ²gether 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
7.9	Health and Social Care workers	Same as others
8.6	Organising Care	Same as ot hers
7.1	Planning care	Same as others
7.7	Reviewing Care	Same as others
6.7	Changes in who people see	Same as others
6.4	Crisis care	Same as others
7.6	Treatment	Same as others
5.6	Other aspects of life	Same as others
7.6	Overall view of care and services	Same as others
7.1	Overall	Same as others

In one out of the **33** evaluative questions, ²gether received particularly favourable results *compared with* other Trusts rated in the CQC Survey. This was Q5: Did the person or people that you saw listen carefully to you?

The results have been considered further for areas where improvements could be made. These include:

1. Increased emphasis to involve people in care planning meetings and decisions about their medications

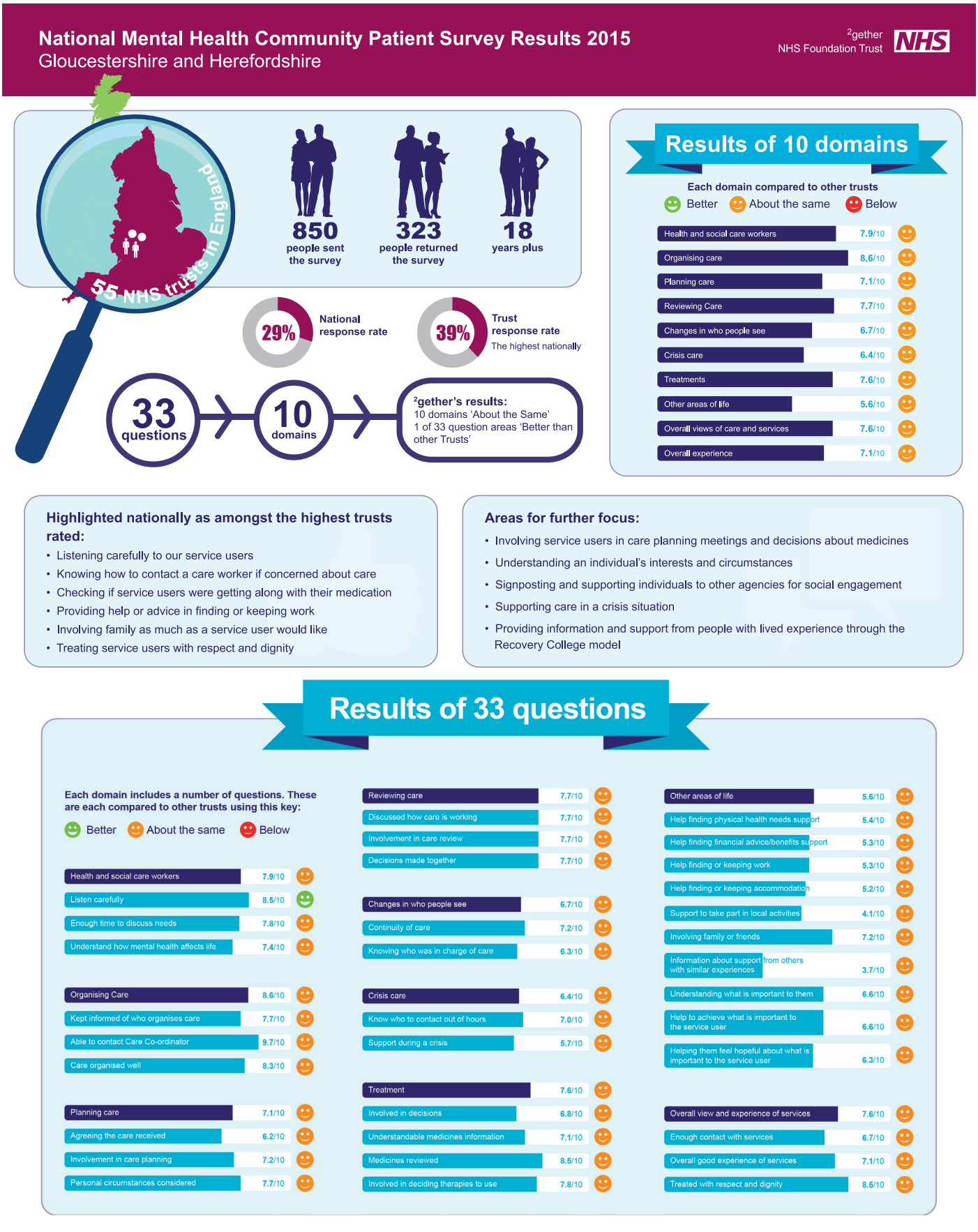
2. Understanding people's individual interests and circumstances

3. Signposting and supporting individuals to other agencies for social engagement

4. Further work to ensure that service users are provided with information about contact points and out of office hours if they need support in a crisis.

5. Providing information and support from people with lived experience through the Recovery College Model

The Trust has also produced an infographic summarising the key messages from the CQC Survey:



Staff Survey 2015

Each year the Trust participates in the National NHS Staff Survey. This important survey provides an opportunity to understand in some depth how staff view the Trust as an employer, based on the staff pledges outlined in the NHS Constitution.

For the 2015 survey, a number of changes were made including increasing the number of Key Findings from 29 to 32. This meant that for some findings there was no direct comparison with the previous year. In all cases however, the Trust was able to compare its findings with other Mental Health/Learning Disability Trusts.

Although the Trust's response rate was lower than anticipated at 40%, the results have been very encouraging. It is also worth noting that the 2015 survey was conducted exclusively online for the first time by the Trust in response to feedback from staff.

Overall staff engagement has increased. This result is ascertained from the results of three Key Findings (KF) that include:

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

This is better than average when compared with other Mental Health and Learning Disability Trusts.

The 2015 survey showed that the Trust was rated as better than average in 18 of the Key Findings, average in 13 and worse than average in only one Key Finding. This compares very favourably with the previous year when the Trust was viewed as average, or better than average in 19 Key Findings and worse than average in 10.

It has also been very encouraging to see that staff have reported significant improvement in three key areas of their work experience, being:

- KF4 - Staff motivation at work;
- KF21- The percentage of staff who believe the organisation provides equal opportunities for career progression or promotion;
- KF31- Staff confidence and security in reporting unsafe clinical practice.

There was no significant deterioration in any of the Key Findings but the only area where the trust was viewed by staff as being worse than average was the percentage of staff reporting good communications between senior management and staff. But despite this and other small setbacks such as the lower response rate, the survey shows an overall increase in job satisfaction and staff engagement.

Results from the Staff Survey are also used to measure progress against the Workforce Race Equality Standard (WRES), which was introduced into the standard NHS contract in 2015. With this in mind, a Key Finding of the survey (KF26) showed that there had been a small increase in the number of staff reporting that they had experienced harassment, bullying or abuse from staff in the last 12 months.

22% of respondents said that they had experienced this which although an increase on 20% during the previous survey, equals the national average for similar Trusts. This behaviour is very much against our values and to help and support people, we have introduced a confidential system called 'Speak in Confidence' to enable staff have a confidential dialogue should they experience inappropriate behaviour at work. We are also increasing the number of Dignity at Work Officers as a further measure of support and our 'Promoting Dignity at Work' policy has been reviewed and refreshed for clarity and ease of use.

Another Key Finding of the survey that forms part of the WRES is the percentage of staff believing the organisation provides equal opportunities for career progression or promotion. This was one of our most improved findings from the survey with a response rising from 84% in the previous year to 96% of colleagues who agree with this statement, considerably better than the national average of 84%.

The survey also enables staff to add comments to explain or clarify their responses and perhaps due to the survey being online, the number of comments received has increased when compared to those received when the survey was paper based. The comments help the Trust to better understand and respond to staff concerns which is one of the key purposes of the survey.

A new action plan has been developed, taking into account the responses and comments to explore and improve areas where staff have reported the lowest levels of satisfaction. The action plan is also designed to continue to improve and maintain momentum in areas that have shown progress as we work toward improving the work experience for all our staff.

PLACE Assessment Results 2015/16

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

PLACE assessments involve local people going into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance and for the first time in 2015, Dementia Friendly Environments. It focuses entirely on the care environment. It does not cover clinical care provision or how well staff are undertaking clinical duties.

PLACE is now in its third year and 2015 assessments took place between March and June 2015 with the results being seen in the table below.

Site Name	Cleanliness	Food Overall	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
Overall [2]gether Trust Score	**98.16%**	**94.37%**	**88.76%**	**98.16%**	**95.33%**	**97.86%**	**96.09%**
Hollybrook	100.00%	83.41%	74.31%	96.87%	86.90%	96.92%	n/a
Westridge	99.90%	95.04%	91.36%	98.21%	94.59%	100.00%	n/a
Charlton Lane	95.98%	95.94%	91.56%	100.00%	98.53%	99.35%	99.36%
Wotton Lawn	98.32%	96.66%	93.62%	100.00%	99.01%	98.92%	97.04%
Honeybourne, Cheltenham	99.63%	97.70%	95.17%	100.00%	82.86%	100.00%	n/a
Laurel House (Formerley Branchlea Cross), Cheltenham	99.82%	93.40%	86.84%	100.00%	94.44%	96.32%	n/a
Stonebow Unit	99.63%	90.40%	88.49%	92.04%	93.75%	97.54%	91.87%
Oak House	93.16%	n/a	n/a	n/a	88.10%	87.29%	n/a
MH & LD National Average	**98.43%**	**89.75%**	**86.25%**	**92.99%**	**89.34%**	**91.04%**	**85.28%**

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

The 2015 final PLACE results for the Trust demonstrate good overall compliance across all areas in comparison with the national average results apart from Cleanliness, which fell slightly below the national average.

As a result of the PLACE results, [2]gether has developed a comprehensive action plan for each unit to improve compliance in the areas which are below average. There will be an increased focus on Hollybrook and Oak House as they did not score as well across a number of domains. The action plans highlight areas for improvement and resolution and are 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.

Annex 1: Statements from our partners on the Quality Report

Healthwatch Herefordshire is pleased to have been a partner of ²gether over the past year. We congratulate the trust on its achievement of a 'Good' rating by the CQC following its recent inspection, this is something to be proud of and we believe makes ²gether one of only two mental health trusts to achieve this standard. We would also like to thank ²gether for participating in our recent Mental Health Question Time event which proved very successful and highlighted particularly the mental health service needs of young people.

There were highlighted some areas of improvement required, particularly in community services for older people, learning disabilities and autism and we look forward to progress being made on these in the coming year.

We also strongly support the Triangle of Care initiative and with our partner organisation HCS are working with ²gether to ensure that this is implemented throughout the Herefordshire services as soon as possible.

One issue we have continued to focus on during the past year has been the need to bridge the gap between ²gether's internal evidence of care plans provision and service users' experience of this. We support the Trust's efforts to raise the achievement of this important element of service delivery.

The higher than expected suicide rates in the county show the need to implement prevention strategies and in a similar way to the Gloucestershire initiative we look forward to plans being rapidly developed and implemented in Herefordshire.

During the past year addiction services responsibility was passed to Addaction and we strongly encourage effective liaison with them and ²gether for integrated care planning in those cases where people with addictions also have other mental health difficulties.

Continued development of crisis care planning is also an area in which we encourage attention to implementation of service improvement. In our rural area access to crisis services is particularly difficult and this requires careful attention to integrate a number of services effectively. Healthwatch is happy to be supportive of this development.

Continued development of IAPT and similar early intervention services is also strongly supported and it is clear that this is an area which is particularly important to younger people.

Oak House in Hereford provides excellent intermediate care services in a poor physical environment and we strongly urge the speedy investment in improvements for residents receiving their care there.

Once again Healthwatch Herefordshire thanks ²gether Trust for its open and supportive culture and its continued assistance to Healthwatch in achieving our mutual aim of better mental health services for the people of Herefordshire.

Ian Stead
Board Member - Healthwatch Herefordshire

NHS
Gloucestershire
Clinical Commissioning Group

NHS Gloucestershire CCG Comments in Response to 2gether NHS Foundation Trust Quality Report 2015/16

NHS Gloucestershire Clinical Commissioning Group (CCG) welcomes the opportunity to provide comments on the Quality Report prepared by 2gether NHS Foundation Trust (2gNHSFT) for 2015/16.

The past year has presented major challenges across both Health and Social care in Gloucestershire and we are very pleased that 2gNHSFT have worked jointly with partnership organisations, including the CCG during 2015/16 to deliver a system wide approach to maintain, further develop and improve the quality of commissioned services and outcomes for service users and carers.

This year 2gNHSFT was subject to a comprehensive external inspection by the Care Quality Commission (CQC). The CCG were very pleased that the inspection report rated the Trust as Good overall which provided assurance. The Trust took immediate action to make changes where improvements were suggested or recommended. The CCG will work with the Trust to monitor the implementation of the CQC action plan developed to address areas identified for further improvement, with a focus on identified improvements in Learning Disabilities services in line with the recommendations of the Mazars report.

We were pleased to note the many examples of good practice and care provided by 2gNHSFT, as they were the first Trust in the country to be awarded an 'Outstanding' rating for crisis and place of safety services, and acute adult inpatient and psychiatric intensive care services.

The 2015-16 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 2015/16 and also outlines their priorities for improvement in 2016/17.

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, and are pleased to note progress and achievement against these quality priorities.

We commend the achievement of the target for improving physical health care for people with schizophrenia and other serious mental illnesses in 2015/16, whilst recognising the commitment of staff to further improve the physical health and wellbeing outcomes for patients in 2016/17. Whilst we note that the Trust met the target to increase the number of vulnerable people who are able to access the Improving Access to Psychological Therapies (IAPT) service 'Lets Talk', 2gNHSFT recognise that further work is required to improving access to IAPT services to meet national targets. The CCG sees this as a high priority and will continue to work with the Trust in 2016/17 to improve performance and quality improvement in this area.

Whilst 2gNHSFT did not achieve the target for reducing the number of deaths relating to identified risk factors of people in contact with services 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 2016/17. The CCG note the Trust is 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 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. The CCG are pleased to note the Trust's focus on continuing improvement in identified priorities for effectiveness, service user experience and safety in 2016/17.

We note achievement of targets in 2015/16, 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, 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.

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. We are pleased to note that the Trust are seeking to build upon their commitment to the Carer's Trust Triangle of Care initiative CQUIN by supporting staff to work with families, including the needs of young carers.

We are pleased to note that although the Trust's response rate to the Staff Survey 2015 was lower than anticipated, the results have been very encouraging, with an overall increase in staff engagement, which was better than average when compared to other Mental Health and Learning Disabilities Trusts. One area identified as being worse than average was staff responses in relation to good communications between senior management and staff. The Trust will need to maintain a focus on improving communication with its staff to ensure these areas continue to improve over the coming year.

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.

[2]gNHSFT need to be in a strong position to manage both present and future challenges. The CCG will continue work with the trust to deliver mental health and learning disabilities services that provide best value with a clear focus on providing 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 Quality Report contains accurate information in relation to the quality of services provided by [2]gNHSFT. During 2016/17 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

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 2g NHS Foundation Trust (2gNHSFT) for 2015/16. 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 2014/15 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. 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 development of an adult personalised discharge care plan has enabled patients to better understand their mental health illness and take appropriate actions should a relapse occur.

2gNHSFT have demonstrated improvement in increasing the numbers of people accessing the adult IAPT service, especially from defined vulnerable service user groups and have supported the establishment of a child/young person IAPT service. The CCG would wish to see particular focus on continuing improvement in these areas for 2016/17.

The CCG was disappointed to note that the Trust did not reach its target of following up 95% of adults within 48 hours of discharge from psychiatric inpatient care, 91% of Herefordshire patients receiving follow up in the set timescales. The CCG will monitor this aspect 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 2016/17.

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 mirrors the aspirations of commissioners.

Anne Owen
Interim Chief Nurse
Herefordshire CCG

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 2015/16.

This year has seen the Trust inspected by the Care Quality Commission and the Trust is to be congratulated on the overall Good rating achieved. The committee was pleased to note that two service areas - acute wards for adults of working age and psychiatric intensive care units (PICU's) and mental health crisis services and health based places of safety - were rated as Outstanding; and that the Trust was the only mental health Trust in the country to have achieved this rating for these services.

The committee agrees with the Trust that there must be parity of esteem between mental and physical health; and that it is time for society to let go of the stigma attached to mental health.

It is disappointing to note that the Trust did not meet the target relating to suspected suicide (target 3.1). However the committee is aware that this is a priority for the Trust and that it is an active member of the Gloucestershire Suicide Prevention Partnership Forum. The committee will be undertaking a review of the Suicide Prevention Strategy this year.

Both this committee and the Children and Families Scrutiny Committee remain concerned about children and young people's access to mental health services, particularly those in crisis. In 2015 the committees held a joint workshop on this matter with the Trust and the Gloucestershire Clinical Commissioning Group, and will be following this up this year focusing on the implementation of the Future in Mind Transformation Plan.

Safeguarding is everyone's responsibility. The committee is aware that the Trust takes this issue seriously so would have preferred to see this reflected in this Quality Account.

I would like to thank the Trust for its willingness to work with the committee and respond to members many questions. In particular the Chair, Ruth FitzJohn, who never hesitates to remind the committee to include and think about mental health in everything that we do.

Cllr Iain Dobie
Chairman, Gloucestershire Health and Care Overview and Scrutiny Committee

Herefordshire Health and Care Overview and Scrutiny Committee

My comments would be very similar to those made by Healthwatch, but I would expect to see improvements made to the areas, i.e. Oak house, noted in the CQC report. I have particularly anxieties over the provision of mental health care to young people as I have had anecdotal evidence of difficulties in this area In Herefordshire.

I am aware that Addaction is still having some problems and I have had comments, also anecdotal I am afraid, that some families do not feel they are fully supported in coping with a family member with mental health problems. However I congratulate you on the good report from the CQC and I know that you have plans to remedy any deficiencies that they noted – I look forward to hearing the outcomes on this.

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

Healthwatch Gloucestershire (HWG) comments on the 2gether FT Quality Report 2015/16

Thank you for this opportunity to discuss and comment upon the Trust's Quality Report.
This is the third year in which HWG has had the opportunity to be involved with the Trust's Quality Account process. The Quality Account comprehensively describes and analyses a very large range of activities in a complex organisation, therefore we have chosen to focus on a relatively small number of points.

In general we have found this to be a high quality and very readable document.

Inevitably, there is a great deal of complex information. Perhaps there is also scope for some personal reflections and accounts from those who have used the Trust's services?

General comments

This is one of several ways in which HWG and the Trust are able to work together and in which the Trust seeks feedback from our organisation so that what we learn from the public influences the Trust's efforts to continually improve the quality of services and patient care.

This year we have continued our series of quarterly meetings with members of the Trust's leadership team where we address the comments, concerns, problems and compliments that the public have raised with us.

Part 1: Statement on Quality from the Chief Executive

We were pleased to be able to support the CQC's recent comprehensive inspection with information provided by the public about their experience of services. We congratulate the Trust for the very positive outcome of the inspection. The introduction rightly uses the CQC report to highlight the outstanding areas reported on. However, HWG has also been assured that the Trust demonstrates no complacency in terms of the quality of its services and is determined to respond to feedback where service users' experience has not been good – even in those parts of the organisation that have been rated as outstanding.

Quality Priorities for Improvement 2016/17

We were pleased to see that user experience features so prominently in the Trust's priorities for 2016/17.

Within the Goal, Target and Drivers presentation we felt that in places it would have been valuable to set a more specific, measurable and demanding targets eg at 1.1, what would be an appropriate increase in the number of service users with a LESTER tool intervention? And how would increased access to physical health treatment be measured and evaluated? Similarly at 1.2. While the determination to improve personalised discharge care planning is welcomed, it would have been useful to see at a glance the Trust's ambitions for 2016/17 in terms of measurable change, as is the case at 1.3

For the User Experience Targets, we very much welcome the importance that will be given to how people describe their own experience in the evaluation of these targets for 2016.

Was any consideration given to stretching the objectives further, especially where current performance seems relatively low, e.g. at 2.4? It seems that the intention in each case is one of simply exceeding the previous year's performance. Perhaps for 2017 some of these objectives could be set at a more challenging level eg a target percentage improvement over 2016?

On a presentational point, we have remarked before that it might improve the readability of the Quality Account if the review of 2015/16 were to precede the sections relating to 2016/17.

Part 3: Looking Back – A Review of Quality during 2015/16

Target 1.1: The targets may have been met but the percentages seem to be relatively low. See earlier comment re possibility of more stretching targets for the future.

Target 1.3: The IAPT target may have been met but we understand that there are some difficulties with this area of the service and hope that outcomes against action plans will be shared.

Target 2.1: We are aware of the Trust's innovative approaches to seeking feedback about its care planning and hope that the input of experts by experience will support an effective evaluation of current care planning methodology so that this indicator can improve.

The Friends and Family Test scores appear to be improving towards the end of the year, which is encouraging. The comparable data showing percentages of people who would recommend services compared to other Trusts appears to have some encouraging features.

Conclusion

We have continued to have a regular and constructive dialogue with the Trust during this year. I am confident that relationships are such that, were urgent matters to come to the attention of HWG, they would be swiftly addressed by the leadership team. We have been assured that patient, carer and family feedback is examined within the Trust's Board, Quality and Patient Experience arrangements in a range of effective and innovative ways.

Claire Feehily
Chair, Healthwatch Gloucestershire
May 2016

The Royal College of Psychiatrists

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

Service Accreditation Programmes	Trust Participation	National Participation
Eating Disorder Inpatient Wards	0 Wards	32 Wards
Forensic Mental Health Services	1 Service	123 Services
Inpatient Child & Adolescent Wards	0 Wards	108 Wards
Inpatient Rehabilitation Units	2 Wards	52 Wards
Learning Disability Inpatient Wards	0 Wards	42 Wards
Mother & Baby Units	N/A	17 Units
Older Peoples' Inpatient Wards	5 Wards	68 Wards
Psychiatric Intensive Care Wards	1 Ward	39 Wards
Working Age Inpatient Wards	5 Wards	146 Wards
Child & Adolescent Community Mental Health Teams	1 Team	64 Teams
Crisis Resolution & Home Treatment Teams	4 Teams	40 Teams
Electroconvulsive Therapy Clinics	2 Clinics	99 Clinics
Memory Clinics	1 Clinic	105 Clinics
Perinatal Community Mental Health Teams	0 Teams	17 Teams
Psychiatric Liaison Teams	0 Teams	52 Teams

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.

Monitor 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 2015/16 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 2015 to April 2016
  - papers relating to Quality reported to the Board over the period April 2015 to April 2016
  - feedback from Gloucestershire commissioners dated May 2016
  - feedback from Herefordshire commissioners dated May 2016
  - feedback Governors dated 10 March 2016
  - feedback from Herefordshire Healthwatch dated May 2016
  - feedback from Gloucestershire Healthwatch dated May 2016
  - feedback from Gloucestershire Overview and Scrutiny Committee dated May 2016
  - feedback from Herefordshire Overview and Scrutiny Committee dated May 2015
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2016
  - the 2015 national patient survey
  - the 2015 national staff survey
  - the Head of Internal Audit's annual opinion over the trust's control environment dated May 2016
  - CQC Intelligent Monitoring Report dated February 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 Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the quality report (available at www.monitor.gov.uk/annualreportingmanual).

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: 25 May 2016**

Signed: 

Chief Executive **Date: 25 May 2016**

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.

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**.