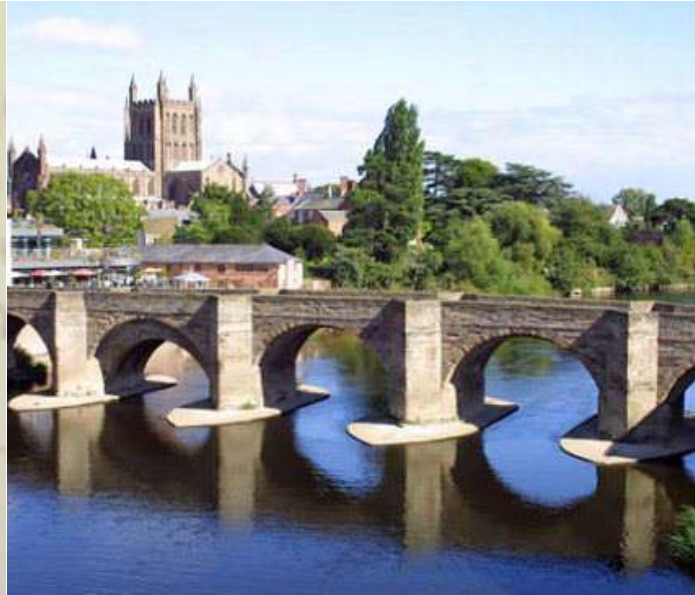


# 2gether for Herefordshire

## July 2016



A presentation for Herefordshire's Health and Care Overview and Scrutiny Committee

# Contents

1. Introduction to 2gether NHS Foundation Trust for Herefordshire
2. CQC Comprehensive Inspection, Outcome and Action Plan
3. Key work completed throughout 2015 / 16
4. Successes – performance and outcome 2015 / 16
5. Challenges - and actions taken to respond 2015 / 16
6. Performance against benchmarks (positive and negative exceptions)
7. Service user and family carer perceptions of service
8. Social Inclusion, Tackling Stigma, Public Engagement activities
9. Our staff
10. Key areas of concern for the coming year 2016 / 17
11. Areas of risk for coming year and mitigation 2016 / 17
12. Areas for further scrutiny / task and finish workshops

\* Please see slide 49 for key to abbreviations

# 1. Introduction

## Key facts for Herefordshire 2gether services in 2015 / 16

- 92% of people who took part in our survey would recommend 2gether's Herefordshire services
- 393 Compliments
- 28 Complaints
- 315 public members in Herefordshire – largest increase
- 8 dedicated volunteers from Herefordshire



4 Experts by Experience formed new 'Keep it Simple' Forum

# 1. Introduction

## Key facts for Herefordshire 2gether services in 2015 / 16

- 50,465 face to face attendances
- 3,828 first treatment appointments
- Circa 300 dedicated staff members for 2gether's Herefordshire services
- Gold Star for Triangle of Care implementation



1<sup>st</sup> NHS Mental Health  
Armed Forces Corporate Covenant

# 1. Introduction

## Key facts for Herefordshire 2gether services in 2015 / 16

- 1<sup>st</sup> organisation to implement Time to Change Mental Health Practitioners (Tackling Stigma) initiative
- Continued partnership with Alzheimer's Society
- 18 sessions “Play Your Part” drama group in Courtyard Theatre link with Stonebow Unit

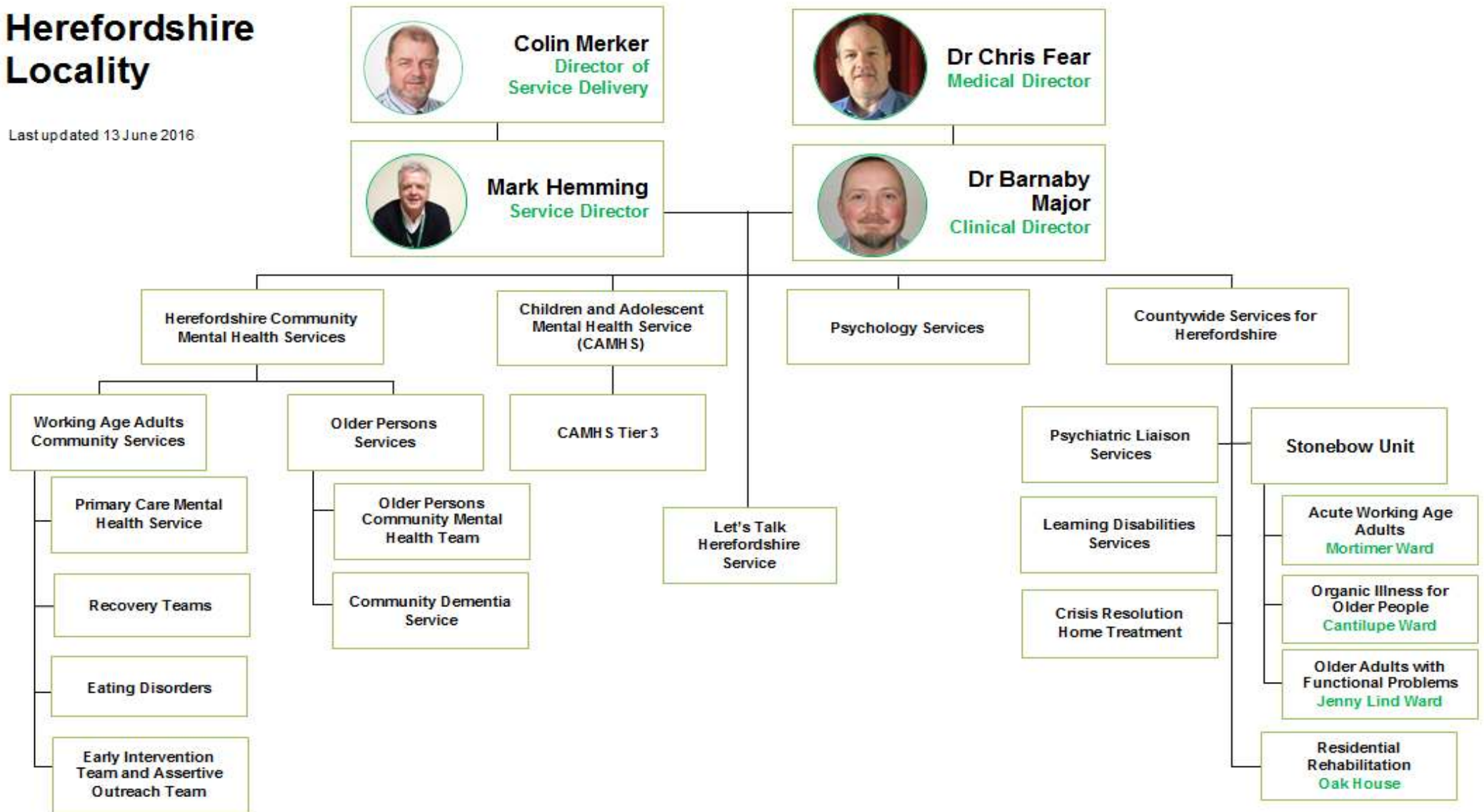


2<sup>nd</sup> most popular Crucial Crew Herefordshire session

# 1. Introduction

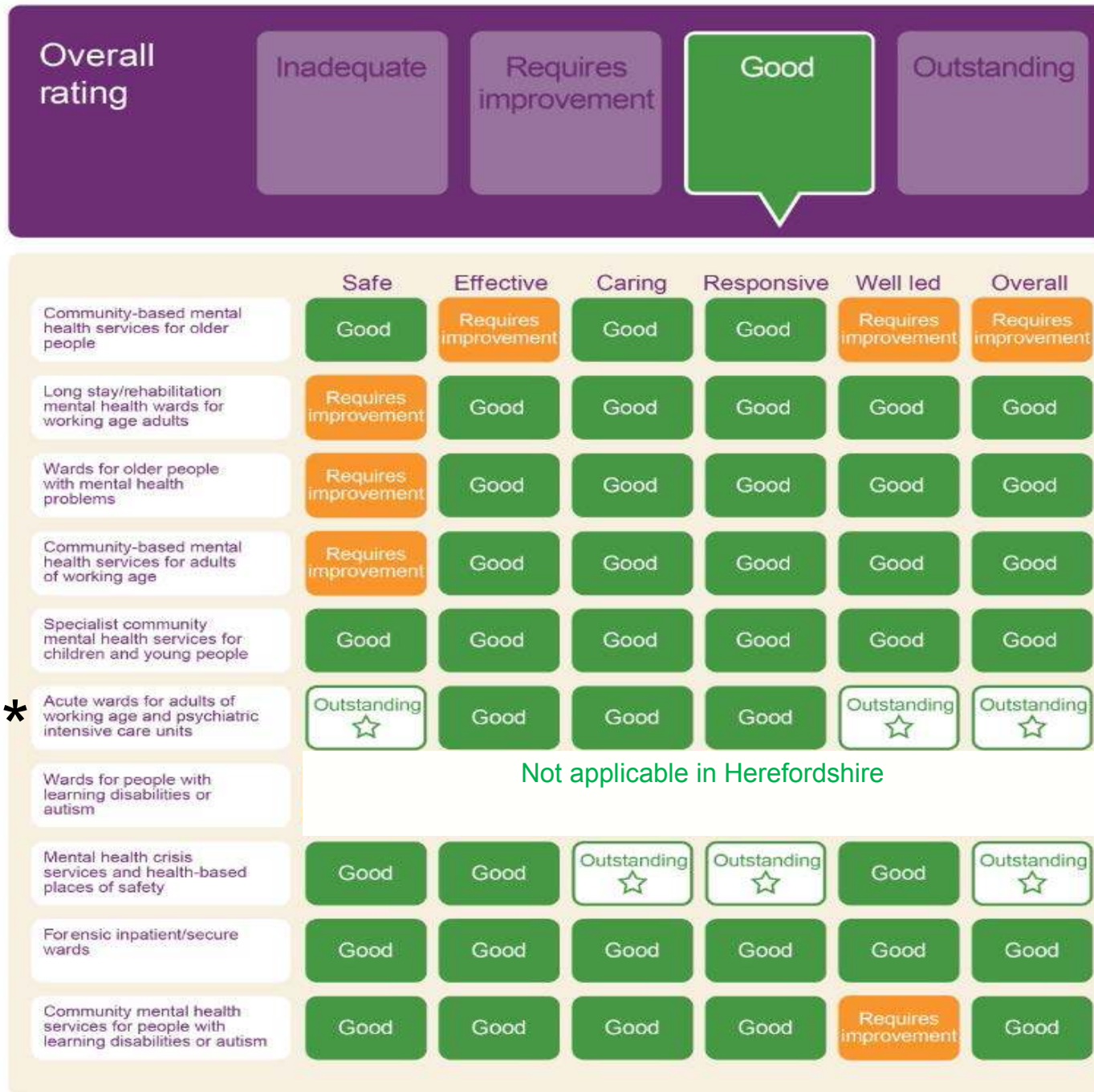
## Herefordshire Locality

Last updated 13 June 2016



# 2. CQC Comprehensive Inspection 2015

• A full copy of the Comprehensive Inspection Report can be seen [here](#).



\* NB Herefordshire does not have a health based 'place of safety'. The CQC view about our place of safety (rated as 'outstanding' relates to Gloucestershire's place of safety)

## 2. CQC Comprehensive Inspection 2015

### Examples of good practice noted by the CQC for 2gether's Herefordshire Services:

- *The Hereford Community Learning Disabilities Team had developed a range of good, preventative groups to help patients who used services remain physically and mentally well.*
- *The Stonebow Unit was well equipped with a range of rooms and equipment including music rooms, practice kitchens, physiotherapy suites and art studios. The Stonebow Unit was spacious and modern in feel.*
- *Hereford Children and Adolescent Mental Health Services have 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.*
- *Good partnership working*
- *Excellent multidisciplinary team working across the trust – striving to make a difference*
- *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*



### ***Example 1- Community Teams Working Age Adults (Rated 'good')***

*In Herefordshire, following an initiative to improve availability of psychological interventions, there were no waiting times in mental health community services for adults.*

*The psychology teams could offer both long and short term therapy. They had made the service more equitable and were providing some form of psychological input to 35% of the whole patient load. One patient we spoke to, who was being treated by the Herefordshire recovery team, had been having counselling for three years and said it was excellent..*

### *Example 2- Children and Young Peoples Service (CAHMS) (Rated 'good')*

*Observation by CQC about services for Children and Young People's mental health provision in Herefordshire*

*A tier 3 service through a multidisciplinary team delivering mental health interventions to children and young people with complex moderate to severe mental health difficulties and a learning disability service. There is no tier 2 service for 0-10 year olds and support for looked after children is provided by a voluntary sector organisation who work closely with CAMHS.*

## 2. CQC Comprehensive Inspection 2015

### ***Example 3- Community Teams Working Age Adults (Rated 'good')***

*Physical healthcare needs were taken into consideration in all of the teams we visited although there was varying provision. Patients physical health checks were undertaken by their GPs and some teams would remind the GPs to do this. To complement the role of the GP, there was a band four support worker in the Gloucester recovery team who provided physical health, smoking cessation and general health advice. In Herefordshire assertive outreach team a former GP had been appointed and they were monitoring physical health jointly with the team consultant psychiatrist*

## 2. CQC Comprehensive Inspection 2015

### *Example 4 – Crisis Resolution and Home Treatment Teams (Rated 'Outstanding')*

*The teams contained a mix of experienced support workers and qualified staff. They included occupational therapists, nurses, social workers, support workers, doctors, approved mental health professionals and administrators. There was a psychologist attached to the Herefordshire crisis team who was able to support and direct patients to group therapies at the Stonebow unit. Pharmacy was provided via a service level agreement for specialist mental health pharmacists. They were available for consultation and advice but could not extend to attending multi-disciplinary meetings. Staff and the pharmacy reported good working relationships. The pharmacy team operated an on call system for out-of-hours enquiries.*

*...all of the Herefordshire patients [crisis team] told us they had received their care plan.*

## 2. CQC Comprehensive Inspection 2015

### *Example 5 – Acute inpatient care (Rated ‘outstanding’)*

*The Stonebow Unit was well equipped with a range of rooms and equipment including music rooms, practice kitchens, physiotherapy suites and art studios. The Stonebow Unit was spacious and modern in feel.*

*On all wards patients were able to make hot drinks and snacks 24 hours a day.*

- All bedrooms on every ward across both sites were equipped with lockable draws and or lockers for the safe keeping of belongings.*

- There was access to interpreters, including British sign language. The trust had a contract with an interpreter service. During our inspection we witnessed the use of interpreters to communicate with patients’ and carers due to language barriers.*

- All 24 patients we spoke to knew how to complain. The complaints process was clear and patients were supported to complain by staff and external agencies such as the advocacy service*

## 2. CQC Comprehensive Inspection 2015

- Quality Summit of partner organisations including commissioners of services.
- CQC Project Board led by the Director of Quality
- Comprehensive action plan developed for service development in both counties

Examples of development required by the CQC of 2gether's Herefordshire Services:	Action to date	Assurance
Same sex accommodation	<p>New protocol arrangements to confirm mixed sex compliance are operational. Quality visit has taken place on 4th March 2016 with CCG; 2g Director of Quality and Service Director to confirm arrangements. Long term solution options being appraised.</p> <p>Plan in place to deliver for same sex compliance on ward for October 2017.</p>	<p>Full</p> <p>Significant</p>
Long waits for psychological therapy	<p>WTE increased the week following inspection and Waiting list time is reduced to approx. 8 weeks.</p>	<p>Full</p>
Soundproofing of office walls	<p>Develop plans to improve access to waiting areas in the Linden Centre.</p> <p>Review acoustics at Evergreen House and the Linden Centre.</p> <p>Meeting arranged with Wye Valley Trust to discuss improvements.</p>	<p>Limited</p>
Supervision of staff in one team and sickness levels	<p>Robust supervision processes are in place which will be audited against the reviewed Trust policy. Management supervision has been booked for staff for the next 12 months. The lead nurse for dementia is providing clinical supervision for staff on a regular basis, Team supervision is reviewed and an assurance of this provided at monthly Team Managers Meetings.</p>	<p>Significant</p>

## 2. CQC Comprehensive Inspection 2015

Examples of development required by the CQC of 2gether's Herefordshire Services:	Action to date	Assurance
<ul style="list-style-type: none"> <li>Quality Summit of partner organisations including commissioners of services.</li> <li>CQC Project Board led by the Director of Quality</li> <li>Comprehensive action plan developed for service development in both counties</li> </ul>		
<p>Links with Social Care (Social Care staff recently withdrawn from teams)</p>	<p>Regular monthly meetings are in place with managers from Social Care. Working groups have been set up to address operational interface difficulties. Executive escalation takes place where appropriate. Noted at trust Governance meetings</p>	<p>Significant</p>
<p>Community facilities at Hereford, and Oak House in need of maintaining for hygiene and repair.</p>	<p>The cleaning schedules, procedures and cleaning hours for 27a St Owen Street have been reviewed. More robust arrangement of oversight of all sites in Herefordshire e.g. Stonebow and 27a have been put in place. Infection control lead has stepped up audit process to ensure progress is sustained. Sodexo have increased supervision of the cleaning in the premises.</p>	<p>Full</p>
<p>Records on the electronic recording system did not consistently show consent to treatment discussions had taken place in Hereford</p>	<p>RIO recording practice briefing has been sent to all staff (Herefordshire) Information leaflets and recording in care plans already in place.(Gloucestershire)</p>	<p>Full</p>

## 3. Key Work Completed in 2015 /16

### Strategic

- **Successful CQC Inspection** - A full copy of the Comprehensive Inspection Report can be seen [here](#).
- **Proactive members** of the Herefordshire and Worcestershire system wide Sustainability and Transformation Plan (STP) process
- **Relocation of Services to Belmont** – Services from Monkmoor and Widemarsh Street successfully relocated to Belmont in January 2016. Recovery Teams and Psychology Services to move later in the year.
- **Proactive members of the** One Herefordshire Transformation Programme



## 3. Key Work Completed in 2015 /16

### Qualitative

- Completed **all 6 CQUIN Quality development requirements** by Herefordshire CCG including:
  - Improving Physical healthcare: Cardio Metabolic Assessment for patients with schizophrenia
  - Improving physical healthcare: Communication with GPs
  - Urgent and Emergency Care: development of an adult personalised discharge care plan
  - Urgent and Emergency Care : Improvement in Crisis Contingency Planning
  - Development of Personality Disorder consultation
  - IAPT Vulnerable service users
- Introduced **physical health management** plan together with an individualised exercise plan with Oak House patients
- Ward based **activities** at Stonebow Unit enhanced
- Training in **positive behavioural support** commenced
- Physical health **screening service** for Early Intervention Service
- Pioneering **engagement at an allotment** with people with enduring illness

## 4. Successes in 2015 /16 – performance and outcome

- Rated '**GOOD**' overall by CQC in October 2015 Comprehensive inspection
- The only '**OUTSTANDING**' rating for some services in England
- **Green Rating** for CQC Governance since the Foundation Trust was established in 2007
- Level 3 Monitor (NHS Improvement) Financial Risk Rating
- We met all of our **20 Monitor Key Performance Indicators** (KPIs) (100% Achievement)
- We met all of our **27 DH KPIs** except 1 – We have had to admit 4 young people under the age of 18 to our adult inpatient wards over the course of the year – (96.2% Achievement)
- Awarded all **6 of our Commissioning for Quality and Innovation** (CQUIN) Targets – (100% Achievement)
- We met **23 of our 29 Herefordshire** contract specific KPIs – (79.3% Achievement)

25-27a  
St. Owen Street

2gether  
Making life better

Foundation Trust  
For Herefordshire

## 5. Challenges and action taken to respond in 2015 /16

### **KPIs (Herefordshire contract) not met in 15/16**

- Number of people moving to recovery within IAPT services - 33% against a target of 50%
- IAPT achieving 15% of patients entering the service against prevalence – Annual target of 2,178, actual number of patients entering the service – 2,005 (13.8%)
- Number on recovery caseload who have not been seen face-to-face within 90 days – 15 of 493 against a target of 0 (3%)
- No children under 18 admitted to adult in-patient wards - 4 were admitted against a target of 0
- Specialist Memory Clinic: service users offered an appointment within 4 weeks (95% against a target of 100%)
- 100% of people within the memory assessment service with a working diagnosis of dementia to have an initial care plan agreed within 4 weeks of diagnosis or discharge from memory service - (97% against a target of 100%)

## 5. Challenges and action taken to respond in 2015 /16

### **Actions being taken**

- IAPT service KPIs are not being met – the NHS England Intensive Support Team has been working with the Trust and Herefordshire CCG collectively and an action plan is being developed to tackle the issues. We anticipate that it will take well into 2016/17 to resolve and require additional resources.
- Community Dementia Service improvement – work has been undertaken in streamlining processes and reviewing pathways to improve the service for service users and carers. Targets are now being met and Friends and Family test responses are positive
- Service Development plan for Learning Disability – Improvement plan developed which has been monitored by the Learning Disability Operational Meeting. Learning Disability Treatment pathways were also reviewed.



## 6. Performance against benchmarks (Positive and negative)

### February 2016 NHS Benchmarking Network Mental Health Benchmarking report

#### 1) Trust Performing well in comparison to other similar Trusts (Positive Exceptions):

- Acute Adult Delayed Transfers of Care – 1.5% (Mean – 4.7%)
- Older Adult Delayed Transfers of Care – 1.6% (Mean – 8%)
- Serious Incidents/100,000 Occupied Bed Days – 7 (Mean – 26)
- Physical Violence to Pts/100,000 Occupied Bed Days – 47 (Mean – 105)
- Early Intervention Contacts / Patient – 71.6 (Mean – 38.9)
- Patient experience reports (CQC patient survey)

#### 2) Trust requires development in comparison to other Trusts (Negative Exceptions):

- Acute Adult Qualified Nurses/10 beds – 6.1 (Mean – 7.5)
- Older Adult Consultant Psychiatrists /10 beds – 0.1 (Mean 0.5) \*

- NB we believe that this point may be more positive than indicated as 2gether Herefordshire has three Older Adult Consultant Psychiatrists which would indicate 0.3 rather than 0.1





# Service Experience



The Trust culture is to welcome feedback including **complaints**, **concerns**, **comments** and **compliments** from any service user or their representative to learn from / take action to develop whenever possible.

### You Said

I was not fully involved in the discharge plans of my spouse

### We did:

We offered an apology and explained that we are implementing the 'Triangle of Care' which recognises and encourages the full involvement of carers in all aspects of care and treatment

**Survey activity**, **focus group activity** and **peer led visits** are also used to gather feedback and influence learning.

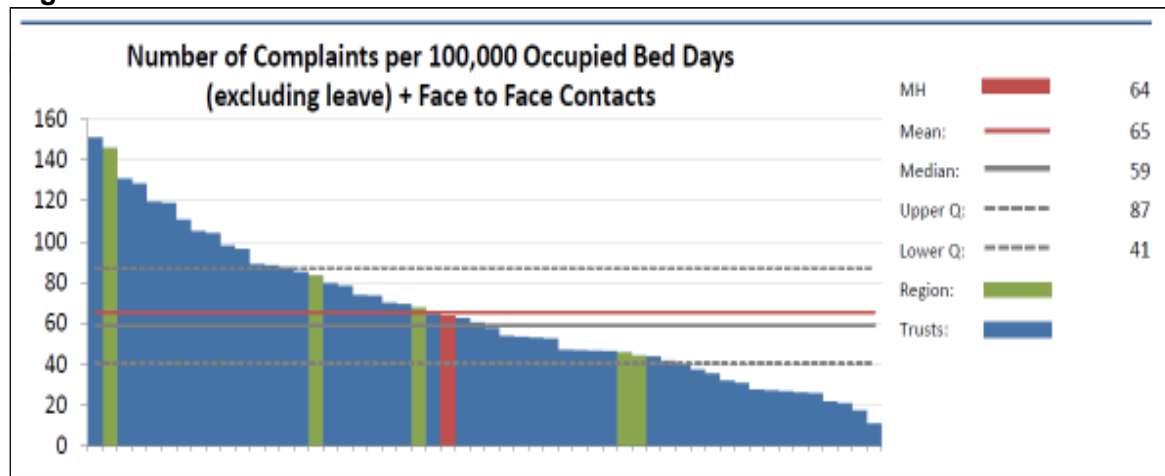
# 7. Service user and carer / family member feedback

## Complaints

The CQC Comprehensive Inspection, October 2015 noted that:

*The Trust operates an **effective complaints system**. Information relating to complaints past and present were orderly and up to date. The complaints staff were able to speak with knowledge, confidence and transparency of past and present complaints. Staff felt confident in handling complaints from patients. All staff we spoke to about complaints said they would make efforts to resolve any complaint before it became formal. Staff were also happy to support patients in making formal complaints. The complaints service fed back the outcome of complaints to the relevant team manager.*

Figure 1



2gether takes part in a national benchmarking process. Which includes comparisons of complaints

The number of complaints reported across health care organisations in relation to people seen features in Figure 1. In this calculation, 2gether NHS Foundation Trust had one complaint less than the national average in 2015.

The 2gether Trust Annual Report on Complaints can be accessed in the following published link (Paper E): [here](#).

Figure 2 Percentage of people seen who subsequently complain per quarter year April 2013 - date

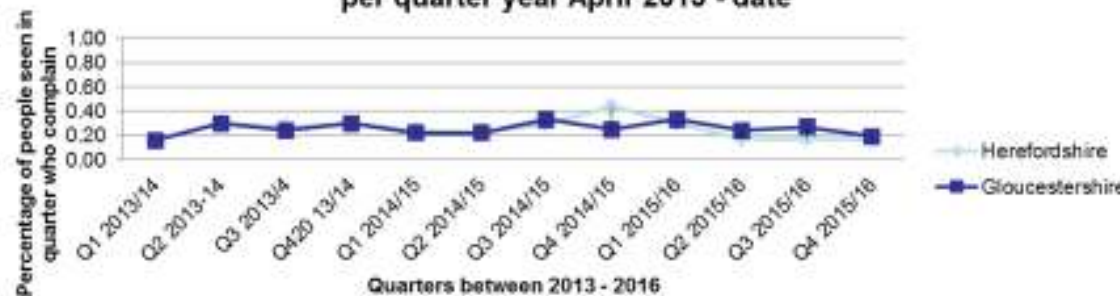


Figure 2 illustrates that the number of patients on caseload each quarter in relation to the number of complaint submitted by service users and their carers has remained relatively constant over recent years.

In 2015 /16 **28 complaints** were made about aspects of 2gethers service in Herefordshire.

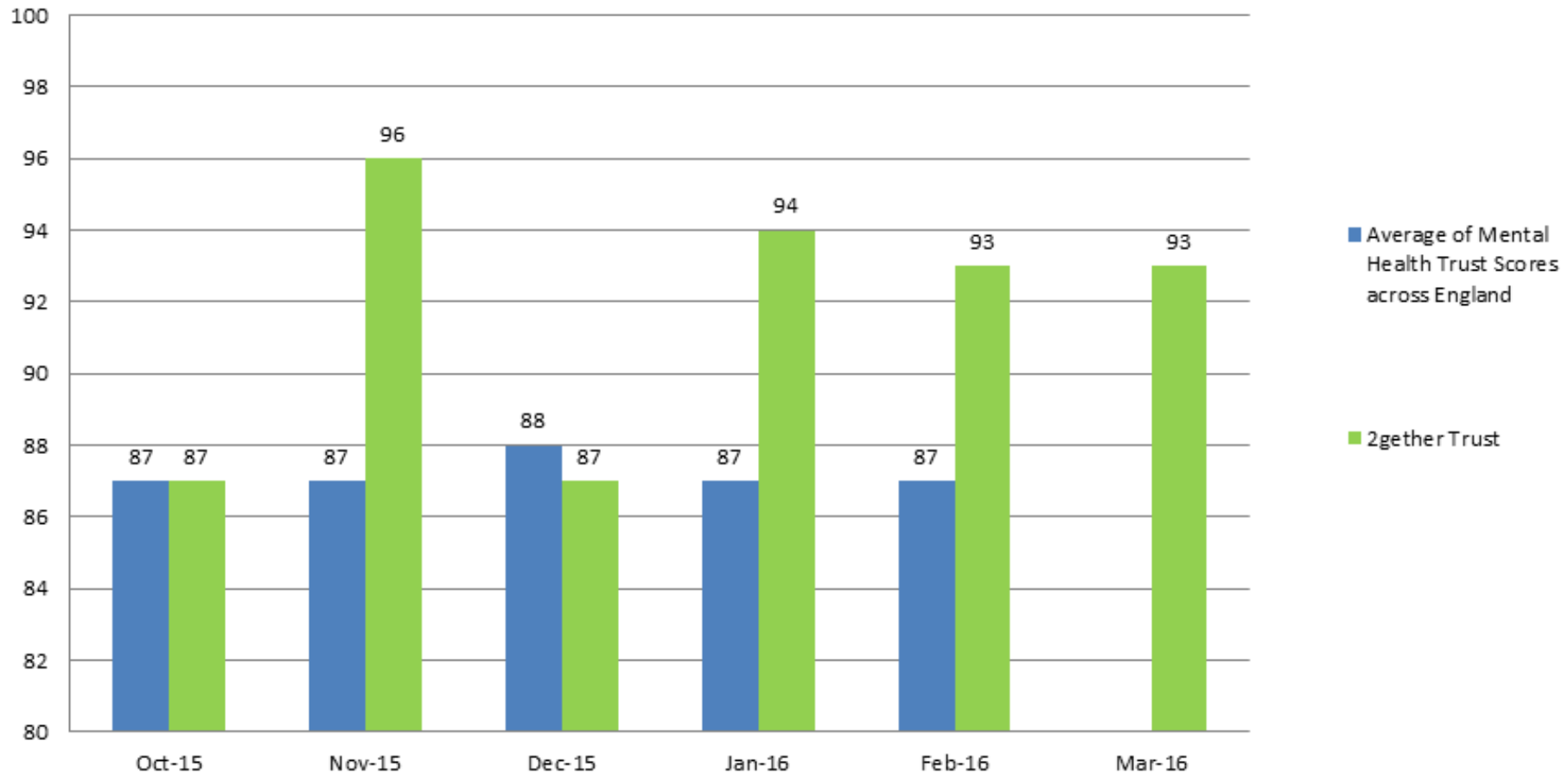
Of those complaints referred to the Parliamentary Health Services Ombudsman, none were upheld. Generally, the Ombudsman upholds about a third of those referred.

# 7. Service user and carer / family member feedback

## Service User & Carer Feedback - benchmark (Friends and Family Test, Q3 and 4 2015/16)


**92%** of people who responded in **Herefordshire** said that they would recommend 2gether's Herefordshire services

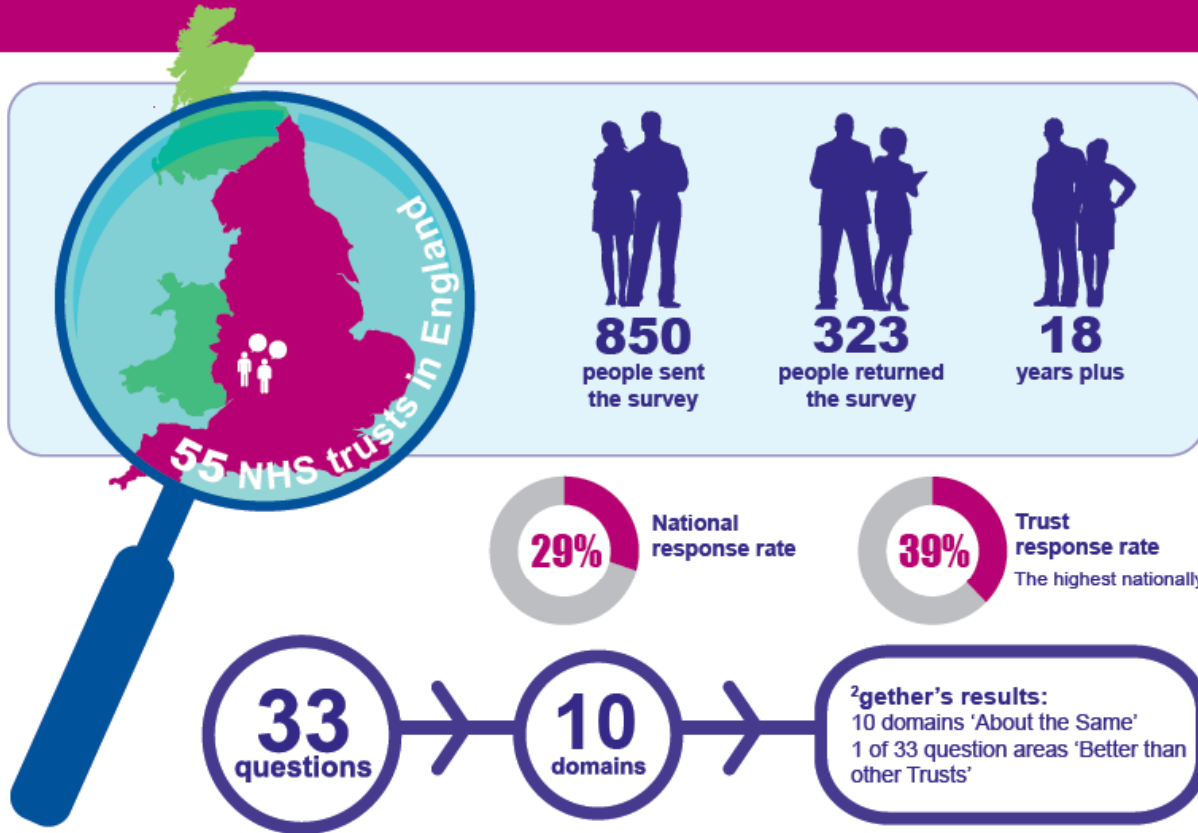
**Percentage of people who would recommend services**



# 7. Service user and carer / family member feedback



## National Mental Health Community Patient Survey Results 2015 Gloucestershire and Herefordshire

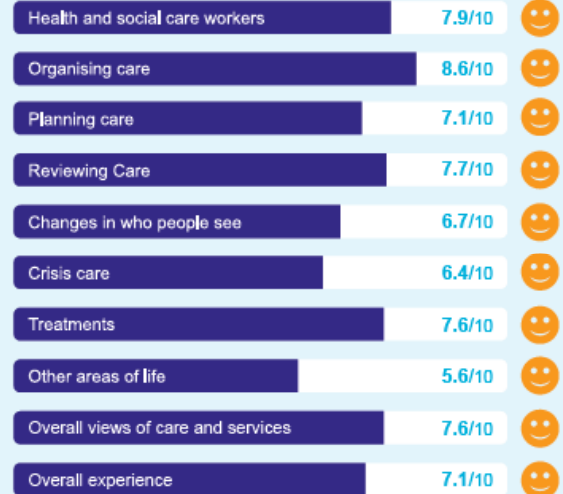
<sup>2</sup>gether  
NHS Foundation Trust 



### Results of 10 domains

Each domain compared to other trusts

 Better  About the same  Below



#### Highlighted nationally as amongst the highest trusts rated:

- Listening carefully to our service users
- Knowing how to contact a care worker if concerned about care
- Checking if service users were getting along with their medication
- Proving help or advice in finding or keeping work
- Involving family as much as a service user would like
- Treating service users with respect and dignity

#### Areas for further focus:

- Involving service users in care planning meetings and decisions about medicines
- Understanding an individual's interests and circumstances
- Signposting and supporting individuals to other agencies for social engagement
- Supporting care in a crisis situation
- Providing information and support from people with lived experience through the Recovery College model




[Click here to see results published online and comparisons with other MH Trusts](#)

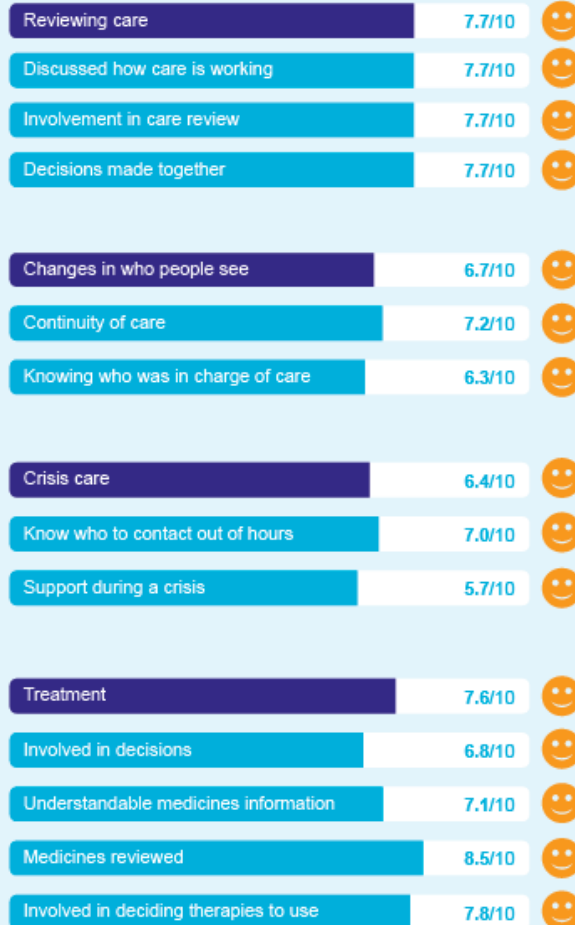
# 7. Service user and carer / family member feedback

## National Mental Health Community Patient Survey Results 2015 Gloucestershire and Herefordshire

### Results of 33 questions

Each domain includes a number of questions. These are each compared to other trusts using this key:

 Better  About the same  Below



It's Time to Change...

We're Tackling Stigma <sup>2</sup>gether



## 8. Social Inclusion, Tackling Stigma, Public Engagement activities

- Triangle of Care and Gold Star Award
- Patient Story at Board
- Healthwatch Question Time
- Big White Wall pilot
- Football
- Dog Walking
- Establishment of a Veterans' Support Group
- Travelling communities
- Experts by Experience programme
- Thinking Ahead events
- Herefordshire Festival of Sport
- 15 Steps Challenge
- Mental Health First Aid



# 8. Social Inclusion, Tackling Stigma, Public Engagement activities

## Public Engagement



Herefordshire and Ludlow College Link





## 9. Our staff

*We witnessed that the senior management team of this service were well known to staff and had a visible presence around both units. We were told, during staff interviews that senior managers had spent time on wards and had supported staff after adverse incidents.*

*Staff received mandatory training and all ward managers reported that they are over 90% compliant with training KPIs although we did not review any records to show that this was the case. There was also provision for staff to undertake role specific training.*

*All staff reported a high level of job satisfaction and sense of empowerment.*

CQC 2015 Re: Stonebow Unit  
**Acute inpatient care (Rated 'outstanding')**



ROSCA 2015  
Awards Ceremony, Herefordshire winners

Herefordshire staff data:

Sickness absence

6.27% over year (reduced at April 16 - 4.51%)

Appraisals

71% at April 2016



Mandatory training

85% at May 2016



# Ways Let's Talk can help you



twitter.com/2getherTrust   
facebook.com/2getherNHS 

Let's Talk is a free service by Herefordshire's 2gether NHS Foundation Trust.

We understand how difficult it can be so we are here to listen, help and suggest the best way forward for you. Getting support now can help you think, feel and act more positively. This infographic explains the services we offer and how to contact us.



**Guidance**  
Visit your local library and loan a self-help book that is recommended by your local NHS. You can ask the librarian for a Books on Prescription list or look out for our Let's Talk stickers on relevant books.



**Courses**  
Our trained therapists offer a wide range of courses to help manage difficult days, lift your mood and improve your overall wellbeing. Courses are held in Herefordshire and run at different times, on various days of the week.



**Talking Therapy**  
One to one therapy is available for people who may need individual support. Therapy is provided over the phone, face to face in person or using a webcam.



Our website address is  
[www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk)



Telephone us on  
0800 073 2200



Visit your GP  
for a referral



Let's Talk Herefordshire  
Benet Building, Ruckhall Lane  
Belmont, Hereford, HR2 9RP

## 10. Key Areas of Concentration for the coming year

- Lets Talk (IAPT) Service Action Plan
- Expansion of the Psychiatric Liaison Service into Wye Valley Trust inpatient units
- Reconfiguration of wards at Stonebow Unit
- Children and Adolescent Mental Health Service (CAMHS) service developments – development of an Eating Disorder Service and extended hours duty system.
- Transforming Care in Learning Disability Services
- Development of the Early Intervention Service to meet the new national requirements
- Reduction in usage of bank and agency staff
- Supporting the wider One Herefordshire Transformation Programme





# 11. Areas of risk and associated action for the coming year

## Areas of risk and associated actions for the coming year

### Workforce Risks:

- Risk of maintaining a high usage of bank and agency staff
- Risk that we are unable to fill key posts including doctors, nurses, Allied Health and Psychological professions

### Actions:

- Trust has developed a strategic approach to recruitment – for example is attending a number of recruitment fairs to promote Herefordshire and the good reputation of the Trust
- Rationalisation of the way staff bank works across the Trust
- All usage of bank and agency staff is monitored and reviewed on a weekly basis.
- Initiatives to recruit students early
- Consideration being given to support unqualified staff to undertake nurse training

# 11. Areas of risk and associated action for the coming year

## **Service Delivery risk**

- IAPT Intensive Support Team report and action plan - IAPT is our biggest care and quality gap to resolve in 2016/17 at the current time  
ACTION – plan currently being finalised
- Resources to enable us to address the national ‘must dos’ associated with the Early Intervention for Psychosis waiting times are being negotiated with Herefordshire CCG

## **Strategic and system risk**

- Financial pressures on NHS and Social Care, coupled with increased demand means efficiencies and transformation working are required.
- Herefordshire and Worcestershire STP will require considerable resource to achieve
- One Herefordshire Transformation Programme continues to evolve. Currently linked closely to STP to reduce any duplication of work  
ACTION – working in partnership and investing in leadership



## 12. Areas that might benefit from an input by HCOSC

- Recruitment issues across system
- Herefordshire and Worcestershire STP and systems of care for the people of Herefordshire
- Frailty and care of people with dementia
- Services for Children and Young People – pathways across system
- Suicide prevention – system approach



# Key to abbreviations

CAMHS Child and Adolescent Mental Health Service

CQC Care Quality Commission

CQUIN Commissioning for Quality and Innovation

DH Department of Health

FFT Friends and Family Test

GP General Practitioner

KPI Key Performance Indicators

IAPT Improving Access to Psychological Therapies

NHS National Health Service

PHSO Parliamentary Health Services Ombudsman

STP Sustainability and Transformation Plan

# Thank you

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