

Surrey and Borders Partnership NHS Foundation Trust

Quality Report

18 Mole Business Park
Randalls Road
Leatherhead
Surrey
KT22 7AD
Tel: 0300 55 55 222
Website: www.sabp.nhs.uk

Date of inspection visit: 25-26 July 2017
Date of publication: 04/10/2017

Core services inspected

Inspection of "Well Led" key question

CQC registered location

Trust Headquarters,
18 Mole Business Park
Randalls Road
Leatherhead
Surrey
KT22 7AD

CQC location ID

RXXHQ

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the services and what we found	5
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
Information about the provider	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	10

Detailed findings from this inspection

Findings by main service	12
--------------------------	----

Summary of findings

Overall summary

Following this re-inspection we have changed the rating of well led at provider level from requires improvement to Good. We rated Surrey and Borders Partnership NHS Foundation Trust as good overall for caring, effective, responsive and well led because:

- The trust had a clear set of values and a vision and the trust had strong leadership, with effective leaders and managers. The board presented as passionate and engaging and were open and transparent. Executive directors and non-executive directors understood their roles and responsibilities.
- The trust values included involving people in their work and involvement groups were embedded in governance arrangements. The trust had set up initiatives to get feedback from patients and carers.
- The trust had robust governance structures in place. This meant that from ward to board there was a good understanding of the challenges facing the trust. Areas for improvement were recognised and work was carried out to make all the necessary changes. Key performance indicators and quality standards were set by the trust board annually.

These included clinical priorities for improving services. The trust monitored progress against each of the key performance indicators and quality standards at the council of governors, executive board, operational board and trust board meetings. The trust had a systematic programme of clinical and internal audit which was used to monitor quality and systems to identify where action should be taken.

- The trust had made considerable improvements in the quality of care and treatment provided at all of their care homes for people with a learning disability. In addition reporting systems and internal assurance reports had been strengthened which ensured members of the trust board were well versed in any developments, concerns or issues relating to the care homes.
- The trust board had a thorough and current oversight of all incidents and complaints. The board examined and analysed all incidents and complaints through regular and detailed board reports.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of the services.

Are services safe?

At the last inspection in March 2016 we rated safe as requires improvement. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Requires improvement



Are services effective?

At the last inspection in March 2016 we rated effective as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services caring?

At the last inspection in March 2016 we rated caring as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive to people's needs?

At the last inspection in March 2016 we rated responsive as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services well-led?

We rated well-led as good for the following reasons:

- The trust had a clear set of values and a vision and the trust had strong leadership, with effective leaders and managers. The board presented as passionate and engaging and were open and transparent. Executive directors and non-executive directors understood their roles and responsibilities.
- The trust had robust governance structures in place. This meant that from ward to board there was a good understanding of the challenges facing the trust. Areas for improvement were recognised and work was carried out to make all the necessary changes.
- Key performance indicators and quality standards were set by the trust board annually. These included clinical priorities for improving services. The trust monitored progress against each of the key performance indicators and quality standards at the council of governors, executive board, operational board and trust board meetings.
- The trust had made considerable improvements in the quality of care and treatment provided at all of their care homes for

Good



Summary of findings

people with a learning disability. In addition reporting systems and internal assurance reports had been strengthened which ensured members of the trust board were well versed in any developments, concerns or issues relating to the care homes.

- The trust board had a thorough and current oversight of all incidents and complaints. The board examined and analysed all incidents and complaints through regular and detailed board reports.
- The trust had a systematic programme of clinical and internal audit which was used to monitor quality and systems to identify where action should be taken.
- The trust values included involving people in their work and involvement groups were embedded in governance arrangements. The trust had set up initiatives to get feedback from patients and carers.
- The trust was awarded their second gold star from the 'Carers Trust's triangle of care' programme for community services. The programme encourages services to better support carers and engage with them in planning people's care and treatment.
- The trust had made links with local communities with a focus on engaging with protected characteristics' groups.

Summary of findings

Our inspection team

Our inspection team was led by:

Natasha Sloman, Head of Hospital Inspection, South East region, Care Quality Commission

The team included two CQC Heads of Inspection, one from the mental health team and one from adult social care, two CQC inspectors and a specialist mental health nurse with governance experience.

Why we carried out this inspection

This was a review of the Care Quality Commission well led key question. We undertook this inspection to find out whether Surrey and Borders Partnership NHS Foundation Trust had made improvements to their governance systems and processes since a previous inspection in March 2016. Following the inspection in March 2016, we issued 14 requirement notices against five core services. The trust provided us with an action plan and regular updates of action taken following the inspection.

The concerns focused on in this inspection in July 2017 included the following findings from our earlier inspection:

- The board did not have a thorough oversight of incidents and complaints. Whilst the board discussed individual, high profile cases and received annual reports of incidents and complaints, there was no detailed regular report to the board which examined and analysed all incidents and complaints. This meant that board members were not aware of all trends or hot spots and could not adequately challenge each other on what needed to change or the lessons that should be learned from serious incidents and complaints.
- The trust had weaknesses in their systems for reporting and learning from incidents. Some incidents

logged by staff were not signed off by managers which resulted in a backlog. This means that the initial actions and learning from some incidents were not captured and documented.

- The trust's seclusion policy did not reflect the updates to the changes to the Mental Health Act Code of Practice.
- There was no consistent use of a recognised risk assessment tool or consistent recording of patient risk across all core services. In the community child and adolescent mental health service and the mental health crisis and place of safety teams there were poor risk assessments.
- Medicines management practice was inconsistent across the trust. Issues included controlled drugs discrepancies on two wards and out of date drugs on three wards. Fridge temperatures were not recorded correctly at three sites.
- There were weaknesses in the trust's oversight of its social care homes for people with a learning disability. Six of the trust's social care homes have been rated as requires improvement by separate CQC inspections in the past year. Prior to our inspections, the trust's quality assurance systems had highlighted some concerns at these services but had not identified all of the concerns or the severity of some of the issues.

How we carried out this inspection

This inspection was a focused inspection concentrating on the well-led key question. Please refer to the report published 28 July 2016 for detailed findings of the safe, caring, effective and responsive key questions.

Before the inspection visit we:

- Asked other organisations for information, including, the local clinical commissioning groups.

Summary of findings

- Requested information from the trust and reviewed the information we received. This included the meeting minutes of the trust board and all associated sub committees.
- Reviewed our own internal intelligence and considered the reinspections of the adult social care locations.

During the inspection visit we:

- Interviewed the chair and chief executive of the trust.
- Interviewed executive and non- executive members of the trust board, including the nursing director, chief medical officer and the co-directors of services for people with a learning disability.

- Interviewed the chair of the trust governors and the carer representative governor.
- Interviewed the chief pharmacist, the complaints and Mental Health Act lead manager, the director of risk and patient safety as well as the patient safety team.
- Held focus groups for the mental health inpatient clinical leadership team and care home managers for services for people with a learning disability.
- Interviewed two external commissioners.

Information about the provider

Surrey and Borders Partnership NHS Foundation Trust provides services across the area of Surrey and North East Hampshire to a population of 1.3 million. Surrey and Borders Partnership NHS Foundation Trust was formed on 1 April 2005 following the merger of Surrey Hampshire Borders NHS Trust, Surrey Oaklands NHS Trust and North West Surrey Partnership NHS Trust. The trust achieved Foundation Trust status on 1 May 2008. The organisation now provides services from more than 47 sites and employs more than 2,000 staff and 200 social worker staff assigned to the trust by local authorities.

It provides the following core services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Long stay/rehabilitation mental health wards for working age adults.
- Wards for older people with mental health problems.
- Wards for people with learning disabilities.
- Community-based mental health services for adults of working age.
- Mental health crisis services and health-based places of safety.
- Specialist community mental health services for children and young people.

- Community-based mental health services for older people.
- Community mental health services for people with learning disabilities.
- Substance misuse services.

Surrey and Borders Partnership NHS Foundation Trust has a total of eight registered locations serving mental health and learning disability needs, including four hospital sites: Farnham Road Hospital (Mental Health Unit) in Guildford, the Abraham Cowley Unit at St Peter's Hospital in Chertsey, Deacon Unit at St Ebba's, Epsom and the Meadows at West Park in Epsom. The trust provides community mental health and learning disability services from a range of community sites across Surrey and North East Hampshire all of which are registered under the Trust Headquarters location.

Surrey and Borders Partnership NHS Foundation Trust also provides adult social care services. The trust has 12 care homes registered which provide residential services to adults with a learning disability. All of these care homes received a CQC rating of good overall in the preceding year to this inspection.

Surrey and Borders Partnership NHS Foundation Trust provides a specialist hospital drug and alcohol service in Surrey and community drug and alcohol services in Surrey, Hounslow and Brighton and Hove.

Summary of findings

What people who use the provider's services say

We did not interview patients on this inspection.

Good practice

- The trust had developed the CARE excellence accreditation process as part of their quality improvement approach. In 2016 and 2017 every team across the trust had undertaken a self-assessment and peer review and were given a rating which reflected the Care Quality Commission rating process. Following this process the teams were expected to receive further assessment against set standards in order to receive a full accreditation. Four services had received accreditation at the time of our inspection with a further five due to achieve accreditation in the near future. Other services were encouraged to arrange visits to these services to see and share good practice.
- Staff told us about their teams' quality improvement projects and told us every team was expected to produce plans as part of the overarching trust quality improvement plan and clinical strategy. Each plan had clearly defined aims and tangible and positive outcomes for patients and their carers. Examples of these projects included, reducing falls by 50% on Victoria ward by introducing 'justocats', improving the quality of clinical handovers on Magnolia and Mulberry ward by making more reliable the use of a nationally recognised methodology called, 'situation-background-assessment-recommendation', improving the quality of mouth care delivered to patients and to reduce restraints and provide care using the least restrictive and safest intervention.
- Following the development of the positive risk taking protocol, over 450 staff were trained in the use of the protocol. Staff had presented their research on this project at national and inter-national conferences. Work was ongoing to embed the positive risk taking approach across the trust's services. One example of the approach was the development of new admission packs and checklists for inpatient ward staff to use, for patients with a personality disorder admitted to wards. The aim of the packs was to help staff ensure admissions were structured, skills-based and enabled recovery and timely discharge.
- The trust was selected as one of the seven NHS test beds for their 'internet of things' in partnership with the Universities of Surrey and Royal Holloway, and the Alzheimer's Association.
- The Aldershot 'Safe Haven' service won the Health Service Journal, 'value in healthcare' award in May 2016 for its positive impact on reducing admissions and A&E attendances.
- A partnership between the trust's 'mind matters' talking therapies service and the trust's learning disabilities service won the 'diversity and equality in service delivery' category at the 2016 Positive Practice in Mental Health awards, for helping people with a learning disability access services.
- The trust's mobile device charge boxes, which enabled people to charge their phones independently and safely on inpatient wards were 'highly commended' in the Health Service Journal awards in November 2016.
- The trust's chief executive received an 'Embrace' award for chief executive of the year, along with the trust's chief nurse who was awarded 'quality Champion' of the year from the Health and Social Care Black and Minority Ethnic Network for their commitment to equality, diversity and inclusion.
- The trust's early intervention in psychosis team had developed a 'my journey' app with young people for young people. The trust was working with the University College London Hospital to develop the app further.
- The trust created a Mental Capacity Act app supported by the Nursing Technology Fund. The app creates a platform to improve the quality of Mental Capacity Act assessments and to make the process easier.

Summary of findings

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all of its stated key performance indicators attain a rating of at least good, as per the trust's performance strategy.
- The provider should ensure that the four teams falling short of the supervision compliance target, improve this performance to the required standard. (Out of 84 teams in totality)

Surrey and Borders Partnership NHS Foundation Trust

Detailed findings

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

At the last inspection in March 2016 we rated safe as requires improvement. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Our findings

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

At the last inspection in March 2016 we rated effective as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Our findings

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

At the last inspection in March 2016 we rated caring as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Our findings

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

At the last inspection in March 2016 we rated responsive as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Our findings

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

Our findings

Vision, values and strategy

- The trust had a clear set of values and a vision. The chair of the trust assured us that staff from across all the core services and in the central teams recognised the trust values and CARE (communicate, aspire, respond and engage) initiatives. Their core purpose was, 'to work with people and lead communities in improving their mental and physical health for a better life; through delivering excellent and responsive prevention, diagnosis, early intervention, treatment and care'. This set of values sat underneath four pillars of a house, called the 'quality house'. The pillars were described as the Care Quality Commission key questions which were that services provided were safe, effective, caring, responsive and well-led. The roof of the quality house referred to 'governance and assurance'. The CARE values statement was visible across the organisation on trust posters and information leaflets.
- The trust had an overarching clinical strategy, which was aligned to the financial plan and estates strategy. The action plan associated with the strategy was monitored by the annual plan. This was reviewed annually. Yearly annual planning workshops were held where the strategy was developed and these meetings were also attended by the trust's council of governors.
- **Good governance**
- The trust had robust governance structures in place. This meant that from ward to board there was a good understanding of the challenges facing the trust. Areas for improvement were recognised and work was carried out to make all the necessary changes. The board had a board assurance framework and a corporate risk register. Risks were routinely discussed at board meetings and the trust also operated a safety huddle every week and a daily 'safety call' by managers and executive members. These meetings were led by the executive team and reviewed all new risk areas, as well as any overdue action plans required to reduce risks. Directors were given immediate actions to address and improve any areas of concern. The safety huddle also considered safe staffing levels through surge and escalation reports. The systems for identifying, recording and managing risks ensured that mitigating actions were fully recorded for all risks.
- The trust had all of the statutory committees in place, which reported directly to the board. Each sub-committee was chaired by a non-executive director. The non-executive directors we interviewed demonstrated a good knowledge of their area of responsibility. Alongside these committees was the operational board, chaired by the chief operating officer, which was accountable to the executive board. All of these meetings provided regular reports to the trust board. The operational board supported and oversaw the divisional forum business meetings, the quality action and assurance groups and the Ethical Issues Group.
- We saw several examples of reports tabled at the trust board meetings and full board member discussions which followed. For example one report was presented which had been developed following board concerns about the increase in the number of serious incidents that resulted in severe harm or death which were reported between April and September 2016. Board members sought to understand whether the higher number of serious incidents was as a result of their staff action or inaction and what further steps could they take to prevent harm or death amongst people who use their services. Trust staff looked at their reporting, their serious incidents and associated processes. Staff also looked at, monitored and learnt from national and regional intelligence and themes.
- Key performance indicators and quality standards were set by the trust board annually. These included clinical priorities for improving services. The trust monitored progress against each of the key performance indicators

Are services well-led?

and quality standards at the council of governors, executive board, operational board and trust board meetings. Additionally, each of the four operational divisions reported to the executive board monthly on their progress against each element of the 'quality house'. This activity was underpinned by the quality Improvement plan. The trust set 23 key performance indicators for 2016/17 and each indicator had targets and rating outcomes of outstanding, good, requires improvement and inadequate. Trust performance had improved from last year with 11 indicators attaining a rating of good, three outstanding and nine requiring improvement.

- We had concerns at our last inspection in March 2016 that there were weaknesses in the trust's oversight of its care homes for people with a learning disability. Since our last inspection all of the trust's care homes for people with a learning disability have been rated by the Care Quality Commission as good. The trust had made considerable improvements in the quality of care and support provided at all of the care homes. In addition reporting systems and internal assurance reports had been strengthened which ensured members of the trust board were well versed in any developments, concerns or issues relating to the care homes.
- We had concerns at our last inspection in March 2016 that whilst the trust had ensured that the overall mandatory training rate for staff was good, the trust's systems had not ensured there was consistency across the trust's services. During this inspection the trust had made improvements to these systems and in addition had appointed a director of workforce to further strengthen and develop the arrangements. During this inspection the compliance rate across teams ranged from 84% to 96%. Whilst the trust had seen some monthly fluctuations with compliance rates over the preceding year, there was a steady progression towards the trust compliance target of 95%. The 2016-2017 year end compliance rate for both statutory and mandatory training fell just short of the trust target at 93%.
- We had concerns at our last inspection in March 2016 that the trust did not ensure that all staff received an appraisal. The trust achieved an overall appraisal rate of 81% (January 2015 data), however there were inconsistencies across the core services. During this inspection considerable improvements had been made and 94% of staff had received an appraisal. In addition the NHS staff survey showed that the trust scored higher results than the national average for staff feedback on the quality of their appraisal.
- We had concerns at our last inspection in March 2016 that the trust's governance systems did not ensure that staff were supervised to a consistent standard across the trust's services. Most services ensured that staff received regular supervision. However, only 50% of the community child and adolescent mental health team's staff had received supervision in the three month period prior to our 2016 inspection. During this inspection whilst improvements had been made the trust still had four teams (out of 84 teams) not compliant with either the frequency of or recording of supervision. The remaining 80 teams were fully compliant.
- We had concerns at our last inspection in March 2016 that there was inconsistent medicines management across the trust. During this inspection the trust had strengthened governance arrangements. In response to our concerns the trust increased the capacity in the pharmacy team by resourcing additional pharmacists and pharmacy technicians. In addition, pharmacists had been trained as non-medical prescribers. Any discrepancies found in the safe medicine management processes were reported as incidents and an escalation process had been put in place so that managers were notified about these in a timely manner. A clear quality assurance process was in place which enabled trust managers to monitor and ensure safe and consistent medicine management.
- Managers told us that since our last inspection a number of initiatives had been developed to recruit and retain staff. For example, the introduction of more senior nursing, support worker and medical posts.
- The trust had a systematic programme of clinical and internal audit which was used to monitor quality and systems to identify where action should be taken. The trust submitted data that showed participation in a range of clinical audits across a number of services. These included, safeguarding, clinical risk assessment, restraint and seclusion practices against policy, the Mental Health Act, lithium and clozapine monitoring and psychology clinical activity.



Are services well-led?

- We were concerned at our last inspection in March 2016 that the trust board did not have a thorough oversight of incidents and complaints. On this inspection, during our interviews with the trust board plus a review of the trust board minutes, it was clear that the board did now have a thorough and current oversight of all incidents and complaints. The board examined and analysed all incidents and complaints through regular and detailed board reports. This meant that board members were fully aware of all trends and hot spots and challenged each other on what needed to change or the lessons that should be learned from serious incidents and complaints. The quality committee received an annual serious incident report, an annual complaints report, reports on health and safety issues, a report on never events and a suicide prevention report in the twelve months prior to our inspection. The board received quarterly complaints information at the Council of Governors' meetings. Formal and detailed records were made available to us of these reports and discussions held. The reports were designed to provide the trust board with assurance in relation to safety across the organisation.
- In addition, to strengthen risk and safety processes across the trust, a director of risk and safety had been appointed. The risk and safety team had been re-structured and additional posts had been added to the team. The safety team was working closely with local commissioners and the newly developed 'health care safety investigation branch' to identify themes and investigations that could be investigated collaboratively, ensuring that learning was transferable nationally as well as locally. The clinical risk and safety managers who historically only undertook investigations were now aligned to individual divisions and looked at incidents as a whole and not just serious untoward incidents. They worked closely with clinical teams to address any common themes, trends, warning signs, opportunities for learning and quality improvements. The team was highly responsive in supporting and working with clinicians. The safety team organised regular learning events, such as the suicide prevention workshops held every two months.
- We were concerned in our March 2016 inspection that the trust did not have a system in place to ensure policies were regularly reviewed and updated to reflect changes in guidance. For example, the trust's seclusion policy had not been updated to reflect the updated Mental Health Act Code of Practice. During this inspection improvements had been made and a full review of all policies and processes had taken place. This ensured that the trust fully met the requirements of all national policies and guidelines. New and revised policies had been drawn up, for example, for mortality assurance, Duty of Candour, on-call, incident management, seclusion, use on Section 136 of the Mental Health Act, emergency preparedness, resilience and response. The policy development and approval process had been reviewed and the policy assurance group, a sub-group of the quality committee oversaw this work.
- The trust had good relationships with the six local clinical commissioning groups. The financial director had started a programme of working closer with the clinical commissioning groups.
- **Leadership and culture**
- The trust had good leadership, with strong and effective leaders and managers. The trust board had seen significant changes over the preceding year, with the appointment of a new chairman, a new chief operating officer, a new human resources director and four new non-executive directors. The board presented as passionate and engaging and were open and transparent with us. Executive directors and non-executive directors understood their roles and responsibilities. Non-executive directors felt they were fully involved and that the organisation was open and transparent. We found a trust that was able to be honest and reflect on where services needed to improve and worked hard to put things right.
- In the latest NHS staff survey (2016), 65% of staff responded which was the highest response rate of the mental health and learning disability trusts and an improvement on the previous year (59% response rate). Compared with other similar NHS mental health trusts across the country, the trust was 'better than average' for 22 of the survey's 32 key findings. The result for only one key finding on the percentage of staff appraised in last 12 months was worse than average within this comparison group (86% for the trust compared with an average of 89% for all trusts in this group) but this was not statistically significant. The four key findings where staff experiences had improved the most since the 2015

Are services well-led?

survey were the percentage of staff reporting errors, near misses or incidents witnessed in the last month, the percentage of staff working extra hours, staff confidence and security in reporting unsafe clinical practice and staff satisfaction with the quality of work and care they are able to deliver.

- The trust met the requirements of the fit and proper persons regulation. The trust had a fit and proper persons policy and had used best practice in the employment, reference, identity and disclosure and barring service checks they had carried out. We reviewed the files for all the current executive and non-executive directors. The trust had ensured that all checks had been carried out for existing directors as well as for new directors.
- The provider met the requirements of the Duty of Candour regulation. We reviewed the trust policy and spoke to staff who were able to articulate how they met the Duty of Candour. We were given examples of letters sent to families and evidence that this information was logged and monitored. We heard examples of how the families were involved in investigations and the psychological support provided to staff who were working with bereaved families.
- The Trust had a strong financial performance in the preceding year, met the £3.701m planned comprehensive surplus, including a target £0.100m operational surplus, with a reported a surplus of £15.614m at the end of the financial year, £11.913m better than plan.
- **Engagement with the public and with people who use services**
- The trust values included involving people in their work and involvement groups were embedded in governance arrangements. For example, the trust had a forum of carers and people who use services (FoCUS). The forum reported to a committee made up of elected representatives of the four area groups and board and divisional directors. It met bi-monthly and was co-chaired by the chief executive and a FoCUS representative. The FoCUS committee had developed the trust's standards for involving people which showed good practice in the involvement of people who use services, carers and families. The CAMHS youth advisors (CYA) were an integral part of the trust's services for children and young people. CYA had been involved in the recruitment and selection for team members and senior appointments and had co-designed the new models of care that were launched in 2016. The trust carer's action group met regularly with the trust's carers' leads. The trust had set up many initiatives to maximise trust membership, for example, a yearly members' events guide which included educational sessions about living with dementia, walking events, support for carers, educational events on mental health conditions, understanding autism and attention deficit hyperactivity disorder and general health and wellbeing.
- The trust had set up initiatives to get feedback from patients and carers. For example, 87% of family carers reported they were satisfied with the services they received when asked as part of the trust's 'your views matter' survey. Ninety nine per cent of people using the trust's mind matters, talking therapies services, started treatment with the trust within six weeks of their referral. Eighty per cent of people in the final quarter of the year were satisfied with the services they received when asked as part of the trust's 'your views matter' survey.
- The trust was awarded their second gold star from the 'Carers Trust's triangle of care' programme for community services. The programme encourages services to better support carers and engage with them in planning people's care and treatment.
- The trust had made links with local communities with a focus on engaging with protected characteristics' groups. This had included, for example, working with 'Outline', the local charity supporting lesbian, gay, bisexual and transgender people, attending fresher's fayres at universities and talking to people at youth events run by the 'Black and Minority Ethnic Forum'.
- The trust used twitter, Facebook and other social media outlets to promote their services
- Members of the trust board and council of governors regularly visited services and ensured each team was visited to provide opportunities for staff, people who used services and carers to tell directors and governors how things were from their perspective.
- **Quality improvement, innovation and sustainability**
- The trust had developed a quality improvement plan which provided guidance to enable divisions, services,

Are services well-led?

teams and individuals to develop their own 'quality house' to set out their local quality improvement plans that contributed to achieving the trust's high level priorities.

- The trust had developed the CARE excellence accreditation process as part of their quality improvement approach. In 2016 and 2017 every team across the trust had undertaken a self-assessment and peer review and were given a rating which reflected the Care Quality Commission rating process. Following this process the teams were expected to receive further assessment against set standards in order to receive a full accreditation. Four services had received accreditation at the time of our inspection with a further five due to achieve accreditation in the near future. Other services were encouraged to arrange visits to these services to see and share good practice.
- Staff told us about their teams' quality improvement projects and told us every team was expected to produce plans as part of the overarching trust quality improvement plan and clinical strategy. Each plan had clearly defined aims and tangible and positive outcomes for patients and their carers. Examples of these projects included, reducing falls by 50% on Victoria ward by introducing 'justocats' (Justocat is a robot cat used to help calm people living with dementia), improving the quality of clinical handovers on Magnolia and Mulberry ward by the introduction of a nationally recognised methodology called, 'situation-background-assessment-recommendation', improving the quality of mouth care delivered to patients and to reduce restraints and provide care using the least restrictive and safest intervention.
- The trust had modernised their services for people with a learning disability to develop services which met the requirements of national and local Commissioners and provided a responsive and streamlined health service for people with learning disabilities. This approach was part of the 'transforming care' initiative.
- The trust psychology team led on the development of the 'intensive support programme, and staff produced 13 guidance manuals, each to accompany a group therapy module, in the provision of the inpatient and home treatment team therapy timetable. Modules included, making sense of a crisis, managing emotions, getting through a crisis, self-soothing, making and improving relationships, compassionate friend and acceptance and commitment. The modules were developed using the good practice guidance from the National Institute for Health and Care Excellence.
- Following the development of the positive risk taking protocol, over 450 staff were trained in the use of the protocol. Staff had presented their research on this project at national and inter-national conferences. Work was on-going to embed the positive risk taking approach across the trust's services. One example of the approach was the development of new admission packs and checklists for inpatient ward staff to use, for patients with a personality disorder admitted to wards. The aim of the packs was to help staff ensure admissions were structured, skills-based and enabled recovery and timely discharge.
- The trust was selected as one of the seven NHS test beds for their 'internet of things' in partnership with the Universities of Surrey and Royal Holloway, and the Alzheimer's Association.
- The Aldershot 'Safe Haven' service won the Health Service Journal, 'value in healthcare' award in May 2016 for its positive impact on reducing admissions and A&E attendances.
- A partnership between the trust's 'mind matters' talking therapies service and the trust's learning disabilities service won the 'diversity and equality in service delivery' category at the 2016 Positive Practice in Mental Health awards, for helping people with a learning disability access services.
- The trust's mobile device charge boxes, which enabled people to charge their phones independently and safely on inpatient wards were 'highly commended' in the Health Service Journal awards in November 2016.
- The trust's chief executive received an 'Embrace' award for chief executive of the year, along with the trust's chief nurse who was awarded 'quality Champion' of the year from the Health and Social Care Black and Minority Ethnic Network for their commitment to equality, diversity and inclusion.
- The trust's early intervention in psychosis team had developed a 'my journey' app with young people for young people. The trust was working with the University College London Hospital to develop the app further.

Are services well-led?

- The trust created a Mental Capacity Act app supported by the Nursing Technology Fund. The app creates a platform to improve the quality of Mental Capacity Act assessments and to make the process easier.