

Quality Report for 2nd Quarter 2011/12

Introduction

Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. In setting out the priorities for improvement during 2011/12 there has been consultation with NHS Gloucestershire and Herefordshire, the HCCOSC and LINKs of those two counties, the Governors and Trust Board

Priorities for Improvement 2011/12

Effectiveness

Domain 1: Preventing people from dying prematurely

Reducing the incidence of premature death in people with serious mental illness and learning difficulties is a key priority; many of the risk factors that people with such disabilities are particularly vulnerable to are related to lifestyle as well as to healthcare and access.

In support of the Department of Health's objectives on preventing premature deaths as described in their publication "The NHS Outcomes Framework 2011/12" we are carrying out the following activities:

- Minimising the risk of suicide amongst those with mental disorders through a systematic implementation of sound risk management principles given by the National Patient Safety Agency (NPSA) Suicide Prevention Community Toolkit in Gloucestershire and the Inpatient Toolkit in Herefordshire.

Update information provided in Measuring and Monitoring section below

- Monitoring and reporting on the overall number of serious incidents, suicides, open verdicts and narrative verdicts given by the coroner for people who have been involved with our services within the previous 12 months as measured over a 3-year period.

Update information provided in Measuring and Monitoring section below

- Promoting healthier lifestyles amongst service users with campaigns to address smoking obesity and alcohol.

Update information provided in Measuring and Monitoring section below

- Continuing to develop our dialogue with the acute trusts regarding service users with learning disabilities.

On 1 July 2011 the Hospital Liaison Nurses for People with Learning Disabilities (HLNLD) were successfully TUPED to Gloucestershire Hospitals NHS Foundation Trust and are firmly established within the care teams there.

Two Learning Disability study days have been held for Gloucestershire Hospitals NHS Foundation Trust staff facilitated by 2gether staff and service users to promote reasonable adjustments whilst in their care.

- Introducing an appropriate physical health screening tool for inpatients in Herefordshire.

A draft screening tool was presented to Herefordshire Clinical Quality Review Forum at its July meeting and refined during Quarter 2.

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

- 100% implementation of the NPSA Community Suicide Prevention Toolkit amongst those service users in Crisis Teams, Early Intervention and Assertive Outreach Teams in Gloucestershire (based on a quarterly audit, sampling of up to 45 cases per team)

Crisis Teams in Gloucestershire fully implemented the community suicide prevention toolkit in Quarter 2 and will continue to do so on a monthly basis. Assertive Outreach Teams were briefed in September 2011 in readiness for their implementation from October.

The Gloucestershire Suicide Prevention Strategy 2011-15 has now been approved and the Trust is actively contributing to the multi-agency action plan.

- 100% implementation of the NPSA Suicide Prevention Toolkit for all inpatient units in Herefordshire

Inpatient services in Herefordshire have fully implemented the inpatient suicide prevention toolkit and achieved their target of 100% compliance by September 2011.

- Monitoring the numbers of reported serious incidents requiring investigation (SIRIs) suicides, open verdicts and narrative verdicts given by the coroner

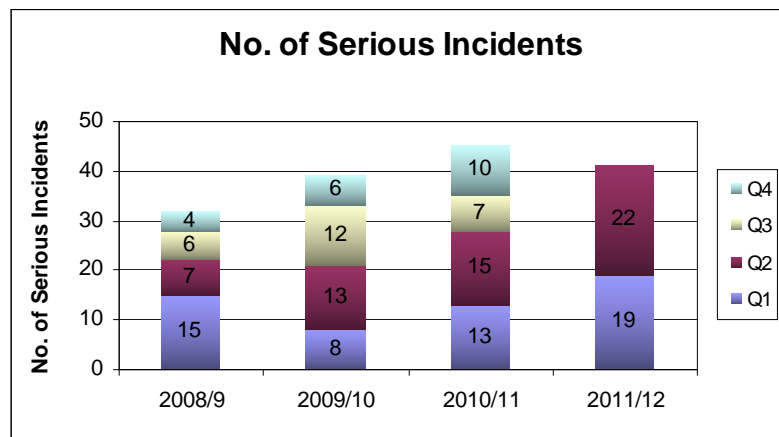


Chart 1

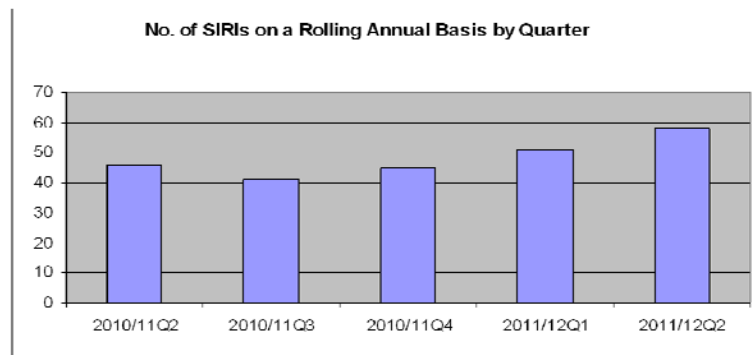


Chart 2

Note that when interpreting Charts 1 & 2 the real increase in serious incidents reflects incidents reported within mental health services in Herefordshire and those from Prison Healthcare. This is seen in the breakdown below. Numbers of serious incidents within Gloucestershire remain comparable to previous quarters.

Gloucestershire Incidents

	1 April – 30 September 2010	1 April – 30 September 2011
Total incidents	28	30
Gloucestershire	28	30 (inc 3 Prison)

	1 April – 30 September 2010	1 April – 30 September 2011
Gloucestershire Non-fatal	8	10
Gloucestershire Deaths	20	20

Herefordshire Incidents

	1 April – 30 September 2010	1 April – 30 September 2011
Herefordshire Non-fatal	6	10
Herefordshire Deaths	4	1

Whilst the numbers of reported serious incidents within Herefordshire have increased it should be noted that the numbers of suspected deaths by suicide have reduced.

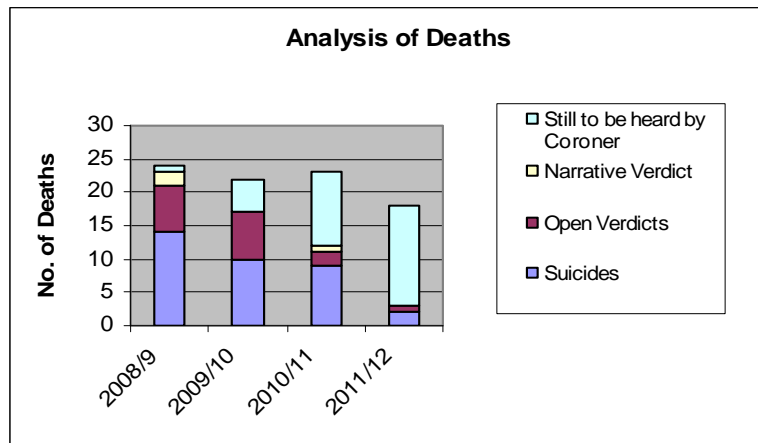


Chart 3

This analysis is applied to all incidents in which there is evidence to suggest that self harm was involved.

- 10% of working age adult inpatient service staff to receive brief smoking cessation training, with the information collated and reported quarterly (Gloucestershire specific quality target).

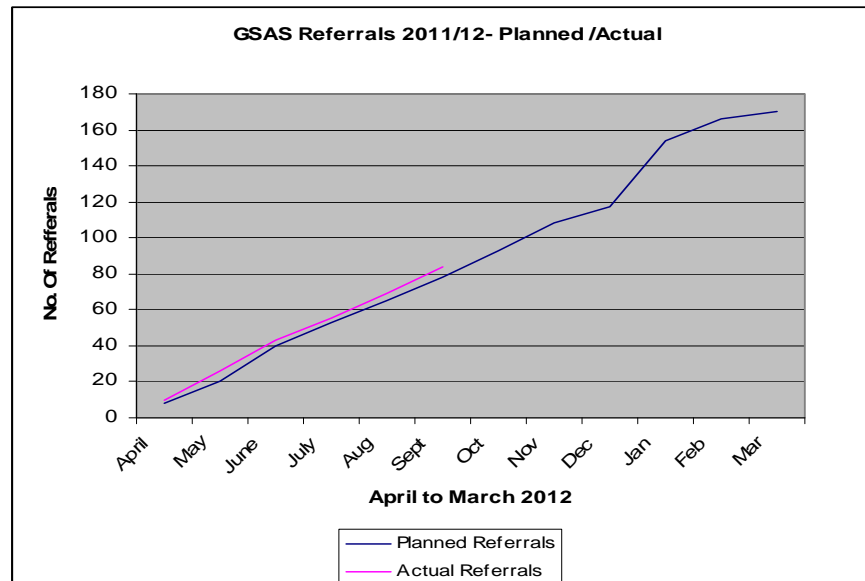
The CQUIN requirements for training has now been achieved with 25 staff from Wotton Lawn now trained. In order to build on this achievement additional Brief Intervention Training has been delivered in other inpatient units in the county as follows

*Honeybourne Unit - 20 staff
Charlton Lane Centre -16 staff (3 events)
Branchlea Cross - 8 Staff*

Plans are in place to train staff in Laurel House, Westridge and Hollybrook in the New Year. A Smokefree Champion support update event is planned for October 2011.

- Increase the number of referrals made to Gloucestershire Smoking Advice Service (GSAS) from the Trust (202 in 2010/11). Figures to be gathered monthly and reported quarterly

During the period April to September 2011 the Trust has made a total of 84 referrals to GSAS thereby exceeding the planned total of 78 by 6 referrals at the end of Q2.



Domain 2: Enhancing quality of life for people with long-term conditions

We will continue to focus on outcomes that are important to those living with long-term conditions. These relate to the debilitating effect that the conditions can have on their lives, such as preventing them from being physically active, working or living independently. People with long-term conditions of different ages have different needs, particularly in relation to the functional outcomes that they want to achieve and this must be recognised in the service we provide.

The way we will carry this objective out this year is to:

- Improve dementia service by following a dementia pathway that includes early diagnosis and an improved range of support activities

Updated information provided in Measuring and Monitoring section below on specific actions taken

- To continue to improve the Learning Disabilities service by ensuring compliance with the Green Light Toolkit

We continue to maintain the current standards within the toolkit and will be using it alongside our Fair Horizons implementation as an assurance measure.

- Continue to develop the effectiveness of the IAPT services

The Let's Talk service has developed an Emotional Wellbeing Handbook that takes a holistic look at the emotional needs of people from different cultural backgrounds. The resource has been developed in conjunction with local communities. Many of the concepts and tools covered in the manual are transferable for people with long term conditions and further sections will be developed for specific conditions. The database used by the Let's Talk service will now log whether a person referred has a long term condition to allow a better analysis of uptake from

person's with a Long Term Condition. The manual has now been disseminated to all GP's in Gloucestershire with the option for reference copies that can be used for loan from the Surgery.

A new Emotional Wellbeing Programme is currently being piloted until December. This will adjust the service model to ensure that all patients who are either self refer or are referred by their GP will be offered input in the form of a workshop, online material or books through the library on the basis of patient preference. All patients accessing the programme have their mood and anxiety monitored through clinical tools and where the patient has indicated concern regarding their safety/presentation the GP will be immediately informed by the service.

Additionally, the service is adjusting the skill mix within locality teams in order to better respond to demand in relation to the types of intervention most commonly accessed. This is on the basis that the service supports a training programme regionally and there will be greater numbers of trainees in the future to also support clinical activity and address demand. The programme also supports an extensive volunteer counsellor programme which means that patients who require this type of intervention can be offered it within the service rather than via 3rd sector organisations.

Waiting times are regularly monitored and where it would appear that there is likely to be a lengthy wait for treatment patients are sent a letter which apologises for the delay and offers interim advice.

- Work with employers to promote mental health issues better within their organisations

Discussions between 2gether's Occupational Health Service and 2gether's Mental Health First Aid Trainers have occurred, and a Social Marketing campaign targeting employers has been discussed and agreed in principle with Substance Misuse practitioners.

There is a Job Fair planned specifically for people with mental health challenges in Nov 2011. This is a partnership between 2gether, and a local 3rd sector group.

- Improve carers' experiences by delivering our Carers' Charter This charter, developed for and with carer's involvement and based on our core Trust values, pledges that we will support the principles of a genuine partnership between people who use services, carer's and professionals.

Work is underway to launch the organisation's Carers Charter and to support 2gether staff to implement the pledges in practice. The launch will take place in early October to coincide with World Mental Health Day which recognises this area of practice as a key mental health development.

The Older People's Service is Using the Triangle of Care¹ checklist to audit practice on Willow Ward at Charlton Lane and is planned for the other two wards on the site. As a result a plan has been produced to improve carer engagement. A Carer Information board is being set up at the entrance to Charlton Lane; meetings will routinely be offered to carers and systems will be put in place to ensure that carers receive the information they need. A series of training sessions about the standards are being planned which carers will be asked to contribute to.

An event was facilitated in May by 2gether's Carer participation worker with Gloucestershire Young Carers and PALS to review 2gether's Carers Charter and to enable an accessible and relevant set of pledges to be developed for this important group of carers.

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

- At least 95% of service users with cognitive impairment admitted to Older People's services will be assessed for pain and distress using an appropriate diagnostic tool.

The Trust has provided evidence to demonstrate that it has undertaken an assessment in respect of all appropriate cases (total 48 = 100%) during the period from April to September, and remains confident that it will meet the full requirements of the CQUIN scheme at the year end of at least 95% of patients receiving an assessment.

The Abbey tool - is used as the initial tool of preference. This allows the care team to ask and observe for any pain. It is used in the first 24 hours to 48 hours, with the patient being observed carrying out a variety of tasks such as mobilising, washing, sleeping etc and to ascertain if any pain is being experienced through verbal report or behavioural expression.

- Provide demonstrable improvements in older people's services reporting quarterly on progress.

The Trust has provided evidence to demonstrate that it is compliant (100%) at Q2 with the CQUIN schemes focussed upon older people's services. There is ongoing development work in the service focussing upon in-patients and those seen in the community with the further development of the Managing Memory Service.

Within Charlton Lane, the following specific initiatives have been put in place to:

- *Improve physical health care interventions, particularly ensuring physical health care checks and care plans*
- *Fall prevention pathways*
- *Improved availability of therapeutic services*
- *Focus upon carers*

Domain 3: Helping people to recover from episodes of ill health or following injury

Central to the service we provide is achieving the best possible outcomes for people who develop treatable conditions. Specifically, we need to help people recover from illness or injury and prevent conditions from becoming more serious. As well as preventing premature deaths, we should aim to ensure that, as far as possible, those who suffer a serious illness or other debilitating event recover quickly and painlessly to their original health status or close to it. It is important that the needs of all age groups are considered: people of different ages have different healthcare needs and this is reflected in our approach to this domain.

Actions that will be taken to support this objective include:

- Improving access and care pathways by implementing the Trust's Fair Horizons programme, in which the services are designed round the specific needs of the individual service user

The development of Fair Horizons is the organisation's intention to deliver existing services based on individual need rather than age and IQ. This includes ensuring innovative ways in which people with a learning disability can also access mainstream services with reasonable adjustment. The Fair Horizon's model was approved by NHS Gloucestershire's Professional Executive Committee in May 2011 and implementation has commenced.

The programme of work has now developed 21 detailed care pathways, and assessed the care of over 7700 service users against the 21 Health of the Nation Outcomes and Payment by Result Clusters. This work will enable clinical teams to be reformulated to ensure appropriate care is delivered in line with national requirements and guidance.

Five new localities will replace our current Strategic Service Units (SSUs) with an implementation programme over the coming year. They will serve the following areas:

- *Gloucestershire Countywide Services, Size: 1045sq miles. Population: 582,600*
- *Herefordshire, Size: 842sq miles. Population: 178,400*
- *North Gloucestershire - Cheltenham, Tewksbury & North Cotswolds*
- *South Gloucestershire – Stroud & South Cotswolds*
- *West Gloucestershire – Gloucester & Forest of Dean*

Clinical and Locality Directors for each of the five localities have now been appointed and a revised management structure is now in place.

The Fair Horizons Strategy is consistent with the Department of Health Strategy that was published in February 2011 – ‘No health without mental health, a cross government mental health outcomes strategy for people of all ages’.

Care Pathways and Packages project Phase 1 was signed off by the Governance Committee in August 2011. Phase 2 is on track to go to Governance Committee in December 2011.

- Improving the mental health service in Herefordshire in line with the commissioned contract by utilising the experience of being a dedicated mental health trust with its focused policies and procedures

2gether NHS FT took responsibility for Mental Health Services April 1st 2011 and the transformation of services in Herefordshire is taking place in line with the submitted model of care agreed with Commissioners. The following specific initiatives have been implemented:

- *Training programme for the Crisis Home Treatment Team has been completed to provide a new model of care to provide care where appropriate in their own homes and not in hospital.*
- *The Forensic Assessment Team moved into t Assertive Outreach from April 2011.*
- *All staff have completed 2gether’s induction*
- *A review of the Child & Adolescent Mental Health Service has taken place, and a new assessment process implemented.*
- *Capital funding has been obtained to upgrade Cantilupe Ward in the Stonebow Unit to ensure that it is compliant with the Department of Health’s requirements for single sex accommodation.*
- *Operational Managers for Herefordshire services have now been appointed.*
- Ensuring effective relationships with GPs and Primary Care through good cooperation and dialogue concerning service users. This includes surveying GPs in Herefordshire asking about the quality and effectiveness of commissioned mental health services and taking any agreed actions as identified by this and the previous survey of GPs in Gloucestershire

Meetings are taking place monthly between 2gether senior clinicians, managers and lead commissioning GPs in Herefordshire to ensure effective dialogue. A survey format for a GP questionnaire was agreed with GPs and commissioners and sent out at the beginning of September to seek wider views.

- Reducing the possibility of clinical risk to service users by improving information management and the quality of data relating to clinical records

There is continued development of the electronic care record RiO for mental health services and Care Notes for Substance Misuse Services and further development of Data Warehouse reporting functionality.

In Herefordshire there is now an agreed implementation plan for RiO which should be completed by March 2011.

- Improving safety by ensuring effective and timely follow up after discharge

Update information provided in Measuring and Monitoring section below

- Ensuring service users understand their prescribed medicine, side effects and support contact details

Plans are place to remind clinicians to discuss the medication and side effects with the patient when prescribing the medication for the first time. Clinicians should supply a Patient Information Leaflet (patient information leaflet which is located on the trusts medicines management page on the intranet and document this on RIO). Patients can comment directly on their experience of this via the Patient Survey which has demonstrated that there is more work to do to ensure all patients know about their medication.

- Promoting positive recovery with substance misuse service users in Gloucestershire by developing a multi-agency, anti-stigma campaign.

There is now an agreement, in principle from our substance misuse commissioners and support from multi-agency groups to launch a campaign. 2gether Communication is involved and ideas are being developed.

- Improving children's services by establishing outcome measures

The Action for Children Participation Worker has been commissioned to work with Looked After Children (LAC) to find ways to assess their experience of the service. An initial proposal for the work has been drafted and is summarised below.

1. Exploring the possibility of using the online pupil questionnaire.
2. Use of LAC specific focus groups
3. Specific LAC representation of the 2Gether CYP Board

CORC countywide implementation is under review as part of the wider CYPs Implementation Plan. 2gether CYPS submitted annual data to CORC in September 2011. The detail regarding CORC administrative and clinical processes is scheduled for completion at year end

- Ensuring good services to war veterans

The issue of war veterans is specified in service specifications, mainly IAPT and psychological therapy where we are expected to give this group a level of priority. In both instances cases have to be recorded when referred to the service. These are collected by two clinical systems

<i>Psychological Therapies</i>	-	<i>RiO</i>	-	<i>RiO is unable to capture this</i>
<i>IAPT</i>	-	<i>IAPTuS</i>		<i>159 referrals to date</i>

The service continues to develop and we are now able to refer veterans on to a former RAF Psychiatrist who is providing time to the service on a voluntary basis. We link in regularly with services such as Combat Stress and the Serving Personnel and Veterans Agency and provide teaching sessions on raising awareness for working with veterans.

- Improving safety and experience by ensuring effective communication when service users transfer from one service to another, especially between the Trust and other organisations

Update information will be provided in the Quarter 3 report

- Improving service experience and outcomes for people with personality disorders through better training of frontline staff

2gether NHS Foundation Trust does not have a specialist Personality Disorder team; however there is work taking place to develop the Trust's approach to Borderline Personality Disorder. An internal staff training programme is taking place and continues to be developed with a plan to train significantly more staff this year.

NHS Gloucestershire & NHS Herefordshire have agreed to the development of a one day in-house training programme. During Quarter 3 information will be collated regarding:

- the take up course places by team/ service;
- an interim evaluation of the course and
- the expert reference group – their role, format and support provided.

The percentage of staff to be trained has been agreed

Measuring & Monitoring

The targets to monitor success in achieving this objective are²:

- At least 95% of adult Care Programme Approach (CPA) receiving follow-up contact within 5 days of discharge from psychiatric inpatient care (National target 7 days)

100% of people discharged from in-patient settings are being followed up with 5 days in Gloucestershire.

- At least 95% of adult service users in the CPA having at least one formal review within 6 months of discharge from psychiatric inpatient care (National target 12 months)

The Gloucestershire compliance with the national target in this area 96%. Our local stretch quality target is 6 months, and compliance is currently 73 % for Q2, which is a 31% improvement on Q1.

- Less than 7.5% of adult patients whose transfer of care was delayed, averaged over each quarter

Compliance was at 6.4% for Q1, and remains compliant at 7.5% for Q2

- At least 90% of service users admitted to psychiatric inpatient care who had access to crisis resolution home treatment teams, excluding:
 - Admissions to psychiatric intensive care units
 - Internal transfers of service users between wards in a trust and transfers from other trusts
 - Patients recalled on Community Treatment Orders
 - Patients on leave under Section 17 of the Mental Health Act 1983

Compliance was at 98% for Q1 and remains compliant at 99% for Q2

- At least 95% of new psychosis cases will be served by early intervention teams in line with contractually agreed activity in Gloucestershire and Herefordshire.

Compliance at 125% for Q1 and remains complaints at 108% at Q2 which demonstrates that we have taken on more cases than the contractual plan

- Data Quality measures: service user records should comply as follows:
 - 99% completeness for the Mental Health Minimum Data Set (MHMDS)

Compliance was at 99.6 % for Q1 and remains compliant at 99.5 % for Q2

- Exceed the national target of 50% completeness for those adults on CPA for recording of employment status, Health of the Nation Outcome Scales assessment and accommodation status

Currently compliant in each category for Q2

Employment status 66%

Health of the Nation Outcome Scales assessment 68%

Accommodation status 68%

² Where applicable, the measures used are defined by Department of Health national standards

- 98% accuracy in recording ethnic origins for inpatients

Awaiting update

- 95% compliance of service user records to **all** CPA standards

83% compliance of service user records to CPA standards which remains below target

- An agreed percentage of staff in Recovery, Primary Mental Health and Prison Healthcare services to receive training in Knowledge and Understanding Framework for people with personality disorders (KUF), following a training needs assessment in the 1st quarter of 2011 (April to June). Reporting will be on a quarterly basis.

NHS Gloucestershire & NHS Herefordshire have agreed to the development of a one day tiered in-house training programme rather than provision of the KUF training. During Quarter 3 information will be collated regarding:

- *the take up course places by team/ service;*
- *an interim evaluation of the course and*
- *the expert reference group – their role, format and support provided.*

The percentage of staff to be trained within Gloucestershire has been proposed as follows:

85% of 208 staff will achieve 15% of the total CQUIN and 50% will achieve 7.5%.

Within Herefordshire services it has been agreed that 40 staff will be trained at Tier 1 and 44 staff will be trained at Tier 2

Training will commence for all services in November 2011.

User Experience

Domain 4: Ensuring people have a positive experience of care

Quality of care includes the quality of caring. This means how personal care is provided - the compassion, dignity and respect with which service users are treated, and the extent to which they are given the level of comfort, information and support they require. Service users' perception of their experience is a vital additional consideration to the standard of care we provide.

The following are actions that we intend to take to further this aim:

- Improve Consent to Care procedures to ensure that service users are properly engaged with their care treatment

Consent to treatment / care is captured as part of the CPA audit which includes whether the person is agreeing to their care plan and is therefore regularly monitored.

- Implement our Single Equality Scheme, which covers diversity, equality and human rights aspects, to ensure that the care that we provide accurately matches the social mix of the community that we serve

The Single Equality Scheme and action plan was adopted by the Trust in April 2011. The annual Equalities Report to the Trust Board was also presented in April 2011 and the HR Equalities monitoring report which provides statutory data about the Trust (as required by the Equality Act 2010) was completed in July 2011.

The supporting action plan will be re-aligned to address the NHS Equality Delivery system outcomes for 2012/2013.

- Develop a multi-agency tactical plan for social inclusion and mental health for Gloucestershire and Herefordshire

Multi-agency goals have been developed for Gloucestershire and networking activities across agencies have occurred with many stakeholders in Herefordshire to date.

For example, Up, Up, Up and Away campaign to progress 5 ways to emotional wellbeing was launched at Stow on the Wold Primary school on world Mental Health day. There are plans to hold similar events in other schools across the county on a routine basis.

- Realign the Social Inclusion team to give a more clinical focus so that practitioners across disciplines will be more sensitised to the principles and practice outlined in the Social Inclusion Strategy for Gloucestershire

Outline team design agreed in principle with Executive Team in June 2011, the implementation will take place in line with other organisational changes linked to Fair Horizons. Job descriptions are being reviewed by HR.

- Use the results of community services and hospital-based surveys in Herefordshire in planning service quality improvements

Action plans have been developed to respond to the patient surveys, the initiatives include:

- *Using new patient leaflets*
- *More training for care co-ordinators*
- *Posters for patients to know what they can access and what they should be having*
- *Auditing of records to determine what has been provided to patients*

- Implement the action plan resulting from the CQC inspection of Looked after Children (LAC) to improve services

1. *LAC now routinely identified via the RiO Health Records System.*
2. *Referral to assessment & treatment of & LAC has been reportable from 16 June 2011.*
3. *The new CYPS contract began 1/04/11 which includes a service element which is designed for LAC who meet the CYPS referral criteria, it is planned to have this LAC service element fully operational by Month 6 of the contract.*
4. *Routine meetings have been established with GCC management colleagues to ensure shared understandings and are proving helpful in resolving both strategic and case specific issues.*
5. *Co-location within localities is being pursued together with further options with the Specialist Advisory Service to achieve further interagency co-operation.*
6. *The Action for Children Participation Worker has been commissioned to work with (LAC) to find ways to assess their experience of the service. An initial proposal for the work has been drafted and is summarised below.*

- i. *Exploring the possibility of using the online pupil questionnaire.*
- ii. *Use of LAC specific focus groups*
- iii. *Specific LAC representation of the 2Gether CYP Board*

7. *Specialist Looked After Children workers (Primary Mental Health, Psychology and Psychotherapy) are now in post. In addition a 0.5WTE post has also been allocated to this service element. Recruitment to this vacant post is ongoing. Formal contract reporting with Commissioners will begin in Q3.*

- Secure Accreditation for Inpatient Mental Health Services (AIMS) for older persons' inpatient wards

Current service provision has been benched marked against the AIMS standards and an action plan for level one standards not currently met is being developed. Registration with AIMS took place in September 2011

- Develop and implement a Service Users' Charter that includes alternative formats for those with learning difficulties. The Charter is our pledge to service users to provide them with a defined level of service experience.

Community Involvement Team have developed a plan to develop the Service User Charter and the first draft has been produced and was presented to the October service experience committee

- Provide enhanced volunteer experience and contribution by developing a volunteers' pathway with supporting information for potential volunteers and managers

The application process for volunteers has been revised. The Community Involvement Team have drafted a pathway and are developing information including a handbook for volunteers, supporting literature and awareness raising material.

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

- Agreed level of results from surveys of Gloucestershire and Herefordshire service users through the internal service user surveys

*Four CQUIN targets are being measured in 2011-12, daily routine, care planning, medication and safety. The following results are for **Gloucestershire** and are based on total of 45 responses to date for quarters 1 and 2. Where a question was not answered then this is taken as a negative response.*

- Daily routine 58% positive response was achieved, below the 70% requirement*
- Care Plan 62% positive response was achieved for Question 2, below the 72% requirement*
- Medication 60% positive response was achieved for Question 3, above the 54% requirement*
- Safety 87% positive response was achieved for Question 4, above the 70% requirement*

Actions are in place to improve the positive responses.

*In **Herefordshire** survey was completed as a baseline at the beginning of the year, and a reaudit is planned later in 2012. The initial baseline responses are:*

Community patients

	Samples size	Positive response
The last time you had a new medication prescribed, were you told about the possible side effects?	111	59%
Have you been given (or offered) a written or printed copy of your care plan?	201	32%
Do you think your views were taken into account when deciding what was in your care plan?	165	75%
Did you discuss whether you needed to continue using mental health services?	130	68%
Do you have the number of someone from your local NHS mental health Service that you can phone out of office hours?	288	46%

In-patients

	Sample size	Positive response
When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors?	15	60%
Were you given enough time to discuss your condition with healthcare professionals?	32	41%
Were both the purposes and side effects of medications explained to you?	14	23%
As far as you know, did hospital staff take your family or home situation into account when planning your discharge from hospital?	16	38%
During your recent stay, were there enough activities available for you to do?	14	7%

Again action plans are in place within teams to improve the positive response rate.

- Increase the percentage of carers who have been offered an assessment from 99% to 100%.

Current figure remains 99%

Safety

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure a safe environment for service users, staff and everyone else that comes into contact with us. This requires a proactive approach to eliminating serious incidents, but also engendering an open and honest culture that should untoward events occur we learn from experience to prevent them happening again. We will achieve this by:

- Minimising the risk of venous thromboembolism (VTE) through improved screening methods
Update information provided in Measuring and Monitoring section below
- Reducing the number of serious incidents and violent assaults by sound management interventions

Serious Incidents reported have been reported in Domain 1

- Implementing improvements in medicines management to minimize the risk of medication errors particularly when reconciling with the drug treatment that the service user is currently on. We presently have no base data on which to set targets, so this year we will be monitoring the reporting of incidents as a priority.

There is a target for inpatients to ensure medicines reconciliation on admission (interface) within 24 hours. (This may need to be the next working day as some agencies are not open at weekends). The pilot at Charlton Lane was successful and formal roll out commenced during Q2. The process at Wotton Lawn will be more complex and a pilot is being planned for Q3.

There is also a target on the interface at discharge; this is in progress for discharge from Wotton Lawn with GP's receiving medication information the next working day after discharge. Charlton lane will be progressed when the process at Wotton lawn has been fully embedded

- Continuing to monitor the number of serious reportable incidents on a quarterly basis and conclusions drawn as to whether we need to improve our procedures to avoid such incidents in future.

The Clinical Governance Committee monitors trends for all reported serious incidents and a series of metrics for both inpatient and community are being finalised. Learning summaries for each incident are now disseminated on conclusion of an investigation and shared with each team.

- Further enhancing safety aspects at Wotton Lawn, particularly to improve controls on service users' movements and physical safety

The business case was approved in July 2011, for capital work at Wotton Lawn which will take place in a phased way over two years. The required fencing works have been completed, work to improve the reception area is underway and works on Kingsholm Ward will commence in November 2011.

- Ensuring that non-Trust Properties offer appropriate environments from which to operate

Update information provided below in Measuring & Monitoring section

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

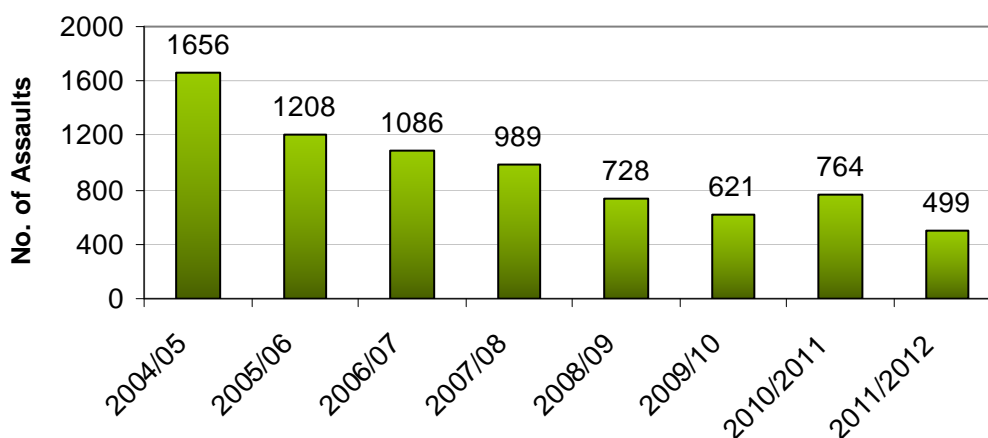
- At least 90% of all adult inpatients will have a VTE risk assessment on admission using the clinical criteria of the national tool and at least 95% are to be given prophylaxis if judged to be at risk, in accordance with national (NICE) guidance. Information on VTE will be collected and reported monthly.

Current compliance is 100%.

- A reduction in the number reported of severe physical assaults where actual harm was suffered during the year.

The graph below shows the annual trend, please note that 2011/12 data includes both Q1 & Q2 data. Also this figure now includes new services – further analysis work will take place throughout the year to determine any change. Data shows more assaults are being reported, this will be analysed by the Local Security Management Specialist to ascertain potential causation.

Total Assaults by Year



- Third party properties have appropriate agreements in place for their use and ongoing safe maintenance and up-keep.

This has been divided into 2 separate elements. Resolution of Occupancy Arrangements and Responsibilities known. It is important to make this distinction as we have agreements in place for some premises but are unclear on the responsibilities. There is a programme of work ongoing to ensure appropriate arrangements are in place for all premises by the end of the financial year

Further information

Development of Children's Services

From 1 April 2011, the Children and Adolescents Mental Health Service became known as 2gether's Children and Young People (CYP) Service. THE CYP service adopted Trying, Improving, Giving, Encouraging and Respecting as their principles for the way in which they deliver services. They also encourage service users to adopt the same principles when engaging with us.

At the same time the new Children and Young Person Service building at Charlton Lane was named Evergreen House (previously Bourton Ward). The new premises replaces Delancey Hospital and is a massive improvement in surroundings for both staff, service users, carers and visitors

Partnerships in care with other providers in the county

- The Mental Health Liaison Team continues to be based in both Cheltenham General Hospital and Gloucestershire Royal Hospital. It provides a 7 day assessment service of patients who may need mental health assessments as part of their care. Also there is a support service provided to the Community Hospitals in the county.
- Work has continued with Gloucestershire Care Services to have access in mental health services to specialist nursing advice from specialist nurses in physical health, which is enabling an integrated approach to care.
- The Dementia Training Team continue to provide training to all providers across the county including care homes and domiciliary care providers.

Participation in Clinical Audits and National Confidential Enquiries

National Clinical Audits

We have registered with 2 Royal College national audits that are at different stages of completion.

- *National Audit of Schizophrenia; commenced August 2011*
- *National Audit of back pain management; Commenced September 2011*

National Confidential Enquiries

The Trust's response rate to the National Confidential Inquiry into Suicide & Homicide by people with mental illness for the period 1/1/2005-31/5/2011 was 100% compared to a national rate of 98.07%

The Trust's response rate to the Sudden Unexplained Death Study (SUDS) for the period 10/09/2004-31/5/2011 was 98.28% compared to a national rate of 95.647%

Participation in Clinical Research

Mental Health

- *Developing Evidence based and acceptable stepped care systems in Mental health.*
- *NCE into Suicide and Homicide by people with Mental Illness.*
- *Sudden death in psychiatric in-patients and the relationship with psychotic drugs*
- *A study to investigate the prevalence of mental illness among victims of homicide.*
- *Rehabilitation Effectiveness*
- *National Trends and Local Delivery in old age MHS*
- *Developing a UK Evidence base for Contingency management in Addiction Treatment*
- *REFOCUS 1-3*
- *Refocus 1-4*
- *Case control studies*
- *Pilot study of letter based contact*
- *Hospital management of Self harm*

Dementia and Neurodegenerative Disease.

- *Observational study on costs and caregiver burden in Alzheimer's disease.*
- *Costs and resource use of Alzheimer's Disease in Europe*
- *Randomised control trial in physiotherapy and OT in Parkinson's Disease*

Quality Measures for 2011/2012

The following are the quality measures that have been mentioned previously under the 5 main areas, but are included here as a summary. Although some notes are given below, more detail has been given under the appropriate area before.

	2010-2011 Actual	2011-2012 Target	2011-2012 Actual
Domain 1: Preventing people from dying prematurely			
1	Compliance with suicide prevention toolkit in Gloucestershire	100%	100%
2	Compliance with suicide prevention toolkit in Herefordshire	N/A	100%
3	Training of relevant staff having smoking cessation training Gloucestershire	N/A	>10% (20 staff)
4	Increase in recorded referrals to GSAS	202	>170
Domain 2: Enhancing quality of life for people with long-term conditions			
5	Assessment of inpatients for pain and distress	N/A	>95%
Domain 3: Helping people to recover from episodes of ill health or following injury			
6	Adult CPA receiving follow-up within 5 days of discharge – <i>stretch target</i>	-	>95%
7	CPA formal review within 6 months – <i>stretch target</i>	-	>95%
8	Delayed Transfer of Care	5.9%	<7.5%
9	Access to crisis resolution/home treatment services	97%	>90%
10	Serving new psychosis cases by early intervention teams	130%	>95%
11	Mental Health Minimum Health Data Set	84%	>99%
12	Application of HoNOS	-	>50%
13	Recording of ethnic origins for inpatients	98%	>98%
14	Compliance with CPA standards	91%	>95%
15	Staff receiving PD training	N/A	-
Domain 4: Ensuring people have a positive experience of care			
16	Service level results from surveys in Gloucestershire	?	-
17	Service level results from surveys in Herefordshire	?	-
18	Carers offered an assessment	99%	100%
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm			
19	VTE screening for all adult admissions	N/A	90%
20	VTE prophylaxis for adult admissions at risk	N/A	95%
21	To reduce the number of violent assaults	764	<764
22	Resolution of occupancy arrangements & responsibilities for third-party owned properties	85%	100%

¹ 6months – part year

Monitor Indicators & Thresholds for 2011/2012

The following table shows the 11 metrics that are monitored during 2011/12. 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 as shown in the previous table, though some may have more stretching targets than Monitor require as a threshold.

	2009-2010 Actual	2010-2011 Actual	National Threshold	2011-2012 Actual
1	Clostridium Difficile objective	?	0	0
2	MRSA bacteraemia objective	0	0	0
3	7 day CPA follow-up after discharge	99.8%	100%	95%
4	CPA formal review within 12 months	88%	100%	95%
5	Delayed transfer of care	5.4%	5.9%	<7.5%
6	Access to Crisis resolution/home treatment services	98%	97%	90%
7	Serving new psychosis cases by early intervention teams	n/a	130%	95%
8	MHMDS data completeness: identifiers	84%	99%	99%
9	MHMDS data completeness: CPA outcomes	N/A	50%+	50%
10	Learning Disability – six criteria	5 at level 4 1 at level 3	6 at level 4	6 at level 4