NHS

South West London and St George's Mental Health NHS Trust

Quality Account 2016/17

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Part 1: Chief Executive's statement

I am delighted to present our Quality Account for 2016/17.

This document provides an update on the progress we have made against our quality goals in 2016/17 and highlights some of the achievements our staff have made possible.

The Trust remains committed to the provision of consistent, high-quality and safe services and aims to continually improve the treatment and care provided for the people who use our services. Part of our commitment to quality is the continued development of our five year quality strategy which was reviewed and reported against this year. This strategy sets out quality objectives under 3 main domains; safety, clinical effectiveness and patient experience. Quality governance is embedded in all aspects of the Trust's activities and it remains everyone's responsibility to develop and improve services - seeking the evidence and knowledge available to do so. This was further strengthened this year as the Trust moved to clinically driven service line reporting which is led by our Clinical Directors.

There are a number of key highlights this year which reflect our positive quality achievements: I am pleased that the Trust received an amended overall rating from 'Requires Improvement' to 'Good' from the Care Quality Commission (CQC). This was after a focussed re-inspection in September 2016 which followed a comprehensive full inspection in March 2016. This demonstrates the significant improvements to quality that the organisation and its staff have made.

I am also pleased to note that the Trust is the top performing mental health trust in the country for the number of community patients rating their experience with us highly. We are one of only three NHS Trusts to achieve an overall score of 75% in the 2016 CQC Community Mental Health Survey.

Our plans to improve the acute care pathway for our service users came to fruition this year with the following:

- Lotus Assessment Suite at Springfield Hospital: opened in November 2016 and is a Psychiatric Decision Unit - open 24/7 where people with mental health needs in crisis can be safely assessed and supported as to whether they actually need an inpatient bed, or can agree what support they require in the community. This is a pioneering service and has been developed to support people in the least restrictive manner.
- Recovery Cafes: opened in South Wimbledon and Tooting in April 2017 to support people who may be experiencing a crisis in their mental health and need a safe space to access support in the community.
- Street Triage: five Street Triage teams have been set up in each of the boroughs that we serve. Our staff now accompany police to triage those in need at the point of emergency, avoiding unnecessary admissions as well as providing much needed support to the local police.

- Ellis Ward: opened in April 2016 on the Springfield site and has helped to significantly reduce out-of-area placements. This means people receive treatment as close to home as possible.

The involvement and co-production work with service users, carers, friends and family has been central to developing our services in particular around Making Safeguarding Personal and a number of equality and diversity initiatives.

This year the Board committed to a launch of the Quality Improvement and Innovation Programme (QII). QII provides a systematic programme to support and harness the capacity in staff across all teams to get started, learn new skills and approaches, and to deliver successful improvement projects both large and small. The true measure of success of the QII programme will be when our Trust is consistently improving in quality as rated by our service users, carers, staff and external regulators, such as the CQC.

This year the Trust has committed to six quality priorities which have been developed in partnership with service users, carers and our staff. These priorities are focused on the key areas where we need to make further improvements to quality. The embedding of service line management to improve the consistency of services will be key to making these a success:

- Quality Priority 1: Improve the consistency and capability of clinical care in adult community services
- Quality Priority 2: Patient Experience review
- Quality Priority 3: Reducing Violence & Aggression/use of restrictive practice
- Quality Priority 4: Preventing Suicide
- Quality Priority 5: Improved Physical Health for Service Users

Identifying suicide prevention as a Quality Priority demonstrates the Trust's commitment to suicide prevention. Suicide is a rare but extremely distressing event and national statistics indicate an increase in suicides. As an organisation, we are committed to working with all of our partners to ensure we have a suicide prevention strategy in place. Alongside this we will further strengthen the training and supervision our clinicians receive. We have also established a mortality committee, chaired by our Medical Director, who will, with our partners, oversee the delivery and evaluation of the strategy.

Looking ahead to our quality priorities for the next 12 months, the themes were discussed at the Clinical Quality Review Group, Patient Quality Forum and Carers, Friends and Family Reference Group and then developed into indicators using information provided by our clinical leads. The Quality Account was sent out to Clinical Commissioning Groups, Health Overview and Scrutiny Committees, Local Healthwatch organisations, the Patient Quality Forum, the Carers, Friends and Family Reference Group and sub-committees of the Trust Board for consultation prior to publication.

The Trust's sub-group to the Board, the Quality Assurance and Safety Assurance Group has signed off this Quality Account. To the best of my knowledge the information presented in this report is accurate.

Thank you to everyone who has helped us make continuous improvements to our quality and we look forward to building on these good foundations with your support.

David Bradley, Chief Executive

1.1 What is a Quality Account?

A Quality Account is an annual report detailing the quality of services that have been provided by an NHS healthcare provider, which is made available to the public.

It informs the public about the quality of services we deliver. In producing this report we are able to look back at the previous year and highlight where we are doing well and identify where we need to improve. The Quality Account also looks forward and details our priorities for improvement over the coming year.

1.2 Guidance on quality descriptors to help you when reading this document

QUALITY DESCRIPTORS	IMPROVEMENT ACTIVITY	COMMENTS
1. Trust Priorities	Given the multiple priorities in health and social services, the Trust agree quality improvement priorities with stakeholders	The priorities relate to: Safety / Patient Experience Clinical Effectiveness
2. CQUINS	Commissioning for Quality and Innovation (CQUIN)	These attract additional payments of 2.5% of overall annual income
3. Examples of Key Performance Indicators (KPI)	Provides performance measurements that define and measure progress	The KPI examples include: Complaints, Cardio Metabolic Assessment, 7-DFay follow up on discharged patients on a Care Programme Approach
4. National Clinical Audits	The National Clinical Audit Programme coordinated annual audits of specific conditions, assisting in benchmarking performance of providers in improving care	These are monitored against delivery targets in the Corporate Clinical Audit programme and report to the NICE and Clinical Audit Group
5. Local Audits against NICE Guidelines	In 2016/17 the Trust has undertaken 4 audits against NICE guidelines identifying areas for improvement	National Institute for Health and Care Excellence (*formerly National Institute for Clinical Excellence ("NICE")*) sets national standards of treatment and care
6. CQC Requirement Notices	Issued by the CQC where visits and inspections identify when standards require improvement	During 2016/17 this Trust was issued with 5 Requirement Notices
7. Core Quality Indicators	All Trusts are required to report against a set of core quality indicators set out in the Quality Account regulations.	These include: Serious Incidents, Community Survey, 7-day follow up on discharged patients on a Care Programme Approach, and Home Treatment Team gatekeeping for those admitted to inpatient services

We have used a "traffic light" system to rate how well we have done against the standards we have set for ourselves.

These are:

Red	Standard not met / poor result
Amber	Standard nearly met / adequate result
Green	Standard met / good result

1.3 Introduction - about us

South West London and St George's Mental Health NHS Trust (SWLSTG) was formed in 1994. SWLSTG is the main provider of integrated mental health and social care services in south west London. The Trust serves 1,200,000 people of all ages across the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. In 2016/2017 the Trust received approximately 28,000 referrals and had more than 383,000 contacts with service users (face-to-face or by telephone). In addition, 2,107 people were admitted into our inpatient units for more intensive treatment. The Trust received 12,107 referrals to its Improving Access to Psychological Therapy (IAPT) service.

Our turnover in 2016/2017 was £162 million and we employed an average of 1,898 (whole time equivalent) staff from a variety of professional backgrounds including psychiatrists, psychologists, mental health nurses and allied health professionals.

We deliver a full range of services through 120 teams and are dedicated in our commitment to supporting some of the most vulnerable people in our community.

1.4 Our strategy and service development

Our mission statement has been developed and agreed with our key stakeholders to support:

"Making life better together"

Our vision is that:

We aspire to be a cost-effective centre of excellence; a place where patients choose to be treated; where clinicians want to train and work; and where our stakeholders want to work with us.

Supporting our mission statement and vision are our core overarching strategic objectives:

Our values:

The Board agreed the Trust values following wide consultation with service users, carers and staff. These values will set the standards for how we:

- plan and make decisions;
- deliver quality care;
- behave with each other and service users; and
- recruit, induct, appraise and develop our staff.

We want to build on our position as the provider of local, specialist and national services by maintaining high standards of care and delivering a programme of continuous improvements in quality.

We want to provide information that enables people to see why we are the best choice for providing mental healthcare and wider community care.

We recognise that we have to be safe, caring, effective and innovative. We will work collaboratively with service users, carers, GPs, local authorities and commissioners to deliver the best care we can and ensure that services meet service users and their families' needs holistically. We will do this together with different organisations including charities and other NHS organisations.

Quality underpins all the care and support we offer and we will ensure that the clinical care we deliver is evidence-based and meets quality standards.

Quality Strategy

The key principles that underpin the Quality Strategy are:

- **Quality:** continuous quality improvement.
- **Partnership:** to work in partnership with stakeholders to deliver clinical care.
- **Parity of esteem:** put mental health on a par with physical health.
- **Recovery:** to live a meaningful life, despite serious mental illness.
- **Seamless care:** people moving through care and treatment seamlessly.
- **Outcomes:** demonstrating quality of care through meaningful outcomes.

Our strategy - the model of care

At the heart of our clinical strategy is our ambition to provide the best possible clinical care and support to service users and carers in the communities we serve. Our approach to care and support is to put the service user at the centre and use recovery approaches to enable people to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions.

The clinical strategy aligns with all our strategic aims by ensuring:

- **Improve quality and value:** the clinical care we deliver to service users, their families and carers is of high quality and makes effective use of resources.
- **Improve partnerships:** we will work in partnership with all our stakeholders to deliver care.
- **Improve co-production:** clinical care is delivered together with service users and carers making them the centre of decision making.
- **Improve recovery:** the clinical care we deliver is driven by the recovery principles, based on an individual's strengths.
- **Improve innovation:** our care will constantly improve and aim to achieve excellence in light of feedback and innovation.
- **Improve leadership and talent:** through education, research and innovation we will promote leadership to deliver high quality clinical care.

Both the Quality Strategy and Clinical Strategy were reviewed against progress in 2016/17. Each milestone was considered and an overview presented to the Trust Board.

1.5 Our core services

During 2016/2017 the Trust provided inpatient and community mental health services under five management teams: Kingston and Richmond, Sutton and Merton, Wandsworth, CAMHS and Specialist Services.

Our services include:

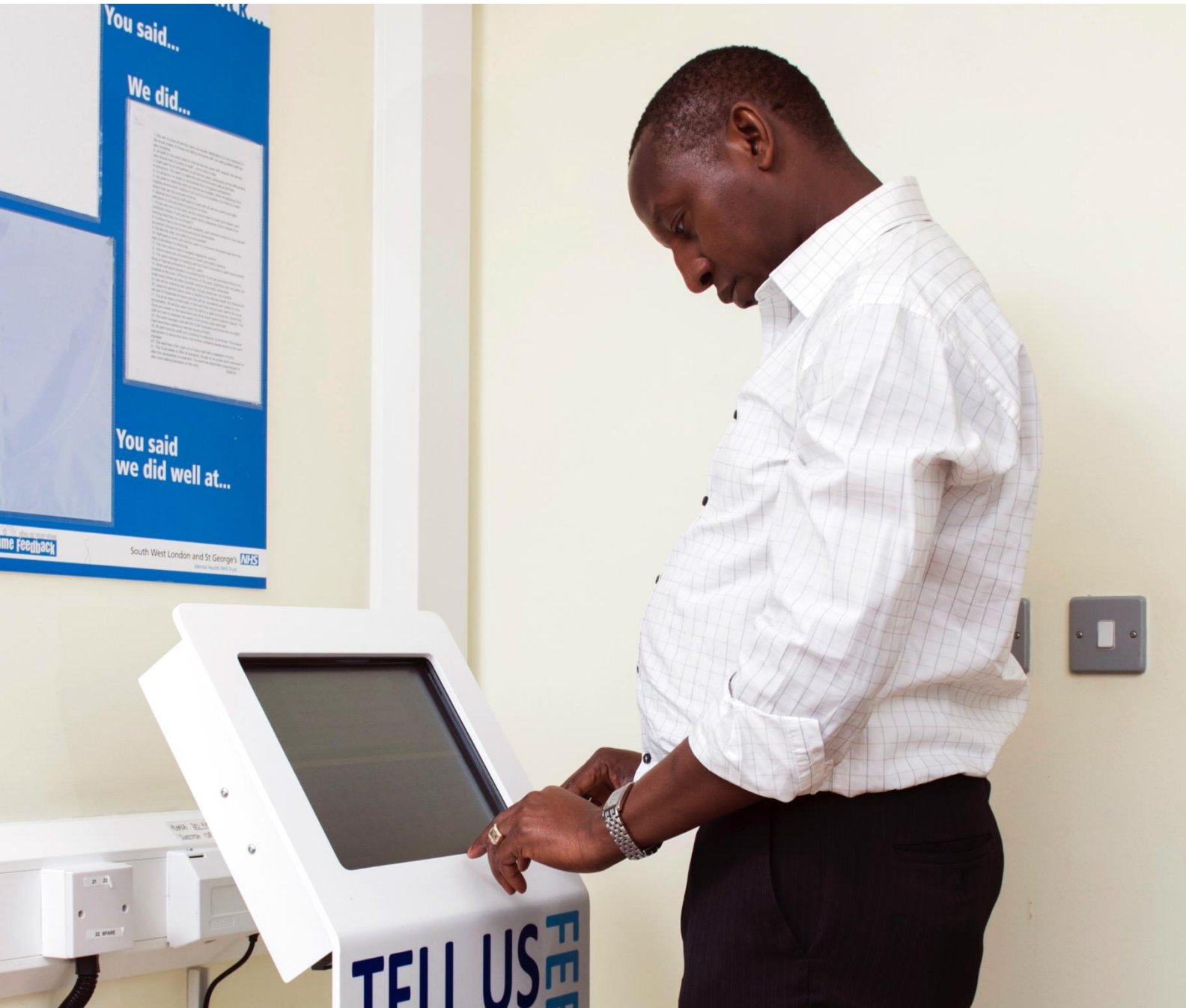
- **Adults of working age mental health** – including single points of assessment operating or planned in each borough, Early Intervention in Psychosis, Street Triage, Liaison Psychiatry, Psychiatric Decision Unit, Home Treatment Teams, Recovery and Support Teams, Crisis/Recovery Cafés, Recovery College and Inpatient and Psychiatric Intensive Care Services.
- **Older people's mental health** – including Memory Assessment, Challenging Behaviour Services, Intensive Home Treatment, Community Mental Health teams and inpatient services.
- **Child and adolescent mental health** – including single points of access in each borough, a range of borough and sector based community services and specialist inpatient services.
- **Community mental health services for people with a dual diagnosis of learning disabilities and mental health** – community teams operating in Wandsworth, Merton and Sutton.
- **Drug and alcohol services** - community teams operating in wider partnerships in Richmond, Sutton and Merton.
- **Increasing Access to Psychological Therapies Services (IAPT)** – services in Wandsworth and Sutton.
- **Rehabilitation services** – either embedded in our adults of working age mental health services, or operating as specialist teams and wards in Wandsworth.

Services are provided to adults of working age, older people, adults with learning difficulties and autism and children. In addition, the Trust also provides a range of specialist regional and national services, including services for deaf people, those with eating disorders, community-based and inpatient-based treatment of severe, obsessive-compulsive disorder, body dysmorphic disorder, forensics services, eating disorders and deaf services for children, adolescents and adults and neuro psychiatry.

1.6 Who we work with

In addition to working with services users, their carers, friends and family, the Trust also works closely with a range of commissioners and other health care partners in South West London:

- NHS England
- Five Clinical Commissioning Groups
- Five London Boroughs
- Five local Healthwatch
- Five Health and Wellbeing Boards and Health Overview and Scrutiny Committees
- Five GP federations
- Four acute trusts



Part 2a: Looking forward – priorities for improvement 2017/18

2a.1 How we decided our quality priorities for 2017/18

The Trust commenced its consultation on the quality priorities for 2017 in December 2016 by seeking views on quality themes from each clinical commissioning group, SWLSTG staff, service users and carers.

In preparation for the 2016/17 Quality Account, the Trust has undertaken an engagement programme where the Trust listened to the view of key stakeholders regarding the quality priorities for the Trust. Key stakeholders included:

- Trust staff including senior management
- Patient Quality Forum
- Carer Forum
- Local Commissioners and South East London Commissioning Support Unit
- Local Overview and Scrutiny Committees
- HealthWatch for Wandsworth, Merton, Sutton, Kingston and Richmond

Stakeholders were able to provide their views either by email or by attending a number of workshops arranged by the Trust.

Feedback collated, as well as CQC feedback, National Guidance and learning from serious Incidents all helped in identifying and developing our future Quality Priorities.

2a.2 Quality Account – Trust quality priorities for 2017/18

Following the engagement programme and after consultation and discussion with the Trust Board the areas of quality improvement for 2017/18 will be:

Quality Priority	Quality Domain	Measure	Monitoring Progress
Improve the consistency and capability of clinical care in adult community services Rollout of Community Quality Standards across all Recovery Support Teams Review and configuration of Care Programme Approach form available via the	Clinical effectiveness/Patient Experience	Compliance against Community Quality Standards	Quarterly Report to Quality Governance Group/Quality and Safety Assurance Committee

Trust Electronic Care Record			
Patient Experience Complete a full review of all patient experience outcomes and implement recommendations developed from report Implement 'You said, We did' Boards in all community waiting areas.	Patient Experience	Increase in the use of Real Time Feedback and Patient Opinion in low engagement services Service User/Carer representative present for all clinical post interview panel and all relevant Quality Governance meetings	Quarterly Report to Quality Governance Group/Quality and Safety Assurance Committee
Reducing Violence & Aggression/use of restrictive practice Co-production and implementation of quality improvement plan focused on reducing violence and aggression and restrictive practice using QII methodologies. To be informed by National initiatives and safe wards. Co-production and implementation of Patient Rated Experience Measure focussed on feeling safe on the unit.	Patient Safety/Experience	Reduction in the level of restraint by 10% Reduction in the level of seclusion by 10% Improved patient feedback in relation to feeling of safety on the unit	Quarterly Report to Quality Governance Group/Quality and Safety Assurance Committee
Preventing Suicide Audit of Risk assessments, data to feedback training content and training to become mandatory Review Quality standards in relation to 48-hour and 7-day follow up. Review attendance at borough level Public Health Suicide Prevention meetings Update Trust Suicide Prevention Strategy	Patient Safety/Experience	95% attendance of frontline staff for Risk Assessment Training Demonstrate reduction in suicide through internal audit	Quarterly Report to Quality Governance Group/Quality and Safety Assurance Committee

Improved Physical Health for Service Users Develop and implement physical health skills improvement plan informed by internal audit and feedback from inpatient simulation. Trust to be compliant with smoke-free national regulations.	Clinical Effectiveness	Improvement demonstrated in physical health skills audit of inpatient and community services with NEWS and BLS at 95% and triangulated with simulation feedback Trust to be compliant with smoke-free requirements in a manner in which people have experience being engaged	Quarterly Report to Quality Governance Group/Quality and Safety Assurance Committee
Improved Supervision for Trust staff Training for line managers in conduction quality supervision meetings Implement 'Holding difficult Conversation' meetings Introduce Exec/SLT site visit sessions	Clinical Effectiveness	Improved communication between line managers and staff in Staff Attitude Survey Supervision compliance at 85% or above	Quarterly Report to Quality Governance Group/Quality and Safety Assurance Committee

2a.3 Monitoring our progress

The Quality Safety Assurance Committee (QSAC) is the principal committee charged by our Trust Board to lead on quality. The Trust Board received a quarterly report on progress against the key corporate objectives and, in addition, a monthly update is also briefed by the Chair of the Quality and Safety Assurance Committee. This year the Quality and Safety Assurance Committee receives a quarterly report on progress in delivering the more detailed quality priorities. This Committee and the Quality Governance Group will regularly review our progress against these priorities.

Each of our directorates has a Directorate Governance Group (DGG) that reports to the Quality Governance Group and these groups will review all areas of quality in their own directorates. For 2016-17, each directorate had an annual business plan that includes the key quality priorities, which is used as the basis for the monitoring of delivery.

Part 2b: Statements related to quality: Statements of assurance from the Board

The statements set out in this section are prescribed by national Quality Account regulations and therefore the Trust has to produce them exactly as set out. They are identified in *italics and underlined*

2b.1 Review of services

During 2016/17 the South West London and St George's Mental Health NHS Trust provided and/ or sub-contracted 34 NHS service lines/sub-specialities.

The South West London and St George's Mental Health NHS Trust has reviewed all the data available to them on the quality of care in 34 of these NHS services.

The income generated by the NHS services reviewed in 2016/17 represents 100 per cent of the total income generated from the provision of NHS services by the South West London and St George's Mental Health NHS Trust for 2016/17

2b.2 Participation in clinical audits

During 2016/17, four national clinical audits covered NHS services that South West London and St George's Mental Health NHS Trust provides.

During that period, South West London and St George's Mental Health NHS Trust participated in 100% of the national clinical audits in which it was eligible to participate.

The national clinical audits that South West London and St George's Mental Health NHS Trust participated in during 2016/17, for which data collection was completed are listed in table 1.

Table 1: Participation in National Clinical Audits

Participation in National Clinical Audits		
National Audit Topics that SWLSTG. was eligible to participate in	**SWLSTG Involvement**	**Cases submitted / Cases required**
POMH-UK	Full	Topic 51a: 555 Topic 14b: 28 Topic 11c: 300 Topic 7e: 133
National Early Intervention in Psychosis Audit	Full	508
National Audit of the implementation of NICE public health guidance for the workplace	Full	Implementation only
Cardio Metabolic Assessment and Treatment for people with Psychosis	Full	50 inpatients/100 community patients

National Clinical Audit: POHM UK 2016 to 2017

The Trust has continued to participate in the POHM UK Quality Improvement Programme during 2016/17. Audit reports are reviewed by the Trust's Drugs and Therapeutic Committee. Action plans have been developed which identify areas for improvement in practice, which are reviewed through the Trust's NICE Audit Group and the Drugs and Therapeutics Committee.

- Topic 15a: Prescribing Valproate for Bi Polar Disorder
- Topic 14b: Prescribing for substance misuse – alcohol detoxification
- Topic 11c : Prescribing antipsychotic medication for people with dementia
- Topic 7e: Monitoring of patients prescribed Lithium

There have been two further POHM UK audits during 2016 to 2017 where the trust has participated in collecting data but the reports have not yet been published.

- Topic 1g and 3g – Prescribing high dose and combined antipsychotic on acute adult wards
- Topic 16a – Rapid tranquilisation

National Early Intervention in Psychosis Audit

Since the introduction of the Access and Waiting Time standards for first episode psychosis were introduced in April 2016 a number of audit processes have been undertaken by CCQI (Royal College Centre for Quality Improvement) to measure EI (Early Intervention) teams against the standard and compare against national average. This started with the AEIP (National Early Intervention in Psychosis Audit) that sampled 100 accepted onto caseloads by the 4 Trust EI teams between 30/06/14 and 31/12/14 and was designed as a baseline measure of EI teams against the standard. This was followed up by a CCQI Self-Assessment tool which was completed in September 2016 and was a self-assessment against the standard of ALL patients accepted onto the caseload of the Trust EI teams rather than a sample. The Trust CCQI report from the Self-Assessment Tool is yet to be published but we did some local analysis of the data we had collected and compared this data against the previous AEIP results:

Standard	AEIP 2014	Self-Assessment 2016
Patients with first episode psychosis allocated and engaged within 2 weeks	29%	66.5%
Offered CBT (cognitive behavioural therapy)	40%	75%
Offered family intervention	22%	64%
Clozapine prescribed or offered when indicated	100%	69%
Offered supported employment programmes	65%	76%
Screening offered for all 7 physical health measures	24%	16%
Carers are offered support programmes	39%	80%

It is notable that there was significant improvement for 5 of the 7 standards including meeting the 50% standard for the 2 week wait. The initial understanding of why there seems to have been a worsening of performance against clozapine standard is the small number of the patients this applies to and in the initial audit a relatively small sample was taken compared with whole caseload in self-assessment tool. As for the performance against the physical health standard this is understood in terms of how the standard was assessed differently for the 2 audit processes. In the self-assessment tool there was an increased requirement of a waist measurement required to meet the standard. It is understood that the CQCI is now considering removing this requirement from the next Self-Assessment tool.

There will be a repeat CCQI Self-Assessment data collection process later in 2017 but the Trust is working towards being able to report on delivery of the standards via recording of SNOMED codes against activities and the EI teams have started recording these.

National Audit of the implementation of NICE public health guidance for the workplace

The Health and Wellbeing Strategy (HWB) 2017-21 and Action Plan addresses the National Institute for Clinical Excellence standards and NHS England public health policy directions for both the physical health and emotional wellbeing of staff. The HWB Strategy 2017-21 and Action plan which demonstrate Trust commitment to staff wellbeing also support the NHS Constitution Pledge and requirements of Care Quality Commission.

Cardio Metabolic Assessment and Treatment for people with Psychosis

The Trust has continued to screen service users, with psychoses, for cardiovascular and metabolic disease. This is a NICE guideline requirement and a continuation of the CQUIN programme since 2014/15. This particular CQUIN indicator has expanded over the past three years to currently include Inpatient services, Early Intervention Services (EIS), and Community services. As part of the programme of work the Trust undertakes an annual national and local audit. The audit measures the percentage of service users who have been offered a full Cardio Metabolic Assessment. Parameters include:

- Smoking Status
- Lifestyle (alcohol and drugs)
- Body Mass Index
- Blood Pressure
- Glucose Regulation
- Blood Lipids

The Trust was required to collect evidence that the service users were screened for the above parameters and where clinically indicated, they were directly provided with, or referred onwards to other services for interventions. Data for Inpatient and Community Services was submitted to the Royal College of Psychiatrists as part of a National Data Collection Exercise. Data for EIS was analysed locally and submitted to the local CCGs.

Performance results for Cardio Metabolic Assessment:

Service	**Target**	**Performance Result 2015/16**	**Performance Result 2016/17**
Inpatient	90%	43%	**88%**
EIS	90%	38.75%	**60%**
Community	65%	-	**35%**

Performance has been reviewed and action plans developed as part of the Trust's Quality Improvement programme and are reviewed by the Physical Health Steering Group. Learning is shared Trust wide via the Trust's NICE Clinical Audit Group.

National Confidential Inquiry into Suicide and Homicide (NCISH)	Full	19/21 suspected suicides 2/2 homicides 0/0 sudden unexpected deaths

National Confidential Inquiry into Suicide and Homicide (NCISH)

The Trust is required to co-ordinate the completion of Questionnaires by Consultant Psychiatrist's following the unexpected death or suspected suicide of a patient whose care and treatment they have been involved in. The NCISH then publish an Annual Report with key findings shared nationally.

A National Scorecard is produced by NCISH and sent to Trust medical directors. This scorecard shows for the period 2012-2016 the Trust has completed and returned 99% of all Questionnaires. The national average is 98%.

Participation in local audits

The Trust has registered 78 audits in year 2016/17 with 37 being completed. 21 of these were local audits.

Table 2: During 2016-2017 the trust completed local audits against the following NICE guidelines

Local audits completed against the NICE guidelines Title	NICE Policy number
Review of psychological interventions offered to those with severe and enduring mental illness under the care of Putney and Roehampton CMHT	CG185 and CG178
ADHD and adherence to NICE guideline in Deaf CAMHS 2016	ADHD Nice Guidance
Audit on the adherence to NICE Quality Standard QS380 on Schizophrenia and Psychosis in the community."	QS80
Auditing the quality of care for neuropsychiatric patients with depression: compliance with NICE Guidelines 90 & 91	NG90 and NG 91

The reports of the local clinical audits were reviewed and considered by the NICE Clinical Audit Group as part of the governance framework and South West London and St George's Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided.

- *Tackling the risk of obesity in forensic patients*
- *Designing and introducing of a template for psychiatric reports for First Tier Tribunal hearings and Hospital Managers hearings*
- *Clear transition flowchart to be developed to aid clinicians for Children and Young People Eating Disorder services to Adult Eating Disorder services.*
- *New up to date Clozapine Clinic patient lists to be formulated and clearer documentation on Rio whether a Clozapine level has been/has not been taken and reasons why*
- *To incorporate into CPA reviews whether psychological and/or family interventions have been offered or discussed*
- *Standardised clinic letters could be developed ensuring headings for Crisis Plans and Care Plans are included for regular updates.*

2b.3 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by South West London and St George Mental Health NHS Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was at least 293.

Our Research and Development vision fully embraces Trust values of respect, openness, collaboration, compassion and consistency in care delivery through its commitment to quality mental health research and recognises it as a core function of the health service, despite emergent challenges, particularly over the last ten years. While our research has maintained a steady and active presence within Trust services, we have also begun to explore new areas which are ripe for development and innovation.

Our commitment to patient and public involvement and engagement also continues to bear fruit through our collaboration with the PEER group (Peer Expertise in Education and Research) at SGUL (St George's, University of London).

New research partnerships currently in development include:

- Roehampton University
- West London MHT
- Central & North West London (NoCLoR)

Further, the current portfolio of studies is also faring well, with 30 total projects ongoing, of which:

- **19** are multicentre national portfolio studies;
- **7** are education studies; and
- **4** are locally generated, unfunded or pilot studies.

Prominent examples of research:

- E-support for carers of people with psychosis: Focus groups
- PPiP2
- ENRICH peer worker programme to enhance psychiatric discharge – performing well
- Social Inclusion in Mental Health (SinQUE)
- Mood Mapper: Validation of a mobile phone app to track moods and mental states in young persons with ADHD.

Studies to be opened up this year include:

- MUTRIPS: mechanisms underlying treatment resistance in psychosis
- TRIANGLE: transition care in anorexia nervosa
- TRANSFORM-3: Evaluation of the efficacy, safety and tolerability of esketamine plus oral antidepressant in elderly subjects with treatment-resistant depression
- IASIS: H2020 multinational project funded by the European Commission on Integration and analysis of heterogeneous big data for precision medicine and suggested treatments for different type of patients, the UK branch being dedicated to data science collection in dementia and neurodegeneration through the use of CRIS

2b.4 Commissioning for quality and innovation

A proportion of South West London and St George's Mental Health NHS Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between South West London and St George's Mental Health NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at http://www.swlstg-tr.nhs.uk/about-the-trust/performance-and-governance/cquins

2b.5 Statements from the Care Quality Commission

South West London and St George's Mental Health NHS Trust is required to register with the Care Quality Commission and its current registration status is fully registered without conditions.

The Care Quality Commission has not taken enforcement action against South West London and St George's Mental Health NHS Trust during 2015/16.

2016 Care Quality Commission – Chief Inspector of Hospitals Inspection

The Trust was inspected by the Chief Inspector of Hospital's inspection team from the Care Quality Commission from 14 to 18 March 2016. They conducted 57 inspections during the week-long visit and reviewed five key areas of work provided by the Trust.

The five requirement notices issued with the inspection reports on 16 June 2016 are:

(1) Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- Forensic inpatient wards
- Child and adolescent mental health wards

  Service users were not protected from abuse and improper treatment because the provider operated practices, which had not been recognised as seclusion practices. Patients subject to these practices did not meet the safeguards set out in the MHA Code of Practice. This was a breach of 13(5)(7).

(2) Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Rehabilitation mental health wards

  The Trust had not ensured that all risks identified in risk assessments had associated plans to mitigate this risk.

- Community based mental health services for older people

  Care and treatment should be provided in a safe way for patients. There must be the proper and safe management of medicines. Medication at

Sutton, Merton and Richmond was not stored, administered and transported in a safe manner at all times.

- Community based mental health services for adults of working age
  Care and treatment must be provided in a safe way for patients.
  The Trust did not ensure that individual patient risk assessments were updated to reflect current risk. The Trust did not ensure there are safe systems for the administration, storage and transportation of medication.

This was a breach of Regulation 12 (2)

(3) Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Rehabilitation mental health wards
  The Trust had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff being deployed and that they had the appropriate supervision and support to enable them to carry out their duties they are employed to perform.

  The Trust had not ensured that staff were receiving regular supervision to enable them to carry out their role.

  The Trust had not supported the managers to be effective leaders to implement a recovery-orientated approach across all the rehabilitation services.

- Community based mental health services for adults of working age
  Staff need to receive appropriate support, training and supervision to enable them to carry out the duties they are employed to perform.

  The Trust had not ensured that staff were receiving regular supervision to enable them to carry out their role.

- Wards for older people with mental health problems
  The Trust had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff being deployed and that they had the appropriate

supervision and support to enable them to carry out their duties they are employed to perform.

The Trust had not ensured that staff on Crocus ward were receiving regular 1:1 supervision.

- Mental health crisis services
  The Trust had not ensured that staff had the appropriate supervision and support to enable them to carry out their duties they are employed to perform.

  The Trust had not ensured that staff were receiving regular supervision to enable them to carry out their role.

  This was a breach of Regulation 18 (2)(a)

(4) Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.

- Rehabilitation mental health wards
  On some wards patients were not receiving appropriate care to support their recovery and rehabilitation and meet their needs.

  The Trust did not ensure that the operational policies promoting rehabilitation were implemented on all the wards. This included providing a range of therapeutic activities that supported people with their rehabilitation.

  This was a breach of Regulation 9(1)(a)(b)

(5) Regulation 17 HSCA (RA) Regulations 2014 Good Governance

- Community based mental health services for older people
  Systems or processes must be established and operated effectively to ensure compliance.
  i. In the Kingston team administration support was not working well and letters were not reaching patients and GPs in a timely manner, and information needed to deliver care was not always available to staff when they needed it.
  ii. Community based mental health services for adults of working age

Systems or processes must be established and operated effectively.

i. In the Kingston team administration support was not working well and letters were not reaching patients and GPs in a timely manner which could also impact on patients receiving details of their next appointment.

Changes in the configuration of teams, meant that team managers were not always receiving performance information that related correctly to their current team.

This was a breach of regulation 17(1)

The CQC undertook their re-inspection on 27th and 28th September 2016. During this period they visited:

- Crocus ward
- Three Older People Community Mental Health Teams (Kingston, Richmond and Merton)
- Harewood House
- Single Point of Access

The visit focused on supervision, medication management and administration.

Following inspection the requirement notices in relation to Older People's services were lifted and the Trusts overall compliance was raised to 'Good'. Compliance is shown in the table below:

Please see Table 1 below showing how the overall 'Good' rating was broken down by service

Table 1

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

The CQC also undertook a 2 day unannounced visit to the Eating Disorder services in February 2017. A report is awaited from this visit.

The Trust has developed a programme of bi-annual 'Care Quality Reviews' which is a systematic approach of staff conducting 'mock inspections' on the Trust by organising 30 to 40 teams of 3 (each team led by a clinician) who visit services to which they don't directly and carry out a Care Quality Review using the CQC Key Lines of Enquiry. There is planned a review day in May 2017 and in October 2017 and the findings reported into governance structures and plans to develop services where appropriate. This approach aims to support the Trust in raising the ratings across all service lines and CQC domains.

2b.6 Data quality 2016/17

South West London and St George's Mental Health NHS Trust will be taking the following actions to improve data quality:

- The Trust receives additional assurance via external audit on specific performance areas. Auditors are to audit seven day follow up and gatekeeping for 2016/17 in the coming months.

- The Trust will continue to benchmark against other trusts the quality of data submitted as part of the NHS Digital (MHSDS). The reports issued by the NHS Digital are scrutinised to identify areas of good practice and concern in relation to data quality
- Data quality is reported monthly by teams and levels of performance against key performance indicators at monthly Directorate Performance Review
- The Trust has further developed the "MY Dashboard Tools" creating further reports in order to monitor data quality in our CAMHS and IAPT services.
- The Trust has developed a framework for assuring the quality of performance indicators. Each metric report to the Trust Board has a kite assigned which determines the level of assurance for the particular metric.

NHS number and general medical practice code validity 2016/17

South West London and St George's Mental Health NHS Trust submitted records 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, which included the patient's valid NHS number, was 99. 6% for admitted patient care and 99.9% for outpatient care.

General Medical Practice Code Validity

South West London and St George's Mental Health NHS Trust recorded compliance of 100% of submitted records contained a valid GP code for both outpatients and inpatients compared with a national average of 99.9% & 99.8% respectively.

Information governance toolkit attainment levels 2016/17

South West London and St. George's Mental Health NHS Trust's Information Governance Assessment Report overall score for 2016/17 (version 14 of the annual IG Toolkit) was 72% and was graded Green (Satisfactory).

Clinical coding error rate 2016/17

South West London and St George's Mental Health NHS Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

During the financial period 2016/2017, the Trust's clinical coding was audited for the accuracy of primary and secondary diagnosis and scored 92% in primary diagnosis and 87% in secondary diagnosis. In terms of Requirement 14-514 in the annual Information

Governance Toolkit (one of 45 requirements), this translates to Level 3, the highest score possible, the fourth year in a row that the Trust has achieved Level 3.

2.b.7 Looking back - progress against the core quality indicators 2016/17

The table on the following pages details the Trust's performance against the core set of indicators for 2016/17. All Trusts are required to report against these indicators using a standardised statement set out in the Quality Account regulations. Some of the indicators are not relevant to all Trusts, and we have therefore only included indicators that are relevant to the services that the Trust provides.

Data has been sourced from both the Health and Social Centre Information Centre (HSCIC) and from the Trust internal data warehouse system.

Indicator	Jul 16 – Sept 16	Oct 16 – Dec 16	Jan17 – Mar-17	National Average	Other Trusts – Highest	Other Trusts – Lowest
13. The data made available to the Trust by the Health and Social Care Information Centre with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	96.0%	96.2%	95.9%	96.7%	99.4%	84.6%

Comments:

South West London & St George's MH NHS Trust considers that this data is as described for the following reasons.

- The Trust reviews and validates this on a monthly basis at a team and directorate level to validate the figures.

The trust has taken the following actions to improve this percentage and so the quality of its services, by;

- All breaches of this 7 day target are individually investigated and reasons reviewed.
- Reasons for breaches is collated and circulated as learning points to improve future practice.

Indicator	Jul 16 – Sept 16	April 16 – Feb 17	Jan 17 – Mar 17	National Average	Other Trusts - Highest	Other Trusts - Lowest
17. The data made available to the Trust by the Health and Social Care Information Centre with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	99.4%	98.9%	98.1%	98.8%	100%	90.0%

Comments:

South West London & St George's MH NHS Trust considers that this data is as described for the following reasons.

- The Trust reviews and validates this on a monthly basis at a team and directorate level to validate the figures.

The trust has taken the following actions to improve this percentage and so the quality of its services, by;

- All breaches of gatekeeping target are individually investigated and reasons reviewed.
- Reasons for breaches is collated and circulated as learning points to improve future practice.

Indicator		Feb-17	Mar-17	National Average	Other Trusts – Highest	Other Trusts – Lowest
19. The data made available to the Trust by the Health and Social Care Information Centre with regard to the percentage of patients aged:- (i) 0 to 15; and (ii) 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	% patients aged 0 to 15	0%	0%	No England Benchmark recorded *To note:* 7.81% Greater London LA's	6.53% (Mental Health provider only)	0% (Mental Health provider only)
	% patients aged 16 or over	8%	8%	11.45%	14.18% (Mental Health provider only)	0% (Mental Health provider only)

Comments:

South West London & St George's MH NHS Trust considers that this data is as described for the following reasons.

The Trust reviews and validates this on a monthly basis at a team and directorate level to validate the figures.

The trust has taken the following actions to improve this percentage and so the quality of its services, by;

- All breaches of gatekeeping target are individually investigated and reasons reviewed.
- Reasons for breaches is collated and circulated as learning points to improve future practice.

Indicator	2016 - 2017	National Average	Other Trusts – Highest	Other Trusts – Lowest
22. The data made available to the Trust by the Health and Social Care Information Centre with regard to the Trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	73%	80%	68.9%	74%

Comments:

South West London & St George's MH NHS Trust considers that this data is as described for the following reasons.

The South West London and St George's MH NHS Trust considers that this data is as described for the following reasons.

The results of the CQC Community Mental Health survey have been discussed at a corporate level in:

- Integrated Governance Group
- Quality and Safety Assurance Committee

The trust has taken the following actions to improve this percentage and so the quality of its services, by;

Overall the Trust improved from the 2015 survey and scored 'better' in two categories and for the 'Overall Patient Experience' the Trust was joint 1st with only 2 other Trusts nationally.

Indicator	NRLS Data	SWLSTG October – March 2016	SWLSTG April – September 2016	Ave for mental health Trusts October – March 2016	Highest Trust % (all regions) October – March 2016	Lowest Trust % (all regions) October – March 2016
25. The data made available to the Trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death	**Reported Incidents per 1000 bed days**	36.77	37.54	85.06	14.01	36.77
	Percentage of Incidents resulting in Severe Harm	0.5%	0.3%	2.3%	0%	0.5%
	Percentage of Incidents reported as deaths	1.7%	0.8%	5.2%	0.1%	1.7%

Comments

South West London & St George's MH NHS Trust considers that this data is as described for the following reasons.

- Reporting of incidents in the Trust continues to improve
- The Trust has routinely uploaded Patient Safety Incidents to the NLRS as required
- Reporting is continuously encouraged in both community teams an inpatient wards

The trust has taken the following actions to improve this percentage and so the quality of its services, by;

The Trust continues to report Patient Safety incidents as a Key Performance Indicator. Staff are continuously encouraged to report incidents using an online Risk Management System. Through debrief sessions, training and updated policy, staff are continually supported in the management of incidents.

Indicator	2015-16	2016-17	National Average	Other Trusts- Highest 15-16	Other Trusts- Highest 16-17	Other Trusts- Lowest 15-16	Other Trusts- Lowest 16-17
22. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the Trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	73%	80%	68.9%	74%	81%	62%	69%
Comments:							

The South West London and St George's MH NHS Trust considers that this data is as described for the following reasons.

The results of the CQC Community Mental Health survey have been discussed at a corporate level in:

- Integrated Governance Group
- Quality and Safety Assurance Committee

The Trust intends to take the following actions to improve this percentage, and so the quality of its services by:

South West London and St George's MH NHS Trust was 1% off being one of the top scoring Trusts in this category. Overall the Trust improved from the 2015 survey and scored 'better' in two categories and for the 'Overall Patient Experience' the Trust was joint 1st with only 2 other Trusts nationally.

Part 3 Our care quality achievements in 2016/17

Overview of Trust performance with 2016/17 Quality Account priorities

3.1 Review of Quality Account priorities 2016/17

Last year the Trust identified the following priorities in its Quality Account. These were:

Quality Priority 1: Reduce level of serious self-harm and suicide

Quality Priority 2: Reduce degree of Violence – patient on patient

Quality Priority 3: Reduce degree of Violence – patient on staff and staff on patient

Quality Priority 4: Adult Autism – Fulfilling and rewarding lives

Quality Priority 5: Coordinated Inpatient Discharge Planning

A summary of progress against these is set out as follows:

Quality Priority 1:
Reduce level of serious self-harm and suicide

What did we aim to do?	Reduce levels of self-harm and suicide by reviewing current processes and policies following incidents of self-harm including feedback from service users and staff.
How did we plan to monitor and report?	We monitored the levels of self-harm and suicide through our internal incident reporting system and this data and this data was presented at our mortality committee meetings, and Quality and Safety Assurance Committee meetings. Comparative data analysis against 2015/16 performance was also completed. Quarterly reports were presented to the Information Governance Group, and Quality and Safety Assurance Committee.
Indicator results	The number of suspected suicides Trust-wide increased from 25 in 2015/16 to 44 in 2016/17.
How well did we do?	The comparative analysis of 2015/16 performance data against 2016/17 performance data shows an increase in suicide rate; as there has been nationally as identified by

	the data presented in the latest National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The Trust reports in an open and transparent manner all Serious Incidents including suspected suicides. The Trust continues to perform Root Cause Analysis following any suicides or serious self-harm and any learning is shared Trust-wide. This information is also used to inform training content, policies and strategies, as well as informing the focus for year 2 of this two year action plan. A series of actions have been identified to strengthen our review processes and monitoring of actions arising from investigations.
Improvement actions taken	Throughout 2016/17 actions taken to improve the quality of services in these area include: • Promotion of Sign-up-to-Safety • Coproduction of feeling safe posters • Introduction of the family liaison service in which family members are contacted by the Trust to offer condolences and provide information on the serious incident investigation process and bereavement services. • The Mortality Committee has commissioned a detailed review of suspected suicides in one borough • Review of the annual inpatient ligature audit to include recommendations from CQC. • Making Safeguarding Personal Awareness Event coproduced with service users. • The Mortality Committee has commissioned desk top reviews and developed a tool to enable regular review of themes and trends using key indicators form the National Confidential Inquiry-Annual Report.
RAG rating	

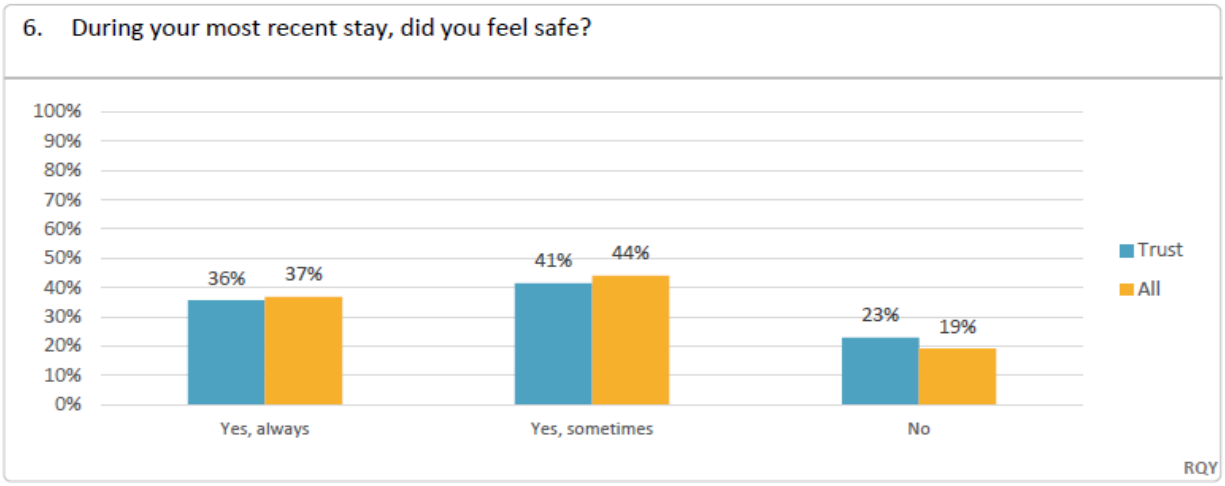
Quality Priority 2:

Reduce degree of Violence – patient on patient

What did we aim to do?	Reduce degree of violence by reviewing current processes and policies following incidents of alleged violence – patient on patient – including feedback from service users and staff.
How did we plan to monitor and report?	We monitored levels and degree of violence through our internal incident reporting system and identified themes were presented at Directorate Performance Review meetings. Comparative data analysis against 2015/16 performance was also completed. Quarterly reports were presented to the Information Governance Group, and Quality and Safety Assurance Committee.
Indicator results	There was a reported 450 incidents of physical assault – patient on patient – throughout 2016/17 in comparison to a reported 422 incidents in 2015/16. The annual Inpatient Survey asks service users if they felt safe during their most recent stay. 35.7% of service users said they always felt safe when in hospital. Please see Figure 1 for further detail.
How well did we do?	It was expected that by targeting this important area of focus that the number of incidents would increase. The levels of harm caused has not increased. It should also be noted, however, than the Trust continues to promote the recording of incidents on the internal incident reporting system which may account for the small increase of reported incidents. The Trust continues to perform Root Cause Analysis following serious Incidents and shares any learning from this analysis Trust-wide. This information will also be used to inform the focus for year 2 of this two year action plan.
Improvement actions taken	Throughout 2016/17 actions taken to improve the quality of services in these area include: • Promotion of Sign-up-to-Safety • Coproduction of feeling safe posters

	• The Trust's Safeguarding policy has been brought in to line with the latest statute, guidance and best practice. • Co-production of a 'Making Safeguarding Personal' (MSP) report with recommendations that will directly inform service developments • Making Safeguarding Personal Awareness Event coproduced with service users. • Update of the internal incident reporting system including guidance for staff • Reducing Restrictive Practice Group established focussed on ensuring adherence to latest national guidance and best practice. This has included a review of blanket restrictions and updating the *seclusion policy.* • Following a business case to the Board in December 2016 the Trust formally launched the Quality Improvement and Innovation Programme (QII) at a Leadership event in January 2017.
RAG rating	

Figure 1: 2016/17 Annual Inpatient Survey results for Question 6 – During your most recent stay, did you feel safe?



Quality Priority 3:

Reduce degree of Violence – patient on staff and staff on patient

What did we aim to do?	Reduce degree of violence by reviewing current processes and policies following incidents of; alleged violence – patient on staff, alleged violence – staff on patient, including feedback from service users and staff.
Indicator results	There was a reported 579 incidents of physical assault – patient on staff – throughout 2016/17 in comparison to a reported 581 incidents in 2015/16.
How did we plan to monitor and report?	We monitored levels and degree of violence through our internal incident reporting system and identified themes were presented at Directorate Performance Review meetings. Comparative data analysis against 2015/16 performance was also completed. Quarterly reports were presented to the Information Governance Group, and Quality and Safety Assurance Committee.
How well did we do?	The comparative data analysis of 2015/16 performance data against 2016/17 performance data indicated no significant change in physical violence – patient on staff. The Trust continues to perform Root Cause Analysis following serious Incidents and shares any learning from this analysis Trust-wide. This information will also be used to inform the focus for year 2 of this two year action plan.
Improvement actions taken	Throughout 2016/17 actions taken to improve the quality of services in these area include: • Promotion of Sign-up-to-Safety • Coproduction of feeling safe posters • The Trust's Safeguarding policy has been brought in to line with the latest statute, guidance and best practice. • Co-production of a 'Making Safeguarding Personal' (MSP) report with recommendations that will directly inform service developments • Making Safeguarding Personal Awareness Event coproduced with service users.

	• Update of the internal incident reporting system including guidance for staff • Reducing Restrictive Practice Group established focussed on ensuring adherence to latest national guidance and best practice. This has included a review of blanket restrictions and updating the seclusion policy. • Following a business case to the Board in December 2016 the Trust formally launched the Quality Improvement and Innovation Programme (QII) at a Leadership event in January 2017.
RAG rating	

Quality Priority 4:

Adult Autism – Fulfilling and rewarding lives

What did we aim to do?	Demonstrate delivery of recommendations arising from National Clinical Audit and Reports. To improve the identification of service users with mental health issues who have a diagnosis of Autistic Spectrum Disorder within local mainstream mental health teams. Promote innovative methods of communication to improve service responsiveness
How did we plan to monitor and report?	We monitor the recording of Autistic Spectrum Disorder through the internal Electronic Care Record and inpatient data is presented monthly at the Directorate Performance Review meeting. Comparative data analysis against baseline data was also completed. Quarterly reports, including training attendance and feedback, were presented to the Information Governance Group, and Quality and Safety Assurance Committee.
Indicator results	The recording of a learning disability/Autism is a current Key Performance Indicator for inpatient services with a target of 95% and a current performance of 66.1%. The Trust has held a total of 5 Learning Disability and Autism Awareness Events, Trust-wide, throughout 2016/17. A total of 94 clinicians have completed the e-learning Basic Awareness training throughout 2016/17. A 2-day classroom

	based enhanced course was held in February 2017. It was fully attended by 15 clinicians.
How well did we do?	This Priority was achieved. The comparative analysis identified an upwards trend in the recording of Learning Disabilities and/or Autistic Spectrum Disorder. Two types of training have been implemented across the Trust including basic training for all clinical staff and enhanced for Learning Disability Champions and staff in Assessment Teams. The Trust promoted service user and carer involvement by providing numerous opportunities to attend 'Adult Awareness' Open Days.
Improvement actions taken	Throughout 2016/17 actions taken to improve the quality of services in these area include: • Promoting innovative methods of communication to improve service responsiveness. This has included the piloting of Skype as an alternative communication method within a LDMH community Team. Feedback has been positive and recommendations suggested to enable rollout Trust-wide. • Configuration of the Electronic Care Record to promote the recording of learning disability/autism including reasonable adjustments • In addition to the basic and enhanced training offered, the Trust Learning Disability Lead has also provided training as part of the preceptorship programme for newly qualified nurses and team specific training when requested.
RAG rating	

Quality Priority 5:

Coordinated Inpatient Discharge Planning

What did we aim to do?	This two year theme aims to improve the quality and coordination of discharge planning for inpatient service users.
How did we plan to monitor and report?	Comparative data analysis against 2015/16 performance data for discharge planning and recording on the Electronic

	Care Record for inpatients. Quarterly reports were presented to the Information Governance Group, and Quality and Safety Assurance Committee.
Indicator results	A comparative audit was conducted in Quarter 3 against performance data collected in 2015/16 focussed on the recording of a Discharge Care Plan for inpatient settings. The audit indicated that the recording of a discharge plan declined from 88% in 2015/16 to 87% in 2016/17. However the sending of a discharge Summary to the GP improved from 94% in 2015/16 to 99% in 2016/17.
How well did we do?	The Trust identified the need to improve the recording of gatekeeping to promote purposeful admissions and encourage multi-disciplinary discharge planning from the first day of admission. The Inpatient Discharge Standards were updated to include the new gatekeeping tool as well as the new national guidance for e-discharges
Improvement actions taken	Throughout 2016/17 actions taken to improve the quality of services in these area include: • Discharge materials, for service users and carers, have been coproduced for older people services and forensic services • The Purposeful Admission Project Group was established to find solutions for the challenges identified in the first year of this Quality Priority and as part of the Urgent Care Pathway project. The group has produced a two-phased gatekeeping tool to be used by the multi-disciplinary teams, as well as a discharge checklist and discharge planning escalation protocol.
RAG rating	

3.2 Sign up to Safety

In 2014/15 NHS England launched a '**Sign up to Safety**' campaign.

'Sign up to Safety' is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. It encompasses five key pledges .

'Sign up to Safety' aims to deliver harm free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients. 'Sign up to Safety's' three-year objective is to reduce avoidable harm by 50% and save 6,000 lives across the NHS.

The Trust's 'Sign up to Safety' pledges are:

Pledge 1 – Put safety first - Use the Ulysses system to profile and communicate our harm incidents and raise Trust wide awareness and understanding of our organisation reporting trends. To use the data to develop greater understanding and target reduction in self-harm, harms falls, medication errors and reduce the level of violence an aggression.

Pledge 2 – Continually learn – Establish a standing agenda item at the Service Line Governance meetings to discuss incident profile, reporter and team feedback learning. Establish a specific group reporting to the Patient Quality Forum to develop stronger links between safety issues and service user advise and improvement to the organisation. Continue to develop a scheduled learning events to profile care studies and learning.

Pledge 3 – Honesty – Ensure that our 'Being Open Policy' is embedded into daily practice with additional training and support to teams to ensure that we are providing a meaningful apology where things have gone wrong. Publish details of our lessons learned as part of the Trust Communications Strategy to service users/public.

Pledge 4 – Collaborate - Continue to work closely with Commissioner colleagues to share the learning from serious incident investigations. Review all GP reported incidents relating to service provided at CQRG.

Pledge 5 – Support – Support teams to reflect on their incident trends and themes by improved access to data. Identify sufficient capacity and invest further into Root Cause Analysis Investigation and training methodology for staff.

The Trust has developed a 'Sign up to Safety' Improvement Plan, which was integrated into our Quality Account priorities identified last year. This work will continue as part of this year's priorities particularly in relation to the Trusts QII initiative to reduce the levels of violence on our wards and our Suicide prevention work programme.

The Trust has held 3 events to further promote the aims and principles of 'Sign up to Safety' this included:

- Trust Leadership conference
- Registered Nurses conference
- Unregistered staff event.

3.3 Looking Back – service improvements

Urgent Care Pathway Achievements

As reported in last year's Quality Account the Trust planned to develop proposals regarding a range of preventative services within the Urgent Care Pathway. These proposals have come to fruition in 2016/17

- **Lotus Assessment Suite**

This was the planned Psychiatric Decision Unit – a 24/7 unit where people with mental health needs in crisis can be safely assessed and supported as to whether they actually need an inpatient bed, or can agree what support they require in the community. This is a pioneering service and has been developed to support people in the least restrictive manner.

It was named 'The Lotus Assessment Suite' (with service user and staff consultation) and opened on the Springfield site on 21st November 2016 with a launch event attended by key representatives from the Metropolitan Police, London Ambulance Service and Clinical Commissioning Groups on 18th November. The data to date has shown that:

- The majority of referrals are from A&E and the Trust Community Teams
- 59% of assessments took place within 24 hours (35% between 24 and 48 hours)
- 71% of patients were discharged for community follow up and resulted in non-hospital admission
- Service user experience satisfaction score on Real Time Feedback is 86

- Positive feedback includes:
    - *'comforting, supportive, in which staff were very compassionate'*
    - *'the care has been excellent. Some of the best care I've had in a long time. I feel a lot more positive leaving hospital than I have done before'*

As this is an assessment suite rather than a ward, it does not have beds. Patients' privacy and dignity and comfort will be maintained through recliner chair in partitioned bays; full access to shower/washing facilities; access to fresh air and a full meals service.

- **Crisis/Recovery Cafés**

A successful procurement process has been completed for two Crisis/Recovery Cafés in South Wimbledon and Tooting. The cafés will open in April 2017 and will be run by Hestia and CDARS. The provider organisations are currently drafting their marketing plans and recruiting staff. The Trust is supporting the process through monthly implementation meetings.

- **Street Triage**

Five Street Triage teams have been set up in each of the five Trust boroughs. Trust staff accompany Police to triage people on the street, avoiding unnecessary admissions as well as providing much needed support to the local police.

- **Ellis Ward**

Ellis Ward opened in April 2016 on the Springfield site, which successfully enabled the ending of the East London Foundation Trust out of area bed contract, and reduced other out of area placements to a minimal amount. This means people receive treatment as close to home as possible.

Community Services Achievements

Quality development

This year the Trust has developed a set of Minimum Quality Standards (MQS) for community services. This is so that service users and carers could be assured that they receive consistent standard of care and treatment regardless of where they reside within the catchment area of the Trust. The MQS outline the nature of the treatment and care provided and the timeframe by which it should be delivered and they illuminate the care pathway from the client's initial referral and assessment with the Single Point of Access (SPA) through the treatment programmes delivered by the Recovery and Support (RST) and Community Mental Health Teams (CMHT's)

The MQS clearly articulate what service users and their carers should expect from our community services, from the point of referral through to assessment and the delivery of treatment. It outlines timeframes within which service users should expect to receive all elements of their treatment package including the preparation for their eventual discharge from services. Many of the quality standards, particularly with respect to care and treatment are already outlined within the Trust's Care Programme Approach (CPA) policy.

The process of developing the MQS commenced in September 2016 with series of meetings with Team Leaders and Consultants from community teams. There were followed up with table top workshops hosted within staff Community Development Days and a draft MQS was presented to the Carers Families and Friends Reference Group in January 2017 and copies were also circulated to Healthwatch within each borough. A service users and carers workshop also took place in March 2017. The MQS will be implemented in 2017/18.

Service development

There have been 3 key service developments in our community services this year:

- **INSPIRE Sutton**

This service is an integrated community drug and alcohol service available to anyone aged 18 and over living in the London Borough of Sutton.

After a competitive tender, Cranstoun were awarded the contract to deliver fully integrated adult and young people's treatment services to support approximately 1000 clients affected by substance misuse issues. Key within this, is the integration between different services; INSPIRE is a new partnership comprising Cranstoun, South West London and St George's Mental Health NHS Trust, and Community Drug Services for South London.

The team became fully integrated, following a move to their new premises in the heart of Sutton, in March 2017.

- **Wandsworth Single Point of Access (SPA) Team**

Wandsworth SPA is a new team, offering triage and assessment of mental health needs for all service users who live in Wandsworth and have been referred to community mental health services. The team was formed as part of the community transformation work undertaken by the Trust, which will be continued in the new service lines

- **Sutton ADHD and ASD Service**

This is a newly commissioned service, providing an assessment service for people who may have Autistic Spectrum disorders, and an assessment and treatment service for people with Attention Deficit hyperactivity Disorder.

Child and Adolescent Mental Health Services (CAMHS) Achievements

During the year the Trust continued the development of the CAMHS Community Eating Disorder Team which is located in a dedicated team base at Springfield University Hospital and provides intensive support for young people and their families from across south west London. The service provides an extremely responsive service to all referrals to ensure timely assessment and treatment that is undertaken in the community.

Participation events with young people took place throughout the year and the CAMHS Participation Officer organised a young people's debating programme with a range of workshops and competitions that provided opportunities for confidence building in public speaking about a range of current affairs and issues. Working with the Youth Council CAMHS managers also participated in a Question Time event with young people in Wandsworth Town Hall.

In the London Borough of Merton the Trust worked closely with Merton Council to develop a new 'CAMHS in Social Care Team' that was rewarded with an excellence award from Merton Council.

Through additional funding in the London Borough of Wandsworth the service has been able to roll out self-referral pathways for young people and offers appointments in the evenings which has been popular with families.

Wisteria eating disorder unit was inspected by the CQC in February 2017 and was awarded 'Good' by the CQC

Improving Quality

3.4 Service Line Management

During 2016/17 the Trust undertook a significant change and development programme to introduce Service Line Management and strengthen clinical leadership, as a result of which services are now configured in five Service Lines:

- Acute and urgent care
- Community
- Cognition and mental health in ageing
- Child and Adolescent Mental Health
- Forensic, Specialist and National

Each Service Line is led by a Clinical Director and senior nursing leadership has been enhanced through the introduction of three new Heads of Nursing and Quality. All of the senior leaders, including the matrons and clinical managers, who lead the front-line teams, have participated in 'Development and Assessment Centres' to help diagnose their personal development needs.

The Service Lines are supported by reconfigured Corporate Directorates including quality assurance by the clinicians in the Medical and Nursing Directorates and also business, financial and workforce support.

3.5 Quality Improvement and Innovation Programme (QII)

Following a business case to the Board in December 2016 the Trust formally launched the Quality Improvement and Innovation Programme (QII) at a Leadership event in January 2017. QII provides a systematic programme to support and harness the capacity in staff across all Trust departments to get started, learn new skills and approaches, and to deliver successful improvement projects both large and small.

- QII is a long term commitment by the Trust aimed at building the capacity and skills for improvement in a significant proportion of staff across all disciplines and at all levels.

- The aim of the QII programme is to ensure the organisation builds a culture of continuous quality improvement resulting in improved quality and ensuring improved value

Since January 2017 a group of 30 clinical and non-clinical staff have had initial applied quality improvement methodology training and commenced accredited e-learning modules. Workshops at foundation and intermediate levels for a further 155 staff will be completed by September 2017.

The Trust's internal quality and innovation expertise, Springfield Consultancy, has developed and set up the programme, and an Associate Medical Director for Quality has been appointed supplemented with extra programme support from April 2017. Springfield Consultancy has a long track record in improvement running a portfolio of commissioned work in other organisations www.springfieldconsultancy.co.uk .

The focus of improvement science is quality, safety and value for patients. Quality improvement (QI) methodology works by emphasising innovation, rapid-cycle testing in the field and spread in order to generate learning about what changes, and in which contexts, produce improvements.

Several projects are already running aligned to Trust aims.

- Physical health outcomes nationally are unacceptably poor in people who have long term mental health needs. Thirty care staff have already been trained in phlebotomy and the project is using two demonstration sites to develop clearer systems and processes to establish simple standards and operating procedures to make Cardi-Metabolic assessment and graded interventions more reliable and to meet best practice CQUIN expectations.

- Staff in Human Resources have been trained and supported to look at the systems and processes involved in recruitment of staff to reduce the cycle time from recruitment request to start date and full induction. Current processes have led to delays involving locum costs for essential posts.

- QII skills building programme from 2017 to 2022 provide three-stage training for Trust staff in quality improvement skills, with target numbers for each stage as below:

    - Foundation (800)
    - Intermediate (150)
    - Advanced (50)

The measure of success of the QII programme will be when the organisation is consistently improving in quality as rated by our service users, carers staff and external regulators such as the CQC as well as achieving long-term sustainability

3.6 Peer Review

Forensic services

The Quality Network reviews services against the Standards for Secure Care 2016.

Shaftesbury Clinic completed a self-review in which they rated their service against the criteria. In addition, patients, their family and friends and staff at the service were asked to complete questionnaires.

A peer-review team then visited Shaftesbury Clinic on 16 November 2016. Information was collected through interviews with senior managers and clinicians, frontline staff as well as with patients and their family and friends. The peer-review visit was supported by the Deputy Programme Manager, representing the Quality Network.

The visit was an opportunity for the peer-review team to validate the unit's self-assessment. However the main purpose was to provoke a more detailed discussion about those criteria that were noted as not met or only partly met. Particular attention was paid to suggesting action points for the future.

The following areas of good practice were highlighted by the peer-review team:

- Staff and patient engagement as evidenced by the OSCARS and Diversity events.
- Joint risk assessments being conducted with patients.
- Positive therapeutic relationships between staff and patients.
- Patients able to book their own CTM slot.
- Focus on individualised care and rehabilitation.
- Patient owned graffiti walls in the garden.

Burntwood Villas

Burntwood Villas have been inspected by NHS Wales and placed on their framework from 1 April 2017. Their recent due diligence audit in January 2017 and price submissions, they were satisfied with our service provisions and its operations.

Deaf Services

The CCQI is the Quality Improvement Network of the Royal College of Psychiatrists.

The Quality Network for Inpatient Mental Health Services for Deaf People is a standards-based quality network for deaf services (i.e. it's the specialist arm of CCQI) that provides an opportunity for members to share good practice and facilitates quality improvement.

All three national deaf mental health services in England take part in the programme. Bluebell ward (an in inpatient Deaf unit based at Springfield Hospital) received accreditation from CCQI this year.

Eating Disorders Services

The Quality Network for Eating Disorders (also a specialist arm of CCQI) undertook a full inspection 2 years ago of Avalon ward, an inpatient eating disorders ward at Springfield Hospital and was accredited. Following submission of further evidence Avalon was reaccredited this year for another 2 years.

3.7 15 Steps Challenge Visits

The 15 steps challenge is a quality improvement national programme. It is based on the premise that, within 15 steps of walking into an area, an impression is formed as to the quality of care a service user or patient may receive. Each visit should take 30 - 45 minutes with an additional 15 minutes to complete the documentation and feedback to the clinical/ward team. Participation by a range of professionals and stakeholders, in a coordinated programme, will provide valuable feedback and knowledge in support of quality improvement and assurance across the organisation. In May 2016 it was agreed by the Trust Board to include the 15 Steps quality improvement activity as part of the board development programme.

During 2016/17, there have been 49 visits completed by the Trust. Many of these have been attended by Executive and Non-Executive Directors. These have taken place in both inpatient and community settings.

In November/December 2016 induction events took place over Springfield University Hospital, Jubilee Health Centre East, Tolworth Hospital and Richmond Royal Hospital. These were held to increase stakeholder engagement and awareness and to encourage their involvement in the development of the 15 Step assessment forms. These were very successful and the input from these sessions has already been applied to the amended

assessment forms. There are plans to continue the development of the assessment forms to better capture the full range of community teams as the 'one size fits all' forms are not suitable for all areas i.e. Home Treatment Teams, CAMHS Outreach teams.

There were several themes identified from the visits that have taken place. It should be noted that most areas visited had the following areas of good practice:

- Welcoming staff which were helpful to the visiting team
- Areas were bright, calm, positive, well maintained
- Staff demonstrated good knowledge of incident reporting and learning from incidents
- Positive atmosphere for visiting 15 steps team

Areas of development where local actions were taken in include:

- Out of date information (leaflets, staff boards, quality boards and 'You Said, We Did')
- Environmental factors (smells, temperature of buildings, cramped office spaces)
- Service User appropriate signage (pictorial for LD and CAMHS, age appropriate information)
- Staff numbers (shortages of staff/agency staff)

Specific examples of 15 steps visits include:

A visit to Wisteria Ward took place on 5 July 2016. There were actions recommended such as:

- Immediate steps to be taken to replace 2 broken electrical sockets
- Ensuring the ECG machine is tested
- Incident and Safeguarding training to be refreshed for all staff
- Information boards to be tidied and organised
- Garden to be tidied and damaged plants cleared.
- Room signs to reflect on the rooms usage.

These recommendations were fedback to the Operational Manager to action and the Patient Experience Team received assurances these had been completed.

A visit took place in December 2016 to Merton Home Treatment Team. This was an overall excellent visit with only a few areas for development such as:

- Reducing and refining the amount of leaflets on display
- Updating the Quality Board and the 'You Said, We Did'
- Provide a sign for the ladies toilet
- Staff notice board to be updated
- Consider adding the RTF feedback URL to the HTT business cards

After the visit, all recommendations were completed within 3 weeks.

We aim to increase the number of visits undertaken in 2017/18.

3.8 Serious incidents

The trust successfully treats hundreds of patients every day, Unfortunately, occasionally things can go wrong.

The Trust is committed to learning from incidents (i.e. when things go wrong). In line with National Guidance the most serious incidents (identified as 'S.I's') are subjected to a corporate investigation to identify root causes and therefore put things right and prevent reoccurrence. Part of this process also involves ensuring that the views and any concerns raised by service users and carers are reflected.

The Trust has continued to work collaboratively with the South East Commissioning Support Unit.

April to March 2016/17 there have been a total of 94 serious incidents reported, this is an increase from 52 reported in 2015/16.

This year we have seen a significant increase in the number of suicides reported. The Mortality Committee has commissioned desk top reviews and developed a tool to enable regular review of themes and trends using key indicators form the National Confidential Inquiry-Annual Report.

Overall the Trust increase in Suicides is predominantly in Community Services (there were two reported Inpatient Suicides in 2016/17). With 47 reported suicides in 2016/17 in total, there were only two cases where the patient had yet to be assessed by Trust services.

Through Root Cause Analysis investigation, a reoccurring theme of poor communication with GP's has been highlighted. The Trust is addressing this initially through routine letters to GP's standardising templates for Discharge summaries and outcomes of assessment. Further collaborative work would be welcomed to improve this.

A review was undertaken following concerns over the number of Suicide incidents reported in the Trust, in particular Wandsworth, Kingston and Richmond. This resulted in the Mortality Committee commissioning an Audit specifically looking at the Suspected Suicides in Kingston and Richmond. The findings and recommendations of this report are to be reviewed at the bi-monthly Mortality Committed in May 2017. A tool has been developed to identify themes from reported suicides. The measures used in this tool are taken from the National Confidential Inquiries Annual Report and this data is reviewed at each Mortality & Suicide Prevention Committee.

Some of the most significant changes that have been made following investigations include:

- Making Risk Assessment training for clinical staff mandatory
- Security guard and emergency staff tabards / identifications made much clearer
- Development of a revised protocol for managing missed appointments
- Development of Fire emergency packs for each ward
- Review of evacuation area for ward 2
- Issuing reminders to staff through the monthly learning bulletin on the appropriate application of the Trust Observation policy

A range of incidents have also highlighted weaknesses in teams complying with Trust procedures and this issue was included as a session at the Trust Leadership conference in March 2017.

The Trust continues to send out Risk Alerts, now in the form of Quality Safety Briefings and has developed a Monthly Learning Bulletin that has received real positive feedback from staff. This learning Bulletin includes learning identified through the Incidents, Complaints, Safeguarding, Claims and Inquest processes.

Duty of Candour

The Trust operates the standard of 'Being Open' when things go wrong where possible. This is a well-established process within the Trust and therefore it has been a seamless transition to applying the statutory Duty of Candour.

When Root Cause Analysis (RCA) investigations are completed families are invited to meet to discuss the findings.

New staff to the Trust are introduced to the Duty of Candour via a presentation at their Induction. The Trust also offers training on the Duty of Candour to Band 7 staff and above. In 2016/17 two training days were held. A further 3 days training are planned in 2017/18. The Trust has implemented a Duty of Candour tab on the Electronic Incident Reporting system and the upgrade to the system in February 2016 saw this go live. This has supported staff to fulfil their responsibility in regard to their Duty and will enable a more robust approach to monitoring the Trust compliance with the Duty of Candour.

3.9 Safeguarding Vulnerable Adults

This Trust continues to ensure it has policies and procedures in place to appropriately safeguard adults at risk (service users and their carers, friends and families). We ensure the leadership team delivers on the key priorities to prevent abuse and neglect in their local service areas. The Executive holds them to account for their specific responsibilities and monitors compliance with the statutory duties, as well as meeting the local safeguarding boards' requirements. This includes making sure we comply with the latest national and local guidance, as well as promoting best practice.

The Trust's Safeguarding policy has been brought in to line with the latest statute, guidance and best practice. This includes the co-production of a 'Making Safeguarding Personal' (MSP) report with recommendations that will directly inform service developments (see below).

The introduction of a new Executive Safeguarding Meeting (ESM) led to changes in leadership and governance structure, and has increased the level of accountability and effectiveness of safeguarding adults' services. ESM will focus on quality improvement targets and the implementation of MSP recommendations.

The MSP Group was invited to deliver a presentation to the Sutton Safeguarding Adults Board (SSAB). The SSAB subsequently invited members of the MSP group to join a SSAB sub-group as service user representatives.

The MSP group provided a copy report to the LB Merton Safeguarding Lead and they have asked for it to be submitted to the Merton SAB.

To promote the MSP Group report there was learning event: 'Safeguarding: What's in it for me?'. The event was opened by the local MP Tom Brake and the Director of Nursing and Quality, and attended by CCG, local authority and Trust staff. The event gave an opportunity for staff and service users to discuss their differing views of safeguarding, and how to respond to incidents of abuse or neglect. The MSP group report has also been presented at London ADASS 'temperature check' and Mental Health Foundation events.

The Recovery College and members of the MSP Group have designed a new course entitled "Understanding How to Live Safely". The overall message of the course is for students to develop a greater understanding of what living safely means. They will be encouraged to think about their own situation and whether they are at risk of abuse or neglect. Students will also be asked to think about how to recognise the risks that surrounds them, as this a first step towards preventing abuse and neglect happening. And most importantly, the course will focus on what students can do to keep themselves safe, and if they need it, where they can go for support. The recovery college will launch this course May 2017.

Training

Compliance with Safeguarding Adults (level 1) training has been monitored throughout the period and ended the year on 90.9%. The Trust has continued to provide monthly practice-based training sessions led by the Trust Safeguarding Adults Lead. There is emerging evidence that staff are reporting safeguarding incidents using all of the new Pan-London Policy (SCIE 2015) types of abuse, though in limited numbers.

Safeguarding Adults at Risk Audit Tool

A Safeguarding Adults Board Self-Assessment Review for 2016/17 was completed to provide the Safeguarding Adult Boards with assurance that all actions highlighted in the 2015-16 Organisational Audit had been acted on.

Safeguarding Adults - Report

Following the presentation of the annual adults safeguarding report it was agreed that Quality and Safety Assurance Committee (QSAC) would receive a quarterly safeguarding update and assurance report in relation to safeguarding practices and to promote a culture of dignity, safety and respect for service users and their carers, friends and families across the organisation.

Future plans for 2017/18

- **Executive Safeguarding Meeting (ESM)**
  The ESM will oversee the implementation of specific quality improvement projects and identify any risks to compliance or failures of quality and add to the risk register.

- **Training**
  The Workforce Development team are working with the Trust IM&T team to create accessible new e-learning packages that will meet the NHS Inter-Collegiate competence framework at levels 1 & 2.

- **Quality Improvement**
  The 'making safeguarding personal' (MSP) group have supported the development of a new staff training package. This will include videos of personal accounts of abuse and neglect, as well as new guidance for staff and managers on how to respond to incidents of abuse and neglect using the MSP recommendations. The Quality Improvement Initiative (QII) will aim to review the effectiveness of this new training package using the audit tool developed in 2016/17.

3.10 Safeguarding Vulnerable Children

Safeguarding Children Supervision

During 2016, the Trust has reviewed and strengthened the clinical supervision policy to ensure regular, consistent and recorded supervision for all clinical staff. Safeguarding children supervision is further embedded within this revised policy supported by access to more specialist supervision from the Trust Named professionals and the CCG Designated Safeguarding Children nurses.

The Trust Named professionals and the CAMHS Modern Matron also provide case supervision, consultation and advice as requested to teams and practitioners. The Trust Named Nurse receives supervision internally from the Director of Nursing and Quality and both Named Professionals also access safeguarding children supervision from a Designated Doctor and Nurse based in one of the CCGs.

Annual LSCB Section 11 Audits

These have been completed for each of the 5 LSCBs and have included challenge meetings and follow up reviews. Areas identified for further review and development include:

- Increased reporting of child safeguarding and welfare concerns from adult mental health services
- Attendance of Trust staff at Child in Need and Child Protection meetings
- Improve links with local schools and colleges with regards to adolescent mental health and well being

LSCB Multi-Agency Audits

The Trust contributes to case audits and shared learning linked to specific themes across the five LSCBs, including:-

- Identification of child neglect
- Children who repeatedly go missing
- Looked after Children who have multiple placements and moves
- Identifying the combined risks of Domestic Violence, drug and alcohol misuse and Parental Mental Illness

CQC Inspection March 2016

The report highlighted that safeguarding procedures were robust and that staff across the Trust had a good knowledge of safeguarding and this was well managed across the services.

Other key developments this year include:

On-going and improved Trust attendance at local multi agency safeguarding children training and learning events.

In October 2016, the Trust Named Nurse for Safeguarding Children and the Modern Matron for Specialist CAMHS attended a 2 day Level 4 Safeguarding Supervision course in Sutton. This provided models of supervision and an opportunity to share practice with other Named Safeguarding Nurses from other areas of health.

Following this course, one of the aims for 2017/2018, is to develop a group safeguarding supervision model for the CAMHS Team Managers with the aim to cascade this approach to all Safeguarding Children leads across the Trust.

In November 2016, the Trust Named Nurse and Doctor attended a Level 4 Action Learning event for Serious Case Reviews. This was organised by the combined Richmond & Kingston LSCB with external facilitators.

Further develop training on the impacts of parental mental health on children across all five LSCBs.

This specific Trust lead multi-agency LSCB training continues to be held in the boroughs of Sutton and Wandsworth with very positive feedback. In Wandsworth the LSCB requested an advanced level course for more experienced practitioners and this was organised for January 2017.

Following a Serious Case Review in Merton, completed in early 2017, one of the recommendations is for the development of a similar course in this borough.

Elements of the full day course have also been embedded in the Trusts Level 3 safeguarding children training.

Develop a multi-agency task and finish group to develop a shared multi agency risk assessment matrix.

This aim has not been developed further during 2016/17. This requires a shared approach with at least one of the CCG Designated Nurses. Local Serious Case Reviews and national learning from the May 2016 Triennial Learning from Serious Case Reviews have highlighted the need for shared and longitudinal understanding and assessment of risk factors.


Activity workers
Understanding occupational therapy
WARD 3 - MEANINGFUL DAY SCHEDULE
SPRING 2016
RECOVERY COLLEGE INFORM
Collaborative
NHS
SHERRYL MPANDO
Hope, Control and Opportunity
What is Recovery?

Service User and Carer Input

3.11 Carer engagement and development

The Trust engages with carers, families and friends in 4 key ways:

1) Carers Friends and Family Reference Group (CFFRG)

Since 2010 the trust has had the CFFRG as an advisory group to the Trust Board. The group is chaired by a Non-Executive director and includes representatives from local carers' organisations, key Trust staff and cares, friends and family members from each borough.

The group meets bimonthly to consider and provide advice and feedback on any matters relevant to the quality of services provided to service users and to the carers, families and friends of people who are using or who might use the Trust Services.

- To receive and give feedback on the Trust's progress on key actions to improve services to CFF and relevant direct services to people with mental health conditions
- To help the Trust set priorities for further action
- To make reports and representations directly to the Trust Board as relevant
- To monitor whether positive, concrete outcomes are being achieved by the Trust in respect of the CFF Reference Group's identified priorities.
- To help to improve direct services to CFF and to service users.
- To support and challenge the Trust in its efforts to improve

Main themes/presentations this year have been:

- Carers' assessments
- The CQC inspection
- Family interventions provision and training
- Collaborative crisis planning
- Giving feedback – improving RTF
- Carer's charter
- Carer awareness training
- Trust developments – acute care pathway developments, estate modernisation, service line management, Psychiatric decision unit

2) Involvement in Trust business and activities (e.g. Committees)

Carer representatives have a key role on Trust committees. Carers sit on the Quality Safety and Assurance Committee and also the Clinical Quality Review Group. Carers' have also been members of interview panels and taken part in the nursing recruitment days.

3) Involvement in service development

Involvement in service developments include carer representatives attending workshops for:

- Service user and carer feedback systems
- Smoke free project
- Estate modernisation programme
- Acute care pathway development
- S136 pathways development for Healthy London Partnerships

4) Carer's Charter

The Carer's Charter - the Trust is developing with the carers a Carers Charter, setting out what carers, friends and families can expect from the organisation. The Carers Charter is a development from the 3iS protocol and is in the process of being ratified by the Trust and Carers', Family and Friends reference Group. .

5) Triangle of Care Accreditation

The Trust is applying for the second stage of accreditation under the triangle of care scheme. In 2016 35 community teams were targeted for self-assessment, 27 of which took part. The process was well supported by the local Carer's Centres and also carer representatives who met with the teams to help them with completion of the self-assessment. This active involvement was very much appreciated by carers and the Carers Centres.

"As a carer of a person with paranoid schizophrenia, I was privileged to be involved in the Triangle of Care self-assessments in September, and witness the diligence and effort of the various teams striving to make this excellent concept work efficiently. I was particularly impressed by the professionalism and organisational skills of the Carers Development Worker, and her great devotion to her work. From a carer's point of view, it is a relief that something is finally in place to recognise that carers are active partners within the care team, who want to make sure that the person they care for gets the best care possible. This concept, of course, can only be successful if all partners collaborate."
Carer

"The group self-assessments were a good opportunity for staff to share resources, skills and experience, and to hear carers' stories. The meetings were a space to ask questions about the ToC and issues like confidentiality, working with families, etc. I was pleased to be at hand to help answer them. My involvement in the process helped professionals become more familiar with Wandsworth Carers Centre. In future, self-assessments could be a two phase exercise so that staff can gather better evidence for the self-assessments beforehand."
Carers Support and Development Manager, Wandsworth

The Trust submitted a phase two update report in October 2016. The report also highlighted areas of good practice including:

- A new Trust-wide leaflet for carers, "Information for Carers, Families and Friends" which is now distributed widely at every team base across the Trust. It includes definition of who is a carer, how the Trust works with carers, carer's rights, benefits and allowances and useful contacts.
- A Trust five day Family Work training has been delivered to 58 professionals for 2015/2016.
- Development of the Carers' Charter (see above)

In 2017 the Trust will be continuing to audit teams to reach the required 80% target for accreditation.

In preparation for the 2016/17 Quality Account service users and carers participated in an Engagement Programme where the Trust listened to their views regarding the setting of the Trust Quality Priorities. This included taking account of their views of patient experience particularly relating to the setting of the first Quality Priority: Improving the consistency and capability of clinical care in adult community services.

Future plans
In 2017 the implementation of service line management is expected to bring a number of benefits, increasing consistency of approach across services. There will also be an integrated strategy for service user and carer involvement, recovery and co-production. These two initiatives will enable a number of developments to strengthen carer experience including:

- Implementing ToC locally via service line Heads of Nursing and Quality with a clear strategy and capacity to coordinate self-assessments and action plan implementation

- Ensuring that action plans from the ToC self-assessments are followed through and performance managed through local Service Line dashboards

- Triangulation of the self-assessment information with carer feedback, as professionals' self-evaluation may not correspond to carers' experience. Possible mechanisms include Real Time Feedback data and Friends & Family Test, with regular monitoring of carer feedback against the ToC standards.

- Ensuring that the Carer Awareness Training becomes well embedded and is sustainable.

- Supporting the development the bimonthly trust-wide Carers, Friends and Families forum so it truly serves to energise the ToC.

- Reviewing the 3iS protocol and providing Trust-wide guidelines for engaging with carers, friends and families.

3.12 Service User Involvement and Engagement

The Trust involves service users in shaping our services in a number of different ways;

1) Patient Quality Forum (PQF)
2) Participation in Trust governance activities e.g. committees.
3) Participation in Trust quality assurance processes – e.g. service reviews, 15 Steps Challlenge visits, production of information, recruitment
4) Participation in Trust service development activities e.g. workshops, stakeholder meetings

Participants in involvement activities are drawn from the PQF or a wider group who are part of the Involvement Register. Contact involvement@swlstg-tr.nhs.uk for more information about how to get involved.

The Involvement Project lead provides advice and support to teams who wish to develop local engagement with their service users and carers. In this way best practice can be supported and developed.

1) Patient Quality Forum

The purpose of the PQF is to support the Trust to deliver high quality, personalised health and social care services.

Effective service user involvement in the scrutiny and design of Trust services is essential for the development of high quality, safe services and for the Trust Board to have an effective way of hearing service users' views.

The PQF was formally launched in early 2016 following 'Patients as Leaders' training for 12 service users and 2016/17 saw its first full year of operation.

It acts as a conduit of service users views and there are currently 10 PQF service user members who attend the forum meeting monthly. The meeting is chaired by the Director of Nursing, and attended by a Non-Executive Director and other members of Trust staff by invitation. Each meeting has included formal discussions of relevant papers and informative presentations and regular feedback to the meeting from community groups attended by members. Through the monthly meetings they inform the Trust about current community activities and concerns and also feedback to their various groups about Trust developments and strategies.

During the first year the PQF members have provided service user perspectives and input to the following areas of work:

- Development of the Trust's quality account indicators
- Review of the restrictive practice policy.
- Influences service user story to Board
- Developed and refined processes for service user input into recruitment
- Review of SWLSTG smoke free plan
- Provided feedback on the review of personality disorder services, development of the new trust website and leaflets.
- Co-produced Making Safeguarding Personal workshops with the Trust Adult Safeguarding Lead

In January 2017 a co-produced review of the past year, achievements and challenges was carried out. Members noted that they felt their confidence had increased, they were listened to, the PQF had empowered them and they felt more motivated. Challenges were making sure the PQF wasn't just a 'tick box' exercise, some papers were very complex and the agenda was very packed, not giving enough time for discussion. The review produced a number of recommendations which will be implemented in 2017 including:

- Establishment of core best practice principles for service user involvement
- Service user co-chair for the meeting

- Developing a support and development process for members
- To recruit and train new members for PQF from a wider and more diverse service pool ie. To include representation from BaME and LGBT communities and CAMHS, LD and the Older People services

2) Participation in Trust governance activities e.g. committees.

Service User representatives have a key role on Trust committees. Service Users sit on a number of committees including;

- Quality Safety and Assurance Committee
- Drugs and Therapeutics Committee
- Infection Control Committee
- Equality and Diversity Committee

A member of the PQF sits on the Clinical Quality Review Group to provide service user perspectives and act as a link to the PQF

3) Participation in Trust quality assurance processes

Recruitment has been a key area for service user Involvement, providing an expert by experience perspective. Service users have been panel members for a number of recruitment initiatives, including for:

- the HCA and nursing recruitment programme
- employment specialists
- Service Line management appointments
- Team managers
- Improving Access to Psychological Therapies staff

4) Participation in Trust service development activities e.g. workshops, stakeholder meetings

Workshops provide an accessible opportunity to involve service users and carers in service developments. A number of projects have included specific involvement workshops including:

- Service user and carer feedback systems
- Smoke free project
- Estate modernisation programme
- Acute care pathway development/crisis recovery cafes
- S136 pathways development for Healthy London Partnerships
- Outcome based commissioning in Richmond

In preparation for the 2016/17 Quality Account service users and carers participated in an Engagement Programme where the Trust listened to their views regarding the setting of the Trust Quality Priorities. This included taking account of their views of patient experience particularly relating to the setting of the first Quality Priority: Improving the consistency and capability of clinical care in adult community services.

Future plans

In 2017 the implementation of service line management is expected to bring a number of benefits, increasing consistency of approach across services. There will also be an integrated strategy for service user and carer involvement, patient experience and co-production which will support the development and embedding of service users and carers in service development and delivery and quality improvement and innovation.

A review will also be conducted with service users the effectiveness of the forums to further strengthen involvement.

3.13 Compliments

The Trust has received and reviewed over 3,400 compliments over the past year and they are categorised under the theme of Values and Behaviours on the Trust reporting system. This number far outweighs the number of complaints received at 455. Compliments are received via letters, emails, cards, verbal and also through Real Time Feedback kiosks, tablets and online surveys.

CAMHS has also developed a survey called 'ESQ' which account for the rise of compliments from 2015/16 (over 1,300).
ESQ examples include:

- *'Tentative and sensitive people here. I left the meeting assured and knowing what the next step would be'* Neurodevelopment Assessment Service

- *'After seeing a number of people, I finally found one who helped me. Everyone we have met have always been very kind and helpful. (staff name) has been amazing, so has (staff names').* Kingston CAMHS

Other compliments include

- **Kingston and Richmond**

'Dr (name) has provided me with excellent care. I am now on a combination of medication that has seriously helped my psychological condition. I am immensely grateful' Kingston Recovery and Support Team

- **Specialist Services**

'It would take more than a card and some chocolates to express how grateful I am to you all. But you know how I am with feelings so they will have to do. I know I have been grumpy at times, and were challenging then was perhaps polite. but I have always been in awe of your collective dedication, patience and compassion.... Anything positive is undoubtedly in large part down to you guys. I know that this is only the beginning of my recovery, but I leave more positive than I have ever been for many years that I might have a future thank you.' Eating Disorders Day Unit

- **Sutton and Merton**

'Individualised, was at the right level and introduced new ideas. Good balance between me talking and therapist talking. Used techniques which work. Was structured but flexible so I could tackle new problems and underlying at the same time. It is an excellent service and have recommended it to others' Merton Complex Depression and Anxiety Service

- **Wandsworth**

"This is further to my telephone conversation yesterday regarding (WW OPCMHT) I write this with the greatest if pleasure and expressing my deepest gratitude for the help and care and very sound professional attention that I received during the difficult period. As requested please will you pass on my many many thanks to (name) for the guidance and the very welcome professional treatment. I have no words to express the gratitude that I owe her. Many many thanks once again for the help and attention that I have received it is amazing'- Wandsworth Older People's CMHT

3.14 Complaints

We take all our complaints seriously as they provide us with valuable feedback and opportunities to review and reflect upon current practices, and allow us to consider changes that will enhance the standards of care we strive to achieve.

During 2016/17 the Key Performance Indicators for acknowledging a complaint with 3 working days and sending a complaint response within 25 working days was increased from 75% to 95%.

Trust has met the new acknowledgement KPI since for August 2016 and met the new response KPI in December 2016, January and March 2017. Some complaints are very complex and more time is needed to finalise an investigation. The Trust believes it is very important to take time with complaints to thoroughly review them. The robustness of this process is borne out by the positive feedback received by the Patient Experience Team who handle complaints, the low levels of referrals to the Ombudsman and their tendency for the Trust findings not to be overturned.

This year saw a significant improvement in a 7-day contact being made by the Patient Experience Team to complainants and have decreased their 'no attempts made' to 0% i.e. all cases having an attempt at contact provided we have contact details.

The Patient Experience Team continues to receive positive feedback praising their complaints handling skills, in particular their swift responses to requests, listening skills and understanding of services.

During the year we received 455 complaints, which is a decrease from the previous year of 504. There were eight cases referred to the Ombudsman during 2016/17, three were not upheld, one was not investigated, three are currently open and one was upheld. There were six cases closed that were received in 2015/16. Five were not upheld and one was upheld.

Examples of complaints and action are as follows:

- You said: Father unhappy as son has been given a different diagnosis on the ward than that of the community teams.

We did: Arranged a 2nd Opinion

- You said: There were five nurses for complainant's blood test and they were asking personal information in front of all of them when he was only familiar with one. He found the nurse to be rude. He was phoned three times to pick up his medicine even though he'd arranged to pick it up on his day off.

  We did: This was the second week of a new clinic and new procedures and equipment were being embedded.

  - Apologised for staff rudeness;
  - Put up signs on the clinic room doors to indicate when there are in use to prevent anyone else from entering the room.
  - The staff member who was making the telephone calls was not aware of any prearrangement for medication collection as it was not recorded in the clinical record. Nurses reminded to document any arrangements made with patients to avoid confusion.
  - Discussed at the weekly multi-disciplinary meeting to embed change.

- You said: unhappy with the care given to her daughter under the Eating Disorder CAMHS team.

  Unhappy with the transport arranged by the Trust and poor communication efforts and inconsistency from staff in the team and no contact on the telephone lines. Unhappy with the clinical care in appointments with the daughter.

  We did: Acknowledged and apologised for the frustration with the transport issues which we resolved. There was a high turnover of staff for the team which led to the some of the poor communication and the inconsistencies, it was agreed they would have a named person to contact to improve communication. A learning event was also held for the team to improve the whole team's communication and to learning how to manage similar situations better in the future (this was held in October 2016).

Communication continues to be a key theme arising from upheld complaints. This theme has been reported through governance framework structures and the Trust's Listening in Action (LiA) team has continued to highlight areas of work during the 'conversations' with staff in workshops.

Areas of work that support this action are:

- Improved communication between staff and senior managers
- We continue our focus on improving communication between staff and senior managers; particularly around having a feedback loop and more opportunities for staff to contribute their ideas and be involved in organisational changes.
- Introduction of Supervision Policy for both clinical and non-clinical staff with access to online form for easier completion and reporting
- LiA Quality Conversations continue with a focus on improving our response and supporting staff after serious incidents
- Local LiA staff conversations with a focus on involving staff to agree action plans to improve results in each directorate
- Regular Ward managers meetings with feedback loop
- Regular Operational managers meeting with feedback loop
- Introduction of the 'Reverse Mentoring' and 'Up to the Board' mentoring scheme to support improved leadership development

A Complaints Annual Report for 2016/17 will be prepared in accordance with Regulation 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulation 2009.

3.15 Real Time Feedback

The Trust has continued using Real Time Feedback (RTF) throughout 2016/17 and it is accessed by both inpatient and community services.

During 2016/17 there have been 5845 items of feedback received. These have been triaged by the Patient Experience Team.

An audit was completed in June 2016 on RTF 'You Said, We Did' boards. This was to give assurance that Trust staff demonstrated learning from feedback received by keeping the 'You Said We Did' boards up to date.

Overall the results were positive with 95% of wards using their board and 81% of wards having clear evidence of actions and learning taking place. There were some exemplary wards noted for their proactive engagement with feedback received.

Two areas of learning were that not all boards were not 'uniform' and they were some were not always dated to evidence they were current. New RTF Guidance was refreshed and sent out the teams highlighting action needed to remedy this.

There are approximately 200 hundred questions that service users and carers can choose to complete. The Trust maps these questions to 9 categories as below and metric for scoring is: Excellent 100; Good 80; Fair 60; Poor 20. The scores for this year is as follows:

- 1:1 relationships: (average score of 63)
- Care Planning: (average score of 56)
- Communication: (average score of 53)
- Community: (average score of 49)
- Environment: (average score of 48)
- Friends and Family Test: (average of 84)
- General Satisfaction: (average score of 67)
- Help and Support: (average score of 64)
- Medication: (average score of 47)

Communication is a top theme for Real Time Feedback and this triangulates with the complaints top theme.

Service users and carers are also able to written free which accounts for the 5845 feedback received. The comments are overall positive.

- *EVERYONE IS SO PLEASANT AND PROFESSIONAL- Sutton Older People's CMHT*
- *EXTREMELY HAPPY WITH ALL OF THE CARE- Merton Home Treatment Team*
- *STAFF ARE CARING- Halswell Ward*
- *YES STAFF ARE ALWAYS THERE FOR ME- Wisteria Ward*
- *EXCELLENT NURSES AND HCAS. VERY COMPASSIONATE, ALWAYS POLITE AND RESPECTFUL, ALWAYS CONSIDERATE AND SUPPORTIVE- Avalon Ward*
- *STAFF ARE VERY GOOD AND FRIENDLY I DO NOT KNOW HOW THEY SUCH GOOD WORK- Crocus Ward*
- *DR (NAME) IS EXTREMELY UNDERSTANDING AND EMPATHETIC- Putney and Roehampton CMHT*
- *THEY WERE THERE TO SUPPORT ME IN MY CRISIS- Kingston HTT*
- *THE CARE I RECEIVED WAS EXCELLENT- Rose Ward*
- *THEY TREATED ME WITH SO MUCH RESPECT- Ellis Ward*

- *VERY HAPPY THE WAY IVE BEEN TREATED- Lotus Assessment Suite.*

3.16 CQC Community Survey

The CQC published the survey outcomes in November 2016, which looked at the experiences of people receiving community mental health services. There were over 13,000 participants and the response rate was 28%. 58 NHS Trusts in England were included and eligible patients were aged 18 years or over, who had received specialist care or treatment for a mental health condition in September, October or November 2015. For South West London and St George's Mental Health NHS Trust, the survey was sent to 850 with a return of 199 respondents.

Key outcomes are:

- The Trust was joint highest nationally when service users rated 'overall experience'. Only 3 Trusts nationally scored 7.5 (the highest score) and the Trust was one of them (i.e. joint highest nationally).

- The Trust has significantly improved in the scores in the other domains from the previous year. Questions about the following had al increased from the previous year and scored well

    - Health and social care workers (staff understanding how a patients mental health problem affect other areas of a service users' life; being given enough time to discuss needs and treatment; being listened carefully to). The highest score in comparison to other London and neighbouring Trusts.
    - Organising care (being told who is charge of organising a service users care) The joint highest score in comparison to other London and neighbouring Trusts.
    - Reviewing care (feeling that decisions were made together by the service user and the person they saw; being involved as much as the service user wanted in discussing how the care is working). The joint highest score with two other London and neighbouring Trusts;
    - Crisis care (getting the help needed when contact was made; knowing who to contact out of office hours when is crisis). The joint highest score with three other London and neighbouring Trusts;

- Treatments (service users being involved as much as they wanted to be in deciding treatments or therapies; information was given about new medicines in a way that was understood; being involved as much as the service user wanted to be about medicines received). The second highest score with three other London and neighbouring Trusts;

- Support and Wellbeing (did staff help the service user achieve what is important to them; was information given about getting support from people with experience of the same mental health needs; have staff involved a family member or someone close as much as the service user liked; have staff supported in taking part in local activities; was advice or help given in the last 12 months with finding or keeping work; help and advice in the last 12 months with finding support for financial advice or benefits). The joint highest score with two other London and neighbouring Trusts;

- Overall view of care and services (feeling treated with respect and dignity; feeling being seen by services enough); The highest score compared with other London and neighbouring Trusts;

There were two areas of development for the Trust where the survey scores were not improved from last year or where the Trust does not compare well with other London or neighbouring Trusts.

- Planning care: whilst the Trust scored lower than the previous year, the scored was the second highest score in comparison to other London and neighbouring Trusts.
- Changes in you see: (service users knew who was in charge of their care; the care stayed the same or got better; the reason for the change was explained at the time). The Trust was lowest scoring Trust in comparison to the other London or neighbouring Trusts.

An action plan is under development to improve these areas which will be monitored through governance and performance structures.

3.17 Inpatient Survey

The Inpatient Survey was published in January 2017 by Quality Health, this looked at the experience of people who had an inpatient stay for at least 48 hours in a psychiatric ward at the Trust.

The survey was divided into 7 sections and a score from 0%-100%. Overall the Trust was mainly rated within the middle 60% of all 19 trusts surveyed in 2016.
The survey was divided into 7 sections and a score from 0%-100% and is based on being rated very good or excellent. The Trust did not do well overall on this scoring but fared better in 'good' or 'some of the time'.

The Trust did well in 'Leaving Hospital' questions was about discharge arrangements, having the out of hours telephone number and being contacted by services after discharge. The Trust scored in the highest 80% threshold for contacting service users within a week of discharge and all other questions were above the lowest 20% threshold.

The Trust has also improved in:

- receiving help from staff with home situations
- enough care being given to physical health needs
- service users not feeling unfairly treated for reasons of an equalities protected characteristic

However the survey shows that there are areas requiring improvement such as:

- being made to feel welcome on the ward
- being listened to
- informing service users about side effects to medication,
- activities
- knowing about rights.

Service users were asked how they would rate the care they received 'Overall' during their recent stay. The Trust did not score well on overall experience (being rated excellent or very good), but it did score well in 'good' scoring 29%, whereas 'All trusts' only scored 22%.

An action plan is under development to improve these areas which will be monitored through governance and performance structures.

Our Staff

3.18 NHS staff survey

The Trust's response rate for the 2016 Staff Survey was 52.5%. This is a significant improvement from the 2015 survey response rate of 44.2%

The Trust's response rate also compares favourably with the average response rate for mental health trusts which use Picker to provide the survey, which was 46.1%.

On an annual basis, *Listening into Action* rank all NHS trusts according to their staff survey results. Their analysis of the 2016 results shows the trust ranked in 17th place of all mental health trusts, an improvement of 9 places from the 2015 survey, the second most improved trust. The trust is ranked third within London mental health trusts.

Staff engagement score

The staff engagement score relates to staff' perceived ability to contribute to changes at work; their willingness to recommend the trust as a place to work or receive care; and the extent to which they feel motivated and engaged at work. It is rated between 1 (low levels of engagement) and 5 (high levels).

The trust's engagement score is 3.68. this represents an improvement from 2015, and is in line with the average for mental health trusts.

Top Ranking scores

The Trust compares most favourably with other mental health trusts for the following key findings;

- % of staff reporting most recent experience of violence
- % of staff agreeing that their role makes a difference to patients
- Quality of appraisals
- Fairness and effectiveness for reporting errors, near misses and incidents
- Staff motivation at work

Bottom ranking scores

The trust compares least favourably with other mental health trusts for the following key findings:

- % of staff believing that the organisation provides equal opportunities for career progression or promotion
- % of staff working extra hours
- Organisation and management interest in health and wellbeing

- % of staff satisfied with the opportunities for flexible working
- Staff satisfaction with level of responsibility and involvement

Positive changes from the 2015 survey

The three key findings in which the trust has improved since the 2015 survey are:

- % of staff appraised in last 12 months
- Fairness and effectiveness for reporting errors, near misses and incidents
- Effective team working

In 2015, the Trust published its first 'Workforce Race Equality Standard' metrics and an action plan to address the issues highlighted within it which were agreed by the Board.

The 2016 Staff Survey shows that the Trust has more work to do to address equality issues (see below):

3.19 Raising concerns 'Freedom to Speak Up'

As an organisation that provides care to vulnerable people, we take any concerns raised by our staff very seriously. We are committed to supporting any of our staff who are worried about areas of poor practice, attitudes or inappropriate behaviour within our organisation. We believe in encouraging openness and transparency in all we do. It is important that there are no negative consequences for individuals who act responsibly in highlighting issues that could put the people we care for at risk in any way.

The Trust has launched an independent and confidential Guardian Service for our staff to discuss matters relating to patient care and safety, whistleblowing, bullying and harassment, and work grievances.

A guardian will be available over the telephone on a 24/7 basis. This guardian is an external person who will provide information and emotional support in a strictly confidential, non-judgemental manner.

Guardians will speak with staff on the phone in the first instance. If the issue is not resolved during the phone call, they will meet up in person. The guardian supports the employee to decide on a course of action. Where necessary, the guardian will escalate issues anonymously using a RAG rating system.

Nationally, the Guardian Service was set up in response to the Francis Report which stated that when reporting issues, staff found that their concerns could be ignored, dismissed and not acted upon in a timely manner.

The Guardian Service is available 24 hours a day on 0333 001 5109. Trust Guardian is Lincoln Murray.

The Trust takes any concerns raised by our staff very seriously and we are committed to supporting any staff who are worried about areas of poor practice, attitudes or inappropriate behaviour within our organisation. Staff are also able to raise concerns using the Ulysses Risk Management System. Staff have utilised this process and a total of 17 (to be updated end of March) concerns have been raised in 2016/17 on the Ulysses System. Themes include Concerns of Fraud, Staffing levels and cover arrangements, non-adherence to policy and procedure. For those concerns raised via Ulysses, contact is made with the reporter and a process agreed to address the issues. Outcomes are fed back to the reporter via the electronic system.

3.20 Equality and Diversity

The Equality Act 2010 introduced a 'General' public sector equality duty, which states that public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those that do not.
- Foster good relations between people who share a protected characteristic and those that do not.

The NHS Constitution includes a duty "not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation", whilst the following form part of the Trust's values:

- **Respect:** We are respectful so you feel appreciated and included
- **Open:** We are open so you feel informed and involved
- **Compassionate:** We are compassionate so you feel valued and cared for
- **Collaborative:** We expect teamwork so you feel connected and supported
- **Consistent:** We are consistent in our quality of care so you feel safe and reassured.

The Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2) became a mandatory requirement for all Trusts to complete in April 2015. WRES results and actions also became a component of the CQC inspections from March 2016.

Equality and Diversity Steering Group

Set up in March 2016 this Trust Board Committee is chaired by the Trust Chairman with Executive Equality and Diversity Leadership from the Trust Medical Director. This group which is accountable to the Trust Board comprises of Trust staff and external stakeholders including representation from the Patient Quality Forum. The membership of the group also includes representatives from Human Resources, Health and Wellbeing, Communications, Evolve (BAME) staff group, Lesbian, Gay, Bisexual and Transgender staff, Disability network, Deaf Staff group and Staff Side.

Two key achievements of the Steering Group are:

- Raising the profile and implementation of the Trusts local and national Equality and Diversity objectives at Senior management and Board Level
- Funded Trust accreditation with Stonewall and enei (employers network for equality and inclusion) who will support the Trust to achieve (amongst other E&D corporate objectives) the setup of sustainable staff networks

CQC Inspection findings from pilot WRES inspection as part of the Well led domain

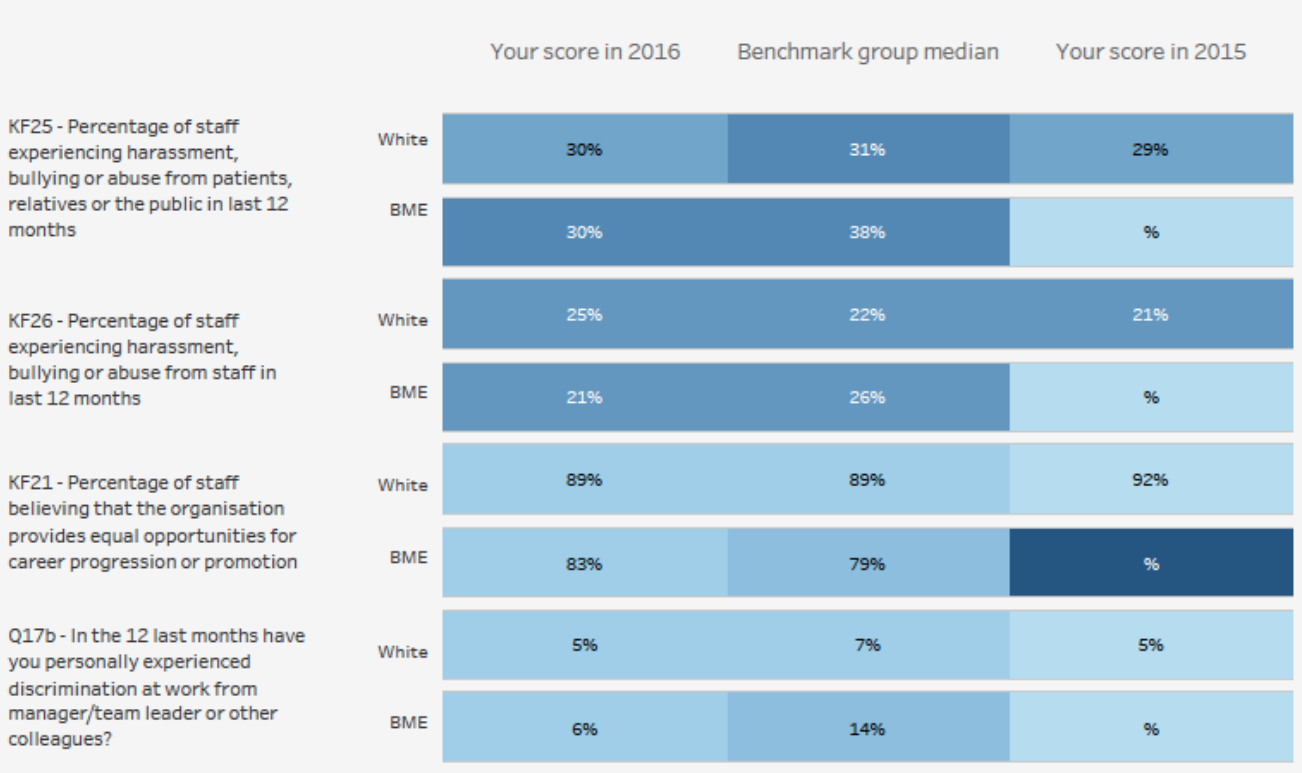
The CQC inspection of the Trust in March 2016 included a focus on equality and diversity, in particular the WRES results and actions. Inspectors met with the Equality and Diversity lead, Evolve BME network Chair and Assistant Director of Human Resources and hosted a forum for BME staff to give their feedback on their experience of working for the Trust.

Staff acknowledged that there had been improvements in the trusts' approach to inclusion and equality. However, some staff felt that there were still occasions when senior staff demonstrated non-inclusive behaviours. (CQC 2016)

Workforce Race Equality (WRES)

The Trust's metrics for the WRES show BME staff experience of working at South West London and St George's Mental Health NHS Trust and also reflects the wider NHS. It shows that while the workforce is representative of the local community, this is not the case across all grades and that BME staff are less represented at more senior levels – above Band 6.

The table below gives a snapshot of the changes to the WRES over the last year as reported to NHS England.



Supporting the equality, diversity and inclusion agenda

In November 2015 the Chief Executive signed the NHS England LD employment pledge. The Trust has signed up to be a spoke working with and supported by the Guys and St Thomas' LD employment Hub to progress our pledge further. NHS England will be holding an event to support pledges with implementation and sharing best practice from organisation who are already delivering in this initiative

The Recruitment team are working with Deaf staff to look at more accessible and inclusive ways to recruit deaf staff.

The Trust is a member of the NHS Pan London Equality, Diversity and Inclusion Group, and has recently confirmed its membership of the Employers Network for Equality and Inclusion (enei), Stonewall and Mindful Employers. These organisations provide tools, guidance and accreditation which will enable the Trust to embed a culture of sustainable equality, diversity and inclusion initiatives to improve compliance with NHS England and NHS Employers mandatory requirements.

This in turn will support the Trust to provide and evidence better health outcomes, experience and access to services for our patients and demonstrate that our workforce is well led and representative of the communities that it serves.

"Signing up to Stonewall, enei and mindful employers is part of a renewed effort by the Trust to ensure that this is a place where people can bring the best of themselves to work, that people feel that talent is rewarded regardless of the part of the community they come from and where patients feel they can be themselves". The Chairman

3.21 Health and Wellbeing

The Health and Wellbeing Strategy (HWB) 2017-21 and Action Plan addresses the National Institute for Clinical Excellence standards and NHS England public health policy directions for both the physical health and emotional wellbeing of staff. The HWB Strategy 2017-21 and Action plan which demonstrate Trust commitment to staff wellbeing also support the NHS Constitution Pledge and requirements of Care Quality Commission.

- **Promoting physical activity**

  The Global Competitive Challenge
  The initiative involved staff taking a virtual walk around the world as they wore pedometers to increase physical fitness incentivised throughout their 100 day journey where they also received information about holistic health covering nutrition, sleep and fatigue, stress and happiness and psychological wellbeing .Participants also had the opportunities to benefit from personalised fitness health scores incorporating weight management, heart health and risk factors.

In total 56 (8 teams) staff took part in the 100 day fitness challenge with teams spread across boroughs with a mixture of clinical and corporate functions.

Data taken from participant pre and post surveys indicate

- 39% are now meeting nutritional guidelines up from 28%
- 62% are now getting the recommended 7 hours sleep, up from 50%
- 81% have decreased stress levels either at work or at home
- 67% are concentrating better or feeling more productive.

Globally: the Trust came 42nd out of 217
Industry: Trust came 7th out of 24 healthcare companies

- **Promoting physical health**

Musculoskeletal Service (MSK)
As a result of a collaborative arrangement between Kingston Hospital Physiotherapy and Occupational Health Department the Trust is trialled for one month fast-track access to physiotherapy in order to promote staff health and wellbeing, improve productivity and reduce sickness for injuries associated to musculoskeletal (MSK) issues. Access to early intervention for MSK aims to help keep staff at work and assist those staff at work but symptomatic to make a quick recovery to full capacity.

- **Promoting Emotional wellbeing**

Mindfulness
The Trust held a Compassion and Self Care Conference on Monday 31st October 2016 arranged by the Mindfulness Special Interest Group whose focus is developing mindfulness training.

The Compassion in the community presentation, and 'discussion around integration of self-compassion as a method of self-care to manage stress in the NHS' were valued, and many people found the self-compassion presentation useful.

Average rating was 4.6 out of 5 for conference meeting the attendee's expectations.

Employee Assistance Scheme

The Trust has continued to promote its employee assistance scheme throughout the Trust with; presentations to; leadership conference, directorates across, ward managers forum and through inclusion of promotional literature made available to all staff via InSite.

A Manager Advice Line also provided by CiC was also promoted throughout the year with specific promotional literature circulated to all managers and supervisors.

The EAS service is available from 8am to 9pm on business days throughout the year, to all staff.

Part 4: How we developed our Quality Account

This is the seventh year that NHS trusts have reported formally on the quality of their services. Much of this report is set out to meet legal requirements. However, we also report on our priorities for improvement which have been agreed in partnership with clinicians, service users and carers.

Our aim has been to produce a true and fair representation of our services, including information that is meaningful, relevant and understandable to our service users, their carers and the public.

Throughout the year, we have had ongoing engagement with service users and carers across the Trust via our existing Patient Quality Forum. Each service informs their quality improvement activities by gathering service user and carer feedback from a variety of mechanisms: Patient Experience team (incorporating PALS), compliments and complaints, annual surveys, real-time surveys, service user and carer representation on Trust groups, focus groups and at special events.

We have continued to develop the use of the recovery approach with resources and trained peer mentors offering support and we have also engaged across the organisation with our staff and clinicians through the Listening into Action (LiA) programme and events.

The Trust is also grateful to our service users, carers, staff and stakeholders who commented and contributed to this document.

External assurances and comments

We provided a draft of this Quality Account to our five local Clinical Commissioning Groups, five London Boroughs of Wandsworth, Sutton, Merton, Kingston and Richmond, all five local authority Health Overview and Scrutiny Committees and local Healthwatch groups and invited them to review the document and provide us with comments. In the time available we have responded to some of these comments, wherever possible by adding information or making appropriate amendments while producing our final document. Where comments have been received relating to next year we take them into account during implementation. The Trust is grateful to all of the above organisations for helping to verify the content and for their suggestions for improving this document.

Those stakeholders that have provided statements arising from the consultation and are incorporated into this Quality Account.

Concluding comments

We very much hope that the information contained within this document is useful and meaningful, reinforcing the fact that providing high quality and safe services is our highest priority and at the heart of all that we do.

We would value your feedback on this document so we can improve next year's Quality Account. You can contact us via the details below. Alternatively, if you would like further information, a hard copy of this document, or have any questions, please contact us.

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Comments from Stakeholders

A summary of key changes made to this report as a result of comments provided by our stakeholders are listed below. Where it has not been possible to make proposed amendments in the time frame, comments will be considered for next year's Quality Account.

- Provided a new section on Community services quality and service development
- Provided a new section on CAMHS key in-year developments
- Provided a new section about Peer review and accreditation
- RAG rated the progress and achievement against the Quality Priorities
- Provided a narrative and explanation of how service users and carers were involved in setting of the Quality Priorities
- Set out the Trust's 'Sign Up to Safety' pledges it has made
- Expanded the section on Serious Incidents to provide further analysis about the increase in suicides
- Expanded the section about Real Time Feedback providing themes and examples
- Expanded the section on 15 Steps Challenge by providing examples where changes have been made arising from specific visits
- Expanded the narrative on Complaints by providing more detail and giving examples
- Explained the theme category given to compliments
- Highlighted the areas of development arising from the Inpatient Survey by changing the format
- Changed the look of the WRES outcomes table and hopefully made it easier to read
- Provide more narrative on the Equality and Diversity Steering Group
- Placed service user and carer involvement and engagement earlier in the report
- Placed the Safeguarding sections earlier in the report
- Taken in formatting and acronym changes

Merton CCG statement for South West London and St. George's Mental Health Trust Quality Accounts 2016/17 on behalf of the population of Merton and associate commissioners including Wandsworth CCG, Sutton CCG, Kingston CCG and Richmond CCG.

NHS Merton Clinical Commissioning Group are the lead commissioner responsible for commissioning a range of health services from South West London and St. George's Mental Health NHS Trust (SWLSG), on behalf of the population of Merton and associate commissioners including Wandsworth CCG, Sutton CCG, Kingston CCG and Richmond CCG. NHS Merton Clinical Commissioning Group welcomes the opportunity to provide this statement for South West London and St. George's Mental Health NHS Trust's Quality Accounts.

We confirm that we have reviewed the information contained within the Account and that it is compliant with the Quality Account guidance. We welcome the major focus of the organisation being *"Making life better together"* and endorse the core overarching strategic objectives. We fully support the approach of putting the service user at the centre and the use of recovery approaches to people to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions. We look forward to receiving further details on how the Trust is progressing to embed its enablement practice.

We support the identified quality priorities for 2017/18, covering:

Priority: Effectiveness and experience

- To improve the consistency and capability of clinical care in adult community services

Priority: Experience

- Patient Experience – Review/ 'You Said we Did'

Priority: Safety & experience

- Reducing Violence and Aggression/ use of Restrictive Practice

Priority: Safety & experience

- Preventing Suicide

Priority: Effectiveness

- Improving Physical Health for Service Users

Priority: Effectiveness

- Improved Supervision for Trust staff

We are particularly pleased that Suicide prevention is a quality priority, as we have noted the increase in suicides/ suspected suicides of service users; however we acknowledge that the Trust is not an outlier in respect of incidence. We are committed to working with the Trust to support their endeavours to achieve their 2016/17 quality priority targets.

We note that the Trust was not able to meet all its 2016/17 quality priority targets although we acknowledge that improvements were made. We are pleased where quality targets were not met in 2016/17; they remain a priority in 2017/18. The CCGs are pleased that the Trust was awarded a rating of 'Good' by CQC following a re-inspection in September 2016 and acknowledge the hard work and quality improvements that led to this improved rating. However we also acknowledge there is further improvements to make.

We are pleased that community services provided locally are considered within the Quality Accounts as well as the mental health services which form the majority of SWLSG's portfolio, however we would have liked more information on both community Services and on Child and Adolescent Mental Health Services (CAMHS). We will work with the Trust to ensure that all service areas are monitored and subject to quality improvement.

We are pleased that the Trust has worked in partnership with commissioners during 2016/17 and have both worked successfully together through the clinical quality review group meetings to review evidence and resolve issues related to all aspects of clinical quality and achieved significant quality improvements, whilst acknowledging that further work is to be done.

We therefore look forward to continued collaboration around the quality agenda and working with South West London and St. George's Mental Health Trust as they implement the quality priorities and improvements set for 2017/18 and improve the quality of services provided to service users.

Patient Quality Forum (Service user feedback)

This draft Quality Account is drafted more accessibly and consistently than previous years but more acronyms need to be defined.

There was concern that the number of complaints received may not be representative of service users who wish to complain but who may be cautious about doing so and this group is not captured in the figures.

Statement from Kingston Council Health Overview Panel

Thank you for inviting Kingston Council's Health Overview Panel to comment on this year's Quality Account. This is good introduction to the Trust and its core services.

The report gives a good and honest description of progress with Quality in the past year. We particularly welcome the appointment of a new Assistant Medical Director for Quality from 1 April 2017 with a focus on QII.

Services are highly valued by clients as evidenced by the feedback described and the high numbers of compliments and reduction in complaints.

The Trust has put much effort into last year's **CQC inspection** and the CQC's additional visit later in the year. Eight of the 10 service areas were rated as "good" and just two as "requires improvement". Whilst there were some short comings, which the Panel explored with the Trust at its meeting in November 2016, we heard that the inspection had identified much that was positive and that very few mental health trusts are awarded a good or outstanding rating. We were thus very pleased to learn that following re-inspection the CQC raised the earlier rating of "requires improvement" to "good" and we congratulate the Trust on this achievement.

We welcome the new service introductions – **Crisis/Recovery Cafes and street triage**. Would it be possible for the Trust to consider reporting on outcomes of these new services in the future – e.g. number of people helped and self-reporting or client survey on whether services are perceived as helping people?

We welcome the improved performance (now 99%) for sending discharge summaries to GPs and the initiatives around carer engagement and development.

With regard to the quality priorities for 2017/18 we welcome the six priorities as listed, particularly those on reducing violence and aggression/use of restrictive practice and actions for the prevention of suicide which build on work undertaken in 2016/17. We look forward to hearing about how these are implemented. We note that there has been a sharp rise in the number of suicides in the past year. We trust the prevention of suicide will include measures for people living in the community as well as for in patients. Similarly, we hope that quality priority on health for service users will apply to people in the community as

well as in patients and include strengthening the relationship and dialogue between the Trust and service users' GPs.

We would like to commend the work and dedication of staff in progressing the quality of services and in relation to last year's CQC inspection. We hope the new Assistant Medical Director of Quality will provide further impetus to carry forward the important quality agenda.

Statement from Richmond upon Thames' Health Services Scrutiny Committee

Following on from the meeting held on Tuesday 9th May 2017, to discuss South West London and St George's Quality Account, we welcome the opportunity to provide additional input, as the London Borough of Richmond upon Thames (hereinafter 'LBRuT') is determined to champion the interests of its residents by playing a full and positive role in ensuring that the people living and working in the LBRuT have access to the best possible healthcare and enjoy the best possible health.

Whilst we appreciate that the version provided is a draft and the final version is yet to be approved we have a number of points we wish to raise and a number of suggestions we wish to proffer. We would like to take this opportunity to commend the Trust on a well written report and congratulate you on the positive feedback you've had regarding the accessible language used. Noting the limitations with regards to structure placed on the Trust we do think certain areas could be improved, such as making the progress against the 2016/17 priorities clearer. We were pleased to hear the progress that has been made against the Trust's 2016/17 priorities, particularly:

- The introduction of street triage teams;
- The support offered to staff. We thought that the promotion of physical activity was a particularly positive and innovative scheme;
- The positive feedback you've received from peer reviews. We look forward to seeing this in the final account;
- The progress towards achieving the 2016/17 quality priority 'adult autism – fulfilling and rewarding lives'; and
- The opening of the Lotus assessment suite for people with mental health needs in crisis so they can be safely assessed and supported as to whether they actually need an inpatient bed, or can agree what support they require in the community.

As well as these achievements we also noted:

- The increase in serious incidents during 2016/17. We noted the suggested reasons for this such as your revision of the thresholds for what constitutes a serious incident and the rise in cases of suicide in line with the national trend. We note your comments about the need for a piece of work on a suicide prevention strategy led by Public Health.
- That the CQC gave 'requires improvement' ratings for long stay/rehabilitation and community mental health services for working age people. We note the good rating for acute wards for adults of working age and PICU's but hope to see an improvement in the other services for people of working age.

Conclusion

Our aim is to ensure that your Quality Account reflects the local priorities and concerns voiced by our constituents as our overall concern is for the best outcomes for our residents. Overall, we are happy with the QA, agree with your priorities and feel that it meets the objectives of a QA – to review performance over the previous year, identify areas for improvement, and publish that information, along with a commitment about how those improvements will be made and monitored over the next year.

We hope that our views and the suggestions offered are taken on board and acted upon. We wish to be kept informed of your progress throughout and thereafter.

Statement from the Wandsworth Adult Care and Health Overview and Scrutiny Committee

Whilst this statement is submitted on behalf of the Wandsworth Adult Care and Health Overview and Scrutiny Committee, the tight timescale allowed for its submission means that it has not been possible to agree it at a Committee meeting. The comments made reflect the established view of the Committee and its work over the past year, and have been prepared in consultation with its leading members.

The Committee welcomes the improvements made by the Trust following the Care Quality Commission's recent inspection. These results increase our confidence that Wandsworth residents are receiving good quality care. We hope that these positive achievements are maintained and built upon, so that in the future, all service areas will be categorised as good quality.

In previous years, the Committee has raised concerns regarding bed capacity. The opening of Ellis Ward has ensured that additional capacity is now not required from other Trusts and has reduced the need for out of area placements. However, the CQC did encounter

patients sleeping out on other wards due to bed shortages. We hope that a continued focus on demand management will reduce the likelihood of this occurring in the future.

The Committee welcomes a continued focus on patient and staff safety; in particular, the need to reduce levels of serious self-harm and suicide. The Committee is concerned that the number of suspected suicides has increased from 25 in 2015/16 to 44 in 2016/17. This is despite the enhanced focus during the past year. We would urge the Trust to continue to work closely with the Wandsworth Suicide Prevention Group in the development of their new prevention strategy and to pay particular attention to follow-up contact with patients during discharge.

A continued focus on a reduction in levels of violence experienced by patients and staff is also welcomed. There was an increase in the number of incidents of physical assault (patient on patient) from 422 in 2015/16 to 450 in 2016/17. Whilst 35.7% of service users reported always feeling safe, the majority had some degree of concern relating to their safety. The Committee believes a co-produced improvement plan will help enable this to improve.

The Committee has noted the increased response rate in the 2016 staff survey compared to the previous year. We are also pleased that there have been clear improvements in the results that have seen the Trust as the second most improved in the country. In particular, there has been a significant increase in the percentage of staff undergoing an appraisal in the last 12 months. However, there appears to be concerns amongst staff in regard to equal opportunities for career progression.

Finally, the Committee is keen to follow the implementation of the new acute care pathway. It is our hope that this will provide improvements in care for individuals experiencing crisis. We recognise that good care is dependent on an integrated response; we hope that over the next 12 months the Trust and its partners are able to make the most of this development.

Healthwatch Richmond welcomes the opportunity to comment on the Quality Account from South West London and St George's Mental Health NHS Trust. We have been able to take many opportunities during the year to become engaged with the Trust on areas of interest to service users and carers and the general public both formally through participation in the Trust's committees and groups, and through regular up-date meetings with the Trust CEO, Director of Communications and Chairman. We also welcome the move by the Trust to create an extranet through which local Healthwatch organisations can communicate easily and quickly with senior staff in the Trust to obtain information and raise issues.

The Quality Account is a long and detailed report whose format is not determined by the Trust. This makes it hard to digest at times. However, the largely narrative format this year is more easily readable than previous versions. Healthwatch Richmond looks forward to seeing a summary QA for wider circulation which is more user-friendly once the main report has been published.

We acknowledge that the Trust has been open and clear about its performance in terms of its quality priorities. We believe it is sensible to devise a manageable group of priorities and give them clear focus. We appreciated the opportunity to contribute to the Quality Account priorities for 2017/18 and we support the priorities agreed for 2017/18.

Mental health is a key priority for Healthwatch Richmond in this period. We have decided to do a review of services provided to the population of Richmond by all service providers as mental health has taken on a higher profile, as well as because of the emerging approach to Outcomes Based Commissioning in mental health by the Richmond CCG and Local Authority. We will monitor carefully the impact of this commissioning approach to mental health services for all groups and seek service user and care feedback, as well as ensuring the wider population of Richmond is able to comment on the changes. It is our intention to ensure that there is no deterioration in services for people with the more serious mental health problems because of this new way of commissioning care.

The introduction of Service Line Management by the Trust, still in its infancy, is seen as a positive way to produce more consistent quality of service and communications across the

Trust. We now wish to see better clinical leadership at local level and more active engagement with primary care, service user and carer groups and ourselves.

Improved performance in many areas is demonstrated in the Quality Account, not least the move from "requires improvement" to "good" in the overall assessment of the Trust by the Care Quality Commission. The struggle to recruit and retain sufficient staff is a continuing challenge and is a London-wide problem but the steps the Trust is taking to improve staffing are commended. Improvements in the results from the national staff survey provide some evidence that this work is starting to have an effect although there are still areas which need attention. The programme of staff training and leadership development gives hope that this improvement will continue.

It would have been useful in the CQC report section under table 1 to hear specifically what the Trust is doing to address the areas "Long-stay/rehabilitation mental health wards for working age adults" and "Community based mental health services for adults of working age" which remain "requires improvement" on all but one dimension. This seems slightly at odds with the feedback from data made available to the Trust by NHS Digital with regards to indicator 22 - "Patient experience of community mental health services" in the later section where the result compares favourably with other trusts across the country.

In section 3.2 – Sign up to safety – the five key pledges are referred to but not explicitly spelled out. This would have been helpful.

Actions to improve urgent care pathways appear to be having significant impact and are welcomed. The Lotus Assessment Suite, Street Triage and Ellis Ward are especially positive for Richmond residents. We were disappointed that the Crisis Café initiatives have not been located in convenient locations for Richmond residents. We hope that commissioners will give serious consideration to provide additional funding to establish a café in or near Richmond if the two pilots prove effective.

In section 3.7 – Duty of Candour - We question why the words "where possible" are included in the sentence "The Trust operates the standard of "Being Open" when things go wrong where possible". The standard should apply everywhere without exception.

We are disappointed in the way that the section 3.14 on the Inpatient survey is written. It does not give a clear account of the outcome of the survey and where the strengths and weaknesses of the Trust lie.

Section 3.19 table showing metrics related to changes to the Workforce Race Equality programme is difficult to understand. The measures/scores are not clear.

Healthwatch Richmond is pleased that the Trust's 15 Steps Challenge initiative is being well received. We are grateful to have been invited to participate in the visits with Trust NEDs and senior staff. This will complement our own Enter and View visits which will take place during 2017.

As we collaborate with other Healthwatch in South West London whose residents use the services of the Trust, we will not duplicate comments which others have made.

Healthwatch Merton thank the Trust for the opportunity to comment on this Quality Account. We note that some of the data is not yet entered at the time we were requested to return our submission and so we will not be able to comment on many of the specifics being reported on.

We would first of all like to commend the Trust on the improved format and writing style of this year's quality accounts compared to previous years. Continued improvement would be valuable in helping a wider audience access the report.

We really welcome the section on carer and service user involvement (3.8 to 3.14), and would like to see this section expanded on next year. It would be excellent to see several examples of the impact that carers and service users have had on services and standards at the Trust through their participation in the various initiatives detailed. In addition, it would be good to see an explanation of how the Trust prepares and supports both carers and service users to meaningfully participate – as the quality of training will have an effect on the quality of contributions, which has an effect on the overall quality performance of the Trust.

The sections on Safeguarding Vulnerable Adults and Safeguarding Vulnerable Children seem a bit out of place under 'Carer and Service User Input' and should probably be in a section of their own unless the way that service users and carers have worked with the Trust to improve or implement the policies behind these sections is highlighted more.

We think it would be valuable to have more of an outline of how the Quality Priorities are decided; how suggestions are collected, collated and filtered from the various stakeholders and Trust departments. It would be helpful if the document described in detail what opportunities there were for carers and service users to be involved in the process, and how these were communicated to those stakeholders. Is there a matrix used to decide which areas of focus take precedence for the year ahead? It would be wonderful to see how the contributions of service users and carers can be evidenced to have steered these discussions.

We see the value in all five of the Quality Priorities chosen for the coming year, and it is particularly encouraging to see 'Patient Experience' is one of them. We look forward to

seeing the results of this priority and hope that the planned report on the full review of all patient experience outcomes mentioned under this priority, can be shared with us.

We would like to know more about the co-production initiatives with independent research institutions. How are the results and conclusions of studies which the Trust participates in fed into the organisation's learning? Are there examples of where this has had an impact on improving quality, or where it supports existing evidence of achieving quality? Can a further report or appendix be produced to go into the research at the Trust in more depth?

The summary of the findings of the '15 Steps' visits is another welcome inclusion, and we would be very pleased if the account contained even more detail of the findings from this programme, including changes that have come about as a result of the visits.

The section on Real Time Feedback seems quite short for the 5845 pieces of data which it states have been collected, and if some further detail, such as a breakdown of themes in a table, could be provided, then we feel that that would improve this section.

We look forward to seeing the full Quality Account when it is published, however we request that next year we are asked to comment on a completed draft; although we are conscious of the scale of the task and do appreciate that the draft is more fleshed out this time than in previous years.

Healthwatch Wandsworth is once again grateful for the opportunity to comment on this annual Quality Account.

In previous years we have commented on the layout and general readability of the Account from the point of view of the general lay reader. We recognise the improvements made in last year's Account which are carried forward into this year's version. We believe that the Trust have done what they can, given the regulatory constraints, to structure the Account intelligibly and we welcome recent practice, which we hope will be continued, of preparing a summary version. But we would continue to urge the Trust to strive for the maximum clarity in working up the draft Account for publication.

As in previous years we acknowledge the commitment to quality improvement at senior corporate level in the Trust as well as the commendable efforts of individual staff teams. These are evidenced by a wealth of material in the Quality Account both on the work done in 2016/7 and on the selection of an ambitious programme for 2017/8. The intractable nature of some of the problems faced is also in evidence.

In previous years the core of the Trust's Quality Account, apart from a number of required sections of a highly technical character, has been the setting of a number of Quality Priorities for the year ahead and a review of the work done on the previous year's Priorities. This year's draft is longer than last year's, mainly because it includes (in Sections 3.2 - 3.20) more information on topics outside the Quality Priorities themselves, such as the enhanced Urgent Care Pathway, Service Line Management, the Quality Improvement and Innovation Programme, 15 Steps Challenge Visits, Serious Incidents, Compliments and Complaints, Equality and Diversity, Service User and Carer Involvement and Feedback and several more. All these have their place in a document informing the public about the quality of the Trust's services and we welcome the information provided. Given their length however we would recommend that these sections be reviewed before publication from the point of view of simplification, relevance, removal of unnecessary detail and focus on outcomes rather than processes.

We have two specific comments on Sections 3.2 - 3.20: first, while we welcome the two pages devoted to the work in hand to achieve the next stage of accreditation under the Triangle of Care, the positioning of this in the draft (at 3.11.5) may give the impression that

effective working with carers is viewed as an optional add-on rather than, as it should be, a central aspect of mental healthcare; and, secondly, while co-production is mentioned as an element of the Trust's strategic approach, no detail seems to be given of the useful work being done e.g. with Wandsworth community partners.

The remainder of our comments will be devoted to the review of the Quality Priorities for 2016/7 and the selection of those for 2017/8.

Of the 5 Quality Priorities identified for 2016/7 the first three were to reduce the levels of suicide, serious self-harm and physical violence in step with NHS England's Sign Up to Safety campaign. As we recognised last year, these were challenging objectives which would inevitably take time but the process of tackling them would hopefully be beneficial in itself. The draft Account identifies a number of useful preliminary steps taken and the monitoring processes in place. But, at least in its present form, it provides disappointingly little information about results or lessons learnt (apart from the unwelcome facts that suicides increased year on year by two-thirds in 2016/7 and that reported incidents of patient on patient violence also increased slightly). These topics remain among the Quality Priorities for 2017/8 and we shall hope to hear more in due course . But for now the jury remains out and suicide and self-harm reduction in particular is likely to remain a focus for sustained efforts for some time to come.
Quality Priority 4 for 2016/7 concerned the identification of autism among adult mental health service users and the development of innovative methods of communication to improve service responsiveness. On the basis of the monitoring in place through improved care records, the 5 awareness events held in 2016/7, the number of clinicians already engaged in basic or enhanced training and an (unspecified) upward trend in recording the Trust considers this priority to have been achieved. The fact that current performance on inpatient recording (more explanation would be helpful here) is at 66% against a target of 95% suggests that there is still room for improvement but the Trust presumably hopes that the impetus created in 2016/7 will continue without specifically identifying this as an ongoing priority.

The final 2016/7 priority was to conclude the second year of work on coordinated discharge planning for inpatient service users. This seems usefully to have identified the need to think about discharge even before admission and has provided tools to facilitate this. While the primary driver for more purposeful admission and better planning of discharge may have been the need to reduce inpatient costs, this is likely also to improve service users' experience. Similar thinking arguably needs to inform the development of community service standards, which is one of the Trust's Quality Priorities for 2017/8.

Turning to these, we are pleased to report that we were consulted earlier in the year on the themes to be selected for the 2017/8 Quality Priorities, including attendance at a workshop for stakeholders, and that the revised formulation of these Priorities appears to reflect a number of points raised in the consultation. The 6 Quality Priorities proposed cover a suitably broad range, take account of the Trust's strategies and correspond well with some of the areas currently identified as in need of improvement. As already noted they include the continuation of the work on suicide prevention and reduction of violence under the 2016/7 Priorities. We can therefore support the Trust's Quality Priorities for 2017/8.

Finally, we would remind the Trust that in response to our comments on last year's draft Quality Account they agreed (on page 75 of the published Account) to report progress against their priorities in public documents. We are not clear whether and how fully that undertaking was carried out in practice during 2016/7 but we would like to see in this year's Account a more specific commitment to quarterly or half-yearly reporting and a clear statement of where people can look for this. The question arises whether some or all of the various quarterly reports to the Integrated Governance Group and the Quality and Safety Assurance Committee mentioned in the Quality Account should be made publicly available on the Trust's website after they have been reviewed by those bodies.

Glossary

Abbreviation	Definition
ADHD	Attention Deficit Hyperactivity Disorder
BDD	Body Dysmorphic Disease
BME	Black and minority ethnic
CAMHS	Child and Adolescent Mental Health Services
CCGs	Clinical Commissioning Groups
CFF	Carers, Friends and Family
CPA	Care Programme Approach
CQC	Care Quality Commission
CQRG	Clinical Quality Review Group
CQUIN	Commissioning for Quality and Innovation
CRHT	Crisis Resolution and Home Treatment
EAP	Employee Assistance Programme
EIP	Early Intervention in Psychosis
HOSCs	Health Overview and Scrutiny Committees
HSCIC	Health and Social Care Information Centre
IAPT	Improving access to psychological therapies
KPIs	Key Performance Indicators
L(S)CLRN	London (South) Comprehensive Local Research Network
LSCB	Local Safeguarding Children Board
MHSDS	Mental Health Services Data Set
NAPT	National Audit of Psychological Therapies
NAS	National Audit of Schizophrenia
NAS2	National Audit of Schizophrenia (second round)
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
OCD	Obsessive Compulsive Disorder
PALS	Patient Advice and Liaison Service
POMH	Prescribing Observatory for Mental Health
PPI	Patient and Public Involvement
PQF	Patient Quality Forum
RATE	Risk Assessment Training and Education
RiO	The Trust's electronic clinical and patient record system.
SIRO	Senior Information Risk Officer
STEIS	Strategic Executive Information System
SURG	Service User Reference Group
SUS	Secondary Uses Service
SWLSTG	South West London and St George's Mental Health NHS Trust

Annex – Statement of Director's responsibility in respect of the Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendments Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

The Quality Accounts present a balanced picture of the Trust's performance over the period covered:

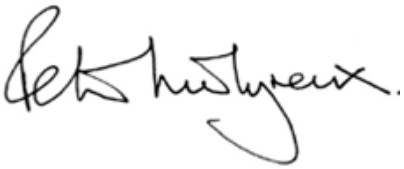
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Account had been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Date: 07 June 2017

Chairman
Peter Molyneux



Date: 07 June 2017

Chief Executive
David Bradley

Independent Auditors' Assurance Report

Independent Auditor's Limited Assurance Report to the Directors of South West London and St George's Mental Health NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of South West London and St George's Mental Health NHS Trust's Quality Account for the year ended 31 March 2017 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following indicators:

- Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient care
- Percentage of admissions to acute wards gate kept by the Crisis Resolution Home Treatment Team (CRHT).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2016 to May 2017
- papers relating to quality reported to the Board over the period April 2016 to May 2017;
- feedback from NHS Merton CCG on behalf of NHS Merton, NHS Wandsworth, NHS Sutton, NHS Kingston and NHS Richmond CCGs dated 10 May 2017
- feedback from Healthwatch Wandsworth dated 9 May 2017;

- feedback from Healthwatch Merton dated 9 May 2017;
- feedback from Healthwatch Richmond upon Thames dated 9 May 2017;
- feedback from Wandsworth Overview and Scrutiny Committee dated 10 May 2017;
- feedback from Richmond upon Thames Overview and Scrutiny Committee dated 10 May 2017;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 2015/16;
- the latest local patient survey dated 4 January 2017;
- the 2016 national staff survey;
- the latest local staff survey for quarter 3 2016/17;
- the Head of Internal Audit's annual opinion over the trust's control environment for year ended 31/03/2017;
- the draft annual governance statement for year ended 31/03/2017;
- the Care Quality Commission inspection report for the 28 February and 1 March 2017 inspection visits; and
- the results of the Clinical Coding Information Governance Audit Report on data April 2016 – December 2016

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of South West London and St George's Mental Health NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and South West London and St George's Mental Health NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower 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

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary.

Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South West London and St George's Mental Health NHS Trust. 4

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP
Grant Thornton House | Melton Street | Euston Square | London | NW1 2EP
22 June 2017

Quality Account 2016/17

Become a member:
To find out about becoming a member
E-mail: **membership@swlstg-tr.nhs.uk**

Our values

 **Respectful**  **Open**  **Collaborative**  **Compassionate**  **Consistent**

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