

Quality Report for 1st 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 Overview and Scrutiny Committees and Local Involvement Networks in both counties, the Governors and Trust Board.

This report shows the progress made towards achieving targets, objectives and initiatives identified in the Annual Quality Account 2011/12 from April to June 2011 (Quarter 1). Overall, the organisation is making steady progress in carrying out the individual initiatives to improve the quality in the five major categories listed in the Quality Account. The updates to the Quality Account activities and measures are shown in italics.

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 therefore 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 will be 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 Community Recovery Health 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 were briefed regarding use of the community toolkit in Quarter 1 are now implementing and monitoring this monthly. A briefing session is planned for Assertive Outreach Teams 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 are using the inpatient toolkit and are working towards being 100% compliant by September 2011.

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

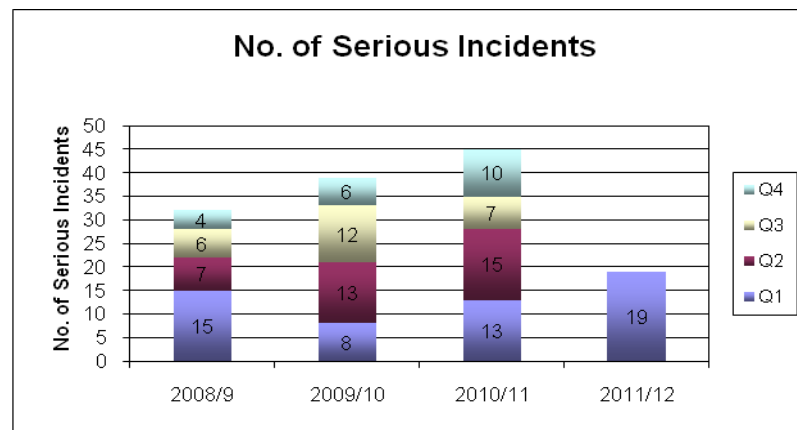


Chart 1

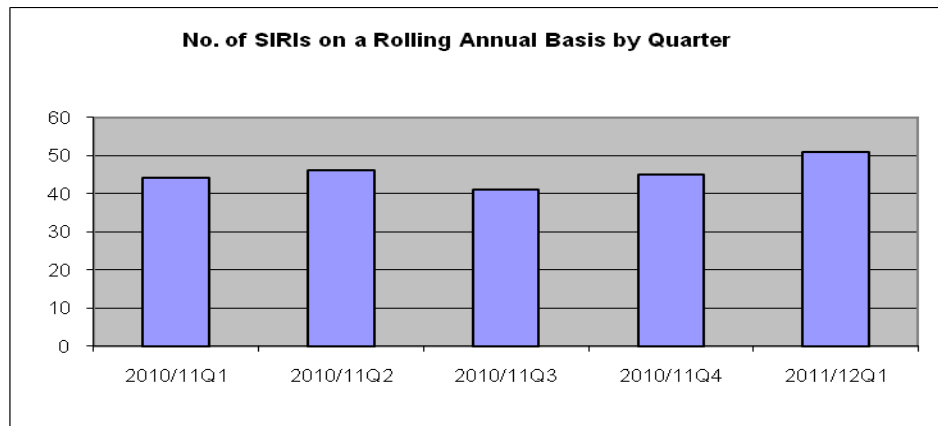


Chart 2

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. Numbers of serious incidents within Gloucestershire remain comparable to previous quarters. It should be noted that there has been quantifiable rise in the rates of suicides in Europe linked to the recession as noted in the Lancet 9 July 2011.

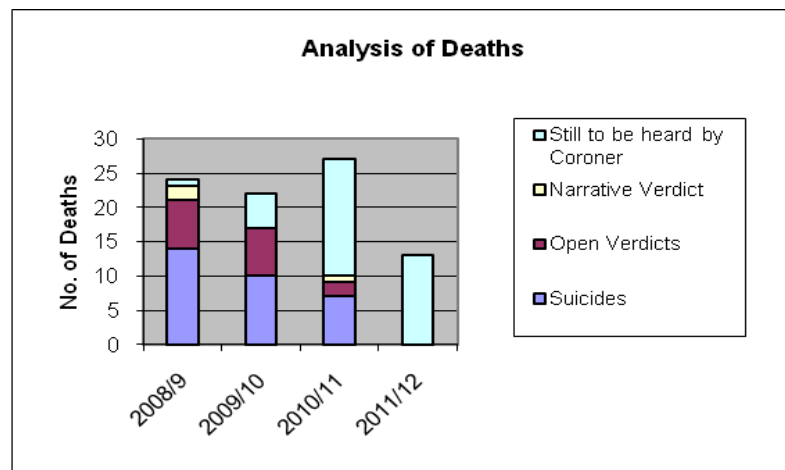


Chart 3

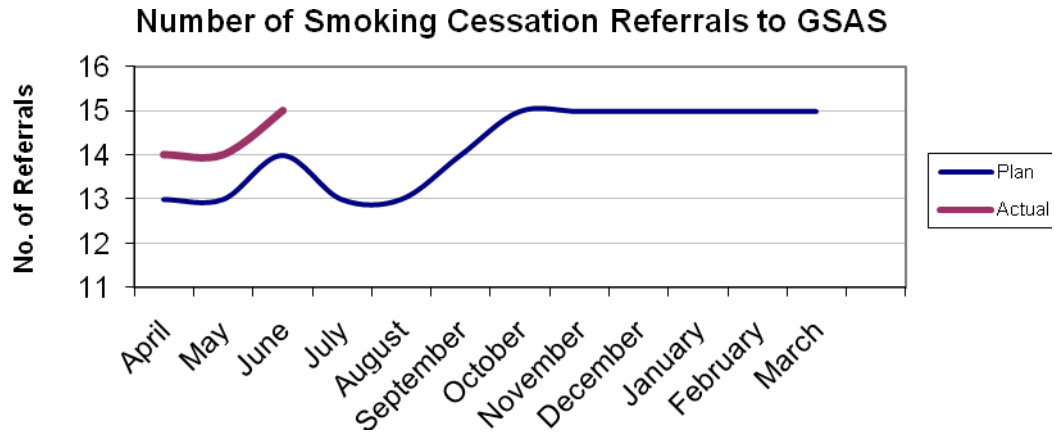
This analysis is applied to all incidents in which there is evidence to suggest that self harm was involved.

- 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).

20 staff from the total number of staff at Wotton Lawn have been identified thereby meeting the 10% requirement. Dates have been set for delivering the training in September with each ward sending 3 staff to ensure coverage. (Additional training is to be rolled out to achieve a minimum 10% for all other Inpatient Units - Charlton lane, Recovery, Branchlea Cross, Hollybrook & Westridge).

- 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

43 referrals to GSAS have been made in quarter 1, thereby exceeding the planned quarterly total of 40 referrals, by 3.



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

Update 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.

An update regarding waiting times will be provided in quarter 2 report

- 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.

- 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

Of the 28 patients admitted into Charlton Lane Hospital with a cognitive impairment, 27 Abbey assessments were completed. In one case it was not clinical appropriate to complete. Since the assessments were undertaken in all cases where it was appropriate, the compliance rate is 100% as at Q1*

** The Abbey tool - this 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 Q1 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

¹ <http://its-services.org.uk/silo/files/triangle-of-care-carers-included.pdf>

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 has been approved by NHS Gloucestershire's Professional Executive Committee in May 2011 with further discussion required on primary mental health services and the contact centre. 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 will be place by September 2011.

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'.

- 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 have moved into the Assertive Outreach from April 2011.*
- *All staff will 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.*

- 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 has been agreed with GPs and commissioners, which will be 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 Communications Team 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.

- *Exploring the possibility of using the online pupil questionnaire.*
- *Use of LAC specific focus groups*
- *Specific LAC representation of the 2gether Children & Young People's (CYP) Board*

- 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>Awaiting figures</i>
<i>IAPT</i>	-	<i>IAPTuS</i>	-	<i>101 referrals to date</i>

- 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 2 report

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

gether 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.

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)

97% of people discharged from in-patient settings are being followed up with 7 days in line with the national target. Our local stretch quality target is 5 days and data on this is currently being collated.

- 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 organisation's compliance is 96% which is above the national target of 95%. Our local stretch quality target is 6 months, and compliance is currently being collated.

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

Currently compliant at 6.4% for Q1

- 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

Currently compliant at 98% for Q1

- At least 95% of new psychosis cases will be served by early intervention teams

Currently compliant at 125% for Q1, which means 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)

Currently compliant at 99.6 % for Q1

- 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 at 96 % in each category for Q1

² Where applicable, the measures used are defined by Department of Health national standards
Final Version – following Trust Board meeting 25.8.11

- 98% accuracy in recording ethnic origins for inpatients

Currently we are non compliant at 95 % and we are planning to improve during quarter 2

- 95% compliance of service user records to CPA standards

Awaiting update

- 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.

The initial scoping has identified that there may be a preferable model available to deliver training for staff regarding personality disorders. There is currently an ongoing dialogue with NHS Gloucestershire & NHS Herefordshire to finalise which model can be agreed

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 he 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 Human Resources Equalities monitoring report which provides statutory data about the Trust (as required by the Equality Act 2010) was completed in July 2011.

- 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.

- 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.

- 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 Care Quality Commission inspection of Looked after Children (LAC) to improve services
 - *Looked After Children are now routinely identified via the RiO Health Records System.*
 - *Referral to assessment & treatment of & LAC has been reportable from 16 June 2011.*
 - *The new Children & Young People's Service (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.*
 - *Routine meetings are being established with Gloucestershire County Council management colleagues to ensure shared understandings.*
 - *Co-location within localities is being pursued together with further options with the Specialist Advisory Service to achieve further interagency co-operation.*
 - *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*

- Secure Accreditation for Inpatient Mental Health Services (AIMS) for older persons' inpatient wards
 - The current low secure service provision has been benched marked against the AIMS standards and an action plan has been developed for level as one standard is not currently not being met. Registration with AIMS will take 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.
 - The Community Involvement Team have developed a plan to develop the Service User Charter and the first draft is expected by October 2011.*

- 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
 - In Gloucestershire four key questions are asked of in-patients relating to daily routine, care planning, medication and safety and a positive response to the questions is 'yes'. (Sample size in brackets of those who answered the questions).*

- Did staff tell you about the daily routine of the ward, such as meal times and when people can visit you? **67%** (9)
- Were you involved in deciding what was in your care plan? **87.5%** (8)
- Were you told about possible side effects of the medication you take? **78%** (9)
- During your most recent stay, did you feel safe? **100%** (8)

In Herefordshire the questions are slightly different reflecting different areas of focus. The initial baseline responses are outlined below as those patients who responded positively to the questions in that they said 'yes' (Sample size in brackets of those who answered the questions):

Community patients

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

Inpatients

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

- 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 will commence during Q2. The process at Wotton Lawn will be more complex and a pilot is being planned for the autumn.

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:

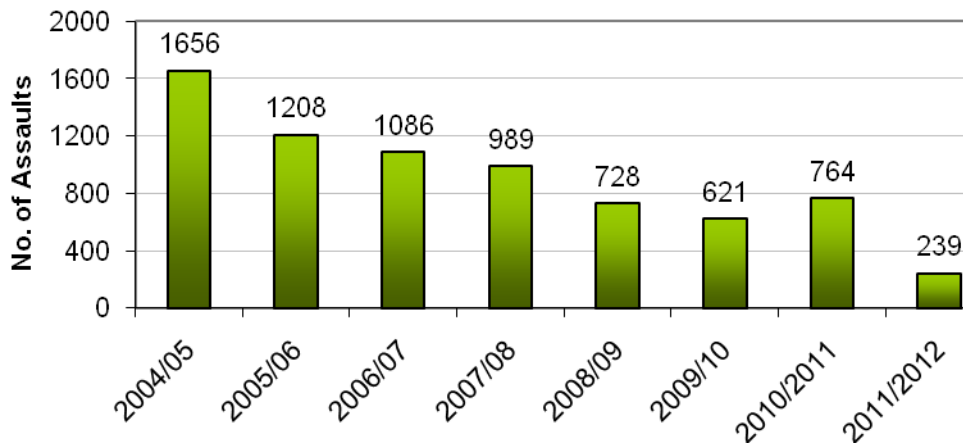
- At least 90% of all adult inpatients will have a VTE risk assessment on admission using the clinical criteria of the national tool and at least 95% are to be given prophylaxis if judged to be at risk, in accordance with national (NICE) guidance. Information on VTE will be collected and reported monthly.

Current compliance is 100%.

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

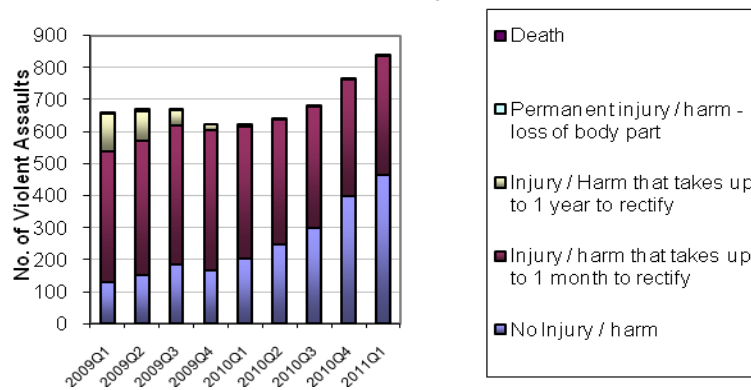
The graphs below show the annual trend, please note that 2011/12 data is only for quarter 1. Also this figure now includes new services – further analysis work will take place throughout the year to determine any change.

Total Assaults by Year



Quarter 1 data below shows more assaults are being reported, this will be analysed by the Local Security Management Specialist to ascertain potential causation.

No of Violent Assaults on a Rolling Annual Basis by Quarter



- 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.
- Clinical supervision is provided to the Learning Disability Nurses who transferred to Gloucestershire Hospitals NHS Foundation Trust.

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; To commence August 2011*
- *National Audit of back pain management; To commence September 2011*

Quality Measures for 2011/2012

The following are the specific quantitative quality measures that have been mentioned previously under the 5 main areas, but are included here as a summary.

		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%	On target
2	Compliance with suicide prevention toolkit in Herefordshire	N/A	100%	TBC
3	Training of relevant staff having smoking cessation training	N/A	>10%	10%
4	Increase in recorded referrals to GSAS	202	>202	43
Domain 2: Enhancing quality of life for people with long-term conditions				
5	Assessment of inpatients for pain and distress	N/A	>95%	100%
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	?	>95%	TBC
7	CPA formal review within 6 months	?	>95%	TBC
8	Delayed Transfer of Care	5.9%	<7.5%	6.4 %
9	Access to crisis resolution/home treatment services	97%	>90%	98 %
10	Serving new psychosis cases by early intervention teams	130%	>95%	125 %
11	Mental Health Minimum Health Data Set	84%	>99%	99 %
12	Application of HoNOS	?	>50%	96 %
13	Recording of ethnic origins for inpatients	98%	>98%	95%
14	Compliance with CPA standards	91%	>95%	TBC
15	Staff receiving KUF training	N/A	TBA	
Domain 4: Ensuring people have a positive experience of care				
16	Service level results from surveys in Gloucestershire	?	TBA	-
17	Service level results from surveys in Herefordshire	?	TBA	-
18	Carers offered an assessment	99%	100%	99 %
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%	100 %
20	VTE prophylaxis for adult admissions at risk	N/A	95%	100 %
21	To reduce the number of violent assaults	764	<764	239
22	Resolution of occupancy arrangements & responsibilities for third-party owned properties	85%	100%	-

Monitor Indicators & Thresholds for 2011/2012

The following table shows the 10 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%	97%
4	CPA formal review within 12 months	88%	100%	96%
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%	99.6%
9	MHMDS data completeness: CPA outcomes	N/A	50%+	50%
10	Access to healthcare for people with a Learning Disability	5 at level 4 1 at level 3	6 at level 4	6 at level 4