



2gether NHS Foundation Trust

Quality Summit – 25 February 2016

Chair: Vanessa Ford

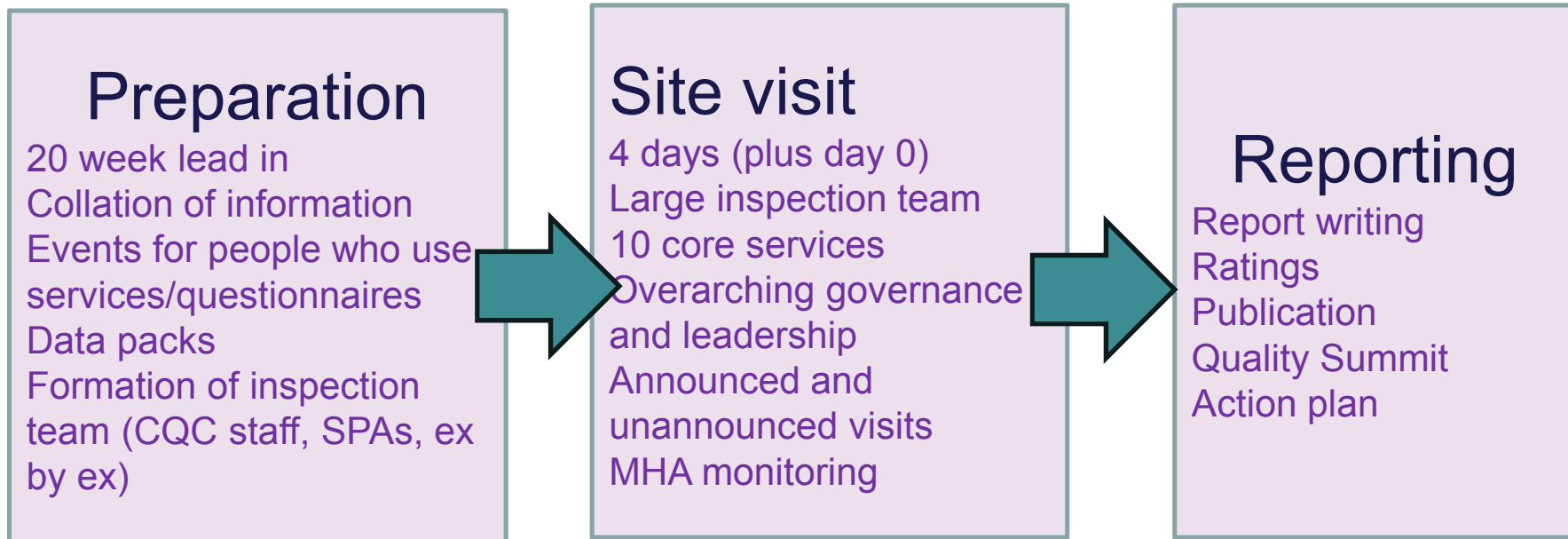
Head of Inspection: Karen Bennett-Wilson



Our overarching approach



Our approach to comprehensive inspections



Mental health reports

1. Acute wards/PICU for adults of working age
2. Forensic inpatient/secure wards
3. Wards for older people with MH problems
4. Wards for people with LD or autism
5. Community-based MH services for adults of working age
6. MH crisis services and health-based places of safety
7. Specialist community CAMHS
8. Community-based mental health services for older people
9. Community MH services for people with LD/autism
10. Rehab wards for adults of working age

Provider level report

2gether NHS Foundation Trust Site visit 26 – 30 October 2015



- Announced and unannounced components
- Scheduled Mental Health Act (MHA) monitoring visits
- Large team – chair, head of inspection, inspection manager(s), inspectors, doctors, nurses, allied health professionals, managers, experts by experience, mental health act reviewers, analysts, planners
- Day zero 26 October 2015 - presentation from trust, CQC planning/team building
- Inspection activity – observations of care, talking with staff, patients and carers, reviewing care records

Inspection activity



- Collected feedback from 149 people who use services, using comment cards (72% positive, 11% negative, rest neutral)
- Spoke with over 124 patients and 83 carers and family members or ex patients – generally positive with some saying the trust needed to improve
- Held two open 'listening' events to gather the views of the local community
- Visited 18 wards and 28 community settings
- Attended five patient/service user meetings
- Observed 110 episodes of care in wards and the community
- Looked at the personal care or treatment records of 270 patients
- Interviewed 271 individual members of staff
- Held 16 focus groups on four different sites across the trust for a range of staff groups
- Attended multidisciplinary team meetings
- Observed handovers
- Reviewed information we had asked the trust to provide
- Liaised with local stakeholders, commissioners and local authority representatives
- Interviewed the CE, all members of the executive team and three non executives
- Spoke to four governors

Staff were willing to talk to us, were giving of their time, open and honest and all we met wanted to do a good job and wanted to improve care for patients.

Our findings – good practice



Identified 12 areas of very good practice (practice over and above that which would be expected):

Examples include:

- Recovery college for Gloucestershire
- Intensive health outreach team provided intensive support to patients with a learning disability in Gloucestershire to ensure the physical health needs of patients with a learning disability were met
- The Hereford CLDT had developed a range of good, preventative groups to help patients who used services remain physically and mentally well.
- In response to the increase in patients with palliative care needs, the trust had made a decision to offer end of life care on the older age adult wards, where the patient has been in the service for a short time (unless they chose to go home).
- The managing memory team ran a dementia training and education programme.
- The children and young people's team in Gloucester provided the reunification project that supported the safe return of children and young people in care, back to their families using a multi-agency approach.
- Hereford CAMHS had been working with the local military base providing a prompt and responsive service to children of military personnel so that they can access support at the earliest opportunity.

Rated two services 'outstanding' overall:

Acute/PICU services:

- Outstanding for 2 key questions – are services safe and are services well-led
- Underlying philosophy of providing care in partnership with patients
- Tailoring interventions to meet individual patient needs
- Excellent relational security – open door policy but with clear management of patients detained under the MHA
- Traditional seclusion not used – worked with patients to manage challenging behaviour through considered and supportive interactions
- Excellent environment and an ethos of continuous improvement

Crisis and health based place of safety services:

- Outstanding for 2 key questions – are services caring and are services responsive
- Strong patient centred culture – supporting physical health, emotional well-being and social needs
- Well-managed HBPS – excellent environment – good working with police and others
- Crisis teams saw people quickly and all had robust risk assessments and care plans

Our findings



- Throughout the trust - kind, caring, compassionate and enthusiastic staff who treated people with dignity and respect, want to deliver good quality care and want to improve
- Good emotional support for patients and clear evidence of supporting cultural and diverse needs
- Experienced, skilled and committed board, inspirational and dedicated executive team and board of governors who provided robust challenge
- Many skilled and experienced leaders across the trust, enthusiastic and highly competent staff – working hard to deliver day to day care whilst looking to ensure services were sustainable and fit for the future
- Clear vision, good governance – structures and committees, robust monitoring of risk, board engagement with patients and staff, good financial control
- Good staff morale – positive about their leaders
- Generally good staffing levels, good training opportunities, good uptake of mandatory training
- Excellent multidisciplinary team working across the trust – striving to make a difference
- Staff good at recognising safeguarding issues, reporting incidents, widespread culture of learning including sharing across the services
- Good bed management and timely discharge, particularly in adult inpatient services
- Positive plans being developed with commissions re tier 4 CAMHS beds
- Reducing restrictive interventions programme
- Good partnership working

But some areas needing improvement



15 breaches of regulations: requirement notices relating to each regulation breached – must do

- Received some negative comments from patients and carers – trust needs to ensure it hears these and responds appropriately (particularly re concerns and complaints)
- We rated the trust as ‘requires improvement’ for the key question ‘are services safe’ – pockets of poor practice and poor services - older people’s and rehab wards, wards and community for people with LD, community services for older people and adults of working age – non generic or widespread across the trust
- Need to agree/implement (in partnership with commissioners) a model for LD inpatient services in Gloucestershire – currently taking too long to reconfigure services – service not able to move on and develop – negative impact on patients and staff
- Using seclusion but not recognising it as such in LD wards
- Jenny Lind ward (OP inpatients) – standards for dignity and privacy not always met
- Rehab services – not following trust policies re incident reporting and facilities at Oak House needed significant improvement

But some areas needing improvement



- High case loads (300/1 WTE) in memory assessment services - annual reviews missed
- Poor environment at Lexham Lodge – trust responded immediately to provide a solution for patients attending memory clinics
- Long waits for psychology in Hereford (up to 6 months) – OP community services
- High sickness rates in OP community services in Herefordshire – staff not receiving clinical supervision in Gloucestershire OP community services
- Issues with sound proofing in Herefordshire community services for adults team base – confidentiality and privacy issues. Cleaning arrangements needed attention
- Issues re recording in RiO in a number of services across the trust – not always clear whether patients had been involved in planning care, some missing information and information not recorded in correct places. Staff in community travelling long distances to up load information to RiO – trust addressing this

In addition, 58 should do actions - that would help improve care for patients

In summary:



2gether NHS Foundation Trust has much to be proud of

We rated it as 'good' overall







It is our view that:

- the trust provided caring, effective and responsive services to the people it serves. In the main services were safe although some improvements were needed in some services
- it was a well-led organisation and we are confident that the trust will continue to ensure it delivers high quality, contemporary and innovative services and will ensure improvements are made in all the areas that we have identified as needing improvement
- we will be working with the trust to agree and action plan to assist it in making improvements were needed.
- we will re inspect the trust in the future and hope to find improvements in all the areas identified but also the maintenance of good services and a drive to deliver 'outstanding' services.

Provider level ratings for 2gether NHS Foundation Trust



Ratings based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Are services safe?	Rating 
Are services effective?	Rating 
Are services caring?	Rating 
Are services responsive	Rating 
Are services well-led?	Rating 
Provider overall	Rating 

Ratings grid – 2gether NHS FT



	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Outstanding	Good	Good	Good	Outstanding	Outstanding
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Forensic inpatient / secure wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Good	Good
Mental health crisis services and health based places of safety	Good	Good	Outstanding	Outstanding	Good	Outstanding
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community mental health services for people with a learning disability or autism	Good	Good	Good	Good	Requires Improvement	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Thank you
Any Questions?