



# Quality Report 2009/10 & Quality Account 2010/11

**2gether**  
Making life better

Foundation Trust  
For Gloucestershire



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# Part 1. Statement on Quality from the Chief Executive

## Introduction

This is the second year we have been required as a Foundation Trust to produce and publish a quality report. In future it will be called a Quality Account.

This report enables us to account for, consult and publish quality improvements made in our services for the last year 2009/10. For the first year of implementation we had considerable success in meeting and in some cases exceeding our targets and last year sought to build on that success.

We achieved an overall rating of Excellent from the Care Quality Commission's Annual Health Check, receiving an excellent rating in each of the three categories: meeting core standards, achieving national priorities and fully meeting our financial targets. We are proud to be one of only 60 trusts to be rated excellent nationally.

We see 'quality' as providing an excellent standard of care to service users, through carefully considered and executed initiatives, and monitored by the judicious use of appropriate measures and indicators.

The quality of our services can be determined in a number of ways and two of the most important are demonstrated through the independent surveys of service user experience and staff experience undertaken nationally and published by the Care Quality Commission (CQC).

In the first of these - the survey of our inpatients - when compared to similar trusts we were significantly better in two of the categories and above average in six of the remaining nine categories. This is a significant achievement and shows that we are clearly aiming in the right direction.

The second poll, of our own staff, showed that we were significantly above average in 15 of the 40 categories and above average in another six. We were also rated on a par with other mental health trusts in nine.

The experience of staff working in our organisation is a vital component to good quality care and this survey is an invaluable indicator of our management effectiveness and ultimately that level of service user care, as it points to where we need to direct attention to improve the overall working experience of our staff.

Although we believe that both these results and our progress in working towards last year's quality initiatives are highly creditable, it does not mean we should not look to improve further. It is our intention to continue to raise standards in order to ensure service users experience the best possible care.

The following quality report shows key improvements made to improve patient safety and effectiveness in the last year and outlines our plans for 2010/11. These will be or have been discussed with key stakeholders including NHS Gloucestershire, Gloucestershire Local Involvement Network (LINK) and Health, Community and Care Overview and Scrutiny Committee (HCCOSC).

## Quality Initiatives 2009/10

A description of the challenging initiatives and targets we set ourselves last year and a summary of the progress

we have made towards realising them is given in Part 2 of this report. Overall, we achieved significant success in most of these areas, whilst with others (such as reducing severe harm or suicide) we have started to put in place measures that bear fruit in future years.

Also included in Part 2 are statements of assurance from the Board, which gives information about some of the other quality activities we were involved in last year, both national and local. The format of this section of the report is a standard template defined by the CQC to aid comparison with other trusts.

In Part 3 of this report are the key quality measures and targets we set ourselves last year, along with the national priorities and core standard metrics.

The actual figures are colour coded to show more easily the status against our goals: green meaning the target was achieved or almost met, amber is where good progress is being made towards the target, whilst red indicates a shortfall.

## Quality Initiatives 2010/11

We have ambitious plans to improve quality further in 2010/11. We will focus on priorities for each of the key quality domains: patient safety, experience, effectiveness and innovation.

Despite facing a tough economic climate with little or no financial growth, we intend to achieve this through greater efficiencies and using our resources better to ensure we give the customer focus and quality outcomes our service users deserve.

This year, we are concentrating our quality priorities on five key broad areas that we believe can significantly improve our service users' care, attention and quality of life. In <sup>2</sup>gether Mental Health and Social Care, we place great importance on improving safety whilst becoming more effective and ensuring service user involvement and carer experience is strengthened.

Our quality initiatives for 2010/11 take account of all these aspects and set measurable targets for improvement over one to three years. In Social Care we aim to improve the number of individual budgets and further increase personalisation.

We have a major patient programme called Leading Improvement in Patient Safety with a range of initiatives in order to reduce patient safety incidents and avoidable harm over the next two years.

Improving the physical health of all of our service users including people with learning disabilities, people with mental health problems and those who misuse substances is an important preventative strategy to reduce morbidity and premature death. We shall achieve this working alongside colleagues in primary care and acute care to improve outcomes

We are planning to use our surplus to significantly improve our infrastructure, including the opening of both our new Charlton Lane Inpatient Centre for Older People and Psychiatric Intensive Care Unit (PICU). The development of community hubs for staff providing community services will also significantly improve facilities for outpatients and staff accommodation over the next two years.

In 2010/11 we plan to consult on and implement an exciting new service model strategy. This new way of configuring our services assures seven day week access through a single point of entry and minimises service boundaries that have put barriers in place to older people or people with learning disabilities accessing Crisis and Assertive Outreach Teams.

Standards expressed as outcomes for service users and carers are now set out by the Care Quality Commission in statute. From 1st April 2010 the CQC granted 2gether NHS Foundation Trust full registration without conditions. Full compliance and maintaining this year on year will require rigorous attention to detail across all of our eleven registered locations.

We remain committed to maintaining and improving our position as the main provider of Mental Health and Learning Disabilities Services for the population of Gloucestershire.

Our success will be accounted for and reported through our published Quality Account with opportunities for our key stakeholders' (NHS Gloucestershire, LINK, HCCOSC) involvement and comment that will be published as part of the Account.



**Shaun Clee,**  
**Chief Executive**  
**2gether NHS Foundation Trust**

Dated: 28 May 2010



“We have ambitious plans to improve quality even further in 2010/11. We will focus on priorities for each of the key quality domains: patient safety, experience, effectiveness and innovation.”

# Priorities for Improvement 2009/10

Last year, we set ourselves eleven priorities for quality improvements. This section outlines our progress in each of these areas.

### **1. To reduce the face-to-face follow-up from seven to five days after discharge from hospital**

We have already achieved the national target of 90% of patients discharged from hospital to be seen within seven calendar days in 2008/09. Our aim in 2009/10 was to reduce our follow-up time further because we know it is beneficial to service users if we see them quickly after discharge. This was achieved with 99.8% of patients now being seen within five days of discharge.

### **2. To reduce incidents of severe harm or suicide or undetermined death**

Our goal last year was to reduce the incidents of severe harm, suicide and undetermined cause of death in line with the recommendations of the National Confidential Inquiry into Suicide and Homicide from 31 in the previous year.

In 2009/10 we recorded 31 incidents in this category as well. However, this figure includes one incident where the cause of death has yet to be established and one where the degree of harm is unknown. We have adopted many new services such as Improving Access to Psychological Therapies (IAPT) which should reduce the incidences, but there is a definite time lag between putting such initiatives in place and seeing results. As a result, this is an area we shall continue to focus on and monitor closely in our 2010/11 plan.

### **3. To ensure service users have access to assessment on the same day as they are referred when this is urgent or required**

We recognise the need for certain older people to be seen and assessed quickly to reduce the anxiety for some associated with engaging services. It was our intention that all cases identified as requiring urgent assessment would be assessed on the same day by the end of 2009/10. This target of 100% was achieved.

### **4. To increase the breadth of services and improve access to services**

During 2009-10, it was our plan to offer services to people with a wider range of mental health problems. This included illnesses that are common but cause people distress and prevent them from working. We also sought to improve the ease of access to services.

We achieved this with the development of the IAPT service which was fully implemented from October 2009, widening access to psychological therapies for people primarily with mild to moderate mental health conditions such as depression and anxiety. Also, functionalised teams such as Crisis Resolution and Home Treatment Teams and Assertive Outreach Teams extended their service to include people who are over 65 years old.

### **5. To ensure the application of NICE guidance**

It was our intention in 2009/10 to continue to ensure compliance with appropriate National Institute for Clinical Excellence (NICE) guidelines. This we achieved.

Of the 12 Technology Appraisals (TA) issued by NICE, all were implemented with one not being applicable to us. Of the 30 Clinical Guidelines (CG) issued, 12 are contractual and were either implemented or are being implemented; of the remaining 18 non-contractual guidelines, three are not relevant, 8 have been either implemented or are being implemented, seven newer ones are being evaluated prior to implementation.

In 2009/10, we started implementing NICE Public Health Guidance 22 – Promoting Mental Wellbeing at Work. We are aware of others that were published last year that may be of relevance to us and we shall need to work together with the PCT to determine where the respective responsibilities lie.

### **6. Developing how we listen to service users**

It was our intention to improve the way we obtain feedback from service users to help us provide the best patient experience so service users are inclined to recommend the Trust to their families and friends.

Our 2009/10 the CQC patient survey focused on the experience of inpatients. On a scale of one to ten, the expected range for mental health trusts is between 4.8 and 6.8 overall; our result is 6.7 with two areas significantly above average. Since then, we have conducted 78 of our own individual inpatient surveys with 86% of respondents happy with the quality of care that they received. We feel that although there is still much to do, the results show that we are moving in the right direction.

We welcome and encourage real time feedback and this should be greatly helped by hand-held and static terminals that are now installed and available for use on all our sites for service users to express their views of their experience in hospital.

## **7. To improve involvement of service users in their care**

Some service users reported that they found it difficult to feel involved in decisions about their care and in engaging with all services in the NHS. We wanted to improve this situation and ensure service users are actively involved in decisions about their care, so undertook a series of initiatives to address this.

The CQC inpatient survey mentioned above looked at two aspects of patient experience, the first being privacy, the other decision making. The rating for privacy was eight out of ten and near the top for the expected range for mental health trusts. Involvement in decision making scored 5.9 out of ten and was also in the higher expected range. Our local survey information confirmed that 64% of respondents felt that they were involved in deciding what was in their care plan. Although satisfactory, it is an area that we feel should still have a high priority.

## **8. To improve the number of carer assessments undertaken by the Trust**

Carers provide an important and valued contribution to care. We recognise that additional support enables some carers to continue their roles in supporting their relatives, friends and others and so carers were offered a carer assessment. The figures show that we exceeded our target of 90%, the number of assessments completed improving significantly from a baseline of 79% to 93%.

## **9. To improve health outcomes for BME (Black and Minority Ethnic groups) service users**

It is our aim to ensure that service access is proportional to the demographic profile of the population and the assessed needs of the people we serve. The new IAPT service has measured referrals from the BME population and shown that the proportion of referrals is in line with that of the BME in the local population. Nevertheless, we believe further work is needed to broaden out our examination of categories beyond just BME, such as age and gender, to ensure that every person has the same equality of opportunity to use our services.

## **10. To assess and reduce any incidents of malnutrition in older people receiving our services**

Older people may present to services with malnutrition due to factors such as isolation and so this was to be addressed as an innovation priority in 2009/10. A specific nutritional tool was therefore implemented to reduce the incidents of malnutrition through more effective detection and treatment. This has also given us base line information in all services and as required across every team.

## **11. To increase the adoption of Global Rating Scale use within the Trust**

There are many rating scales available and many are used within the Trust. It was necessary to develop meaningful information across all services based on these scales. In 2009/10, the Malnutrition Universal Screening Tool (MUST) tool was implemented and the Essence of Care tool is used across older adults' inpatient services. A range of global rating scales are in use and our occupational therapy assessment and rating scales have achieved national recognition and publication.



# Priorities for Improvement 2010/11

In this section we outline five quality initiatives for our focus on in 2010/11. They have been identified after taking into consideration service user surveys and comments, staff surveys, the requirements of CQC, Monitor and other regulatory bodies, and the results of our own quality monitoring.

Whilst other factors are undoubtedly important and due attention will be paid to them, these five quality initiatives represent our top priorities for 2010/11.

In a change from last year when we addressed eleven specific topics, this year defined five broader areas for improvement, allowing us to carry out a range of activities better integrated with each other.

## 1. Patient Safety: Reducing Avoidable Harm

### Description of the issue and rationale for prioritising

We are working to reduce violence, avoidable severe harm, suicide and undetermined cause of death in line with the recommendations of the National Confidential Inquiry into Suicide and Homicide. We also want to minimise violent assaults by patients on staff or other patients.

### Aim

- To reduce the number of reportable Serious Untoward Incidents (SUIs) year on year
- To reduce the number of suicides on a rolling three year basis
- To reduce the number of violent assaults by 5% in 2010/11 to 484
- To achieve a year on year improvement in the staff satisfaction survey regarding physical violence
- 100% compliance with the suicide prevention toolkit by mid-year and beyond

### Current Status

- The number of reportable SUIs in 2009/10 was 34
- The number of suicides over the three year period 2006/09, subject to Coroner's findings, was 20
- The number of violent assaults in 2009/10 was 538 (intentional physical assaults registered on Datix)
- According to the staff survey, 17% of our staff experienced physical violence from patients or relatives in the last 12 months

### Identified initiatives

- Continue to implement the suicide prevention strategy and to operate effective evidence-based risk management processes
- Implement the Leading Improvement in Patient Safety methodology (LIPS)
- Target programmes for reducing incidents at specific learning disability units
- Enhance training for staff to improve knowledge of managing physical health issues
- Monitor, analyse and report on the number of suicides
- Linking with other community and locally-led safety initiatives

## 2. Effectiveness: Ensuring the Physical Health of Service Users

### Description of the issue and rationale for prioritising

Evidence has shown that learning disabled and mental health service users have poorer physical health and die ten-20 years prematurely resulting from physical illness. We believe we need to address this issue in a more organised and rigorous way.

### Aim

- 100% venous thrombotic embolism (VTE) screening for all older people and learning disability admissions
- Over 61% of community service users to be referred to a GP for a physical health check
- 10% increase in recorded referrals to Gloucester Smoking Assessment Service (GSAS)

### Current Status

- At present, some of the above services are provided as part of our current service whilst others require new service specifications

## Identified initiatives

- Improving physical health outcomes for community service users
- Improving physical health outcomes for inpatients
- Develop a suitable physical health assessment tool
- Screening older people and people with learning disabilities for venous thrombotic embolism
- Improving referrals to smoking cessation programmes
- Increase contacts with the Gloucester hospitals liaison Learning Disabilities services

### 3. Effectiveness: Systematic Application of Personal Care Plans

#### Description of the issue and rationale for prioritising

A service user's personal care plan is one of the most important documents associated with their care and treatment. These care plans should follow the standards defined by the Care Programme Approach (CPA), however audits have shown that the average full compliance with standards is 83%. We believe that this compares very favourably with similar Trusts.

There is a need to reduce variation and ensure consistent application of standards for all service users. We believe that routine and systematic application of the CPA standards and others can make a difference to quality of life and choice and reduce the incidence of potential errors. It can also provide us with evidence whether particular clinical interventions are effective, allowing us to improve our service.

An extensive and new system to maintain service users' records known as RiO is being implemented during 2010, clinical records will be stored and accessed electronically. This is an important part of this drive to enhance clinical care.

#### Aim

- To achieve 90% compliance of personal plans to CPA standards in 2010/11 and 100% by 2011/12
- Application of Health of the Nation Outcome Scales (HoNOS) method to assess and record clinical progress, along with other such measures, achieving compliance levels of at least 80%
- Improve the number of personal social care budgets and self-directed support taken up by people with mental health problems and disabilities
- For all clinical records for all service users to be accessible by all relevant staff through RiO by the end of 2010
- Increase the use of advance statements. These are self-directed preferences for care and treatment agreed by the service user in advance of potential deterioration in their condition

#### Current Status

- RiO is being implemented in all locations in a phased release programme

## Identified initiatives

- Devise and implement a non-discriminatory care pathway model which places the patient firmly at the heart of clinical services
- Ensure CPA audits take place at least quarterly
- Set targets for compliance on a team by team basis that are regularly monitored
- Complete training in the new electronic clinical records system in Older People & Learning Disabilities Services to improve efficiency and reduce risk
- Put in place a programme of improvement within Substance Misuse
- Extend the use of the national clinical assessment method (HoNOS) across all teams
- Begin to deliver individualised budgets and personalisation packages in social care once local agreement on the resource allocation formula for mental health has been agreed
- Use team accounts with every clinical team to improve CPA compliance

### 4. Patient Experience: Developing How We Listen and Respond to Service Users

#### Description of the issue and rationale for prioritising

It is our intention to improve the way we obtain feedback from service users to help us provide the best patient experience so service users are inclined to recommend the Trust to their families and friends.

However, some service users reported that they have found it difficult to engage all services in the NHS and to feel involved in decisions about their care. We intend to ensure service users are routinely involved in decisions about their care.

This policy of inclusion also extends to carers, who provide an important and valued contribution to care.

## Aim

- To improve the richness of patient feedback information and improve upon our community and inpatient surveys taken in 2009/10
- To ensure that over 65% of all inpatients report that they are engaged in decisions about their care. This is a modest increase on the current 59%, but we need to understand the link between inpatients being engaged in their care decisions and believing that they are
- The number of carer assessments to increase from the current 93% to 100% and for the emphasis to focus on the quality of carers' experience

## Current Status

- Our CQC patient survey focused on the experience of inpatients. The expected range for mental health trusts is between 4.8 and 6.8 overall; our result is 6.7 with two areas substantially above average
- The survey looked at two aspects of patient experience, the first being privacy, the other decision making. The rating for privacy was eight out of ten and near the top for the expected range for mental health trusts. Involvement in decision making scored 5.9 out of ten and was also in the higher expected range
- Since then, we have conducted 78 of our own individual inpatient surveys with 86% of respondents happy with the quality of care that they received
- Our local survey information confirmed that 64% of respondents felt that they were involved in deciding what was in their care plan
- Hand-held and static terminals have now been implemented and are available for use on all our sites for service users to express their views of their experience in hospital

## Identified initiatives

- Set individual threshold targets for each clinical team to improve service user involvement in decision making
- Set individual targets for each clinical team to ensure completion of carer assessments in all cases
- Information, education & support – qualitative survey work
- Ensure data collection includes sufficient information to enable its analysis to check for equality of access to services for all groups of people
- Continue to exploit the new technology installed last year to give real-time feedback to sustain further improvements

## 5. Patient Experience: Investment in Fit for Purpose Care Environments

### Description of the issue and rationale for prioritising

We continuously review the quality of the buildings and their environments in which we carry out care services, both in our own locations and those owned by third party public sector organisations. This gives rise to substantial investment in providing purpose-built premises and enhancing other locations. Consequently, we need to have a carefully justified, costed and monitored improvement programme.

### Aims

- Resolve the occupancy arrangements and responsibilities for 95% of those properties we use that are held by third party public sector organisations by April 2011
- To increase the proportion of purpose-built/designed accommodation to improve service user care

### Current Status

- Construction of a new Psychiatric Intensive Care Unit (PICU) at Wotton Lawn opens in April 2010
- Construction of a new custom-built older people's unit at Charlton Lane opens in August 2010
- A full review of all 3rd party premises in which we operate is taking place

### Identified initiatives

- Opening of the new PICU at Wotton Lawn in May (funded through Department of Health)
- Opening of the new unit at Charlton Lane in August
- Development of community hubs and formalisation of third party agreements

# Statements of Assurance from the Board

## Review of Services

- During 2009/2010 the 2gether NHS Foundation Trust provided and/or sub-contracted NHS services totalling £84.5M, with contracts with the NHS/Local Authority to a value of £78.2M
- The 2gether NHS Foundation Trust has reviewed all the data available to them on the quality of care in the full range of these NHS Services, with the exception of one recently commissioned to improve the access to psychological services (IAPS) which is to be reviewed during 2010/11
- The income generated by the NHS services reviewed in 2009/10 represents 85% of the total income generated from the provision of NHS services by the 2gether NHS Foundation Trust for 2009/10

## Participation in clinical audits and national confidential enquiries

- During 2009/10 2gether NHS Foundation Trust participated in two national clinical audits and the national confidential enquiry into Suicide and Homicide (CISH)
- During that period, 2gether NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits which it was eligible to participate in
- The national clinical audits that 2gether NHS Foundation Trust was eligible to participate and participated in during 2009/2010 are as follows:
  - Management of back pain and depression
  - Suicide prevention tool kit pilot study (National Patient Safety Agency)
- The national confidential enquiries that 2gether NHS Foundation Trust was eligible to participate and participated in during 2009/2010 are as follows:
  - Suicide and homicide National Confidential Enquiry
  - Sudden Unexplained Death Study
- The national clinical audits and national confidential enquiries that 2gether NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, 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.
  - Suicide and homicide National Confidential Enquiry (97.8% compared to a national rate of 98.19%)
  - Sudden Unexplained Death Study (97.5% compared to a national average of 95.86%)
- The report of the national management of back pain and depression clinical audit was reviewed by the provider in 2009/2010 and 2gether NHS Foundation Trust has taken the following actions to improve the quality of healthcare provided:
  - Developed a protocol for occupational health assessment of depression
  - Trained occupational health practitioners in using the protocol
- The results of the pilot study into the suicide prevention tool kit were reviewed by the provider in 2009/2010 and 2gether NHS Foundation Trust has taken the following actions to improve the quality of healthcare provided:
  - The Suicide Prevention Toolkit is being implemented across each of our inpatient units
  - A review of our clinical risk assessment processes is to be undertaken as part of the Leading Improvement in Patient Safety (LIPS) programme
- The reports of 42 local clinical audits were reviewed by the provider in 2009/10 and 2gether NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
  - Strengthen mechanisms to feedback audit results throughout the organisation to promote learning
  - Improve systems for monitoring the implementation of recommendations arising from completed audits

## Participation in clinical research

- The number of patients receiving NHS services provided or sub-contracted by 2gether NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 39 in 19 studies (of which six were NIHR portfolio studies)
- 2gether NHS Foundation Trust participated in three service accreditation services and two service quality improvement networks run by the Royal College of Psychiatrists. These are shown in Annexe 1. Many of those listed were not applicable to us, which is why we did not participate in all of them. Last year we were not members of the Royal College of Psychiatrists' Prescribing Observatory for Mental Health programme, though it is our intention to in the coming year

## Use of the CQUIN framework

- The Commissioning for Quality and Innovation (CQUIN) payment framework is a Department of Health programme that allows for a proportion of 2gether NHS Foundation Trust income in 2009/10 to be conditional upon 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 NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the Trust's Director of Finance and Commerce
- The total amount of income from NHS Gloucestershire in 2009/10 conditional upon achieving quality improvement and innovation goals was £334,000, and the total for the associated payment in 2009/10 is anticipated to be £334,000

## Registration with the Care Quality Commission

- 2gether NHS Foundation Trust is required to register with the Care Quality Commission. Its current status is that it is registered as from 1st April 2010 across its eleven locations, with no conditions placed on its registration
- The Care Quality Commission has not taken enforcement action against 2gether NHS Foundation Trust during 2009/10
- 2gether NHS Foundation Trust is subject to periodic review by the Care Quality Commission and the last review published was for the period covering 1st April 2008 to 31st March 2009. The CQC's assessment of the 2gether NHS Foundation Trust following that review was:
  - Fully meeting core standards
  - Excellent for meeting national priorities
  - Excellent for financial management

As a consequence, CQC regard 2gether NHS Foundation Trust as a low risk

- When 2gether NHS Foundation Trust registered with the Care Quality Commission, it declared itself non-compliant in two outcomes in three locations:
  - Outcome 4: Care & Welfare of People who Use Services, in relation to the Older People's premises at Holly House and Charlton Lane
  - Outcome 10: Safety & Suitability of Premises, in relation to our non-inpatient community locations
- 2gether NHS Foundation Trust intends to take the following actions to address the points made in our registration declaration

### Outcome 4: locations at Holly House and Charlton Lane

- Improve the clinical outcome for service users by enhancing the skills of staff and providing better access to specialists
- Improve the level of care towards service users, thereby improving their quality of life and assuring dignity
- Instigate an enhanced programme of continuous improvement towards the overall service provided by MHSOP

### Outcome 10: Community Locations

- Clarify the current occupancy arrangements and responsibilities for those properties held by a number of third party public sector organisations and which are used by the Trust to deliver care
- Distinguish between the landlord responsibilities in the risk assessment, testing, inspection and maintenance programmes for the properties
- Formalise the business continuity plans for the continued delivery of patient services from a number of the premises for which the Trust are not responsible
- Continue to implement the Trust's Estates Development Strategy which will re-provide a number of properties and fund reasonable adaptations for others
- 2gether NHS Foundation Trust has made the following progress by 31 March 2010 in taking such action:
  - Physical health care checks and care plans within our two older people's locations that reflect these needs are always completed and documented on admission, and maintained in a consistent way for the duration of the stay
  - Holly House location is scheduled to close by August 2010 and services transferred to the new development at Charlton Lane
- 2gether NHS Foundation Trust has not been requested to participate in any special reviews or investigations by the CQC during the reported period

## Quality of data

- 2gether NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:
  - That include the patient's valid NHS Number was: 99.7% for admitted patient care; 99.3% for outpatient care; and is not applicable for accident and emergency care
  - That included the patient's valid General Practitioner Registration Code was: 99.5% for admitted patient care; 99.1% for outpatient care; and is not applicable for accident and emergency care
- 2gether NHS Foundation Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 74% which is rated as "green"
- 2gether NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission



# Part 3. Quality Measures

## Introduction

2gether NHS Foundation Trust (2gether) is the main provider of mental and social healthcare in Gloucestershire. Our services are delivered by five clinical Strategic Service Units (SSUs). These are:

- Working Age Adult including Prison Inreach (WAA)
- Older People's Services (OP)
- Child and Adolescent Mental Health (CAMHS)
- Substance Misuse (SM)
- Learning Disability Services (LD)

For 2009/2010, 16 individual measures were established, depending on what was judged important to concentrate on at that time, taking into account the results from service user surveys, staff surveys, the requirements of regulators and other bodies, and the results from our own quality monitoring.

In 2010/11, a different approach has been taken by linking the quality measures to the five key quality initiatives so that they can be more closely monitored. Since these quality initiatives are quite wide ranging, we feel that the measures identified will accurately cover the important and immediate areas of quality improvement, whilst others are already monitored via the national standards.

## Quality Measures for 2009/2010

The following table shows the 16 metrics needing to be monitored from the 2008/09 report:

	2008-2009 Actual	2009-2010 Target	2009-2010 Actual
<b>Safety Measures Reported</b>			
1 Five-day face-to-face follow-up	99%	100%	99.8%
2 Same day assessment for urgent/required cases	93%	100%	100%
3 Risk assessment screen completed on assessment	95%	100%	82%
4 "Gate-kept" admissions	99.3%	100%	98.1%
5 Severe harm, death or other untoward incident (including cases cause not yet known)	31	Reduction	31
6 Carer assessments completed	79%	90%	94%
7 Under-18s admitted to adult acute wards	5	5	1
<b>Clinical Outcome Measures Reported</b>			
8 Readmission rates within 28 calendar days	5.1%	5%	3.5%
9 Readmission rates within 91 calendar days	11.4%	10%	8.5%
10 NICE Audit of Compliance for appropriate guidelines	55%	80%	83%
<b>Patient Experience Measures Reported</b>			
11 Ensure no one waits more than eight weeks for assessment	80%	95%	94%
12 Complaints responded to within timescale	34%	100%	See note
13 Number of complaints referred to the commission or Ombudsman	Nil	Nil	3
14 Accommodation placements as percentage of all referrals	63%	70%	34%
15 Working Age Adults Star Wards	100%	100%	100%
16 Working Age Adults AIMS Accreditation	100%	100%	100%

## Notes on Targets

Nos. 2, 6, 7, 8, 9, 10, 15 & 16 were fully met.

- No. 1 In 2008/09 this target was based on seven calendar days. In 2009/10 it was reduced to five days by NHS Gloucestershire whilst the national target remained as seven days. It is therefore not regarded as a significant issue that our own target was not exactly met.
- No. 2 This measure refers to the Older Peoples Acute Hospital liaison team.
- No. 3 The way in which this measure was assessed changed during 2009/10 to include all units, so the target cannot be seen as continuing to be appropriate.
- No. 4 Although a target of 100% was set, because the actual figure is still very high, this is still regarded as a successful outcome.
- No. 5 34 Serious Untoward Incidents (SUIs) were reported in 2009/10, but three were not included in these figures as they do not relate to severe harm, death or untoward incident. The cause of one of the remaining 31 is as yet unknown.
- There is some circumstantial evidence to show that the practice of reporting SUIs is now more robust in ensuring that they are reported, particularly within primary care mental health. This may explain why the number has not reduced in the past year. This will continue to be monitored.
- No. 10 The figure is based on the 42 NICE guidelines issued, with seven non-contractual Clinical Guidances still to be scoped. Compliance with both Technical Advice and Contractual Clinical Guidance is 100%.
- No. 11 Excludes referrals to Primary Care Assessment that were not appropriate for secondary care. The target was originally set on an eight week basis, but was actually measured on a six week basis.
- No. 12 From 1st April 2009, the Department of Health issued a revised procedure for complaints that put the onus on local resolution, thus making this target less relevant as resolution timescales are agreed with the complainant
- No. 13 It is now thought that this is not a reasonable measure of performance since although we can seek to influence individuals who wish to complain, whether they do so to the Ombudsman is their choice and their right. As such, it is not a particularly good measure of our performance. This is borne out in reality as all three referred last year were rejected by the Ombudsman as the local resolution procedure had not been exhausted. One is now closed; the others are still being investigated.
- No.14 Having set this as a measure last year, it has become apparent that it is not in fact a good indicator of our quality of service as it depends on too many factors outside of our control, such as the quality of the referrals in the first place. This measure is hence unreliable.

## National Priorities and National Core Standard Metrics for 2009/10

The following table shows the nine key national priorities and National Core standard metrics.

	2008-2009 Actual	2009-2010 Target	2009-2010 Actual
1 Completeness on minimum data set eight key fields	97%	99%	99%
2 MRSA/bacteraemia	0	0	0
3 CAMHS compliance with six key areas	five out of six at level 3 or 4	six at level 4	5 at level 4, 1 at level 3
4 Collecting accurate data on ethnicity	96%	98%	97%
5 Delayed transfers of care	8.8%	7.5%	5.4%
6 Patterns of care from the minimum data set	97%	99%	98%
7 Learning Disability (LD) campus provision	100%	100%	100%
8 LD data quality on ethnic groups	93.5%	97%	100%
9 LD service users with a care plan	100%	100%	100%

## Notes on Targets

Although the targets for nos. 4 and 6 were not exactly met, the figures are so high as to still be regarded as a satisfactory outcome.

## Inpatient Survey 2009

During 2009, the CQC published the results of an independent survey that tested the experience of our inpatients, comparing the results with other mental health trusts. The results were:

Questions about:	Our Score (out of 10)	Expected Range	Compared with other Mental Health Trusts
Introduction to the Ward	6.7	5.3 - 7.4	About the same
About the Ward	7.5	6.6 - 8.0	About the same
Psychiatrists	6.4	6.0 - 8.0	About the same
Nurses	7.2	5.8 - 7.4	About the same
Medication	6.1	3.9 - 5.9	Better
Care Treatment	7.0	5.3 - 7.3	About the same
Talking Therapies	7.6	5.3 - 8.0	About the same
Activities	5.1	2.6 - 4.8	Better
Physical Health Checks	7.5	6.4 - 8.3	About the same
Rights	5.6	5.3 - 7.2	About the same
Leaving Hospital	7.3	6.3 - 8.0	About the same
Overall	6.7	4.8 - 6.8	About the same

## Quality Measures for 2010/11

The following table shows the quality metrics chosen for 2010/11 and is based on the five priority areas described in Part 2, grouped under the key quality domains of safety, effectiveness and patient experience. The fourth domain (innovation) cuts across all of the priority areas and their individual initiatives.

	2009-2010 Actual	2010-2011 Target
<b>Safety Measures</b>		
1 Reduce the number of reportable Serious Untoward Incidents year on year	34	<34
2 To reduce the number of violent assaults by 5%	538	484
3 To achieve an improvement on physical violence experienced by staff	17%	<17%
4 Compliance with suicide prevention kit	n/a	100%
<b>Clinical Outcome Effectiveness Measures</b>		
5 VTE screening for all older people and learning disability admissions	n/a	100%
6 Community service users referred to a GP for a physical health check	n/a	61%
7 Increase in recorded referrals to GSAS	120	132
8 Compliance with CPA audits	83%	90%
9 Application of HoNOS	20%	80%
10 Increase in the use of advance statements	n/a	20%
<b>Patient Experience Measures</b>		
11 Inpatients reporting that they are engaged in decisions about their care	59%	65%
12 Community service users reporting that they are involved in decisions about their care plan	65%	70%
13 Increase in the number of carer assessments	93%	100%
14 Resolution of occupancy arrangements & responsibilities for third party-owned properties	60%	90%

n/a = not available

## Notes on Targets

No. 1 This is the total number of SUIs reported and includes non-violent incidents as well for simplicity	No. 5 as measured by CQUIN indicator 2
No. 2 as measured on Datix information system	No. 6 as measured by CQUIN indicator 3
No. 3 figures from the annual staff survey	No. 7 as measured by CQUIN indicator 5
No. 4 as measured by CQUIN indicator 8	No. 8 This is the Trust-wide score given on front page of the CPA audits

## National Priorities and National Core Standard Metrics for 2010/11

The following table shows the National Priorities and Core Standard metrics chosen for 2010/11 and are based on the measures defined by the CQC.

	2009-2010 Actual	2010-2011 Threshold	2010-2011 Target
1 LD Care Plans	100%	100%	100%
2 LD Delayed transfers of care	100%	100%	100%
3 Access to Crisis resolution/home treatment services	98%	90%	98%
4 Access to healthcare for people with a LD	5 @ 4, 1 @ 3	4 @ 4, 2 @ 3	6 @ 4
5 Best practice in mental health services for people with a LD	8 green, 4 amber	7 green, 5 amber	10 green, 2 amber
6 CPA 7 day follow-up	99.8%	95%	99.8%
7 CPA formal review within 12 months	88%	95%	97%
8 Serving new psychosis cases by early intervention teams	n/a	95%	97%
9 CAMHS compliance	5 @ 4, 1 @ 3	5 @ 4, 1 @ 3	6 @ 4
10 Delayed transfer of care	5.4%	6.0%	5.4%
11 Drug users in effective treatment	87%	85%	90%
12 Ethnic coding data quality	98%	85%	98%
13 MHMDS data completeness (Parts 1 & 2)	84%	80%	90%
14 MHMDS patterns of care	98%	95%	99%
15 MRSA/bacteraemia	0	0	0

### Notes on Targets

The Threshold figures represent a minimum value to be met. They are either the published CQC threshold or our own, depending on which is the higher

Nos. 2 & 3 One error allowed to still meet 100% target

No. 4 Based on the level reached in each of the six questions listed in CQC Performance assessment 2009/10

No. 5 Based on an assessment of the 12 questions listed in CQC Performance assessment 2009/10

Nos. 7 & 8 New national Monitor targets in 2010/11

No. 9 Based on the level reached in each of the six

questions listed in CQC Performance assessment 2009/10

No. 11 Threshold figure comes from National Treatment Agency Target

No. 12 This figure includes ethnic coding data quality for LD which is now no longer reported separately

No 13 Parts 1 and 2 have been combined into a single measure of 11 fields. Last year's comparison is an estimate.

Patient experience and staff satisfaction have been removed from the metrics as the timing of the review



# Annex 1. Statements from our Partners on the Quality Account

We have taken the opportunity of sharing our Quality Account with many of our partners, including Board of Governors. We are very grateful for the time they have taken to provide helpful comments and suggestions in its content and layout. We have already taken the opportunity to include many of their very useful suggestions and recommendations in the final version of this document. Responses from those partners who have made formal written responses are given below.

## Gloucestershire Local Involvement Network (LINK)



### Comments on the 2gether NHS Foundation Trust Draft Quality Account

We welcome the opportunity to comment on the first Quality Account from 2gether NHS Foundation Trust. We feel that it is a comprehensive account of the quality of services provided in 2009/10 and the priorities for improvement chosen for 2010/11. We hope to be able to work with 2gether NHSFT during the next twelve months in the preparation of next year's report.

The Gloucestershire LINK Stewardship Board has discussed the Quality Account and the following are our agreed comments:

#### General Comments:

- Most of the document is understandable to the lay reader but there are a number of acronyms that need expansion. A separate glossary would be helpful
- There is little reference to working with other key partners which takes place all the time
- We feel that attention should have been drawn to the difficulties that have been experienced with the implementation of the Suicide Prevention Strategy
- More data should be available to demonstrate the contribution of staff towards the quality of care provided e.g., results of staff survey
- We appreciate that 2gether NHSFT tries to ensure that everybody has the same opportunity to use the services, but there should be a section illustrating that the seven strands of equality and diversity are recognised
- The back page should include clear contact details and the availability and accessibility of the document in different languages and formats

Page 7: Priority 2, Identified Initiatives, needs more explanation about the hospital liaison Learning Disabilities Service.

Page 8: Priority 3, Identified Initiatives, needs more explanation and expansion for the lay reader

Page 9: Priority 4, Aim. 65% appears a low percentage and needs an explanation as to why this level has been chosen.

Page 9: Identified Initiatives. We welcome the completion of carer assessments in all cases by each clinical team. This has been raised at several of our community events.

Page 11: Statements of assurance from the Board Review of Services. The one service with a new contract should be named.

Page 11: Participation in Clinical Audits: It would appear that the findings of the national clinical audits on the suicide prevention toolkit pilot study and the national confidential enquiry into suicide and homicide were not reviewed by the board and no subsequent actions have been cited.

Page 12: Use of the CQUIN framework: Further expansion of the CQUIN goals and associated payments would be a useful comparative tool.

Page 16: Quality Measures for 2010/11. The quality measures for 2010/11 state they are based on the five priority areas shown in Part 2. The 15 metrics chosen do not reflect all the items mentioned e.g., staff satisfaction survey. They are shown under the three domains of quality instead of the five headings in Part 2. More explanation of the reasons for this would be helpful for readers.

#### Barbara Marshall

Gloucestershire LINK Chair  
19 May 2010

## County Councillor Andrew Gravells

Chairman of the Health, Community & Care Overview and Scrutiny Committee

Shire Hall  
Westgate Street  
Gloucester  
GL1 2TG

Please Ask for: Elizabeth Power

Fax: 01452 425850

Phone: 01452 425204

Our Ref:

Your Ref:

Date: 19 May 2010

E-mail address: [elizabeth.power@gloucestershire.gov.uk](mailto:elizabeth.power@gloucestershire.gov.uk)

### **Comment on the 2gether NHS Foundation Trust Quality Account 2009/10 from the Health, Community & Care Overview and Scrutiny Committee**

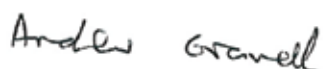
The Health, Community & Care Overview and Scrutiny Committee (HCCOSC) believe that this Quality Account is representative and gives comprehensive coverage of the services provided by 2gether NHS Foundation Trust. We commend the Trust on meeting and exceeding many of its targets, and for its overall excellent rating from the Care Quality Commission as part of the Annual Health Check. The Quality Report 2009/10 explains these successes and clearly sets out the priorities for 2010/11.

We agree with the identified initiatives and quality measures which the Trust has set for the coming year. We will be interested to monitor the progress of some of these, and review the effect that progress towards achieving these has on patient care. They appear to be realistic and we hope that consideration has been given to the available skill base and how these priorities will be delivered. We do not believe that there are any significant omissions of issues of concern which have been discussed with 2gether in the period covered by this Quality Account.

We welcome the Trust's intention to continue to raise standards in order to ensure service users experience the best possible care.

In conclusion, the committee looks forward to future opportunities to contribute to and support the stakeholder engagement activities of 2gether, and is particularly keen to be involved in the development of the new service model strategy. We look forward to year-round dialogues about the development of next year's Quality Account.

Finally, the committee wish to thank Shaun Clee and the Board for working with us.



Andrew Gravells  
Chairman



**Statement for Quality Account  
Together NHS Foundation Trust**

NHS Gloucestershire (NHSG) has taken the opportunity to review the Quality Account prepared by Together NHS Foundation Trust (Together NHSFT) for 2009/10.

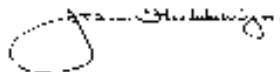
NHS Gloucestershire can confirm that we consider that the Quality Account contains accurate information in relation to the quality of services they provide to the residents of Gloucestershire and beyond.

The accuracy of the data has been checked and concords with the data and information that has been supplied by them during the year.

There are robust arrangements in place to agree, monitor and review the quality of services, covering the key quality domains of safety, effectiveness and experience of care.

In a shared vision to maintain and improve the quality of services, NHSG and Together NHSFT have worked in collaboration to establish a comprehensive quality framework that includes nationally mandated quality indicators along with locally agreed improvement targets. A Clinical Quality Review Group, bringing together clinicians from Together NHSFT and NHS Gloucestershire, six times a year to discuss clinical quality performance, has been established, and shared discussion relating to clinical quality has been valuable.

NHSG agrees with the priorities set out by Together NHSFT for 2010/11, in particular the emphasis that has been placed on the reducing the incidents of avoidable harm, the importance of the physical health of service users and the focus on listening to service users.

A handwritten signature in black ink, appearing to read "Jan Stubbings".

**Jan Stubbings  
Chief Executive  
NHS Gloucestershire**

## The Royal College of Psychiatrists

### CERTIFICATE OF PARTICIPATION IN NATIONAL QUALITY IMPROVEMENT PROJECTS MANAGED BY THE ROYAL COLLEGE OF PSYCHIATRISTS' CENTRE FOR QUALITY IMPROVEMENT

April 1st 2009 – March 31st 2010

2gether NHS Foundation Trust

The following is a list of the Trust's participation in our projects last year:

CCQI PROGRAMME	Participation by trust	National participation
<b>Service accreditation programmes</b>		
ECT clinics	1 ECT clinics	105 ECT clinics
Working age adult wards	4 wards	159 wards
Psychiatric intensive care units	0 PICUs	15 PICUs
Older people mental health wards	0 wards	56 wards
Inpatient learning disability units	2 units	33 units
Memory services	0 services	37 services
Psychiatric liaison teams	0 teams	18 teams
<b>Service quality improvement networks</b>		
Inpatient child and adolescent units	0 units	100 units
Child and adolescent community MH teams	3 teams	55 teams
Services for children with learning disability	0 units	11 units
Therapeutic communities	0 communities	100 communities
Forensic mental health services	0 services	64 services
Perinatal mental health inpatient units	0 units	14 units
<b>Multisource feedback for psychiatrists (ACP 360)</b>	24 psychiatrists	2,928 psychiatrists

### CERTIFICATE OF PARTICIPATION IN THE PRESCRIBING OBSERVATORY FOR MENTAL HEALTH

April 1st 2009 – March 31st 2010

2gether NHS Foundation Trust

The 2gether NHS Foundation Trust was not a member of POMH in 2009/10.

POMH TOPIC	Number of patients enrolled by trust	Number of patients enrolled nationally
High dose and combined antipsychotics on acute wards	0	3880
Screening for metabolic syndrome in community patients on antipsychotics	0	2866
Benchmarking of high dose and combined antipsychotics on acute wards	0	1292
Assessment of side effects of depot antipsychotics	0	5037
Medicines reconciliation	0	1790
Use of antipsychotics in people with learning disability	0	2319

### TRUST CONTACTS FOR NATIONAL QUALITY IMPROVEMENT PROJECTS

2gether NHS Foundation Trust

CCQI PROGRAMME	Name	E-mail
<b>Service accreditation programmes</b>		
ECT clinics	Dr Jim Laidlaw	Jim.laidlaw@glos.nhs.uk
Working age adult wards	Caroline Driscoll	Caroline.driscoll@glos.nhs.uk
Inpatient learning disability units	Victoria Derrick	Victoria.derrick2@glos.nhs.uk
<b>Service quality improvement networks</b>		
Child and adolescent community MH teams	Peter Keenan	Peter.keenan@glos.nhs.uk

## Annex 2. 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@glos.nhs.uk](mailto:shaun.clee@glos.nhs.uk)

Alternatively, you may telephone on 01452 891000 or fax on 01452 891105.

### 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 891138
- Completing our Online Feedback Form at [www.2gether.nhs.uk](http://www.2gether.nhs.uk)
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our locations or from our website [www.2gether.nhs.uk](http://www.2gether.nhs.uk)
- Using one of the feedback screens at selected Trust sites
- Contacting Patient Advice and Liaison Service (GUIDE & PALS) on 0800 0151 548
- 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 891000 or fax on 01452 891105.

