QUALITY ACCOUNT 2018/2019

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

NHS

Contents

Executive Summary

This document provides an update on the progress we have made against our quality goals in 2018/2019 and highlights some of the achievements that our staff have made possible.

1. Care Quality Commission (CQC) Inspection Rating

   The CQC conducted a full two week inspection of clinical services in February and March 2018, followed by 'wellled' interviews in April 2018. The CQC held a significant number of engagement events and staff focus groups across the organisation as part of their inspection. The CQC published their inspection report on 12 June 2018 and rated the Trust as 'Good'.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↓ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ May 2018	Good ↑ May 2018	Good →← May 2018	Good ↑ May 2018	Good May 2018	Good ↑ May 2018
Forensic inpatient or secure wards	Requires Improvement →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016
Child and adolescent mental health wards	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Wards for older people with mental health problems	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Community-based mental health services for adults of working age	Good ↑ May 2018	Good ↑ May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Mental health crisis services and health-based places of safety	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Specialist community mental health services for children and young people	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Community-based mental health services for older people	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Community mental health services for people with a learning disability or autism	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2015
Substance Misuse Services	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Overall	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018

Whilst the overall 'Good' rating remained the same from March 2016, the 2018 'Good' rating was a strengthened position and was achieved across all of the five CQC domains: safe, effective, caring, responsive and well-led. The improvements were particularly notable in the 'safety' domain, which had been rated as 'Requires

Improvement' in 2016. The CQC also lifted all Requirement Notices that were in place at that time in relation to the services it previously inspected.

The CQC did not re-inspect the Forensic services in 2018 and therefore the 2016 Requirement Notice in relation to the Forensic service remains in place. In addition, in 2018 the CQC issued a Requirement Notice comprising two must-do actions relating to physical health monitoring.

2. What our service users say about us

To improve the quality of the services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences. Every year the CQC asks users of community services a range of questions about their care and the results of this survey were published in late 2018.

This year we were rated top in London by our service users for 'Overall Experience' in community care and rated ninth nationally out of 56 comparable trusts.

The Trust also benchmarked top in London for questions relating to *health and social care workers, organising care, planning care, reviewing care, Medicines* as well as *overall experience*. This is a testament to our hard working staff and teams to make this possible and we are very pleased with the outcome and the way our service users rated us.

An area where service users have asked us through the survey to make improvements is around *crisis care.* This has been reviewed and an action plan (co-produced with service users and carers) put in place, which is being monitored though our governance reporting structures.

3. Safety in Motion

A key part of reducing violence and aggression and the use of restrictive practice has been the launch of a comprehensive 12 month programme called Safety in Motion, which commenced in January 2019 on all our inpatient wards. We will be building on this programme in 2019 in our community services.

This programme consists of evidence based interventions taking a Quality improvement approach that supports safer care for service users and includes training to deliver a suite of eight specific interventions including setting mutual expectations, intentional rounding, safety huddles, debriefs and structured assessments to identify early trigger factors. These safety interventions are aimed at helping clinical teams, in collaboration with service users and carers, to reduce incidents and to have a positive effect on service user and staff experience, leading to higher levels of satisfaction, improved staff retention rates and lower sickness.

In addition to the Safety in Motion programme, there is a review of Lone Working arrangements and emergency devices for our staff who work in the community, recognising that they face a range of different risks and can be more vulnerable. The exposure to aggression and abuse is a key concern.

The Safety in Motion programme is being led by the Deputy Director of Nursing with Heads of Nursing and Quality Governance, and our Patient Safety Nurse Consultant with Safety in Motion Leads across the Trust. We are able to closely monitor improvement over time through a suite of measures that track incidents, as well as measures aimed at gauging staff and service user experience as the programme and changes progress.

4. Achievements in our Trust Quality Priorities

We improved in six key areas this year as a direct result of our Quality Priorities identified in last year's Quality Account. These were:

- Quality Priority 1: Improvements in the consistency and capability of clinical care in adult community services – RATE (Risk Assessment Training and Education) training was firmly established as mandatory training; care planning standards were developed, tested and have now been implemented. The caseload weighting tool was implemented in three community teams initially and has now been rolled out across all CMHT/RSTs. A review of complaints and their underlining themes was undertaken, which resulted in a number of improvements, including a better process for preparing service users for transfers of responsible clinicians and care co-ordinators; plus specific focus on crisis planning, family involvement in the care process, along with improvements in the capacity and consent to treatment plans.

- Quality Priority 2: Patient experience review and Involvement – a full review was undertaken of the existing feedback platform used across the Trust and a new in-house platform was designed called Feedback Live!; a programme of service user, carer and staff consultations and workshops were held to co-produce and design new survey questions tailored to each service line needs; a Friends and Family Test (FFT) question was piloted on a new platform and sent to service users by Short Message Service (SMS) text; the new feedback system was launched in April 2019. This year the Trust has 100% compliance across Acute and Urgent Care, Community and Cognition and Mental Health Ageing service lines, for the Triangle of Care self-assessment forms as a direct result of feedback from our carers.

- Quality Priority 3: Reducing violence and aggression and a reduction in the use of restrictive practices – this Trust quality priority was developed into a quality improvement plan that secured clinical and senior leadership engagement. The existing plan evolved into the new Safety in Motion programme (see above) and brings violence and aggression and restrictive practice reduction into one enhanced programme.

Quality Priority 4: Preventing suicide – we have developed a new suicide awareness / prevention strategy which has been shared with local suicide prevention groups across the boroughs we serve. It was recognised that training around suicide awareness and how to identify and discuss such matters was needed, not just for staff, but also for families and carers to give confidence in approaching such a difficult situation. This training has been designed by the National Suicide Alliance and is available on the Trust website. The strategy comprises a number of areas and actions to help strengthen our approach on prevention and awareness, including the introduction of an app called 'Stay Alive'. This initiative will focus on people that present at Accident and Emergency having self-harmed. The app is a suicide prevention resource, packed full of useful information and tools to help someone stay safe in crisis and will be incorporated in the personal safety plans before discharge.

- Quality Priority 5: Improved physical health for service users – Developing training packages and champions for physical health and ensuring that all clinical staff were compliant with their mandatory training was a key focus. This included successfully implementing Medical Emergency Training (MET) as mandatory for doctors and nurses; monitoring of staff attendance at both Advanced Basic Life Support (ABLS) and MET; a National Early Warning Score (NEWS) e-learning package was developed to enable staff to gain knowledge and skills to manage service users whose physical health monitoring requires escalation. Further face to face NEWS training was also facilitated on the wards; Anaphylaxis training was also developed to enable staff to recognise and effectively treat an anaphylactic reaction; Face-to-face training has been provided to staff within the acute service line on rapid tranquilisation and physical health monitoring post-rapid tranquilisation; Training in the use of medical devices and practical sessions to enable staff to update their skills in measuring manual blood pressures continued; a phlebotomy training session was held; Electrocardiogram (ECG) training was made available for staff; a monthly audit of physical health care plans and NEWS was established, that are overseen by the monthly Physical Health Committee and learning is shared through the service lines; physical health link nurses were also introduced in inpatient settings and are being established for the community services and a physical health development day was held at the end of September 2018 and was well attended by staff.

- Quality Priority 6: Improved supervision for staff - The Trust undertook an evaluation of supervision and staff views on the process. A number of themes were identified on how supervision could be improved and a review of the Supervision Policy was undertaken, with a focus on ensuring a positive and meaningful experience of the process, to include: Revised guidance for supervisor and supervisee, an enhanced focus on Trust values and behaviours, clearer guidance on the relationship between supervision and Performance and Development Review (PADR)s and the role of supervision in

discussing development needs; a plan for combined PADR and supervision training is part of a forthcoming Leadership Programme to ensure that the two processes are aligned for staff. In addition a communications campaign, focusing on wellbeing, role and development has been completed with real examples that have been published, outlining how supervision can be of benefit in these areas.

5. Quality improvements planned for next year

Looking ahead to our quality priorities for the next 12 months, the themes were discussed at the Clinical Quality Review Group; Patient Quality Forum; Carers, Friends and Family Reference Group and with staff, and then developed into indicators using information provided by our clinical leads.

The Trust has committed to four 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 seek to make further improvements to quality. They are also aligned to the four new Trust strategy priorities in which over 700 people were engaged in its development.

Quality Priority 1: Safety in Motion (See Section 2a.2) - a programme of evidence based intervention to support safer care for service users using de-escalation and other techniques to identify service user triggers. There is a growing body of evidence indicating that such programmes can reduce incidents and have a positive effect on service user and staff experience. This is leading to higher levels of staff satisfaction, improved retention rates, lower sickness and improved clinical and working environments.

Quality Priority 2: Healthy Lifestyle - To provide improved staff, service user and carer awareness of common long term conditions that affect our service users and how staff can also improve their own health and wellbeing. An external webpage about physical health will be enhanced; a co-produced fact sheet for General Practitioners (GPs) will be circulated and the Trust team brief will include a section for staff health and wellbeing

Quality Priority 3: Suicide Prevention - Building on the strategy that was launched in 2018, providing a clear framework for the management of service users with Dual Diagnosis. Helping family, friends and carers to feel confident and able to talk to service users about suicide. Give assurance that our three A&E's mental health liaison teams give appropriate assessment and treatment to those that self-harm. Our Risk Assessment Training and Education (RATE) training will provide training to all clinical staff on the suicide prevention model.

Quality Priority 4: Experience Challenge - Combining Co-production, Involvement and Experience to ensure that our service users and carers' voice is embedded in the Trust; service lines have co-production projects, increase the use of Real Time Feedback and embed a new focus on working to ensure 'compassionate complaint' responses.

6. Service line improvements

There have been significant improvements across all service lines this year (the full section is at page 90)

Acute:

- Fundamental Standards of Care Programme was launched to enhance the skills of staff in wards and teams across the service line, particularly in the basic areas that matter most to service users and their families.

- We have participated in the South London 'Blue Light' scheme for facilitating rapid access to urgent care for people detained by the police or in the care of the London Ambulance Service. This is a system that means when the police come across a person in mental distress they are able to get immediate professional advice on how to get help for that person without having to necessarily rely on A&E or the Mental Health Act.

- The award-winning nurse-led Lotus Psychiatric Decision Unit has expanded into larger, refurbished accommodation allowing for separate male and female areas the unit has also increased the proportion of service users who are able to return to the community with enhanced support: over 75% now return home, instead of needing admission to hospital. It has been the major contributor to reductions of 48% in informal admissions and 37% in short (0-5 day) admissions. It also receives excellent service user feedback.

- All service users across the service line are now followed up within 72 hours of discharge, a major step towards reducing the risk of suicide in what can be a high-risk period soon after discharge, as identified by the National Confidential Inquiry.

- We have fully implemented the 'Core 24' funding provided by commissioners, to increase the capacity of psychiatric liaison teams in St George's Hospital, St Helier Hospital and Kingston Hospital. The increase in patients using A&E when they experience mental health problems or self-harm has substantially increased the number of people that need to be assessed by these teams.

- We have reorganised our street triage service to match the reconfiguration of police services in our local area, and to facilitate them making the best use of street triage practitioners.

- All wards now have a dedicated senior psychologist lead and access to psychological assessment and treatment planning, as well as reflective practice and other support sessions for staff.

- Our rates for 'delayed transfers of care' (DToC), causing people to wait to move to the next stage of their treatment, are now at an historic low of 2.6% approaching the end of the year.

- We have placed a contract with East London NHS Foundation Trust for the provision of psychiatric intensive care for women, giving stability to this service while the South London Partnership investigates options for increasing female Psychiatric Intensive Care Unit (PICU) services in the south London area.

- Enthusiastic engagement across the service line in the Trust's Quality Improvement and Innovation (QII) initiative has been seen, with a total of 13 QII projects led by increasing numbers of specially-trained staff across A&UC teams delivering improvements in areas from reducing medicines waste, to improving shift handovers and reducing restrictive practices.

- Initial success in the Safety in Motion QII project is particularly encouraging, with some reduced rates of violence on wards being seen which should improve in 2019/20.

Community

- We have continued to improve our Improving Access to Psychological Therapies (IAPT) services, with the development of a new strategy for the treatment of long term conditions. We have worked on reducing our waiting times and have established a new Wellbeing service in Wandsworth. Performance across the services has been good for the year overall. The Trust also launched Merton Uplift on 1st April 2019, where contracts have been developed with key partner agencies including Focus 4-1, Carers Support Merton and Wimbledon Guild. The Primary Care Recovery service (formerly known as CDAS) is an integral part of this service and there is an active recruitment campaign in progress to fill vacant posts.

- We have continued the roll-out of the Wandsworth Primary Care Plus (PCP) service. This is a primary care service which provides a recovery focused model of care, through the use of low intensity interventions to support improved self-management. The team also supports people with mental health conditions to attend their annual physical health review, and to support GPs with physical health monitoring. Feedback has been very good from service users, GPs and the commissioners in the pilot area and it is being extended across the other wards in the borough.

- Serenity Integrated Mentoring (SIM) is a model of care which provides high quality care with compassionate, but consistent behavioural boundary setting to

reduce harm, promote healthier futures and reduce repetitive patterns of crisis impacting on 999 and other emergency care teams. This is a high-impact model of care, and has shown to be twice as effective as street triage in reducing s.136 assessments. We are pleased that we have been able to establish SIM workers in four out of five of our boroughs and are leading the way in this work across London.

- Think Family initiative continues to go well in Merton. This is a joint initiative with Merton Children's Services, which employs a specialist child safeguarding nurse as a link across both services; a programme of training for staff in both services together, to enable greater understanding of working with children of parents with mental health problems and they will be running workshops for managers on working together according to a joint protocol.

- We have been working with commissioners in Kingston to establish a personality disorder service, and are recruiting into posts which will provide specialist personality disorders interventions and advice.

- We have transferred our Wandsworth Community Rehabilitation supported houses to a third sector provider and have redesigned our rehabilitation services to incorporate them with our community mental health teams.

- Our welfare benefits services are now working in greater collaboration with the Citizens Advice Bureau and other providers in Wandsworth.

- Substantial improvements have been made to a number of our teams. Working with our partners Cranstoun, we have seen developments in Sutton Inspire, which include the establishment of a Hepatitis C treatment clinic on site, a sexual health clinic and a wellbeing group, provided by Sutton Uplift. We have realigned our Sutton recovery support teams which has had a significant impact on improving the quality of care provided, and the delivery of our key performance indicators (KPIs). The East Wandsworth Recovery Support Team has demonstrated a significant improvement in quality following the successful completion of an improvement plan.

- We continue to support Quality Improvement and Innovation (QII) initiatives, embedding quality improvement into the culture of the service line. We successfully completed the cardio-metabolic assessment project, which demonstrated a dramatic improvement in the monitoring and treatment of abnormal cardio-metabolic parameters. This last year has seen a focus on the Care Programme Approach (CPA), in particular improving the quality of the annual CPA meeting. We are in the process of rolling out DIALOG (a patient satisfaction tool), which is a patient reported quality outcome measure (PROM),

which will ensure that the patient's voice will be at the centre of the care planning process.

- The Trust is taking over physical health learning disability (LD) services from April 2019 in Wandsworth. The mental health LD services already work closely together with the physical health team, but being able to run them both together will improve care for our patients, and enable us to integrate care more effectively.

- Westmoor House will be handed over to the same third sector provider, One Housing Group, once the necessary building renovation work has been completed. It is anticipated the handover date for Westmoor House is on track for mid-April 2019.

Cognition and Mental Health in Ageing (CMHA)

- The service line has contributed to a number of quality audits, including the new care record audit which is designed to improve the quality of risk and collaborative crisis plans and care planning. A recent audit on the clinical processes across our memory assessment services, acts as a baseline assessment in our work towards improving the timeliness of dementia diagnoses and post-diagnostic care.

- The service line has been actively involved in the south west London Sustainable Transformation Plans (STP) on dementia. There have been three main areas of focus which will have a positive impact on the dementia pathways and dementia services across the five boroughs; 1) a proposed NHS England (NHSE) target for people to receive their diagnosis of dementia within six weeks of referral to a memory assessment service. 2) Robust expertise, pathway and support services for people with young onset dementia 3) Post-diagnostic care planning and ongoing community support.

- Care Planning standards have been introduced into CMHA services.

- 'Triangle of Care' (ToC) has been relaunched within the service line as an initiative to ensure collaboration, or 'therapeutic alliance' between the service user, professional and carer that promotes safety, supports recovery and sustains wellbeing. All teams and wards have completed their self-assessments against the Triangle of Care practice standards. Many ToC areas of practice are self-rated as green.

- A training programme, run by our CMHA medical colleagues was developed and delivered to our dementia nurse specialists to upskill and support them in the delivery of a dementia diagnosis.

- All staff have been required to complete a newly introduced dementia awareness eLearning training package.

- The service line has welcomed the Nursing Preceptorship Programme into community based services and the Nursing Associates Programme in our inpatient wards.

- Two main QII projects within the service line have continued to progress; Our falls project is at the stage of testing initiatives aimed at reducing the frequency of falls on our inpatient units, including the use of falls alarm systems and a rag rated falls risk assessments of all service user bedrooms. There is also a service line QII initiative which has successfully trialled the use of standard clinician-rated and patient-rated outcome (and experience) measures on our wards.

- The CMHA inpatient units are engaged in the Safety in Motion QII project, aimed at reducing violence and aggression and restrictive practices on the wards.

- Regular sessions with teams and team managers run by our performance analyst have resulted in improvements in a number of KPIs across the service line, particularly within the community teams.

- We have recruited into a number of key posts including Jasmine Ward Manager and a Consultant Psychiatrist in Kingston and Richmond.

- On the back of a successful pilot, Kingston CCG has agreed to continue to fund a substantive part time dementia nurse specialist to work alongside GPs in improving screening and referrals for early diagnosis of dementia.

- The service line has continued to run quarterly learning events open to all staff to attend. Some topics covered this year have been safeguarding, Triangle of Care, prevention of falls, services pathway mapping, CQC preparation, staff survey results and actions, restrictive practice, care planning and Care Programme Approach (CPA) and NEWS (Physical Health assessment).

Forensic, Specialist and National Services (FSN)

- Participation in the South London Partnership (SLP) wave 1 New Models of Care (NMoC) pilot led to a variety of improvements in service organisation and delivery, patient experience and standardisation of practice. These include repatriation of service users from secure services located at significant distance from their catchment area and their families, to local secure services, or step down to community facilities closer to home. All forensic referrals are now processed through the single point of access via the SLP hub and thereafter by the most appropriate pathway team.

- New treatment groups for functional neurological disorders have been embedded in the neuropsychiatry service with positive outcomes.

- There has been enthusiastic engagement across the service line in the Trust's Quality Improvement and Innovation (QII) initiative, with a total of 14 projects led by specially-trained staff across FSN teams covering areas from setting up a patient forum across the Adult Eating Disorder service, use of technology for court appearances to improve access at the magistrates court, improving assessment of risk to reduce aggression and violence on inpatient wards, improving shift handovers and reducing restrictive practices. The 'Preparing for University' group, designed and run in the Adult Eating Disorders service, was presented as a poster at the SLP QII conference in November 2018. The priority project for the service line is focused on improving the day to day experience of staff by reducing bullying and harassment. An initial in-depth survey has drawn a response rate of 33% of staff and provides a robust foundation for the next phase to achieve the necessary improvements.

- A peer support group has been running at the Shaftesbury Clinic since 2015. It is based on the ethos of the Hearing Voices Network, and offers a safe and confidential space where service users can share their views and experiences of voice hearing and unusual beliefs, and offer one another support.

- Areas of innovative practice includes the forensic recovery college and development of all the other service user involvement over the past year – such as, patient council - attendance at quality/safety governance, interview panels and the voice peer support group and co-producing groups. Re-establishing the family and friends support group which meets 4-6 weekly, and bidding for funds to pay for sessions from a carer.

- Several quality improvement initiatives have been rolled out, including reducing restrictive practice, co-production with patients, developing a family and friends group, developing a trauma service for female patients and a specialised service for substance misuse. Shaftesbury Clinic also demonstrates collaborative working within their New Models of Care with two other mental health trusts. The aim of this collaboration is to reduce the average length of stay by streamlining the referral system to local clinical leads.

- We will continue to implement a new information system and strengthen partnerships with local authorities to minimise delayed transfers of care.

Child and Adolescent Mental Health Service (CAMHS)

- The South London Partnership CAMHS New Model of Care – has delivered a new CAMHS PICU in south London, so young people no longer have to be sent out of area / away from London and their families to access such intensive care. CAMHS bed management is now operating for all of south London 24/7 providing swifter access to beds and repatriating young people when they have been in units at a distance. The average distance from home for young people in CAMHS in-patient beds is now seven miles (compared to over 70 a year ago). Bed management has also reduced the pressure of direct enquiries to the wards, so nurses have more time to care for the young people.

  - CAMHS Emergency Care service – is now running extended hours so covering a key period after school, when many young people experience higher levels of stress and more of them attend A&E. This has been possible through attracting funding from winter pressures and through SLP investment.

  - Adolescent Outreach Team expansion - are now also running evenings and weekends to provide more support to families when a young person is in crisis and care can be provided in the home environment, often avoiding an inpatient admission. This is showing excellent outcomes, very much valued by families and reducing admissions and lengths of stay.

  - The Trust has now established a CAMHS Single Point of Access (SPA) in every borough; with the newest one in Kingston and Richmond where it is co-located with the social care SPA/MASH, enabling strong multi-agency links at an early stage in reviewing the needs and helping to ensure the right response for the young person.

  - The CAMHS borough Tier 3 teams (treating severe, complex and persistent disorders) all use service users' reported outcome measures to track improvement, which are showing really positive outcomes with young people having significant improvements across all symptom areas, from the before and after scores on the RCADS (Revised Child Anxiety and Depression) scale, showing levels dropping to within normal range.

  - Limes College service: An in-reach service to provide enhanced psychology and psychotherapy support in Sutton to Limes College and a group of schools has been developed by the Trust following a joint review between Sutton CCG and Limes College.

  - Self-Harm project in Sutton - The project was implemented recurrently following a successful six month pilot. The service introduces a psychologically informed approach to the self-harm pathway and offers an opportunity for further growth / closer working with our partners in the Local Authority (LA), schools and the CCG.

- Sutton locality social work - This service was established, following a successful pilot. The psychologists work with Sutton social workers to strengthen their understanding of mental health issues, to develop the skills of the social workers to manage cases in a psychologically informed approach. The main aim of this project is to promote robust case management, team support with rapid throughput, whilst delivering positive outcomes for young people.

  Children Wellbeing Practitioners (CWP) Services – There have been successful bids and implementation of CWP services in Wandsworth, Sutton, Richmond and Kingston. There are now over 20.0 whole time posts in these teams.

Part 1: Chief Executive's statement

I am delighted to present our Quality Account for 2018/2019.

There are a number of key highlights this year which reflect our positive quality achievements: We received a strengthened 'Good' rating from the Care Quality Commission's (CQC) inspection of our services in 2018; we started to move into new buildings as part of the Estate Modernisation Programme; we launched our 'Making Life Better Together' programme; launched the new Trust Strategy and we celebrated together the NHS 70th birthday and our Quality Awards.

- We are very proud to have achieved a strengthened 'Good' rating from the CQC overall and also across most of our services that were inspected. We are particularly proud of the improved rating from of the safety domain from 'Requires Improvement' to 'Good' and feel this 'Good' rating reflects the improvements we have made and shows a strong level of consistency in the standard of the care that we deliver.

- After years of planning we have now reached a huge milestone for the Trust's Estate Modernisation Programme. In December 2018 we began 'early works' which involves preparing the site for construction. Through these works we have now handed over large sections of our Springfield site to our developer, created some modern temporary facilities, including a new conference centre and canteen, and relocated a number of teams. We are currently in the process of obtaining government approvals and subject to this approval, we anticipate the hospital construction to begin in autumn 2019. This marks an exciting time for the Trust and our service users, and whilst there will be some disruption during the work, we are delighted to announce that the new Springfield hospitals is expected to be open by as early as 2021/2022.

- We are reinvigorating our vision of 'Making Life Better Together' and in September 2018 we officially launched the Making Life Better Together engagement programme; a cultural change programme, which, at its very heart, is about working with staff, service users and the community to make our Trust an exciting place to work and an outstanding place in which to receive care. Since its launch, we have made great progress: we have relaunched CEO and Chair Coffee and Cake

mornings with staff; secured £30,000 of charitable donations for our wards; rolled out free service user and guest Wi-Fi across the Trust; selected our new strategic community partners across our five boroughs; and have recently launched a new staff and service user engagement programme called 'Creating Our Culture' that will shape the future of our culture at the Trust.

- The new Trust Strategy (which replaced the clinical strategy) was launched this year after an extensive internal and external engagement programme was undertaken. This ambitious and exciting strategy covers: active prevention, shaping our pathways, improving access to services, increasing service capacity and availability, enabling transition: our service users and carers require pathways which allow seamless movement between services, providing more interventions in the community, co-production approaches and greater community engagement and partnership and integrated working to ensure collaboration.

- Ensuring we have the right staff, with the right skills working in the right place, is key to the provision of quality care. The Trust has worked hard to continue to improve its recruitment and retention performance and has made particular improvements in nursing- and now has a fully embedded nursing development team.

- We celebrated together at two key events this year:

  o NHS70 and our annual summer BBQ: to celebrate the 70th birthday of the NHS the Trust held a summer BBQ for staff, service users and carers and members of the local community. We were fortunate enough to be joined by local MPs Dr Rosena Allin-Khan MP and Stephen Hammond MP and, due to the huge success of the event and the popularity amongst staff, we will be turning this into an annual summer event.

o Quality Awards: In November we held our 2018 Quality Awards; a yearly event under our Making Life Better Together programme where we celebrate all that our staff do and award those who go the extra mile for our service users. We had double the number of nominees from 2017 and all were of excellent calibre. The Trust is very much looking forward to the next Quality Awards this November.

I am also delighted to inform you that a new Chair has been appointed for SWLSTG, Ann Beasley, CBE. Ann is a Kingston resident and a lifelong supporter of public services, has extensive experience of working at the highest levels of government and brings a wealth of experience across a range of sectors, which will help steer the Trust towards its goal of being a CQC Outstanding organisation. Ann will ensure that the Trust Board continues to hold the organisation to account and remains focused on delivering the highest standards of care for our patients.
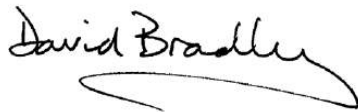
I would like to thank Peter Molyneux, our outgoing Chair; for all that he has done for SWLSTG in his time at the Trust. Peter has played a pivotal role in the continued success of the Trust. Through Peter's unrelenting focus on addressing some of the key underlying issues which can impact on mental health, including housing and employment, we have been able to take a whole systems approach to mental health and prevention. This is a strong platform which we will continue to build on with Ann's expert guidance.

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.

Whilst we were disappointed that the result of qualified assurance was returned, on the two indicators relating to seven day follow up and gatekeeping, we were pleased to note the improvement from last year and that the results did not indicate quality of care concerns. The Trust takes the findings very seriously and has taken proactive steps to address all areas that required improvement and this include spot checks, audits and guidance reviews.

The Trust's sub-group to the Board, the Quality and Safety Assurance Committee and Audit Committee have reviewed and 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 in 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.

The report has a set format and content. A summary guide is also produced and provides a helpful executive summary.

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 and clinical effectiveness
2. CQUINS	Commissioning for Quality and Innovation (CQUIN)	These attract additional payments of 2.5% of overall annual income
3. Key Performance Indicators (KPI)	KPI provide performance measurements that define and measure progress	The KPI examples include: complaints, Cardio Metabolic Assessment, 7-Day follow up on discharged service users 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 and report to the NICE and Clinical Audit Group which reports to the Quality Governance Group
5. Local Audits against NICE Guidelines	In 2018/2019 the Trust has undertaken 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.Care Quality Commission (CQC) Requirement Notices	The requirement notices are issued by the CQC where visits and inspections identify standards that require improvement	During 2018/2019 the CQC lifted all Requirement Notices except for one in relation to a service they did not inspect in 2018 so this remains in place. The CQC added one more Requirement Notice so at publication date there are currently three requirement notices that are in place.

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 Red, Amber, Green (RAG) rating system to rate how well we have done against the standards we have set for ourselves.

These are:

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

1.3   Introduction - about us

South West London and St George's Mental Health NHS Trust (SWLSTG) was formed in 1994. The Trust is the main provider of integrated mental health and social care services in south west London, and serves 1,200,000 people of all ages across the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. In 2018/2019 the Trust received 24,437 referrals and had 388,252 contacts with service users (face-to-face or by telephone). In addition, 1,975 people were admitted into our inpatient units for more intensive treatment. The Trust received 6,229 referrals to its Improving Access to Psychological Therapy (IAPT) service.

Our turnover in 2018/2019 was £166 million and we employed an average of 2,037 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 121 teams and are dedicated in our commitment to supporting some of the most vulnerable people in our community.

1.4   Service Development and Strategic Delivery

Developing our new Trust Strategy

During 2018/2019 we completed the development of our new Trust Strategy.

The Trust began the development of a new overarching Trust Strategy following the June 2017 Board meeting. During late 2017/2018 and from April to September 2018, we carried out extensive internal and external engagement on our strategy with:

- Service users
- Carers and families
- Members of the public
- Commissioners
- Voluntary sector groups
- Community sector groups
- MPs
- Trust staff
- Trust Board
- Service line leadership teams

The examples of activity from an in-depth engagement approach with our stakeholders across all our boroughs include the following:

External engagement

- Twelve community based workshops in different locations (Twickenham, Wimbledon, Sutton, Clapham and Earlsfield) supported by Springfield Consultancy
- 15-40 people in attendance at each that included service users, carers, voluntary organisations, commissioners and councillors
- Sessions covered discovery, development and refinement of key aspects of a strategy, structure of a good strategy and a benchmarking exercise of other good aspects of other strategies across the country
- Secured considerable engagement from surveys both online and via paper surveys (90 responses)
- Discussion at relevant forums e.g. CCG Directors of Commissioning meeting, Director of Public Health meeting, feedback from other NHS providers, and from Directors of Adult Social Services, Mental Health Network Forum and GP Federations

Internal engagement

- Staff workshops and drop in sessions in Springfield Hospital, Jubilee Health Centre, Wilson Hospital, Richmond Royal and Tolworth Hospital
- Workshop and updates held at Trust Leadership conferences
- Drop-in sessions at the Springfield canteen
- Service line management discussions
- Discussions through professional groups and corporate functions
- Circa 30 team meetings attended across a variety of sites and service lines
- Secured considerable engagement from surveys, both online and via paper surveys
- Discussions at Trust-wide forums including Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+), Evolve staff group, deaf staff group

Key themes were confirmed from our engagement work including:

- Active prevention: taking opportunities to prevent people from becoming mentally ill and/or their conditions from getting worse.

- Shaping our pathways to ensure they are responsive and focus on early intervention and recovery.

- Improving access to services and the achievement of quality outcomes for patients, service users and carers.

- Increasing service capacity and availability through continued advocacy, influence and liaison with commissioners and other key stakeholders.

- Enabling transition: our service users and carers require pathways which allow seamless movement between services, for example, transition from children and young people's services to adult services, and from inpatient to community services.

- Providing more interventions in the community: service users and carers value and need interventions as near to their homes as possible.

- Co-production approaches and greater community engagement. Our Involvement Plan and co-production approach are key objectives for the Trust. Service users, carers, staff and wider stakeholders will be engaged in the delivery of the Trust Strategy.

- Partnership and integrated working to ensure collaboration is at the heart of everything the Trust delivers.

A number of the challenges facing the Trust were identified via engagement events and surveys. These include:

- The diversity of our communities.
- Funding and investment.
- Service and staff capacity.
- Access to services in a timely manner.
- The need for integration, standardisation and innovation across service models.
- Better advice and support for carers (including young carers), families and friends.

The new Trust Strategy acknowledges these and our future delivery models will always seek to deliver positive solutions to the challenges we face

The new Trust Strategy was signed off by the Trust Board and launched at the Trust Annual Public Meeting on 13 September 2018.

Our mission: *'Making life better together'*.

Through the development of our new Trust Strategy we tested and re-confirmed our mission statement. This remains: *'Making life better together'*. Whilst we have delivered significant change and development across our organisation and our services, we recognise that we still need do to more to turn this phrase into a stronger reality.

To this end, in 2018 we launched the 'Making Life Better Together' (MLBT) programme under the leadership of the Chief Executive and the Trust Board. MLBT is different to how we have delivered previous organisation-wide programmes. It does not involve a top-down bureaucratic approach. It is not about targets or numbers. It is not even about saving money. MLBT is about working together to make the everyday changes we know will help improve the lives of staff, service users and carers and the community we serve.

MLBT has three work streams centred around service users and carers, staff and communities – that will each identify new ideas, innovations and developments that are being delivered in parts of the Trust and can be shared and 'scaled up', or external opportunities to improve and enhance the way we work and the services we deliver.
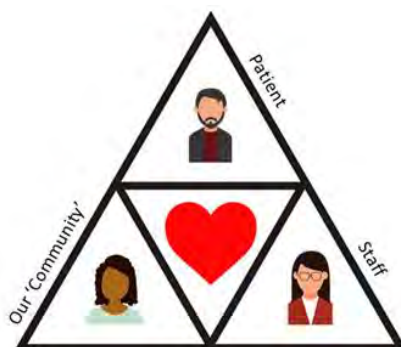
MLBT is based on collaboration and co-production and will be a vehicle for organisational development. There are lots of ways that we can make life better together. Some of this will be straightforward like improving local clinical and working environments, or by getting staff ideas heard by senior managers. Equally some of this will take longer as we work to get the right culture in place by changing some of things that staff indicate that the Trust has not been getting right. MLBT will provide all staff with an opportunity to put forward improvement ideas for consideration by a Staff Council and the Trust Senior Leadership Team.

'Making Life Better Together' therefore remains our Trust mission and also becomes a lived experience supporting tangible changes.

During our Trust Strategy development work we also re-confirmed our commitment to our Trust values:

Our strategic ambitions

In 2015, as part of the then Clinical Strategy, the Trust developed and agreed six strategic objectives:

- Improve quality and value.
- Improve partnerships.
- Improve co-production.
- Improve recovery.
- Improve innovation.
- Improve leadership and talent.

Whilst these themes remain relevant, feedback tells us these are not specific enough to guide and frame changes in delivery. We believe the time is now right to build on our strategic objectives and set new strategic ambitions which specifically focus on delivering improved outcomes

We have developed four new strategic ambitions:

- Increasing quality years.
- Reducing inequalities.
- Making the Trust a great place to work.
- Ensuring sustainability.

Our new strategic ambitions have been confirmed by the Trust Board and will act as a framework to guide and shape our delivery over the next five years. The strategic ambitions have been developed and tested through engagement with service users, carers, external stakeholders and our staff.

Underpinning the delivery of the strategic ambitions are the Trust's key programmes of work:
- Quality Improvement and Innovation Programme
- Co-production and Service User and Carer Involvement
- Collaboration and Partnership Working
- Estate Modernisation Programme
- Transformation

We also have a number of enabling strategies that contain specific detail around delivery and are subject to annual work plans that are reviewed each year for delivery. These include:
- Workforce and Organisational Development Strategy

- Finance and Commercial Strategy
- Communications and Stakeholder Engagement Strategy
- Research and Development Strategy
- Medicines Optimisation Strategy
- Estates and Facilities Strategy
- Digital Strategy
- Quality Strategy

Additionally, each of our service lines has defined a number of deliverables as part of the new Trust Strategy.

Implementation of the new Trust Strategy

Implementation of the strategy is being led by the Director of Strategy, Transformation and Commercial Development. A small project team has been established and meets monthly to oversee its implementation. The project team is advised by a steering group formed from service users, carers and external stakeholders. The steering group meets quarterly. From April 2019/2020, the Director of Strategy, Transformation and Commercial Development will report on a quarterly basis to the Trust Board.

The Trust is developing annual work plans for the delivery of the strategy. These work plans will be developed through the annual business planning cycle and form the Trust's annual corporate objectives. Each area of work will be led by an Executive Director. Delivery of the annual work plans and corporate objectives will be reviewed quarterly at the Trust Board and by the steering group of service users, carers and external stakeholders.

These governance arrangements are designed to ensure delivery, and to ensure continuing service user and carer input in monitoring on implementation. It is anticipated that there will be both successes and challenges in the implementation of the strategy. The Trust is committed to continue its approach of transparency and co-production and will, through the proposed governance arrangements, ensure that successes and challenges are shared and publicised.

Service developments

The Trust has continued to develop and improve the quality of services it provides throughout 2018/2019.

During 2018/2019 the Trust was successful in a number of areas:
- Being awarded the contract to deliver IAPT and primary care mental health services for Merton. This new service will go live on 1 April 2019 and represents a great opportunity to develop integrated mental provision within the borough.
- Implementing an expanded perinatal service to ensure that women in all five south west London boroughs have access to specialist mental health through pregnancy and beyond.

- Implementing a whole school approach in south west London and trailblazer services in Merton, Sutton and Wandsworth to improve the mental health and wellbeing of children and young people.
- Becoming a Global Digital Exemplar Fast Follower site receiving funding from NHS Digital to increase the pace of digital transformation within our services.

- Completing our rehabilitation services modernisation programme.

The Trust continues to be part of the South London Mental Health and Community Partnership (SLP) along with Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust (SLAM), working as a hospital group since 2015, and collaborating to improve quality, outcomes and efficiency. During 2018/2019 the SLP focused on continuing work around forensics and CAMHS Tier 4 services and also began work with south London CCGs around complex care placements. Work is also ongoing around looking at how the three organisations can deliver more efficient corporate services.

The Trust also continues to participate across all five boroughs in place-based programmes seeking to develop integrated health and care delivery and local health and care plans. These are evolving and include: the Kingston Co-ordinated Care programme (KCC); Sutton Health and Care; Richmond Transformation programme; Merton Health and Care Programme; and Wandsworth Transformation programme. The focus of these programmes is more on prevention and proactive care, ensuring people remain independent for longer by building resilience in the support available within the local community. Work with the South West London Health and Care Partnership remains a core focus for the Trust.

Estate Modernisation Programme (EMP)

At the heart of the Trust's strategy is the ambition to provide the best possible clinical care and integrated support to service users and carers in the communities it serves. Our service user-focused care and support uses a recovery-orientated approach to enable individuals to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions. With predominantly old or unsuitable buildings, the current state of the estate restricts the ability of the Trust to realise this ambition.

With the exception of the Storey building and Phoenix buildings at Springfield, and the Acacia building at Tolworth, the current inpatient accommodation does not deliver the best possible clinical benefits for service users. At Springfield and Tolworth Hospitals, the design, age and layout make it harder for staff to provide good quality care at all times, and the poor environment hinders service users' recovery or maintaining their wellbeing. At

Queen Mary's Hospital, although the building is modern, it was not designed to be a mental health hospital and, as such, is challenging in regards to the design and layout remain.

The Trust wishes to build on its position as a core provider of local, specialist and national services by maintaining high standards of care and delivering a programme of continuous service improvements. For its inpatient accommodation, it wishes to enhance this by creating two clinical centres of excellence.

In 2014, following an extensive south west London-wide consultation, the proposals for the two new hospitals were agreed in partnership with our staff; colleagues across the NHS and with charities and partner organisations in mental healthcare. The Trust named the programme to deliver brand new mental health facilities the Estate Modernisation Programme (EMP) and the plans will improve the way mental health services are delivered in south west London for generations to come, as well as providing new facilities for our local community.

The programme will be primarily self-funded through selling surplus land. Our investment will deliver two new hospitals at Springfield and Tolworth, a 32 acre park, extensive community healthcare provision, new homes in Wandsworth borough, land for new schools and over £5 million investment in local transport facilities.

The design and development of the new hospitals are unique in that they have been clinically-led and have been informed by nearly 400 meetings with clinicians, staff, service users and their carers.

In September 2017, after a robust procurement process, the Trust selected the Springfield and Tolworth Estate Partnership (STEP), a 50/50 partnership between Kajima Partnerships and Sir Robert McAlpine Capital Ventures to deliver the two new hospitals, housing and infrastructure. The modern inpatient and outpatient environments created will transform the settings from which we deliver care, improve the service user's experience and in doing so, reduce the stigma attached to mental health.

The Trust began 'early works' at Springfield in December 2018 to prepare the site for construction to commence. We are currently in the process of obtaining government approvals and subject to this approval, we anticipate the hospital construction will begin in Autumn 2019, and the new hospital to open in 2021/2022.

We will continue to work closely with our service users and staff to ensure any work on the development of the new hospitals does not disrupt services and that people who use our services remain fully involved in the decision making processes.

The EMP Readiness – Clinical Practice and Workforce Standards group was established in October 2017 by the Director of Nursing and Quality (DONQ) in preparation for building moves required by the EMP. The purpose of the group is to review current operational and clinical procedures and advise on detailed design to ensure alignment of clinical procedures

and environment in new hospital buildings in preparation for the opening of the new hospitals. It supports further detailed preparation for the workforce and development plans. The group meets monthly and is chaired by the DONQ, with representation from service users and carers and Clinical Directors, various departments and service lines including nursing, occupational therapy and estates.

1.5   Our core services

Our services include under each service line:

Acute and Urgent Care – Three psychiatry liaison teams, psychiatric decision unit (Lotus), Section 136 suite, Acute Care Co-ordination Centre (ACCC) (Bed Management and Duty Senior Nurse), Mental Health Support Line, five   crisis resolution and home treatment teams, street triage, eight acute inpatient wards, psychiatric intensive cCare ward, inpatient rehabilitation ward (Phoenix), specialist perinatal service across five boroughs, electroconvulsive therapy (ECT) and two sub-contracted recovery cafes are aligned to the Acute and Urgent Care service line.

Child and Adolescent Mental Health (CAMHS) - in each borough the Trust provides a Single Point of Access, a Tier 3 community team and in some we also provide Tier 2 services; sector based community services including CAMHS emergency care nurses, neurodevelopmental disorders assessment team (NDT), community eating sisorders Service, learning disability consultations, multi-systemic therapy; community Deaf CAMHS teams for the south of England and Tier 4 services, adolescent outreach team and inpatient services for Deaf children and adolescents, eating disorders, and an acute adolescent ward.

Cognition and Mental Health in Ageing - Memory assessment services; services for managing behavioural and psychological symptoms in dementia; intensive community support teams (in Merton, Richmond and Sutton); care home liaison in Merton, Sutton, Richmond and Wandsworth; primary care dementia clinical nurse specialists; community mental health teams and acute inpatient services.

Adult Community – including adult assessment teams (Single points of Access), recovery and support teams; community mental health teams; Early Intervention in Psychosis; Recovery College; traumatic stress service; family therapy clinic; substance misuse service (operates within a wider partnership in Sutton); Improving Access to Psychological Therapies (IAPT); primary care services; learning disabilities service for people with a mental health need in Wandsworth and Merton and Sutton; specialist personality disorder services; autistic spectrum disorder services (Merton, Sutton); attention deficit hyperactivity disorder services (Merton ,Richmond and Sutton).

Forensic, Specialist and National – specialist regional and national services, including neuropsychiatry, services for deaf people, those with eating disorders, community-based and inpatient-based treatment of severe, obsessive-compulsive disorder, body dysmorphic disorder, forensics services and eating disorders.

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

Who we work with

SLP
South London Partnership
OXLEAS, SLAM, SWLSTG

NHS Improvement

NHS England (NHSE)

5 Health and Wellbeing Boards and Health Overview and Scrutiny Committees

5 London Boroughs

5 Clinical Commissioning Groups

5 GP federations

5 adult safeguarding boards

4 Acute trusts

5 Healthwatch organisations

5 childrens safeguarding boards

Part 2a:

Looking forward
- priorities for
improvement 2019/20

2a.1 How we decided our quality priorities for 2019/2020

The Trust commenced its consultation on the quality priorities for 2019/2020 in November 2018 by seeking views on quality themes and what the key milestones and actions should be from each clinical commissioning group, Trust staff, service users and carers.

In preparation for the 2018/2019 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. This has been built on through our extensive engagement for the Trust strategy (see section 1.4 above) as it is essential they align. Key stakeholders included:

- Trust staff including senior management
- Patient Quality Forum (PQF)
- Carers' Forum
- Local Commissioners and North East London Commissioning Support Unit
- Local Overview and Scrutiny Committees
- Healthwatch for Wandsworth, Merton, Sutton, Kingston and Richmond

Service users and carers who attended were able to provide their feedback at consultation sessions where their comments were noted and discussed. This was in addition to further input received from PQF and carers' forum. All stakeholders were able to provide their views either by email or by attending a number of workshops arranged by the Trust. These views fed into the development of the priorities.

2a.2 Quality Account – Trust quality priorities for 2019/2020

Following the engagement programme and after consultation and discussion with the Trust Board the areas of quality improvement for 2019/2020 will be:

Safety in motion
Programme of evidence based intervention to support safer care for service users using de-escalation and other techniques to identify service user triggers. There is a growing body of evidence indicating that such programmes can reduce incidents and have a positive effect on service user and staff experience, leading to higher levels of staff satisfaction, improved retention rates and lower sickness.

Healthy lifestyle

Give staff awareness of common long term conditions that affect our service users, awareness on how staff can also improve their own health and wellbeing. External webpage about physical health will be enhanced. A co-produced fact sheet for GP's will be circulated and the Trust team brief will include a section for staff health and wellbeing

Suicide prevention

Providing a clear framework for the management of patients with Dual Diagnosis. Helping family, friends and carers to feel confident to be able to talk service users about suicide. Give assurance that our three A&Es give appropriate assessment and treatment to those that self-harm. Our RATE training will provide training to all clinical staff on the suicide prevention model.

Experience Challenge

Combining Co-production, involvement and experience to ensure that our service users and carers' voice is embedded in the Trust; service lines have co-production projects, increase the use of Real Time Feedback and embed compassionate complaint responses.

2a.3 Monitoring our progress

The Quality Safety and Assurance Committee (QSAC) is the principal committee charged by our Trust Board to lead on quality and safety. The Trust Board receives a quarterly report on progress against the key corporate objectives (which this year included all the areas of the quality priorities) and, in addition, a monthly position statement also provided to the Quality Governance Group (QGG) chaired by the DONQ. This year, Quality Safety Assurance Committee (QSAC) received quarterly reports on progress in delivering the more detailed quality priorities. This Committee and the QGG regularly test the assurance in relation to our progress against these priorities.

Each of the service lines has a service line governance meeting that reports to the QGG and these groups review all areas of quality in their own service lines. In 2018/2019 the services lines still use a standardised agenda and Terms of Reference, which was developed in 2017/2018, so the key quality priorities are discussed at the governance meetings.
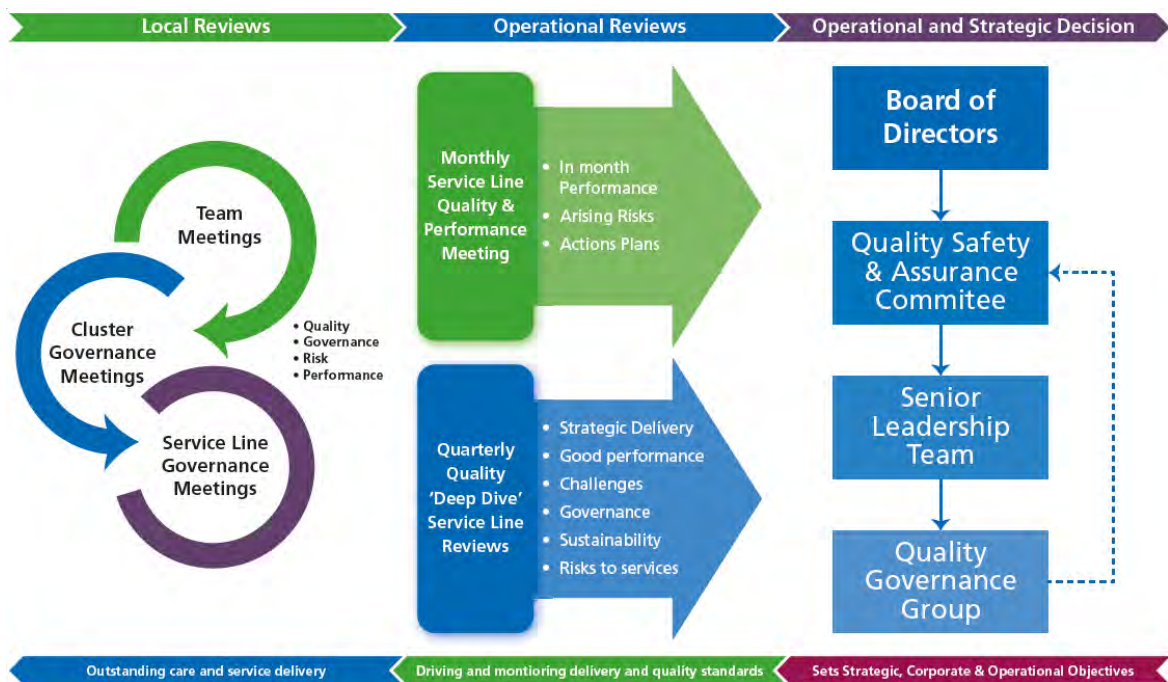
Part 2b:

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 2018/2019 South West London and St George's Mental Health NHS Trust provided and/or sub-contracted 40 relevant health services.

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 40 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/2019 represents 100% of the total income generated from the provision of relevant health services by South West London and St George's Mental Health NHS Trust for 2018/2019.

Statement regarding Doctor Rota gaps

Detailed in the Quality Accounts letter of 17 December 2018, Organisations are reminded that schedule 6, paragraph 11b of the *Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016* requires "a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account".

- Following feedback from engagement with junior doctors within the Trust, a new float rota was introduced in August 2018. Early analysis indicates a positive impact on previous acting down issues when comparing March 2019 with March 2018. Further analysis is required to demonstrate the full extent of the effect of the new rota. This analysis and rota gaps will continue to be discussed at the Medical Out of Hours Rota meetings and the Postgraduate Medical Education Committee meetings.

- Recruitment of junior doctors has been challenging and is now managed centrally by Health Education England. 11/12 core training posts remained vacant in February along with numerous higher training posts, which led to the Trust proactively recruiting clinical fellows to help fill rota gaps. Fifteen vacancies have been filled for core training in August 2019 and a recruitment update on higher training is expected in June 2019.

- DME will be working closely with HR to lead on implementing the Trust Sickness Policy across all junior doctor training posts, with a view to managing levels of sickness amongst this staff group to further reduce rota gaps.

2b.2 Participation in clinical audits

Clinical audits measure the quality of care and services provided by the Trust against agreed national and local standards and recommend improvements where necessary. The Trust participates in national clinical audits and also has a local audit programme.

National Confidential Enquiries into Patient Outcomes and Death (NCEPOD) are conducted by specialists with the aim of improving service user care and safety. The Trust participates in relevant NCEPOD studies.

During 2018/2019 ten National Clinical Audits and three National Confidential Enquiries covered relevant health 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 and 100% of National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries in which it was eligible to participate. The National Clinical Audits and National Confidential Enquiries that the Trust was eligible to participate in during 2018/2019 are listed in tables 1, 2 and 3.

The national clinical audits and national confidential enquiries that South West London and St George's Mental Health NHS Trust participated in during 2018/19 are as follows:

Table 1: National Clinical Audits SWLSTG was eligible to participate in.

National Clinical Audits that SWLSTG was eligible to participate in	SWLSTG participated?
Prescribing Observatory for Mental Health (POMH-UK): Assessment of side effects of depot/LAI antipsychotics.	Yes
Prescribing Observatory for Mental Health (POMH-UK): Topic 18a-The use of Clozapine	Yes
National Clinical Audit of Psychosis (NCAP) Year Two spotlight audit	Yes
National Clinical Audit of Anxiety & Depression (NCAAD) pilot study	Yes
National Audit of Care at the end of Life (NACEL)	Yes
Falls and Fragility Fracture Audit Programme (FFAP)	Yes
CQUIN Mental Health Indicator 3a	Yes
National Clinical Audit of Anxiety & Depression (NCAAD) Spotlight Audit	Yes
Learning Disability Improvement Standards	Yes
Prescribing Observatory for Mental Health (POMH-UK):Rapid Tranquilisation	Yes

Table 2: National Confidential Enquiries into Patient Outcomes and Death SWLSTG was eligible to participate in.

Inquiries that SWLSTG was eligible to participate in	SWLSTG participated?
Learning Disability Mortality Review Programme (LeDeR), University of Bristol	Yes
Mental Health Clinical Outcome Review Programme: Suicide and homicide	Yes

The national clinical audits and national confidential enquiries that South West London and St George's Mental Health NHS Trust participated in, and for which data collection was completed during 2018/2019, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 3: National Clinical Audits SWLSTG was eligible to participate in.

National Clinical Audits that SWLSTG. was eligible to participate in	Sample size required	Percentage submitted
Prescribing Observatory for Mental Health (POMH-UK): Assessment of side effects of depot/LAI antipsychotics.	80	97.5%
Prescribing Observatory for Mental Health (POMH-UK): Topic 18a-The use of Clozapine	112	98.2% (110 cases)
National Clinical Audit of Psychosis (NCAP) Year Two spotlight audit	411	100%
National Audit of Care at the end of Life (NACEL)	0*	NA
Falls and Fragility Fracture Audit Programme (FFAP)	0**	NA
CQUIN Mental Health Indicator 3a	150	Audit ongoing
National Clinical Audit of Anxiety & Depression (NCAAD) Spotlight Audit	385 audit of practice forms. No target for service user questionnaires No target for therapist questionnaire	28% returned. 23 service user questionnaires completed. 13 therapist questionnaires completed.
Learning Disability Improvement Standards	Organisational questionnaire	

*Organisational questionnaire only required.

** We will be notified if any service users meet the criteria for inclusion in the audit

The Mental Health Clinical Outcome Review Programme, delivered by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. The national confidential inquiries that the Trust was eligible to participate in during 2018/2019 are as follows:

Table 4: National Confidential Enquiries SWLSTG was eligible to participate in

Enquiries the Trust was eligible to participate in	Sample size required	Percentage submitted
Mental Health Clinical Outcome Review Programme: Suicide and homicide	38	68%
Learning Disability Mortality Review Programme (LeDeR).		This is ongoing

The reports of three national confidential enquiries were reviewed by South West London and St George's Mental Health NHS Trust in 2018/2019 and the Trust intends to take the following actions to improve the quality of healthcare provided:

National investigation into suicide in children and young people

Sudden death in psychiatric inpatients and the relationship with psychotropic drugs

These reports were published in October 2018 and will be presented to the Trust Mortality and Suicide Prevention Group in July 2019.   In regards to suicide in children, the group will formally consider the findings and provide assurance that the areas with the report findings are properly mapped to the current Suicide Prevention Strategy.   The report related to sudden deaths does not contain any specific findings, but the group will consider the findings to establish if additional measures needed to be taken.

The management and risk of patients with Personality Disorder prior to suicide and homicide

Treating and managing risk of patients with a personality disorder is central to our Suicide Prevention Strategy and action plans, as this is a known high risk group for suicide, plus of very serious incidents, such as homicide.   A review of the personality disorder pathway is underway and the findings from this report will be considered. This will form part of the community transformation project.

Reports Not Yet Published

Learning Disability Mortality Review Programme (LeDeR)

This programme is up and running and the Trust Learning Disabilities Lead attends all steering groups and is on national working groups. There are four identified reviewers for

this programme in the Trust. All learning from reviews is fed back through the Trust Mortality and Suicide Prevention Group and forms part of business as usual for this group.

Child Health Clinical Outcome Review Programme: Young People's Mental Health Study

This report has been delayed by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). The latest update is that this will likely be published sometime after May 2019.

The reports of three national clinical audits were reviewed by South West London and St George's Mental Health NHS Trust in 2018/2019:

National Clinical Audit of Psychosis

Performance overall was above the national average.
Performance on monitoring of physical health risk factors was well above average, as was performance on intervention, where required, for many of these factors.
Performance on prescribing was around average but availability of psychological therapies was significantly above average**.**

Prescribing Observatory for Mental Health (POMH) UK
Topic 18a: The use of clozapine

The Trust participated in the first audit of the use of clozapine and the report was published in February 2019. SWLSTG submitted a sample of 105 service users from 23 different teams.

The Trust performed well compared to the national sample in the three standards for service users within the first month of treatment with clozapine. The results from the national sample showed that pre starting clozapine, most service users had a blood pressure and pulse rate documented, but only approximately four in five had screening tests such as lipids, glucose and weight. The Trust showed a higher rate of compliance with this standard, with 100% of service users having documented blood pressure, pulse rate and lipids and greater than 90% having glucose and weight measured. In the first two weeks of treatment, the trust sample showed that 86% of service users had a daily temperature documented and 93% had a daily pulse rate and temperature. Again this was higher than the national sample. 77% of service users had a weekly assessment of side effects documented in the first month of treatment, which compared to 72% of the national sample.

86%
of patients had a daily temperature documented and **93%** had a daily pulse rate and temperature
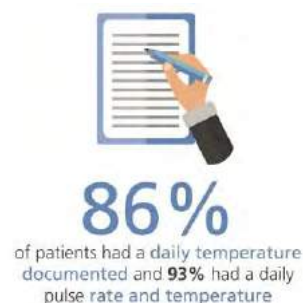
The Trust performed less well for the standard which related to service users treated with clozapine for more than a year. The national samples had documented measures of blood pressure and BMI in the last year for four out of every five service users, whereas for plasma lipids and glucose, this proportion was slightly lower at three out of four. The Trust sample showed a similar trend with a similar rate of measurement for blood pressure and BMI but a lower rate of around one out of every two service users having a lipid and glucose measure documented. Less than a third of service users had a documented general physical examination compared to 56% of the national sample.

All service users who were treated with clozapine 'off-label' had documentation of discussion with the service users about this use and were appropriately registered with the monitoring service. This was significantly better than the national sample, where 41% had evidence of discussion and 65% were appropriately registered.

The Trust has already taken steps to improve the areas below the national sample with further development of the role of the clozapine clinics in supporting the annual monitoring of service users treated with clozapine in the Trust. Inpatient wards and Home Treatment Teams will be reminded of the recommended monitoring required and encouraged to introduce a standardised tool for assessment of side effects.

Prescribing Valproate for bipolar disorder

Topic 15b   Prescribing valproate for bipolar disorder

The Trust participated in the first re-audit of prescribing valproate for bipolar disorder and the report was published in May 2018. SWLSTG submitted a sample of 324 service users from 23 different teams.

The re-audit found there had been no change since the baseline in the national sample relating to the prescribing of valproate to women of childbearing age, with nearly one in four women under the age of 50 in the sample being prescribed valproate. There is still limited documentation to suggest that there are discussions around the need for contraception, the teratogenic effects of this medication or the side effect profile. The national sample also showed there was documented evidence that written information about valproate was provided at the point of initiation in around a third of people. Although therapeutic response was considered in an early treatment review for 70% of service users, review of side effects and medication adherence only considered for about 40% of the national sample. Half the national sample who had been treated with valproate for greater than a year had evidence of an annual review of weight, blood pressure, glucose and lipids.

The results for the Trust were broadly consistent with the national sample. There was evidence of discussions about contraception and side effects in women under the age of 50 started on valproate. The Trust sample showed improvement from the baseline audit in the screening blood tests recommended before starting treatment but not in the recording of weight. There was minimal change evident as in the national sample for increased

recording of side effects, medication adherence or therapeutic response in the early treatment reviews post initiation but improvement in the annual monitoring for people who have been treated for over a year.

There are a number of actions being taken within the Trust to support further improvement in sharing of information between primary and secondary care which will support further progress in the areas highlighted. Steps have been taken to improve the management of women under the age of 50 who are prescribed valproate with the requirement of completion of a contraception care plan.

Topic 16b   Rapid Tranquilisation in the context of pharmacological management of acutely disturbed behaviour.

The Trust participated in the re-audit of the use of rapid tranquilisation (RT) and the report was published in October 2018. SWLSTG submitted a sample of 64 episodes of rapid tranquilisation (RT) that took place across 12 inpatient wards.

As in the initial audit completed in 2017, the re-audit looked at three clinical standards derived from NICE guidance for the short term management of violence and aggression. National results showed that in 43% of the episodes of behavioural disturbance, oral medication only was offered. There has been a modest increase in the number of people who have had a recent ECG completed when haloperidol was used. There was no documented assessment of behaviour in the hour following rapid tranquilisation in over half of the national sample. Each of the NICE recommended physical health checks (pulse, blood pressure, temperature, and respiration rate) was documented at least once in the hour after RT in between a quarter and a third of episodes. There was no evidence that this physical health monitoring was targeted towards those service users at risk (i.e. those who were sedated post-RT and/or had received a high dose and/or were known to be using illicit substances), nor that such monitoring had improved since the baseline audit.

The Trust results have shown improvement in a number of areas from the initial audit. Service users received a debrief after an incident of rapid tranquilisation at a higher level than the national sample. An area identified for improvement from the initial audit was the incorporation of service user's views and the clinical team into care plans relating to future management of disturbed behaviour. The re-audit showed improvement in both of these areas. Electrocardiograms (ECG) were completed in all three service users given haloperidol. There was increased documentation of behaviour post rapid tranquilisation with over 90% of service users on acute wards having at least one assessment of their behavioural state recorded. Physical health checks were completed at a similar rate to the national sample, although there was a higher recording of respiratory rate this was still only recorded in approximately 60% of episodes. The audit was completed at the start of the quality improvement work that has happened within trust around the monitoring of physical health post rapid tranquilisation.

Participation in local audits

94 clinical audits were registered by staff in year 2018/2019 with 33 audits being completed within the year, 18 outstanding and 43 due for completion after the 2018/2019.

The reports of the local clinical audits were reviewed by the provider in 2018/2019 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:

Below is the summary of the audit and recommended actions:

- **Auditing compliance with NICE guidelines when treating patients with Emotionally Unstable Personality Disorder (EUPD), within a community Recovery and Support Teams.**

  The aim of this audit was to examine the compliance to NICE guidelines within a community recovery and support team. That is, that medication is not recommended for service users with a diagnosis of EUPD specifically, or for the common symptoms experienced within the EUPD context including repeated self-harm, marked emotional instability, risk-taking behaviour and transient psychotic symptoms. In addition, antipsychotic drugs should not be used medium or long-term. Psychotropic medication can be used for comorbid illness or short-term sedation. These are the standard of the audit.

  Prescribing practices within the team did not adhere to the NICE guidelines on treatment for service users with EUPD. To maximise adherence to guidelines the following interventions are planned:

  1. A presentation of these findings at the weekly team meeting.
  2. A presentation of the NICE guidelines at the same meeting.
  3. Proposing adding a heading into clinical letter templates, "medication review and prescription rationale".
  4. Presenting the findings to other community recovery and support teams within the borough.
  5. Re-auditing once the interventions have been implemented.

- **Clinical Audit of Care including Pharmacological Interventions in a Specialist Epilepsy Service for People with Intellectual Disabilities**

  The aims of the audit were as follows:

  To assess clinical documentation for pharmacological appropriateness for the type of seizure and for specific groups (e.g. women of child bearing age) in accordance with NICE guidelines.
  - To assess seizure activity
  - To ensure the side effects of Antiepileptic medications are recorded and managed
  - To investigate management of resistance to medication including referral for second opinion and surgical assessment and establish compliance with National guidelines

  Recommendations:
  1. Review service users on more than 2 Anti Epileptic drugs (AED's)
  2. Implement the pregnancy prevention programme in practice for women of child bearing age on Valproate
  3. Document medication adherence
  4. Consider referral of service users with treatment resistant epilepsy for consideration of surgery /vagus nerve stimulation.

- **Audit looking at the compliance to NICE Guidance (CG128, CG170) for deaf children and young people with autism who attend National Deaf CAMHS (Cambridge, London, Kent).**

  1. A comprehensive developmental history to be included in every assessment. If no abnormalities are revealed by parents or carers, clinicians should record this information.
  2. As above, medical history, including perinatal and family history, as well as current and past health conditions, should be recorded.
  3. Children's strengths and weaknesses to be included in every assessment. These can be used to create a management plan to overcome their impairment and needs. Information about strengths could also be collected from parents, carers, teachers or family members.
  4. Produce a number of standardised reports for all children and young people, regardless of their age and abilities.
  5. The clinicians and administrators to record on RiO when communicating the assessment results to GPs.

- **Trust-wide CAMHS NICE Quality Standards Audit - Bipolar, Psychosis and Schizophrenia in Children and Young People QS102**

  1. Increase clarity around who is responsible for recording. Where there is overlap between Tier 3 and Tier 4 teams, there needs to be a clear understanding of who is responsible for recording information on the system, especially when the systems used are different.

  2. Clearer recording of interventions in line with NICE Quality Standards. On occasion, missed targets are likely due to lack of recording on the system, particularly in relation to providing healthy lifestyle information to young people and support for parents. Therefore, clinicians must ensure that work completed is clearly documented. Clinicians may wish to have a template in mind comprising the Quality Standards.

  3. Clearer recording of diagnosis where appropriate. There were a low number of cases identified that met this audit's criterion. In discussion with clinicians anecdotally, it seemed the number of identified cases was lower than expected. As cases were identified through an IT search for a diagnostic identifier on case record, it could be due to difficulties with incomplete or inaccurate recording of diagnosis on records.

  4. Identifying good quality practice in notes in cases where there may be diagnostic uncertainty. For a number of young people, where there is diagnostic uncertainty, a 'watch and wait' approach is more developmentally and holistically appropriate and is arguably better practice than rushing to diagnose precipitously. However, CAMHS Teams are often offering high quality management or these young people, which would concur with good practice or NICE guidance. In these cases, it would be helpful to have this identified in notes so that good practice can be noted and supported.

- **Internal Controlled drugs and misused substances report**

  Some medicines are controlled under the Misuse of Drugs legislation and are referred to as controlled drugs. They are subject to stricter legal controls which have been out in place to prevent them being misused, being obtained illegally and/or causing harm. To ensure the Trust is compliant with the legal requirements and following organisational policies a quarterly audit is conducted across all teams that have used controlled drugs to provide assurance that there are no unaccounted for losses. In addition to this all incidents related to controlled drugs are reviewed, risk assessed and reported quarterly to the Controlled Drugs Local Intelligence Network (CDLIN) so that learning can be shared across the region.

The aim of the audit is to ensure that the procedures in relation to the administration, supply and prescribing of controlled drugs as outlined in the Trust Medicines Code are being followed.

Recommendations:

1. Ward managers to ensure that physical checks of controlled drugs are done at each shift change. Discrepancies must be immediately reported as an incident to the ward manager and via Ulysses (incident reporting system)
2. Ward managers to ensure all nurses are aware of how to correctly transfer a controlled drug balance to a new page.
3. Ward managers to ensure nurses are familiar with the dontrolled drugs policy found within the Medicines Code policy on inSite.

- **NEWS Audit report**

The National Early Warning Score (NEWS) chart is used within the Trust adult services to monitor and record: heart rate (pulse); respiratory rate; systolic blood pressure; level of consciousness; oxygen saturation; temperature. Inpatient wards have been completing a NEWS audit on their wards on a monthly basis. However, there were different forms that teams were using and the data was kept at ward level. One of the wards regularly submitted an audit on physical health and eating charts to the physical health team.

Areas for improvement:

1. Recording of all six parameters in order to generate a NEWS score to detect signs of deterioration early
2. Recording a NEWS score. This should be done after taking the observations of all service users and escalated appropriately as indicated on the form.
3. Uploading of NEWS charts on RiO. Standards for documentation require paper held documents (NEWS charts) to be uploaded onto RiO when complete.

Recommendations:

- Continue to audit NEWS charts monthly on trust agreed standard tool to allow for collation and comparisons.
- Services to identify areas that need improvement and develop local action plans.

- **CQUIN Audits**

  Audits undertaken in relation to the Trust's Commissioning for Quality and Innovation (CQUIN) framework are reported on in section 2b

2b.3 Participation in clinical research

The number of service users receiving relevant health services provided or sub-contracted by South West London and St George's Mental Health NHS Trust in 2018/2019 that were recruited during that period to participate in research approved by a research ethics committee is 289

The Trust Research and Development (R&D) strategy is now in its third year of implementation. Growth and development are notable in relation to the main objectives in the strategy, such as continuity of robust multidisciplinary leadership in research, embedding of R&D within the Trust's overall strategy, maintaining and increasing research activity across the Trust and promoting a cultural shift towards research engagement for the Trust through staff support and education. R&D is committed to equality, diversity and inclusivity by promoting a research culture reaching out to all levels and professions in the organisation, and to supporting, valuing and enabling all researchers. Most importantly, R&D embraces and integrates the contribution of service users into research work-plans oversight, projects design and delivery. It further works together with clinical and academic partners towards excellence in research, and provides opportunities for education and training in modern research through its annual conferences, seminars and workshops.

SWLSTG research activity for 2018/2019 has exceeded the baseline of 2017/2018 with 289 service users recruited to participate in locally approved projects.

The 2018/2019 research portfolio counted 59 studies which are categorised as follows:
This achievement comes within a national context of decreasing research funding opportunities from both commercial funders and sponsors, and non-commercial research partners.

The R&D department works in collaboration with the Population Health Research Institute (PHRI) at St George's, University of London (SGUL), in PPI and co-production research in

46 multicentre national portfolio studies, of which **3 commercially** funded;

4 academic studies

9 locally generated, unfunded or pilot studies.

social and community psychiatry and acute care pathway (ENRICH, DECISION studies).

Other collaborations are with SLAM, Kings College London (KCL), Imperial College, Cardiff University, Manchester University, Southampton University, the Institute of Psychiatry, the Biomedical Research Centre (BRC), Roehampton University, the University of East Anglia and the University of Newcastle. It is also working strategically, and developing research synergies, with R&D departments from other 'smaller' trusts (St Helier, Oxleas, Kingston and Croydon) in south London to ensure more visibility with the Clinical Research Network-SL structure.

The R&D Committee membership was revised, to include Heads of Professions from Pharmacy, Strategy and Commercial Development, Medical Education, Psychology, Finance, Nursing Development, service line Management representation and senior representation from SGUL. Terms of reference have been revised, crucially clarifying the Committee's accountability in formally reporting to the Quality and Safety Assurance Committee, and the Trust Board. An active risk register has been created, addressing emerging threats in the achievement of annual strategic objectives and overall business case.

Operationally, the Clinical Research Unit (CRU) in Barnes Hospital is being developed into a Trust-wide clinical research facility for all Phase II, III and IV commercial and non-commercial drug trials, and staff infrastructure has been expanded to match the growing business case. A clinical trials manager has also been appointed to lead on strategy, business case and finance.

A critical analysis and review of all constituent processes within the Department is underway, and it also includes the redesign and relaunch of the joint CRU advisory groups (general psychiatry and dementia & neurodegeneration), the review of the role of research champions, and a trust-wide training and education programme with the support of the Clinical Research Network (CRN).

Prominent examples of research:

- Evaluating Liraglutide in Alzheimer's Disease (ELAD) study: Evaluating the effects of the novel Glucagon-Like Peptide (GLP)1 analogue, Liraglutide, in patients with Alzheimer's disease;
- SYMBAD: Study of Mirtazapine or Carbamazepine for Agitation in Dementia;
- AD Genetics: Detecting Susceptibility Genes for Late-Onset Alzheimer's disease;
- TRIANGLE: A novel patient and carer intervention for Anorexia Nervosa;
- Mood mAPPer: Validation of a Mobile Phone App to track Moods and Mental States in Young Persons with Attention Deficit Hyperactivity Disorder (ADHD);
- ENRICH peer worker programme: Enhanced discharge from inpatient to community mental health care;
- ECLIPSE research programme: building resilience and recovery through Enhancing Cognition and quality of Life in the early PSychosEs,

- PPiP2: Prevalence of neuronal cell surface antibodies in patients with psychotic illness;
- A Randomized, Double-Blind, Placebo Controlled, Two-Period Cross-Over, Proof of Activity Study to Evaluate the Effects of TAK-041 on Motivational Anhedonia as Add-On to Second Generation Antipsychotics in Subjects With Stable Schizophrenia;

Studies to be opened up in the coming months include:

- DLB Genetics: Detecting susceptibility genes for dementia with Lewy bodies;
- PrAISED 2: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment;
- GLAD: Genetic Links to Anxiety and Depression;
- A Randomized, Double-Blind, Active-Controlled, International, Multicenter Study to Evaluate the Efficacy, Safety, and Tolerability of Flexibly-dosed Esketamine Nasal Spray Plus a New Standard-of-care Oral Antidepressant or Placebo Nasal Spray Plus a New Standard-of-care Oral Antidepressant in Adult and Elderly Participants With Treatment-resistant Depression (commercially funded);
- EU-VIORMED: The European Study on Risk Factors for Violence in Mental Disorders and Forensic Care: A Multicentre Project.

2b.4 Commissioning for quality and innovation (CQUIN)

A proportion of South West London and St George's Mental Health NHS Trust income in 2018/2019 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 relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/2019 and for the following 12-month period are available electronically at https://www.swlstg.nhs.uk/about-the-trust/performance-and-governance/cquins

Results for the CQUIN Audits that took place in 2018/2019:

Audit	Target	Result from Internal review	National Audit Result
Cardio Metabolic Assessment (CMA)- Inpatient	90%	36%	Due in June 2019
Cardio Metabolic Assessment (CMA)- Community	75%	44%	Due in June 2019
Cardio Metabolic Assessment (CMA)- EIS	90%	65%	Due in June 2019
Summaries of Care	90%	92%	N/A

2b.5 Statements from the Care Quality Commission (CQC)

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 2018/2019.

South West London and St George's Mental Health NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period

CQC Registration

In order to provide regulated activities, such as medical and psychiatric care and treatment, the Trust must formally register each location from which it intends to provide these services. The Trust's Nominated Person for the purposes of CQC registration is the Director of Nursing and Quality.

Currently, the Trust is registered to carry out the following legally regulated activities:

- Treatment of disease, disorder or injury;
- Assessment or medical treatment for persons detained under the MHA 1983; and
- Diagnostic and screening procedures.

These activities can be provided at the following registered services:

- Springfield University Hospital
- Queen Mary's Hospital
- Tolworth Hospital
- Westmoor House
- Trust Headquarters (which, includes registration for all community services).

As part of the rehabilitation services modernisation programme, the CQC has recently updated our certificate of registered locations, formally removing Thrale Road as this ceased to be our service in late 2017.

Westmoor House will be handed over to the same third sector provider, One Housing Group, once the necessary building renovation work has been completed. It is anticipated the handover date for Westmoor House is on track for mid-April 2019.

Care Quality Commission – 2018 Inspection and Inspection Report

The CQC conducted a full two week inspection of clinical services in February and March 2018, followed by 'well led' interviews in April 2018. The CQC held a significant number of engagement events and staff focus groups across the organisation as part of their inspection. The CQC published their inspection report on 12 June 2018 and rated the Trust as 'Good'.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↓ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ May 2018	Good ↑ May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Forensic inpatient or secure wards	Requires Improvement →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016
Child and adolescent mental health wards	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Wards for older people with mental health problems	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Community-based mental health services for adults of working age	Good →← May 2018	Good ↑ May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Mental health crisis services and health-based places of safety	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Specialist community mental health services for children and young people	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Community-based mental health services for older people	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Community mental health services for people with a learning disability or autism	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2015
Substance Misuse Services	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Overall	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018

Whilst the overall 'Good' rating remained the same from March 2016, the 2018 'Good' rating was achieved across all of the five CQC domains: safe, effective, caring, responsive and well-led. The improvements were particularly notable in the 'safe' domain that had been rated as 'Requires Improvement' in 2016. The CQC also lifted all Requirement Notices that were in place at that time in relation to the services it previously inspected.

The CQC did not re-inspect the Forensic services in 2018 and therefore the 2016 Requirement Notice in relation to the Forensic service remains in place. In addition, in 2018 the CQC issued a Requirement Notice comprising of two must do actions relating to physical health monitoring.

The CQC inspected six services as part of their ongoing checks on the safety and quality of healthcare services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Community-based mental health services for adults of working age
- Substance misuse services
- Child and adolescent mental health wards
- Specialist community mental health services for children and young people.

The CQC based their rating for 'well-led' on their inspection at Trust level, taking into account what they found in individual services.

The positive findings:

The inspectors were satisfied that the Trust had made considerable improvements since March 2016. The community-based mental health services for working age adults, long stay/rehab mental health wards and CAMHS wards had all improved their rating overall. The Trust had met all requirement notices made following the March 2016 inspection and a focused inspection in September in those services that were inspected in 2018.

The CQC noted that despite a number of changes in Executive Directors, the Trust was well-led and the senior team were well-equipped and committed to improving services to meet the mental health needs of local communities. Staff were well supported by their managers and colleagues, and the Trust's intranet was noted as an 'award winning' source of accessible information for staff, supporting overall engagement.

The CQC described the Trust as an outward looking organisation, well engaged with external partners and stakeholders. The progress achieved in forging the South London Partnership with SLAM and Oxleas trusts was also welcomed.

The CQC were impressed with more than 40 quality improvement initiatives (QII) that were under way across the Trust and noted that the Trust encouraged innovation to improve service users' care and to reduce preventable admissions to hospital by piloting crisis cafes, which were very popular among service users.

The Trust's governance structures, including financial governance, were characterised as 'effective'. It was noted that managers had easy access to performance information to enable them to make improvements, and that staff could add local risks to service line risk registers, which were up-to-date and reflected the actual state of affairs.

The CQC provided positive feedback on how the Trust disseminates learning from reported incidents and uses the information to improve services. The recruitment and retention of staff was also notable and evidenced in an increase in staffing on most wards.

The Trust's support for the development of staff diversity networks was seen as a hugely positive initiative: the Trust board has a diverse membership and the Trust had set up an expert working group to look at the disproportionate number of black men detained under the Mental Health Act.

Examples of outstanding practice were found in three areas: (1) acute wards, such as Lavender, Rose and Lilacs; (2) community services for adults of working age such as the Morden RST and recovery cafes in Wandsworth and Merton; and (2) Specialist community mental health services for children and young people, such as Richmond CAMHS.

Acute wards for adults of working age

- On Lavender and Rose Wards, service users and their carers or family could meet with staff at weekly family clinics to discuss the service user care and treatment. The family and carers were well informed by staff.

- On Lilacs Ward a former service user had provided training for staff on how to care for transgender service users.

- Lavender Ward had a full-time carer support worker funded by a mental health charity.

- On Rose Ward, service users were provided with three cards coloured red, amber and green and shown how to use them to indicate their level of distress. Service users were encouraged to write on the back of the cards how they felt and what might help them. Service users who were unable to verbalise their distress and risks had found this system particularly helpful.

Community-based mental health services for adults of working age

- Staff in the teams were proactively engaging with other agencies to improve service user's care. The consultants in some teams met with local GPs on a regular basis and senior staff attended care pathway meetings that included a range of health professionals for each borough, achieving a smoother pathway for discharge. The teams worked closely with third sector providers and with in-patient wards to enable in-patients to leave hospital as soon as their health had improved.

- The Morden RST team had strong links with the Imagine charity in Wimbledon to help service users at the point of being discharged.

- The Recovery Cafes – an important supportive resource – in Wandsworth and Merton were well spoken of by the service users and staff alike.

Specialist Community CAMHS

- The services had developed a trust-wide plan to address and reduce patterns in self-harm behaviours. For example, staff identified that a number of young people went to A&E having misused a particular substance. The service worked with external organisations, to notify them and also to put together information packs for young people about the dangers of that substance. Staff worked closely with A&E staff when these incidents took place. Since then there had been a reduction in these incidents.

- In Richmond CAMHS, the service had developed a social group for young people aged 14 to 17 years, offering social skills training. Once established, young people and parents began to run this group by themselves and relocated the group to a local café.
- The Trust set up a CAMHS emergency care team in response to the level of acuity and pattern of young people going to A&E departments in a crisis. This was a dedicated team who worked across local acute hospitals to assess young people who attended the A&E. These staff conducted assessments and made appropriate onward referrals to suitable services.

What remains to be done:

Apart from the positives above, the CQC told us about the following areas where improvements can be made:

Staff did not always follow best practice to ensure the safety of service users after they had received rapid tranquillisation. When service users declined checks of their clinical vital signs, staff did not always return to make further attempts to record these observations. When staff carried out routine checks of service users' vital signs, they did not always escalate results to senior nursing staff or a doctor when indicated by the scoring tool or record why they had not done so.

Staff did not always store information on patient electronic records consistently so that it could be found easily by others. Clinical staff found IT support was not always timely and accessible.

The Trust had not consulted effectively with staff around changes to mental health rehabilitation services that had been made. Staff were unhappy with the way they had been involved in discussions about the changes, which had caused anxiety and affected morale.

Some Trust services missed an opportunity to learn from informal or local complaints as they did not keep a record of the complaints to support managers to identify patterns and trends.

The Trust needed to continue to work on the new Trust strategy that would provide clear direction and underpin the delivery of high quality sustainable care. Further work was needed to fully implement the leadership development programme for ward and team leaders and managers.

The Trust received two 'must-do' actions in regards to physical health monitoring and escalation post Rapid Tranquilisation. There are 30 'should-do' actions. During the inspection the CQC noted a number of other observations and areas to consider, although these were not formal observations and did not feature in the main inspection report, but where captured in the CQC appendix report. The Trust has robust plans in place to address all issues identified during the inspection and is nearing full completion of all actions.

CQC Requirement Notices

When advising the Trust regarding areas of improvement, the CQC traditionally makes a distinction between actions the Trust must take in order to comply with legal obligations and actions we should take in order to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement in future or to improve service quality.

The CQC informed the Trust that we must make improvements in three requirement areas or risk breaching the regulations under the Health and Social Care Act (Regulated Activities) (HSCA).

Requirement notices are part of the CQC enforcement policy whereby the CQC takes an action to require a provider to improve care standards. Where a provider is in breach of a regulation or has poor ability to maintain compliance with regulation, but people using the service are not at immediate risk of harm, the CQC will use the power to require a report from the provider. This is done by serving a Requirement Notice on the provider.

The response from the provider to the Requirement Notice must show how the provider will comply with their legal obligations and must ensure the action the provider is taking or proposes to take to do so. Failure to send the CQC a report in the timescale set out in the Requirement Notice is an offence and could lead to the CQC using other enforcements powers such as issuing a Warning Notice and closing down the service.

Following the 2018 Inspection, the CQC have lifted all requirement notices in relation to the services they inspected.

Since the CQC were unable to re-inspect the Forensic services in 2018, they have left the 2016 requirement notice against the Forensic service intact. In addition, in 2018 the CQC issued another Requirement Notice comprising two must-do actions, bringing the total number of all current notices to two and corresponding must-do actions to three (see Table 2 below).

Current Requirement Notices and Must Dos

Date issued	Service issued	Regulation number	What must be done & current position
June 2016	Forensic & Specialist	Regulation 13 (5)(7) HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment	The Trust must ensure that service users are protected from abuse and improper treatment. The CQC found that the Trust operated restrictive practice with the use of time management practices, which had not been recognised as seclusion practices. Service users subject to these practices did not meet the safeguards set out in the MHA Code of Practice. The issues are now resolved, but the notice remains live.
March 2017	Specialist Eating Disorders	Regulation 12 HSCA (RA) 2014 Safe **c**are and treatment	The Trust must ensure that information regarding patents' physical health care is being recorded properly and promptly transferred on to patients electronic care records. The Trust must ensure that patients' risk assessments are being updated in a timely manner. The Trust must ensure the temperatures of fridges used to store medicines are being monitored in line with Trust policy (breach of Regulation 12 (1)(2)(a)(b)(g)). A large action plan was established and the issues with physical healthcare and risk assessment have been resolved. However the challenges remain in keeping the fridges in normal temperatures. This has been highlighted again as a problem in December 2018 and

			the Ward manager and Matron are revisiting the issue.
June 2018	Acute and PICU	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment	The Trust must ensure that in the hour following rapid tranquilisation, staff attempt to take service users' physical observations in accordance with best practice and record this.

The Trust must ensure that staff take service users physical observations post rapid tranquilisation are taken and when scores are elevated, escalate these to senior nursing and medical staff.

Whilst these arrangements are in place, challenges remain with the auditing system and subsequent assurances. |

CQC Should-Dos

Alongside this work, a full comprehensive CQC improvement plan has been developed to respond to the 'should-do' actions.

The CQC issued 39 'should-do' actions that apply to either the whole organisation or to specific service lines. It is the responsibility of each service line to monitor compliance with the 'should-dos' that relate to their area and this is overseen by the CQC Action Group, chaired by the Director of Nursing and Quality.

Compliance with the 39 'should-dos' is also vital but the CQC did not set a date for completion. The Trust Risk Register is being used to monitor progress with addressing the 'should-do' actions.

The CQC confirmed that they remain positive about the Trust and its approach. They find the Trust open, transparent and easy to work with. They also find us highly responsive which gives them confidence.

CQC Mental Health Act (MHA) visits from 1 April 2018 to 31 March 2019

The Care Quality Commission is required by law to monitor the use of the Mental Health Act in order to provide a safeguard for individual service users whose rights are restricted under the Act. The CQC do this by looking across the whole patient pathway experience

from admissions to discharge – whether service users have their treatment in the community under a supervised treatment order or are detained in hospital.

Mental Health Act Reviewers do this on behalf of CQC. During visits, they interview detained patients or those who have their rights restricted under the Act and discuss their experience. They also talk to relatives, carers, staff, advocates and managers. The CQC reviewers place particular emphasis on compliance with the letter of the MHA Code of Practice. To that end they check a selection of RiO (electronic patient records) and paper records to ensure that the patients are legally detained and medicated. In the past 12 months, they have particularly focused on the issues of mental capacity and how the Trust evidences its practice in relation to assessing the mental capacity of informal and detained patients alike. They have noted that some care plans do not give the impression that the patient was involved in developing these plans. The CQC has frequently reminded the Trust of its obligation under the MHA Code of Practice to ensure that all detained patients are made aware of their legal rights on a regular basis. The CQC also frequently focuses on environmental and safety issues, particularly the presence of ligature points.

From April 2017 – March 2018, the CQC conducted 11 MHA monitoring visits to the Trust. The wards/services visited were:

Ward	Service line	Date of visit	Notice of visit
Wisteria Ward	CAMHS	25/06/2018	Unannounced
Ward 1	Acute & Urgent	13/08/2018	Unannounced
Ruby Ward	FSN	03/09/2018	Unannounced
Burntwood Villas	FSN	10/09/2018	Unannounced
Turner Ward	FSN	03/10/2018	Unannounced
Avalon Ward	FSN	01/10/2018	Unannounced
Ward 3	Acute & Urgent	05/12/2018	Unannounced
Crocus Ward	Cognition & Ageing	13/12/2018	Unannounced
Ward 2	Acute & Urgent	10/01/2019	Unannounced
Hume Ward	FSN	08/01/2019	Unannounced
Phoenix Unit	Acute & Urgent	06/02/2019	Unannounced

The main themes identified in nearly all visits were:

(1) Lack of consistent repetition of patients' rights under S132;
(2) Lack of evidence that patients were being involved in their own care planning, and
(3) Poor evidencing of mental capacity assessments.

Alongside this, the CQC has raised issues reported by individual patients, but overall the CQC has not flagged any significant or systemic risks or failures in the application of the MHA or Mental Capacity Act (MCA).

Actions arising from these inspections are reflected in Provider Action Statements (PAS) that the Trust submits to the CQC by way of response. All PAS actions are recorded by ward managers on the Trust Risk Registers for monitoring and reviewed by the Governance Department and the service lines. The management of PAS actions via the Risk Register reduces duplication and helps to complete the actions on time. The Mental Health Law Governance Group, chaired by the Associate Director of Social Work, receives regular updates on the state of PAS actions which are cross checked and tested to provide assurance. The Quality Governance Group monitors the closure of incomplete PAS actions on a quarterly basis.

2b.6 Data quality 2018/2019

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 have audited seven day follow up and gatekeeping for 2018/2019 with a further audit to be conducted on quarter 4 position.
- The Trust will continue to benchmark against other trusts the quality of data submitted to NHS Digital (NHSDS). The reports issued by NHS Digital are routinely reviewed to identify areas of good practice and concern in relation to data quality.
- Data quality and levels of performance against key performance indicators are discussed at monthly service line performance reviews.
- The Trust continues to develop 'self service' data quality dashboards for clinicians and to design clinical systems to minimise data quality issues at the point of entry
- The Trust has developed a framework for assuring the quality of performance indicators and metrics reported to the Trust Board that includes the development of have a data quality kite-mark assigned which shows the level of assurance for the particular metric.

NHS number and general medical practice code validity 2018/2019

South West London and St George's Mental Health NHS Trust submitted records during 2018/2019 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:
97.9% for admitted patient care
96.0% for outpatient care

General Medical Practice Code Validity

which included the patient's valid General Medical Practice Code was:
99.1% for admitted patient care;
100.0% for outpatient care; and

South West London and St George's Mental Health NHS Trust recorded compliance of 97.9% for admitted patient care based on January 2019 DQMI and 96.0% for outpatient care of submitted records contained a valid GP code for both outpatients and inpatients compared with a national average of 99.9% and 99.8% respectively.

Information governance toolkit attainment levels 2018/2019

The Information Governance (IG) Toolkit is now called the Data Security Protection (DSP) Toolkit. We submitted our assessment for 2018/19. There is no longer a percentage score or a Satisfactory / Unsatisfactory rating

Data Security Protection (DSP) Toolkit attainment level 2018/2019

South West London and St George's Mental Health NHS Trust's Data Security Protection (DSP) Assessment Report for 2018/2019 was submitted to deadline and met the required standard, with 100 of 100 mandatory evidence items provided and 40 of 40 assertions confirmed.

Clinical coding error rate 2018/2019

South West London and St George's Mental Health NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period. In the latest published audit for that period for diagnoses and treatment coding (clinical coding) were 96% and 90%.

Primary diagnosis correct %	Secondary diagnoses correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
96.0%	90.42%	None audited	None audited	0%

	2018/19	2017/18
Primary Diagnosis Correct	96%	88%
Secondary Diagnosis Correct	90.42%	92.48%
Data Security Standard Level	**Advisory**	**Level 2 (former IGToolkit level)**

2b.7 Learning from deaths

27.1 During 2018/2019, 1028 South West London and St George's Mental Health NHS Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 355 in the first quarter; 250 in the second quarter; 282 in the third quarter; 141 in the fourth quarter. (Please note that this number will not include any deaths subsequently reported on the NHS spine by GPs who may not complete the information until after the reporting deadline)

27.2 By 31 December 2018 49 case record reviews and 626 investigations have been carried out in relation to 887 of the deaths included in item 27.1. 46 of the reported deaths were of individuals who were not Trust patients or former Trust patients who had not accessed services for more than six months. In all cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

355 in the first quarter; 250 in the second quarter; 282 in the third quarter; 141 in the fourth quarter. (Please note that this number is low due to the turnaround of RCA investigation reports (60 days)).

27.3 1 representing 0.11% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of: 0 representing 0% for the first quarter; 1 representing 0.4% for the second quarter; 0 representing 0% for the third quarter; 0 representing 0% for the fourth quarter.

These numbers have been estimated through using the RCA methodology. An RCA report follows a national standard and does not specifically seek to establish the level of causation or assign a level of avoidability. However it does provide clear understanding of care and service delivery problems, contributory factors and root causes associated with such key contributory factors. Each RCA for the period in question is reviewed by the Quality Governance Team and the level of avoidability is assessed, based on the investigation findings.

27.4 A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in 27.3:

1. *Dual Diagnosis: 1a The presence of dual diagnosis is a common factor in unexpected deaths or suspected suicides. Whilst this factor is not causative, it is an area that requires further review.*

2. *Forensic Opinion: 2a Following an investigation and subsequent inquest into the death of a member of the public, the importance of referral to Forensic services was highlighted.*

3. *Non-attendance at appointments: 3a A CAMHS service user was not sent an appointment because it had inadvertently been sent to a different patient with the same name. The importance of robust information governance processes was highlighted as well as the importance of following-up service users who do not attend appointments.*

4. *In addition, an inquest was held in Q4 relating to a death in 2017. The RCA investigation highlighted a number of care and service delivery problems and these were felt to be contributory factors by the Coroner. 4a Incident reporting; this was inconsistent and the opportunity to alert the Service Line and Trust Governance of the service user's increased risk were lost. 4b Risk Assessment and Care Planning: These were not consistently reviewed and updated and Trust guidance was not followed. 4c Risk review: This did not take place and was a missed opportunity. However, the Trust has implemented as a CQUIN target, 72 hour face to face follow up for all clients discharged from inpatient treatment back into the community.*

27.5 A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).

1. *Dual Diagnosis: 1a This is an area which needs to be reviewed in detail in the next financial year. The Trust will be looking at dual diagnosis pathways and reporting back to the Quality Governance Group via a task and finish group. The review will look at the commissioned service provision.*

2. *Forensic Opinion: 2a Staff were reminded via the Monthly Learning Bulletin that staff should consider requesting a forensic opinion of the current ongoing risks where appropriate.*

3. *Non-attendance at appointments: In response to the incident where letters were wrongly addressed, the service involved reviewed and amended the current Trust non-attendance policy to include reference to national learning from Serious Case Reviews regarding children 'not brought' to appointments. The service also drafted and implemented a standard minimum data set and format to ensure that the possibilities of a similar mistake being made were reduced.*

4a. *Incident reporting: In a learning bulletin all staff were reminded of incidents of self-harm particularly if the incidents demonstrate a pattern of behaviour or an escalation in the level of risk.*

4b. *In a learning bulletin all staff were reminded that Care Plans and Risk Assessments must be updated following an apparent attempt by a service user to take their own life.*

4c. *Risk review: In a learning bulletin all staff were reminded that the Consultant should make the decision to hold a multi-professional review and any member of the MDT can request a multi-professional review.*

27.6 An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.

1. As work is currently underway, the impact will not be felt until 2019/2020.

2. Forensic Opinion: 2a Staff are now mindful of the importance of forensic opinions and making referrals where appropriate.

3. Non-attendance at appointments: 3a Any patient that does not attend their appointment is now followed up with a phone call by the clinician who was due to see the patient at the time the appointment was due to take place.

4a Incident reporting: Staff now report any escalation of incidents if the incidents demonstrate a pattern of behaviour or an escalation in the level of risk. These are reviewed by the local service lines and the Quality Governance Department who are then able to provide appropriate support and advice to the team/service.

4b and 4c By ensuring Care Plans and Risk Assessments are updated following an apparent attempt by a service user to take their own life, the risk can be more proactively

managed. It also ensures that staff in contact with service users can immediately identify that there is a significant risk of self-harm and proactively manage the risk. Similarly if a risk review is required, this can be held and there will be active management of the risk.

27.7 0 case record reviews and 28 investigations completed after 31.03.18 which related to deaths which took place before the start of the reporting period.

27.8 0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the RCA investigation process and inquest.

27.9 1 representing 0.12 of the patient deaths during 2017/2018 are judged to be more likely than not to have been due to problems in the care provided to the patients.

The national framework that stipulated that all trusts are to assess each death and assign a specific level of avoidability (by assigning a level of avoidability between a score between 1 and 6). The specific requirement and scoring criteria was introduced in April 2017. As per the national framework, a mortality dashboard is published on the external website quarterly, please see link for the 2018/2019 information.

https://www.swlstg.nhs.uk/publications/performance-documents/mortality-death-reviews/2018-19-1

Prior to April 2017, all deaths that are clearly a result of a natural cause were (and still are) investigated using the 'deceased patient questionnaire'. Following completion of the questionnaire, if there are concerns about the service user's care or treatment a Root Cause Analysis (RCA) investigation would commence. An RCA report follows a national standard that does not specifically seek to establish the level of causation or assign a level of avoidability. However, it does provide clear understanding of care and service delivery problems, contributory factors and root causes. Since April 2017, the Trust uses additional tools to help assess and assign levels of avoidability.

2.b.8 Looking back - progress against the core quality indicators 2018/2019

The table on the following pages details the Trust's performance against the core set of indicators for 2018/2019. 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 NHS Digital and NHS England and CQC website and from the Trust's internal data warehouse system.

Indicator	2016/17	2017/18	2018/19	National Average	Other Trusts – Highest	Other Trusts – Lowest
13. The data made available to the Trust by NHS Digital 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	96.1%	96.6%	95.3%	95.7%	100%	73.4%

Comments:
South West London and 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. - It should be noted that the figures above are based on the revised position post auditors feedback – this position will need to be confirmed by KPMG. *The trust has taken the following actions to improve this percentage and so the quality of its services, by;* - The Trust in year has introduced a new data recording form to its clinical system - Reasons for breaches are collated and circulated as learning points to improve future practice. - Trust has enhanced daily monitoring systems since quarter three following deterioration in performance (although quarterly target was achieved). - Cases at risk of breaching are escalated to the relevant Clinical Manager or Modern Matron - Quality account audit from KPMG has found errors in discharge administration which has affected quality of data – it should be noted that the errors did not impact on the follow-up of clients. A Trust-wide KPI guidance document has been developed in year (currently being enhanced) to clarify team responsibilities and also to support the documentation process,

Indicator	2016/ 2017	2017/ 2018	2018/ 2019	National Average	Other Trusts – Highest	Other Trusts – Lowest
17. The data made available to the Trust by NHS Digital 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.	96.%	98.2%	99%	98.1%	100%	78.8%

Comments:
South West London and 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.
- It should be noted that the figures above are based on the revised position post auditors feedback – this position will need to be confirmed by KPMG.

The Trust has taken the following actions to improve this percentage and so the quality of its services, by;
- Following provisional feedback from KPMG auditors the Trust is in the process of implementing recommending enhancing its gatekeeping form to enable a clear distinction between an admission that has been "directly" gate kept and cases where it was "indirectly gatekept"
- Revised guidance will be issued early in 2019/2020 once the new form is in place.

Indicator		2016/2017	2017/2018	2018/2019	National Average	Other Trusts – Highest	Other Trusts – Lowest
19. The data made available to the Trust by NHS Digital 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	6.5%	5.9%	0%	Not available	Not available	Not available
	% patients aged 16 or over	11.5%	9.9%	8.3%	Not available	Not available	Not available

Comments:

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

The Trust periodically validates emergency readmission information at directorate level to validate the figures and provide assurance.
Publications in this area tend to reflect 30 days and an experimental publication is due to be published on NHS Digital on the 6 May 2019.
The Trust has taken the following actions to improve this percentage and so the quality of its services, by:
The SIM project is a collaborative initiative between the Trust Acute Trusts and Police looking at clients who frequently readmit and considering better ways to manage this cohort.

Indicator	NRLS Data	2015/2016		2016/2017		2017/2018		2018/2019			
		SWLS TG Apr 2015 – Sep 2015	SWLS TG Oct 2015 – Mar 2016	SWLS TG Apr 2016 – Sep 2016	SWLS TG Oct 2016 – Mar 2017	SWLS TG Apr 2017 – Sep 17	SWLS TG Oct 2017 – Mar 2018	SWLS TG 2017/ 2018 Apr 2018 – Sep 2018	Ave for mental health Trusts April 2018 – September 2018	Highest Trust (all regions) April 2018 – September 2018	Lowest Trust (all regions) April 2018 – September 2018
25. The data made available to the Trust by NHS Digital 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 (please note that the next publication of Patient Safety Indicator data is not until September 2018)	Reported Incidents per 1000 bed days	36.56	36.0	36.77	35.21	39.13	38.42	41.09	55.4	114.3	24.9
	Percentage of Incidents resulting in Severe Harm	0.6%	0.2%	0.5%	0.4%	0.2%	0.2%	0.04%	0.3%	2.1%	0.01%
	Percentage of Incidents reported as deaths	0.3%	1.4%	1.7%	2.0%	1.1%	0.7%	0.7%	0.8%	2.3%	0.1%

Comments

South West London and 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 where it benchmarks within the middle 50% with no evidence for potential under-reporting.
- Reporting is continuously encouraged in both community teams and 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.
The Trust has an action plan in place that aims to improve incident reporting and continue the culture of open learning. This was presented to Quality Governance Group in September

2018; steps for implementation are already in progress, including the training of managers. This was revisited in the December 2018 QGG and clear actions set in place. This is reported monthly in detail via the quality matters report to QSAC.

Indicator	2018-2019	National Average	Other Trusts – Highest	Other Trusts – Lowest
22. The data made available to the 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.	7.6	6.8	7.7	5.9

Comments:

South West London and 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:
  (1) Quality Governance Group
  (2) Quality and Safety Assurance Committee

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

  (3) The Community Service Line has developed an action plan for improvement that includes:
    ➢ All Community teams auditing their case note on a monthly basis to ensure Collaborative Crisis Plan
    ➢ Training for all community care staff in Community Care Planning Training which involves Crisis Planning.
    ➢ Involving carers in supporting service users with care and crisis plans reflecting their role.
    ➢ Ensuring the Triangle of Care recommendations are implemented
    ➢ Developing a Cardiometabolic Assessment training package for community staff
    ➢ Employing Peer Support Workers to support service uses to attend physical health checks with their GP's.

Part 3:
Our care quality achievements in 2018/19

Overview of Trust performance with 2018/2019 Quality Account priorities

3.1 Review of Quality Account priorities 2018/2019

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

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

Quality Priority 1: Improve the consistency and capability of clinical care in adult community services

What did we aim to do?	Improve the consistency and capability of clinical care in adult community and rehabilitation services.
How did we plan to monitor and report?	A quality standards dashboard was developed and quarterly reports were presented to Quality Governance Group and the Quality and Safety Assurance Committee
Indicator results	a) Better communication and handovers b) Improved collaborative Risk assessments and care plans c) Service users and carers consistently receiving care as evidence by the Minimum Community Quality Standards d) Reduction in complaints about communication and handovers
How well did we do?	A target was set for the community service line and cognition service line to achieve 95% compliance with the Risk Assessment Training and Education (RATE) training. In Q1 result for the Community Service Line was at 90%. In response to missing the target, the service identified individual trainers to provide the training, which did have an impact on the numbers increasing. Train the trainer sessions were made available for staff. RATE training in the community service line achieved 80%

against the target of 95%. New train the trainers course running the week beginning 8 April.

Care Planning standards were developed and appropriate teams were identified to pilot the standards. Training was provided to appropriate staff. An audit tool was also developed based on the care planning standards with agreed compliance of completion at 100%. The completion of the audits across the service line is a mixed picture. Community services achieved 74% compliance in November 2018.

From reviewing the audits there are a number of specific areas where improvements can be made, including Crisis Planning, Family Involvement in the care process and capacity and consent to treatment plans. Action to make the necessary improvement have been agreed within the service line for Q4.

During Q1 of 2018/2019, the name of quality standards changed to fundamental standards. A review was completed on the standards and indicated that the triage assessment tool that generates the dashboard for the fundamental standards needs to be revised as it did not contain enough information. Changed to fundamental standards. Fundamental standards are being reviewed as part of interface work between acute and community. Meeting schedules to discuss pathway issues.

A Caseload weighting tool was rolled out in 3 community teams that were identified within the recent CQC inspection. The purpose of the tool was to see if it impacts discharge rates from services. Where the tool has been introduced, currently there has been no indication that this has impacted discharges. However staff have reported finding the weighting tool helpful. The pilot indicated there needs to be a clear guidance along with the tool, which has been developed and disseminated and is being used by all teams.

Caseload weighting tool has been fully rolled out to all CMHT's and analysis on the impact on discharges is to be completed.

It was identified in the previous year that there had been an increase of complaints about changes in care coordinators in the community. Therefore an audit was undertaken to identify the areas of concern. The result showed that Richmond RST was the reason for the increase.
This was due to the team having the highest staff turnover and the division between the two teams (to Twickenham RST and Richmond RST).
Findings from the audit were that the complaints arose

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out of structural change and staffing issues which have now stabilised. Responsible Clinician and care co-ordinator changes were also a factor in which increased formal complaints. There is now a better process for preparing clients better for transfers of RC and care co-ordinators and improve their experience and result in fewer complaints.

Full year review delivery against milestones and measures of success

a) Better communication and handovers.

Zoning is being used as a tool for handovers. These Zoning meetings are recorded on Rio, including any actions from a serious incident, which has improved communication and handovers within teams.

b) Improved collaborative Risk assessments and care plans.
c) service users s and carers consistently receiving care as evidence by the Minimum Community Quality Standards.

Carer involvement is still an area for development. The community service line have identified Carer leads in each community team have been identified in the Triangle of Care process. Carer leaflets are being developed through the involvement project, outlining carer rights and expectations. Carers networks - a carers pathway project has been set up, which seeks to improve the carers assessments and communication between social and health care services.

A course at the Recovery College for Friend, Family and Carers has been set up. The first course (Recovery for Friends, Family and Carers), took place on 25 February 2019 and this will take place monthly.   The carers Leads in each team will sign post to this course.

There has been a roll out of a care planning training. 5 sessions have taken place, where 60 members of staff have attended. This training aim is to have an impact on collaborative care planning. The course contains training on zoning, risk assessment, crisis planning, and triangle of care/family involvement.

	d) Reduction in complaints about communication and handovers. The number of complaints about communication in 2018/19 increased slightly from the previous year. This is fitting with the increase of complaints that were logged.
Improvement actions taken	• Train the trainer sessions made available and taken forward • Better process for preparing clients for transfers of responsible clinicians and care co-ordinators • Specific focus on Crisis Planning, Family Involvement in the care process and capacity and consent to treatment plans.
RAG rating	

Quality Priority 2: Patient Experience review

What did we aim to do?	Review the systems used for Patient Experience to improve feedback.
How did we plan to monitor and report?	Quarterly reports were presented to Quality Governance Group and the Quality and Safety Assurance Committee
Indicator results	a) Increase in the use of Real Time Feedback (RTF) and Friends and Family Test (FFT) and Care Opinion in low engagement services. b) Hard to reach people will find it easier to give feedback. c) Easier to give feedback on a different platform e.g. SMS. d) Questions for service users and carers will be tailored to the needs, therefore the feedback will be more meaningful. e) Six monthly publications of Community You Said We Did actions on website.
How well did we do	It was identified that the reason for the low engagement in RTF was because of software issues and hardware problems. Therefore a business case was presented for an internal feedback system called PROMIS. The new system was discussed for feedback use at the end of 2017/18 year. The system would be held 'in-house' so would prevent delays in software issues. There was a delay with the PROMIS app which will not be live until March 2019, after testing in January and February. Feedback Live! (formerly RTF) surveys were made available on URL on 1 April 2019. The coproduced surveys and device housing was piloted on Ward 3 over a 2 week period and feedback received and reviewed. Tablets for survey use was deployed to all wards 1st week of April and URL and sent to community, CMHA

and CAMHS service lines.

There has been extensive engagement with the service users, carers and service lines in order to make their feedback as meaningful as possible. A series of consultations on the design and collection of bespoke RTF questions commenced in Q2 through a number of workshops with service lines, service users and carers. Questions have now been agreed within Acute, Forensic, CAMHS Community and Cognition and Mental Health in Ageing (CMHA) service areas. The only areas outstanding are Deaf services and Seacole ward.

A prototype of the survey platform has been developed for testing of the questions.

Full year review delivery against milestones and measures of success

a) Increase in the use of Real Time Feedback (RTF) and Friends and Family Test (FFT) and Care Opinion in low engagement services.

The PROMIS platform was due to be developed on Q3 and implemented from Q4 so that during that quarter uptake would be targeted and increased. However, due to the delay reported at the time the platform surveys are live the 1st week of April 2019. Impact in low impact areas will therefore fall outside this time frame.

b) Hard to reach people will find it easier to give feedback

The survey questions have been made accessible for young people and children through graphics and questions phraseology.

The older people survey consultation outcome was that this client group would probably not use technology at all so emphasis was placed on carer questions for this platform.

Deaf service users did not engage proactively in the consultation process and more time is needed to focus on this client groups through video accessibility. This has been made priority for 2019/2020 but the Feedback Live! platform has been designed with the capacity for video this year.

c) Easier to give feedback on a different platform e.g. SMS

	The Feedback Live! URL is accessible on patient tablets, phones and FFT is now sent to service users by SMS (since December 2018). d) Questions for service users and carers will be tailored to the needs, therefore the feedback will be more meaningful A programme of service user and carer consultations was held to design survey questions to their needs in respect of each service line. e) 6 monthly publications of Community You Said We Did actions on website. The Community Service Line only received the new URL in the 1st week of April 2019 so feedback. Cannot yet be published.
Improvement actions taken	• New in house platform PROMIS to be used for real times feedback • FFT question is being sent by SMS • Coproduced Bespoke survey questions for each service lines.
RAG rating	

Quality Priority 2: Improve Co-Production

What did we aim to do?	To deliver the co-produced involvement plan and co-production agenda
How did we plan to monitor and report?	Quarterly reports were presented to Quality Governance Group and the Quality and Safety Assurance Committee
Indicator results	a) Implementation of the coproduced involvement plan 2018/19 objectives b) New co-production and involvement strategy in place c) Specific outcomes from co-production project work delivered – including improved access to family therapy and IAPT service (Wandsworth) d) Service users and carers involved in Trust activities report an improved experience. e) The number of people involved in involvement increases by 25% by year end.
How well did we do?	A two year involvement plan was developed collaboratively with experts by experience and carers through a task and finish group. This became the outline for the Trust Quality Priority.

A new Trust strategy was developed. Following on from the 1 year of engaging with service users, carers and stakeholders, the Trust is in the process of using the intelligence and views gained from this exercise to feed into the new co production, involvement and engagement strategy. A task and finish group is set up to review the current strategy and develop the new strategy.

A provisional process for involving service users in clinical and senior management recruitment has been agreed by Implementation group. A further discussion to confirm this is required with Head of Human Resources. It has been agreed that it will be a case by case basis of interviews for roles Band 6 and above.

The Service User and Carer register database was cleansed and an update exercise was completed. This included making sure that:

•   All individuals on the register are currently active.
•   Register is updated weekly.

Staff awareness training with regards to re service user & carer involvement has been co-produced and will be included in staff induction. This will be delivered by staff / service user and carer.
Implementation Group (made up of experts by experience and Carers) review and coproduce all information relating to Involvement. Implementation group will have regular standing item on agenda to review all new service user information.

Full year review delivery against milestones and measures of success

a) Implementation of the coproduced involvement plan 2018/19 objectives.

The 2018/19 objectives of the co-produced involvement plan have been implemented.

b) New co-production and involvement strategy in place

Strategy for co-production and involvement is in place. A survey monkey was undertaken to measure staff awareness and the results were: 69% of staff are aware of the plan.

c) Service users and carers involved in Trust activities report an improved experience.

	There are regular supervision and support available for involvement members through the Involvement Team. A process has been put in place to meet with the new involvement members at the first part of registering and this ensures that all service users and carers on the involvement register have a point of contact. The Involvement team are developing a formal way of capturing these sessions to monitor the experience of the service users and carers. d) The number of people involved in involvement increases by 25% by year end The number of people on the involvement register has increased by 66% which is above the target of 25%.
Improvement actions taken	• During the course of Q4, the data collection forms have been redefined so reporting will be clearer. A review took place on the format of the forms, recording the data and the data we collect and a robust system is now in place which will be reviewed in 6 months. With this review on the forms, the detail to capture levels of engagement will be visible. • Regular supervision and support is available for involvement members.
RAG rating	

Quality Priority 3: Reducing Violence & Aggression/use of restrictive practice

What did we aim to do?	Reduce level of restraint, seclusion and violence and aggression experienced by service users and staff
How did we plan to monitor and report?	Quarterly reports were presented to Quality Governance Group and the Quality and Safety Assurance Committee. An evaluation plan has been agreed and milestones established for each set of measures
Indicator results	a) Known patients to have a clear collaborative care plan for managing incidents of violence and aggression. b) A reduction in the level of restraints. c) A reduction in the level of seclusion. d) A reduction in the level of physical assaults experienced by service users and staff. e) Improved feedback on service users feeling safe and their experience of being admitted to inpatient services. f) Improved staff feedback of feeling safe, having the skills to manage violence and aggression, and a reduction in sickness in relation to violence or aggressive incidents, whilst working in inpatient services.

How well did we do?	During Q2 the Trust quality priority was developed into a quality improvement project plan to engage clinical engagement and senior leadership. The new name of the plan is 'Safety In Motion' and brings violence and aggression and restrictive practice reduction into one programme for inpatients. The milestones were updated and this was agreed and accepted by QSAC.
	The new strategy (Safety in Motion) was developed and approved and has built upon, and in some areas superseded, the original objectives and approach. This has included learning from previous work and a more advanced approach to data collection and analysis using statistical process control charts to understand trends in the data mapped against intervention implementation timelines. This quantitative data is augmented by qualitative measures which include Patient Related Experience Measures (PREM) and Staff Related Experience Measures (SREM).
	The new strategy and plan is being rolled out from January 2019 with Safety in Motion Lead staff from in-patient wards trained in a suite of 8 interventions over 12 months to implement the following evidence based interventions in their areas in a phased sequence:
	• Compact • Zoning • Dynamic Appraisal of Situational Aggression (DASA) • Situation, Background, Assessment, Recommendation (SBAR) • Report Out Boards • Intentional Rounding • Safety Huddle • Debrief Wheel
	These safety interventions are aimed at helping clinical teams, in collaboration with service users, to reduce incidents and to have a positive effect on service user and staff experience, leading to higher levels of satisfaction, improved staff retention rates and lower sickness.
	• Safety in motion is a modular programme and as such, compact and zoning have been implemented in Q4 with remaining 6 modules to follow in 2019. The programme has explicitly avoided setting numerical reduction targets for each of the metrics in favour of SPC time series analysis.
	• SPC reports are available through dashboard with a number of metrics being checked through restrictive practice and violence and aggression dashboard

	reports. These include physical restraints, seclusions, prone restraints and rapid tranquilisation. Violence and aggression dashboard include all types of assaults, physical service user on service user, service user on staff, sexual and verbal assaults, (all reported as rates per 1000 OBDs to aid comparisons across wards with different bed bases). • As part of month one and two implementation- audits have been carried out for implementation of compact and zoning, together with analysis of safety in motion e-learning uptake for these modules. • E-learning modules and resources have been developed in Q4 and 60 safety in motion leads have been trained. • Staff participation and experience baselines have been established with NoMaD[1] staff survey for the Safety in motion leads. • Patient Experience Questionnaire was issued in March Community Services: Positive Behaviour Support plans have been launched as an initial approach for Community Services. The Safety in Motion is leading a review of lone-working in the community through 2019
Improvement actions taken	The Safety in Motion programme is being delivered as set out in the schedule presented to board.
RAG rating	

Quality Priority 4: Preventing Suicide

What did we aim to do?	Improve staff awareness of risk assessment through training and develop a Trust suicide prevention plan.
How did we plan to monitor and report?	Quarterly reports were presented to Quality Governance Group and the Quality and Safety Assurance Committee.
Indicator results	a) Suicide awareness booklet in place b) Improved self-harm safety plans in place c) Improved absconding risk assessments in place. d) Carers' information available around suicide. 3) Access to awareness training

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[1] Validated instrument for understanding implementation processes that are key to ensuring that complex interventions in healthcare are taken up in practice and thus maximize intended benefits for service provision and (ultimately) care to patients. Uses Normalisation Process Theory; how are new practices adopted and embedded into routine care.

| How well did we do | The Trust has spent time developing a suicide awareness/ prevention strategy. The quality priority leads met with each service line to share the new strategy and this was approved by QSAC. The strategy has now been shared with local suicide prevention groups.

It was identified that training around suicide awareness was needed not just for staff but for families and carers. The Trust was to source the best training package, and this has been identified. The training has been endorsed by Patient Quality Forum (PQF) and this will be made available for all staff and families and carers will be able to access via the Trust website. The suicide awareness communications for the training has been presented to QGG and agreed and has been published on the trust internet site for staff, carers and members of public to use. It is being recommended at the local borough suicide prevention groups.

An area for improvement was around personal safety plans. After a meeting with the Trust Recovery Lead and Head of Applications Development about personal safety plans, it has been agreed to use the 'Stay Alive' app. The lead has used the template from this app to develop a paper format, that will be targeted at people who present to A&E with self-harm who are not already known to our service (as those will already have a crisis plan). An area to target also will be those that use the Lotus suite.

In terms of children services – there is a personal safety plan developed collaboratively in Sutton which is being used throughout all three A&E's when children present with self-harm (and are seen by the CAMHS liaison service). However it is not being used consistently by the adult liaison services (as they see the children Out Of Hours (OOH), but the lead is meeting with managers to discuss further.

It is important that our carers are also thought of in the suicide prevention / awareness priority.
An information pack specific to suicide has been produced by Public Health England, this is called Help is at Hand. The Trust will be reviewing the information in the pack for the Trust needs. It has been identified that it will need to include local support information which is being gathered from Local suicide prevention groups.

Full year review delivery against milestones and measures of success

Overall against the measures of success, these would be partially achieved. |
|---|---|

	a) Suicide awareness booklet in place Suicide Awareness training has commenced and positive reviews have been given about this training. Posters will be in every patient facing and community areas. There is a communication strategy being developed for promoting the suicide awareness training to family, friends and carers. b) Improved self-harm safety plans in place The 'Stay Alive' app will allow all service users to access personal safety plans and support agencies. This will make sure there are improved safety plans in place c) Improved absconding risk assessments in place Deficits have been identified from the baseline audit around the pre and post leave assessments, recommendations from the service lines have been developed to improve these assessments. d) Carers' information available around suicide. During the year the Quality Priority Lead met with carers to discuss carer information around suicide. The group agreed that the 'Help is at hand' booklet was helpful, though there should be local information around support agencies available, as the booklet gives national information. The Trust is developing a sheet on local services and the STP has put in a bid for developing this information about local services across South West London.
Improvement actions taken	• Licencing of the Stay Alive app to allow service users quality personal safety plans • Suicide Awareness training commenced • Suicide Prevention Strategy developed
RAG rating	

Quality Priority 5: Improved Physical Health for Service Users

What did we aim to do?	Improve staff skills to be able to improve physical health for service users. Comply with smoke free requirements.
How did we plan to monitor and report?	Quarterly reports were presented to Quality Governance Group and the Quality and Safety Assurance Committee
Indicator results	a) To ensure that as trust our staff are skilled, confident and competent to provide physical health care consistently to our service users and know where signpost where necessary. b) For 95% of all service users to have a Physical Health assessment on admission. c) All service users who have an identified Physical Health needs has a care planning indicating the

85	Physical Health monitoring plan. d) 100% compliance with Physical Health documentation. e) Remain 100% smoke free f) Achieve the Cardio metabolic Assessment (CMA) target of 85%. g) Increased staff confidence in physical health through the physical health hub and physical health link nurses.
How well did we do	There was an increase in developing training packages for Physical Health and making sure that the clinical staff were compliant with their mandatory training. The Medical Emergency Training (MET) for doctors and nurses was successfully rolled out in quarter one. This training is equivalent to the Immediate Life Support (ILS) course. 34 staff were trained (25 nurses and 9 doctors). 35% of the staff trained still need to complete the assigned test. This has been addressed by ensuring that staff complete the pre-course reading when signing up for the course and the test will be completed at the end of the course. 40% of places offered were filled. MET training was then made mandatory for RMNs and Junior Drs working in the inpatient settings. Staff attending training is being monitored to improve staff attendance at both Basic Life Support (ABLS) and Medical Emergency Training (MET) through the service line reviews and at the physical health meeting. Based on the trajectory agreed in Q1, the target was to offer 4 sessions per week which amounted to over 500 staff to be potentially trained in a month. The target of offering 4 sessions per month has been achieved. ABLS: The Trust objective is to achieve and maintain 90% of applicable clinical staff being trained in ABLS. Achievement of this is noted below: • Q1 79% staff trained • Q2 92% staff trained • Q3 78% staff trained. • Q4 76% Staff trained At this time, this target has not been achieved. DNAs are now being focused upon as there have been over 60 each quarter. There have been emails from the Deputy Director of Nursing and Medical Director to ensure that staff are booking and then attending the training. The training attendance will now be performance managed through the performance and operational governance meeting. • For MET • Q1 achieved 44% • Q2 achieved 66% • Q3 achieved 80%

- Q4 achieved 92%

A NEWS e-learning package was developed to enable staff to gain knowledge and skills to manage patients whose physical health monitoring requires escalation. Further face to face NEWS training was also facilitated during the walk- in sessions and ad-hoc sessions on the wards.

Anaphylaxis training was also developed to enable staff to recognise and effectively treat an anaphylactic reaction.

Face to face training has been offered to staff within the acute service line on rapid tranquilisation and physical health monitoring post- rapid tranquilisation. This was facilitated by pharmacy and the Nurse Consultants.

Training in the use of medical devices and practical sessions to enable staff to update their skills in measuring manual blood pressures is ongoing. This is carried out as per requests and during the physical health walk-in sessions.

One phlebotomy training session was held in quarter one. Of the numbers of staff trained in phlebotomy, 28% have completed their competencies. This is being followed up by the medical team who will support staff to achieve their competencies. Further phlebotomy training sessions have been put on hold until staff have completed their mandatory training.

ECG training dates are available for staff to book on COMPASS.

There is a monthly audit of physical health care plans and NEWS which are sent to the ward managers and Matrons. These are also presented to the monthly Physical Health Committee and learning shared through the service lines. Physical Health Monitoring - Monthly auditing on NEWS continues. A compliance audit against the Q3 trajectory needs to be undertaken in January 19 (Q4) to establish if improvements from Q1 and Q2 have been sustained.

Physical Health link nurses were also introduced in inpatient settings and are being developed for the community services.

A Physical Health Development Day was held at the end of September 2018 and was well attended by staff. Attendees felt it was helpful and would improve their practice.

| | Smoke Free Report was submitted to QGG in November 2018 to update on progress since becoming smoke free in October 2017. A Smoke Free Review has commenced and has a number of facets. These include looking at a number of issues, including concerns around S.17 leave being used to facilitate smoke breaks and staff and service users smoking in front of local residences just off the grounds and a review of staff attitudes of the implementation of the smoke free Trust.

Full year review delivery against milestones and measures of success

a) To ensure that as trust our staff are skilled, confident and competent to provide physical health care consistently to our service users and know where signpost where necessary.

Staff have been trained in ABLS and have received MET training and are using the Physical Health hub appropriately for referrals. Staff are using the expertise of the team for physical health issues e.g. wound care, care of long term conditions like diabetes.

b) For 95% of all patients to have a Physical Health Assessment (PHA) on admission

In April, May, September and December the average achieved for PHA on admission was 95%. Throughout the rest of the year, the Trust achieved over 90% except for February where this was 88%. The average for 2018/19 was 92%.

c) All patients who have an identified Physical Health needs has a care planning indicating the Physical Health monitoring plan. Care plans for physical health needs are monitored through the monthly care plan audit.

d) 100% compliance with Physical Health documentation.

100% compliance is not a realistic achievable goal and for future reference the milestone need to be broken down to which components need assessing for compliance. In this case the focus was on the |

	monthly NEWS audit carried out by the wards and physical health care plans (as above). e) Achieve the CMA target of 85% The Trust has participated in the National Clinical Audit of Psychosis for the Early Intervention Services. The achievement for EIS was 65% from the internal review. The audit data for Inpatient and Community was submitted on 15th March 19 and the Trust is awaiting the data from Royal College of Psychiatrists to do the internal review. f) Increased staff confidence in physical health through the physical health hub and physical health link nurses. As written above, staff are using the Physical Health hub appropriately, inpatient link nurses have been established, and community link nurses have been identified in some teams and will be rolled out to all teams.
Improvement actions taken	• Increased use of the Physical Health hub. • Trust continues to be smoke-free compliant. • Anaphylaxis training commenced.
RAG rating	

Quality Priority 6: Improved Supervision for staff

What did we aim to do?	Use staff attitude surveys to improve supervision for staff
How did we plan to monitor and report?	Supervision surveys developed by the HR team and quarterly reports were presented to Quality Governance Group and Quality and Safety Assurance Committee.

Indicator results	a) Quality of supervision improved
	b) Supervision compliance at 85% or above
	c) Staff Survey results:
	  • KF19: Organisation and management interest in and action on health and wellbeing
	  • KF10: Support from immediate line manager

How well did we do?	The Trust undertook an evaluation for supervision and staff views on the process. A number of themes were identified on how supervision could be improved. These were categorised as follows: • ensuring protected time and capacity for supervision to take place.

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- encouraging staff to prepare in advance supervision to enable a more meaningful and considered discussion.
- amending the policy to introduce a minimum standard supervision take place every *four weeks* rather than six.
- enabling more focus on development needs within supervision sessions.
- less focus on 'performance' to provide a "space of support not scrutiny".

Whilst it is agreed that 4 weeks supervision may be best practice and many supervisions do take place within this time frame, the policy of every 6 weeks makes sure that if there is sickness, annual leave or other circumstances, supervision does not get impacted by either it being missed or rescheduled to a time it might not be as meaningful (i.e. when you have just had supervision).

A review of the Supervision Policy was undertaken, with a focus on ensuring a positive and meaningful experience of the process, to include:

- Revised guidance for supervisor and supervisee.
- An enhanced focus on Trust Values and Behaviours.
- Clearer guidance on the relationship between supervision and PADR's and the role of supervision in discussing development needs.

A plan for combined PADR and Supervision training is part of the planned Leadership Programme to ensure that the two processes are aligned for staff.

Analysis of the staff survey results undertaken in Q4 show that staff increasingly feel that their line managers take an interest in their health and wellbeing (from 70% to 72%), and a decline in staff believing that the overall organisation takes an interest in their wellbeing (26% to 22%).

The survey also shows an increase of 3% in staff reporting having training that helped them in their job to 30%, which is 6% above the average for mental health trusts. The trust has failed to meet the 85% throughout the year (data currently only available to February 2019) (see below). Through the year, compliance has been particularly low within corporate services. The second graph below shows supervision compliance by Service Line and Corporate department in Q4.
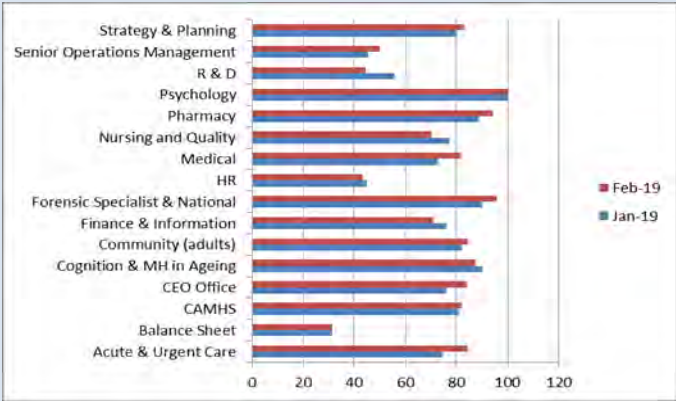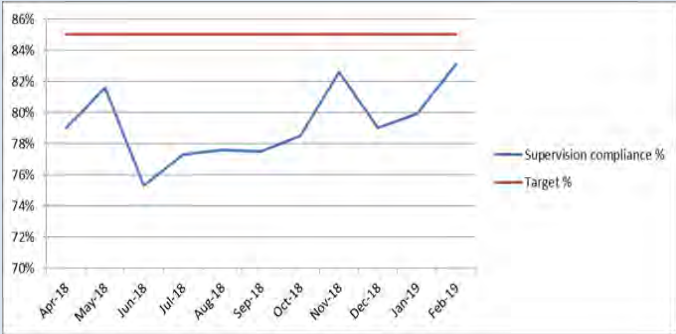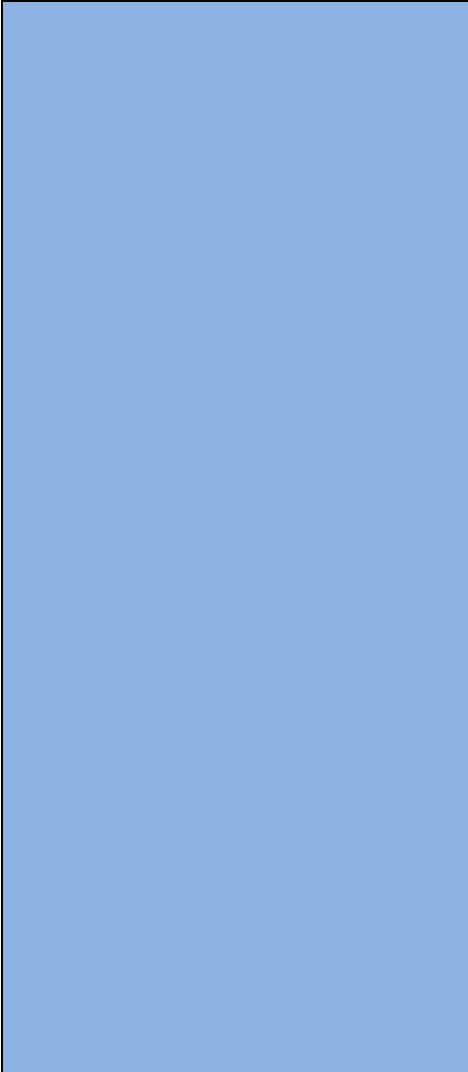
Improvement actions taken	• Revised guidance for supervisor and supervisee. • An enhanced focus on Trust Values and Behaviours. • Clearer guidance on the relationship between supervision and PADR's and the role of supervision in discussing development needs •
RAG rating	

3.2   Performance against relevant indicators.

Indicator	Trust Result	National Audit Results	National Target
Ensure that cardio metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards b) early intervention in psychosis services c) community mental health services (people on care programme approach)	Inpatient- 36% EIS- 65% Community 41%	All national results are not due until June	Inpatient- 90% EIS- 90% Community- 75%

3.3 Service Line Management - Looking Back, service improvements

ACUTE AND URGENT CARE
Service line

> *Street Triage, Liaison Psychiatry, Psychiatric Decision Unit, Acute Care Co-ordination Centre, Mental Health Support Line, Home Treatment Teams, Acute Inpatient Wards, Psychiatric Intensive Care. Inpatient Rehabilitation, ECT and Perinatal Psychiatry are also aligned to the Acute and Urgent Care service line.*

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Head of Service Delivery

Beverley Baldwin
Head of Nursing &
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Dr Deborah Stephenson
Associate
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Jimmy Cangy
Matron - Urgent Care

Sharon Putt
Matron - Tolworth
and Queen Mary's

Gina Mogan
Matron - Springfield

Paul Abernethie
Clinical Manager

Laura Gurney
Clinical Manager

The Acute and Urgent Care Service Line embraces all acute inpatient, home treatment, urgent care and psychiatric liaison services for working-age adults, along with related

services such as perinatal psychiatry, inpatient rehabilitation, and ECT. It was formed from parts of the former borough directorates (Wandsworth, Merton & Sutton and Kingston & Richmond) and specialist services directorate, with the new Urgent Care services and those services that had been linked in the Acute Care Pathway Programme at its core. Research and experience elsewhere has shown that acute and urgent psychiatric services thrive best when brought together to allow them to support and learn from each other, and to produce a single pathway of care for any working-age adult needing more than ordinary community support. The improvements in care quality seen across the Service Line in its first two years of existence bear this out.

Achievements

- Lilacs Ward at Tolworth Hospital moved in January from its old and decaying premises into newly refurbished accommodation in the Acacia Building, fulfilling a longstanding aim to reduce from 23 to 18 beds and as it did so, bringing it into line with CQC and Royal College guidelines for acute wards. Service users and staff report being extremely pleased with the new ward, which facilitates a much higher standard of care.

- The success of the Recovery Cafés in Wimbledon Chase and Tooting Broadway in their first eighteen months of operation has been recognised by commissioners, and the contract for these services has now been extended. Between them the cafes receive over 1,300 visits a month; they are highly valued by customers, and reduce the number of people needing to attend A&E or be admitted to a psychiatric ward. A third Recovery Café is proposed for Richmond in 2019/20.

South West London Recovery Cafés

- Many other teams across the Service Line have also demonstrated excellent or even outstanding performance in internal Care Quality Reviews and external assessments by the Care Quality Commission. More teams in the Service Line won Quality Awards this year than any other service line, with particular credit to individuals on Ward 2, Lotus, St Helier Liaison Psychiatry Team, Ward 3 and Jupiter Ward.

- The Service Line has successfully completed the Bed Capacity Project, which has strengthened its bed management team and facilitated more efficient use of beds. This has been a major factor in the success so far in reducing ward sizes towards a maximum of 18 beds as part of the Estate Modernisation Programme – and has been fully self-funding, as the Project has brought in additional income from commissioners for some of our most vulnerable service users.

- During the year, the Service Line won a bid for a greatly enhanced Perinatal service, which is now opening up and recruiting staff from all disciplines, and beginning to start work across St Helier, St George's and Kingston Hospitals, and multiple community sites around south-west London. This service will make a huge

difference to pregnant women and new mothers in Merton, Sutton, Kingston and Richmond in particular.

- The Service Line successfully bid for over £100,000 in 'winter pressures' funding which has allowed it to deliver enhanced urgent care services during the winter, reducing the pressure on local A&E departments.

- Since last year the Service Line has further reduced its dependence on expensive agency staff, to well under 3% of staff. At the same time we have reduced the staff vacancy rate across the Service Line.

Improvements

Service developments during 2018/19 include:

- The CQC rated all areas of the Service Line as 'Good' in its 2018 inspection, with particular improvements noted on Phoenix Ward and on our acute wards.

- Fundamental Standards of Care Programme was launched to enhance the skills of staff in wards and teams across the Service Line, particularly in the basic areas that matter most to service users and their families.

- We have participated in the South London 'Blue Light' scheme for facilitating rapid access to urgent care for people detained by the police or in the care of the London Ambulance Service.

- The award-winning nurse-led Lotus Psychiatric Decision Unit has expanded into larger, refurbished accommodation allowing for separate male and female areas. The unit has also increased the proportion of service users who are able to return to the community with enhanced support: over 75% now return home, instead of needing admission to hospital. It has been the major contributor to reductions of 48% in informal admissions and 37% in short (0-5 day) admissions. It also receives excellent service user feedback.

- All service users across the Service Line are now followed up within 48 hours of discharge, a major step towards reducing the risk of suicide in what can be a high-risk period soon after discharge, as identified by the National Confidential Inquiry.

- We have fully implemented the 'Core 24' funding provided by commissioners, to increase the capacity of psychiatric liaison teams in St George's Hospital, St Helier Hospital and Kingston Hospital. The increase in service users using A&E when they experience mental health problems or self-harm has substantially increased the numbers of people that need to be assessed by these teams.

- We have reorganised our Street Triage service to match the reconfiguration of police services in our local area, and to facilitate them making the best use of street triage practitioners.

- All wards now have a dedicated senior psychologist link, and access to psychological assessment and treatment planning, as well as reflective practice and other support sessions for staff.

- Our rates for 'delayed transfers of care' (DToC, causing people to wait to move to the next stage of their treatment) are now at a historic low of 2.6% approaching the end of the year.

- We have placed a contract with East London NHS Foundation Trust for the provision of psychiatric intensive care for women, giving stability to this service while the South London Partnership investigate options for increasing female Psychiatric Intensive Care Unit (PICU) services in the local area.

- Enthusiastic engagement across the Service Line in the Trust's Quality Improvement Initiative (QII) has been seen, with a total of 13 QI projects led by increasing numbers of specially-trained staff across A&UC teams delivering improvements in areas from reducing medicines waste, to improving shift handovers and reducing restrictive practices.

- Initial success in the Safety in Motion QI project is particularly encouraging, with some reduced rates of violence on wards being seen which should improve in 2019/20.

Challenges

- Pressures on acute beds have continued to mount because of demographic changes and inherent demand; at the same time, the increased acuity of service users on average (largely because many people who would previously have been admitted are now treated in new urgent care services such as Lotus PDU and the Recovery Cafés) has made it very difficult to reduce average length of stay during admissions as we had planned.

- This has led directly to substantial financial pressures, as some service users have had to be treated in external beds at the Trust's expense, and the increased acuity has meant increased costs from treating more people in intensive care units, and more service users on acute wards have required additional 1:1 nursing observation and engagement.

- Agreement has not yet been reached with commissioners on funding for the gaps found in recent analyses, between demand for and capacity within home treatment, liaison, urgent care and rehabilitation services.

- Staffing remains a considerable challenge, with difficulties in the labour market for health professionals being exacerbated by the impending departure of the United Kingdom from the European Union.

Next Steps

- Continued engagement with commissioners to ensure services are funded in line with the mental health investment standard.

- Complete the Demand, Efficiency and Quality Programme, a suite of ongoing projects designed to ensure the Service Line is ready for the new wards to be delivered as part of the Estate Modernisation Programme.

- Embed the pilot enhancements of our discharge co-ordination team and Acute Care Co-ordination Centre.

- Implement the Intensive Care Outreach Project, designed to reduce the need for service users to receive intensive care, by intervening earlier in their care pathways.

- Continue to improve the career progression opportunities for staff within the Service Line.

- Focus on ensuring physical health assessment and on-going monitoring is provided consistently and to the highest standard.

CHILD AND ADOLESCENT
Service line

In each borough the Trust provides a Single Point of Access, a Tier 3 community team and in some we also provide Tier 2 services; sector based community services including CAMHS emergency care nurses, Neuro-developmental Disorders assessment team, Community Eating Disorders Service, Learning disability consultations, Multi-systemic Therapy; Community Deaf CAMHS teams for the South of England and Tier 4 services Adolescent Outreach team and inpatient services for Deaf Children and Adolescents, Eating Disorders, and an acute adolescent ward

Dr Diana Cassell
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Robson Tanhara
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Dr Robert McCandless
Head of Psychology
& Psychotherapies

Amanda Billingham
Deputy Head
of Therapies

The CAMHS Service Line was created from the Community CAMHS Directorate and the CAMHS services within the Specialist Services Directorate. This means there was consolidation of CAMHS expertise and management of the services with the Trust adopting

Service Lines, and that one leadership team now reviews and manages the governance of the services and relationships with stakeholders.

Achievements

- The South London Partnership CAMHS New Model of Care – has delivered a new CAMHS PICU, so young people no longer have to be sent out of area / away from London and their families to access such intensive care. CAMHS bed management is now operating for all of south London 24/7 providing swifter access to beds and repatriating young people when they have been in units at a distance. The average distance from home for young people in CAMHS in-patient beds is now seven miles (compared to over 70 a year ago). Bed management has also reduced the pressure of direct enquiries to the wards, so nurses have more time to care for the young people.
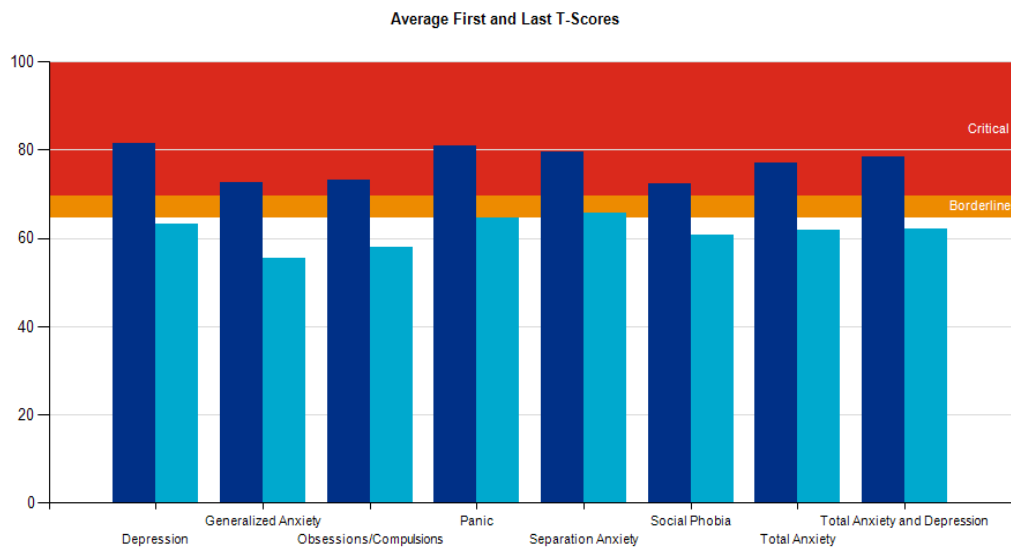
- CAMHS Emergency Care Service – is now running extended hours so covering a key period after school, when many young people experience higher levels of stress and more of them attend A&E. This has been possible through attracting funding from winter pressures and through SLP investment.

- Adolescent Outreach Team expansion- are now also running evenings and weekends to provide more support to families when a young person is in crisis and care can be provided in the home environment, often avoiding an inpatient admission. This is showing excellent outcomes, very much valued by families and reducing admissions and lengths of stay.

- The Trust has now established a CAMHS Single Point of Access (SPA) in every borough; with the newest one in Kingston and Richmond where it is co-located with the social care SPA/MASH, enabling strong multi-agency links at an early stage in reviewing the needs and helping to ensure the right response for the young person.

- The CAMHS Borough Tier 3 teams (treating severe, complex and persistent disorders) all use service user reported outcome measures to track improvement, which are showing really positive outcomes with young people having significant improvements across all symptom areas, from the before and after scores on the RCADS (Revised Child Anxiety and Depression) scale, showing levels dropping to within normal range.

- Limes College service: An in-reach service to provide enhanced psychology and psychotherapy support in Sutton to Limes College and a group of schools has been developed by the Trust following a joint review between Sutton CCG and Limes College.

- Self-Harm Project in Sutton - The project was implemented recurrently following a successful six month pilot. The service introduces a psychologically informed approach to the self-harm pathway and offers an opportunity for further growth / closer working with our partners in the Local Authority (LA), schools and the CCG.

- Sutton locality social work - This service was established, following a successful pilot. The psychologists work with Sutton social workers to strengthen their understanding of mental health issues, to develop the skills of the social workers to manage cases in a psychologically informed approach. The main aim of this project is to promote robust case management, team support with rapid throughput, whilst delivering positive outcomes for young people.

- Children Wellbeing Practitioners (CWP) Services – There have been successful bids and implementation of CWP services in Wandsworth, Sutton, Richmond and Kingston. There are now over 20.0 whole time posts in these teams.

Average First and Last T-Scores

Challenges

- Recruitment has been challenging; all these new investments described above for crisis response services have led to staff being attracted to new services and leaving posts, some teams are small so this has a considerable impact, we are scoping recruitment to a floating post to offer some support. Some of the investments are short term and these are proving challenging for recruitment.

- Middle tier doctors have typically been recruited from a pool of overseas doctors and there have been fewer doctors coming to the UK due to visa restrictions and uncertainties about Brexit. There was a period through November and December when the CAMHS wards had to restrict admissions due to lack of medical cover. We are seeking to restructure the posts and continue advertising for medical roles.

- Community psychological staff are very much in demand and these posts are also challenging to recruit. A review of the skill mix is underway to ensure a more robust skill mix which meets the needs of the services and to facilitate recruitment.

- Service and Clinical Pathways need to be reviewed and refreshed in light of the new services. The impact on existing services with new interfaces/synergy will need to be considered.

- Early help and Tier 2 services; There will be further developments with the implementation of the DoH Green Paper. In order for the Trust to meet expectations in the delivery and development of services, there is a need to strengthen our relationships with stakeholders; the local CCGs, schools and Local Authority commissioners. It is especially important to work in partnership with stakeholders to influence the direction of investment and explore various opportunities for new funding.

- The success in increasing our services through bids and increased investments has provided the CAMHS Service line management with significant pressures, the capacity needed to sustain this level of service and growth is being reviewed with the Trust Executive.

- There remains a disparity of funding across the five Boroughs in terms of the investment in children's mental health services; the Trust is working with the CCGs and the STP to address these concerns about inequity.

Next Steps

- Mental Health in Schools: Trailblazer - the Trust is establishing teams to work in one cluster of schools in Merton, Sutton and Wandsworth. This will provide interventions for Children's well-being practitioners ensuring more children access help at an early stage. Alongside this the Trust is working to develop psychological support to the whole schools approach being adopted across south west London as an initiative to improve emotional wellbeing and reduce attendance at A&E for self-harm.

- Neurodevelopmental Disorders Team – this team provides diagnostic assessment packages for children and young people where there are concerns about attention difficulties or social communication functioning and has had continuously increasing demand since 2014. The boroughs are now establishing local services to see children where there are not concerns about complex presentations or mental health co-morbidities and we now have commitment from the CCGs to meet the demand.

- Through the SLP we have also secured funding for a pilot of outreach in the Eating Disorders service; providing intensive support to families when the young person is very unwell.

- CAMHS Eating Disorder Service – There is ongoing working in partnership with CCGs and STP in the developing the current provision to the national standard and to manage current demand with sufficient capacity.

- Sutton Alliance – The re-tendering process for this service will commence in summer/autumn of 2019. The current contract terminates during 2019/20. The Trust is working closely with LA/CCG to review pathways and service provision.

- Extension of the Children Wellbeing Practitioners (CWP) Services – Current discussions are taking place to extend the CWP services which terminate following 12 months, in Sutton, Richmond and Kingston.

- Merton ADHD service – A new pilot in Merton for ADHD pathway service will be piloted for 12 months from April 2019.

- ADHD post diagnostic parenting programme in Merton (starting April 2019).

- Additional funding agreed for CAMHS youth offending team for 0.5 family therapy provision

- Recruit to Train (RTT) delivery – A review of all the RTT service across the boroughs will be conducted. This is to confirm robust coordinated planning and identify gaps which will be discussed with CCGs.

COGNITION AND MENTAL HEALTH IN AGEING Service line

> *Memory Assessment Services, Services for managing Behavioural and Psychological Symptoms in Dementia, Intensive Home Treatment, Care Home Liaison, Dementia Clinical Nurse Specialists, Community Mental Health teams and inpatient services.*

Dr Victoria Hill
Clinical Director

Gill Moore
Head of Service Delivery

Michael Hever
Head of Nursing & Quality Governance

Simon Wylie
Deputy Head of Service Delivery

Dr Deborah Stinson
Associate Clinical Director

Adeshina Abdulsalam
Matron

The Cognition and Mental Health in Ageing Service Line (CMHA) manages all the Community Older People Mental Health Services across the five boroughs of the Trust, plus two Older People inpatient wards at Springfield and Tolworth Hospital. Many of the service users seen have dementia but a significant number of older people also experience depression, anxiety and other mental health problems which are assessed and treated within CMHA services. The move to service line management has strengthened governance, cross borough learning, staff involvement, service development and improvement initiatives.

Achievements

- Crocus Ward at Springfield Hospital has undergone significant building works over the summer/autumn of 2018 to eliminate all shared dormitories. The ward has been reduced from 21 to 19 beds, all single occupancy rooms in separate gender bedroom areas. Building works has also enabled the ward to have a small waiting area for visitors, prior to entering onto the ward. The ward has had several visits from Trust Executives and Non Executives and the clean fresh environment has been highly commended as well as the calm atmosphere.

- Both our inpatient wards had Mental Health Act CQC visits in the last year and received very positive feedback. For Crocus Ward, comments received were that staff were "approachable, service users caring and responsive". Service users and carers were very positive about the ward, there was evidence of activities, improvements in care plans and a positive change in the environment. For Jasmine Ward the report stated that the ward was clean, bright and well maintained, staff were observed positively engaging in various activities with individual service users and in small groups and service users were assisted to maintain contact with family and carers, who were encouraged to attend ward rounds and CPA meetings.

- Our Trust has the third lowest number of Older People mental health inpatient beds per weighted population across the whole of England. The Service Line continues to manage the inpatient beds well; bed occupancy and length of stay remain stable and there has been no need for purchase of beds from other providers over the last year.

- A number of staff and teams were shortlisted for a Quality Award this year including Crocus and Jasmine Wards and one of our Advanced Practitioners. A Physiotherapist won the Clinician of the Year Award. She does incredible work on our Older People Inpatient Wards to assist our service users with their mobility needs.

- We are proud to be able to offer strong community mental health services, allowing service users to be treated in their preferred place of residency and in the least restrictive environments. The service line continues to perform well on a number of important performance indicators, including supervision of clinical staff, low use of agency staff and a high number of service users seen within 28 days of referral.

- Jasmine Ward Manager has won a gift voucher for being one of the highest flu vaccinators in the Trust.

Improvements

- The service line has contributed to a number of quality audits, including the new care record audit which is designed to improve the quality of risk and collaborative crisis plans and care planning. A recent audit on the clinical processes across our Memory Assessment Services, acts as a baseline assessment in our work towards improving the timeliness of dementia diagnoses and post diagnostic care.

- The service line has been actively involved in the South West London Sustainable Transformation Plans (STP) on dementia. There have been three main areas of focus which will have a positive impact on the dementia pathways and dementia services across the five boroughs; 1) a proposed NHS England (NHSE) target for people to receive their diagnosis of dementia within six weeks of referral to a Memory Assessment Service. 2) Robust expertise, pathway and support services for people with Young Onset Dementia 3) Post diagnostic care planning and ongoing community support.

- Care Planning standards have been introduced into CMHA services.

- 'Triangle of Care' (ToC) has been re-launched within the service line as an initiative to ensure collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being. All teams and wards have completed their self-assessments against the Triangle of Care practice standards. Many ToC areas of practice are self-rated as green.

- A training programme, run by our CMHA medical colleagues was developed and delivered to our Dementia Nurse Specialists to upskill and support them in the delivery of dementia diagnoses.

- All staff have been required to complete a newly introduced dementia awareness eLearning training package.

- The service line has welcomed the Nursing Preceptorship Programme into community based services and the Nursing Associates Programme in our inpatient wards.

- Two main Quality Improvement Initiative (QII) projects within the service line have continued to progress. Our Falls Project is at the stage of testing initiatives aimed at reducing the frequency of falls on our inpatient units, including the use of falls alarm systems and a RAG rated falls risk assessment of all service user bedrooms. There

is also a service line QII which has successfully trialled clinician and service user driven outcome and experience measures on our wards.

- The CMHA Inpatient Units are engaged in the "Safety in Motion" QII project, aimed at reducing violence and aggression and restrictive practices on the wards.

- Regular sessions with teams and team managers run by our Performance Analyst have resulted in improvements in a number of KPIs across the service line, particularly within the community teams.

- We have recruited into a number of key posts including Jasmine Ward Manager and a Consultant Psychiatrist in Kingston and Richmond.

- On the back of a successful pilot, Kingston CCG has agreed to continue to fund a substantive part time Dementia Nurse Specialist to work alongside GP's in improving screening and referrals for early diagnosis of dementia.

- The service line has continued to run quarterly learning events open to all staff to attend. Some topics covered this year have been Safeguarding, Triangle of Care, prevention of falls, services pathway mapping, CQC preparation, Staff Survey Results and Actions, restrictive practice, care planning and Care Programme Approach (CPA) and NEWS (Physical Health assessment).

- Workforce issues continue to be one of the biggest challenges, particularly staff turnover and recruitment to key vacancies. The services have a number of staff who will retire in the near future. This will require ongoing work via our recruitment and retention strategy to ensure that posts in the service are attractive for newly qualified professionals. As well as creative recruitment this requires the service line to ensure that staff feel supported and also able to develop specialist skills in working with all aspects of the care of older people with mental health, in particular expertise in physical health issues.

- The number of service users requiring additional 1:1 nursing observation and engagement on our inpatient wards has contributed to additional financial pressures.

- Obtaining CMHA service user and carer feedback has been a challenge for a number of reasons this year which has resulted in a lack of service user commentary especially about our community teams. The Service line continues to seek service user's opinions via paper based questionnaires whilst we await the relaunch of a new Real Time Feedback system which will be better tailored to our service users and carers.

Next Steps

- 'CQC Always Ready' preparation is an ongoing focus for the service line in anticipation of an inspection of CMHA services this year.

- Reducing unwarranted variation across our community based services will be a main focus. This will require internal audit, process mapping and fundamental standards of care, but also discussion with our key stakeholders about service delivery options in each of our five boroughs.

- Develop a plan to provide regular psychology provision for the CMHA inpatient wards

- Ensure all teams and ward staff have access to regular reflective practice groups.

- Ensure all clinical staff undergo more advanced eLearning training in dementia and in recovery focussed approaches for Older People with mental health problems.

- Continue to review admin provision and gaps across the service line.

- Continue to improve service user and carer co-production/involvement within the service line, including improved quantity of feedback and the development of a service user/carer reference group.

- Complete QII projects on Reducing risk of Falls and service user's Reported Outcome Measures

- Deliver training on Behavioural and Psychological Symptoms of Dementia to all clinical staff in the service line.

- Continue partnership working with the SWL STP dementia programme in the delivery of the three key dementia work streams (improving timely diagnosis, young onset dementia services and post diagnostic care/care planning)

- Review the CMHA Recruitment and Retention Plan to ensure that we continue to address staffing issues.

- Extend the QII project on Outcome Measures into our community based services.

COMMUNITY
Service line

Single Point of Access and Assessment teams, Recovery and Support Teams, Community Mental Health Teams, Early Intervention in Psychosis, Recovery College, PTSD clinic and Family therapy services, Rehabilitation services. Drug and alcohol services operate with wider partnerships in Sutton and Merton. Improving Access to Psychological Therapies (IAPT) and mental health services for people with learning disabilities operate in Wandsworth and Merton and Sutton. Specialist Personality Disorder services operate in Richmond, Sutton, Merton and Wandsworth. A Complex Depression and Anxiety disorder service operates in Merton

Dr Stuart Adams
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Head of Service Delivery

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Head of Nursing & Quality Governance

Simon Wylie
Deputy Head of Service Delivery

Dr Paul Brain
Associate Clinical Director - Sutton & Merton

Dr Martin Humphrey
Associate Clinical Director - Kinfston & Richmond

Dr Jo Turner
Associate Clinical Director - Wandsworth

Ricky Dalton
Community Clinical Manager - Wandsworth

Ann Traynor
Community Clinical Manager - Merton

Hina Rahimi
Community Clinical Manager - Sutton

Phyllis Prendergast-Flynn
Clinical Manager IAPT

Paul Moorey
Service Manager - Kingston

Michelle Chambers
Service Manager - Richmond

The community service line provides secondary care mental health services to Sutton, Merton, Kingston, Richmond and Wandsworth, and primary care mental health services to Sutton and Wandsworth. We work with our third sector partners to provide addiction services in Sutton. We provide care and recovery focused interventions for a range of mental health disorders, including anxiety, mood disorders, personality disorders and psychosis. Service lines allow us to strengthen our governance arrangements, and develop our care pathways.

Achievements

- The CQC visited the Trust in 2018, and reported that the Trust has made considerable improvements since the last comprehensive inspection in March 2016. They said that our community-based mental health services for working age adults had improved their ratings overall and/or in individual key questions. Our community and rehabilitation services are now rated as GOOD in all domains, which is a real achievement for the community service line, and is something of which we are very proud.

- The CQC rating was further validated by the result of the CQC Community Survey, 2018. The 2018 survey of people who use community mental health services involved 56 providers of NHS mental health services in England. The CQC published the survey on 21st November 2018, which looked at the experiences of people receiving community mental health services. The Trust benchmarked well, and achieved 9th out of 56 other trusts across the country and was top in London for a number of domains, including the organising, planning and review of care, and on overall experience (as referenced on page 9 above)

This year we were rated
#1
TOP IN LONDON BY OUR SERVICE USERS

Overall experience. CQC Community Survey 2018
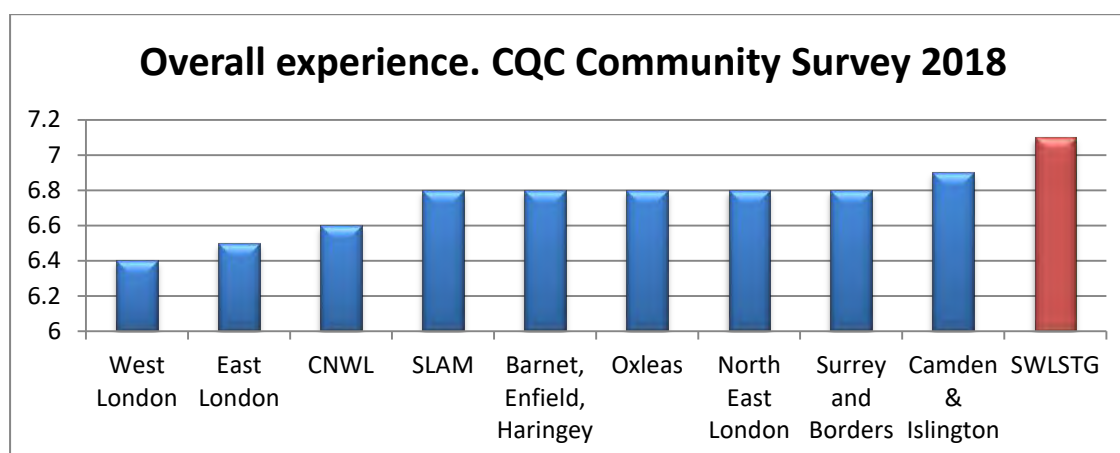
- In January 2019 we were informed the Trust had been successful in being named the preferred bidder in the Merton IAPT, primary care mental health and wellbeing tender. We are very pleased with this outcome, and are now starting work on the mobilisation of the new service, Merton Uplift. This will provide a much needed primary care mental health and wellbeing service in Merton, operating in a similar way to our other successful service, Sutton Uplift.

- In January 2019 we were also awarded a direct contract to manage the Wandsworth Community Physical Health Service for Learning Disabilities and this will enable us to deepen the integration between the physical health and mental health teams for Learning Disabilities in the borough. The transfer of staff into our organisation will be on 1 April 2019.

Improvements

- We have continued to improve our Improving Access to Psychological Therapies (IAPT) services, with the development of a new strategy for the treatment of long term conditions. We have worked on reducing our waiting times and have established a new Wellbeing service in Wandsworth. Performance across the services has been good for the year overall.

- We have continued the roll-out of Wandsworth Primary Care Plus (PCP) Service. This is a primary care service which provides a recovery focused model of care, through the use of low intensity interventions to support improved self-management. The team also supports people with mental health conditions to attend their annual physical health review, and to support GPs with physical health monitoring. Feedback has been very good from service users, GPs and the commissioners in the pilot area and it is being extended across the other healthcare wards in the borough.

- Serenity Integrated Mentoring (SIM) is a model of care which provides high quality care with compassionate, but consistent behavioural boundary setting to reduce harm, promote healthier futures and reduce repetitive patterns of crisis impacting on 999 and other emergency care teams. This is a high impact model of care, and has shown to be twice as effective as Street Triage in reducing s.136 assessments. We are pleased that we have been able to establish SIM workers in four out of five of our boroughs.

- Think Family initiative continues to go well in Merton borough. This is a joint initiative with Merton Children's Services, which employs a specialist child safeguarding nurse as a link across both services; a programme of training for staff in both services together, to enable greater understanding of working with children of parents with mental health problems and they will be running workshops for managers on working together according to a joint protocol.

- We have been working with Commissioners in Kingston to establish a Personality Disorder Service, and are recruiting into posts which will provide specialist personality disorders interventions and advice.

- We have transferred our Wandsworth Community Rehabilitation supported houses to a third sector provider and have redesigned our rehabilitation services to incorporate them with our Community Mental Health Teams.

- Our Welfare Benefits Services are now working in greater collaboration with Citizens Advice Bureau and generic providers in Wandsworth.

- Substantial improvements have been made to a number of our teams. Working with our partners, Cranstoun, we have seen developments in Sutton Inspire, which include the establishment of Hepatitis C treatment clinic on site, a sexual health clinic and a wellbeing group, provided by Sutton Uplift. We have realigned our Sutton Recovery Support Teams which has had a significant impact on improving the quality of care provided, and the delivery of our Key Performance Indicators (KPIs). The East Wandsworth Recovery Support Team has demonstrated a significant improvement in quality following the successful completion of an improvement plan.

- We continue to support Quality Improvement Initiatives, embedding quality improvement into the culture of the service line. We successfully completed the cardio-metabolic assessment project, which demonstrated a dramatic improvement in the monitoring and treatment of abnormal cardio-metabolic parameters. This last year has seen a focus on the Care Programme Approach (CPA), in particular improving the quality of the annual CPA meeting. We are in the process of rolling out DIALOG (a patient satisfaction tool), which is a patient reported quality outcome

measure (PROM), which will ensure that the service users voice will be at the centre of the care planning process.

Challenges

- Many of our teams are challenged to meet the demands placed on them. In 2018, the five south west London CCGs (Kingston, Merton, Richmond, Sutton and Wandsworth), with SWLSTG, commissioned PPL (an approved NHS Supplier) to undertake a review of demand and capacity of community mental health services in the five boroughs, and to assess the capacity and the sustainability of services to meet current and future anticipated demand. They identified that a number of the teams are working over capacity (under resourced based on caseload sizes), including the Assessment Teams in Kingston, Richmond and Merton, the ADHD/ASD services in Merton, Sutton and Richmond, the Recovery Support teams in Sutton, Kingston and Richmond and Wandsworth and Merton Early Intervention Teams. We are working with our commissioners to address these challenges, and look forward to developing our services to meet the growing demands and pressures.

- Recruitment and retention has been a particular challenge for many of our community teams.

  We continue to involve all our teams in being creative to try and attract people to join our trust. We offer a range of exciting clinical services to staff including Recovery and Support, Single Point of Access, Early Intervention for Psychosis and Personality Disorder. We engage with our team managers through weekly conference Skype calls to support ongoing recruitment and work closely with our HR Business Partners to address these challenges. We offer our staff a wide range of choice in which of the five boroughs they would like to work, flexible working conditions, travel supplements, professional and educational developmental support. We recently were awarded first prize by The Nursing Times for our nursing recruitment and development programme, which worked closely with our colleagues in Oxleas and SLAM as part of the South London Partnership.

Next Steps

- Fully embed the Recruitment and Retention plan within the service line and contribute to the Nursing Preceptorship and Development programme.

- Look at our pathways for people with psychosis and personality disorder

- Implement the new Care Planning Standards within the service line, and roll out DIALOG

- Work in collaboration with commissioners to address demand and capacity shortfalls, and to improve the quality of service we provide.

- Develop the role of Independent Prescribers and Non-Medical Prescribers in our services

- Develop Clozapine Services across the five boroughs to improve our offer of support with physical health management.

- Improve service user and carer co-production/involvement

- Complete QII projects on improving Risk Assessments.

- We will be integrating the Wandsworth Community Physical Learning Disabilities Team with the Wandsworth Mental Health and Learning Disabilities team.

- We will be developing our Recovery College further to increase the offer to adults in secondary care and primary care services.

FORENSICS, SPECIALIST
AND NATIONAL
Service line

> *Specialist regional and national services, including neuropsychiatry, 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.*

Dr Mari Harty
Clinical Director

Feizal Mohubally
Head of Service
Delivery

Kirsty Murray
Head of Nursing &
Quality Governance

Richard Stiles
Matron - Forensics

Jo Wallace
Matron - Adult
Specialist

Jane Street
Lead Psychology
and Psychotherapies
consultant

Amanda Billingham
Deputy Head
of Therpaies

The Forensic, Specialist and National (FSN) service line was created from the Specialist Services Directorate. The service line includes the forensic service, the deaf service, adult eating disorders, obsessive compulsive / body dysmorphic (OCD/BDD) and neuropsychiatry services. The adoption of service lines by the Trust means that one leadership team can review and manage the governance of the array of services within the service line and relationships with commissioners, primarily NHS England, and other stakeholders.

Achievements

- All services inspected by the CQC and the Royal College Quality Network in the past year have resulted in positive reports with 'good' ratings.

- A comprehensive review of the Eating Disorders Service was conducted in 2018 leading to improved patient pathways, the appointment of a Nurse Practitioner, full recruitment of qualified nursing staff, and improved service user experience. The review places the service at the forefront for adoption of a New Models of Care approach to Eating Disorders Services in South London.

- The forensic service continues to participate in the South London Mental Health and Community Partnership (SLP) wave1 New Models of Care (NMoC) pilot. The Partnership includes SWLSTG, SLAM and Oxleas NHS Foundation Trust. Over the past year the forensic service has led and participated in several successful initiatives within this pilot. These include expansion of the Trust Forensic Outreach Service and repatriation of service users from independent sector secure units to SLP beds. The forensic service engages in a rich array of partnership working and learning across the SLP. These include an annual conference and learning events e.g. restrictive practice, peer review of cases and services. Quality summits are planned throughout 2019. Business cases for quality initiative projects addressing substances misuse, trauma informed services, and carer engagement have been approved and are being progressed. Other planned service developments across the Partnership include a step down hostel for women, a Clinical Decision Unit and expansion of low secure beds for men.

  The Trust Liaison & Diversion (L& D) service, based at local police stations and the Magistrates Court has been expanded following investment from NHS England. This service has been incorporated into the L&D pathway of the SLP New Models of Care suite of pathways

- Following investment from NHS England, the neuropsychiatry service has expanded including the planned recruitment of an additional consultant psychiatrist in 2019. The service has developed new treatment groups for functional neurological disorders and has published this work in high impact peer review journals.

- The OCD/BDD continues to over perform in terms of meeting demand for inpatient and community treatment for this patient group. A business case for treatment of hoarding is being progressed. The service has led on publications in high impact journals. The clinical lead for OCD/BDD published a book titled Obsessive Compulsive Disorders: All you want to know about OCD for people living with OCD, Carers and Clinicians

- The deaf inpatient unit (Bluebell ward) has been successful in recruiting several deaf RMNs, HCAs and band 6 nurses. A stakeholder event was held in November 2018 and the ward received an outstanding rating following a 15 step visit in December 2018. The Deaf service participated in a successful networking meeting with other national providers in January 2019. A Quality Improvement Initiative (QII) to improve service user involvement is being led by the deaf community service (DACT) and staff from this team (CPN) have presented at a national conference.

Since its formation, the service line has dramatically reduced its dependence on expensive agency staff. At the same time we have reduced the staff vacancy rate across the Service Line to its lowest at 11.8% in January 2018 compared to 20% in March 2017.

Improvements

- Participation in the South London Partnership (SLP) wave 1 New Models of Care (NMoC) pilot led to a variety of improvements in service organisation and delivery, service user experience and standardisation of practice. These include repatriation of service users from secure services located at significant distance from their catchment area and their families to local secure services, or step down to community facilities closer to home. All forensic referrals are now processed through the single point of access via the SLP Hub and thereafter by the most appropriate pathway team.

- New treatment groups for functional neurological disorders have been embedded in the neuropsychiatry service with positive outcomes.

- There has been enthusiastic engagement across the Service Line in the Trust's Quality Improvement Initiative (QII), with a total of 14 projects led by specially-trained staff across FSN teams covering areas from setting up a service user forum across the Adult Eating Disorder Service, use of technology for court appearances to improve access at the Magistrates Court, improving assessment of risk to reduce aggression and violence on inpatient wards, improving shift handovers and reducing restrictive practices. The 'Preparing for University' group, designed and run in the Adult Eating Disorders service, was presented at the SLP QI conference in November 2018. The priority project for the service line is focused on improving the day to day experience of staff by reducing bullying and harassment. An initial in-depth survey has drawn a response rate of 33% of staff and provides a robust foundation for the next phase to achieve the necessary improvements.

- A peer support group has been running at the Shaftesbury Clinic since 2015. It is based on the ethos of the Hearing Voices Network, and offers a safe and

confidential space where service users can share their views and experiences of voice hearing and unusual beliefs, and offer one another support.

- Areas of innovative practice   includes the Forensic Recovery College and development of all the other service user involvement over the past year such as; the patient council, attendance at quality/safety governance, interview panels and the Voice peer support group and co-producing groups. Re-establishing the family and friends support group which meets 4-6 weekly, and bidding for funds to pay for sessions from a carer.

- Several QII have been rolled out, including reducing restrictive practice, increasing co-production with patients, developing a family and friends group, developing a trauma service for female patients and a specialised service for substance misuse. Shaftesbury Clinic also demonstrates collaborative working within their New Models of Care with two other mental health trusts. The aim of this collaboration is to reduce the average length of stay by streamlining the referral system to local clinical leads.

- We will continue to implement a new information system and strengthen partnerships with local authorities to minimise delayed transfers of care

Challenges

- Staff recruitment and retention presents the greatest challenge to the Service Line.

- Financial pressure arising from underachievement of the Named Patient Service Agreement (NPSA) income target.

Next Steps

- Continue to engage in the SLP forensic wave 1 NMoC developments. These include plans to develop a Clinical Decision Unit for new admissions to secure services within the partnership, expansion of low secure beds and the step down facility in the community for women discharged from secure services, quality improvement initiatives and standardisation of the delivery of L&D at police stations and the Courts across the SLP footprint.

- The expansion of the Forensic Outreach Service in 2018 will be maintained aimed at reducing service user length of stay in secure services.

- Bed numbers in the eating disorders inpatient unit will be maintained at 20 to mitigate against acuity and to provide ongoing positive service user experience.

- The NPSA target will be reviewed and the marketing strategy will be aggressively implemented.

- Targeted recruitment of nursing staff to the service line.

- Improve the career progression opportunities for staff within the service line.

3.4   Quality Improvement and Innovation Programme (QII)

The Trust began the implementation of a QII programme in January 2017 and in March 2018 the Trust Board approved the five year QII business case which would enable the organisation to move towards a culture of continuous quality improvement. To further demonstrate that commitment, the QII Programme has been identified as a key enabling programme for the delivery of the Trust's new strategic objectives detailed in the Trust Strategy 2018 – 2023 which was launched in September 2018.

The key areas of work for the QII Programme are **building capability** (knowledge and skills through the established programme of accredited training), aligning **improvement projects** with organisational and service line priorities (with rigorous attention to measuring and tracking the benefits of each project), and facilitating the **change in organisational culture** to one of continuous quality improvement.

The programme is overseen by a small central QII team under the leadership of the Associate Medical Director for QII and with expert input from Springfield Consultancy. The Business Case allowed for an expansion in core QII team with the addition of two QII project support and coach positions.

In terms of building quality improvement capability, 346 members of staff (both clinical and non-clinical) have engaged in the accredited QI Foundation Training to date. There are currently 93 projects across the 5 service line and corporate divisions. Through these projects, a number of non-financial benefits have been realised and these include productivity and focused allocation of resources; enabling the achievement of CQUINs; cost avoidance; increased team cohesion and improved communication and enhancing collaboration across local systems ensuring that care is in the right place at the right time.

Two projects have been selected for poster presentations at the International Forum on Quality and Safety in Healthcare which will be held in Glasgow in March 2019.

- **"Mind the Gap" – reducing the detection gap for Atrial Fibrillation (AF) in Mental Health Settings:** We already know that people with a Severe Mental Illness (SMI) have shorter life expectancy by 15-20 years. This project has the capacity to address some of this gap by opportunistic and targeted screening and help raise the profile of the importance of physical health within mental health settings. The aim of the project is to increase the screening opportunities for service users, carers and staff to detect undiagnosed Atrial Fibrillation (AF).

KARDIA machines can be offered to any service user who might refuse a conventional (and more intrusive) 12 lead ECG on hospital admission and can additionally be used to calculate QT prolongation concerns associated with anti-psychotic medication.

- **"BAME Nursing Development" – to improve BAME nurse progression to senior leadership roles:** The aim of the project was to improve BAME nurse progression to senior leadership roles. With a grant from the Burdett Trust we developed and tested a six day bespoke BAME leadership programme over 6 months, which included user, carer and BAME role model inputs; BAME Mentor/Coach support and QI project experience. The experience of the participants (n=36) was overwhelmingly positive and it motivated many to apply for new jobs: 18 applied for new jobs. All 18 were shortlisted and 14 were successful in securing a new job.

In addition to the numerous projects that are undertaken by staff across the organisation, each service line is required annually to select and deliver a project that aligns with a key priority area for that service line. The projects that the service lines have been working on this past year (2018/19) are outlined below:

Community Service Line	**Improving the Quality and Process of CPAs:** To have a standardised CPA pathway and to assess impact on service users and GP involvement/activation rates and KPI completeness
Cognition and MH Ageing Service Line	**Jasmine and Crocus Wards Reduction of Falls Project**: To address the complex and multi-factorial problem of falls on the wards, a review of the systems, processes, data and staff experience will provide a foundation for identifying initiatives that may reduce the incidence of falls
Forensic, National and Specialist Service Line	**Improve staff morale through reduction in aggression, bullying and harassment and developing a culture of fairness**: To create a culture of openness and improve staff morale by focusing on two key areas of the staff survey 2017: - Staff experience of aggression and bullying and harassment; - Response to reporting of errors
CAMHS Service Line	**Improving staff morale and productivity through improved managerial support and PADR effectiveness**: To improve staff morale by focusing on key areas from the 2017 staff survey relating to PADR effectiveness and managerial support.

Acute and Urgent Service Line	**Purposeful Admissions – Length of Stay project**: Optimise the length of stay on inpatient wards with a focus on ward culture and understanding the barriers to discharge for all inpatients early in admission.

The Trust Board has continued to demonstrate a commitment to quality improvement by introducing a Quality Improvement story as a regular item on the agenda of the board meeting. This is an opportunity for individual teams to showcase how they are applying quality improvement methodology to improve services.

We have continued and strengthened the QI collaboration across the South London Partnership (SLP). On Thursday 8 November 2018, more than 250 people from across the SLP came together for a very special event to provide an opportunity to showcase improvement work and provide an opportunity for learning and development nationally and locally. Bringing together clinical expertise, experience and innovation from the three partnership organisations the Quality Improvement conference looked at ways to improve quality, use resources most effectively and deliver best practice consistently to all service users. Opening the conference, our Chief Executive David Bradley told delegates "you don't need permission to collaborate; you don't need permission to improve". With presentations from NHS Improvement, NHS Scotland, and service users who spoke about their involvement in the NHS and experiences of co-production as well as breakout sessions ranging from understanding the benefits of data, physical health and coaching. The event was a huge success.

It is important to remember that quality improvement is not a simple, technical fix to add on to existing practices. Quality Improvement takes time and requires sustained effort over a number of years for the full potential of its benefits to be realised. As an organisation we have only just started this journey however we are making steady progress towards our goal of developing a culture of continuous improvement.

3.5 Service Accreditation and Peer Review

Trust services are eligible to apply for accreditation by the Royal College of Psychiatrists College Centre for Quality Improvement. Accredited services are measured against a set of national quality standards to check that the right things are in place to encourage good quality care. The accreditation process looks for evidence that staff members are well

trained, well supported and working within organised and safe systems. Where accreditation is not offered services are eligible to apply for membership of a Quality Network for peer review.

External Accreditation or Peer Review	Ward/Department	Location
Electroconvulsive therapy (ECT) Accreditation Scheme (ECTAS)	Springfield Clinic	Springfield University Hospital
Quality Network for Inpatient Mental Health Services for Deaf People	Bluebell Ward	Springfield University Hospital
Quality Network for Eating Disorders	Avalon Ward	Springfield University Hospital
Psychiatric Liaison Accreditation Network	St George's Hospital Liaison Psychiatry St Helier Hospital Liaison Psychiatry	St George's Hospital St Helier Hospital
Home Treatment Accreditation Scheme	Merton Home Treatment Team	Springfield University Hospital
Quality Network for Inpatient CAMHS	Aquarius Ward Corner House Ward Wisteria Ward	Springfield University Hospital
Quality Network for Forensic Inpatient Service	Halswell Ward Turner Ward Ruby Ward Hume Ward	Springfield University Hospital
Early Intervention in Psychosis Quality Network (EIPN).	Kingston EIS Merton EIS Richmond EIS Sutton EIS Wandsworth EIS	Tolworth Hospital Wilson Hospital Richmond Royal Hospital Wilson Hospital Springfield University Hospital

3.6   Care Quality Review (CQR) Visits

CQR visits are a 'mock' CQC inspection carried out by the Trust's own staff. They are an organisational self-appraisal based on a peer appraisal methodology. The aim is to make sure the Trust is 'Always Ready' for a CQC Inspection and they develop organisational insight of areas of good practice and areas for development.

The Trust aims to inspect all clinical teams and wards at least once a year in order to check them against the CQC domains i.e. Key Lines of Inquiry (KLOEs). The reviews also intend to support and guide clinical teams to help improve the care and treatment provided by the services. The methodology of conducting CQRs, including their frequency, was approved by QGG in January 2018. Currently, the CQR visits are run three times a year – in February, June and October where a cohort of reviewers are organised to have refresher training on the KLOEs and CQR visits The CQR clinical leadership group who champion this improvement process comprises Clinical Directors, Heads of Service Delivery, Assistant Heads of Service Delivery, Heads of Nursing and Quality and Clinical Managers.

A CQR takes a full day to complete and requires the visit team to review Trust held information about the service, followed by attending a ward or service to interview staff, service users and carers. There has been development this year on how the CQR visit team audits case notes. It has moved from undertaking a core audit to providing assurance against existing audits to test their integrity and findings.

The CQR feedback reports are sent to clinical leads and team managers for factual accuracy checking. Issues identified will go through the internal governance process of each service line and be reflected in the local compliance process.

A CQR outcome report is presented to QGG with assessed ratings using the CQC rating system of Outstanding, Good, Requires Improvement or Inadequate.

Themes emerging across teams

In 2018/19, three CQRs were held – in June 2018, October 2018 and February 2019. The following themes have emerged from these visits:

Strengths

- **Good patient feedback:** Plenty of thank you cards evident in one of the services, real time feedback in action; clients are offered choice and their feedback is taken seriously. Staff are very well aware of complaints procedure.
- **Training:** Mandatory training was up to date across the teams. A two-week induction period was in place for new staff. The teams encourage staff to develop and take part in training.

- **Zoning and risk:** Zoning is seen as effective with daily zoning being completed, with staff taking a good approach to risk.
- **Team cohesion and learning:** Reviewers also noted one of the teams was very cohesive and staff felt valued. Opportunities were used to share incidents and learning as well as staff being clear on roles and responsibilities within the team.
- **Supervision:** Staff have supervision sessions regularly and feel well supported.
- **Duty of candour:** Staff understand the duty of candour and were able to give clear examples.
- **Safeguarding:** There is clear understanding of how to raise a safeguarding alert.
- **Learning:** Most of the teams visited discussed incidents and were able to give examples of recent learning from complaints made by service users.
- **Information given to patients and families:** Patients felt well informed about care and treatment and their families were kept up to date.

Areas of development
- Supervision and PADR rates requires more focus
- Issues raised by patients about LGBT rights
- Care plans are not fully evident in case notes and not linked with risk formulation and assessment
- There is a need to improve mandatory training compliance
- Collaborative crisis plans were not evident in all patient notes
- Teams should follow zoning guidance more closely

Follow-up on the actions identified by CQRs

Clinical Directors and Heads of Nursing and Quality will ensure that the areas for improvement highlighted in the CQR feedback are noted and actions are implemented appropriately. Where serious issues of concerns have been identified, these would be added to the risk register.

3.7 Visit Assurance/Board Assurance

An integral part of Board assurance is the visits to services and sites that the Executive and Non-Executive Directors attend. The visits comprise:
- 15 Steps visits
- Back to the Floor
- Informal visits and drop ins to services
- Focused requested visits
- Events and Mandatory and Statutory Training (MAST)

15 Steps Visits

15 Steps Challenge visit morning took place on 13th December 2018. Clinical Leads, Service Users and Carers were trained for the event in November and a briefing was provided to the Board members on the day. 16 wards were visited at Springfield and Tolworth hospitals and 10 Board members, 10 clinical leads and 8 service users and carers participated in the Challenge.

Each visit followed the structure of attendance by a visit team of a Board member, clinical lead and a service user or carer. The visits were approximately 30 minutes each and each team completed the proforma feedback sheets designed by NHSE and returned them to the governance team.

Overall the visits identified many area of good practice across the wards. Four key highlights that were noted in most wards were:

- visibly very calm, staff welcoming and organised
- good evidence of co-production either by activities displayed or notice boards
- good evidence of staff engaging positively with service users and demonstrating good relationships
- staff identifications checked

Issues that will be taken forward with estates and service lines mostly relate to accessibility of alarms and the quality of the environment (for example curtain replacement, clutter and areas that require painting, lack of clear signage).

Here are some words that were used to describe the wards visited:

Back to the Floor

This is a new initiative under the 'Making Life Better Together' programme.

Executives and Senior Leaders visit teams across the Trust to better understand the day to day workings of teams and improve ward to board communication. This close working really supports the Executive Directors to receive the full experience of what it feel like to work in the services. Examples of teams visited are:

- Acting Trust Secretary went to Lilacs Ward
- Director of Communications and Engagement went to Bluebell Ward
- Director of Nursing and Quality went to Putney and Roehampton Recovery and Support Team and also joined the Springfield Hospital porters
- Director of Finance and Performance went to Jupiter Ward

Informal Visits and Drop-Ins

In addition to the quarterly visits, a number of other informal site visits have been made by members of the Executive Team and Non-Executive Team.

As part of the Non-Executive induction process site visits occur. The new Trust Chair has visited various teams and services since starting in October 2018 including:
Crocus Ward (08/10/2018)
Jupiter Ward (23/10/2018)
Older People's Community Team (20/11/2018)
Aquarius Ward, Adolescent Acute Psychiatric Service (26/11/2018)
OCD/BDD - Springfield Hospital (03/12/2018)
CAMHS (Tier 2) (11/12/2018)
Corner House (14/01/2019)
Aquarius Ward (15/01/2019)
Merton Community Adult Services (21/01/2019)
Ward 1 (28/01/2019)
Home Treatment Team Kingston (04/02/2019)
Community Adults, Jubilee (19/02/2019)
Visit with the CQC to Forensic Services (25/02/2019)
Phoenix Ward (12/03/2019)
Bluebell Ward, (26/03/2019)

The Executive and Non-Executive Directors have been busy this year and have visited the following hospitals and wards: Barnes Hospital, Queen Mary's Hospital, The Share Garden, Acute care coordination centre, Avalon ward, Deaf services, Gate Lodge, Halswell ward, Hume ward, Jupiter ward (back to the floor day), Kingston HTT, Lotus Suite, Phoenix ward, Pottering service (back to the floor day), Ruby ward, Wandsworth complex care, Wandsworth HTT, Ward 3, Wisteria ward, Crocus Ward, Bluebell Ward, Richmond CAMHS, Lavender Ward, Richmond CMHT, Putney and Roehampton RST, Roehampton HTT, Kingston OP Services, Recovery College, Corner House, Aquarius Ward, North Kingston RST, South Kingston RST, Kingston OP services, Laurel Ward, Roehampton HTT, Twickenham CMHT, Carshalton and Wallington RST, Merton Assessment Team, Merton and Sutton EIS, Wisteria Ward, Morden RST, Ward 2, Jasmine Ward, Lilacs Ward, Rose Ward, CAMHS emergency care nurses, Turner Ward, Ward 1, Ellis Ward, Wandsworth RST, Mitcham RST.

Our Senior Independent Director met with representatives from the Guardian Service to ensure that the Board has visibility of any arising matters and concerns.

Focused Requested Visits

These are focused requested visits made by either the Non-Executive Team or the Executive Team. The Non-Executive Directors request specific visits depending on areas of interest and quality concerns as highlighted by the Director of Nursing and Quality. As an example Non-Executive Directors, Jean Daintith and Sola Afuape, participated in the follow-up with the two young people around the transitioning from Child and Adolescent mental health services to adult services.

As well as supporting greater understanding amongst the Non-Executive Directors, such visits also facilitate staff engagement and knowledge of the Board. Following each of these visits, a de-brief is held with either the Director of Nursing and Quality or Medical Director.

The service then receives an email thanking them for their time and also highlighting any actions that need to be taken. The actions are then fed back formally through the service line review meetings.

Events and MAST

The Non-Executive Directors attend a number of Trust events, such as the Annual General Meeting, and the Quality Awards. The Board Members attend Mandatory and Statutory Training (MAST) alongside Trust staff, which again supports informal networking and communication.

Patient Stories

The Board receives Patient Stories and below there is a summary of the stories presented to, and considered by, the Trust Board during 2018 and the actions and learning identified. The stories in this report were presented to the Board each month between January and April 2018 and subsequently bi-monthly after that in June, September and November 2018. Stories are identified from complaints that have been received that relate to services or teams across the Trust, which typically reflect on both the positive and negative experiences of care.

You **Said**

'Activities need to be interesting and creative that enable me to engage fully with the treatment plan.

We **Did**

Following feedback, the role of the Peer Support Worker in the Forensic services has been strengthened and continues to be developed and we will be looking to replicate in other services.

Experience

Working with Transgender Patients
Focused on the experiences of a transgender woman working as a mental health nurse as well as being service user.

You **Said**

Whilst there had been an overall improvement in the way she was treated by staff, she still faced some instances where staff did not refer to her as a woman

We **Did**

Arranged for the service user to be involved in reviewing the Trust's Transgender policy and training and feedback was given teams

Experience

BME and the Forensic Recovery College

Focused on the occupational therapy available for BME patients in the Forensics services. It identified how important it was for BME patients to be involved in design and set up activities to help improve their mental health and wellbeing on the ward.

You **Said**

Whilst there had been an overall improvement in the way she was treated by staff, she still faced some instances where staff did not refer to her as a woman

We **Did**

Arranged for the service user to be involved in reviewing the Trust's Transgender policy and training and feedback was given teams

Experience

Working with Transgender Patients

Focussed on the experiences of a transgender woman as a mental health nurse as well as a service User.

Experience

Community Perinatal Service

Focussed on joint working between the community perinatal service and the community mental Health teams to support pregnant and new mothers who suffer from mental ill health.

You **Said**

You explained that without the perinatal team you would not have been aware of the risks of relapsing without medication

We **Did**

The newly commissioned perinatal service has now been rolled out. It is anticipated that in March 2019 the Trust we will have medical, nursing and psychology cover within our five London Boroughs, enabling work to commence in community outreach.

Experience

Psychiatric Decision Unit (Lotus)

Focussed on the experiences of using the Lotus Suite as a flexible alternative when help and support is needed but a formal admission is not required. Here are some of the words that the service User used to describe the Lotus Suite.

Empowered Holistic Open Bond Good Team Calm Transparent Involved

We **Did**

We will review the operational policy for Lotus with particular reference to certain diagnoses that may be recurring in nature to use Lotus a set number of days (which will kept under a 6 month review). service user has volunteered to join the Trust's involvement register and has met with the Involvement Project Lead to discuss opportunities.

Experience
Older People's Services
Focused on the meaningful activity on the wards, the excellent treatment and psychological after care with the CMHT. There were further experiences described about the ward environment.

You **Said**

You explained that being on the ward was frightening and chaotic when you first arrived. You found that you enjoyed being in a group environment with people of similar experiences. You recently completed a course of group Acceptance and Commitment Therapy (ACT) which you found helpful.

We **Did**

The ward size has now been reduced to 19 beds and access to a female only lounge.
ACT is a group based treatment/therapy that we offer across the service line for patients who are suitable for this type of therapy. This is run when there are enough people across the service line on our psychology waiting lists. This is not a formalised arrangement due to psychology resource issues. This is being raised through the current commissioning round

3.8 Serious Incidents

The Trust successfully treats hundreds of patients every day. Unfortunately, occasionally things can go wrong and when this happens it is always investigated

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 'SIs') are subjected to a full 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 in the investigation.

The Trust has continued to work collaboratively with the North East London Commissioning Support Unit and the lead CCG in Incident Management.

From April 2018 to March 2019 there has been a total of 95 serious incidents reported to STEIS; this is an increase from previous years (87 in 2017/18 and 94 in 2016/17).

There have been two reported homicides in 2018/19 which were fully investigated. This is the same number reported in previous years (2 in 2017/18 2 in 2016/17). The Director of Nursing and Quality received confirmation from NHSE in regards to the number of homicides by our service users, that the Trust was not an outlier.
One investigation is ongoing and the main learning and recommendations identified from the completed investigation, however, not causative to the incident occurring are:

- Retraining or refreshing for WHTT staff on the JAC guidance to ensure compliance.
- Staff should not document compliance with medication until they have checked compliance or asked the patient if they have taken the medication on each visit and clarify when further stock is due.
- When staff have difficulty logging onto IAPTUS, they should contact the service to request a print out of the clinical record.

This year we have seen a slight decrease in the number of suspected suicides reported in 2018/19 compared to 2017/18. There has also been an increase in the number of unexpected deaths reported. A number of these cases are still to go to Inquest therefore the final figure of actual suicide may therefore be less.

	2016/17	2017/18	2018/19
Suspected suicides	47	33	22
Unexpected deaths	58	44	46

The Mortality Committee continues to receive quarterly reports to review mortality. Overall the Trust's suspected suicides are predominantly reported by Community Services (there were **no** Inpatient Suicides in 2018/19).

Through RCA investigations, there is a reoccurring theme of the presence of dual diagnosis in the patients in so many of the cases. However the presence and management of substance issues did not appear to be causative to the incident. There was one Prevention of Future Deaths report issued by the Coroner in 2018/19.

A desktop review was commissioned by the Director of Nursing and Quality following a number of serious incidents reported in a relatively short period of time. The review looked at three months of incidents. A collaborative approach was taken and the commissioners, Health and Safety Executive (HSE), NHSE and NHS Improvement (NHSI) were invited to be part of the review. The commissioners stressed that they do not have any specific issues or concerns with the number and nature of the incidents. In addition, when compared to the wider health economy, the Trust is in no way an outlier. It was noted that each serious incident was a tragic event for friends, families and carers. The commissioners commended the Trust in its openness and pursuit to identify and learn any possible lessons. The Trust felt that most of the themes and issues are included in existing programmes of work. However, it was agreed that Dual Diagnosis needed further review and the creation of Dual Diagnosis task and finish group to properly explore the various elements of Dual Diagnosis; this is to be chaired by the Deputy Medical Director. Further analysis and assurance will be sought in regards to the transgender and physical health work.

The Trust continues to send out Quality Safety Briefings and the Monthly Learning Bulletin developed in 2016/17. This is now fully established with positive feedback from staff. The learning bulletin includes learning identified through the incidents, complaints, safeguarding, claims and inquest processes.

Evidence of Learning from Trust Incidents

What happened	A staff member sustained serious burns following an assault by a patient using boiling water, which was accessed from the hot water boiler, used for beverages on the ward. Other similar incidents took place where staff were injured
What did the Trust do as a result of the learning?	The Trust piloted a new boiler with a lower temperature on Ward 3. The outcome of this was reviewed in December 2018 and the action was taken to reduce the boiler temperature across all acute inpatient wards.

What happened	An incident occurred which highlighted a gap in the Trust search policy
What did the Trust do as a result of the learning?	The Search Policy has been revised to provide guidance for staff on how to manage situations which did not fall within the parameters of the previous Search Policy and address the need for more flexibility over who can act as a witness to a search. The Search Policy now contains a section on Extraordinary Search and provides further guidance on a number of issues.

What happened	Feedback was received from a number of sources identifying a lack of consistency in staff knowledge with regards to Community Treatment Order (CTO) and patient rights
What did the Trust do as a result of the learning from the investigation?	A guide has been produced and disseminated to all staff, along with a new Community Treatment (CTO) dashboard that has been developed. The impact of this action has improved staff knowledge with regards to CTO and patient rights. The dashboard allows doctors to track CTOs with the aim of preventing them lapsing.

|	
What happened	A patient was able to leave a seclusion room after breaking his way through the wooden seclusion hatch
What did the Trust do as a result of the learning?	The wooden hatch has now been replaced by a metal hatch. A patient is now less likely to be able to break through the metal hatch therefore, reducing the likelihood of a patient leaving the seclusion room

Duty of Candour

The Trust operates the standard of 'Being Open' when things go wrong, where this is 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 investigations begin, families are invited to share their views and be involved in the investigation process. On completion, families are again invited to meet to discuss the findings and any learning. The role of the Family Liaison Officer is now fully established and provides a point of contact and support.

Staff new to the Trust are introduced to the Duty of Candour via their Induction. The Trust's Duty of Candour policy was reviewed and approved in January 2018 making staff roles and responsibilities more explicit. The recording of the Next of Kin details within the patient record has been highlighted as an area that needs improving in order to assist in the Duty of Candour process. The patient record system has been updated to provide prompts to staff when this information is missing.

The Trust has also revised the Duty of Candour leaflet for staff.
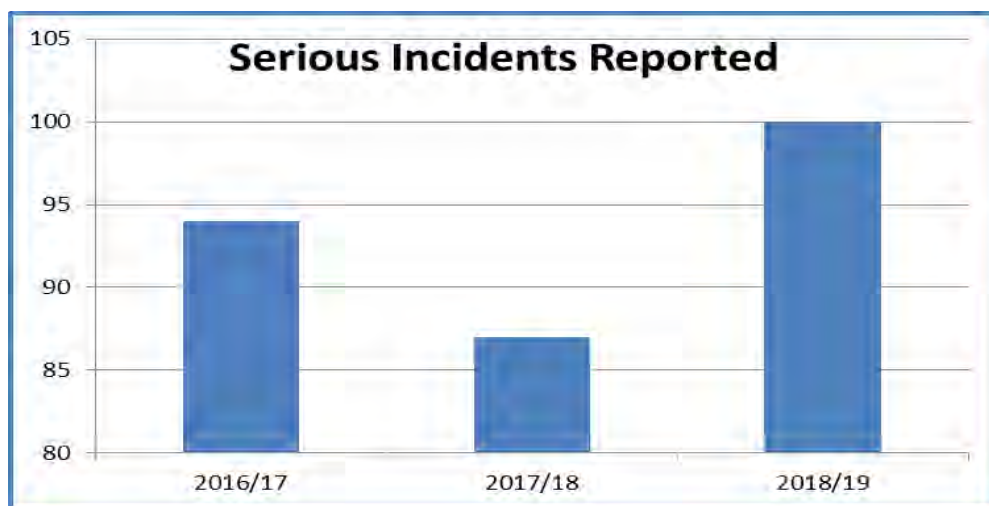
3.9   Safeguarding Vulnerable Adults

Safeguarding Adult Board independent chairs

The Chief Executive, Director of Nursing and Quality and Head of Safeguarding Adults have continued with their six-monthly teleconferences with the independent Safeguarding Adult Board (SAB) chairs.   These teleconferences have really strengthened the relationships between the Trust and the SABs. This has enabled more open and honest exchanges on all the key issues. For example, there has been particular focus on how the SABs can work more closely together and thereby use resources more effectively.

Executive Safeguarding Meeting

The Executive Safeguarding Meeting has been working hard on driving forward major quality improvement projects for safeguarding adults' services.

It has commissioned working groups firmly based on the principles of co-production to improve the safety and quality of our inpatient services. Highly skilled and experienced staff are working with service users and carers to develop comprehensive guidance on improving the overall safety of people who use our in-patient services.

There are two main working groups: the 'Restrictive Practice' group focused on reducing violence, aggression and restrictive practices using QII methodology; and the 'Sexual Safety' group is working to improve ensure that people who use our inpatient services feel safe and protected.

Both groups are learning from other agencies' work and using evidence from across the globe. They are also making sure the initiatives being developed are designed to meet the needs of the service users, carers, friends and families of the local population.

Making Safeguarding Personal group

This group is based in a service user-led organisation and provides an invaluable link between the Trust, voluntary sector services and service users. There have been a number of changes to the membership of the 'MSP' group, but the commitment and enthusiasm remains. The 'MSP' group continues to steer safeguarding service developments and 'MSP' group members are directly involved in both the 'Restrictive Practice' group and the 'Sexual Safety' group.

Training

All staff are required to complete training to understand how to safeguard adults at risk of abuse or neglect.   Across the year, over 95% of our staff have completed this mandatory of training at level 1.

The Trust staff are now to meet the requirements of new, more stringent, Adult Safeguarding: Roles and Competence Framework for Health Care Staff published by the

Royal College of Nursing. This will broaden and enhance the knowledge and skills across the whole staff group. And we are working closely with our commissioners to implement this exciting new development.

The Safeguarding Adults at Risk Audit Tool

This organisational audit tool provides a framework for the Trust to self-assess, monitor and improve all Safeguarding Adults systems, structures and practices.   The self-assessment is subject to an annual 'Challenge' event, by the Safeguarding Adults'' Boards. This year the Trust was very pleased to be rated by a Safeguarding Adults' Boards as 'green' across all the key areas, with only two new 'domains' rated as 'amber'. The first of these relates to how the Trust works with other agencies and work has already started on bringing these up to highest standard. And the second domain rated amber relates to staff training, and the implementation of the new 'Adult Safeguarding: Roles and Competence Framework for Health Care Staff' mentioned above.

Prevent

This is mandatory training on the Government's Prevent strategy: this lets staff know how to support and redirect people with vulnerabilities who may be at risk of being radicalised or being drawn to join terrorist groups.   The Workforce Development team has done excellent work to make sure all relevant staff undertook this vital training. Easy access to the e-learning package and the classroom-based sessions have been very well-received and highly rated by staff.

The level of awareness of this key topic is high, and staff have been using what they have learnt to raise their concerns and concerns have been well managed.

Safeguarding Adult Reviews

The Trust has contributed to six Safeguarding Adult Reviews, with a further three that are ongoing. These reviews are very good at identifying what went wrong in a particular case, and showing all the agencies involved, how they can make sure it doesn't happen again.

The key learning points relate to:
- How to make sure there is smooth transition from children and adult services
- Need to undertake a review of the resources available for the section 136 suite.
- Clarifying the role of care coordinators
- How to apply the principles of 'making safeguarding personal'
- The vital need for checks on service users physical health
- The practical application of the Mental Capacity Act

Future Plans for 2019/20
- Implement the recommendations of the 'Restrictive Practice' and 'Sexual Safety' working groups.
- Embed principles of 'making safeguarding personal' in to practice.

- Enhance service user engagement and involvement in Quality Improvement Initiatives.

3.10 Safeguarding Vulnerable Children

Nothing is more important than children's welfare.

The Trust's safeguarding arrangements are in line with the principles detailed in Working Together to Safeguard Children (2018); Children who need help and protection deserve high quality and effective support as soon as a need is identified. The Trust is aiming for a system that responds to the needs and interests of children and families and where practitioners are clear about what is required of them individually and how they need to work in partnership with others.

The Head of Social Work continues in a leadership role, to support the Named Nurse and Named Doctor for Safeguarding Children and Young People. A new Named Nurse for Safeguarding Children was appointed in October 2018.   The monthly Executive Safeguarding Meeting (ESM) is chaired by the Director of Nursing and Quality, the Executive Safeguarding lead. The Designate Nurses from each of the five boroughs are also invited to meet with the Trust safeguarding leads including the Executive safeguarding lead three twice a year, in order to provide further assurance to the safeguarding boards in relation to Trust safeguarding practices. All local authority safeguarding children boards (LSCBs) are attended by both CAMHS and adult services representatives from the Trust, and the Trust also maintains a presence at all critical LSCB sub-groups. This level of engagement will be maintained as the new local safeguarding children partnership arrangements develop through 2019.

Safeguarding Children – Reports
An annual Safeguarding Children and Young People report was submitted to the Trust Board in August 2018 and quarterly reports have been provided to QSAC to provide an update and assurance in relation to safeguarding practices. Safeguarding children data has been provided to the four designate nurses each quarter.

Safeguarding Children Supervision
The Trust supervision policy helps ensures regular, consistent and recorded supervision for all clinical staff is in place. Robust supervision practice would always include consideration of safeguarding issues which is further supported by access to more ad-hoc supervision, consultation and advice from the Trust Named professionals and the CCG Designated Safeguarding Children nurses. A 'safeguarding button' has been added to the Trust Supervision App as a prompt, where clinical supervision is recorded, to facilitate the recording of discussions around safeguarding, however there needs to be further work to ensure that this button is being used effectively. Work is also ongoing via the Executive

Safeguarding Meeting with regard to the general strengthening of supervision practice and pathways within the Trust.

The Trust Named Nurse receives supervision internally from the Head of Social Work and the Named Professionals, plus they also access safeguarding children supervision from the Designated Doctor for Merton and Sutton and the Designated Nurse for Wandsworth and Merton respectively.

Safeguarding Children Training

The new Intercollegiate Guidance regarding Safeguarding Children Training has recently been published and will require an enhanced level of training for all staff. Both induction and Level 3 training have been recently updated to include consideration of children's rights and contextual safeguarding issues, as well as the 'Think Family' agenda. However it is now essential to devise a strategy to ensure that our training requirements are met; maximising opportunities for multi-agency training and reflective interdisciplinary case discussion is a priority for the named professionals. For example, CAMHS staff will need to access 16 hours of training, including specialist competencies, on a three yearly basis. It is hoped that opportunities will be maximised by providing this as part of the South London Partnership, as well as providing in-house training with guest speakers, joint training with the Adult Safeguarding team, using the Health Education England eLfH e-learning resources, and increasing our uptake of local safeguarding children partnership provision.

Safeguarding Children Incident Reporting

Safeguarding Children responsibilities continue to be highlighted and embedded in all clinical services. Safeguarding Incident reporting is increasing year on year, which is a positive indication that risks are being identified and proactive actions are then able to be taken.

Safeguarding children incident reports

Legend: Safeguarding children incident reports. X-axis: 2015/6, 2016/7, 2017/8, 2018 - date. Y-axis: 0 to 300.
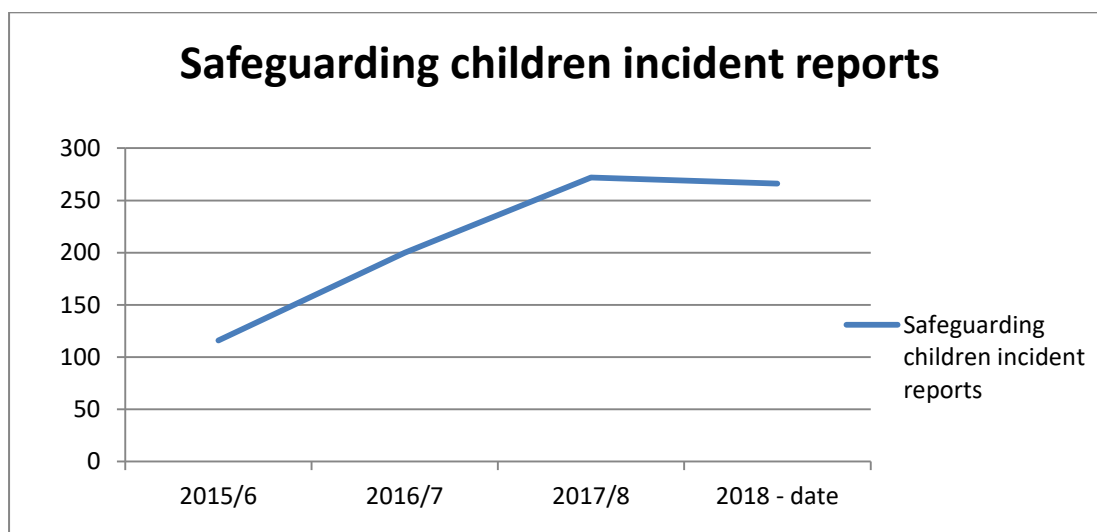
Serious cases and learning reviews

The Trust continues to work with the Local Safeguarding Children Boards and new Local Safeguarding Partnerships to examine serious cases, both when the client has been known to the Trust and where there has been no prior Trust involvement. The Trust has worked with the LSCBs and the Local Authorities to provide support to schools around serious incidents which have impacted on both staff and pupils. Organisational learning from serious case reviews, learning reviews and multi-agency audits continue to be embedded in our governance systems. The 'Think Family Agenda' around parental mental illness remains a key priority.

Following a Wandsworth Learning Review, CAMHS administrative procedures have been strengthened, and the Trust's procedure regarding when children are not brought to their appointments have been strengthened.

Safeguarding children training has been adapted to include learning from local case reviews, for example Child D review from Sutton, and Merton's Child B review are explicitly referenced.

Following an incident in Sutton, the induction training of junior doctors working in the liaison psychiatry teams in hospitals has been improved.

Annual LSCB Section 11 Audits

These have been completed for Merton and Wandsworth and have included challenge meetings, surveys, onsite visits and follow up reviews. Section 11 standards are now included for review at the Executive Safeguarding Meeting. Strengthening supervision pathways is a key area identified for further development.

Service User and Carer Input

3.11 Service User Involvement and Engagement

The Trust has continued with its commitment to create more opportunities for service users and carers to get involved in all parts of the Trust and to co-produce and evaluate service improvements and service design.

We currently engage our service users and carers in the shaping of our Trust services through five main avenues:

1. Trust-wide forums: Patient Quality Forum (PQF) and Carers, Friends and Family Reference Group (CFFRG)
2. Participation in Trust governance activities e.g. committees
3. Participation in Trust quality assurance processes – e.g. service reviews, 15 steps visits, production of information and in the recruitment of staff
4. Participation in Trust service development activities e.g. workshops, stakeholder meetings.
5. Participation in recruitment for senior clinical posts.

Participants in involvement activities are drawn from the PQF, CFFRG and a wider group who are part of the Involvement register. This has involved a wide range of projects including the Richmond Outcome Based Commissioning Programme; Kingston Peer Support Network; the Trust Strategy and Healing our Broken Village (please see Co-Production section with whom the Involvement team have been working).

During 2018 we reviewed how we involve our service users and carers within the organisation. Following on from feedback and reviews with our service users and carers a co-produced Service user and Carer Involvement Plan was produced.

A task and finish group made up of service users, carers and staff from all five boroughs was convened. The role of this group was to oversee engaging an external agency and to co-design and co-produce the Involvement Plan.

The Involvement Plan was formally launched in October 2018; in summary the plan promotes the involvement of service users and carers within the organisation. As a Trust, we place huge value on the insight, energy and the time of our service users and carers' friends and family give and their commitment to creating the optimal environment for them to get involved in the day to day running of the Trust.

The service user and carer Involvement Plan will support the Trust to achieve the following objectives:

- **Support a change in the culture of the organisation** (supported by a robust governance structure) to expect clear evidence of involvement at all levels of the Trust
- **Increase the influence of service users and carers** in designing and delivering our services
- Provide opportunities for service users and carers **to develop their personal skills**
- Deliver real and meaningful service user and carer **involvement at every level in the organisation and from all parts of our community, extending our reach.**

These are summarised below:
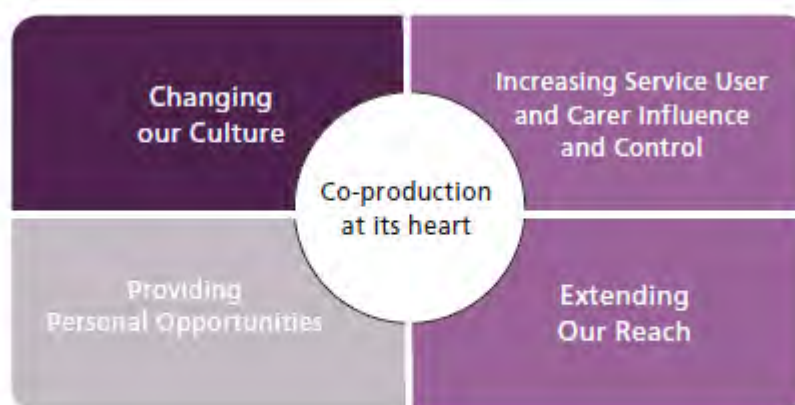
The Involvement Team has been enhanced via the agreement of a business case which was fully supported by the Trust Board. The team now has dedicated workers who work across each service line; a carer lead and a soon to be recruited to volunteer lead (to support individuals with lived experience / carer who wish to volunteer within the Trust). The team is raising awareness of involvement opportunities across the trust, supporting service users and carers and creating increased opportunities to get involved.

Alongside the objectives of the plan The Trust also works with service users via the Patient Quality Forum.

Patient Quality Forum (PQF)
Established in 2016 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. During its third year, the forum continued to be the main conduit of service users' views, with 10 regular PQF members attending the monthly meetings.

The group is co-chaired by the Director of Nursing and Quality and two PQF members, and is attended by a Non-Executive Director, Head of Therapies, Involvement Lead and invited members of staff. Meetings include a mixture of formal discussions of relevant papers, informative presentations, workshops and regular feedback 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.

PQF minutes are received by the Quarterly Governance Group and then reported quarterly to QSAC. Members of the PQF attend QSAC and are members of the Involvement Implementation Group (the group that oversees / governs progress on the Service User and Carer Involvement Plan measurables). This helps to ensure that the service user voice is included in current and future development of service delivery. PQF members have provided service user perspectives and input to the following areas of work:

- Review and engagement of the Acute Care Pathway
- Continued consultation regarding service user input in the staff recruitment process
- Consultation on the Trust's quality priorities
- Consultation on Trust's communication with service users and IT
- Involvement in the Trust's strategy development
- Participation in the achievement of objectives laid out in the Service User and Carer Involvement Plan.

During 2018 the following actions have continued:
- PQF is co-chaired by two members and the Director of Nursing and Quality
- Monthly co-chaired meetings
- Governance has been reviewed, updated and adopted (Code of Conduct and Terms of Reference)
- PQF yearly work plan has been co-produced
- Supervision
   o Co-chairs receive monthly supervision with the Involvement lead
   o Group members have access to a monthly group supervision session with the Involvement Lead.
- A new cohort of PQF members have been recruited (including positive reflection of the wider diverse population of Trust service users including BAME, LGBTQ+, CAHMS, LD and Older People services).
   o This cohort have received a full induction and are about to start their tenure in PQF.

Future Development

- Deaf service users membership – Deaf service users have developed a separate Deaf service user forum; the recruitment of a specialist services Peer Involvement Worker will ensure this group links into PQF.
- Training for current and new members needs to be further developed further. This is currently being developed with the Recovery College and the Involvement Team
- Involvement is a core part of the 'Making Life Better Together' programme.

Participation in Trust governance activities e.g. committees:

Service user representatives have continued to have a key role on Trust committees and working groups and they are involved in a range of groups including:
- Quality Safety and Assurance Committee (QSAC)
- Drugs and Therapeutics Committee (DTC)
- Infection Control Committee
- Equality and Diversity Committee (E&D)
- Smoke Free Project (Steering and Sub-groups)
- Physical Health Steering Meeting
- Reducing restrictive practice meeting
- Triangle of Care – Task and Finish Group
- Involvement Implementation Group
- Governance meetings across all service lines
- A number of other service line level projects / meetings

We are also undertaking the recruitment of representatives for a number of new governance groups including the Mental Health Law Governance Group (MHLGG).

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:
- Service line management appointments
- Team managers
- Employment specialists
- Improving Access to Psychological Therapies (IAPT) staff
- Aim4Work staff appointments.
- Involvement Team
- Chaplains
- Perinatal
- Pharmacy posts
- The Involvement Plan is committed to increasing service user involvement in recruitment panels across the organisation and is on track to achieve its yearend target of 26 recruitment panels which have active service user involvement.
- The Involvement Team has delivered recruitment selection training for Involvement Members

Future Development

- Working with Human Resources and the Involvement Team to develop fully co-produced recruitment selection training; a single training course for service users, carers and all staff.
- Involvement (representing service users and carers) play an active role in development of the Trust's Making Life Better Together initiative.

Participation in Trust service development activities e.g. workshops, stakeholder meetings and panels

There have been a number of opportunities for service users to engage in service development. Workshops enable wider participation of service users and carers in service development. These have included a number of specific involvement opportunities:

- Service user and carer development workshop
- Tackling complex cases of hardship
- Recovery Café Launch events (Hestia and Sunshine)
- Trust Strategy workshops
- Restrictive Practice workshop
- Richmond Outcome Based Commissioning programme (workshops and subgroups)
- Estate Modernisation Programme
- Quality and co-production awards
- Deaf service user workshops
- Deaf service user steering group
- Launch of the Involvement Plan
- Triangle of Care training
- Independent Mental Health Act Review.

Deaf Service User Engagement

During 2018 we continued to work on ensuring that deaf service users have more opportunities to engage in Trust involvement. This work supports the priorities identified by deaf service users on how they wish to be included within Trust service development. These are: Raising Deaf Awareness with staff and GPs, self-management for deaf service users and education and training. In January 2018 a Deaf Service User Steering Group was formed and they have:

- Monthly committee meetings
- Quarterly workshops for the wider deaf community
- With the support of the Involvement Team/ Recovery College to develop mental health workshops aimed specially for the deaf community
- To develop deaf awareness with Trust staff and the wider community (deaf and hearing)
- With the appointment of a Peer Involvement Worker who is proficient in British Sign Language (BSL), continued to improve access/ awareness of Trust involvement opportunities for deaf service users.

Training

Service users have been involved in supporting staff and community training through participation in various workshops and training days, including:

- Trust Preceptorship Programme
- Burdett Leadership Programmes for BAME staff

- Richmond Community Groups staff training.
- Triangle of Care staff training
- Recruitment selection training
- Publicising the Involvement Plan at external events

Future Plans

We have now recruited to the Involvement Team and are beginning to fully mobilise the Involvement Plan objectives.

During 2019, we will continue to implement the plan and its recommendations. Some of the key areas that we will be looking at are:

- The expansion of the diversity of service user and carer involvement
- Continuing to embed awareness of involvement opportunities
- Increasing membership on Involvement register - updating, expanding and improving systems.
- Developing coproduced training for Involvement members and staff.
- The development of our governance and measurement and processes
- General core best practice principals for service user involvement members
- Clear inductions / training and supervision for Involvement members
- Clear publicity / information for Involvement members and all staff on the internal and external websites.

3.12   Carer Involvement and Engagement

The Trust engages with carers, family and friends in a number of ways. These include a Trust-wide Forum - CFFRG; Involvement in Trust business and activities; Involvement in service development and the Triangle of Care.

Carers, Friends and Family Reference Group (CFFRG)
Established in 2010, CFFRG is the main advisory group to the Trust Board. The group is chaired by a Non-Executive Director. The meetings are also attended by the Director of Nursing and Quality, Head of Therapies and the Involvement Lead. Membership includes carers, friends and family members, representatives from local carer organisations and key Trust staff.

The group meets bi-monthly to provide advice and feedback on any matters relevant to the quality of services provided to service users and carers, families and friends.

The main themes/presentations that the group have been working with this year have been:

- Acute and Urgent Care
- Involvement
- Estates Management Project
- Street Triage
- Smoke Free Project
- Service user and carer Involvement in nursing development
- Triangle of Care
- Review of the CFFRG

Some of the challenges highlighted for future development were in four main areas:

- training and support
- communication
- governance of the group and
- diversity of group membership

The group has begun to further develop its processes and has reviewed and updated their Terms of Reference. They have also embedded a yearly work-plan and are involved in the Service User and Carer Involvement Plan.

Involvement in Trust business and activities (e.g. committees)

Carer representatives have a key role on Trust committees. Carers sit on a number of Trust committees including: QSAC; Clinical Quality Review Group (CQRG); Smoke Free Project Steering group and the Trust Clinical Strategy Group and workshops.

As part of Involvement development we are expanding the diversity and carer and service user engagement in Trust committees. This includes QSAC and a number of new

governance groups.   Carers continue to take part in various interview panels and recruitment initiatives.

Involvement in service development e.g. workshops, meetings and panels

Service development has involved Carers in a variety of opportunities including:
- Service user and carer development workshop
- Trust Clinical Strategy workshop
- Estates Modernisation Programme
- Awards panels

Carers have also supported on staff training days and programmes including on the Burdett Leadership Programme for Black and Minority Ethnic (BAME) nursing staff and Triangle of Care training events.

Triangle of Care

The Triangle of Care Task and Finish Group has continued to meet on a monthly basis to monitor the progression of the Trust in its work to achieve Triangle of Care Stage 2 membership. This group is well attended by all five local borough Carers' Networks, staff, service users and carers who work in close partnership to raise awareness around the Triangle of Care.

The Task and Finish Group reports to the Quarterly Carer Steering Group on progression around Triangle of Care.

This year we have:

- Rolled out joint training (with Carers Networks) to Team/Ward managers from all service lines on how to complete the Triangle of Care Self Assessments in a meaningful way with full engagement from carers and service users.

- 100% compliance across the Acute and Urgent Care service line (inclusive of Home Treatment Teams) of completed self-assessment forms.

- 100% compliance across all the Community service line (including Cognition and Mental Health in Ageing service line) of completed self-assessments for Triangle of Care.

- Have commenced roll out of self-assessment training and completion of self-assessments across Specialist, Forensic, National and CAMHS services.

   Other training events

- Presentations on Triangle of Care at Community Development Forum and Cognition and Ageing In Mental Health Development forums

- Presentation at Early Intervention Services meeting

- Richmond Carers Strategy Reference Group (CSRG)

- Kingston Stakeholders meeting

- Merton and Sutton carer reference group

- Wandsworth MH Carers Support Group

Future Plans

A carers' event to launch the Carers Charter and update on progress with Triangle of Care

- Deliver Carers Awareness training for Trust staff

- Submit application for stage 2 membership of Triangle of Care to Carer Trust

- Implementation of Triangle of Care within service lines management and teams

- Continue to embed the objectives of the Service User and Carer Involvement Plan for service users and carers. This will include best practice and guidelines for engaging carers, friends and families

- Creation of a dedicated Carer Involvement Post as part of the expanded Involvement team will ensure that the team work closely with carers to develop better systems for carers.

3.13 Co-Production

The Trust has made a commitment to utilise the potential of co-production to enable people to be at the centre of their care and treatment, to empower and enable people and communities to be at the centre of the design and delivery of our services, as well as contribute to the development of the people and communities we serve.

> *"Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are coproduced in this way, both services and neighbourhoods become far more effective agents of change"*

The Trust has continued to develop this approach and the principles of co-production are starting to be embedded into the fabric of the organisation. All service line business plans now include coproduction projects. When business cases are submitted part of the criteria for approval is monitoring how co-production has been included in the case and inclusion of service user and carer input.

Some of our current projects are listed below.

Project	Description
Kingston Community Café	Delivery of a weekly community café for people in Kingston. This has been developed in partnership with local community groups and statutory agencies. The space enables people to meet, socialise and share experiences. The café has enabled co-production to flourish. We continue to work with RISE, Kingston Council, Kingston CCG and Kingston Healthwatch.
Talk Wandsworth	We continue to co-produce culturally appropriate therapy groups with Talk Wandsworth and local grass roots community organisations. This has improved access from 'hard to reach groups' gain psychological and wellbeing support. This work is supported by WCEN
Community Network for Family care	We have trained 20 local faith community leaders predominately from Black Churches and the Muslim community in year 2 of the Systemic Family Therapy training programme. We have started a 3rd cohort of the training and planning for our 4th cohort. The training enhances the support these leaders can offer to people they see in their day to day interactions in their pastoral roles. Those who have been trained now offer support to their local community. This network supports a wider system approach for supporting communities in prevention and early intervention in mental health.
Young People BAME conference year 2	We are planning our second co-produced mental health conference for young BAME people in Wandsworth with Wandsworth Council, Wandsworth CCG, WCEN and Black Minds Matter. The conference will focus on the challenges facing young BAME from the past, in the present and what may affect this in the future. We are working towards developing social pathways into support services at a primary care level.
Healing our Broken Village Conference (HOBV) 11	We have co-produced the HOBV conference for the last 10 years with our network of local community groups and Wandsworth Community Empowerment Network. The conference has developed and evolved year to year with over 200 attendees at the last conference. The output from the conferences has supported the development of a BME expert panel that will audit and operationalise projects to help reduce BME Mental health inequalities.

MH awareness with the Somali community	We are co-producing a social media project with the young Somali community (ELAYS Network) that will be used to promote and increase awareness of mental health problems and help reduce stigma.

We have an operational self-assessment co-production toolkit. The toolkit enables the Trust to benchmark how we use a co-production approach to managing projects. The feedback from the toolkit is fed into wider organisational learning and development via the annual report to support the culture change in implementing co-production approaches in our services.

We have devised a co-production training package that will form part of the quality leadership programme for our staff.

3.14 Compliments

The Trust has received and reviewed 2,300 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 576. Compliments are received via letters, emails, and cards, verbally and through Real Time Feedback kiosks, tablets and online surveys.

The CAMHS service line uses a survey called 'Experience of Service Questionnaire (ESQ)', which accounts for 531 compliments. ESQ examples include:

'"I hope you'll excuse me writing to you out of the blue…….. have been meaning for ages simply to tell you how (name) has turned her life around and how much credit you and (name) should take for helping her some years ago when OCD was consuming her. She will always have a degree of anxiety and occasional difficulties, I suppose, but she left school with good A-levels and is now in her third year at University…... has learnt to manage the situation well and also champions mental health issues at university……coming home for Christmas and then going back for another six months ………also went travelling a couple of weeks with friends. As you know all too well, it seemed unimaginable six or seven years ago that (name) would recover this level of independence and confidence Thank you."

Adolescent Assertive Outreach

Other compliments include:

Acute and Urgent Care

"First of all I want to say a big thank you to everybody at Lotus for treating me so kindly and helping me. It made such a difference. I'm pleased to say I'm now out of hospital - I stayed for a week and it went well. I am due to move out soon and I'm also planning to return to university in September! I will therefore be clearing out my room and would like to know if you would like some things for Lotus. I've got clothes, books, colouring books, arts/crafts items and probably other stuff I haven't thought of."

Lotus Assessment Suite

CAMHS

"Thank you very much for your teams help and assistance today. Excellent communication from your nurse in charge and she really helped de-escalate a mother over the phone who had reservations about coming over."

Aquarius Ward

Forensic, National and Specialist

"To the staff of Turner ward. This is to say thank you for all you are doing to help our son, (name) Everyone on turner ward has been so nice and helpful. From the people I have met personally, reception staff, security, (name), and the ward based staff, thank you. It's not easy having a son with mental health problem like (name)s, but in the short time (name) has been there, we can see how much better he is in your care. When (name) was first transferred to you, we came to visit, and were sat in a small room on the ward waiting to see the doctor. There was a patient outside in the corridor, who was very distressed and upset. I couldn't see what was going on, but I could hear everything. The way the staff dealt with this person was brilliant. No shouting, no confrontation. They just spoke to him like a human being. Believe me when I tell you that isn't always the case in other hospitals (medical and psychiatric). In my day job I am a charge nurse on a general medical ward, so I see things from a parent's view and a nurse's view. It is so reassuring to know you treat your patients with dignity and respect. I would be happy to work alongside you. The management of the unit should be proud of all of the staff that work there. Please keep up the good work, because you are making a difference. Thank you"

Turner ward

Community

> "Thank you for all your help over the years. I would not be here if it hadn't been for your help and work with me. You are a lifesaver and made my life liveable again. the NHS is only as good as its parts and I hope you stay to help those in need I wish I could return the favour of all your work and help so I will make sure my life has purpose and contribute to improve on myself. May life always be good to you."
>
> **Wimbledon RST**

Cognition & Mental Health In Ageing

> "Just to thank you all for all your support and care of W; our team has been so concerned about him for a very long time and it has been brilliant to have such a great team supporting him over the last few months and see him make such improvements'"
>
> **Crocus Ward**

3.15 Complaints

We take all 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.

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

During the year, we received 576 complaints, which is a small decrease when compared to the same reporting period last year, which had 606 complaints. There were seven case referrals from the Health Service Ombudsman during 2018/19, three were enquires regarding closed complaints, and the remaining four were referrals. No referrals or enquiries were upheld i.e. with the Ombudsman finding no fault with the care and treatment given by the Trust, one complainant was compensated.

We launched a new Complaints Policy in October 2018 which referenced two key areas of focus: early resolution and compassionate responses. The Experience and Governance Team have started a programme of presentations to staff about the policy and how

complaints handling can be improved. A service user and carer consultation was held and more planned regarding how we can be more compassionate in our complaint responses this has been followed up with reflection time with the team. We plan next year to develop a review process whereby a selection of anonymised complaint responses can be reviewed by service users and carers regularly to assess their compassionate approach.

Examples of complaints and action are as follows:

You **Said**

There was a complete lack of information and support received regarding your relative who was an inpatient on one of the wards. You were not informed of any changes in the care plan, nor informed of the incidents they had been involved in.

We **Did**

Apologised that he did not feel he was offered appropriate support and that he experienced poor communication. Explained that because they had not recorded any contact details, on admission the details were not recorded in the right place when they had been found. This had since been rectified. Complaint was shared with the Matron and discussed at reflective practice with staff to share learning and identify ways to improve communication with carers.

You **Said**

There was a lack of communication following your son's discharge about his medication, which resulted in him not getting his treatment on time, and you were afraid that this would increase the risk of relapse and re-admission.

We **Did**

Apologised for the experience and acknowledged that the team should have ordered the medication at an earlier stage. Staff did deliver the medication to the service users home later that day however, the complaint was reviewed by the Matron with learning shared with the pharmacy department, new systems are now in place to ensure medication is ordered in time.

You **Said**

You felt that your rights under section 2 had been violated.

We **Did**

Explained that although rights under section 2 had been explained to complainant it was evident that felt that they did not understand them. However, no further attempts had been made to ensure that she understood them eventually. Going forward team will ensure patients are read their rights on a weekly basis and this will be documented. Weekly audits will be carried out.

Communication, clinical treatment and values and behaviours (staff) are the main themes arising from upheld and partially upheld complaints.

3.16 Patient Experience

Real Time Feedback

The Trust has undertaken a significant review this year of its Real Time Feedback processes and platform. This has entailed a programme of consultations with service users, carers and staff to co-produce survey questions that are more aligned to service lines and are more relevant and meaningful to service users and carers. The Trust has developed its own survey feedback platform and this is being piloted on a ward in March 2019 with a full launch in early 2019/20.

The Trust used its existing RTF platform throughout 2018/19 and it is accessed by both inpatient and community services. During this period, there have been 16,723 items of feedback received.

There are approximately two hundred questions that service users and carers can choose to complete when answering a survey on RTF.

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 are as follows:

Category	Avg Score
1:1 Relationships	68
Care Planning	60
Communication	63
Community	49
Environment	51
Friends & Family Test	70
General Satisfaction	73
Help & Support	75
Medication	44

Medication is the lowest theme for Real Time Feedback with an average score of 44 and Help and Support is the highest with 75.

Service users and carers are also able to write free text comments, which accounts for the 3101 feedback received in 2018/19. Examples of comments and actions taken by the teams are as follows:

You Said

You needed more dietary food variety on the menu.

We Did

Invited the Chief Executive to lunch who spoke to service users about the food and followed this through with the catering department.

You Said

You need more nurses on the wards

We Did

Increased the staffing establishment on the wards and additional staff will be booked to support the ward if needed.

You Said

The computer and TV are not working.

We Did

Fixed the computer and reported the TV to facilities for fixing

You Said

You needed more dietary food variety on the menu.

We Did

Invited the Chief Executive to lunch who spoke to service users about the food and followed this through with the catering department.

You Said

It seems impossible to get through the administrative team for a routine enquiry. If the contact centre puts the call through sometimes it just rings and rings without being answered.

We Did

Re-evaluated the duty system amended and implemented to avoid missing calls

Patient Advice and Liaison Service (PALS)

PALS has three elements: PALS Approach, PALS Advice Line and PALS Surgeries.

The PALS approach is to resolve concerns proactively and swiftly, placing the service users or carer's needs at the centre of the call or contact. Our aim is to see the concern from the service users or carer's viewpoint and perspective and help them to achieve the outcome they are looking for without having to resort to a formal complaints process. This approach is a culture adopted by the Patient Experience and Governance team when resolving concerns received via the PALS Advice Line, the PALS Surgeries and Real Time Feedback as well as using this approach to handle complaints that are subject to the complaints procedure.

The Experience and Governance Team staff the advice line. Although it is based at Springfield University Hospital, it serves the whole Trust. It is open Monday to Friday 9 a.m. to 5 p.m. and is supported by cover arrangements and a messaging service. Sometimes the caller is simply seeking a signpost to a service; correct NHS Trust, NHS England etc. as well as liaising with the services about concerns raised. During 2018/19, there were 815 concerns or queries received through the PALS Advice Line, which were handled by the Engagement and Experience Team. Only 14 of these were escalated further and raised as a formal complaint.

PALS surgeries are where the Engagement and Experience Team meet service users on the wards, listen to their concerns and try to address these concerns with the clinical team there and then. During 2018/19, the team held 57 surgeries across the Trust with 52 service user contacts.

Friends and Family Test (FFT)

FFT is one survey question on the RTF platform. The FFT aims to provide a simple, headline metric combined with follow-up questions. The FFT asks 'how likely are you to recommend the service to your friends and family?' There were 1,212 FFT surveys completed with the average number of people 'Extremely Likely' to recommend the Trust at 69%.

This has been an identified area of improvement for the Trust this year and December 2018 FFT questions were piloted by SMS text to a cohort of clinical teams. The response rate has improved slightly but we recognise we need to do more. The SMS texts went trust - wide in March 2019 and with the new RTF platform including a FFT option we anticipate and increase in responses and hence more meaningful data.

Care Opinion and NHS Choices

Care Opinion (www.careopinion.org.uk) is a web-based platform for anyone who has accessed Trust services to comment on their experience with the Trust. The distinction between RTF and Care Opinion is that Care Opinion postings are publicly available in real time and people who submit feedback can disclose their name as well as receive a publicly posted reply from the Trust. The Trust received 71 stories about our services and 60 of these being of a positive nature.

Care Opinion Activity 2018/19

402 Stories

13.9K Public reads (last year)

100% Responsiveness responding help

NHS Choices is the primary public facing website of the NHS. This is where the Trust is 'rated'. The authors have an option to give the services up to '5 out of 5 stars' for the experience they have received. The rating for the Trust is currently showing as 3.5 stars.

3.5 STARS

3.17   Inpatient and CQC Community Survey

The Trust participated in both the inpatient and CQC Community Surveys, this year, which looked at the experiences of people aged 16-64 who had an inpatient stay of at least 48 hours in a psychiatric ward at the Trust between 1st July and 31st December 2017. The Community Survey looked at those who had received specialist care or treatment for a mental health condition between 1st September and 30th November 2017.

Inpatient Survey

The 2018 survey involved 18 providers of NHS mental health services in England and was published in December 2018. For South West London and St George's Mental Health NHS Trust, there were 109 respondents providing us with a response rate of 20% from the 553 samples that were sent out. The mental health inpatient survey is divided into 7 sections. For each scored question in the survey, the individual responses are converted into a score on a scale of 0% - 100%. Each scored question is RAG rated. A red rating is for the lowest scoring 20% of trusts, an amber rating represents the intermediate 60% of trusts and a green rating represents the highest scoring 20% of trusts.

Overall, the majority of our scores were within the intermediate range. There were more improved scores than declined since 2017. The Trust had a small number of scores in the lower 20% and was in the top 20% percentile for 'availability of activities during weekdays and weekends'. The Trust was RAG rated greed for two questions both in the 'Care and Treatment' section. The lower scores which require improvement were: provision of talking therapy, giving the service user information on what to do when in crisis. The Trust was RAG rated red for these two questions only.

CQC Community Survey

This year's CQC Community Survey rated the Trust as top in London when benchmarked on the 'Overall Experience'.

The Trust ranked 9th when benchmarked nationally out of other 55 Trusts, scoring 7.1. The highest ranked trust had an overall score of 7.5 and the lowest ranking trust had a score of 5.6.

This year we were *rated* #1

TOP IN LONDON BY OUR SERVICE USERS

Overall experience. CQC Community Survey 2018
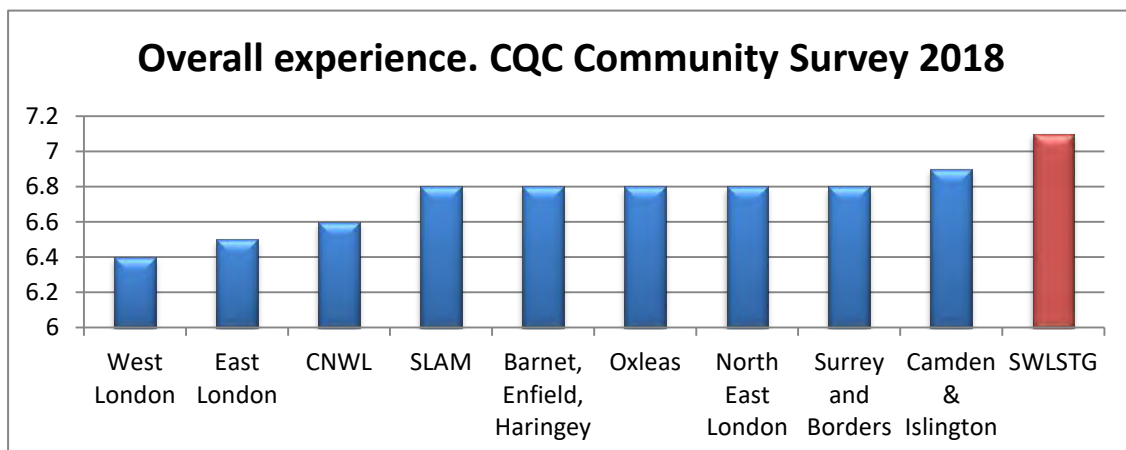
When benchmarked across other London and neighbouring trusts, however, we were highest for six of the eleven domains, lowest for 'crisis care', and second lowest for 'Changes in who you see' domains.

Action plans were developed with service lines in response to both of these surveys and these plans were presented to the Quality Governance Group and Quality Safety and Assurance Committee with an update against progress to be reported at three months.

Our Staff

3.18 NHS staff survey

2018 Staff Survey results

The NHS Staff Survey is undertaken annually. All full-time, part-time and bank staff who were directly employed by an NHS organisation in September 2018 were eligible to complete the survey.

The Trust's response rate was 57%, an increase of 9% from the previous year and 3% above the average for mental health trusts. For the first time, the survey results are presented by theme, rather than by key findings. A summary of the Trust results is shown below:

Theme	Change from 2017	Comparison with MH trust average
Equality, diversity and inclusion	Deterioration	Below average
Health and wellbeing	No change	Below average
Immediate managers	No change	Below average
Morale	Not previously reported	Below average
Quality of appraisals	Improvement	Above average
Quality of care	No change	Above average
Safe environment: bullying and harassment	No change	Below average
Safe environment: violence	No change	Same as average
Safety culture	No change	Same as average
Staff engagement	No change	Same as average

In 2019, the Trust will continue '*Making Life Better Together'*, our engagement programme, which will include a focus on our values and behaviours and bullying and harassment, about which more information can be found below. Service lines and corporate departments are also being supported to develop their own local action plan in response to their results.

Evidence shows that the cultural changes needed to achieve changes in staff results can take at least 18 months, and that a consistent, long term approach is needed. Consequently, the trust will continue to focus on the priority areas identified in 2017/18:

- Working conditions (B&H, acting on Policies)
- Relationships at work (linked in part to B&H)
- Involvement in change
- Listening and acting on service user and staff feedback

Making Life Better Together

2018 saw the launch of 'Making Life Better Together', the Trust's engagement programme. Following a series of *Listening into Action events* in the summer of 2017, the Employee Engagement team was able to identify key themes and actions from staff which would improve their experience at work.

Empowering our staff to be able to make changes to their workplace and the way they work was also strengthened by a 'Fund My Idea' initiative, in which staff were able to apply for funding for ideas which would improve their work place or environment.

These have included:

- A new staff room at Queen Mary's hospital
- A renovated lunch room for staff on the first floor of the Newton Building at Springfield
- A new workplace choir with a professional choir master
- A one year supply of fresh fruit for staff all at our Heathside clinic in Kent.
- Improvements to the HR kitchen area.

In 2019/20, 'Making Life Better Together' has included a focused, trust-wide engagement week, enabling staff, service users and carers to agree the behaviours that will underpin our values. These values and behaviours will then be embedded within our recruitment processes, and our policies and appraisal and supervision frameworks so that staff and patients have a consistently high experience in the Trust.

Listening into Action sessions will also be held to collaboratively agree the Trust's response to our staff survey results, our wellbeing work and to support the development of key policies.

3.19   Raising concerns 'Freedom to Speak Up'

Following the Francis Review of whistleblowing and Raising Concerns within the NHS, it was recommended that all NHS Trusts provide a 'Freedom to Speak Up Guardian' with whom staff can safely and confidentially raise concerns. The decision was made by the Trust to commission an independent organisation to provide this.

The Guardian Service is an independent and confidential service established to support NHS employees at all levels and in all roles, to discuss any matter relating to service users care, safety and work related concerns. The service covers service user care and safety, whistle blowing, harassment bullying, and work grievances. It provides information and emotional support in a strictly confidential, non-judgemental manner and in an off-the-record discussion.

The service is focused on the individual, helping them to articulate their concern and decide what action they wish to take. With the agreement of the staff member it can escalate the

issue in line with agreed parameters, bringing the issue to the attention of the appropriate Executive or management team member.

The Guardian Service:
- Allows individuals to seek impartial assistance without formalising their issue, in a confidential manner
- Assists issues to be resolved at an early stage
- Provides facilitation of meetings to resolve issues
- Reduces the number of formal grievances raised in an organisation
- Reduces the number of grievances becoming litigious
- Protects working relationships between parties to a complaint
- Surfaces issues for the organisation that might otherwise be unknown
- Ensures action is taken in a timely manner
- Reduces organisational time and resources in handling complaints, grievances etc.

The Guardian Service is the first of its kind in the UK and has been developed specifically for the NHS by experts in the field. Staff use of the Guardian Service has continued to increase, whilst the number of concerns raised anonymously has significantly reduced, which indicates increased trust and faith in the Guardian service and the manner in which the Trust responds to concerns.

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3
Concerns raised	16	14	19	30	32	26	40
Concerns raised anonymously	1	12	19	29	1	1	1

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

3.20 Equality and Diversity

In 2018/19 the Trust introduced a number of key equality deliverables as corporate objectives. The general theme for these objectives was "to improve the implementation of the equality and diversity agenda within the Trust, enabling an inclusive culture which values the benefits that diversity can create".

Key Achievements

Harassment and Bullying
Bullying and Harassment workshops for managers were launched in June and within six months over 65 staff have attended the 7 workshops which have been delivered. These sessions have received positive feedback and have led to a Skype call session for staff to interactively raise awareness of how to prevent harassment and bullying.

A small delegation from SWLSTG attended the "Tackling Bullying in the NHS" conference in June. The conference presentations featured high profile speakers including Jim Mackey, Chief Executive, Northumbria Healthcare NHS Trust and former CEO of NHS Improvement. Information shared at the conference was used to inform the Trust's Bullying and Harassment campaigns and sessions.

The Trust equality and diversity Induction training has now been reviewed to include a strong message of the Trust commitment to an environment free from harassment and bullying

Staff declarations for disability
Regular bulletins have been emailed to staff alerting them to the importance of updating their disability status on our Electronic Staff Records.

The information that staff provide is used for statistical purposes only and will not affect them individually. Currently 75% of our staff report not having a disability, whilst 17% have not stated whether they do or do not have a disability and 6% of our staff state they have a disability. Our declaration campaign will continue into 2019/20 in preparation for the national launch of the Workforce Disability Equality Standard (WDES) scheduled for April 2019.

Work Experience for People with Learning Disabilities.
The Trust is working in partnership with Wandsworth and Richmond Council to pilot a Work Experience programme for people with Learning Disabilities. We have identified three departments that will provide work experience placements; the first successful placement was in our Learning and Development Department. This programme was featured at the Trust's Learning and Disability Conference.

Black History Month
In October the Trust BME staff network held its Annual Conference. This event was open to all staff with over 65 people attending. Delegates have said they found the event inspirational and thought provoking. Professor Dame Elizabeth Anionwu was a keynote speaker and spoke about her life journey and challenges to excel as a distinguished nurse. Kevin Buckle from the Deaf Staff Forum gave a fascinating presentation on the History of BSL in Jamaica. The event featured workshops covering emotional intelligence and delivering powerful presentations.

To mark Black History Month the Trust ran a Black History Month Competition. Two Black History month banners were on display in both Springfield and Tolworth Hospitals. A Black History Month/ Windrush mini exhibition was on display at the Evolve Staff conference. The Trust also advertised a number of Black History Month community events on its external website.

Workforce Race Equality Standard

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers. The Trust has published its 2018 WRES report and drafted an action plan. Our Associate Director HR, Engagement and Opportunity and Equality and Diversity Lead have been nominated to attend the WRES Expert programme which will help drive forward the implementation of an outcomes focused delivery for the WRES.

Supporting the development of Staff Networks

The Trust now has seven Staff Networks (these are the Christian, Disability, LGBTQ+, Women's, BME-Evolve, Deaf Staff Forum and Mental Health)

Each of the Networks has been allocated an Executive Trust Director as their Champion. Staff Networks are built by staff for staff and the champions will have an enabling, rather than leadership, role. This will include:

• Supporting the Networks and acting as an ambassador
• Help in publicising their work.
• Supporting the Networks to achieve their aims and objectives

Our Deaf staff forum held a number of events for Deaf Awareness week (13-17 May). We were particularly pleased to be able to screen The Silent Child, an Oscar-winning short film about the experience of a Deaf young girl.

In consultation with the Trust's LGBTQ+ staff network we have developed a 'Lanyard Pledge' so our staff understand the benefits/significance of wearing the rainbow lanyard. Staff requesting the rainbow lanyard will be required to complete the pledge. The Trust celebrated Pride month and included the raising of the Rainbow flag at our NHS70 celebrations with the launch of the LGBTQ + staff network

In November, the Trust hosted a Deaf mental health event that was designed for staff, service users, carers and clinicians. The event showcased the highly specialised mental health services for Deaf people and raised awareness of the issues faced by people who are Deaf and also have mental health problems in terms of accessing appropriate care and treatment.

In December the Trust launched the Disability Staff Network. A Disability Staff Network will help us with our action planning for the WDES and offer support to disabled staff and service users. David Bradley, CEO, opened the event; David is also the Trust Executive Disability Champion. Ann Beasley, Board Chair and Sola Afuape, Non-Executive Director addressed the audience as part of the panel discussions. The event attracted 40 members of staff.

3.21 Health and Wellbeing

Corporate objectives for the Trust in 2018/19 have included an increased focus on mental health in the workplace and specifically the piloting of focused work to address stress in the

workplace. This work will continue throughout 2019/20. The Trust has also implemented a campaign to address bullying and harassment in the Trust in response to our 2017 Staff Survey results, and has included the launch of bullying and harassment training for managers.

Evidence has shown that the improved availability and use of flexible working has a positive effect on wellbeing, and a campaign to raise awareness of the Trust's policies for flexible working and the value it can bring to our staff has been launched.

Quarterly wellbeing fairs at Springfield and Tolworth hospitals have been held, with a particular focus on healthy living and the services and support that are available to staff.

The multidisciplinary Health and Wellbeing Delivery Group chaired by an Executive Board member oversees the implementation and monitoring of the health and wellbeing action plan.

Promoting Physical Health

Eye Clinic

The Trust saw an overwhelming response to *The Service;* a mobile eye clinic was provided on site at Springfield for three weeks between 24 September and 25 October 2018.

Staff were notified via direct mail through to departmental heads, and promotional posters were disseminated across site. In total *The Service* was onsite for 19 days and provided the following to Trust staff:

- Total Appointments offered 437
- Total Appointments taken 423 showing a 97% take up
- Total Examinations Completed 385
- Staff Requiring Vision Correction 63%
- Number of staff who ordered prescription eyewear 106
- Staff Requiring VDU Correction Only 32
- No of Eye examinations resulting in discovery of symptoms requiring further investigations by Ophthalmology 14

Global Challenge III

This year approximately 420 staff took part in GCC which is the third successive year that the Trust has run the challenge. In total this involved 60 GCC teams, ranging from clinical, support services and corporate. During the 100 day challenge staff took a virtual tour around the world whilst being incentivised to build their physical activity and monitor their daily step count. Participants were also supported with their holistic wellbeing by being able to access online modules covering sleep, nutrition, stress and happiness.

Motivations for wanting to take part in the challenge varied, ranging from personal health goals to increased engagement or a desire to collaborate with colleagues.

From the questionnaires completed by staff prior to the challenge and based on recommended medical and scientific guidelines

- 79% of staff are below recommendations for physical activities
- 87% are below recommendations for nutrition
- 83% are below recommendations for Mind (Sleep and Stress)

The results have been impressive and include:

61% of participants now meet the recommendation of 10,000 steps per day vs. 21% pre-Global Challenge

56% of participants are now more aware of what they eat

56% of participants who tracked their weight have lost weight

62% of participants now meet the recommended amount of sleep vs. 48% pre-Global Challenge

65% of participants have reported a decrease in their stress levels either at home or at work

70% of participants have reported an increase in either their productivity or concentration

To celebrate the achievements and the boost to morale, camaraderie, productivity and teamwork that has been gained from participating in GCC, the Trust will be holding an awards ceremony to mark individual and teams achievements.

Zumba and Yoga

A programme of Healthy *Workplace Healthy You* Yoga classes has been planned and will take place weekly on a Tuesday at Springfield from March 2019. The classes are being run by an experienced yoga instructor and will take place at the new conference centre. Plans are also underway to reintroduce Zumba classes too.

Musculoskeletal Physiotherapy Services

The Musculoskeletal service has continued to run a weekly clinic delivered from the Occupational Health Wellbeing Centre at Springfield Hospital.

In support of national back care week (8-12 October 2018) the Trust undertook a number of activities to raise awareness of musculoskeletal issues. Activities were publicised throughout the week through posters and communications on inSite. The Physiotherapy service led the sessions which included a canteen stall to raise awareness about the risks associated to awkward sitting, housekeeping, standing risks and non-physical activities. Also available was a pain management drop-in clinic for staff which was held at Springfield OH Wellbeing Centre. A review of sickness absence days lost due to MSK issues has led to some preliminary discussions with the physiotherapists and specific services. This will be followed up in the new financial year.

Acupuncture Clinic

The Trust has run four acupuncture clinics since June 2018 with each clinic treating eight members of staff, each attending the clinic weekly for six weeks.

Based on a review of three clinics involving 22 cases nearly a half (41%) of attendees presented with back pain and other issues, 27% suffered migraines and headaches, 14% with anxiety/depression, the final 18% presented with sleeping problems, arthritis, colitis and knee pain.

Staff also commented on the benefits of the acupuncture treatment. When asked to rate how much acupuncture had helped them on a scale of 1-10 with 0 indicating no response and 10 indicating excellent response, most staff were skewed towards the 'excellence' rating, indicating extremely encouraging satisfaction levels with their treatment. The attendees confirm that even after a short, week's treatment programme, acupuncture has had a beneficial effect.

Feedback from an acupuncture clinic user:

> *First time in ages I actually slept through the night without interruption and I feel so refreshed this morning. Bounced out of bed this morning and got to work earlier than normal. I have hardly any back pain and when I do get an occasional twinge, it's a twinge of about 2 on the scale maximum.*

Promoting Emotional Wellbeing

The Trust continues to provide an Employee Assistance Programme (Care First) for all staff. This service includes independent and anonymous telephone counselling 24 hours a day, 365 days a year, and face to face counselling when required. In the last 12 months, use of the service has increased, by both staff who are absent from work due to illness and those who are currently working.

To maintain confidentiality, the Trust does not receive any personal information from Care First, though staff have been reported to use the service for a range of personal issues, including bereavement, emotional health and relationship issues. It is particularly encouraging that 50% of staff who used the service did so on the basis of recommendations from colleagues.

Mindfulness

The Mindfulness special interest group has continued to meet throughout the year with the aim of supporting staff to embed mindfulness in the Trust. The Trust is rolling out ten 60-minute mindfulness workshops. In addition, the Trust has promoted a Mindfulness Based Living Course (an official course of the Mindfulness Association UK). This is being attended by clinical and non-clinical staff including ward managers, peer trainers, employment

specialists and mental health nurses. The course, which lasts for eight weeks including a retreat, is aimed at improving staff wellbeing, reducing stress and improving efficiency, productivity and focus at work.

Resilience training for managers
The Trust ran four health, wellbeing and resilience workshops for managers throughout the year attended by approximately 30 managers. Feedback was very positive with managers highlighting the theory and practical application of managing health and wellbeing in teams as being particularly valuable. Health and wellbeing training for managers at all levels was identified as part of the World Café Leadership conversation in 2018. It has been agreed to incorporate health and wellbeing and resilience training as part of the Leadership development programme as a key step going forward.

Health and Safety Executive Stress Management
As a follow up to the HSE Stress Management survey conducted across the organisation, the Trust has piloted the HSE tool since the New Year enabling the development of risk assessments and action plans within a small number of services. The pilot will be used to inform the wider roll out of health and wellbeing stress management focus groups.

Health and Wellbeing Fair
The second Health and Wellbeing Fair was held on 17 December at Springfield Restaurant. The location provided a prime opportunity to publicise various aspects of the Trust's wellbeing offer to staff. Several stall holders were in attendance including Hannah Bundy, (Physiotherapy) Baber Siddqi (Health and Safety and Staff Disability Network), Lincoln Murray (The Guardian service) Stefan Wilkins (Employee Assistance Scheme) Jenny Duncan (Staff Networks and Equality and Diversity), Angie Hammond (Health and Wellbeing Group) and Jane Street (Health and Wellbeing and Resilience Trainer).

Flexible Working
A flexible working survey has been designed and implemented to gather a view of staff experiences of flexible working including reasons for rejecting requests. The aim is to improve access to flexible working opportunities to support Trust goals around staff wellbeing and retention. Two flexible working workshops were held specifically for managers and staff on 18 December. Outputs from these workshops which were very helpful along with survey outcomes will help to shape the flexible working campaign.

Communications
The Health and Wellbeing Zone on inSite underwent some revision, especially Staff Discount pages and the landing page. The Trust has also drafted a health and wellbeing leaflet which is in its final stages. This will be circulated to all staff to ensure that staff are able to find out more about SWLSTG's health and wellbeing offer

Part 4

How we developed our Quality Account

How we developed our Quality Account: Statement from Executive Director of Nursing and Quality Standards

This is the ninth 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. We are proud to be commended by the Care Quality Commission for being an open and transparent organisation.

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

Consultation Comments

We provided a consultation 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. They were all provided with 30 days to consider the Account and provide feedback. In the time available to us to act on these 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 are incorporated into this Quality Account.

Concluding comments

We remain incredibly proud of the services we deliver and our staff who ensure quality of care remains at the centre of everything we do. 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 (Please note that there are mandated fields and ordering that the trust has to follow). Last year we received feedback that it would be helpful to have a more comprehensive Executive summary, we have therefore included this year and this provides the keys We will also be providing a summary of this Quality Account that will be publicly

available. If you wish to send comments, 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

We considered a summary of key changes is this report as a result of comments provided by our stakeholders listed below but the comments received related to the ongoing work with the Trust rather than amendments to this Account itself. Comments will be considered for next year's Quality Account.

Commissioners: no comments received

Statement from Kingston Council Health Overview Panel General:

We welcome the suggestions you have put forward for the 19/20 quality targets - they are all very important. We particularly endorse further work on the area of suicide and support post discharge.

We were sorry to see that none of the community workshops for external engagement were held in the borough of Kingston and would like to see more engagement in the future. Linked to this we would be interested in a breakdown of service users, carers, voluntary sector organisations who attended from Kingston

We would like to note that the whole school approach is being implemented in Kingston albeit on a smaller scale.

We support the recovery cafe model and hope that following the expansion to Richmond thought could be given to provision in Kingston. We would be interested in a breakdown of usage by service users from each borough.

Quality priority 2 (Healthy lifestyle):
- Public Health referrals/social prescribing: Is this embedded in regular practice when a community group (e.g. Tai Chi (Physical Activity), community coffee morning (social isolation) etc) or a referral to a Public Health Service (e.g. Smoking Cessation - 15.5% prevalence in adult pop (tends to be higher in MH setting) or weight management services). Is anything directed towards Public Health referral hub?)

- Step down relationships/referrals: Same as above, but as a step down when exiting services. To particular local offer (Hestia Good energy club or Happier Living sessions), using https://connectedkingston.uk/ as reference point.

- Both of the above could be condense down into a specific 'relevant menu' of referral/ prescribing options. Or could be added to co-produced fact sheet for GPs (local opportunities to 'get active', 'make friends' or 'get support in the community'.

Quality priority 3 (Suicide prevention):
- We would be keen to work together with the trust through our suicide prevention steering group. We are particularly interested in promoting the use of the 'stay alive' app and provide local support info to supplement the help is at hand info pack.

Quality priority 4 (Experience Challenge - combining co-production):

- Improve Co-Production and the objective on 'The number of people involved in involvement increases by 25% by year end'. We would be interested in a breakdown of the involvement of people in each borough.

- We would also be keen to work with the trust on recruiting service users and carers to be time to change champions in our Kingston Time to change hub as we feel that supporting leadership by experience of service users will enhance their experience and help us to tackle mental health stigma together.

- It would be good to be involved in the Physical Health Development Day to promote what Public Health Services and Community provision is available.

Accessing information:

- How are resources or the app currently being promoted? If a resident searches (the internet) for 'Mental Health Support' or 'information about suicide' are they presented with/able to find this information?

Accessing information in a crisis:

- Same as above, but related to searches for information in time of crisis. Are residents able to find advice and direction on what to do/where to go?

Statement from Richmond upon Thames' Health Services Scrutiny Committee

LONDON BOROUGH OF RICHMOND UPON THAMES

Following on from the meeting held on Thursday 11 April 2019, to discuss South West London and St George's Quality Account (hereinafter 'QA'), 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 proffer the following comments on the report:

- We noted that safety in acute wards for adults of working age and psychiatric intensive care units was deemed as requiring improvement and the Trust is taking steps to improve this with a view to an improved rating from the Care Quality Commission;

- The committee noted that Serenity Integrated Mentoring (SIM) had been established but LBRuT is currently receiving less money than other boroughs;

- We would like to see further support for dementia in Primacy Care settings. It is important that there is a good treatment pathway. It can be difficult to distinguish between a natural cognitive decline and dementia;

- CAMHS services for the borough's young people are good but there is an issue in terms of accessing treatment in a timely way. We welcome steps to improve waiting times;

- Whilst the committee was reassured to hear that the Trust was meeting many of its national targets we feel that the Trust should be more aspirational and looking to see how its performance can exceed these;

- We are concerned that staff morale is below average and hope that the Trust will continue to implement steps to improve staff morale levels over the coming year and beyond;

- We welcome the offer for further dialogue with LBRuT's disability champion to further increase joint working;

- We noted that the financing of commissioned services in LBRuT is below the London average and we look forward to receiving further information on this;

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 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 timings allowed for its submission means that it has not been possible to agree it at a Committee meeting. The comments have been prepared in consultation with its leading members.

The Adult Care and Health Overview and Scrutiny 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.

We are pleased with the continued emphasis on improving outcomes for children and young people through the transformation of Child and Adolescent Mental Health Services. In particular, we welcome the Trust's involvement in the Trailblazer programme and hope that a 'Whole School Approach' can reduce the burden of mental ill health in young people. We do have concerns that increasing levels of self-harm amongst children and young people are posing a threat to the health and well-being of our communities. We would like to see the innovative work carried out in Sutton replicated in Wandsworth to ensure access to effective early intervention services.

The Committee would like to place emphasis on the health inequalities faced by people experiencing mental health disorders. People with serious mental illnesses are dying prematurely. Depression is associated with a 50% increased mortality from all disease and reduced life expectancy of around 11 years in men and seven years for women; serious mental illness can reduce life expectancy even further. We welcome the Trust's continued ambition to improve the physical health of service users and would be keen to see definitive evidence of improved outcomes in the next quality account.

The Committee welcomes a continued focus on patient and staff safety; in particular, the need to reduce levels of restrictive practice; including restraints and seclusions. We would like to see information to illustrate these improvements in due course.

We also welcome a continued focus on suicide prevention. We would urge the Trust to continue to work closely with the Wandsworth Suicide Prevention Group in the implementation of their respective strategies. In particular, we would like to see increased access to evidenced based training for all staff and carers; improvements in co-produced safety planning; improved access to talking therapies and clear pathways for self-harm.

The Committee welcomes recent improvements in acute care pathways and the options of more appropriate alternatives to accident and emergency departments for people experiencing psychological distress. We would like to commend your partnership with the Metropolitan Police in implementing the Serenity Integrated Monitoring project which appears to be showing remarkably positive outcomes for some of our most vulnerable service users. However, we do feel that there is scope for further improvements and would call for increased investment in crisis care services alongside a focus on maximising the benefit of co-produced crisis planning to prevent episodes before they occur.

We recognise that good mental health services are dependent on an integrated response to treatment and care; we hope that over the next year the Trust and its partners are able to prioritise more effective practice in patients who experience co-occurring mental health and substance misuse conditions. The quality account refers to this as a priority, but we feel that it should be considered more widely than just within the context of suicide prevention. We hope that the next quality account will provide evidence of a more consistent approach to helping people with mental health and addiction concerns.

The Committee would like to take this opportunity to emphasise the importance of staff health and wellbeing. It is hoped that a continued emphasis on the implementation of the Trust's Health and Wellbeing Strategy will have a positive impact on the staff survey results

which remain poor in comparison to other Mental Health Trusts. The NHS long term plan recognises the importance of workplace health and we recommend that the Trust engage with the local Health and Care Plan which proposes actions to improve workplace health as part of a wider Prevention Framework.

Finally, we would like to take this opportunity to thank the Trust for the opportunity to comment on this quality account. Overall, we are happy with the priorities for next year and hope that the additional comments and suggestions contained in this response will be acted upon to ensure improved outcomes for our residents.

Healthwatch Kingston upon Thames (HWK) is pleased to be invited to review and provide feedback on this South West London and St George's Mental Health Trust Quality Account 2018-19.

HWK feedback has been informed by our existing local evidence and where the report identifies areas of interest that synchronise with HWK priority engagement and other work themes.

HWK would like to acknowledge the work done by staff and volunteers at the Trust to maintain quality while delivering notable improvements during 2018-19 and notes the focus of the Quality Priorities for 2019-20. A good example of where efforts have delivered a positive impact is the Trust being rated top by service users for 'Overall Experience' in community care. The Trust is to be commended for this level of patient satisfaction.

HWK looks forward to working with the Trust both as a new Strategic Partner in the Making Life Better Programme, challenging mental health stigma and discrimination in our role as the Time to Change Kingston Hub Coordinator and to supporting achievement of the Trust's Priorities for Improvement 2019-20.

HWK continues to have a particular interest in the need for specialist provision for people living in Kingston with Emotionally Unstable Personality Disorder and will be following planned progress in this area.

Finally, HWK welcomes the continued focus to make the Quality Report more readable in line with the Accessible Information Standard. In addition, the HWK review panel felt it would be helpful if the Trust created a jargon free (minimised) Executive Overview of this and future Quality Reports, in Plain English, so that the information is accessible to people living with a learning disability, without people having to request it.

Commentary on South West London Mental Health Trust Quality Accounts 2018 – 2019

Healthwatch Richmond greatly welcomes the opportunity to comment on the Trust's Quality Account and be consulted on its quality priorities.

It is good to see that patient and carer involvement has been set as a 2019 – 2020 priority. We therefore encourage the Trust to ensure that opportunities for engagement are spread across the Trust and are at accessible times for patients and carers so that this programme of work can reach its full potential. We also ask that the Trust are mindful of how these will be advertised and to look beyond internal announcements and publicise through local charity networks so that more patients and carers can participate.

We'd like to congratulate the Trust on being ranked 1st in London by the CQC for overall patient experience in their 2018 community mental health survey. This clearly demonstrates the progress the Trust has made in recent years, in particular their responsiveness to feedback provided by patients, carers and staff and their plans to keep them actively engaged with service development.

Care Quality Achievements in 2018/19

Improve the consistency and capability of clinical care and adult community services
We agree that this priority was not fully met by the Trust, despite what is clearly a lot of activity over the year. We commend the trust for taking a flexible approach to managing this, for example by increasing the number of RATE trainers during the year. We agree with the finding that an increase in complaints was due to changes in care coordination in the Richmond Recovery & Support Team. From our work we understand that over 50% of nursing posts in Richmond Recovery & Support Teams are currently vacant. Moreover, engagement with patients and carers in the Richmond Recovery & Support Team has shown that they had been affected by high staff turnover, significantly compromising their consistency of care and the rapport they were able to build with the team. While the Trust has taken measures to reduce the number of complaints, resolving the issues with recruitment retention will be key to reducing complaints in this area.

Patient Experience Review
We praise the Trust for actions taken to overcome logistic challenges. It is recognised that delays have occurred in launching the PROMIS app however, we share the view that service users, carers and service line engagement must be valued to achieve priority 2. Results from the survey's prototype and the Family and Friends Test's SMS will likely improve feedback collection from the hard to reach public. Nonetheless, it is yet unclear whether the online systems adopted will meet the needs of patients and carers, particularly for those struggling to access them. We look forward to any further development.

Improve Co-Production

Once more, we are pleased to find that the Trust places emphasis on community engagement to improving services. In particular, service users' involvement in recruiting clinical and senior management will contribute to making people feel empowered, valued and influential to the organisations supporting them. Our work has highlighted that individuals in crisis often feel isolated or frustrated by staff's response. Although it is yet to be put in place, involving service users in training staff are expected to improve these issues and consequently increase people's involvement beyond 25%.

Reducing Violence & Aggression/use of restrictive practice

A lot of work has clearly been delivered to achieve this priority, and beyond. The wide range of qualitative and quantitative data highlights the Trust's dedication to evaluate their intervention's results. The content of safety interventions implemented, as part of the Safety in Motion strategy, are not fully clear from the report however, the timeliness within which those are being delivered is commendable.

Preventing Suicide

From our outreach work it was found that the ability of staff to communicate with patients underpins preventative care. Patients were very vocal about the positive role that social networks have in preventing symptoms from escalating. We are therefore pleased to find that the Trust has focused on improving staff's awareness of suicide risk, as well as that of families and carers. Notably, the CQC also highlighted that parts of crisis care need to be improved. This is an area that frequently comes up in our wider outreach work, with many people struggling to access the Trust's internal psychological therapies. This could help with prevention and finding appropriate forms of support, particularly around where to go out of hours and intervention that is specialised enough to help with the containment and resolution of a mental health crisis. Consequently, we are very glad to hear that the Trust has recognised this and that internal action plans are underway to improve their service offer. We particularly welcome the Trust's plans to raise the provision of therapeutic intervention for crisis management with commissioners this year. We also note plans for a crisis café in Richmond for 2019/20, which is pleasing to hear given their popularity in Wimbledon and Merton and would appreciate more clarity from the Trust on potential service providers and how it is being funded.

Improved Physical Health for Service Users

Arrangements made by the Trust are positive and fit the aim however, ABLS training attendance has not met the expectations. Moreover, statistics on patients' physical health assessments remain uncertain and difficult to interpret. We therefore agree that this priority was only partially accomplished and it is subject to ongoing work.

The CQC's unannounced inspections this year found that some patients were not consistently read their legal rights or involved in their care planning, which is concerning. It is not currently clear how the Trust resolved this and we would welcome greater candour from the Trust going forward.

Improved Supervision for Staff

It is commendable that the Trust used staff perspectives to improve supervision. It can be expected that the latter will positively affect practitioners' ability to deliver a good service and ultimately, improve patients' experience. The steep increase in supervision compliance closely meets the 85% target and positive actions have been taken to promote the benefits of supervision to staff. Nevertheless, the lack of data in this report makes it unclear whether the quality of supervision has improved for individual practitioners and therefore whether this priority was partially achieved.

Quality Priorities for 2019/20

Healthwatch Richmond's staff are enthusiastic about the future priorities set by the Trust. We welcomed the invitation to participate in setting new achievements, amongst other stakeholders and the public. We also look forward to future collaborations.

Given the positive achievements brought by the Safety in Motion Programme and the Suicide Prevention Strategy in 2018/19, the Trusts choice of developing them further is sensible and praiseworthy. Further, we fully support the Trust's focus on improving staff awareness of their wellbeing as well as patients' needs. Embedding patients and their carers voice in the Trust through the Experience Challenge will integrate well with the achievement of those priorities.

In 2018/19 changes to the Trust's service line management structure brought marked improvements to governance and the way information is shared. However, residents and the voluntary sector have still found it difficult to find out about developments in their area in a timely way. Healthwatch Richmond therefore welcomes the revival of the Borough stakeholder groups and looks forward to future active participation. The recruitment of a new Chief Operating Officer should also enable significant progress in quality and engagement work in 2019-20.

We congratulate South West London and St. George's Mental Health NHS Trust for the report and the improvements achieved.

healthwatch
Wandsworth

Healthwatch Wandsworth are grateful for the opportunity to comment on the Trust's Quality Account for 2018/9. This document contains a wealth of information about the Trust's activities and plan that is not necessarily accessible elsewhere, and we expect that with more extended study there may well be detailed points which we would like to follow up with the Trust in our ongoing liaison.

The Chief Executive's statement, which opens the main Account, understandably starts with the Trust's rating as Good by the Care Quality Commission following their 2018 inspection. This was a major achievement and reflects great credit on the efforts made by all the Trust's staff under David Bradley's leadership over the last several years. The Account usefully brings out, not least in the 20-odd pages devoted to the achievements, challenges and next steps of the five service lines (Section 3.3), the multiplicity and variety of the quality improvement initiatives being pursued by individual teams at every level and in every corner of this complex organisation. The increasing emphasis given to people and relationships through co-production and involvement, working with carers, responding to service users' experience and transforming the Trust's working culture is also very welcome from a Healthwatch perspective.

The difficulty of securing real improvement should not be underestimated given the challenges facing the Trust, including recruiting and retaining a qualified workforce and matching capacity to increasing demand for core mental health services. Meeting the challenge of sustainability seems to take more and more of the Trust's corporate effort. At the same time, the Trust team have developed a new 5-year Trust Strategy and a new Involvement Plan as well as reconfiguring the Estate Management (hospital rebuilding) Programme in the context of property market changes.

Part 3: Our care quality achievements in 2018/9

It is therefore not wholly surprising that of the six Quality Priorities identified for 2018/9 in last year's Quality Account, only one (Priority 3: Reducing Violence and Aggression) has been RAG-rated ("traffic-lighted") Green, as having been fully completed, while the other five are shown at Amber, acknowledging the need for further work.

Priority 1, Improving the Consistency and Capability of the Community Services, is of particular interest as the community teams are acknowledged to be crucial to the sustainability of the whole secondary mental health care system.

What is said about the work done and improvement made in the year does not go in to the detail we might like to see, but the reference to a better process for handling transfers of care co-ordination is particularly welcome as discontinuity has been a widespread source of dissatisfaction for service users. Clearly the partial compliance reported in relation to risk assessment training and to care planning standards indicates the need for further efforts, as does the ongoing review of fundamental standards. This work needs close attention even though it has not been identified as among the Quality Priorities for 2019/20 (see below).

Priority 3, Patient Experience, is also of particular interest to Healthwatch. It seems that a lot of useful work has been done with service users and carers to improve the various feedback tools available to them. Not reported is what attention has been paid to monitoring and communicating the action taken by team leaders and managers in response to feedback. This gap is one we would like to see filled. This Priority is to continue in 2019/20 (see below).

A good deal of valuable work is also reported under Priority 4, Suicide Prevention, but more could be done to share the outcomes with service users, carers and the general public and to involve them more in what is an important collective endeavor. The proof of success will be a sustained reduction in the numbers of suicides of people with mental health problems: it may be too early to look for this but the Quality Account is one place where this should be tracked. Again, to continue in 2019/20 (see below).

Under Priority 5, Improve Physical Health for Service Users also, clearly, a good deal of valuable work has been done but the emphasis seems largely to have been on staff's ability to deal with emergencies or acute ill-health. Bridging the acknowledged physical health gap for mental health service users' needs sensitive and sustained attention on lower-level but potentially chronic health issues too, but perhaps this will be taken further in 2019/20 (see below).

Finally, Priority 6 was concerned with Staff Supervision. It is apparent that there is more to do on this important topic and we tend to agree that this should be pursued as a mainstream management responsibility rather than as a one-off Quality Priority.

Part 2a: Looking forward – priorities for improvement 2019/20

Given the partial achievement of last year's Quality Priorities it is understandable for the Trust to decide, as it apparently has done, to reduce to four the number of Priorities for 2019/20, each of which carries forward major themes from the previous year. These are:

- Priority 1, Safety in Motion: this approaches the previous issues of violence and aggression and of the necessary response to them in an innovative but evidence-based way involving a range of clearly identifiable interventions and techniques. For this and the other three proposed Priorities it would be helpful to see a more clearly worked out plan of action for the year with appropriate milestones and/or deliverables.

- Priority 2, Healthy Lifestyle: the reference here to common long-term conditions affecting service users is very welcome but the need goes beyond staff developing "awareness": they will need guidance on how to help service users and their carers face up to and tackle such conditions.

- Priority 3, Suicide Prevention: it is clearly important to give this work continuing priority. The recognition of the particular problems of Dual Diagnosis is a very welcome piece of learning from the Trust's ongoing review of mortality, which itself deserves a higher profile.

- Priority 4, Experience Challenge: in our view the challenge is not limited to eliciting the voice of service users and carers but is to ensure that their voice is heard and responded to throughout the organisation.

In making these comments, Healthwatch Wandsworth welcomes and supports the proposed Quality Priorities for 2019/20 and hopes that the Trust will clarify the work plans and report periodically on progress.

Glossary

Acronym	Definition
ACCC	Acute Care Co-ordination Centre
ASD	Autism Spectrum Disorder
ABLS	Adult Basic Life Support
ADHD	Attention Deficit Hyperactivity Disorder
A&E	Accident & Emergency
BACSS	Behavioural and Communication Support Service
BAME	Black and Minority Ethnic
BDD	Body Dysmorphic Disorder
BFE	Body Fluids Exposure
BRC	Biomedical Research Centre
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Services
CBACSS	Community Behavioural and Communication Support Service
CCFRG	Carers, Friends and Family Reference Group
CCG	Clinical Commissioning Group
CCQI	Centre for Creative Quality Improvement
CMHA	Cognition and Mental Health in Ageing
CNWL	Central and North West London NHS Foundation Trust
CPA	Care Programme Approach
CQC	Care Quality Commission
CQR	Care Quality Reviews
CQRG	Clinical Quality Review Group
CQUIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
CRU	Clinical Research Unit
CSRG	Richmond Carers Strategy Reference Group
CWP	Children Well Being Practitioners
DACT	Deaf Adult Community Team
DASA	Dynamic Appraisal of Situational Aggression
DONQ	Director of Nursing and Quality
DTC	Drugs and Therapeutics Committee
DToC	Delayed Transfers of Care
E&D	Equality and Diversity Committee
ECG	Electrocardiogram
ECT	Electroconvulsive therapy
ECTAS	ECT Accreditation Scheme
EIPN	Early Intervention in Psychosis Quality Network
ELAD	Evaluating Liraglutide in Alzheimer's Disease
EMP	Estate Modernisation Programme
ENEI	Employers network for Equality and Inclusion
ESM	Executive Safeguarding Meeting
EUPD	Emotionally Unstable Personality Disorder
FFAP	Falls and Fragility Fracture Audit Programme
FFT	Friends and Family Test
FOS	Forensic Outreach Service
GLP	Glucagon-Like Peptide
GP	General Practitioner
HOBV	Healing our Broken Village
HQIP	Healthcare Quality Improvement Partnership

HR	Human Resources
HSE	Health and Safety Executive
HSCA	Health and Social Care Act
HTAS	Home Treatment Accreditation Scheme
HTT	Home Treatment Team
HWB	Health and Wellbeing
IAPT	Improving Access to Psychological Therapy
IAPTus	The Trust's electronic clinical and patient record system.
ILS	Immediate Life Support
IM&T	Information Management and Technology
KPI	Key Performance Indicators
KCC	Kingston Co-ordinated Care programme
KCL	Kings College London
KLOEs	Key Lines of Inquiry
LA	Local Authority
LD	Learning Disability
L& D	Liaison & Diversion
LeDeR	Learning Disability Mortality Review Programme
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
Lotus	Liaison Psychiatry teams, Psychiatric Decision Unit
LSCB	Local Safeguarding Children Board
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MET	Medical Emergency Training
MHA	Mental Health Act
MHLGG	Mental Health Law Governance Group
MHSL	Mental Health Support Line
MLBT	Making Life Better Together
MP's	Members of Parliament
MSK	Musculoskeletal
MSP	Making Safeguarding Personal
NCAP	National Clinical Audit of Psychosis
NCAAD	National Clinical Audit of Anxiety & Depression pilot study
NCAG	NICE and Clinical Audit Group
NCAP	National Clinical Audit of Psychosis
NCEPOD	National Confidential Enquiries into Patient Outcomes and Death
NCISH	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
NDT	Neurodevelopmental assessment Team
NEWS	National Early Warning Score
NHS	National Health Services
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NMoC	New Models of Care
DNA	Deoxyribonucleic Acid
NOK	Next of Kin
NPSA	Named Patient Service Agreement
OCD	Obsessive Compulsive Disorder
OHG	One Housing Group
OHS	Occupational Health Services
OOH	Out of Hours

OPEL	Operational Pressures Escalation Levels
PADR	Performance and Development Review
PALS	Patient Advice and Liaison Service
PAS	Provider Action Statement
PCP	Primary Care Plus
PDU	Paediatrics Unite
PEER	Peer Expertise in Education and Research
PICU	Psychiatric Intensive Care Unit
PLAN	Psychiatric Liaison Accreditation Network
POMH-UK	Prescribing Observatory for Mental Health
PQF	Patient Quality Forum
PrAISED	Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment
PREM	Patient Related Experience Measure
PROM	Patient Reported Quality Outcome Measure
PTSD	Post Traumatic Stress Disorder
QED	Quality Network for Eating Disorders
QGG	Quality Governance Group
QII	Quality Improvement and Innovation
QNMHD	Quality Network for Inpatient Mental Health Services for Deaf People
QSAC	Quality Safety Assurance Committee
RAG Rating	Red, Amber, Green rating system
RATE	Risk Assessment Training and Education
RCA	Root Cause Analysis
RCADS	Revised Child Anxiety and Depression Scale
R&D	Research and Development
RiO	The Trust's electronic clinical and patient record system.
RST	Recovery Support Team
RT	Rapid Tranquilisation
RTF	Real Time Feedback
RTT	Recruit to Train
SAB	Safeguarding Adult Board
SBAR	Situation, Background, Assessment, Recommendation
SGUL	St George's, University of London
SIM	Serenity Integrated Mentoring
SLAM	South London and Maudsley NHS Foundation Trust
SLM	Service Line Management
SLP	South London Mental Health and Community Partnership
SMS	short message service
SPA	Single Point of Access
SREM	Staff Related Experience Measure
STEP	Springfield and Tolworth Estate Partnership
STP	Sustainability and Transformation Partnership/ Plan
SWLSTG	South West London and St George's
SYMBAD	Study of Mirtazapine or Carbamazepine for Agitation in Dementia
ToC	Triangle of Care
WRC	Wandsworth Recovery College
WRES	Workforce Race Equality Standard

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

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health 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 confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.
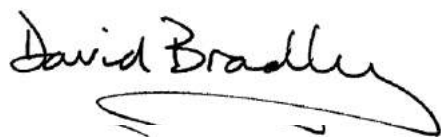
By order of the Board

Date: 19 June 2019

Chair
Ann Beasley

Date: 19 June 2019

Chief Executive
David Bradley

Independent Auditors' Assurance Report

Trust Introduction to the Auditors Opinion

As part of the quality accounts the trust has external auditors look at two key data metrics. The opinion given is not a statement about the quality of care provided but about data recording and submission against process and does not imply that the Trust is incorrectly reporting compliance against indicators.

INDEPENDENT AUDITORS' 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 2019 ("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 2019 subject to limited assurance consist of the following indicators:

- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital (CPA 7 day follow up); and

- Admissions to inpatient services had access to crisis resolution home treatment teams (Gatekeeping).

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

Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health 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 ("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 2018 to May 2019;

- papers relating to quality reported to the Board over the period April 2018 to May 2019;

- feedback from Local Healthwatch dated May 2019;

- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated May 2019;

- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;

- the latest national patient survey dated November 2018;

- the latest national staff survey dated October to December 2018;

- the Head of Internal Audit's annual opinion over the Trust's control environment dated 22 May 2019;

- the annual governance statement dated 24 May 2019; and

- the Care Quality Commission's Intelligent Monitoring Report.

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 indicator 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 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.

Basis for Qualified Conclusion

As set out in the Chief Executive's Statement on pages 15 to 18 of the Trust's Quality Report, the Trust currently has concerns with accuracy of data for CPA 7day follow up indicator and Gatekeeping indicator due to the accuracy of clock start and stop dates. In particular we found

- Our detailed sample testing of the CPA 7 day follow up indicator identified seven errors out of a sample of 123 in the data where the Patient Administration Systems ("PAS") discharge date was inconsistent with the actual discharge date as per the patient's clinical notes.

- Our detailed sample testing of the Gatekeeping identified nine errors out of a sample of 72 in the data where the incorrect admission source had been allocated to the record resulting in the record being incorrectly excluded from the population used to calculate the reported indicator.

Qualified Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion on the Trust's indicators' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and

- the indicators in the Quality Report 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.

KPMG LLP

KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

19 June 2019

Trust Response to the Auditors Opinion

The Qualified Assurance is a comment on the quality of our data/recording not whether a patient did or didn't get follow-up treatment/ gate-kept. The opinion does not mean we have failed to gate-keep or that there is deficient service provision quality or that the Trust is incorrectly reporting compliance against these indicators. What has been identified is poor recording of what happened or didn't happen and thus incorrect categorisation plus some incorrect definitions used. The Trust will actively work to review the data recording aspects of our clinical policies.

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

Quality Account 2018/19

Our values

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