



Quality Report 2010/11 & Quality Account 2011/12

2gether
Making life better

2gether
NHS Foundation Trust **NHS**

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Part 1. Statement on Quality from the Chief Executive

Introduction

On behalf of the Trust Board and all of our staff I am delighted once again to present our annual Quality Report and Account – our opportunity to state our commitment to seek to continuously improve the quality of the services we provide and moreover to demonstrate real and sustained evidence of that commitment.

Our stated purpose as an organisation is “To Make Life Better” and this is fully expressed in our commitment to develop the highest quality services that make genuine and meaningful differences to all those who use our services. That quality is defined by the setting of ambitious objectives that are relentlessly followed through to completion.

Those objectives are not developed in isolation; they are compiled with the help and participation of our many partners and stakeholders, commissioners and staff, but most importantly with the involvement of the service users and carers themselves. Our name, 2gether, is a statement of intent, to work alongside our service users, carers, partners and commissioners and the production of our Quality Report and Account is an example of the enactment of our intent.

Our view is that producing the Quality Report and Account each year with the associated quality initiatives is not an isolated annual exercise, but part of a continuous process of focussing on the most important features of our services, monitoring them regularly, putting in place measures to ensure we keep on track and sharing the results with the Trust Board and our partners.

This document describes the progress that we have made in the last year towards achieving our stated aims in our Quality Report and Account. It builds on that platform and projects what further quality improvements we intend to make in the next twelve months and beyond.

Quality Initiatives 2010/11

I sincerely believe we can look back at the last twelve months with a measure of pride. We achieved almost all of the objectives that we set ourselves in last year's Quality Account. Some notable highlights were the opening of our state-of-the-art inpatient unit for older people at Charlton Lane in Cheltenham and the new Psychiatric Intensive Care Unit (PICU) at Wotton Lawn in Gloucester, enabling us to provide the quality of environment that each of us would wish to have access to, an up-to-date environment which supports privacy and dignity, enhances safety and is conducive to improved outcomes.

We recognise the significant role that carers play in assisting our understanding at assessment and in supporting recovery. We also recognise that carers have not always felt as welcome and included as we would wish and so we have commenced work, in partnership with carers on a Carers Charter which will come into fruition in 2011/12.

As part of our drive to ensure equality and reduce stigma and discrimination we began to restructure our entire service around the needs of the service user in an ambitious project known as “Fair Horizons”. This is a large and complex Trust-wide initiative that will come to fruition in 2012, streamlining access to our users by adopting a “one stop shop” approach to care and addressing many of the barriers associated with the traditional approach to diagnosis and treatment.

We also started our involvement in a two year programme led by NHS South West with the express intention of further improving patient safety. There are a number of specific areas of focus: safe and reliable care, safe and effective medicines management, patient and family centred care and communication, and leadership, which will undoubtedly prove of great benefit to our users.

The implementation of our new service user electronic records system, RiO, to almost all the areas of care was a major undertaking, but one that promises to reap large rewards in substantially reducing risk of error and improving the overall quality of service.

It was pleasing that our achievements in quality were recognised last year. In particular, we achieved a top ten position when compared against other mental health trusts in specified quality indicators. Furthermore, the CQC assessed us as being of low risk overall in their new Quality and Risk Profile.

We also obtained encouraging results in two independent surveys: the first was of our community service users, where we consistently achieved above average scores when compared to other Trusts, the other surveyed our staff in which we featured in the top 20% of mental health trusts in 11 of the 38 categories and gave a strong overall performance. You can find further details of both these surveys in Part 3 of this document. However we are not complacent and recognising that we still have much to do, I will now turn to looking ahead to 2011 and beyond.

Quality Initiatives 2011/12

As demand for services continues to grow as a consequence of increased awareness, increased acceptance and increased longevity we must continue to find ever more effective and efficient ways of responding to demand. We must do so in ways that also continue to improve the experience of service users and carers, the outcomes achieved and the safety associated with service provision.

Achieving this challenge is only possible through the application of highly skilled clinicians and leaders who have the passion and commitment to continuously challenge themselves and each other to achieve more. I believe we have the right ingredients and we will continue to invest in attracting and retaining the very best clinicians, leaders and support staff available.

As an organisation we have expanded the range of services we provide, geographically and type of service. From April we commence service delivery of mental health, substance misuse and learning disability services for Herefordshire and from May we commence delivery of prison health services and substance misuse services within HMP Gloucestershire. The successful integration of these new services within 2gether and the delivery of the anticipated benefits of Fair Horizons will be major areas of focus in 2011/12.

The quality initiatives we intend taking next year must be seen in the wider context of delivering the Department of Health's five strategic domains as defined in their strategy document "Liberating the NHS: Transparency in Outcomes – a Framework for the NHS"* and this year we have arranged our objectives, targets and initiatives under these headings. We feel that this will add further focus to the quality agenda.

The ideas and plans we have formulated under the domains we believe are ambitious and stretching, yet innovative, important and wholly worthwhile in being of benefit to those who access our services and those who work within them.

As last year, we will be monitoring the progress of these plans regularly and reporting formally every quarter. We firmly believe that such public scrutiny is an important part of our drive for continuous improvement – a journey towards excellence.

The full list of our plans to improve the quality of service next year can be found in Section 2 of this Quality Report and Account.

Quality means conforming to requirements and to a large extent in our context this means conforming to standards – either defined by others, such as CQC and NICE, or by our own ambitions. Yet quality is more than figures and targets. To truly experience Quality Service, there must be an indefinable and unmeasurable aspect that is the human dimension.

We cannot provide quality without the skill, experience and dedication of our workforce. We will continue to support and develop our staff so that they may provide that Quality Service. To that end, I warmly welcome those staff that have joined us from NHS Herefordshire and NHS Gloucestershire and look forward to their contribution to achieving our purpose.

May I also take this opportunity to thank members of NHS Gloucestershire and Herefordshire, the HCCOSC and LINKs of those two counties, the Governors and my colleagues on the Trust Board who have helped in the production of this Quality Report and Account.

To the best of my knowledge, the information contained in this document is accurate and gives a fair representation of quality within the Trust.

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Shaun Clee
Chief Executive
2gether NHS Foundation Trust

“ We firmly believe that such public scrutiny is an important part of our drive for continuous improvement - a journey towards excellence. ”



* This document may be found at http://www.dh.gov.uk/en/Consultations/Responsetoconsultations/DH_122947

Part 2a: Looking ahead to 2011/12

Priorities for Improvement 2011/12

In this section we describe five quality areas that we will focus on in 2011/12 as agreed by our Trust Board. Under the three key dimensions of effectiveness, user experience and safety, we have organised our proposed actions and resultant measures into five domains defined by the NHS in their strategy document "Liberating the NHS". The measures chosen will be used to chart progress from one period to the next; this period could be monthly, quarterly or annually depending on the nature of the measure and how frequently the data is collected.

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

- Department of Health
- Care Quality Commission (via the Quality Risk Profile)
- Monitor
- King's Fund report on Quality Accounts
- Gloucestershire Local Involvement Network (LINK)
- Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC)
- Herefordshire HCCOSC
- NHS Gloucestershire
- NHS Herefordshire
- Internal assessment of Care Quality Commission (CQC) Outcome compliance
- Internal audits
- South West Mental Health Safety Initiative
- Trust's Service Experience Committee (comprising service users)

These priorities for improvement are applicable for services in both Gloucestershire and Herefordshire, and for other counties where we provide services, except where specifically stated otherwise.

Progress in each of the areas, along with an indication of the associated measures, will be reported to the Trust Board every quarter. This information will also be provided to our major stakeholders.

Effectiveness

Domain 1: Preventing people from dying prematurely

Reducing the incidence of premature death in people with serious mental illness and learning difficulties is an important 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 intend carrying out the following activities:

- Minimise 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
- Monitor and report on the overall number of 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 three year period
- Promote healthier lifestyles amongst service users with campaigns to address smoking obesity and alcohol
- Continue to develop our dialogue with the acute trusts regarding service users with learning disabilities
- Introduce an appropriate physical health screening tool for inpatients in Herefordshire

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)
- 100% implementation of the NPSA Suicide Prevention Toolkit for all inpatient units in Herefordshire
- 10% of working age adult inpatient service staff to receive brief smoking cessation training, with the information collated and reported quarterly
- 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

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
- To continue to improve the Learning Disabilities service by ensuring compliance with the Green Light Toolkit
- Continue to develop the effectiveness of the IAPT services
- Work with employers to promote mental health issues better within their organisations
- 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

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 assessed for pain and distress using an appropriate diagnostic tool
- Provide demonstrable improvements in older people's services reporting quarterly on progress



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

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

Actions that will be taken to support this objective include:

- Improving access and care pathways by implementing the Trust's Fair Horizons programme, in which the services are designed round the specific needs of the individual service user
- 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
- 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
- Reducing the possibility of clinical risk to service users by improving information management and the quality of data relating to clinical records

- Improving safety by ensuring effective and timely follow up after discharge
- Ensuring service users understand their prescribed medicine, side effects and support contact details
- Promoting positive recovery with substance misuse service users in Gloucestershire by developing a multi-agency, anti-stigma campaign
- Improving children's services by establishing outcome measures
- Ensuring good services to war veterans
- Improving safety and experience by ensuring effective communication when service users transfer from one service to another, especially between the Trust and other organisations
- Improving service experience and outcomes for people with personality disorders through better training of frontline staff

Measuring & Monitoring

The targets to monitor success in achieving this objective are*:

- At least 95% of adult Care Programme Approach (CPA) receiving follow-up contact within five days of discharge from psychiatric inpatient care (National target seven days)
- At least 95% of adult service users in the CPA having at least one formal review within six months of discharge from psychiatric inpatient care (National target 12 months)

- Less than 7.5% of adult patients whose transfer of care was delayed, averaged over each quarter
- At least 90% of service users admitted to psychiatric inpatient care who had access to crisis resolution home treatment teams, excluding:
 - o Admissions to psychiatric intensive care units
 - o Internal transfers of service users between wards in a trust and transfers from other trusts
 - o Patients recalled on Community Treatment Orders
 - o Patients on leave under Section 17 of the Mental Health Act 1983
- At least 95% of new psychosis cases will be served by early intervention teams
- Data Quality measures: service user records should comply as follows:
 - o 99% completeness for the Mental Health Minimum Data Set (MHMDS)
 - o 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
- o 98% accuracy in recording ethnic origins for inpatients
- o 95% compliance of service user records to CPA standards

The current baseline figures for the all of the above measures can be found in Section 3 of this document. Information will be collected monthly and reported monthly in the Trust's normal performance dashboard.

- 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 first quarter of 2011 (April to June). Reporting will be on a quarterly basis

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

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
- 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
- Develop a multi-agency tactical plan for social inclusion and mental health for Gloucestershire and Herefordshire
- 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
- Use the results of community services and hospital-based surveys in Herefordshire in planning service quality improvements
- Implement the action plan resulting from the CQC inspection of Looked after Children to improve services
- Secure Accreditation for Inpatient Mental Health Services (AIMS) for older persons' inpatient wards

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

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

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
- Reducing the number of serious incidents and violent assaults by sound management interventions
- 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
- 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
- Further enhancing safety aspects at Wotton Lawn, particularly to improve controls on service users' movements and physical safety

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

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
- A reduction in the number reported of severe physical assaults where actual harm was suffered during the year
- Third party properties have appropriate agreements in place for their use and ongoing safe maintenance and up-keep



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

Review of Services

During 2010/2011 the 2gether NHS Foundation Trust provided and/or sub-contracted five NHS services:

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

The 2gether NHS Foundation Trust has reviewed all the data available to them on the quality of care in five of these NHS Services.

The income generated by the NHS services reviewed in 2010/11 represents 93.4% of the total income generated from the provision of NHS services by the 2gether NHS Foundation Trust for 2010/11

**From 1 April 2011 this service will be known as Children and Young People Service (CYP)*

Participation in Clinical Audits and National Confidential Enquiries

During 2010/11, three national clinical audits and three national confidential enquiries covered NHS services that 2gether NHS Foundation Trust provides.

During that period 2gether NHS Foundation Trust participated in 33% national clinical audits and 67% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that 2gether NHS Foundation Trust participated in during 2010/11 are as follows:

National Clinical Audits

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

• **Depression Detection & Management of long-term sickness absence by occupational health services in the NHS: Round 2**

The summary report and 2gether audit results have been received and demonstrate that we are broadly in line with national rates

In summary:

• **Re-audit of the National Falls and Bone Health Care Audit**

Mental health organisations are only involved in one element of this audit and that is the organisational audit element. Our data collection was carried out in September and the national report is due in spring 2011

• **National Audit of Psychological Therapies**

Data collection for this started in June 2010 and continued until February 2011. The resultant report is expected in October 2011

National Confidential Enquiries

The national clinical audits and national confidential enquiries that 2gether NHS Foundation Trust participated in, and for which data collection was completed during 2010/11 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.

Psychological Conditions	Participation	% cases submitted
Clinical Audits		
Depression Detection & Management	YES	53%
Re-audit of the National Falls and Bone Health Care Audit	YES	Not relevant
National Audit of Psychological Therapies	YES	Not yet available
Prescribing in mental health services	NO	Not Applicable
National Audit of Schizophrenia	NO	Not Applicable
Confidential Enquiries		
National Confidential Enquiry into Patient Outcome and Death	NO	Not Applicable
Confidential Enquiry into Maternal and Child Health	YES	Not Available
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	YES	100%
Sudden Unexplained Death Study	YES	97%

The report of one national clinical audit was reviewed by the provider in 2010/11 and Together NHS Foundation Trust intends the following action to improve the quality of healthcare provided:

Depression Detection & Management

- Establish local protocol to help improve performance and train staff on how to implement it

The low percentage of submission for the Depression Detection & Management Audit was due to the expectation of collecting 40 cases and this was a high level of participation for a Trust of our size.

We did not participate in the Prescribing in Mental Health Services national audit in 2010/11 as we felt it was too stretching on our resources at this time.

We applied to take part in the National Schizophrenia Audit, but were not selected as one of their participants for the pilot study.

We did not participate in the National Confidential Enquiry into Patient Outcome and Death as it was judged to be not applicable to us.

The reports of 67 local clinical audits were reviewed by the provider in 2010/11 (21 NICE audits, 17 mandatory trust audits, 17 clinical interest audits and two others) and Together NHS Foundation Trust has already undertaken 138 actions as a result. It intends to complete a further 135 actions to improve the quality of healthcare provided.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Together NHS Foundation Trust in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 321. This is a substantial increase on the 2009/10 total of 43 and the 2008/09 figure of 40.

This increased level of participation in clinical research demonstrates our continuing commitment to improving the quality of care we offer and to making our contribution to wider health improvement. In this way, our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Together NHS Foundation Trust participated in 13 clinical research studies in mental health during 2010/11:

Mental Health

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
- Rehabilitation Effectiveness and Activities for Life (REAL): a multicentre study of rehabilitation services and the efficacy of promoting activities for people with severe mental health problems
- Effectiveness of Multi-Professional Team Working in Mental Health Care
- Developing a UK Evidence Base for Contingency Management in Addiction Treatment: Incentive-based interventions to improve treatments to reduce drug use and associated harms
- REFOCUS: Survey 1-3
- REFOCUS: Developing a recovery focus in mental health services in England Substudy 1-4
- Case-control Studies of Psychiatric In-patients who Commit Suicide in the First Week of Admission and Suicides within two Weeks of Discharge from Psychiatric In-patient Care
- A pilot study of a letter-based contact aimed at reducing the risk of suicide following psychiatric inpatient discharge
- Hospital Management of Self-harm in England (Revisiting Variation in the Management of Self-Harm)

- Service mapping 2010: The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams who work in general hospitals
- Community mental health teams for older people: a study of the outcomes from different ways of working

Dementias and Neurodegenerative Disease

- Dependence in Alzheimer's Disease in England (DADE): A cross-sectional study of the impact of patient dependence on others on costs and caregiver burden in Alzheimer's disease in England
- Costs and Resource Use of Alzheimer's Disease in Europe

Moreover, in the last year at least two publications have resulted from our involvement in The National Institute for Health Research (NIHR) research, which shows our commitment to transparency and desire to implement service user outcomes and experience across the NHS.

There were 12 clinical staff participating in research approved by a research ethics committee at Together NHS Foundation Trust during 2010/11.



Use of the CQUIN payment framework

A proportion of 2gether NHS Foundation Trust's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between 2gether NHS Foundation Trust and NHS Gloucestershire for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The eight CQUINs agreed for 2010/11 with NHS Gloucestershire were concerned with:

- Improving responsiveness to personal needs of Service Users in the Community
- Reducing avoidable death, disability and chronic ill health from VTE
- Improving physical health outcomes for service users in Mental Health and Learning Disability Services, who have been in contact with Mental Health services for 12 months or more
- Improving physical health outcomes for inpatients who may suffer poor physical health as a result of their mental illness
- Improving physical health outcomes for mental health inpatients/community service users who smoke, by encouraging them to stop smoking in well documented evidence

- Developing workforce awareness to dementia pathways and services that supports care of the patient with dementia and their carers
- Surveying all Gloucestershire GP practices asking about the quality and effectiveness of Mental Health and Learning Disability services, provided by 2gether NHS Foundation Trust
- Assuring that processes are in place to mitigate any risks of suicide in service users

The first two of these related to national goals, the next four formed part of the operating framework for the NHS in the south west region. The last two CQUINs were locally-defined outcomes within Gloucestershire.

The total potential value of the income conditional on reaching the targets within the CQUINs was £1,047,000 of which £1,032,000 was actually achieved.

Further details of the agreed goals for 2011/12 are available electronically at:
http://www.institute.nhs.uk/commissioning/pct_portal/2010%1011_cquin_schemes_in_south_west.html#3

Statements from the Care Quality Commission

2gether NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unchanged from the submission in 1 April 2010 across its locations apart from receiving its amended certificate in relation to including diagnostic and screening facilities, and deregistering Holly House as an inpatient location. 2gether NHS Foundation Trust has no conditions placed on its registration.

The Care Quality Commission has not taken enforcement action against 2gether NHS Foundation Trust during 2010/11.

2gether NHS Foundation Trust has participated in the special countywide review of safeguarding children within Gloucestershire by the Care Quality Commission and OFSTED during 2010/11.

As part of the county-wide action plan resulting from this review, 2gether NHS Foundation Trust has taken the following as our action to address the conclusions or requirements reported by the CQC and OFSTED:

- To work with the commissioners to ensure that there are sufficient resources within the child and adolescent mental health service to meet the mental health needs of looked-after children and young people through the establishment of a new contract

2gether NHS Foundation Trust has made the following progress by 31 March 2011 in taking such action:

- A new contract for the Trust's CAMHS services has been agreed that comes into operation on 1 April 2011 and which allows for increased investment in dedicated Primary Mental Health Workers to support the Looked After Children initiative within Gloucestershire

2gether NHS Foundation Trust now receives its Quality Risk Profile from the Care Quality Commission on a monthly basis. At the end of the fourth quarter, our overall contextual risk rating is low. This comprises situational, inherent and population risks (the first is rated as medium risk, the other two as low).

In October 2010 2gether NHS Foundation Trust informed the CQC of our decision to temporarily transfer the clinical inpatient activity from The Vron to other inpatient units; the CQC were advised that there is currently no regulated activity at this location and formal notification will be given in due course.

In January 2011, 2gether NHS Foundation Trust applied for the transfer of two locations from Herefordshire PCT to the Trust: Oak House and Stonebow Unit, to take effect from 1 April 2011. This application was accepted in March 2011.

When 2gether NHS Foundation Trust registered with the Care Quality Commission in January 2010, 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.

Both of these were subject to detailed action plans and Outcome 4 is now judged to be compliant. Outcome 10 is making good progress towards full compliance and the risk to the safety of service users and staff is regarded as very low.

In April 2010, 2gether NHS Foundation Trust was the subject of scrutiny by the CQC as a result of the coroner's comments concerning two deaths of service users that had occurred in previous years. An action plan to address any shortcomings identified had already

been drawn up and was related to our statement of non-compliance to Outcome 4 above. We have been sending regular six monthly updates to CQC describing our progress against the plan and CQC have not sought to take any further action against us.

Quality of Data

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

2gether NHS Foundation Trust has taken the following actions to improve data quality:

- During 2010/11 the Trust built on its existing clinical data quality arrangements and processes in a number of key areas
- Each Strategic Service Unit in the Trust has identified senior operational managers to take lead responsibility for clinical data quality in their particular services. They form the Data Quality Assurance Group chaired by the Trust's Information Development Manager which meets on a bi-monthly basis, having had its inaugural meeting in January 2011. It provides a forum for the Information Development Manager to disseminate policy and process changes as well as the opportunity to address data quality issues in a consistent manner across all services. The Group reports to the Operations Management Meeting which is chaired by the Chief Operating Officer of the Trust
- At the same time a Rio System User Group has been set up as part of the local implementation of the national RiO Electronic Patient Record System across the Trust. This is another important component of the overall data quality process as it provides a forum for the Information representative to ensure that data quality issues arising from the use of the Electronic Patient Record System can be tackled consistently across all Trust services
- In addition to these operational process developments the Trust has made significant advances in the tools available to monitor and improve data quality during 2010/2011
- Key among these has been the introduction of real time automated data quality reports. These are replacing the traditional method of the information team producing data completeness and quality reports and circulating these to individual team managers to action required amendments. The new data quality reports derived from the Electronic Patient Record system are available in a secure manner to operational managers, team managers and individual clinicians throughout the Trust. Each individual clinician can view a report of each patient on their caseload which highlights missing key data items on that person's record. These are refreshed on a 24 hour basis and are extremely powerful tools for managers to monitor data quality performance and for individual clinicians to identify and fix specific data quality issues
- There are a range of reports, the first of which covered key Mental Health Minimum Data Set items. It is planned that these reporting tools will be extended to reflect a wide range of local clinical and business priorities

NHS Number and General Medical Practice Code Validity

- 2gether NHS Foundation Trust submitted records during 2010/11 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 was:
 - 99.99% inpatients with valid NHS number
 - 99.99% community patients with valid NHS number
 - 92.60% inpatients with valid General Medical Practice Code
 - 98.86% community patients with valid General Medical Practice Code

Information Governance Toolkit

2gether NHS Foundation Trust Information Governance Assessment Report score overall score for 2010/11 was 64% and was graded red (not satisfactory).

In 2010 the Department of Health brought out a revised framework and submissions process for the assessment and reporting of the Information Governance Toolkit. The new framework incorporated 45 indicators and the requirement was that Trusts should achieve a minimum of level 2 for each indicator by 31 March 2011.

During the year, this requirement was varied and Monitor issued revised guidance requiring Foundation Trusts to reach a minimum of level 2 with 22 of the 45 indicators, which were identified as Key Indicators. Of the remaining 23 indicators, Trusts had to have a plan for how they would achieve level 2.

At the time of our submission on 31 March 2011, we had achieved the Monitor requirements, the situation declared being:

Of the 22 Key Indicators:

- 1 was at level 3
- 20 were at level 2
- 0 were at level 1
- 1 was deemed not relevant to us

Of the remaining 23 non-key indicators:

- 4 were at level 3
- 11 at level 2
- 8 were at level 1

Plans are in place for the 8 at level 1 to achieve at least level 2 within the current year, which will increase our overall score of 64% and should raise our status from "not satisfactory" (red) to "satisfactory" (green).

The Information Governance Toolkit is available on the Connecting for Health website:
www.igt.connectingforhealth.nhs.uk

Clinical Coding Error Rate

2gether NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/2011 by the Audit Commission.

Part 3. Looking Back: A Review of Quality 2010/11

Introduction

2gether NHS Foundation Trust 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 (SMS)
- Learning Disability Services (LD)

From 1 April 2011, 2gether NHS Foundation Trust is to assume responsibility for the mental health services in Herefordshire. This section only covers progress in the previous 12 months within Gloucestershire, with Herefordshire's activity being included in the NHS Herefordshire Quality Account. This may be viewed on their website at www.herefordshire.nhs.uk

**From 1 April 2011 this service will be known as Children and Young People Service (CYP).*

Priorities for Improvement 2010/11

In our Quality Account last year, we set ourselves five broad areas for quality improvements.

This differed from 2009/2010, when 16 individual measures had been set. Last year, we decided to adopt a different approach by linking the quality measures to the five key quality initiatives so that they could be more closely monitored.

Since these quality initiatives are quite wide ranging, we felt that the measures identified will accurately cover the important and immediate areas of quality improvement, whilst others are already monitored via the national standards. This approach appeared to work well and has been further developed this year as described in Section 2.

This section outlines our progress in each of the five areas against what we said we intended to do and against each of the targets and indicators selected for monitoring during 2010/11.

Note that the order in which these appear below reflects the order of the three dimensions of effectiveness, user experience and safety of this year's quality areas described in Section 2a for ease of comparison.

Effectiveness

Ensuring the Physical Health of Service Users

Last year, we stated that we believed we needed to address the issue of learning disabled and mental health service users having poorer physical health and dying on average 10-20 years prematurely resulting from physical illness in a more organised and rigorous way.

Identified initiatives

The following is a summary of progress on our anticipated actions last year:

- To improve physical health outcomes for all service users a physical initiatives plan which draws together all the work streams that impact positively on physical wellbeing has been agreed, resulting in a Physical Wellbeing Group being established
- A physical health assessment tool is now in place for all inpatient areas, both medical and nursing assessment, across all Strategic Service Units
- Screening older people and people with learning disabilities for VTE was routinely established

- It was our intention to increase contacts with the Gloucestershire acute hospitals by recruiting two nurses as liaison between hospitals and care homes, carers and service users on learning disabilities. This has been a significant success and the service will continue for at least another year.

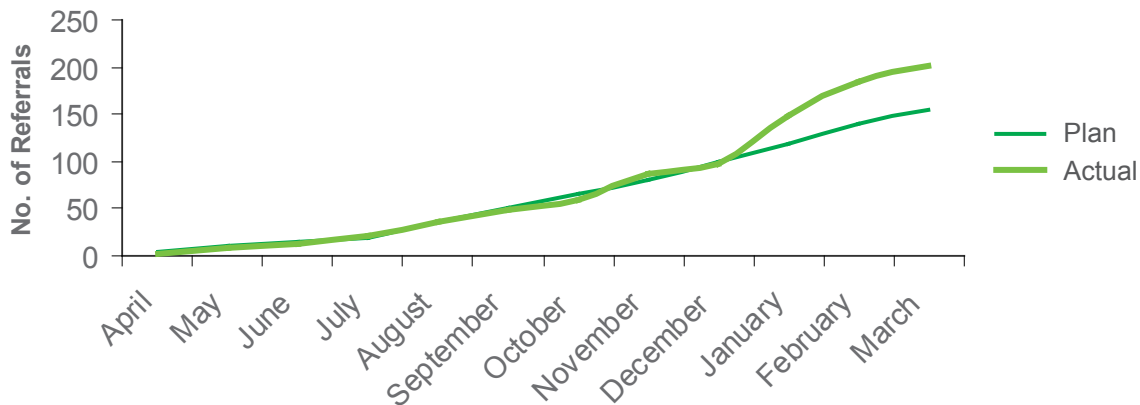
These nurses received an excellence award in partnership working by the Hospital Trust. They have been involved in many best interest meetings where patients have not had capacity to consent and have been instrumental in getting many adjustments made to improve the care provided to people with learning disabilities in hospitals.

They were also involved in pre-admission home visits to discuss needs and alleviate anxieties for patients with complex needs and also took part in our Big Health Day to promote healthy lifestyles amongst those with learning disabilities.

They have provided training to Doctors in training and continue to work with the training strategy group, patient and public involvement group and the safeguarding steering group. During last year, 476 referrals were made to the liaison nurses

- Referrals to the Gloucester smoking cessation programme rose significantly in the last half of the year, due to a more focussed approach

Number of Smoking Cessation Referrals to GSAS



Aims

- We achieved our aim of ensuring 100% venous thrombolytic embolism (VTE) screening for all older people and learning disability admissions
- One of our other objectives, that over 61% of community service users should be referred to a GP for a physical health check, was replaced following discussions with GPs by an investigation with 3 GP practices to understand the links between GPs and the mental health services better
- We exceeded our target of a 10% increase in recorded referrals to Gloucester Smoking Assessment Service (GSAS), the final figure over the year being 202 referrals representing a 31% increase over the numbers last year

“ Best help we have received. ”

CAMHS user

“ Well done for making me better. ”

CAMHS user

Systematic Application of Personal Care Plans

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 CPA, as 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. Last year we identified a need to improve quality, reduce variation and ensure consistent application of standards for all service users. Moreover, and more importantly, we were very keen to adapt our care procedures – or “pathways” - to put the service user at the focus of our activities, rather than using the traditional functional-based approach.

The first step was to lay the foundation by implementing a new electronic method of maintaining service users’ records, called RiO, during 2010. This was a large and complex project, particularly as we needed to ensure that no service user was disadvantaged during the switchover from paper-based to electronic records.

Progress against our declared intentions last year is as follows:

Identified initiatives

- We have devised a non-discriminatory care pathway model which places the service user firmly at the heart of clinical services. The project to fulfil this concept is known as “Fair Horizons” and is on track to be implemented during 2011/12. This is a very important and highly innovative approach and will have profound implications on the nature and quality of service user care
- One of the by-products of the Fair Horizons strategy is to set regularly monitored targets for compliance on a team-by-team basis. Although this happens to a degree at the moment, it is only with Fair Horizons that its full potential will be experienced, aligning as it will to Payment by Results

- CPA audits were carried out quarterly, though smaller samples only were audited during the 2nd and 3rd quarter due to the impact of the implementation of the RiO
- All Substance Misuse service users now have care plans and all have a key worker in line with Models of Care for drugs and alcohol (the substance misuse equivalent of CPA). Care plans are developed using the principles of the Community Reinforcement Approach (CRA) and in partnership with service users
- Work on delivering individualised budgets and personalisation packages in social care has, in common with most parts of the south west region, been slow but steady. We have recently appointed a Self Directed Support Implementation Manager on a fixed term 12 month basis, paid from a specific grant from Gloucestershire County Council to assist in this. We have been in close discussions with the County Council to achieve a local agreement on the resource allocation formula for mental health.

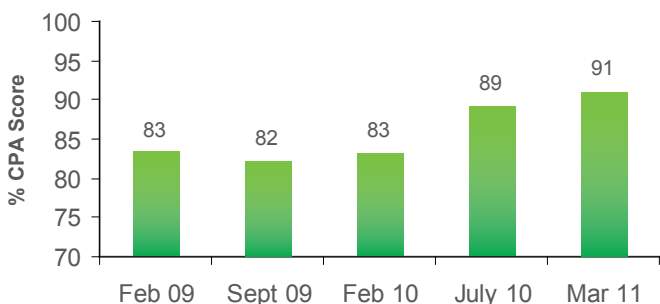
This and the technical administrative system requirements of self directed support, tricky to implement across organisations, are the key (and common) reasons for delayed implementation in the integrated team environment common in mental health provision

- Team accounts within every clinical team in order to improve CPA compliance are being redesigned to take advantage of the benefits offered by introducing the new electronic records system RiO. This is expected to be completed in the second quarter of 2011/2012

Aims

- We set ourselves the target to achieve 90% compliance of service users' personal plans to CPA standards in 2010/11 and 100% by 2011/12. Sampling throughout the year has shown a marked and sustained improvement to 91%. Note that the results of the more limited audits in the second and third quarters are not shown in the graph below to ensure consistency

Average CPA Score



- Although we expected to extend the use of the national clinical assessment method Health of the Nation Outcome Scales (HoNOS) across all teams and achieve compliance levels of 80%, the implementation of RiO has caused some unexpected problems in capturing the HoNOS data. An action plan has been drawn up to resolve this and is in the process of being implemented, but as a result, the figure for the percent age compliance will not be available until the first quarter 2011/12

- The number of direct payments supplied to and taken up by people with mental health problems served by our integrated working age teams stands currently at 30. This represents approximately 17% of funded community care cases in the 2010/11 financial year.

“Thank you for all your support and encouragement which has helped me on my long-term road to recovery.”

Wotton Lawn user

New cases agreed during that period are shown below. They grew steadily throughout the year, from two one-off payments and one weekly payment in first quarter to a peak of six one-off payments and three on-going payments in third quarter. Note that the fourth quarter of the year (January to March) is traditionally a low period for such payments

	Q1	Q2	Q3	Q4
One-off Payments	2	4	6	2
Weekly Payments	1	1	1	1

- During last year, we significantly improved the quality and nature of the information about service users by achieving our goal of allowing clinical records for all service users to be accessible by all relevant staff through RiO (with the exception of Substance Misuse Services who have their own system). This has brought significant advantages in the provision of care to service users as their records are more readily available to care staff
- To accomplish the successful implementation of RiO, all relevant staff were trained in its use during the year
- It was our intention to increase the use of advance statements during 2010/11. These are self-directed preferences for care and treatment agreed by the service user in advance of potential deterioration in their condition. With the introduction of RiO, we are now able to monitor accurately whether this is being achieved or not

“Staff have calmed my concerns, restoring a little confidence and hope.”

Gloucestershire Recovery in Psychosis user



Developing How We Listen and Respond to Service Users

It has been 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.

Identified initiatives

Listening and responding to service users has been a very important priority for us this year. Some of the highlights against our stated ambitions have included:

- Action plans to ensure all service users are engaged in planning care have been devised at the Strategic Service Unit level with individual threshold targets for each clinical team to improve service user involvement in decision making
- Individual targets for each clinical team have been set to ensure completion of carer assessments in all cases and are regularly reviewed by the Strategic Service Unit Boards. With a baseline of 95%, this is currently assessed at 96%
- A Service Experience Committee has been set up to draw together experience from service users, carers and anyone else touched by our services
- Information from national bodies and surveys, PALS, compliments, complaints and other sources is collated on a quarterly basis to produce a report with action plans that is presented to the Governance Committee, Delivery Committee and the Board
- Exploiting further the new technology installed last year to give real-time feedback to sustain further improvements
- Use of our new technology to provide feedback is now being actively promoted amongst the community teams and inpatients and the results from the community teams are being used to monitor service user experience

Aims

- We wanted to improve the richness of patient feedback information and improve upon our own community and inpatient surveys taken in 2009/10. We have been increasing the number of surveys undertaken during the year on a team by team basis, especially within the community teams.

	Q1	Q2	Q3	Q4
Community	5	39	73	48
Inpatients	51	55	57	38

“A big thank you for all your time and help.”
Charlton Lane Hospital User

The reasons for the decline in the fourth quarter are not yet fully understood and it is too early to tell if this represents a trend or is just an exceptional quarter.

- Our target last year was to ensure that over 65% of all inpatients reported through our surveys that they are engaged in decisions about their care. As a result of our efforts, 75% indicated that they felt they were engaged in their care. The figures shown in the table below are for inpatients in Older People and Working Age Adult units

	Q1	Q2	Q3	Q4
Were you involved in deciding what was in your care plan?	82%	81%	79%	75%
Do you feel the care team listen to you?	71%	74%	84%	85%
Have you been told about the side effects of your medicine?	35%	47%	51%	54%
Have you been informed who to contact if you are worried about your condition?	50%	60%	70%	73%

It is encouraging to see that whilst we achieved our target, there has also been a steady improvement with three of the questions. However it is disappointing that with the first question progress has been in the opposite direction. The reason for this is not yet understood and remains something of an enigma, despite efforts to try to explain the phenomenon.

- We set a target to increase the number of carer assessments from 93% to 100%, focusing more on the quality of carers' experience. We had achieved 99% by the end of the year



“Hugely grateful and impressed with the support your team gave. They were very caring, supportive and competent.”

Crisis Resolution Home Team user

“You’re a star, I can’t thank you enough for coming. I am so grateful for your input, a million thank yous.”

Service user

User Experience

Investment in Fit for Purpose Care Environments

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.

Identified initiatives

During the year, we achieved some major successes:

- In May 2010, we saw the opening of the new Psychiatric Intensive Care Unit (PICU) at Wotton Lawn, funded through Department of Health
- In August 2010, we opened our brand new state-of-the-art unit at Charlton Lane for older people.

Additionally, we are still investigating developing community hubs and formalising third party agreements

Aims

- Since the Trust was formed, we have had difficulties resolving the occupancy arrangements and responsibilities for those properties, numbering over 100, that we use but which are held by third party public sector organisations. During 2010 considerable work was carried out to resolve these issues, so that

now the responsibility for maintenance testing, inspection & risk assessment are known for all such properties.

Moreover, we now have landlord agreements regarding these responsibilities for 85% of the properties. The only outstanding premises relate to 15 owned by Gloucestershire County Council for which negotiations are continuing.

“I found Occupational Therapy to be very beneficial during admission. A calm and peaceful environment.”

Wotton Lawn user

- We aimed to increase the proportion of purpose-built/designed accommodation to improve service user care. With the opening of Charlton Lane and the closure of a couple of older premises to inpatients, we now have eight of nine inpatient units that are custom built (Laurel House the single exception), 94% of beds are in purpose-designed premises compared with 90.2% in August 2010 and 38 of 60 non-inpatient premises are custom-built*

* We are assuming that community hospitals, pharmacies and GP surgeries are purpose-designed

Safety

Reducing Avoidable Harm

We stated last year that it was our intention to reduce the incidents of 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 sought to minimise violent assaults by patients on staff or other patients.

Identified Initiatives

To this end, we:

- Are now routinely monitoring and reporting progress on the Suicide Prevention Toolkit in Older People’s

Services and Working Age Adults inpatient and recovery units

- Have fully implemented the Leading Improvement in Patient Safety methodology (LIPS) in Older People’s Services and Learning Disabilities to reduce the risk of patient harm in our inpatient units
- Implemented target programmes at specific learning disability units to reduce the incidence of violence and self-harm by adopting proactive procedures on risk assessment and use of protective equipment, with substantial additional training in Positive Behaviour Management

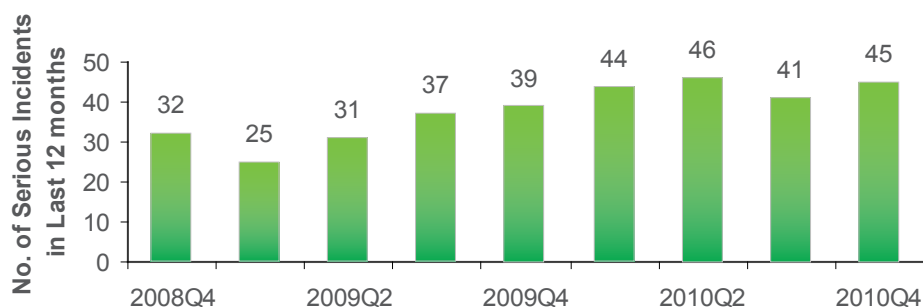
- Undertook considerable training with staff to improve their knowledge of and skill at managing physical health issues of inpatient service users
- Regularly monitor details and trends regarding suicides, reporting to the Governance Committee and the Board on the up-to-date situation including actions taken to reduce the incidence of suicides
- Began participation in the South West Patient Safety Improvement Programme, a two year scheme led by NHS South West, that is leading to the development of local initiatives in:
 - o Safe and reliable care
 - o Safe and effective medicines management
 - o Patient and family centred care and communication

Aims

- Many of the initiatives undertaken above take time to have an effect. This is most graphically illustrated in the diagram below where we set ourselves the target of **reducing the number of reportable Serious Incidents* year on year**. This shows the continued rise quarter on quarter (figures are given for the previous 12 months in each quarter), a marked slowing down, followed by a slight decline in the overall number from a peak in the second quarter of the year. Overall, although there were six more serious incidents last year (45) than the previous year (39), we believe this is because we have applied the NPSA incident framework and Strategic Health Authority guidance rigorously which means that more incidents are reportable than before. Also, some of the 45 were subsequently declassified as serious incidents. Analysis of the incidents does not point to any significant procedural problems

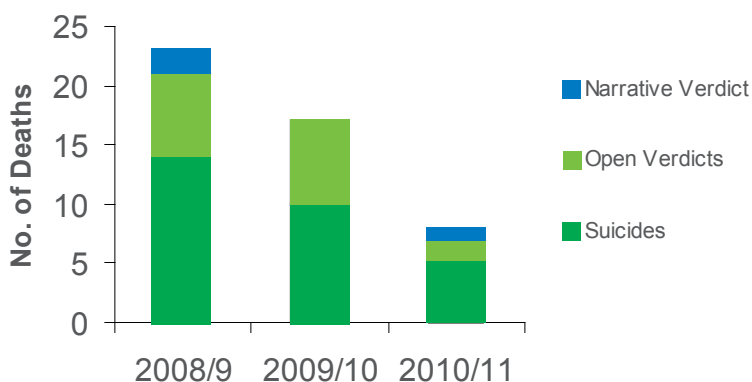
* Previously these were known as Serious Untoward Incidents (SUIs), but have been renamed by the National Patient Safety Authority in their recent review as “Serious Incidents Requiring Investigation”. For brevity, they are called “Serious Incidents” in this document.

Number of Serious Incidents on a Rolling Annual Basis by Quarter



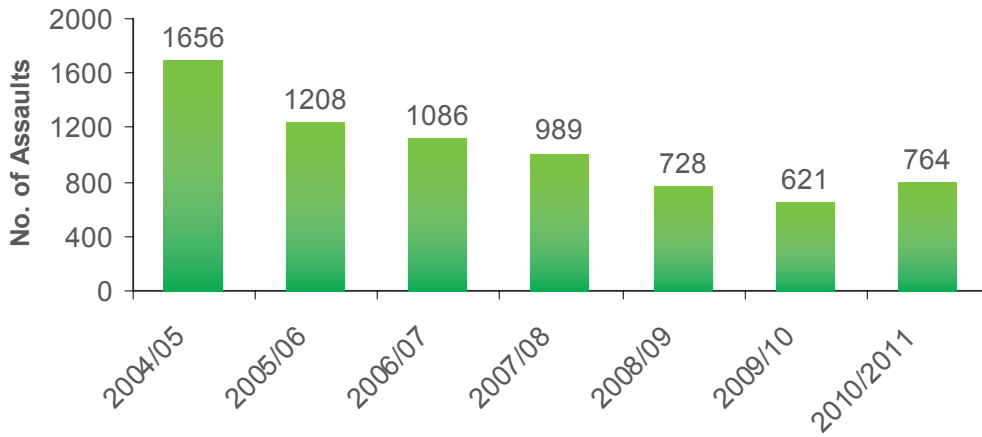
- We are now 100% compliant with the implementation of the toolkit, as intended last year
- We set a target **to reduce the number of suicides on a rolling 3-year basis of people who had received care services from us in the previous 12 months**. This has been a difficult objective to track: delays in the Coroner’s procedure mean that some inquests have still to be heard three years after the death. Consequently, it is only two or three years later that we are able to draw any firm conclusions. This is illustrated below where there are still 19 inquests still to be heard from 2010/11, 5 from 2009/10 and 1 from 2008/9. Therefore, the levels on the graph are likely to rise during the forthcoming years

Analysis of Deaths heard by Coroner

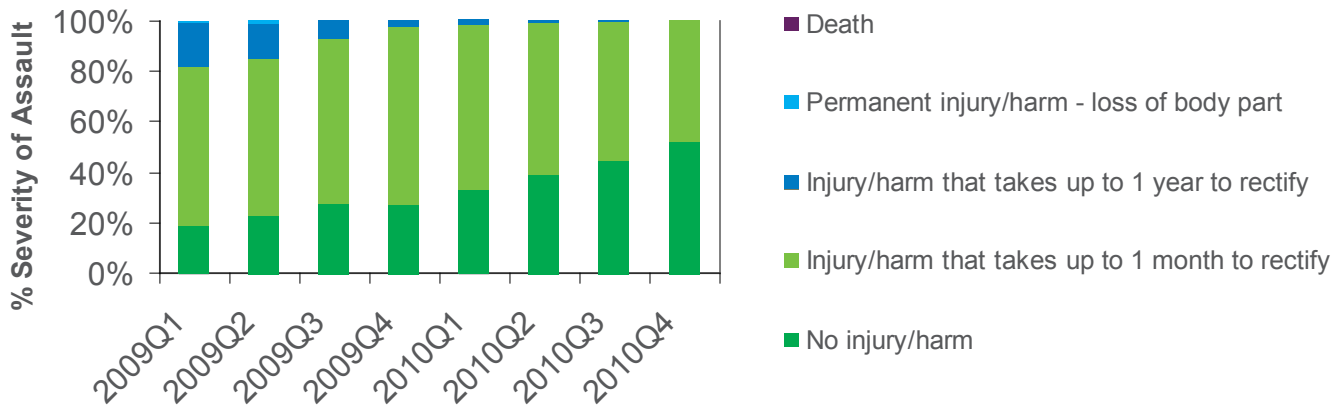


- It was our intention **to reduce the number of violent assaults by 5% in 2010/11**. The number of assaults reported rose by 18.7%, but closer inspection of the figures in the diagram (which again are on a rolling annual basis like the number of serious incidents) show that the number of assaults where no injury or harm occurred has risen, whilst the number where actual harm was suffered has dropped by 20%. This is encouraging as it appears that staff are more confident at reporting such incidents and are better equipped at defusing the situation before it becomes a violent assault

Total Assaults by Year

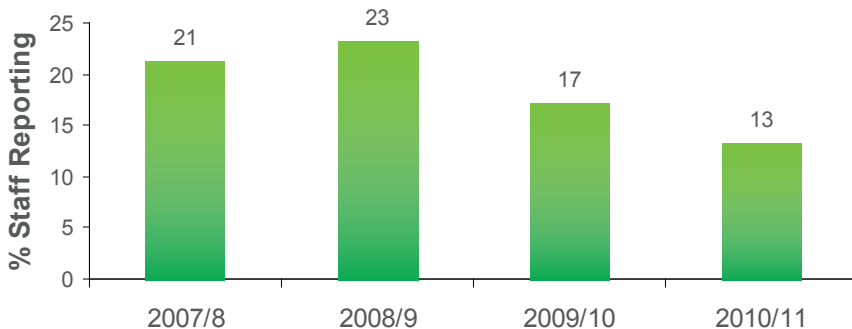


Analysis of Violent Assaults on a Rolling Annual Basis by Quarter



- Another indicator used to gauge the prevalence of violence is the annual staff survey to measure if there was a reduction in the percentage of staff who reported experiencing physical violence from patients, relatives or the public in the previous 12 months. As the graph below shows, this has dropped from 17% last year to 13% in this year. Comparative results from the CQC show that this level is better than average when compared to the results from the staff surveys of similar Trusts. This information is available on the CQC website at: www.cqc.org.uk/aboutcqc/howwedoit/engagingwithproviders/nhsstaffsurveys/staffsurvey2010.cfm

Staff Reporting Physical Violence



Quality Measures

The following are the quality measures defined by us in the previous Quality Account for 2010/11. They have mostly been mentioned previously under the 5 main areas, but are included here as a summary. Although some notes are given below, more detail has been given under the appropriate area before.

	2009-10 Actual	2010-2011 Target	2010-2011 Actual
Safety Measures			
1 Reduce the number of reportable Serious Untoward Incidents year on year	39	<34	45
2 To reduce the number of violent assaults by 5%	621	484	764
3 To achieve an improvement on physical violence experienced by staff	17%	<17%	13%
4 Compliance with suicide prevention toolkit	n/a	100%	100%
Clinical Outcome Effectiveness Measures			
5 VTE screening for all older people and learning disability admissions	n/a	100%	100%
6 Community service users referred to a GP for a physical health check	n/a	61%	See note
7 Increase in recorded referrals to GSAS	120	132	202
8 Compliance with CPA audits	83%	90%	91%
9 Application of HoNOS	20%	80%	See note
10 Increase in the use of advance statements	n/a	20%	See note
Patient Experience Measures			
11 Inpatients reporting that they are engaged in decisions about their care	59%	65%	75%
12 Community service users reporting that they are involved in decisions about their care plan	65%	70%	79%
13 Increase the number of carer assessments	93%	100%	99%
14 Resolution of occupancy arrangements & responsibilities for third-party owned properties	60%	90%	85%

Notes on Figures:

- 1 The rise is believed to be mainly due to redefinition of a serious incident, making it more inclusive than before and that some incidents may yet be declassified. Also, see previous notes about the suitability of this measure as a target
- 2 Although the overall level of assaults reported has increased, the number of assaults causing actual physical harm has decreased by 4% in the year
- 6 This target was subsequently replaced following discussions with GPs by an investigation with three GP practices to understand the links between GPs and the mental health services better
- 9 Figures for this measure will not be available until later in the first quarter 2011/12
- 10 We were not able to measure this target accurately until later in 2010/11 after RiO was updated to allow this facility
- 14 The outstanding properties relate to those 15 properties owned by Gloucestershire County Council

National Priorities & National Core Standard Metrics for 2010/2011

The following table shows the 16 metrics that were monitored during 2010/11. These are the key national priorities from the Department of Health's Operating Framework and follow the standard Department of Health national definitions:

	2009-2010 Actual	2010-2011 Threshold	2010-2011 Target	2010-2011 Actual	National Target
1 Learning Disability Care Plans	100%	100%	100%	100%	100%
2 Learning Disability Delayed transfers of care	0%	0%	0%	0%	0%
3 Access to Crisis resolution/home treatment services	98%	90%	98%	97%	90%
4 Access to healthcare for people with a Learning Disability	5 at level 4 1 at level 3	4 at level 4 2 at level 3	6 at level 4	6 at level 4	6 at level 4
5 Best practice in mental health services for people with a Learning Disability (Green Light Toolkit)	8 green 4 amber	7 green 5 amber	10 green 2 amber	12 green	-
6 7 day follow-up after discharge	99.8%	95%	99.8%	100%	95%
7 CPA formal review within 12 months	88%	95%	97%	100%	95%
8 Serving new psychosis cases by early intervention teams	n/a	95%	97%	130%	95%
9 CAMHS compliance	5 at level 4 1 at level 3	5 at level 4 1 at level 3	6 at level 4	6 at level 4	-
10 Delayed transfer of care	5.4%	6.0%	5.4%	5.9%	<7.5%
11 Drug users in effective treatment	87%	85%	90%	88%	-
12 Ethnic coding data quality (inpatients)	98%	85%	98%	98%	-
13a MHMDS data completeness Part 1	84%	80%	90%	See note	99%
13b MHMDS data completeness Part 2		50%	50%	See note	50%
14 MHMDS patterns of care	98%	95%	99%	See note	-
15 MRSA/bacteraemia	0	0	0	0	0

Notes on figures:

- 4 Level 4 is the highest value. We are now fully compliant.
- 5 Now fully compliant for the 12 selected indicators.
- 9 Level 4 is the highest value. We are now fully compliant
- 10 The reason for the high value was due to a rise in December due to factors outside our control
- 11 Figures are from the National Treatment Association (NTA). Note that the percentage shown is for the period 1 October 2009 to 30 September 2010. These are the latest figures received from the NTA and the percentage could rise once the year end figures are known.
- 13a This figure is not available yet, but is anticipated to be in the high 90%
- 13b This figure is not available yet, but is anticipated to be at least 55%
- 14 CQC announced that this was not to be a measured target in 2010/11

Community Survey

During 2011, the CQC published the results of an independent survey taken in 2010 that tested the experience of our community service users, comparing the results with most other mental health trusts. The results were:

Questions about: other	Our Score (out of 10)	Expected Range	Compared with most Mental Health Trusts
Health & Social Care Workers	8.7	8.3 - 9.0	Average
Medications	7.1	6.5 - 7.8	Average
Talking Therapies	7.6	6.8 - 7.8	Well above average
Care Coordinator	8.6	8.0 - 8.7	Well above average
Care Plan	7.0	6.1 - 7.1	Well above average
Care Review	7.9	6.9 - 8.1	Well above average
Day to Day Living	6.7	5.4 - 6.8	Well above average
Crisis Care	7.2	5.8 - 8.0	Above average
Overall	7.0	5.5 - 7.2	Well above average

The survey received replies from 246 of our service users out of 850 who were asked to participate, which represents a response rate of 29% compared with an average for all mental health trusts of 32%. Full details of this survey can be found on the CQC website: www.cqc.org.uk

Overall, these results are very encouraging as although we are within the expected range for mental health trusts in all areas, in most cases we are well above the average score and almost in the top 20% in five of the eight categories and in our overall performance. We anticipate that the actions and initiatives identified earlier will result in further improvements in these scores next year.

Staff Survey 2010

Every year, the CQC conducts a national NHS staff to gauge how effective the NHS pledges given in the NHS Constitution of January 2009 towards the treatment and good management of NHS staff are. The results for 2010 show that in the 38 key areas we were:

- In the top 20% of mental health trusts in 11 areas (15)
- Better than average in another 6 (6)
- Average in 10 (9)
- Worst than average in 9 (5)
- In the lowest 20% in 2 (5)

The previous year's figures are shown in brackets – note there were two more questions in the 2009 survey.

The survey received replies from 404 members of staff out of 743 randomly selected from a total workforce of 1692. This represents a 54% return, which is about average compared with other Trusts.

Comparison with last year shows that overall we are roughly the same, but it is clear that other Trusts have improved relative to us. Nevertheless, it is very encouraging that our aim of improving the worst-judged aspects of our staff's experience has worked to a large degree, being in the lowest 20% in only two categories.

The questions where we were in the top 20% included:

- Feeling valued by their work colleagues
- Effective team working
- Trust commitment to work-life balance
- Using flexible working options
- Support from immediate managers
- Receiving health and safety training in the last 12 months

- Suffering work-related injury in the last 12 months
- Witnessing potentially harmful errors, near misses or incidents in the last month
- Feeling pressure in the last 3 months to attend work when feeling unwell
- Staff job satisfaction
- Believing the trust provides equal opportunities for career progression or promotion

The areas where we did least well were:

- Work pressure felt by staff
- Impact of health and well-being on ability to perform work or daily activities

Other details may be found in the Annual Staff Survey section of the Trust's Annual Report and Accounts.

The King's Fund report "How do Quality Reports Measure up?" states that "...the views of staff are an important marker of an organisation's managerial competence, workforce well-being and hence its ability to deliver high-quality care. Staff views should be shown in the quality accounts..." It is encouraging therefore to see from this independent survey that we are doing well. Nevertheless, we will be addressing our weaknesses identified in the survey in collaboration with our staff side representatives by, amongst other things, enhancing our staff engagement programme and delivering on our cultural change project.

The King's Fund report can be found at the web address: www.kingsfund.org.uk/publications/quality_accounts_1.html

PEAT Assessment Results 2010/11

Every year, the NPSA assess each of our locations for the quality of the environment, food, and for privacy and dignity. These are known as “PEAT assessments” (Patient Environment Action Team assessments). The table below gives a summary of their findings for the seven main inpatient premises during last year.

Site Name	Environment Score	Food Score	Privacy & Dignity Score
Charlton Lane	Excellent	Excellent	Excellent
Wotton Lawn	Excellent	Excellent	Excellent
Laurel House	Good	Excellent	Excellent
Honeybourne, Cheltenham	Excellent	Excellent	Excellent
Hollybrook	Excellent	Excellent	Excellent
Westridge	Excellent	Excellent	Excellent
Branch Lea Cross, Cheltenham	Excellent	Excellent	Excellent



Annex 1. Statements from our Partners for the Quality Report and Account

We have taken the opportunity of sharing our Quality Account progress and development with many of our partners throughout the year, including the 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)



Gloucestershire Local Involvement Network (LINK) Comments on the 2gether NHS Foundation Trust Quality Account 2011

Gloucestershire LINK welcomes the opportunity to comment on the 2gether NHS Foundation Trust's second Quality Account. The following comments have been compiled by a group of LINK members. During the year we have worked in partnership with the Trust on several issues and also participated as patient representatives in the Patient Environment Action Team (PEAT) visits. A number of LINK members are also Foundation Trust members. This involvement enables us to have some knowledge of what is happening in the Trust from the patient and carers perspective.

General Comments

During the last few years, LINK members know that the services provided by 2gether Foundation Trust have improved considerably but this report does not emphasise these improvements as it is restricted by the template. Most of the document is clearly aimed at the lay reader although there is some NHS jargon and acronyms within it. Carers and Service Users are mentioned throughout the document but families are not emphasised enough and LINK members feel that there should be more emphasis on this aspect of the whole circle of relationships.

The statement on quality from the Chief Executive gives an excellent review of the quality initiatives achieved last year and those planned for this year. It clearly indicates that the trust has a clear commitment to continually improve the quality of services they provide.

The addition of a comprehensive glossary to the report adds considerably to its ease of interpretation.

LINK members were involved in the Child and Adolescent Mental Health Services (CAMHS) review and subsequent tendering process. We were very disappointed that this revised service has only a passing mention in the Account. The whole essence of the CAMHS service was 'a better service for everyone' and an improvement on the one that was previously provided by the trust. This appears to us to be a clear quality initiative.

We are aware that the Trust recognises that the care of all patients should take into consideration the nine protected characteristics in the Equality Act 2010, but there is no reference to this in any part of the document. Note that we recommended in our general comments last year that there should be a section on the seven strands of equality and diversity current at the time.

The Trust recently commenced providing mental health, substance misuse and learning disability services for Herefordshire. Gloucestershire LINK will be cross-boundary working with Herefordshire LINK during the next year to monitor the provision of the service and look for any common factors to be included in the LINK comments to next year's report.

LINK welcomed the news that they will begin to receive copies of the quarterly Quality Account that is provided to the Trust Governors. This will help the LINK to monitor and chart the progress of these proposed improvements on an ongoing basis throughout the year 2011/12.

Specific Comments

Priorities for Improvement in 2011/12

Effectiveness

Domain 1

While we appreciate the need to continue with a dialogue with the Gloucestershire Hospitals NHS Foundation Trust relating to service users with learning disabilities, we are surprised to see that patients with other conditions are not included such as those with Dementia.

The 100% target for the implementation of the NPSA Suicide Prevention Toolkit seems very optimistic to us and difficult to achieve. We were surprised that the recently agreed Draft Gloucestershire Suicide Prevention Strategy 2011-15 was not mentioned anywhere in the Quality Account.

Domain 2

Patients have commented that they are very appreciative of the Improving Access to Psychological Therapies (IAPT) Services but there appears to be a long waiting list for therapy. We assume this will be addressed under this objective. The Carers Charter mentioned in this section is excellent however we understand that this is still in draft form.

Domain 3

The poor provision of services for war veterans with physical and mental health problems is another issue that has been raised with the LINK and we are pleased to see that it is one of the objectives the coming year.

There is an emphasis in this section on working with other organisations but no specific reference to the Gloucestershire Hospitals NHS Foundation Trust. We think there should be a separate objective for improving working together with GHNHSFT in all areas and not just with learning disabilities.

A specific figure for the agreed percentage of staff in Recovery, Primary Mental Health and Prison Healthcare services to receive training would be useful.

User Experience

Domain 4

The targets to monitor success would be easier to understand if the actual agreed level was stated. There is also no reference here to using the results from national surveys or from the 4C's.

Safety

Domain 5

One of the targets to monitor success is a reduction in the number of severe physical assaults reported where actual harm was suffered. It would be helpful if the actual number of the assaults last year was mentioned here. We have assumed that these are assaults happening to patients and staff and not in the community.

We have some concern on what is meant by the statement 'to improve controls on service users movements and physical safety' at Wotton Lawn.

Part 2b

Participation in Clinical Audits and National Confidential Enquires

It is not clear why 2gether NHS Foundation Trust only participated in 33% of National Clinical audits; some explanation of the rationale for non-participation would be helpful.

There is a discrepancy in the numbers in brackets of the 67 local clinical audits. The generation of a total of 273 actions from these clinical audits will be easier to understand if some details of the range of these actions were given.

Part 3

This section is Provider determined. We were very impressed that this section did not just contain the quantitative data that is required in the template. The inclusion of qualitative data makes the account much easier to understand and appreciate where quality initiatives had been achieved.

Barbara Marshall
Chair of Gloucestershire LINK

19 May 2011

Herefordshire Local Involvement Network (LINK)

Comment on the 2gether NHS Foundation Trust Quality Account 2010/11 from Herefordshire Local Involvement Network (LINK)

We welcomed the opportunity to comment on the Quality Account from 2gether NHS Foundation Trust. We have been involved in discussions about the development of mental health services as the new service was commissioned during 2010/11 and we look forward to working with 2gether as the new provider for mental health services in Herefordshire.

We are supportive of the identified quality initiatives for 2011/12 and look forward to positively contributing to their implementation and hearing about the progress that is being made throughout the year.

Allan Lloyd
Chairman, Herefordshire LINK

Herefordshire Health Overview and Scrutiny Committee (HOSC)

Herefordshire Health Overview and Scrutiny Committee are unable to provide a response to this Quality Account this year due to their recent local Council elections.

Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC)

Gloucestershire Health, Community & Care Overview and Scrutiny Committee Comments on the 2gether NHS Foundation Trust Quality Account 2010/11



The Health, Community & Care Overview and Scrutiny Committee is grateful to the 2gether NHS Foundation Trust for giving Elected Members the opportunity to comment on the Quality Account 2010/11. The review of quality in 2010/11 is the most important section for this committee. The explanations of charts are clear, informative and relevant and this will make the document more accessible to its intended audience of public and patients.

The Committee will follow the Trust's continuing monitoring of safety measures with interest, especially the Suicide Prevention Toolkit. We recognise that many of the initiatives take time to have an effect, but it is reassuring to note that the numbers of serious incidents and suicides appear to be falling.

Members were pleased to note the Trust's commitment to partnership working with primary and acute health care organisations and carers groups to improve the physical health of service users. We were also pleased that the Trust will continue their dialogue with Gloucestershire Hospitals NHS Foundation Trust about service users with learning disabilities. The learning disability liaison nurses are a positive step forward and Members hope that their role will be developed across inpatient and outpatient services.

Patient experience was a theme of work by the Gloucestershire Health Community as a whole this year. The increase in inpatients who said they felt engaged in their care was encouraging and committee members would like to see that number increase further in the coming year. 2gether's website is one of the best websites that I have seen anywhere, and I hope that it gets many more hits. It is a great resource and really should be publicised more so that the public know that it's there as a source of information.

The Trust is to be congratulated on its performance against the quality measures which were monitored during the year. It is an impressive achievement that almost all of the objectives set in last year's Quality Account were achieved. Members would like to stress that the proposed work to address weaknesses identified in the staff survey will be really important to the future operation of the Trust.

The Committee supports the priorities selected for improvement in 2011/12 and considers that the issues of particular interest to us as Members have been included, particularly the continuation of work on patient safety in the South West. We congratulate the Trust on being awarded the contract to provide mental health, substance misuse and learning disability services in Herefordshire and wishes staff every success for the development of those services.

Finally, on behalf of the Committee I would like to thank Shaun Clee, Baroness Rennie Fritchie and the Board of the Trust for working with us in a polite and courteous way. We do ask a lot of questions, and they are always answered fully and with good grace. Our recent visit to the Psychiatric Intensive Care Unit was very interesting, and we look forward to our proposed visit to the new Unit in Cheltenham. We look forward to contributing to the quality improvement priorities of the Trust and supporting stakeholder engagement in the coming year.

Councillor Andrew Gravells
Chairman

Statement for Quality Account 2gether NHS Foundation Trust 2010/11



Gloucestershire

NHS Gloucestershire (NHSG) has taken the opportunity to review the Quality Account prepared by 2gether NHS Foundation Trust (2gether NHSFT) for 2010/11.

In a shared vision to maintain and continually improve the quality of services, NHSG and 2gether NHSFT have worked in collaboration to establish a comprehensive quality framework that includes nationally mandated quality indicators alongside locally agreed quality improvement targets. The national NHS contract and Commissioning for Quality and Innovation (CQUIN) scheme provide further support for ensuring robust quality measures are in place.

There are robust arrangements in place with 2gether NHSFT to agree, monitor and review the quality of services, covering the key quality domains of safety, effectiveness and patient experience of care. The well established Clinical Quality Review Group, which meets bi monthly, brings together senior clinicians and managers from both 2gether NHSFT and NHSG along with GP colleagues, to discuss, review and monitor clinical quality and this shared discussion has been valuable.

Through the quality framework for 2010/11 2gether NHSFT have been seen to improve the safety, effectiveness and patient experience of their services across a wide range of specialities, a number of the key improvement areas are described in this Quality Account.

NHSG have also received assurance throughout the year from 2gether NHSFT in relation to key quality issues, both where quality and safety has improved and where it occasionally fell below expectations with remedial plans put in place and learning shared wherever possible.

The priorities for 2011/12 have been developed in partnership and NHSG endorse the proposals set out in the Quality Account.

NHS Gloucestershire can confirm that we consider that the Quality Account contains accurate information in relation to the quality of services that 2gether NHSFT provides 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 2gether NHSFT during the year.

Signed

Jill Crook,
Director of Clinical Development and Engagement

Date: 19/05/2011

NHS Herefordshire

NHS Herefordshire's Commentary on 2gether Foundation Trust Quality Accounts



This is the first year that NHS Herefordshire has been asked to provide commentary on 2gether Foundation Trust's Quality Accounts. NHS Herefordshire awarded the contract to 2gether, in April 2011, for the provision of mental health services for the people of Herefordshire.

We look forward to working with the Trust to ensure the benefits of a dedicated Mental Health provider are realised by those in need.

While NHS Herefordshire is not in a position to comment on the accuracy, the Quality Account Report clearly celebrates the work that 2gether has done to improve the quality of service provision within Gloucestershire throughout 2010.

The report demonstrates a culture of continual service improvement to ensure the highest quality of services are provided at all times and this formed part of the decision making process in awarding 2gether with the contract to provide services in Herefordshire.

NHS Herefordshire agree with the priorities that have been set within the report and will be ensuring that the stated measures are monitored through the monthly Clinical Quality Forum meetings.

It is important that through the next year, as our understanding of need further develops, we ensure that there is flexibility with the priorities to maximise opportunities to improve the quality of service provision in Herefordshire.

NHS Herefordshire very much looks forward to working with the Trust to ensure services are of the highest quality to ensure the best possible outcomes for the people of Herefordshire.

Sue Doheny
Director of Quality and Clinical Leadership, NHS Herefordshire

23 May 2011

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

April 1 2010 – March 31 2011 2gether NHS Foundation Trust

CCQI PROGRAMME	Participation by Trust	National Participation
Service accreditation programmes		
ECT clinics	2 ECT clinics	113 ECT clinics
Working age adult wards	4 wards	158 wards
Psychiatric intensive care units	1 PICU	36 PICUs
Older people mental health wards	0 wards	62 wards
Inpatient learning disability units	2 units	34 units
Inpatient rehabilitation units	0 units	15 units
Memory services	0 services	46 services
Psychiatric liaison teams	0 teams	33 teams
Service quality improvement networks		
Inpatient child and adolescent units	0 units	100 units
Child and adolescent community MH teams	1 team	72 teams
Therapeutic communities	0 communities	95 communities
Forensic mental health services	0 services	67 services
Perinatal mental health inpatient units	0 units	15 units
Multisource feedback for psychiatrists (ACP 360)	50 enrolments	3,679 enrolments

Statement of Participation in the National Audit of Psychological Therapies (NAPT)

April 1 2010 – March 31 2011 2gether NHS Foundation Trust

Number of teams participating in the audit	Number of teams participating nationally	Number of patients from Trust included in Q3 retrospective audit	Number of patients included in Q3 retrospective audit nationally
2	362	13	50403

Statement of Participation in the Prescribing Observatory for Mental Health (POMH)

April 1 2010 – March 31 2011

The 2gether NHS Foundation Trust was not a member of POMH in 2010/11

POMH TOPIC	Number of patients enrolled by trust	Number of patients enrolled nationally
Monitoring of patients prescribed lithium	0	3647
Medicines reconciliation	0	2296
Use of antipsychotics in people with learning disability	0	2387
Use of antipsychotic medication in CAMHS	0	1575

Trust Contacts for National Quality Improvement Projects

2gether NHS Foundation Trust

CCQI PROGRAMME	Name	E-mail
Service accreditation programmes		
ECT clinics	Dr Jim Laidlaw	jim.laidlaw@glos.nhs.uk
Working age adult wards	Mr Alan Metherall*	alan.metherall@glos.nhs.uk
	Caroline Driscoll	caroline.driscoll@glos.nhs.uk
Inpatient learning disability units	Victoria Derrick	victoria.derrick2@glos.nhs.uk
Service quality improvement networks		
Child and adolescent community MH teams	Peter Keenan	peter.keenan@glos.nhs.uk

* Mr Alan Metherall has subsequently left his employment with the Trust.

Annex 3. Independent Assurance Report to the Council of Governors of 2gether NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Council of Governors at 2gether NHS Foundation Trust to perform an independent assurance engagement in respect of the content of 2gether NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially consistent with:

- Board minutes for the period April 2010 to May 2011
- Papers relating to Quality reported to the Board over the period April 2010 to May 2011
- Feedback from the Gloucestershire Commissioners dated 19 May 2011
- Feedback from the Herefordshire Commissioners dated 23 May 2011
- Feedback from the Gloucestershire Health, Community & Care Overview and Scrutiny Committee dated 17 May 2011
- Feedback from Governors dated 14 April 2011
- Feedback from Gloucestershire LINKS dated 19 May 2011
- Feedback from Herefordshire LINKS dated 18 May 2011
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2011;
- The 2011 national patient survey dated September 2010
- The 2011 national staff survey dated 16 March 2011
- The Head of Internal Audit's annual opinion over the trust's control environment dated May 2011;
- Care Quality Commission quality and risk profiles dated September 2010, October 2010, November 2010, December 2010, February 2011 and March 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Governors of 2gether NHS Foundation Trust as a body, to assist the Council of Governors in reporting 2gether NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Governors as a body and 2gether NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 300 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 300'). My limited assurance procedures included:

- Making enquiries of management;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents listed previously.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.



Stephen Malyn

Officer of the Audit Commission
Westward House, Lower Kiln Close, Stoke Gifford
Bristol, BS34 8SR
3 June 2011

Annex 4. Glossary

AIMS	Accreditation for Inpatient Mental Health Services is a standards-based accreditation process for adult inpatient mental health services that encourages organisations to identify and prioritise problems and sets achievable targets for change
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care
CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CRA	The Community Reinforcement Approach (CRA) is a comprehensive behavioural programme for treating substance-abuse problems
Essence of Care Screening	Essence of Care Screening is a method of assessing the risks associated with the condition of a service user so that the most appropriate treatment can be determined
Fair Horizons	2gether NHS Foundation Trust's programme to reengineer their services more around the their service user's individual needs in a one-stop shop approach rather than being looked after by many different teams. This will provide much enhanced quality of care
Green Light Mental Health Toolkit	A self-audit set of 39 indicators adopted by the Healthcare Commission to measure the quality of the health services provided to people with learning disabilities
GRiP	Gloucestershire Recovery in Psychosis (GRiP) is 2gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis
GSAS	Gloucestershire Smoking Advice Service
HCCOSC	Health, Community and Care Overview and Scrutiny Committee
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine measure of clinical outcome used by English mental health services
Information Governance (IG) Toolkit	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards
The King's Fund	The King's Fund is a charity that seeks to understand how the health service in England can be improved.
KUF	The National Knowledge and Understanding Framework on Personality Disorder is a national framework to support people to work more effectively with personality disorder
LINK	Local Involvement Networks (LINKs) are groups made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services
LIPS	The Leading Improvement in Patient Safety programme (LIPS) is concerned with building capacity and capability within hospital teams to improve patient safety
Memory Assessment Service	Memory assessment services offer a responsive service to aid the early identification of dementia, and include a full range of assessment, diagnostic, therapeutic and rehabilitation services ensuring an integrated approach to the care of people with dementia and the support of their carers, in partnership with local healthcare, social care and voluntary organisations
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
Monitor	Monitor is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament
NICE	The National Institute for Health and Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
NIHR	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public
NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.

NTA	The National Treatment Association for Substance Misuse a special NHS health authority established to improve the availability, capacity and effectiveness of drug treatment in England
PCT	The Primary Care Trust, which oversees the operations of providers of NHS care. The PCTs responsible for 2gether NHS Foundation Trust are NHS Gloucestershire and NHS Herefordshire
PEAT assessments	Patient Environment Action Team assessments are assessments carried out by the NPSA into the quality of the environment, food, and privacy and dignity in every inpatient location
PICU	Psychiatric Intensive Care Unit
POMH-UK	The national Prescribing Observatory for Mental Health is a body that helps specialist mental health Trusts and healthcare organisations improve their prescribing practice
QRP	The Quality and Risk Profile is a monthly compilation by the CQC of all the evidence about a Trust they have in order to judge the level of risk that the Trust carries to fulfil its obligations of care
RiO	This is the name of the electronic system for recording service user care notes and related information within 2gether NHS Foundation Trust. In a major exercise, it has been implemented across almost all the Trust's areas of operation during 2010
Serious Incident	More properly known as "serious incident requiring investigation" and previously known as a "Serious Untoward Incident)", a serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the Trust or NHS. In the context of the Quality Account, we use the standard definition of a Serious Incident given by the NPSA
SSU	The care provided by 2gether NHS Foundation Trust is supplied by one or more Strategic Service Units. These are: Working Age Adults (WAA), Substance Misuse Services (SMS), Child and Adolescent Mental Health Services (CAMHS), Older People's Services (OP) and Learning and Disability Services (LD)
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis

Annex 5. 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
 Rikeneil
 Montpellier
 Gloucester
 GL1 1LY

Or email him at: 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
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our locations or from our website www.2gether.nhs.uk
- Using one of the feedback screens at selected Trust sites
- Contacting GUIDE & PALS (Patient Advice and Liaison Service) 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 891 000 or fax on 01452 891105.

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For more information about us visit www.2gether.nhs.uk



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